



Winnipeg Regional Health Authority

Healthy Sexuality Social Marketing
Campaign Evaluation

Final Report (2017)

**HEALTH
in COMMON**

HeALTH
in COMMON

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Executive Summary

In late April 2016, the Winnipeg Regional Health Authority (WRHA) launched phase two of a social marketing campaign intended to help reduce the spread of sexually-transmitted infections (STIs) among young people. Building on a 2015 campaign, the phase two campaign targeted young women (17-21), with some anticipated spillover to older and younger teens (16-24). The campaign also sought to drive young people to the getsomecondoms.com website, normalize attitudes about Sexually-Transmitted and Blood-Borne Infections (STTBIs), and deliver a relevant campaign.

Summary

A primary aim of the campaign was achieved; awareness of the website increased, and numbers of users accessing the clinic and condom finder page on the WRHA website (getsomecondoms.com) increased in 2016.

Young women, the target audience, were more likely to remember the campaign – with or without visual aids. For both men and women, those who remembered seeing the campaign generally had more favourable attitudes about condoms and safer sex.

The campaign's destigmatizing messaging about STIs and condoms were readily understood by young people. Although the campaign featured young women, acceptability of the campaign was high for both male and female focus group participants.

Highlights

Improved knowledge of where to obtain condoms (getsomecondoms.ca)

- Visits to the clinic and condom finder page on the [Getsomecondoms.com](http://getsomecondoms.com) increased 182% from 2015 to 2016.
- When comparing those who have seen the campaign with those who have not, young people exposed to the campaign were significantly more likely to know about the getsomecondoms.com website.

Normalizing attitudes about chlamydia and other STTBIs

- Almost half of the young people surveyed who had been sexually active reported using a condom the last time they had sex (46.2%, 110/238). Younger respondents were more likely to always use condoms (37% of 16 – 19 year olds report always using condoms versus 25% in ages 20 – 24).
- Among older respondents (ages 20 – 24), the most common reasons for not using condoms were being in a monogamous relationship and using birth control.

- Respondents who remembered seeing the campaign generally had more favourable attitudes about condoms and safer sex. Those who saw the ads were significantly more likely to agree (ranging from a little to completely) that they feel comfortable carrying condoms
- Of those who saw the ad versus those who did not, there is a notable difference in the proportion who agree that it is easy to get condoms when they need them.
- Female and male focus group participants readily identified that the campaign intentionally destigmatized STIs and normalized condoms.
- For focus group participants, the campaign destigmatized condoms and normalized women carrying condoms. Both sexes agreed that depicting women carrying condoms was a positive message, challenging prevalent norms that men – and not women – carry condoms.

Talking STBBI risks and prevention

- Almost all respondents (93%) are very or somewhat likely to talk with a sexual partner about STIs and staying healthy. When comparing those who did and did not see the ads, there are no significant differences; however, those who saw the ads were slightly more likely to talk to a health care provider.
- When those who recalled seeing the campaign were asked about potential impact on behaviour, 25% reported the campaign made them think a lot more about safer sex, and 48% a little bit more.
- Twenty percent of respondents who saw the ad said they talked to somebody about the campaign; 19% (n=10) visited the website and 10% (n=7) visited a clinic or nurse for STI testing or to get condoms.

Campaign acceptability

- With no visual aids, over a third of survey respondents (35.8%) remembered seeing an ad about condoms and safer sex. When shown the actual images from the campaign, recall increased to 44.8%.
- Female survey respondents were more likely to remember seeing the campaign with and without visual cues.
- The campaign had high recall among focus group participants; many remembered words and key messages with no visual aid – as well as where they saw the campaign.
- Participants spoke positively about the campaign destigmatizing STIs and condoms, and challenging norms. Young people supported the free condom initiative and the campaign's promotion of safety, responsibility and care for one's partner.

Lessons Learned

- Destigmatizing messages that upset the status quo may be a positive factor in campaign acceptability for young people – an area of future consideration.
- The WRHA logo is important to young people, and is trusted by young people to signify a health message as opposed to an “ad”. Some participants felt clear

information about STI warning signs could capture attention of young people, and that a clear “call to action” was important.

- Survey findings showed that drinking or being high was hardly ever reported as a reason for not using condoms; however, focus group participants suggested campaigns targeting unplanned or risky sexual activity, such as young people who are drinking. Further opportunities also exist for future campaigns to be more inclusive of genders and stages of life.

Background

In January 2015, The Winnipeg Regional Health Authority (WRHA) implemented a healthy sexuality marketing campaign to help reduce the spread of sexually-transmitted infections (STIs). The target audience of the campaign was young people in Winnipeg, ages 17 - 21 years with anticipated spill-over to 16 – 24 year olds. The short term goals were to:

- implement a healthy sexuality marketing campaign that targeted young people,
- promote the WRHA getsomecondoms.com website; and
- deliver a campaign that is relevant to their experience.

The long term goals of the campaign are to impact the sexual health attitudes, knowledge and behaviours of young people.

In late April 2016, the WRHA launched phase two of the social marketing campaign. Evaluation of the first phase of the campaign identified numerous successes and opportunities for improvement. These findings informed a second phase of the campaign targeted specifically towards young women.

Scope and Purpose

Building on the findings and methodologies developed for phase 1, the evaluation sought to determine:

- Does the campaign contribute to improved knowledge of where to obtain condoms (getsomecondoms.ca)?
- Does the campaign contribute towards normalizing attitudes about chlamydia and other STBBIs? (Conversely, do social marketing campaigns such as these inadvertently contribute to the stigmatization of STBBIs among young people?)
- Are those who see the campaign more likely or willing to speak to their health care provider and/or sexual partner about STBBI risks and prevention?
- Was the campaign acceptable to the target audience? Did the messages ‘stick’ positively in their minds?

Methodology

A mixed method design incorporated an on-line survey and focus group results with tracking website activity, to assess campaign reach and outcomes.

Online Survey of Winnipeg Youth

Prairie Research Associates (PRA) was engaged to conduct a general population survey. A random sample of 328 young people, 16 – 24 years old, were recruited using snowball sampling with \$5.00 incentives to complete the survey and for every referral resulting in a completed survey.

The survey asked questions about key outcomes including:

- where young people typically access resources and condoms, including the likelihood they will visit www.getsomecondoms.com (evaluation question 1)
- general attitudes towards condoms and condom use (evaluation question 2)
- likelihood they intend to speak to a sexual partner or other person about STIs and testing in the near future (evaluation question 3).

Responses to survey questions were compared between those who reported seeing the campaign versus those who did not, as well as across gender and age groups.

Focus Groups

Four focus groups (2 male and 2 female) of young people aged 17 - 25 (n=24) explored general reactions and feelings about the campaign. Perceptions related to messages about STIs, including the degree to which the campaign destigmatized attitudes towards STIs, normalized discussions about condoms and condom use, as well as relevance to the target audience and ways the campaign influences attitudes and behaviours were explored.

Focus group participants were recruited through the online survey and all participants received a \$50.00 honorarium.

Web Analytics

Campaign reach was tracked by monitoring hits to the www.getsomecondoms.com website during the course of the campaign and visits to the clinic and condom finder webpage.

Surveys

The final survey sample included 328 completed surveys; 112 male, 212 female and 4 self-identified as other (these four are excluded from cross-tabulations due to small group size). Most respondents were older (20 – 24 years old). Approximately two-thirds were female (65.4%) and almost half (46.3%) of female respondents are older (20 – 24 years).

	<i>male</i>		<i>female</i>		<i>total</i>	
<i>16 – 19</i>	29	9.0%	62	19.1%	91	28.1%
<i>20 – 24</i>	83	25.6%	150	46.3%	233	71.9%
<i>all ages</i>	112	34.6%	212	65.4%	324 ¹	100%

Survey respondents were from across the city, with most from the south central part of Winnipeg (R3T, electoral wards Fort Rouge, Fort Garry, River Heights, St. Norbert), followed by the south west (R3Y, St. Norbert; River Heights - Fort Garry; Charleswood-Tuxedo) and St. Vital (R2M) (Appendix B).²

Eighty-four (84.9%) identify as straight (males attracted to females or females attracted to males). Thirty-eight (10.0%) identify as bisexual, and ten identify as lesbian or gay (2.6%).

	<i>Attracted to females</i>		<i>Attracted to males</i>		<i>Attracted to both</i>	
<i>Male</i>	98	30.8%	9	2.8%	4	1.3%
<i>Female</i>	1	0.3%	172	54.1%	34	10.7%

Limitations

Survey and focus groups included questions about sexual behaviours and practices that could be sensitive in nature and difficult to answer. To mitigate potential harms any participation was completely voluntary and no identifying information was gathered. Survey participants were provided with clear instructions about the voluntary nature of the survey; participants that were 16 years of age were required to have parental consent to participate. Focus group participants reviewed and signed an informed consent describing the voluntary nature of the group and the importance of confidentiality and respect throughout all discussions. All participants were provided with links to additional resources and information should they have specific questions about STIs, STI prevention and testing, as a result of the survey or focus group.

¹ Excludes four respondents who identified gender as 'other'.

² Postal codes often overlap electoral wards, as is the case for St. Norbert.

All focus groups were recorded with the consent of participants. Audio recordings were saved under a password protected digital file and only accessed by the evaluators for the purpose of making summary notes. After the evaluation is completed, all audio recordings will be destroyed.

Survey responses represent a cross-sectional sample of young people at one point in time. Without the ability to control for other potential influences, any observed relationships between outcomes and exposure to the campaign cannot be seen as causal in nature.



Findings

Improved Knowledge

Key findings:

- Visits to the clinic and condom finder page on the Getsomecondoms.com increased 182% from 2015 to 2016.
- When comparing those who have seen the campaign with those who have not, young people exposed to the campaign were significantly more likely to know about the getsomecondoms.com website.

Increased traffic to WRHA clinic and condom finder

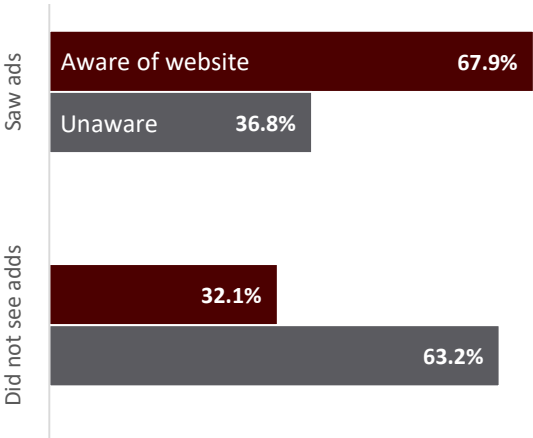
The campaign directed audiences to the clinic and condom finder page on the Getsomecondoms.com website. Visits increased 182% in 2016; 13,938 page views vs. 4,940 page views during the same period in 2015.

General traffic (new and returning visitors) to the website decreased from 33,853 (2015) to 23,299 (2016).

Awareness of website

Of all respondents, 25.8% (82/328) had heard of the website; 22 (26.8%) of these have visited the website. When comparing those who have seen the campaign with those who have not, those exposed to the campaign were significantly more likely to know about the website ($\chi^2 = 22.7, p = .000, df = 1$).

Figure 1 – Young people who saw the ads were more likely to know about www.getsomecondoms.com



Normalizing Attitudes

Key findings:

- Almost half of the young people surveyed who had been sexually active reported using a condom the last time they had sex (46.2%, 110/238). Younger respondents were more likely to carry and use condoms.
- Among older respondents (ages 20 – 24), the most common reasons for not using condoms were being in a monogamous relationship and using birth control.
- Respondents who remembered seeing the campaign generally had more favourable attitudes about condoms and safer sex. Those who saw the ads were significantly more likely to agree (ranging from a little to completely) that they feel comfortable carrying condoms
- Of those who saw the ad versus those who did not, there is a notable difference in the proportion who agree that it is easy to get condoms when they need them.
- Female and male focus group participants readily identified that the campaign intentionally destigmatized STIs and normalized condoms.
- For focus group participants, the campaign destigmatized condoms and normalized women carrying condoms. Both sexes agreed that depicting women carrying condoms was a positive message, challenging prevalent norms that men – and not women – carry condoms.

Attitudes about sex and condom use

Seventy-three percent (238/328) of survey respondents have been sexually active. Of these, 110 (46.2%) used a condom the last time they had sex and 127 (53.4%) did not.

Among older respondents (ages 20 – 24), the most common reasons given for not using condoms was being in a monogamous relationship and using birth control. Younger respondents were more varied in their responses – more likely to cite withdrawal as a reason, in addition to using birth control, not having a condom available or that it breaks the mood.

Figure 2 - Reasons given for not using condoms by age category

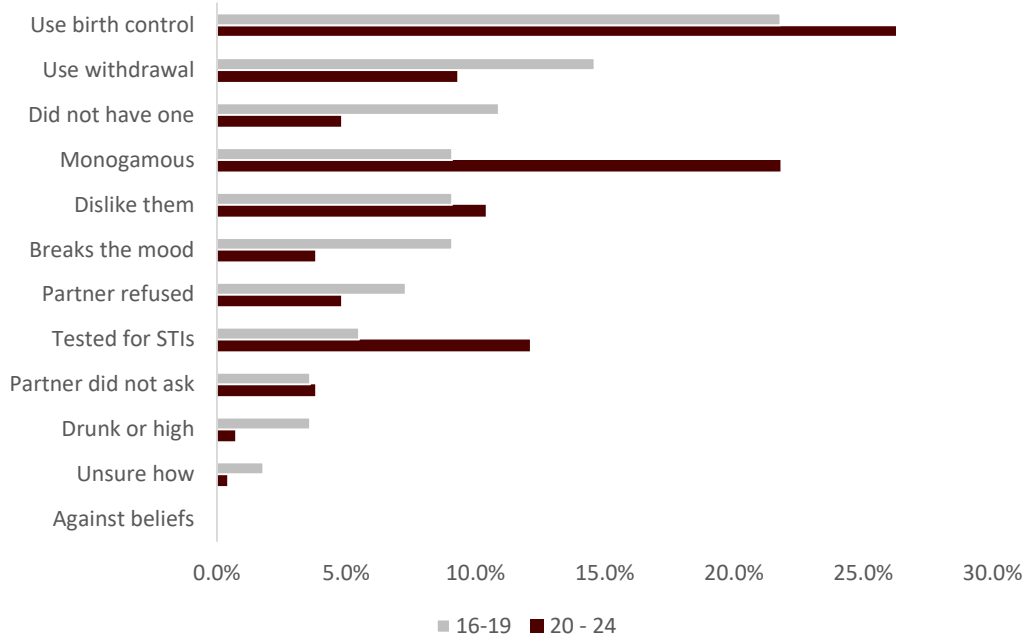
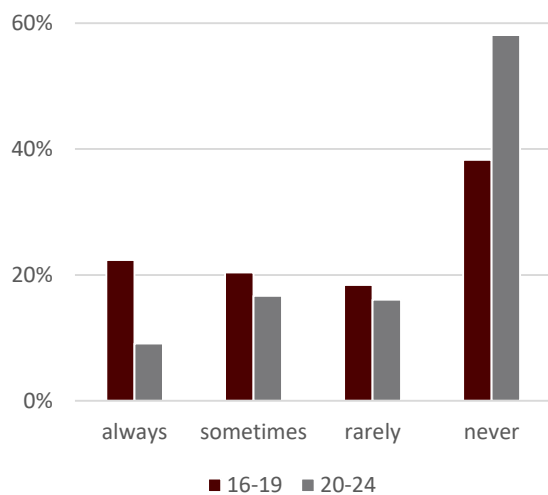
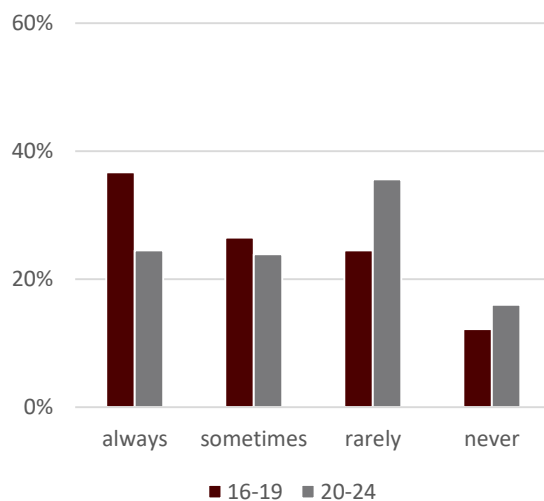


Figure 3 - Younger respondents are more likely to carry and use condoms

How often do you *carry* condoms?

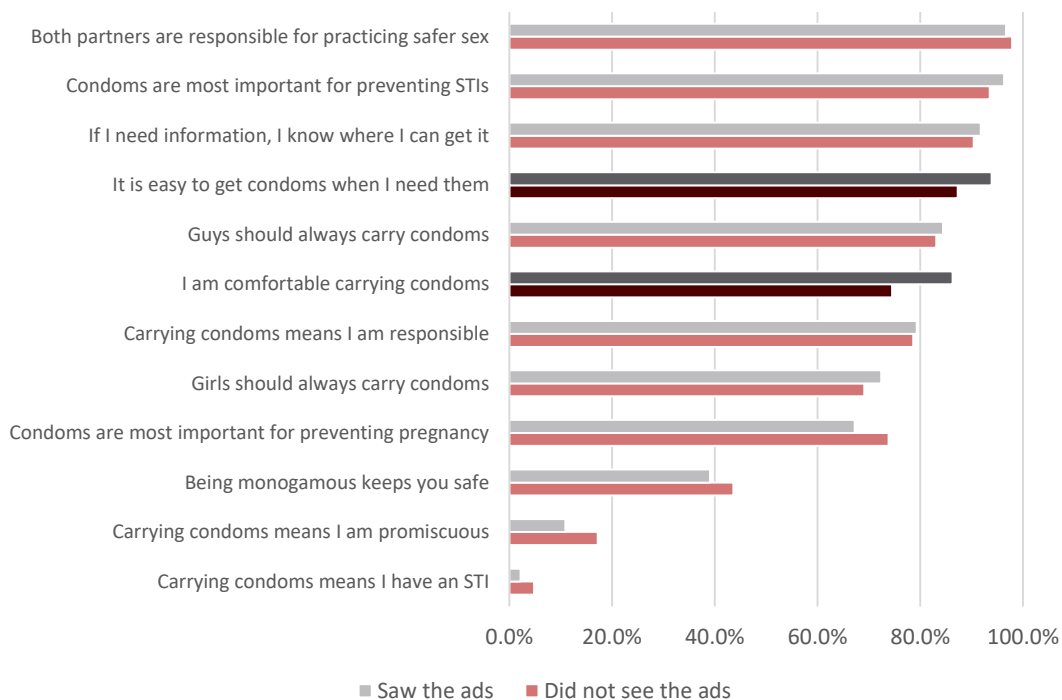


How often do you *use* condoms?



People who recalled seeing the campaign generally had more favourable attitudes about condoms and safer sex. Those who saw the ads were significantly more likely to agree (a little to completely) that they feel comfortable carrying condoms ($\chi^2 = 15.8, p = .007, df = 5$). While not significant, there is also a notable difference in the proportion of those who saw the ads and agree that it is easy to get condoms when they need them.

Figure 4 – People who saw the campaign had more favourable attitudes about condoms and safer sex



Reducing stigma, normalizing attitudes

Focus group participants said that a key message of the campaign was to make condoms “look cool” – that it is normal and not taboo to carry condoms. Women and men quickly identified that the campaign intentionally destigmatized STIs.

“This just kind of reinforces that it’s OK to use a condom. Again, this is good stigma reduction.”

“Normalizing it; condoms in bold; we can say this word, it’s not taboo.”

For men and women, the campaign sent the clear message that “It’s okay for girls to carry around [condoms] – that’s the takeaway I got from it.” For both sexes, depicting fashionable women carrying condoms was a positive message.

“I think it’s interesting that its women who are carrying them. That’s not traditionally what’s done in our culture. It’s men who are carrying condoms. That was something that popped out.”

“The assumption is the guy should provide the condom but also it’s like no, women also should too.”

Some men felt the campaign could encourage them to be similarly “stylish” for women – encouraging safe sex behaviours. The campaign inferred that carrying condoms is responsible, showing concern for a partner’s safety. Images of women made some men think about their relationships with female partners; “the fact that there are two people involved. If I have an infection and I’m not wearing a condom, I can infect the girl.”

“I think it’s great that... if women also feel comfortable carrying condoms with them, makes it less seedy that a guy would carry them as well. Less about the fact that he has sex in mind and [more about] that he has protection in mind. Safety.”

Participants said the campaign challenged prevalent norms that men typically engage in “riskier” behaviour, and are more often are the ones who carry condoms.

“It’s interesting that the women are the one carrying the style. Often it’s the men who tries unprotected sex – they are riskier than women. I think they’re trying to show us that women should be able to be more powerful and have more say in that relationship.”

Shifting Behaviours

Key findings:

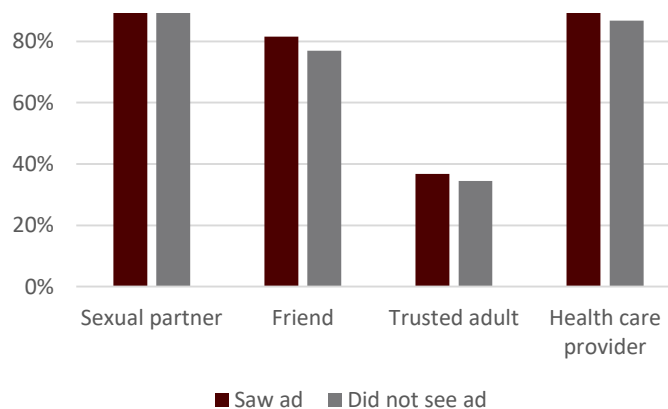
- Almost all respondents (93%) are very or somewhat likely to talk with a sexual partner about STIs and staying healthy. When comparing those who did and did not see the ads, there are no significant differences; however, those who saw the ads were slightly more likely to talk to a health care provider.
- When those who recalled seeing the campaign were asked about potential impact on behaviour, 25% reported the campaign made them think a lot more about safer sex, and 48% a little bit more.
- Twenty percent of respondents who saw the ad said they talked to somebody about the campaign; 19% (n=10) visited the website and 10% (n=7) visited a clinic or nurse for STI testing or to get condoms.

Few participants reported visiting getsomecondoms.com

One focus group participant said the campaign drove them to getsomecondom.com, another reported he learned about the website through the campaign. Many focus group participants reported they use condoms, or practice alternative forms of birth control, so didn't feel the campaign would shift their behaviours.

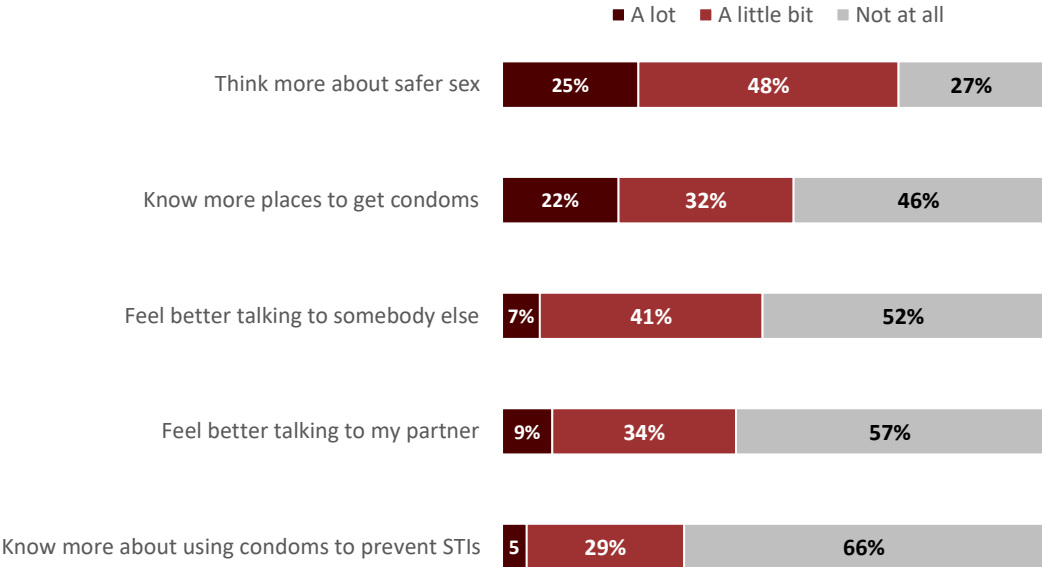
Almost all survey respondents (93%) are very or somewhat likely to talk to a sexual partner about STIs and staying healthy. When comparing those who did and did not see the ads, there are no significant differences. However, those who saw the ads were slightly more likely to talk to health care providers, friends and a trusted adult.

Figure 5 – Young people were slightly more likely to talk to others after seeing the campaign



When those who recalled seeing the campaign were asked about potential impacts on their behaviours, 25% reported that the campaign made them think a lot more about safer sex, and 48% a little bit more.

Figure 6 - Seeing the campaign made young people think more about safer sex



A small number reported doing the following as a result of the campaign:

- 20% (n = 27) said they talked to somebody about the campaign
- 19% (n = 13) visited the website
- 7% (n = 10) visited a clinic or nurse for STI testing or to get condoms

Acceptability

Key findings:

- With no visual aids, over a third of survey respondents (35.8%) remembered seeing an ad about condoms and safer sex. When shown the actual images from the campaign, recall increased to 44.8%.
- Female survey respondents were more likely to remember seeing the campaign with and without visual cues.
- The campaign had high recall among focus group participants; many remembered words and key messages with no visual aid – as well as where they saw the campaign.
- Participants spoke positively about the campaign destigmatizing STIs and condoms, and challenging norms. Young people supported the free condom initiative and the campaign’s promotion of safety, responsibility and care for one’s partner.
- Participants suggested that future campaigns could target younger people, as well as those who have unplanned sexual activity or who are drinking– times when it is perceived that young people often practice unsafe sex.
- Further opportunities also exist for future campaigns to be more inclusive of genders and stages of life.

Campaign reach

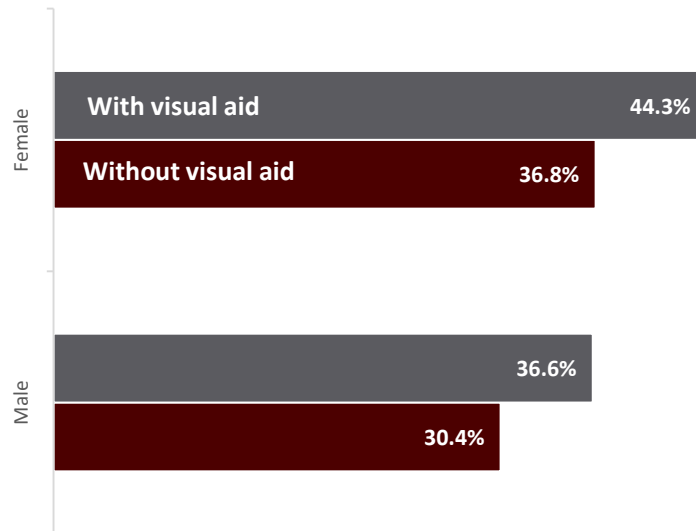
Survey questions measured campaign reach (through aided and unaided recall) along with the ability to repeat the campaign’s key messages (condoms are always in style). Focus group participants were also asked if they had heard of or visited the website (www.getsomecondoms.ca). Responses to this question were compared between those who saw the ads versus those who did not.

“Colourful ad; simple message. Condoms good; chlamydia is bad. Simple.”

When asked, without visual cues, if they had recently seen an ad about condoms or safer sex, 114 (35.8%) recalled seeing an ad. When shown the actual images from the campaign, recall increased to 138 (44.8%).

Those who saw the campaign live across the city. The greatest number live in the Fort Rouge-East Fort Garry; River Heights – Fort Garry, and St. Norbert area, followed by North Kildonan, St. Vital SW and Fort Garry West residents (Appendix C).

Figure 7 - Females were more likely to remember seeing the ad



High recall of key campaign messages

Without visual aids, many focus group participants recalled key campaign images and words; remembering that the campaign was “Something about style. About condoms being in style.”

“I remember a condom spread across a piece of clothing ... being like ‘show it off’? ‘not something to be shy about.’”

A few participants had the campaign shared with them electronically (e.g., via snapchat), and others described talking about the campaign with friends. Others said the campaign reminded them of the getsomecondoms.com website, and of the earlier Head’s Up marketing campaign.

Much like survey respondents, focus group participants reported seeing the campaign at bus stops, resto/bars, post-secondary sites and online.

Figure 8 - Females were more likely to accurately recall the campaign's key messages without visual aids

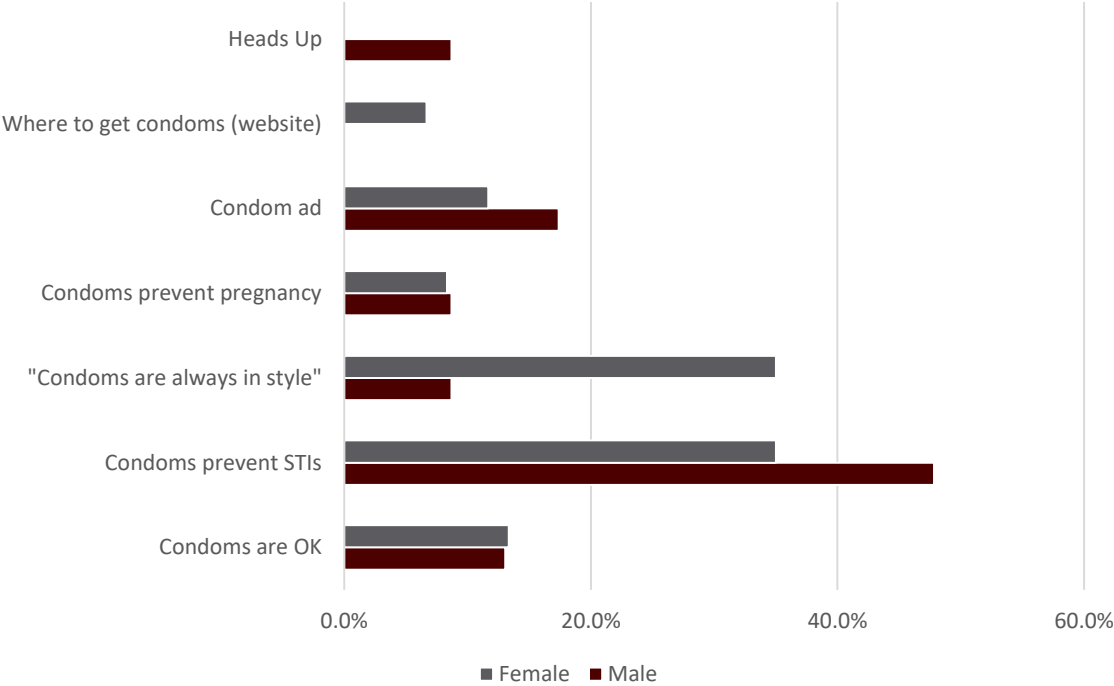
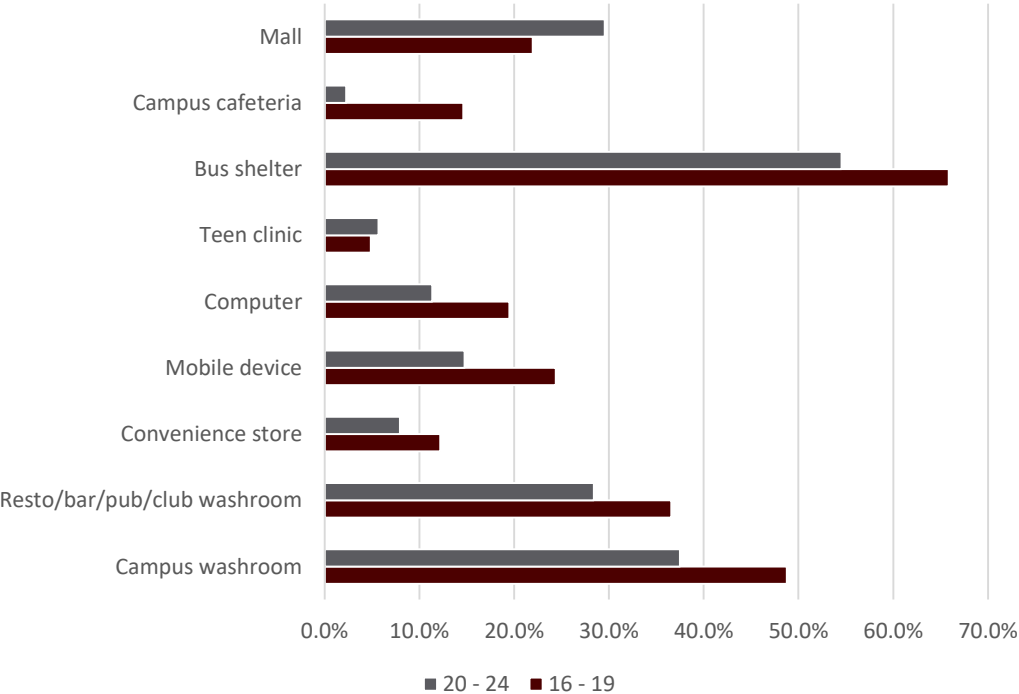


Figure 9 - Most saw the ads at a bus shelter



Simple design with a clever take

Participants said the simple design was attractive and “classy”, with a “refreshing,” “clever” take that seemed to “dignify the idea of condoms.”

“As I look at them longer I do appreciate that they dignify the idea of condoms”

“I remember looking at it in Food Fare. I looked at it [for] a while and noticed that she was wearing condoms and was like, ‘oh, that was interesting.’ I thought of the ad afterwards and thought it was kind of clever.”

Over half the focus group participants (17/24) liked the campaign; another 7 were “neutral.” No participant disliked the campaign.³



Free condoms a good message

Participants supported the free condom initiative and spoke positively about the campaign. Some male participants said they feel embarrassed about accessing free condoms – and think they’ll “get asked more questions” at a free condom site than at a retailer.

“I think it’s a great program, but for me, it’s kind of embarrassing for me to get some.”

“For some people they don’t know where to get them so it’s easier for them to see them around. Maybe they cannot afford them so they can try and get free ones... it is a positive thing.”

³ One of the participants rated campaign visual of a woman wearing a head scarf as most appealing, but liked the two other visuals less; this respondent’s input is counted as extremely liking the campaign.

Targets women – but still speaks to others

Most agreed that the campaign targeted females – specifically young women in their early twenties; young professionals, college students, and those who are in the dating scene. Some felt the diversity of the models was positive.

“I would say for women specifically, colour scheme, fashion, condoms are worn in a fashionable way, associated with women like the scarf.”

“These three are basically for the matured side of people; it isn’t a joke. You have to wear them to be safe.”

“I like that it’s women and different ethnicities. I think it’s an important part of marketing nowadays.”

A number of focus group participants felt that despite the campaign’s focus on females, the message can connect with all genders.

Credibility

Much like phase one evaluation findings, the credibility of the WRHA continues to be important to campaign acceptability; one focus group said the WRHA logo elevated the campaign from ad to PSA (public service announcement) status.

“It’s important to put the WRHA, because it’s not as much of an advertisement as it is a public service announcement. If you didn’t have the WRHA in there, then it would just be looked at as an ad.”

“I didn’t even realize that all three [ads] were women, I just basically read the text and that was it. I could see it targeting both.”

Lessons Learned

Clear call to action

Participants spoke about the need for information – such as “get free condoms” – to be highly visible (another suggested “getFREEcondoms.com”). Some said the getsomecondoms.com website information was less visible and easily ignored, the “forget about” space on the poster.

“One thing I’d change is the positioning of the call to action where it’s telling you to visit the website. Someone mentioned earlier that it’s at the bottom where the sponsors are and that gets lost. Find a way to work a call to action in that statement.”

“I just noticed how they have different STIs in the fine print. It goes with the pictures and they’re not trying to scare nobody but if I was to look at this quickly at a bar or at a bus stop, I don’t think I’d focus on that word...”

Do you think that’s good or bad?

“..I’m kind of 50/50 on it. Cause if you had ‘gonorrhoea’ right in front, I don’t think it’d be a great ad. At the same time, having it in fine print doesn’t add much value to the poster.”

Needing a second look

The subtlety of the ad was appreciated by participants; at the same time, males and females criticized the campaign for needing a second look, and said the smaller font listing different STIs could be missed. A number of participants said the condoms were hard to see; others felt the campaign so closely resembled fashion advertisements that it did not clearly communicate the STI prevention message.

“I like it because it shows that women can carry condoms. But if the point was to get STI prevention, just to see it at a quick glance when you are out, then I wouldn’t get that message. I don’t find that part really popped much.”

“At first I didn’t really think it was a condom unless I really looked at it.”

“You have to analyze the ad in order to appreciate it and when we’re bombarded with ads every day, we don’t take the time so it might need to be reworked a little bit to be more clear.”

Inclusivity and broadening campaign audience

Young people suggested that future campaigns target various ages and stages of life (e.g., a “normal person” in ripped jeans); in particular, younger people who are perceived to need more information and education about safer sex.

“I don’t know, maybe it would be better for a younger group that are just kind of learning about sex and stuff like that. Like “OK, it’s really going to suck if you get an STI. Condoms are cool, just use them.”

“Targeted at people having sex with people they don’t know all that well.
This is narrowly targeted, it seems.”

Some young women said the campaign images depicting “women going to work” who are “probably married” don’t look like condom users. Others suggested presenting young women who dress like their peers in Winnipeg – less business attire, and more casual dress – less “I could be an Instagram model” and a “little more normal.” A few participants recalled the Head’s Up campaign; one noted the use of Winnipeg models made it relevant to local young people.

“This is probably awful and stereotypical but I just don’t believe these women use condoms. They look like the kind of people that have steady partners.”

“I agree that it could be a little more inclusive; like someone that would be in Winnipeg wearing jeans and a t-shirt, maybe wearing a parka.”

“If the goal of the ad is to reduce stigma for women, then I think it’s doing great. But if that’s not the goal of the ad, maybe they could make it a little more inclusive, people of all genders because it doesn’t really matter, you should still use protection, right?”

Males saw opportunities to broaden the campaign’s target audience; depicting stylish, professional young men in a way that is an “aspirational as opposed to funny” manner. Some males said campaigns could include factual information about warning signs for STIs.

“Perhaps using male figures that young males might aspire to be/that they can see themselves in that might be good. That condoms might be a point of maturity as well, of acting like a man.”

“Like an athlete endorsement”

Targeting unplanned or risky encounters

Survey findings showed that drinking or being high was hardly ever reported as a reason for not using condoms; however, focus group participants suggested campaigns targeting unplanned or risky sexual activity, such as young people who are drinking.

“I’m thinking about friends of mine, I’m in a long term relationship so I also don’t use condoms but friends of mine who are sexually active, with more partners and why they don’t use condoms. Yah, if they are hooking up with someone, they are going to use a condom. It’s when they’re drunk and they’re with someone after the bar, I feel like that’s what I have heard from my friends, that’s when someone’s not going to use a condom. When you’re not thinking clearly or you are caught up. I feel like that, I don’t know how you work that into an ad but I feel like those are the times when you are not going to use a condom. Like most of the time people are pretty safe.”

A few participants spoke about ensuring sexual health education is more fulsome in schools, and for information about how to identify warning signs of STIs.

Appendix A – Program Evaluation Framework

Evaluation Questions	Indicators	Data Sources	Method
1. Does the campaign contribute to improved knowledge of where to obtain condoms including www.getsomecondoms.com ?	<ul style="list-style-type: none"> • Online ad campaign click through rate • Total # of visits to website • Total # of visits to map 	Website	Web analytics
	<ul style="list-style-type: none"> • % of those exposed to the campaign who identify www.getsomecondoms.com as an information source as compared to those who did not see the ads. 	Youth	Online survey
2. Does the campaign contribute towards normalizing attitudes towards STIs?	<ul style="list-style-type: none"> • % of those exposed to the campaign with more positive attitudes re: STIs, condoms and condom use as compared to those who did not see the ads. 	Youth	Online survey
	<ul style="list-style-type: none"> • Perceptions and associations made with STIs and campaign messaging 	Youth	Focus groups
3. Are those who see the campaign more likely to speak to their sexual partner or others about STI risk, prevention and testing?	<ul style="list-style-type: none"> • % of those exposed to the campaign willing to access testing or communicate about STI as compared to those who did not see the ads. 	Youth	Online survey

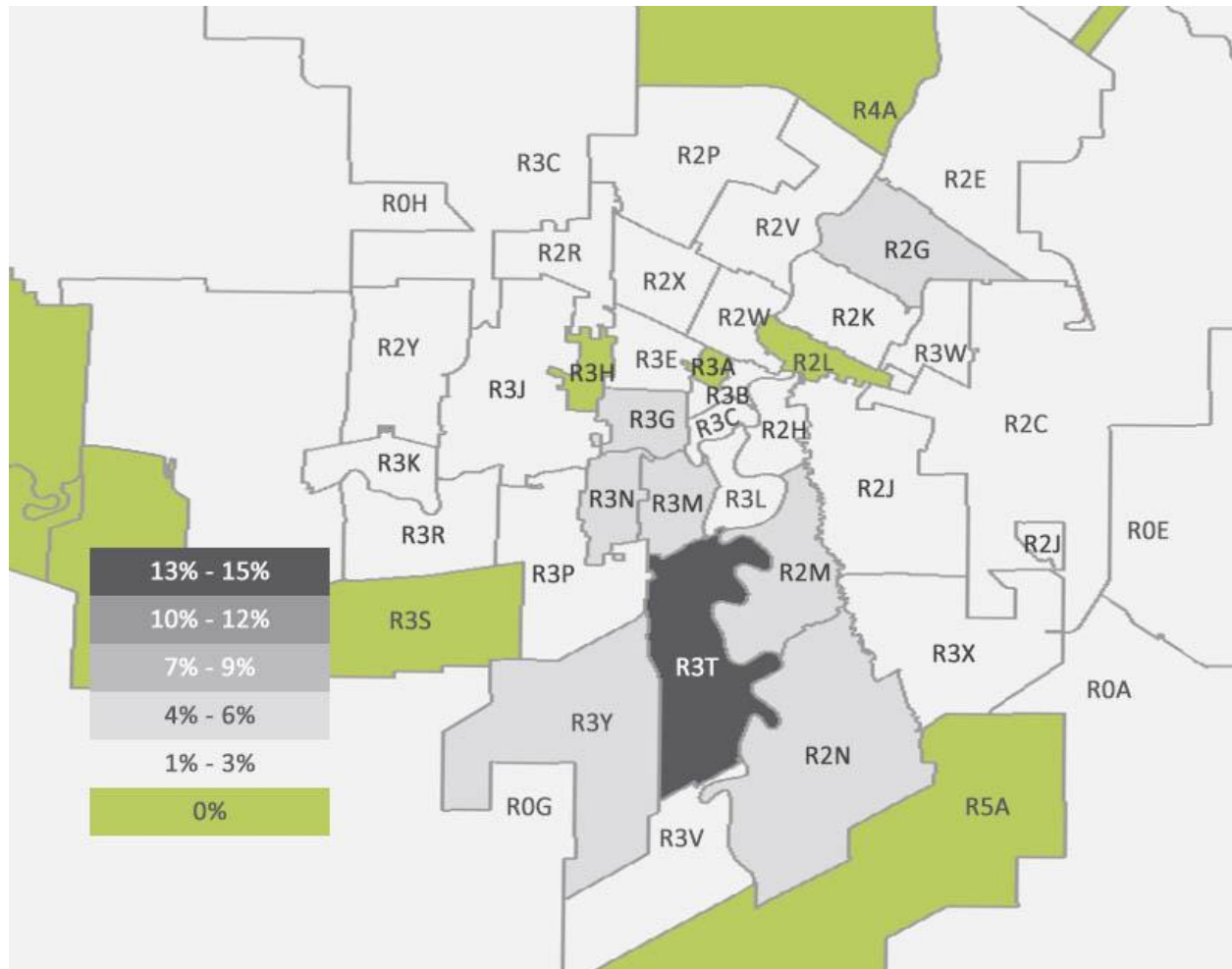
4. Was the campaign acceptable to the target audience?

- Feedback and testimonials about perceptions of the campaign and ideas for future ads.

Youth

Focus groups

Appendix B – Survey Respondents by Postal Code



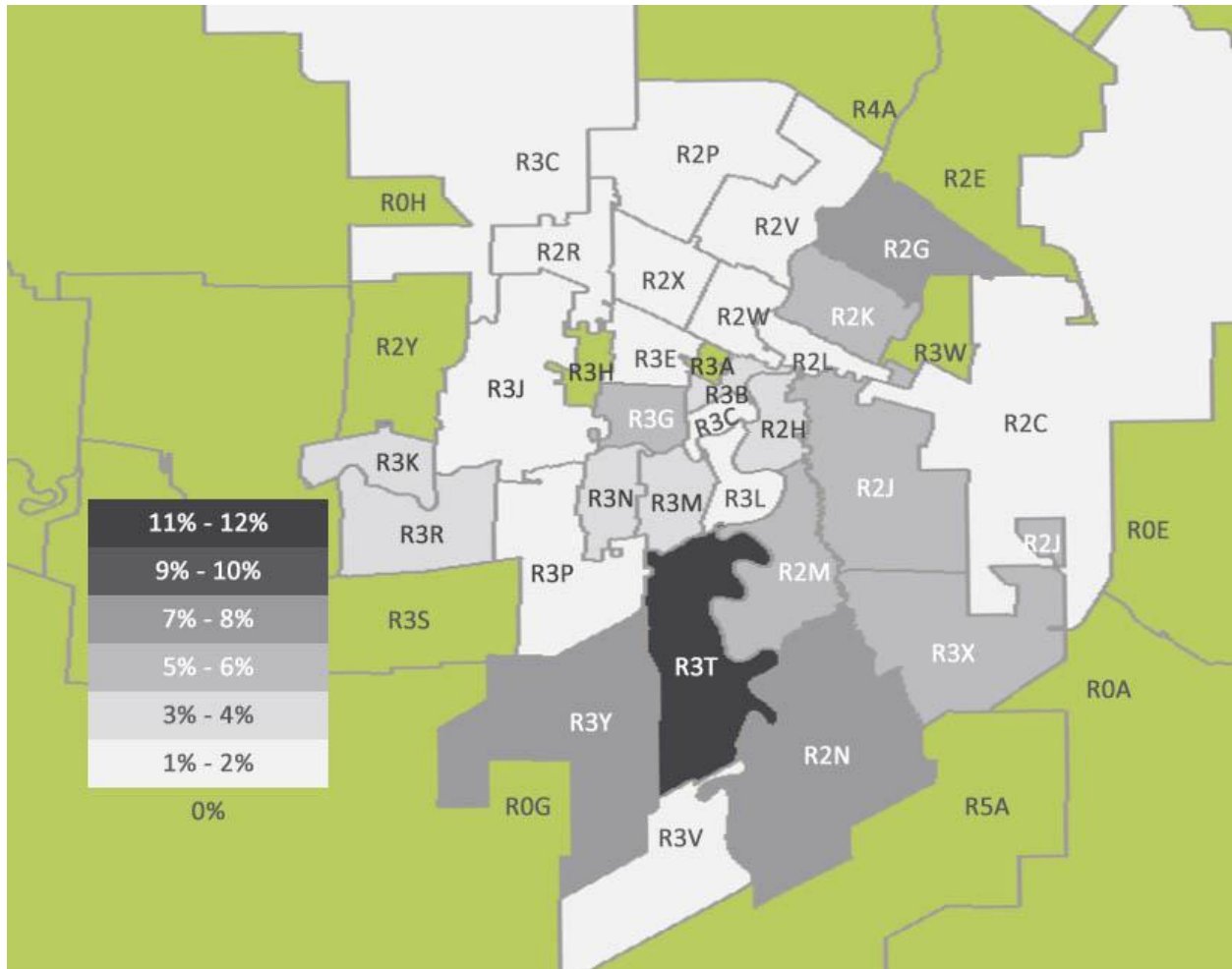
Corresponding Electoral Wards

R3T	13-15%	Fort Rouge-East Fort Garry; River Heights - Fort Garry; St. Norbert
R3Y	4-6%	St. Norbert; River Heights - Fort Garry; Charleswood-Tuxedo
R2M	1-3%	St. Vital

Corresponding Neighbourhoods

R3T	Buffalo; Beaumont; Point Road; Wildwood; Crescent Park; Maybank; Chevrier; Pembina Strip; Agassiz; Waverley Heights; Montcalm; University; Fairfield Park; Fort Richmond; Richmond West and part of Cloutier Drive and Lord Roberts.
R3Y	West Fort Garry Industrial; Linden Ridge; Whyte Ridge; Waverley West; La Barriere
R2M	Glenwood; Varennes; Elm Park; Kingston Crescent; Alpine Place; St. George; Norberry; Victoria Crescent; Lavalee; Worthington; Pulberry; Minnetonka; St. Vital Centre; Vista; Meadowood and a small part of River Park South

Appendix C – Survey Respondents Who Saw the Ad



Appendix D – Data Tables

Self-reported attitudes about condoms by gender and exposure to campaign (bold indicates a statistically significant difference)

	% agree		% agree	
	Male	Female	Saw ads	Did not see ads
I am comfortable carrying condoms	81.5%	78.4%	86.3%	74.5%*
Guys should always carry condoms	73.5%	87.7%*	84.4%	83.1%
Girls should always carry condoms	61.4%	73.5%**	72.4%	69.1%
My partner and I are both responsible to keep each other safe from STIs	96.6%	96.8%	96.7%	97.9%
Pregnancy prevention is the most important reason to use condoms	72.7%	68.7%	67.2%	73.8%
STI prevention is the most important reason to use condoms	92.7%	95.2%	96.3%	93.5%
It is easy to get condoms when I need them	88.3%	92.4%	93.9%	87.3%
Carrying a condoms means you are responsible	72.6%	82.5%**	79.3%	78.6%
Carrying a condom means you are promiscuous	21.0%	11.9%**	10.9%	17.2%
Carrying a condom means you have an STI	3.9%	3.3%	2.2%	4.8%
I am not at risk if I'm in a monogamous relationship	46.2%	38.5%	39.1%	43.6%
I know where to get information about safe sex	87.4%	92.2%	91.8%	90.4%

*p < 0.01

**p < 0.05

Likelihood of talking about STIs and safe sex with:	Likely (%)		Unlikely (%)	
	Saw ad	Did not see	Saw ad	Did not
Sexual partner	93.0%	93.1%	7.0%	6.9%
Friend	81.5%	76.9%	18.5%	23.4%
Adult	36.8%	34.5%	63.2%	65.5%
Nurse/Doc	93.4%	86.7%	6.6%	13.3%