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Estimating the coverage of the FRANK sexual health promotion initiative and its contribution to strengthening sexual health-related attitudes and behaviours among respondents of the 2018 Warming Up survey



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Executive summary

A new sexual health promotion brand and intervention platform called Frank (<https://www.frank.org.au/>) was developed as part of the Trending Sexual Health Initiative to promote a range of sexual health-related behaviours, including talking about sexually transmissible infections (STIs), using condoms and testing for STIs or HIV, among young people aged 18-29 years in Australia. The promotion for this initiative started August 1st 2017 and ran until March 21st 2018.

The 2018 Warming Up study was conducted to estimate the level of awareness of the Frank initiative and assess its potential impact on attitudes, intentions and behaviours of young people in Australia. Participants for this study were recruited in May 2018 through social media advertisements on Facebook and Instagram. The sample for the analyses presented in this report consists of 1,147 participants aged 18 to 29 years who lived in Australia and fully completed the survey.

On average, participants were 22.5 years old with half of the sample aged 18-22 years. Of the participants, 51.5% identified as male, 47.0% as female, and 1.5% as non-binary/gender fluid. Most participants (90.3%) reported having ever had oral, vaginal or anal sex. A majority of participants (62.5%) self-identified as heterosexual, with the other 37.5% identifying as non-heterosexual.

Of the participants, 8.4% reported having heard of the Frank website, including 4.4% who never visited the Frank website and 4.0% who had visited the Frank website. Being female was the main correlate of having heard of Frank. As a result, the proportion of participants aware of the existence of the Frank website reached a maximum of 10.2% among sexually active females. Awareness of Frank as measured in this study appeared lower than estimated in a previous evaluation study where a quarter of the participants reported to know the Frank brand/logo (Adam, de Wit, Montoya, Ketsuwan, Hamilton & Hardy, in press). The difference in levels of awareness of Frank between the two studies mainly related to the fact that the present study was conducted on a larger and more representative sample of participants. Despite being lower than previously estimated, the level of awareness achieved in seven months by Frank was similar to what has been achieved by other sexual health promotion initiatives conducted online in Australia for a longer period. For instance, in another online survey on sexual health about a tenth of young people aged 15-29 years in Australia had heard of the Play Safe website (Adam & de Wit, in press).

The analyses, which assessed any potential influence of having heard of the Frank website on sexual health-related perceptions, intentions and behaviours, found some differences between participants who had heard of the Frank website and those who had not. These

differences related to the frequency of sexual health conversations before engaging in sexual intercourse with their last new sex partner in the past 6 months, the extent of condom use with this partner, and the extent of testing for STIs and HIV in the past six months. However, none of these differences were statistically significant, presumably because of the low numbers of participants aware of the existence of the Frank website. It is likely that some of the differences in perceptions, intentions and behaviours observed in this report could have reached statistical significance if the sample had included higher numbers of participants who had heard of the Frank website. In this respect, the results presented in this report are encouraging and can contribute to the further strengthening of Frank and other sexual health promotion initiatives targeting young people in Australia.

Introduction

Trending Sexual Health (TSH) is an initiative to promote sexual health among young people in Australia. The project is conducted jointly by Family Planning NSW, ACON Health Limited and the Centre for Social Health Research (CRSH) at UNSW Sydney with funding from the Australian Government Department of Health.

As part of TSH, the Frank sexual health promotion brand and intervention platform (<https://www.frank.org.au/>) was developed under which all activities targeting young people aged 18-29 years were conducted. The Frank initiative aimed at promoting a range of sexual health-related behaviours, including talking about sexually transmissible infections (STIs), using condoms and testing for STIs. The promotion for the Frank initiative started August 1st 2017 and ran until March 21st 2018.

As part of the TSH initiative two research studies have already been conducted. The first study, conducted as formative research, collected data on young people's sexual health-related attitudes and behaviours to guide the development of the intervention (Adam, de Wit, Horn, & Hamilton, 2017). A second study was conducted to assess the coverage and potential impact of a specific component of the TSH initiative, the Frank – Talk Test Enjoy (TTE) campaign (Adam, de Wit, Montoya, Ketsuwan, Hamilton & Hardy, in press) which launched on January 18th 2018 and ended on March 21st 2018. Through this evaluation, the level of awareness of the Frank initiative was found to be good with a quarter of participants recognising the brand and the TTE campaign material. This awareness estimate was however potentially limited by a relatively small sample size and the low participation of heterosexual males in the evaluation study. Also, the signs of influence of the TTE campaign that could be detected through the assessment related to changes in intentions towards the sexual health-related behaviours targeted by the campaign. The potential impact of the TTE campaign on behaviours was only assessed through comparing recent uptake of testing for STIs or HIV among exposed and non-exposed participants and the latter participants were found to have more recently tested for STIs or HIV than exposed participants.

The results of the previous evaluation called for another post-intervention assessment of the Frank initiative. Using a larger and more representative sample would facilitate a more precise estimate of the proportion of young people who had heard of the Frank website and had visited it. Also it was important to assess the potential influence of the Frank initiative on a broader set of indicators relating to the expected project outcomes, including sexual health-related attitudes, intentions and behaviours.

The main objectives of the present evaluation study were:

- To estimate the proportion of young people aged 18-29 years and living in Australia who have heard of the Frank website and visited it, and to identify the potential correlates

of having heard of the Frank website, including age, gender, sexual activity and sexual orientation.

- To provide insight into the potential influence of the Frank initiative through comparing the sexual health-related perceptions, intentions and behaviours of participants who had heard of the Frank website with participants who had not heard of the website.

We hope that, together with the results of the previous evaluation, the insights derived from the present assessment will contribute to future efforts to promote sexual health among young people in Australia.

Methods

Survey design

The data used in this report were extracted from the 2018 Warming Up Study. Using methods developed in previous online studies (Adam et al., 2011, Adam et al., 2014, Adam, 2015, Adam et al., 2017), Warming Up was created in 2017 to specifically inform and evaluate the TSH initiative. The study focused on sexual health among young people in Australia and consisted of two successive online cross sectional quantitative surveys. The 2017 edition of the survey was conducted prior to the start of the project (Adam, de Wit, Horn, & Hamilton, 2017). The 2018 edition was conducted after the completion of the initial project period.

Recruitment of participants

As part of the 2018 edition of the Warming Up Survey participants were recruited between 9 May and 22 May 2018 through targeted advertisements on Facebook and Instagram. The digital marketing agency leading the promotion of the Frank initiative was involved in the recruitment of participants for this evaluation survey. A series of advertisements targeting young people's attributes including age, gender, sexual orientation and geographical location were set up by the agency and recruitment was first conducted using these advertisement settings.

On Facebook, different content, including advertisements, can have differing levels of popularity among different audience segments. Facebook promotes the more popular content and ads in the networks that are most likely to appreciate them. As this specific dynamic of ad promotion on social media has implications in terms of participants recruited, the composition of the survey sample was monitored by the research team throughout the recruitment campaign. The composition of the sample rapidly appeared imbalanced in terms of gender, with more females than males recruited in the survey. As a result, the ads targeting women were paused half way through the recruitment campaign and ads aimed at recruiting men, especially heterosexual men, were boosted. The recruitment of survey participants was closed when similar proportions of male and female participants had been recruited.

Sample

A total of 3,081 potential participants accessed the introduction page of the Warming Up survey of which 1,147 were eligible participants aged 18 to 29 years who lived in Australia and fully completed the survey.

Table 1 details the characteristics of the sample. On average, participants were aged 22.5 years with half of the sample aged 18-22 years. Of the participants, 51.5% identified as male, 47.0% as female, 1.5% as non-binary/gender fluid. Most participants (90.3%) reported having ever had oral, vaginal or anal sex. A majority of participants (62.5%) in this sample self-identified as heterosexual, with the other 37.5% identifying as non-heterosexual.

All states and territories were represented in the sample with higher percentages of participants originating from New South Wales (40.3%), Victoria (19.4%), and Queensland (18.3%). The majority of participants (59.1%) reported living in the capital city of their area of residence.

Table 1 Sample characteristics

	n (%)
Age in years	
Mean (SD)	22.5 (3.47)
Range	18-29
Current gender identity	
Male	589 (51.5)
Female	538 (47.0)
Non-binary/gender fluid	17 (1.5)
Ever had oral, vaginal or anal sex	
Yes	1,036 (90.3)
No	111 (9.7)
Heterosexual	
Yes	717 (62.5)
No	430 (37.5)
State/Territory	
Australian Capital Territory	46 (4.0)
Queensland	210 (18.3)
New South Wales	462 (40.3)
Northern Territory	10 (0.9)
South Australia	84 (7.3)
Tasmania	27 (2.4)
Victoria	222 (19.4)
Western Australia	86 (7.5)
Area of residence	
Capital city	678 (59.1)
Major regional centre or city	169 (14.7)
Smaller city or town	198 (17.3)
Rural area	102 (8.9)

Measures

The survey instrument included 114 questions derived from the 2017 Warming Up Survey (Adam, de Wit, Horn, & Hamilton, 2017).

Having heard of the Frank website

Participants were asked whether they had heard of any of 12 Australian sexual health promotion websites, including the Frank website. Those who reported having heard of specific websites were asked whether they had visited them. Answers provided to these questions were used to calculate the proportion of participants who had heard of the Frank website (dichotomous variable, Yes/No) as well as the proportion of participants who had visited the Frank website (dichotomous variable, Yes/No).

Perceptions of what young people should do for their sexual health

Participants were asked whether they agreed with three statements referring to what young people should do for their sexual health: *'People my age should talk to their partner/s about STIs and sexual health'*, *'People my age should use condoms with any new partners'*, *'People my age should test for STIs'*. Answers to each question were provided on a 5-point scale (1 – *Strongly agree* to 5 – *Strongly disagree*). Perception scores were calculated for each statement after reversing the original scoring. All scores ranged from 1 to 5 with a higher score indicating a higher perception that young people should take steps to protect their sexual health.

Intentions to engage in sexual health-related conversations prior to having sexual intercourse with a new partner

Participants were asked whether they would engage in any of the following conversations prior to having sexual intercourse with a new sex partner in the next few months: *'talking about using condoms'*, *'talking about sexual health'*, *'talking about STIs'* and *'talking about being tested for STIs'*. Answers to each question were provided on a 5-point scale (1 - *Definitely not* to 5 - *Definitely yes*). Scores of intentions were calculated for each type of conversation. All scores ranged from 1 to 5 with a higher score indicating a higher intention to engage in specific sexual health-related conversations in the next few months.

Intention to test for STIs or HIV in the following months

Participants were asked whether they intended to test for STIs or HIV in the next few months, with answers to this question being provided on a 5-point scale (1 - *Definitely not* to 5 - *Definitely yes*). A score of intention to test for STIs or HIV was calculated based on the responses provided to this question. The score ranged from 1 to 5 with a higher score indicating a higher intention to test for STIs or HIV in the next few months.

Sexual health-related conversations with the last new sex partner

Participants were asked whether they had engaged in any of the following conversations before having had sexual intercourse for the first time with their last new sex partner: *'talking about using condoms'*, *'talking about sexual health'*, *'talking about STIs'* and *'talking about having tested for STIs'*. Responses to this multiple choice question were recoded to calculate the proportion of participants who talked about each specific topic before having sexual intercourse with their last new sex partner (dichotomous variable, Yes/No).

Condom use with the last new sex partner

Participants were asked whether a condom was used the first time they had sexual intercourse with their last new sex partner (1- *Yes*, 2 - *No* and 3 – *I don't remember*). The proportion of participants who engaged in condomless sexual intercourse during the first occasion they had sex with their last new partner (dichotomous variable, *Yes/No*) was calculated based on the first two answer modalities provided to this question. This means that the participants who could not remember whether they had used condoms or not were excluded from the calculation.

Testing for STIs or HIV

Participants who had ever had oral, vaginal or anal sex were asked whether they had ever tested for STIs or HIV. Response options to this question were 1 - *No, never*, 2 - *Yes, once*, 3 - *Yes, several times*, and 4 – *Unsure*. The proportion of participants who had ever tested for STIs or HIV (dichotomous variable, *Yes/No*) was calculated from participants' responses. Participants who had tested for STIs or HIV were asked when they had last tested (1 - *0–6 months ago*, 2 - *7–12 months ago*, 3 - *1–2 years ago*, and 4 - *More than 2 years ago*).

Statistical analyses

Descriptive analyses (frequency, mean scores and standard deviation) were used to describe participants' characteristics and estimate the following indicators: proportion of participants who had heard of the Frank website and had visited it; perceptions of what young people should do for their sexual health; their intention to engage in sexual health-related conversations before having sexual intercourse with a new partner and to test for STIs or HIV in the next months; their actual engagement in sexual health-related conversations with their last new sex partner; condom use with the last new partner, and testing for STIs or HIV in the past six months.

We empirically assessed the contribution of having heard of the Frank website to participants' sexual health-related perceptions, intentions and behaviours. We calculated differences in scores of perceptions and intentions between participants who had heard of the Frank website and those who had not. We also compared the extent to which participants who had heard of the Frank website and those who had not recently engaged in sexual health-related conversations with their last sex partner in the past six months, had used condoms the first time they had sex with their last new sex partner in the past six months and had tested for STIs or HIV in that period. Linear and logistic regressions were used to support these comparisons of scores and proportions.

Results

Estimating the proportion of participants who had heard of Frank

Of the participants, 8.4% reported to have heard of the Frank website, comprising 4.4% who never visited the Frank website and 4.0% who visited the Frank website.

Sociodemographic and lifestyle correlates of having heard of the Frank website were assessed (Table 2). Slight differences in the proportions of participants who had heard of the Frank website according to sexual activity, age and sexual orientation were observed but none of these differences were statistically significant. Being female was the only factor that was marginally significantly positively associated with having heard of the Frank website and having heard of the website reached 10.2% among sexually active female participants (data not presented in Table 2).

Table 2 Correlates of having heard of the Frank website[§]

	% of participants who had heard of the Frank website	OR	AOR
Age groups			
18-22	8.1%	Ref.	Ref.
23-29	8.7%	1.08 [‡]	1.03 [‡]
Gender			
Male	6.8%	Ref.	Ref.
Female	9.9%	1.50 [†]	1.49 [†]
Non-binary	17.6%	2.94 [‡]	2.98 [‡]
Sexual orientation			
Heterosexual	8.2%	Ref.	Ref.
Non-heterosexual	8.6%	1.05 [‡]	.99 [‡]
Sexually active			
No	5.4%	Ref.	Ref.
Yes	8.7%	1.66 [‡]	1.63 [‡]

Note: [§]Among 1,147 participants OR = odds ratio, AOR = adjusted odds ratio. * p<.05, ** p<.01, *** p<.001, †p< .1, ‡ p = non-significant.

Assessing the potential influence of having heard of Frank on participants' perceptions

Participants were asked what people their age should do in relation to sexual health (Table 3). The perceptions that young people should take action was very pronounced for all three behaviours assessed, including talking to partners about STIs and sexual health (Mean = 4.74), using condoms with any new partners (Mean = 4.71) and testing for STIs (Mean = 4.72).

Table 3 Perceptions of what young people should do for their sexual health[§]

	Mean	Median	SD	Min	Max
People my age should talk to their partner/s about STIs and sexual health	4.74	5.00	.67	1	5
People my age should use condoms with any new partners	4.71	5.00	.69	1	5
People my age should test for STIs	4.72	5.00	.65	1	5

Note: [§]Among sexually active and non-sexually active participants (n = 1,147).

We assessed potential differences in perceptions of what young people should do for their sexual health according to whether participants had heard of the Frank website (Table 4). No differences in perceptions were found between participants who had heard of the Frank website and those who had not, including after controlling for gender.

Table 4 Perceptions of what young people should do for their sexual health according to having heard of the Frank website[§]

	Among participants who had not heard of the Frank website	Among participants who had heard of the Frank website	Univariate analyses without control for gender		Univariate analyses with control for gender	
	Mean (SD)	Mean (SD)	Beta	p-value	Beta	p-value
People my age should talk to their partner/s about STIs and sexual health	4.73 (.66)	4.77 (.73)	.015	.621	.009	.764
People my age should use condoms with any new partners	4.71 (.68)	4.70 (.80)	-.005	.862	-.012	.677
People my age should test for STIs	4.71 (.64)	4.77 (.70)	.024	.423	.016	.589

Note: [§]Among sexually active and non-sexually active participants (n = 1,147).

Assessing the potential influence of having heard of Frank on participants' intentions

Sexual health-related intentions in case of new partner

Sexually active participants were asked about their sexual health-related intentions with a new sex partner (Table 5). Of the five intentions assessed, intention to use condoms was the most pronounced (Mean = 4.18) followed by intention to have condoms available (Mean = 4.05). Intentions to talk about sexual health, STIs and being tested for STIs were only moderately high (Mean = 3.81, 3.74 and 3.68, respectively).

Table 5 Sexual health-related intentions with a new sex partner[§]

	Mean	Median	SD	Min	Max
Intention to have condoms available	4.05	4.50	1.20	1	5
Intention to talk about sexual health	3.81	4.00	1.15	1	5
Intention to use condoms	4.18	5.00	1.12	1	5
Intention to talk about STIs	3.74	4.00	1.18	1	5
Intention to talk about being tested for STIs	3.68	4.00	1.21	1	5

Note: [§]Among sexually active participants (n=1,036).

With the exception of talking about being tested for STIs, scores of intentions to engage in specific behaviours appeared slightly higher among participants who had heard of the Frank website compared to participants who had not heard of the website (Table 6). However, none of the differences in perceptions observed between the two groups of participants were statistically significant.

Table 6 Sexual health-related intentions with a new sex partner according to having heard of the Frank website[§]

<i>Intention to...</i>	Among participants who had not heard of the Frank website	Among participants who had heard of the Frank website	Univariate analyses without control for gender		Univariate analyses with control for gender	
	Mean (SD)	Mean (SD)	Beta	p-value	Beta	p-value
Have condoms available	4.03 (1.21)	4.24 (1.12)	.049	.117	.054	.085
Talk about sexual health	3.80 (1.15)	3.95 (1.15)	.039	.216	.034	.268
Use condoms	4.16 (1.13)	4.37 (1.00)	.051	.098	.046	.136
Talk about STIs	3.72 (1.17)	3.90 (1.26)	.042	.179	.035	.251
Talk about being tested for STIs	3.85 (1.24)	3.66 (1.21)	.044	.154	.038	.224

Note: [§]Among sexually active participants (n=1,036).

Intention to test for STIs and HIV in the next months

Among all 1,147 participants, intention to test for STIs or HIV in the next months was moderately low (Mean = 2.72).

Differences in intention to test for STIs or HIV according to sexual activity and having heard of the Frank website are presented in Table 7. As expected, sexually active participants presented a significantly higher level of intention to test for STIs or HIV compared to non-sexually active participants (Mean = 2.81 versus 1.92, Beta = .204, $p = .001$). Sexually active participants who had heard of the Frank website presented slightly higher level of intention to test than sexually active participants who had not heard of the Frank website but the difference was not statistically significant (Mean = 2.90 versus 2.80, Beta = .023, $p = .469$).

Table 7 Intention to test for STIs or HIV according to sexual activity and having heard of the Frank website[§]

	n	Mean	Median	SD	Min	Max
Non-sexually active						
-Never heard of Frank website	105	1.92	2.00	.93	1	5
-Ever heard of Frank website	6	1.83	2.00	.75	1	5
-Total	111	1.92	2.00	.92	1	5
Sexually active						
-Never heard of Frank website	946	2.80	2.00	1.28	1	5
-Ever heard of Frank website	90	2.90	3.00	1.37	1	5
-Total	1,036	2.81	2.00	1.29	1	5
Total						
-Never heard of Frank website	1,051	2.71	2.00	1.28	1	5
-Ever heard of Frank website	96	2.83	3.00	1.37	1	5
-Total	1,147	2.72	2.00	1.28	1	5

Note: [§]Among sexually active and non-sexually active participants (n=1,147).

Assessing the potential influence of having heard of Frank on participants' behaviours

Sexual health-related conversations with the last new partner

Participants were asked about the content of their conversations before having sexual intercourse with their last new partner. Over half of sexually active participants (54.9%) reported that they talked about using condoms before having sexual intercourse with their last new sex partner. Less than three sexually active participants out of ten reported that they talked about sexual health (29.6%), STIs (26.7%) or having tested for STIs (27.4%).

Differences in the frequency of sexual health-related conversations according to whether participants had heard of the Frank website were assessed (Table 8). While some types of conversations seemed more frequent among participants who had heard of the Frank

website than among participants who had not heard of Frank (e.g. talking about using condoms), none of the differences between the two groups of participants were statistically significant. Similar results were observed when restricting the analyses to participants who had their last new sex partner in the past 6 months (Table 9).

Table 8 Sexual health-related conversations with the last new sex partner according to having heard of the Frank website[§]

	Among participants who had not heard of the Frank website	Among participants who had heard of the Frank website	Univariate analyses without control for gender		Univariate analyses with control for gender	
	%	%	OR	p-value	OR	p-value
Talked about using condoms	54.3%	61.1%	1.32	.218	1.40	.119
Talked about sexual health	29.2%	34.4%	1.27	.296	1.33	.213
Talked about STIs	26.3%	31.1%	1.26	.327	1.33	.231
Talk about having tested for STIs	27.2%	30.0%	1.15	.565	1.19	.461

Note: [§]Among sexually active participants (n=1,036). OR = odds ratio.

Table 9 Sexual health-related conversations with the last new sex partner in the past 6 months according to having heard of the Frank website[§]

	Among participants who had not heard of the Frank website	Among participants who had heard of the Frank website	Univariate analyses without control for gender		Univariate analyses with control for gender	
	%	%	OR	p-value	OR	p-value
Talked about using condoms	54.3%	65.7%	1.44	.324	1.39	.372
Talked about sexual health	30.6%	40.0%	1.51	.252	1.49	.269
Talked about STIs	27.5%	31.4%	1.21	.616	1.26	.543
Talk about having tested for STIs	29.9%	37.1%	1.39	.372	1.40	.359

Note: [§]Among sexually active participants (n=450). OR = odds ratio.

Condom use with the last new partner

The proportion of participants who used condoms the last time they had sex with a new partner seemed higher among participants who had heard of the Frank website compared to participants who had not heard of this website but the difference was not statistically significant (66.2% versus 60.5%, OR= 1.28, p= .328).

When restricted to participants who had their last new sex partner in the past 6 months, the difference between the two groups appeared slightly stronger. Participants who had heard of the Frank website reported more often than participants who had not heard of the website to have used condoms the last time they had sex with a new partner in the past 6 months but the difference was not statistically significant (64.7% versus 55.5%, OR= 1.47, p= .301).

Testing for STIs and HIV

Of the participants, 36.3% had never tested for STIs or HIV, 21.9% had tested more than 1 year ago, 14.0% had tested 7-12 months ago and 27.8% had tested in the past 6 months.

Potential differences in the timing of the last test for STIs or HIV according to having heard of the Frank website were assessed (Table 10).

The proportion of participants who had ever tested for STIs or HIV appeared slightly higher among participants who had heard of the Frank website compared to participants who had never heard of the website but the difference was not statistically significant (67.8% versus 63.3%, OR = 1.22, p = .401). We specifically assessed whether higher uptake of recent testing could be observed among participants who had heard of the Frank website. The proportion of participants who had tested for STIs or HIV in the past 6 months also seemed slightly higher among participants who had heard of the Frank website compared to participants who had never heard of the website but the difference was not statistically significant (32.2% versus 27.4%, OR = 1.26, p = .328).

Table 10 Timing of last test for STIs or HIV according to having heard of the Frank website[§]

	All participants n (%)	Participants who had not heard of the Frank website	Participants who had heard of the Frank website
Never tested for STIs or HIV	376 (36.3%)	347 (36.7%)	29 (32.2%)
Tested more than 1 year ago	227 (21.9%)	206 (21.8%)	21 (23.3%)
Tested 7-12 months ago	145 (14.0%)	134 (14.2%)	11 (12.2%)
Tested in the past 6 months	288 (27.8%)	259 (27.4%)	29 (32.2%)

Note: [§]Among sexually active participants (n=1,036).

Discussion

A summary of the digital marketing data used to promote Frank among young people in Australia indicated that the initiative benefitted from a strong presence on social media with more than 9.1 million impressions. The data collected as part of the previous and present evaluation studies helped to better understand in which specific networks these impressions were displayed and how this affected coverage estimates at population level.

To recruit participants in the previous evaluation study we followed the dynamic of Facebook advertisement that accentuates the display of the most popular ads in the networks of people who are most likely to appreciate them. As the online recruitment was led by the same marketing agency, it is likely that the set-up for the ads aimed at recruiting participants for the previous evaluation study was similar to the set-up of the ads used to promote the Frank initiative. The sample of participants recruited consisted predominantly of female participants (77.3% of the sample) and being female was identified as a correlate of awareness and engagement with the Frank initiative. As participants of the previous evaluation study were mostly females and recruited from networks that presumably had greater exposure to the Frank campaign, the coverage estimate for Frank derived from the previous survey was relatively high with a quarter of participants recognising the Frank brand/logo. In this circumstance, the estimate derived from the previous evaluation study was of similar order to that of the final summary of the digital marketing data conducted as part of the Frank initiative.

For the present evaluation study we decided to compensate for the biases introduced by the dynamic of recruitment through Facebook and aimed to recruit a more representative sample of survey participants. Compared to the sample recruited as part of the previous evaluation study, the sample recruited for the present study included larger proportion of male participants (52% compared to 19% in previous study) as well as other participants who may not belong to the networks most likely to have been reached as part of the Frank digital campaign. The fact that the sample included more (heterosexual) men and was not principally restricted to the networks reached by the Frank campaign contributed to lower the estimate of recognition of Frank in the present study. Only 8.4% of participants in the present study (9.9% of females and 6.8% of males) had heard of the Frank website. Other differences in sampling that could not be monitored through the evaluation study may also have contributed to differences in estimates.

In addition to sampling considerations, part of the difference in awareness estimates between the previous and the present evaluation study could also be due to the fact that recognition and awareness were not measured consistently between the two studies. At the time the protocol for the present evaluation study was approved the Frank website was thought to be the main channel to engage young people with the initiative and asking

whether participants had heard of the Frank website appeared as an acceptable proxy to measure awareness of the Frank initiative. Findings from the previous evaluation survey suggested however that some young people have come to know the brand through other channels than its website, including specific campaigns on social media. Participants who know Frank through other channels than its website were not counted in the awareness estimate presented in this study.

The present study provided insight on the networks where the Frank campaign circulated and contributed to deriving estimates of awareness within these networks as well as a broader population of young people. It also provided additional insights into the potential influence of knowing about the Frank website on a range of indicators related to the objectives of the Frank initiative, including sexual health-related perceptions, intentions and behaviours. None of the differences in sexual health-related perceptions, intentions and behaviours between participants who had heard of the Frank website and participants who had not were statistically significant. However, there was a tendency for results to be more positive among participants who had heard of the Frank website compared to the other participants. For instance, compared to participants who had not heard of the Frank website, those who had heard of it talked more often about using condoms (54.3% versus 65.7%), about sexual health (30.6% versus 40.0%) and about having tested for STIs (29.9% versus 37.1%) with their last new sex partner in the past 6 months. Also, participants who had heard of the Frank website reported more often than the participants who had not heard of this website to have used condoms the last time they had sex with a new partner in the past 6 months (64.7% versus 55.5%). The proportion of participants who had tested for STIs or HIV in the past 6 months was only slightly higher among participants who had heard of the Frank website compared to participants who had never heard of the website (32.2% versus 27.4%). Low numbers of participants who had heard of the Frank website could explain the fact that none of these differences were statistically significant.

The results presented in this report are encouraging. The awareness of Frank on social media is strong in the networks that are most likely to have been reached by the Frank initiative. Simply, as a result of the dynamic of recruitment on Facebook, the various segments of the population of young people may have been targeted unevenly by the initiative. The estimate of awareness appeared lower when calculated from a sample that included similar proportions of male and female participants and recruited beyond the networks most likely to have been reached by the social media ads used as part of the Frank initiative. However, the estimate of 8.4% of young people aware of the existence of Frank derived from the present study remains fair for an initiative that was conducted for only seven months and is similar to what has been achieved by other sexual health promotion initiatives conducted online in Australia for longer periods. For instance, in another online sexual health survey conducted by CSRH about a tenth of young people aged 15-29 years in Australia had heard of the Play Safe sexual health promotion website (Adam & De Wit, in press).

In terms of assessment of the potential impact of the Frank initiative, the analyses were limited by the low numbers of people who had actually heard of the Frank website and had visited this website. Also being aware of the existence of the Frank website was an imperfect indicator of engagement with the intervention content. Some of the differences in perceptions, intentions and behaviours observed in this report could have reached statistical

significance if the sample had included higher numbers of participants aware of the Frank website and better indicators of exposure to the sexual health promotion intervention content. Beyond these findings on coverage and potential impact of the Frank initiative, the research conducted as part of the two evaluation studies provides unique insights into what it exactly means to use Facebook and other digital platforms for health promotion and evaluation of health programs.

Recommendations

Based on the findings presented in this report, our first main recommendation is to ensure that the different segments of the population of young people in Australia are targeted to the same extent by sexual health promotion messages. The digital marketing strategy that was used as part of the promotion of Frank is likely to have ensured high exposure to the initiative in specific networks, especially among women. Advertisement should however not be predominantly circulated among the networks of people who are potentially the most interested in the Frank initiative and in sexual health more broadly. Additional strategies need to be developed to reach the different segments of the population of young people more evenly. Young men who identify as heterosexual score lower than young women and young gay men on a range of sexual health-related indicators, including STI knowledge, uptake of testing for STIs or HIV and STI diagnoses (Adam et al., 2011, 2014, 2017, Adam, de Wit, Schmidt et al, in press, Adam, & de Wit, in press). A main challenge for sexual health promotion in Australia is to increase the engagement of young heterosexual men with sexual health promotion.

While reaching high levels of awareness of the Frank initiative in all segments of the youth population is needed, it would also be important to understand why the actual engagement with the Frank website remained low, even among people who have heard of the website. Engaging young people with other online intervention platforms than rather than websites alone may be needed.

Following the recommendations made in the previous survey, we also believe that strengthening the content of the sexual health promotion messages that were used as part of Frank could contribute to increasing the effect of the initiative on sexual health-related attitudes and behaviours at population level. Most young people age 18 to 29 years are already highly aware of what they are expected to do for their sexual health, including talking about STIs with partners, using condoms and testing for STIs or HIV. Sexual health promotion needs to not only promote these sexual health-related behaviours but also comprehensively address the factors that prevent young people acting on their intentions to talk, use condoms or test for STIs or HIV. An extensive body of data and knowledge is available in Australia to guide this line of work with proven behavioural change strategies having already been successfully applied (Adam & de Wit, 2017, Adam, 2017).

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