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An empirical assessment of the FRANK – TALK TEST ENJOY sexual health promotion campaign conducted among young people aged 18-29 years as part of the Trending Sexual Health initiative



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## Contents

Executive summary	1
Introduction	3
Methods	4
Results	8
Sexual activity, past sexual health-related behaviours and intentions	8
Sexual health-related intentions	9
Awareness of the Frank sexual health promotion initiative	10
Recognition of the visuals used as part of the Talk Test Enjoy campaign	10
Perceived relevance of the Talk Test Enjoy campaign and perceived contribution to increased knowledge and confidence	11
Perceived influence of the Talk Test Enjoy campaign on sexual health-related behaviours	12
Contribution of exposure to the Talk Test Enjoy campaign to sexual health-related intentions	12
Contribution of exposure to the Talk Test Enjoy campaign to testing for STIs or HIV	13
Discussion	15
Recommendations	16
References	17

## Tables

Table 1	Sample characteristics	6
Table 2	Participants' sexual activity and engagement in committed relationships	8
Table 3	Participants sexual health-related characteristics	9
Table 4	Sexual health-related intentions	9
Table 5	Recognition of the Frank logo/brand	10
Table 6	Places where the Frank logo/brand had been seen (multiple choice question)	10
Table 7	Level of recognition of the visuals presented as part of the Talk Test Enjoy campaign	11
Table 8	Places where Talk Test Enjoy visuals had been seen	11
Table 9	Relevance of the Talk Test Enjoy campaign and perceived contribution to increased awareness and knowledge	12
Table 10	Perceived influence of the Talk Test Enjoy campaign on sexual health-related behaviours	12
Table 11	Contribution of exposure to Talk Test Enjoy campaign visuals to sexual health-related intentions	13
Table 12	STI or HIV testing status and exposure to the Talk Test Enjoy campaign visuals	14

## Figures

Figure 1	Visuals used as part of the Talk Test Enjoy campaign	4
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# Executive summary

Sexually transmissible infections (STIs) are prevalent among young people in Australia and the strengthening of sexual health promotion targeting young people is a national public health priority.

As part of these efforts, the FRANK – TALK TEST ENJOY (TTE) campaign was conducted between January and March 2018 to promote talking about STIs, using condoms and testing for STIs among young people aged 18-29 years old. An evaluation study was conducted to assess the level of recognition of the TTE campaign among young people in Australia, their appreciation of the campaign as well as its potential impact on their sexual health-related intentions and on having tested for STIs or HIV in the time that followed the exposure to the campaign material.

The design of the evaluation study consisted of a quantitative online survey conducted in April 2018 through paid social media advertisements targeting young people aged 18 to 29 years old living in Australia. Participants eligible to take the survey were asked about their sexual activity, their sexual health related-intentions and behaviours, whether they recognised the material used as part of the TTE campaign and whether they perceived the campaign as relevant and having any potential impact on their sexual health-related awareness, knowledge or behaviours.

A total of 744 people accessed the survey, of which 704 were eligible participants aged 18-29 years and living in Australia. On average, participants were 23.1 years old. Just over half of the participants (52.0%) self-identified as heterosexual and 48.0% as non-heterosexual.

A quarter of participants (23.8%) recognised at least one of the visuals used as part of the TTE campaign. Two thirds of the participants (64.0%) considered the TTE campaign to be relevant to them. Four out of ten participants (40.7%) believed that the campaign increased their awareness in relation to STIs and sexual health but only one fifth of participants (21.2%) considered that the campaign increased their knowledge.

Most participants (78.2%) agreed that the TTE campaign would encourage them to take care of their sexual health, 70.2% agreed that the campaign would encourage them to talk with their sex partners about STIs, 69.0% agreed that the campaign would encourage them to use condoms with their sex partners, and 73.0% agreed that the campaign would encourage them to get tested for STIs or HIV.

Intentions to talk about STIs, use condoms and test for STIs were significantly higher among sexually active participants who had been exposed to the TTE campaign prior to taking the survey compared to other sexually active participants (Mean= 3.42 versus 3.07, Beta =

.130,  $p = .001$ ). However, no direct impact on recent uptake of testing for HIV or STIs could be observed. The proportion of participants who had tested in the past three months was not higher among respondents who had previously seen the TTE campaign than among participants who had not (23.6% versus 25.5%, OR = .90,  $p = .640$ ).

Participants in this evaluation study reported a satisfactory level of engagement with the TTE campaign. The campaign was perceived as relevant to most participants, but the content of sexual health promotion messaging could be strengthened to ensure a majority of young people perceived the campaign as contributing to their sexual health-related knowledge. Most participants perceived that the TTE campaign would have a positive impact on their sexual health-related behaviours and the empirical assessment conducted as part of the study demonstrated the campaign's ability to influence young people's sexual health-related intentions. While this positive impact on sexual health-related intentions is encouraging, no direct impact on recent uptake of testing for HIV or STIs could be observed. The percentage of participants who had tested for STIs or HIV in the time that followed the campaign was similar among exposed and non-exposed participants. A possible explanation for this finding is that the intentions that were formed as a result of participants' exposure to the TTE campaign were not particularly strong. Motivating young people towards sexual health to an extent that would actually change their behaviours is a demanding task and using additional proven behavioural change approaches could contribute to further strengthen the sexual health promotion framework used as part of the TTE campaign.

# Introduction

Sexually transmissible infections (STIs) are prevalent among adolescents and young adults in Australia and the strengthening of sexual health promotion targeting young people is a national public health priority.

Trending Sexual Health (TSH), an initiative conducted jointly by Family Planning NSW, ACON Health Limited and the Centre for Social Research in Health (CSRH) at UNSW Sydney with funding from the Australian Government Department of Health, serves as part of these national efforts to promote sexual health among young people.

The study presented in this report is aimed at empirically assessing a specific component of the TSH initiative: the FRANK – TALK TEST ENJOY (TTE) campaign. Frank is the brand and sexual health promotion platform under which all TSH activities targeting young people aged 18-29 years are conducted (<https://www.frank.org.au/>). The TTE campaign was conducted online as part of Frank between January 16 and March 20 2018 to promote a range of sexual health-related behaviours among young people aged 18-29 years old, including talking about STIs, using condoms and testing for STIs.

The specific objectives of the evaluation study presented in this report were:

- To assess the extent to which young people aged 18-29 years in Australia were aware of the Frank initiative and had been exposed to the sexual health promotion material developed as part of the TTE campaign;
- To assess how young people aged 18-29 years old in Australia perceived the relevance of the TTE campaign and its potential impact on their sexual health-related awareness, knowledge, and behaviours;
- To assess whether the TTE campaign had any direct influence on the sexual health-related intentions of participants who had seen the campaign; and
- To assess whether participants who had seen the TTE campaign had tested for STIs or HIV more often in the past three months compared to other participants.

This study is part of a formative and summative evaluation research program undertaken to inform Family Planning NSW's sexual health promotion activities (Adam, de Wit, Horn, & Hamilton, 2017; Adam, de Wit, Montoya, Ketsuwan, Hamilton, & Hardy, 2018).

We hope that the insights derived from the present evaluation research will contribute to future efforts conducted as part of the TSH initiative as well as other sexual health promotion initiatives targeting young people in Australia and elsewhere.

# Methods

## Survey design

This cross-sectional quantitative survey was conducted entirely online. Participants were recruited between 9 April and 31 April 2018 through advertisements on Facebook and Instagram targeting young people aged 18 to 29 years old living in Australia. The recruitment campaign was set up by the digital marketing agency who promoted the Frank initiative.

After clicking on the advertisement, potential participants were directed to the introduction page of the online questionnaire and given information on the objectives of the survey and the conditions of participation. Participants were then asked to provide consent online to take part in the research study. Those who were eligible and provided consent were then given access to the survey.

In the first section of the survey, participants were asked about their socio-demographic and lifestyle characteristics, their condom use and testing for STIs, as well as their intention to talk about STIs with their sex partners, use condoms and test for STIs in the next few months.

In the second part of the survey, participants were asked whether they recognised the Frank logo/brand as well as visuals that were used as part of the TTE campaign. Participants who recognised the Frank logo/brand and those who recognised the TTE campaign visuals were then asked where they had seen these visuals.

In the final section of the survey, participants were informed that the visuals they had been presented with were part of the TTE sexual health promotion campaign and that the next few questions would ask for their views and feedback on the TTE campaign.

Both participants who had previously seen the visuals and those who had not were asked questions on the perceived relevance of the campaign, and the perceived potential impact of the campaign on their sexual health knowledge and related behaviours.

To ensure all participants could provide informed feedback on the TTE campaign material, including participants who had not previously seen this material, a small size horizontal image containing all the visuals of the TTE campaign was displayed as a reminder before the first question aimed at collecting participants' feedback on the campaign (see Figure 1).

Figure 1 Visuals used as part of the Talk Test Enjoy campaign





## Sample

A total of 744 people accessed the survey, of which 704 were eligible participants aged 18-29 years and living in Australia.

Table 1 details the characteristics of the sample. On average, participants were 23.1 years old with half of the sample aged 18-23 years.

Of the participants, 77.3% identified as female, 19.0% as male, 3.4% as non-binary/gender fluid and 0.3% reported other gender identity including trans male. Just over half of the participants (52.0%) in this sample self-identified as heterosexual and 48.0% as non-heterosexual.

All states and territories were represented in the sample with higher percentages of participants originating from Victoria (28.1%), New South Wales (25.3%) and Queensland (18.8%). Most participants (68.3%) reported living in the capital city of their area of residence.

**Table 1 Sample characteristics**

	n (%)
<b>Age in years</b>	
Mean (Standard deviation)	23.1 (3.45)
Range	18-29
<b>Current gender identity</b>	
Male	134 (19.0)
Female	544 (77.3)
Non-binary/gender fluid	24 (3.4)
Other gender identity	2 (.3)
<b>Heterosexual</b>	
Yes	366 (52.0%)
No	338 (48.0%)
<b>State/Territory</b>	
Australian Capital Territory	28 (4.0)
Queensland	132 (18.8)
New South Wales	178 (25.3)
Northern Territory	6 (0.9)
South Australia	64 (9.1)
Tasmania	18 (2.6)
Victoria	198 (28.1)
Western Australia	80 (11.4)
<b>Area of residence</b>	
Capital city	480 (68.3)
Major regional centre or city	102 (14.5)

Smaller city or town	88 (12.5)
Rural area	33 (4.7)

## Measures

### **Sexual activity**

Participants were asked to report whether they had ever had oral, vaginal or anal sex with someone. Answer options for this question were 1 - *Yes*, 2 - *No* and 3 - *I do not wish to report this information*. Participants who had ever had oral, vaginal or anal sex were asked how many partners they had in the past 12 months.

### **Talking about STIs**

Participants who had sex partners in the past 12 months, were asked how often they had talked with their sex partners about STIs between 1 January and 31 December 2017, a period that preceded the launch of the TTE campaign. Response options to this question were 1 - *Never*, 2 - *Some of the time*, and 3 - *Often*. Responses were recoded to calculate the proportion of participants who talked about STIs with their sex partners in 2017 (dichotomous variable, *Yes/No*).

### **Condom use**

Participants who had sex partners in the past 12 months were asked how often condoms were used when they had sexual intercourse between 1 January and 31 December 2017. A definition of sexual intercourse was provided with this question: '*By sexual intercourse we mean sex with a penis in the vagina or the anus*'. Response options to this question on the frequency of condom use were 1- *Never*, 2- *Some of the time*, 3 – *Always*, and 4- *Not applicable (no vaginal or anal sex)*. Responses were recoded to calculate the proportion of participants who engaged in condomless sexual intercourse in 2017 (dichotomous variable, *Yes/No*).

### **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- *Yes*, 2 – *No*, and 3 – *I don't know*. Participants who had tested for STIs or HIV were asked when they had last tested. Response options to this question were 1 - *1 to 4 weeks ago*, 2 - *5 weeks to 2 months ago*, 3 - *9 weeks to 3 months ago*, 4 - *More than 3 months and less than a year ago* and 5 - *More than a year ago*.

### **Sexual health-related intentions**

Both sexually active and non-sexually active participants were asked whether they intended to engage in the following behaviours in the next few months: a) *Talk with partner/s about STIs*, b) *Use condoms*, and c) *Test for STIs or HIV*, with answers to each question being provided on a 5-point scale (1 - *Definitely not* to 5 - *Definitely yes*). Scores were calculated for each behavioural intention. An overall score of intentions to talk about STIs, use condoms and test for STIs was also calculated based on responses to the three questions. All scores ranged from 1 to 5 with a higher score indicating a higher intention to engage in the behaviour over the next few months.

### ***Recognition of the Frank logo/brand***

The Frank logo was displayed on screen to participants and they were asked whether they '*had ever seen this brand/logo for a sexual health promotion initiative called Frank*'. Answer options for this question were 1 - *No, never*, 2 - *Yes, sometimes*, 3 - *Yes, often* and 4 - *Unsure*. Participants who reported having ever seen the logo were asked where they had seen the logo (e.g. Facebook, Instagram, Frank website, YouTube, Vice, Pedestrian TV).

### ***Recognition of the Talk Test Enjoy campaign visuals***

Participants were then asked whether they recognised visuals that were used as part of the TTE campaign. This material consisted of two visual executions promoting talking about STIs, two promoting condom use and two promoting testing for STIs or HIV. The visuals were presented in pairs on three successive screens. Below each pair of visuals on each of the three successive screens a question asked participants whether they recognised 'either of the two visuals above'. Answer options for each of these questions were 1 - *Yes*, 2 - *No* and 3 - *Unsure*. From these three questions we derived an indicator of exposure to at least one of the six TTE campaign visuals (dichotomous variable 1 – *Yes*, 0 – *No*). Participants who reported to have seen at least one of the visuals were asked in a multiple choice question where they had seen the visual/s (e.g. Facebook, Instagram, YouTube, Vice, Pedestrian TV).

## **Statistical analyses**

Descriptive analyses (frequency, mean scores and standard deviation) were used to describe participants' characteristics and estimate the following indicators: level of recognition of the Frank brand/logo, level of recognition of visuals that were used as part of the TTE campaign, perceived relevance of the TTE campaign and its contribution to increased knowledge and confidence, and perceived influence of the TTE campaign on sexual health-related behaviours.

Lastly we empirically assessed the contribution of exposure to the TTE campaign to sexual health-related intentions and testing behaviours among participants. This was done through 1) comparing the sexual health-related intentions of participants who had previously seen the TTE campaign to the sexual health-related intentions of the participants who had not previously seen the TTE campaigns and 2) comparing the proportion of participants who had tested for STIs or HIV in the past three months between the exposed and non-exposed group. Linear and logistic regressions were used to support these comparisons in scores of intention and proportion of participants recently tested.

In this report participants who reported that they had previously seen the TTE campaign will be referred to as exposed participants and those who had not previously seen the TTE campaign as non-exposed.

# Results

## Sexual activity, past sexual health-related behaviours and intentions

Most participants (88.2%) reported that they had ever had oral, vaginal or anal sex with someone and half of the sample (50.3%) reported to be currently engaged in a committed relationship (Table 2).

**Table 2 Participants' sexual activity and engagement in committed relationships<sup>§</sup>**

	n (%)
<i>Sexual activity</i>	
Ever had oral, vaginal or anal sex	621 (88.2)
Never had oral, vaginal or anal sex	74 (10.5)
Prefer not to report on this information	9 (1.3)
<i>In a committed relationship</i>	
Yes	354 (50.3)
No	350 (49.7)

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

Of the participants who had ever had sex, only a minority (4.2%) did not have sex partners in the past 12 months, over half (51.3%) had one partner only in that time, 29.0% had 2 to 5 partners and 15.5% had 6 and more sex partners (Table 3).

Of the participants who had sex partners in the past 12 months, two thirds (66.3%) reported that they talked about STIs with sex partners in 2017 and 70.2% reported that they had condomless sexual intercourse in 2017 (Table 3).

Most of the participants who had ever had sex (69.9%) reported that they had tested for STIs or HIV (Table 3). Of the participants who had tested, more than a third (35.5%) reported to have tested last in the three months prior to the survey.

**Table 3 Participants' sexual health-related characteristics<sup>§</sup>**

	n (%)
<i>Number of sex partners in the past 12 months</i>	
0	26 (4.2)
1	317 (51.3)
2-5	179 (29.0)
6 and more	96 (15.5)
<i>Ever tested for STIs or HIV</i>	
Yes	429 (69.9)
No	178 (29.0)
Don't know	7 (1.1)
<i>Condomless sexual intercourse in 2017</i>	
Yes	413 (70.2)
No	175 (29.8)
<i>Talking about STIs with sex partners in 2017</i>	
Yes	390 (66.3)
No	198 (33.7)

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

## Sexual health-related intentions

Of the sexually active and non-sexually active participants, 44.2% reported that they intended to talk with partners about STIs, 56.5% that they intended to use condoms and 38.2% that they intended to test for STIs or HIV (Table 4). When calculated from responses provided to these three questions, the overall score of intentions to talk about STIs, use condoms and test for STIs or HIV was only moderate (Mean = 3.09, SD = 1.18, range:1-5).

**Table 4 Sexual health-related intentions<sup>§</sup>**

	Mean (SD)	Strongly disagree	Somewhat disagree	Not disagree, not agree	Somewhat agree	Strongly agree
Talk with partner/s about STIs	3.07 (1.38)	99 (14.5%)	197 (28.8%)	86 (12.6%)	165 (24.1%)	138 (20.1%)
Use condoms	3.36 (1.59)	140 (20.4%)	117 (17.1%)	41 (6.0%)	133 (19.4%)	254 (37.1%)
Test for STIs or HIV	2.86 (1.41)	128 (18.7%)	227 (33.1%)	68 (9.9%)	138 (20.1%)	124 (18.1%)

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

## Awareness of the Frank sexual health promotion initiative

Of the participants, 24.4% reported to have seen the Frank logo/brand, including 20.9% sometimes and 3.5% often (Table 5).

**Table 5 Recognition of the Frank logo/brand<sup>§</sup>**

	n (%)
No, never	465 (68.3)
Yes, sometimes	142 (20.9)
Yes, often	24 (3.5)
Unsure	50 (7.3)

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

Facebook was the space where the Frank logo/brand had been seen most often (Table 6).

**Table 6 Places where the Frank logo/brand had been seen (multiple choice question)<sup>§</sup>**

	n (%)
On the Frank website	12 (1.7)
On Facebook	71 (10.1)
On Instagram	29 (4.1)
On Youtube	10 (1.4)
On Spotify	5 (0.7)
On Pedestrian TV	13 (1.8)
On Vice	12 (1.7)
Somewhere else	11 (1.6)
I don't remember	57 (8.1)

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

## Recognition of the visuals used as part of the Talk Test Enjoy campaign

A quarter of the participants (23.8%) recognised at least one visual of the TTE campaign (Table 7). This includes 13.6% of participants who recognised the visual/s promoting talking about STIs, 16.2% of participants who recognised the visual/s promoting condom use and 11.5% of participants who recognised the visual/s promoting testing for STIs.

**Table 7 Level of recognition of the visuals presented as part of the Talk Test Enjoy campaign<sup>§</sup>**

Recognition of...	n (%)
At least one visual of the TTE campaign	23.8
- visual/s promoting talking about STIs	13.6
- visual/s promoting condom use	16.2
- visual/s promoting testing for STIs	11.5

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

Facebook was the place where TTE visuals had been seen most often by participants (Table 8).

**Table 8 Places where Talk Test Enjoy visuals had been seen<sup>§</sup>**

	n (%)
On the Frank website	9 (1.3)
On Facebook	59 (8.4)
On Instagram	27 (3.8)
On Youtube	6 (0.9)
On Spotify	4 (0.6)
On Pedestrian TV	9 (1.3)
On Vice	14 (2.0)
Somewhere else	19 (2.7)
I don't remember	59 (8.4)

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

## Perceived relevance of the Talk Test Enjoy campaign and perceived contribution to increased knowledge and confidence

Two thirds of the participants (64.0%) considered the TTE campaign to be relevant to them, 40.7% considered that the campaign increased their awareness and 21.2% that the campaign increased their knowledge (Table 9).

**Table 9 Relevance of the Talk Test Enjoy campaign and perceived contribution to increased awareness and knowledge<sup>§</sup>**

	Mean (SD)	Strongly disagree	Somewhat disagree	Not disagree, not agree	Somewhat agree	Strongly agree
Relevant to them	3.53 (1.24)	66 (10.1%)	78 (12.0%)	90 (13.8%)	277 (42.5%)	140 (21.5%)
Increased their awareness	3.01 (1.26)	112 (17.2%)	106 (16.3%)	168 (25.8%)	192 (29.5%)	73 (11.2%)
Increased their knowledge	2.52 (1.19)	162 (24.9%)	161 (24.7%)	190 (29.2%)	100 (15.4%)	38 (5.8%)

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

## Perceived influence of the Talk Test Enjoy campaign on sexual health-related behaviours

Most participants perceived that the TTE campaign visuals would have a positive impact on their sexual health-related behaviours (Table 10): 78.2% agreed that the campaign would encourage them to take care of their sexual health, 70.2% agreed that the campaign would encourage them to talk with their sex partners about STIs, 69.0% agreed that the campaign would encourage them to use condoms with their sex partners, and 73.0% agreed that the campaign would encourage them to get tested for STIs or HIV.

**Table 10 Perceived influence of the Talk Test Enjoy campaign on sexual health-related behaviours<sup>§</sup>**

The campaign encourages you...	Mean (SD)	Strongly disagree	Somewhat disagree	Not disagree, not agree	Somewhat agree	Strongly agree
To take care of your sexual health	4.01 (.96)	22 (3.4%)	22 (3.4%)	98 (15.1%)	297 (45.6%)	212 (32.6%)
To talk with your sex partners about STIs	3.83 (1.06)	27 (4.1%)	49 (7.5%)	118 (18.1%)	270 (41.5%)	187 (28.7%)
To use condoms with your sexual partner/s	3.82 (1.13)	38 (5.8%)	44 (6.8%)	120 (18.4%)	241 (37.0%)	208 (32.0%)
To get tested for STIs or HIV	3.86 (1.06)	32 (4.9%)	41 (6.3%)	103 (15.8%)	283 (43.5%)	192 (29.5%)

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

## Contribution of exposure to the Talk Test Enjoy campaign to sexual health-related intentions

Intentions to talk about STIs, use condoms and test for STIs were significantly higher among participants who had seen at least one of the TTE campaign visuals compared to participants who had not seen any TTE campaign visuals (Mean= 3.36 versus 3.01, Beta = .126, p = .004). As can be seen in Table 11, the scores of intentions were significantly higher



among exposed participants compared to non-exposed participants for each of the three behaviours: talking with partners about STIs, using condoms and testing for STIs.

**Table 11 Contribution of exposure to Talk Test Enjoy campaign visuals to sexual health-related intentions<sup>§</sup>**

	Among non-exposed participants	Among exposed participants	Beta	p-value
	Mean (SD)	Mean (SD)		
Intentions to talk about STIs, use condoms and test for STIs, including:	3.01 (1.18)	3.36 (1.15)	.126	.004
- Intentions to talk with partner/s about STIs	2.98 (1.37)	3.41 (1.37)	.111	.017
- Intentions to use condoms	3.29 (1.60)	3.63 (1.53)	.091	.017
- Intentions to test for STIs or HIV	2.78 (1.40)	3.12 (1.40)	.105	.006

Note: <sup>§</sup>Among sexually active and non-sexually active participants.

Results were similar when the analyses were restricted to sexually active participants only: intentions to talk about STIs, use condoms and test for STIs were significantly higher among sexually active participants previously exposed to the TTE campaign compared to non-previously exposed sexually active participants (Mean= 3.42 (1.11) versus 3.07 (1.13), Beta = .130, p = .001). The influence of exposure to the TTE campaign on sexual health-related intentions also remained after controlling for past testing and engagement in condomless sexual intercourse in 2017 (Beta = .126, p = .002).

## Contribution of exposure to the Talk Test Enjoy campaign to testing for STIs or HIV

The proportion of sexually active participants who had ever tested for STIs or HIV was marginally lower among respondents who had previously seen the TTE campaign compared to those who had not (64.6% versus 72.5%, OR = .69, p = .070) (Table 12). There was no difference in the proportion of participants who had tested in the past three months between respondents who had previously seen the TTE campaign visuals and those who had not (23.6% versus 25.5%, OR = .90, p = .640).

Table 12 STI or HIV testing status and exposure to the TTE campaign visuals<sup>§</sup>

	Among non-exposed and exposed participants	Among non-exposed participants	Among exposed participants
	n (%)	n (%)	n (%)
Never tested	177 (29.4)	126 (27.5)	51 (35.4)
Tested more than 3 months ago	274 (45.5)	215 (46.9)	59 (41.0)
Tested in the past 3 months	151 (25.5)	117 (25.5)	34 (23.6)

Note: <sup>§</sup>Among participants who ever had sex.

# Discussion

In a relatively short period of time the Trending Sexual Health (TSH) initiative built a sexual health promotion brand (Frank) that was recognised by a quarter of participants in this evaluation study. Also, a similar proportion of participants reported to have previously seen the Talk Test Enjoy (TTE) campaign conducted at the beginning of 2018.

Participants' level of appreciation of the campaign was positive. Two thirds of participants considered that the TTE campaign was relevant to them and four out of ten participants considered that the campaign increased their awareness in relation to STIs and sexual health. However, the proportion of participants who considered the campaign as informative remained limited (one fifth).

Participants' perception of the potential impact of the TTE campaign was very positive. Most participants considered that the TTE campaign would encourage them to take care of their sexual health, talk with their sex partners about STIs, use condoms with their sex partners, and get tested for STIs or HIV.

A major contribution of the evaluation study was to go beyond participants' perceptions of the potential influence of the TTE campaign to empirically assess its potential contribution to sexual health-related intentions and behaviours among previously exposed participants.

The assessment confirmed that participants who had seen the TTE campaign prior to completing the survey had significantly higher intentions to talk about STIs, use condoms and test for STIs than participants who had not previously seen the campaign. While this positive impact on sexual health-related intentions targeted by the campaign is encouraging, no direct impact on recent uptake of testing for HIV or STIs could be observed. A possible explanation for this finding is that the intentions that were formed as a result of participants' exposure to the TTE campaign were still emerging and not strong enough to impact on behaviours.

The evaluation study has several limitations. The sample recruited cannot be considered as representative of the population of young people aged 18-29 years living in Australia. The proportion of males who participated was limited. The study assessed the effect of the campaign on only one of the three recommended behaviours (testing for STIs or HIV) which means that the potential contribution of the campaign to talking about STIs or using condoms could not be assessed. Lastly, the timeframe allocated to conduct this evaluation study was relatively short which means that some participants who had seen the campaign may have tested for STIs or HIV after having completed the survey. A follow up of participants over a longer period of time would be needed to assess more precisely whether the intentions that were formed as part of the TTE transform into actual behaviours.

# Recommendations

Participants in this evaluation study reported a satisfactory level of engagement with a sexual health promotion campaign that demonstrated its ability to influence young people's sexual health-related intentions. The gap between intentions and behaviours observed in this study is however a well-documented issue in behavioural change science and practice, and motivating young people towards sexual health to an extent that would actually change their behaviours is a demanding task.

Based on the findings presented in this report two recommendations can be made to further strengthen the Frank initiative.

Firstly, the content of the sexual health promotion messages could be strengthened to ensure a majority of young people perceived them as contributing to their sexual health-related awareness and knowledge.

Secondly, the sexual health-related intentions that were formed through exposure to the TTE campaign were not particularly strong. These emerging intentions could be further strengthened using proven behavioural change approaches including facilitating behavioural change through addressing the perceived barriers that prevent young people from using condoms and testing for STIs or HIV.

# References

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