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Cragg Ross Dawson

## Young People in Humberside

Learning network pilot evaluation:  
phase 1

### REPORT

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## A. BACKGROUND & OBJECTIVES

### 1. **Background**

Rates of teenage pregnancy and termination in the Humberside are high compared with the rest of the country. Teenagers in Humberside are also known to smoke more than teenagers elsewhere, and to binge drink regularly.

NHS Choices is a service whose aim, very broadly, is to help improve the nations' health. One of its main features is a web-site which people from all over the country can access for advice and support in areas such as quitting smoking, alcohol misuse, and sex and relationships.

In addition to the main site, NHS Choices is developing a micro-site aimed specifically at young people in Humberside. It will feature content that is relevant to the health behaviours of local teenagers such as: sex and relationships, smoking, and alcohol misuse. The micro-site has several aims which include encouraging teenagers in Humberside to: think more about their health; access local health and support services; visit the main NHS Choices site (linked to the micro-site) to find out about other aspects of health.

NHS Choices is developing a marketing campaign to promote the micro-site. The campaign's theme is sexual health, which is seen as a priority for teenagers in Humberside, and which is probably the most likely topic to engage them. The aim of the marketing campaign is to encourage young people to...

- visit the Humber micro-site where they will find information and advice on sexual health and other relevant health topics
- access local health services, such as sexual health clinics, for help, information and advice
- think about their behaviour and the potential negative consequences of having unprotected sex with multiple partners

The marketing campaign will include...

- a Bluetooth proximity push delivered to venues such as nightclubs, schools and colleges: young people will be encouraged to download images, animations and messages about sexual health to prompt them to seek further information and advice from the web-site or from local services
- a WAP/SMS text service: young people will be encouraged to text a service similar to 'Text SAM' (a confidential sexual health information service operating in the London area) in order to receive information and advice about sexual health; those who text SAM are directed to the micro-site for further information
- marketing communications, such as posters and leaflets, displayed in the local area
- a local helpline that teenagers can call with questions or concerns about sex or sexual health
- referrals from health and social care professionals

Qualitative research was commissioned to help inform the development of the marketing campaign.

## 2. Objectives

The objectives of the research were to assess and explore young people's reactions to....

- a sexual health poster campaign aimed at encouraging them to 'Text SAM' or to access the Humber micro-site directly
- the concept of a micro-site aimed specifically at people living in Humberside (as opposed to a national site for everybody)

The research sought to identify which posters were most likely to succeed in generating visits to the micro-site / texts to SAM / visits to local services, and to make recommendations for how they might be improved and developed. It also explored...

- the likely impact of the posters on young people
- their appeal to young people

- perceived relevance
- the degree to which their messages were understood or believed; and whether or not they were regarded as new or informative
- their tone of voice
- the language used, and the degree to which this appeared to resonate with young people

The research also briefly sought to gauge reactions to a screenshot from the micro-site to ascertain whether or not...

- its content was found relevant and appropriate
- the design and layout appealed

As a context to the above the research also briefly explored: young people's attitudes to sexual health and health more generally; and the motivations and barriers for young people to seek and/or receive information or help in the area of sexual health.

## B. METHOD & SAMPLE

### 1. **Methodology**

Individual interviews, paired interviews (two friends of the same sex interviewed together) and triads (groups of three friends of the same sex), each lasting 60 minutes and conducted face-to-face, were conducted with young people in Humberside.

### 2. **The Sample**

Our sample comprised young people living in Humberside, and health professionals.

#### 2.1 Young People

37 young people were consulted...

- 24 were female, 13 were male (reflecting the weighting that NHS Choices required of the sample)
- all were aged between 14 and 21
- all were from social grades C2DE, with the majority from grades D and E

In addition to the above, the following types of young people were recruited...

- young people who appeared at risk of poor sexual and general health in future owing to their current attitudes and lifestyles
- young people who had accessed sexual health clinics
- young women who had already conceived unintentionally and/or at an early age

The first category – those who appeared to be at risk of poor sexual and general health – was the largest part of the sample. It was split into two age-bands and young people were recruited according to the following criteria...

- those aged 16 – 21...

- were all sexually active (this was defined as having had sex more than once before)
- smoke and/or drank alcohol on a regular basis
- said that they enjoyed going out or meeting up with friends in their free time
- those aged under 16 were not asked about sexual activity at the recruitment stage, however all said that they...
  - intended to leave school at 16
  - were dissatisfied at school
  - smoked and/or drank alcohol regularly
  - enjoyed going out with or meeting up with friends in their spare time
- this criteria was used to help determine the likelihood of their being sexually active (dissatisfaction at school / intending to leave school at 16 / smoking and drinking is often linked to having unprotected sex at an early age)

The second category – those who had accessed sexual health services before – comprised three young women who were recruited from the waiting area of a sexual health clinic in Hull. They were invited to interviews after their appointments with nurses / clinicians.

The third category – young women who had conceived unintentionally or at an early age – comprised three teenage mothers aged between 17 and 19 years who had not planned to become pregnant at a young age but had decided to continue with their pregnancies anyway.

In more detail, the sample was as follows:

Triad 1	At risk females	14-15 years
Triad 2	At risk females	15-16 years
Triad 3	At risk females	16-17 years
Triad 4	At risk females	17-18 years
Triad 5	At risk females	19-21 years

Triad 6	Teenage mothers	17-19 years
Friendship pair 1	At risk females	14-15 years
Friendship pair 2	At risk males	14-15 years
Friendship pair 3	At risk females	15-16 years
Friendship pair 4	At risk males	15-16 years
Friendship pair 5	At risk females	16-17 years
Friendship pair 6	At risk males	16-17 years
Friendship pair 7	At risk females	17-18 years
Individual depth 8	At risk male	17-18 years
Individual depth 9	At risk female	19-21 years
Individual depth 10	At risk male	19-21 years
Individual depth 11	Service user	15 years
Individual depth 12	Service user	15 years
Individual depth 13	Service user	16 years
Individual depth 13	Service user	19 years

## 2.2 Health professionals

The following health professionals were consulted...

- 2 GPs: one in an urban area; one in a more rural area
- 2 Practice nurses: one in an urban; one in a more rural area
- 2 Staff at a sexual health clinic whose role, among other things, was to inform young people about safe sex

Fieldwork was conducted in and around Hull, Scunthorpe and Grimsby, including in some rural areas, between the 8<sup>th</sup> – 17<sup>th</sup> October by Fiona Gillard, Rob Hartley and Lisa Malangone.

## C. MAIN FINDINGS

### 1. **Context**

#### 1.1 Overall

The factors influencing the social and sexual behaviours of young people in Humberside are many, complex and deep-rooted. There is no one reason why teenagers smoke, drink heavily or have sex at an early age. Their behaviours and attitudes seem to arise from a combination of influences and their individual responses to these.

On this evidence, having sex early on in life (several in our sample reported having had first sex at 14), failure to protect against the risk of pregnancy and/or STIs, smoking and drinking are commonplace among teenagers in Humberside, especially among those from deprived areas. Put simply, it is what many young people do - it appears to have become part of their culture.

#### 1.2 Attitudes and behaviours

##### 1.2.1 *Boredom, low horizons, and alcohol*

Many young people in the areas that we visited claimed to be bored. There seemed to be little which kept them occupied outside of school and many did not enjoy, or were not inspired by, activities in school. They also appeared to have low aspirations: they had not excelled at school and so perhaps did not think that they would excel in life after school.

Most spent their free time at each other's houses, or in the case of some young men, walking around their local area. Many young people claimed to smoke or drink to help stave off boredom:

*"It [drinking] is something to do. Cinema gets boring, Hollywood Bowl is boring as well. So we try and get drunk."*

Paired Depth: DE females 14-15, Hull

*"Boring - nothing to do for anyone our age. Nothing at all."*

*"There's no Youth Centres or owt [anything]."*

*"No nothing, that's why people do drink and smoke because there's nothing to do. If we had something to do then we might be a bit different, but there's absolutely nothing to do."*

*"You know there's nothing to do - you just walk round. It's the same every time, you come out, you think, 'Yeah, what*

*are we going to do today?' Walk round all day and then you go home and your legs are aching, go straight to sleep and do the same the next day."*

Paired Depth: DE males 14-15, Scunthorpe

Others said that they used alcohol to escape from stress at school, or at home:

*"Especially when you feel dead crap inside, you've had a crap day and all week you've had a crap week, and you think 'I can't wait for the weekend to come and I'm just going to have a drink, be with my mates and just get pissed and have a laugh.' You think, 'Oh God, I can't wait for the weekend because this is the day I'm going to have a drink, no-one is going to be nagging at me or anything and I can just have a laugh.'"*

*"It's the same as when you've had family problems as well, you just go and have a drink and you feel much better."*

*"It just makes you forget about stuff because it's always on your mind, stuff that's on your mind - it makes you forget about it."*

Paired Depth: DE males 16-17, Grimsby

Many drank to lose their inhibitions. They said that they enjoyed losing control of themselves when they were out with their friends and doing things that they might not have done had they been sober:

*"I don't drink through the week, but when I go out, I binge drink."*

*"I drink so much until I'm wasted and don't know how to control myself. About a litre of vodka! No - about half a litre!"*

*"It is more fun if you are drunk - then you can have a good time. Don't have to worry about it."*

*"The night- life round here is rubbish, you have to be drunk."*

Paired Depth: C2 females 17-18, Scunthorpe

Several used alcohol to give themselves the confidence to approach members of the opposite sex, and to initiate / have sex. Being drunk had often caused them to do things they later regretted. Some young women described waking up and not remembering, because they had been drunk, that they had had sex the night before. Some young men reported losing their judgement after drinking and consequently having had sex with girls they did not particularly like or respect.

Although few in this sample admitted to taking drugs themselves, most said that drugs were widespread in their areas, which health professionals confirmed. The drugs which young people knew of, and knew to be in circulation included: 'pills' (ecstasy), 'fet' (amphetamines), cocaine and cannabis.

### 1.2.2 *Families, expectations, and few restraints*

The majority of young people in our sample seemed to have few boundaries imposed on their lives or activities by their parents. They had free reign to roam their estates, stay out late, and in the case of some girls, to have older boyfriends round to stay the night.

Many came from single parent families and several had been born to teenage mothers / parents. Some girls were keen not to repeat their parents' mistakes of giving birth early and were on the pill and/or always carried condoms. However others regarded early motherhood as the norm and took no precautions against pregnancy, or STIs.

Some health professionals referred to young people in their areas as the 'me generation'. They felt that teenagers expected to be able to 'have' everything – consumables and experiences – immediately. They blamed this attitude on lax parenting, but also on the media. They felt that the media encouraged a culture in which people sought instant gratification and did not exercise any restraint.

Health professionals also blamed the welfare state for the high numbers of teenage pregnancies in their areas. They felt that the benefits given to teenage mothers reduced the problems associated with having a child early to an extent that it did not encourage responsible behaviour.

### 1.2.3 *Short-term perspectives*

Perspectives in relation to sex and life in general seemed to be short-term and reactive. Many described how, in the past, they just 'did' something, and experienced the consequences afterwards. Sex typically took place within very short-term relationships, or outside of relationships. It was often spontaneous and unconsidered, and because of this young people often failed to protect themselves against pregnancy/STIs.

*"After I had him, it was a shock when I found out I was pregnant - I didn't expect it to happen to me at my age."  
"Yeah, it was like that with me."*

*"Using protection didn't bother me until I had him, then I was thinking 'Why didn't I use protection?'"*

Paired Depth: DE teenaged mothers, Scunthorpe

*“Most people, when they have one night stands or they just sleep with someone, the next day they say ‘I feel really bad for doing it and I shouldn’t have done it’, but then they don’t know if they need to go to the doctors and get checked. They just think, ‘He was ugly, I shouldn’t have done it,’ they don’t think about anything like that [STIS].”*

Paired Depth: DE females 16-17, Scunthorpe

*“When I’m going out, it’s not really the top thing on my mind to take a condom out with me. If I go out, I’ll have a laugh with my mates, and if I pull, I pull.”*

Individual Depth: DE male, 17, Grimsby

Many teenagers, especially the younger ones, seemed to underestimate the risks of having unprotected sex. Some seemed to think it unlikely that they would get pregnant at a very young age, perhaps because there were few examples of girls in their area who had got pregnant as young as 14. Many thought that they would have to be very unlucky to get pregnant / get someone pregnant, or to catch an STI. So they often chose to risk it. Their attitudes seemed best characterised by the phrase ‘it won’t happen to me’.

#### 1.2.4 Peer pressure

Peer pressure was a strong influence on the behaviours of most young people. All wanted to be accepted by their peers and were prepared to go to considerable lengths to gain their approval. Several said that peer pressure was one of the main reasons why they drank or smoked.

*“That’s what it is: if you don’t have a drink then ‘You’re a loser, go home’ - that’s what everyone says when you’re young.”*

Paired Depth: DE females 16-17, Scunthorpe

*“I am smoking not because they persuaded me, but because they are doing it - I did it. You think it is clever. If you don’t do it, you’re not in the crowd.”*

Triad: DE females 15-16, Scunthorpe

*“You can’t help but smoke with your friends and it’s pressurising.”*

Paired Depth: DE males 16-17, Hull

It was also a reason why several young people had had sex as early as 14 years of age. Some described having had sex simply to reassure their friends that they had ‘done it’. Some – girls and boys alike – said that they had had sex early to avoid the teasing they knew that they

would encounter should they be exposed as not having had sex until their later teenage years:

*“Yes, I had pressure on me at that age, I didn’t want to say I lost it [my virginity] when I was 18 or something... but you do get quite a bit of pressure off the lads, I must admit I do say it to some of my mates.”*

Paired Depth: DE males 16-17 Grimsby

### 1.2.5 *Low confidence and communication skills among young women*

Many young women did not appear sufficiently confident or self-assured to refuse sex. Several said that sex was necessary in order to keep a man interested. This belief, combined with natural teenage curiosity, sexual desire, and a need to be found attractive, was often sufficient to persuade a girl to have sex with someone she did not necessarily want to have sex with.

*“Then it was just, ‘Oh God he’s older, I’ll do it and it will make me feel better’, but then after it’s a few years down the line and you’re like, ‘Oh my God, what did I do?’”*

Paired Depth: DE females 16-17, Scunthorpe

At an extreme, one girl said that she had had sex with a young man she did not like simply to make him go away. (He had been pestering her all evening and she knew that he would desist from this once he had ‘got what he wanted’).

Several of the girls in this sample were on the pill to avoid getting pregnant. However some thought, or perhaps liked to think, that the pill offered them protection against STIs too. They seemed to have a misguided sense that if they were on the pill then they had taken the necessary steps to protect themselves.

Perhaps partly because of this, many young women failed to insist that their partners wore condoms. Some said that thoughts of using protection tended to vanish in the heat of the moment, or when they were drunk and therefore not thinking about the possible consequences.

Others feared that asking a man to wear a condom might put the man off them. They thought that making such a request could make them appear uninterested in the man, lacking in passion, or unsophisticated.

Rather than risk losing face or being turned down therefore they chose to risk catching an STI instead.

*"It's not the fact that you can't be bothered, it's the fact that, when you meet a lad, people feel daft saying, 'Have you got a condom?' And sometimes you just forget about it. You don't really think of the risks, you just do it."*

Individual Depth: DE female, 16, Hull

### 1.2.6 *A dislike of condoms*

Several young women reported that boys they had slept with in the past had disliked wearing condoms. Some of the young men in the sample endorsed this view; they said that wearing condoms during sex did not feel as good as unprotected sex. As one girl's male friends described it, it was like 'having a bath with socks on'. Knowing that their partners did not like wearing condoms had often persuaded girls to risk unprotected sex, which had in some cases resulted in pregnancy.

*"He was allergic to it...He said 'I couldn't use them' [condoms], then I thought, 'Well, it can't hurt, this once.' Then I ended up with a baby."*

Paired Depth: DE teenaged mothers, Scunthorpe

### 1.2.7 *Naivety and trust*

Most talked about sex in a relationship, even if it lasted only a few months, as safe sex. Girls in particular seemed to want to believe that they were not at risk of STIs if they were in a relationship. They also felt that having several short-term relationships was preferable, both from a social perspective, and in terms of their risk of catching an STI, to having one-night stands (even if the number of people they slept with amounted to the same).

*"My friends don't really sleep around a lot, but they also don't have long term relationships. They'll have a boy for a month and then sleep with them, and then split up and get another one. It's not like every night."*

Paired Depth: C2 females 16-17, Grimsby

Several were having sex without condoms inside relationships therefore. They did not appear to accept that just because their boyfriend / girlfriend was committed for the time being, it did not necessarily follow that they had not picked up an infection prior to starting the relationship. It seemed that, in many cases, it suited young

people to think like this. They seemed to be hoping for the best, rather than genuinely believing they were not at risk.

*"I am safe at the minute with the lad I'm with – hopefully...he is one of the safest lads I know because he has only slept with 2 people. I know for a fact he is safe: he tells us 3, but I know for a fact it is only 2 [people that he's slept with]."*

SO BECAUSE HE HASN'T BEEN SLEEPING AROUND HE IS GOING TO BE ALRIGHT?

"Yes."

Paired Depth: DE teenaged mothers, Scunthorpe

Because of the tight knit circles that most of these young people moved in, many also believed that they would know if one of them had contracted an STI. News like this tended to travel fast on the grapevine:

*"It depends if you know who they are and you know their background and everything like that - then you won't worry about it, but if you don't, then you would wear a condom... You need to know where they come from, where they live, because you've got your own area code basically, because you know what it's like. So find out where they come from and who their last boyfriend was. As soon as you find out, then you pretty much know whether they're alright or not alright."*

Paired Depth: DE males 14-15, Scunthorpe

### 1.2.8 *Girl power and the 'laddette' culture*

The recent 'ladette culture' seemed to have confused several young women, and men. Health professionals felt strongly that people in their areas, especially young women, had been influenced by media stories and images of celebrities getting drunk or high, behaving brashly or provocatively, and hinting at very active sexual lives. It was marketed as 'girl power', as something to be celebrated. Indeed the way in which some young people described their own sexual behaviour, or that of their friends, seemed to suggest that had been seduced or empowered by the idea of girl power. However they appeared to be confusing liberty perhaps with carelessness...

*"Some of them care if they get pregnant or catch something, and some of them are like 'We don't care. Let's go have sex.'"*

Paired Depth: DE females 14-15, Hull

The reality in Humberside seemed to be the opposite of girl power. Several of the girls we interviewed referred apologetically to

themselves or to their friends as 'slags', or as 'sad' if they had slept with lots of men, or had had unprotected sex on the first night. It was as if they had been attracted by the girl power image but were no longer comfortable with their actions.

Some young men in the sample referred to girls whom they knew had had multiple sexual partners as 'bikes' or as 'dirty', and said that they would only have sex with them when they were drunk. Despite superficial appearances, it seemed that in Humberside it was still considered acceptable for young men to have numerous sexual partners, but not for women.

### 1.3 Sources of information about sex and sexual health

All the young people we interviewed were curious about sex. It was reportedly a constant topic of conversation. Experiences were exchanged between friends and gossip passed on, for example who had done what with whom, and what it had been like.

The majority of young people's information about sex came from their friends, or from older siblings. Those who had experienced sex first, or had been in 'long-term' relationships, were generally deferred to as the experts.

*"I was in a long term relationship before you, and you used to come to me."*

*"I think that we tend to know a lot more than others because we've been in long term relationships."*

Paired Depth: C2 females 16-17, Grimsby

All remembered sex education from school. However most said that they had not found it particularly relevant or helpful. Most of their peers had treated it as a joke and consequently they had felt compelled to laugh at it too, rather than to take it seriously, for fear of being ridiculed.

Some young people had spoken to staff at sexual health clinics about their sexual health. They clearly trusted and were comfortable with this as a source of information. However they tended to use it reactively, for example if they were worried about having caught an STI, rather than for information or advice for the future.

A few young people had spoken to their GP or practice nurse about sexual health. This was almost always in the case of a problem or

emergency, such as a suspected pregnancy or a suspected genital problem. Indeed many young people said that they shied away from their GP surgery because of its connections with their family, or because they did not believe that the advice they would receive there would be totally confidential.

A few young women enjoyed close relationships with their mothers. These girls typically gave the impression of being more confident and street-wise than others. They did not appear to have discussed sex in detail with their mothers however; conversations seemed to have focussed more on the social dangers of having sex too early, with too many men, or of unprotected sex.

Due to their reliance on friends for information many, especially younger teenagers, were poorly informed about sex. Several were unsure about whether or not to believe myths that circulated among their peer groups, such as...

*A girl can't get pregnant the first time she has sex*

*A girl can't get pregnant during her period*

*A girl can't get pregnant when she's not on her period*

*A girl can't get pregnant if she is on top during sex*

*A girl can't get pregnant if you have sex standing up*

*A girl won't get pregnant if she wipes herself immediately after sex*

*You can die from having sex in the bath*

#### 1.4 Knowledge of sexual health

Young people's knowledge of sex and sexual health varied widely. However most knew that having sex without using a condom if the girl was not on the pill risked pregnancy, and that having sex without a condom risked sexually transmitted infection such as Chlamydia.

Beyond this, knowledge varied widely. Some older teenagers were well informed about the risks of pregnancy, STIs and how to avoid them. However others, typically those at the younger end of the age

spectrum, knew very little, including whether the myths outlined above were true or false. The majority fell somewhere in between these two extremes.

A high proportion of the sample did not know that STI stood for 'sexually transmitted infection' or that STD stood for 'sexually transmitted disease', or indeed that STI and STD was one and the same thing...

WHAT DO YOU KNOW ABOUT STIS?

*"I know about Chlamydia, about Chlamydia and STD [another form of STI] and HIV."*

*"I know about Chlamydia and STD [another form of STI]"*

Paired Depth: DE teenaged mothers, Scunthorpe

However most had an idea what STI meant. They knew that it was something that could result from unprotected sex. However as already noted, some girls thought that they were safe from STIs if they were on the pill: they thought, or wanted to believe that the pill provided them with complete protection.

The term STI was commonly associated with Chlamydia. Chlamydia was something that all the young people in our sample had heard of, and which several had received treatment for.

*"Chlamydia...it's the most common [STI] for teenagers, that is what school focused on."*

*"It's the one to worry about it."*

*"I think it is hard to treat because you don't know you've got it."*

Paired Depth: C2 females 16-17, Grimsby

Indeed it seemed that among teenagers from more deprived areas, Chlamydia had become commonplace, and was no longer considered taboo. Most knew that it could be cleared up easily, as long as it was treated early. Indeed some health professionals reported young people asking for Chlamydia tests in the same way that they might ask for an aspirin to cure a headache. Health professionals described how some teenagers regarded having had Chlamydia as a status symbol. It seemed that in a few teenagers' eyes it may even have become a sign of sexual potency.

But despite their familiarity with the name Chlamydia, most knew little more about it besides its name. They claimed to want more information about it and about other STIs that they might be at risk of.

DO YOU NEED MORE INFORMATION ABOUT STIS?

*“More about the symptoms, we only know the names of it and how you get them mostly - more about symptoms and what can happen.”*

*“The consequences of them and how you can get rid of it.”*

*“You think it is just an illness and you can get rid of it with some tablets, but when it is not...”*

Paired Depth: C2 females 17-18, Scunthorpe

Some knew the names of various STIs such as HIV and AIDS, Pubic Lice or ‘Crabs’, Gonorrhoea or ‘the Clap’, and Syphilis. However they knew virtually nothing about their symptoms and possible long-term effects.

*“You know the names [of STIs], but you don’t know what they do to you. You don’t know what they are.”*

Paired Depth: C2 females 16-17, Grimsby

*“Crabs we know, but I don’t know of anyone that’s had it. It’s just Chlamydia isn’t it, a lot of people have had that.”*

Paired Depth: DE female 16-17, Scunthorpe

*“We talk about health and diseases - if someone has Chlamydia.”*

*“Or when Ellen – someone said ‘Ellen has got clap’ [CLAPPING]. Take the mick, but it is not nasty.”*

Triad: DE females 15-16, Scunthorpe

*“They tell us at school what HIV is, but it just goes in one ear.”*

*“Yeah, I don’t know what it means.”*

Triad: DE female 15-16, Scunthorpe

Finally, there were contradictions and inconsistencies in the way that young people regarded and seemed to understand sexual health. For example on one hand were girls who said that they took care not to get pregnant (by being on the pill), but gave no thought to the risks of contracting an STI (they did not use condoms).

*“The main thing is that you don’t want to get pregnant. You know how it would affect you.”*

Paired Depth: C2 females 16-17, Grimsby

On the other hand were girls who, according to staff at sexual health clinics, came for Chlamydia tests without having considered the fact that they might be pregnant (as well as having contracted an STI).

## 2. **The proposed marketing campaign**

### 2.1 Overall

Nearly all the young people in the sample approved of the concept of a marketing campaign about sexual health targeting young people. Sexual health was clearly a relevant issue and both groups agreed that young people needed to be fully informed about it.

The poster executions shown seemed likely to catch young people's attention because they were obviously about sex / sexual health. Many young people said that they would stop to look at and perhaps consider them.

However the likelihood of young people taking action as a result of the posters was harder to gauge. Some younger female teenagers claimed that they would text SAM after every execution simply because they wanted to know more about sexual health and sex. However others seemed less likely to text SAM or to visit the micro-site because...

- the call to action given on many of the posters did not seem sufficiently clear or compelling
- the posters were often regarded as providing valuable information in themselves, negating the need to seek further information

*"They don't need to know anything, because it's telling you."*

IT'S ALMOST TOO MUCH INFORMATION?

*"Yeah...you're given the answer already."*

Triad: C2 females 17-18, Hull

- they did not imagine seeking further information unless they were already concerned about an issue highlighted in a poster (as noted in Section 1.2.3 they tended to react to situations rather than taking action to prevent situations occurring in the first place)

*“That could make a lot of people think...I don't think it would motivate them to go to the website because it's more, 'Oh, I never realised that, so I won't do it in the future'...They'd probably think, 'Well, I'm not pregnant anyway, so why's it matter?' I wouldn't really say it would make you go onto the website, but it's advice so you know.”*

Individual Depth: C2 male, 19, Scunthorpe

Health professionals approved of the campaign in principle too. They said that anything which might help to improve young people's awareness and understanding of sexual health issues would be worthwhile. They also approved of the campaign's intention to encourage young people to seek further information, either by texting SAM, visiting the micro-site, or accessing local services. There was no sense from any of the health professionals we spoke to that they would resent additional visits from young people prompted by the campaign.

In addition, staff at sexual health clinics had doubts about how effective the campaign would be amongst people with poor education, low literacy, and limited aspirations. They said that some of their clients struggled to comprehend basic instructions relating to safe sex. Consequently they felt that many of the posters would be too complex for them to understand.

*“The nurse asked the daughter, 'Are you sexually active?' The daughter didn't fully understand. The mum had to interpret it.”*

Healthcare Assistant and Practice Nurse, Grimsby

*“Because of the illiteracy rate you need to think about the overall population and their ability to follow simple instructions like 'don't have sex for one week'. You do worry about that.”*

Sexual Health Nurse, Hull

## 2.2 The call to action

When asked how they would prefer to seek and receive further information about sexual health, should they decide to, respondents were polarised in their responses. Some insisted that they would use the text service. But others rejected the text service outright saying that they would prefer to visit the website. Consequently opinion was divided on which channel deserved greater emphasis in the posters.

It should be noted however, that some young people said they would prefer to talk about their concerns. Some envisaged visiting their local sexual health clinic for advice. Others said that they would welcome the addition of a 'phone line, such as Sexwise, which some had called and found helpful in the past. Some health professionals endorsed this saying that those who were most at risk of poor sexual health were those who would be least likely to text or to visit the web-site.

*"I don't think the difficult to reach people are the ones that will access this website to get their information."*

HOW DO THEY GET THEIR INFORMATION?

*"Word of mouth. I get people coming to see me because their mates have said 'go and see X', and so I do get personal recommendations, people coming in that I've never met before coming in and asking for me by name because I saw their mate last week. They are not the type of people who will spend hours sitting at a computer. They are not people that will access a phone line...they still have problems with reading and writing, you need to be able to read and write to text the service in the first place."*

Sexual Health Nurse, Hull

### 2.2.1 Text SAM versus the web-site

The biggest supporters of Text SAM were younger females, aged 14-16 years, who made no secret of their desire to find out more about sex and sexual health, and appreciated being able to do so via their mobile 'phones. They always carried their mobile 'phones with them, and so the text service sounded convenient. It promised to allow them access to information at any time and in any place, which some thought might make the difference between acting on a problem immediately and leaving it until another day.

They also regarded mobile 'phones as personal and private, insulated from familial prying and therefore a suitable way to access information about sensitive topics. Several contrasted the privacy that texting SAM would bring with the risks of accessing the web-site via a computer.

*"I think being texted is a good idea: teenagers are glued to their phones, and if they've got that, then parents don't read their text messages."*

Paired Depth: C2 females 16-17, Scunthorpe

*"My sisters are about 13 and 14 and they'd probably text because it's their phone and no one uses their phone. And they can delete the message straight away. If they use the internet my mum could go in and see what websites they've been on."*

Triad: C2 females 17-18, Hull

*“Yes, on your phone, it is more private. You can look at it anytime, wherever you are. If it is printed information, it is going to be somewhere and people are going to get wrong ideas, e.g.[that] you've got an STI because you've been looking it up.”*

Paired Depth: C2 females 17-18, Scunthorpe

Some younger female teenagers also appreciated the name of the service. They did not realise that SAM stood for ‘sexual health advice on mobile’ rather they took it at face value as a name. They liked the fact that it did not obviously suggest sexual health and the fact that SAM could be a girl’s or a boy’s name. They envisaged being able to save the number in their ‘phones without arousing suspicion from family or friends.

*“I think it’s quite a good name as well because it’s like a friend. It’s like a normal name.”*

*“You could save it in your phone book. If somebody goes in the phone, they’ll assume it’s a mate.”*

Paired Depth: DE female 15-16, Hull

However several health professionals said that young people often swapped phones with one another, making texting Sam potentially a less than private matter. Some young people also said that their friends (particularly male partners) often scrolled through their phones which would potentially compromise the privacy associated with texting SAM.

*“But if you’ve Sam written in your phone book and your boyfriend is looking through and sees you have been texting - ‘Who is SAM?’ And you are trying to explain...”*

*“Yeah, doing things behind his back.”*

Triad: DE females 15-16, Scunthorpe

Older teenagers tended to prefer the web-site as a means of seeking further information on sexual health. They appreciated the opportunities for browsing in private that they imagined a web-site would provide. Some also thought that seeking information via a computer would be safer and more anonymous than sending a text. A few had their own computers at home. But the majority shared their computer with other people – either family or friends at school / college. Some thought that this would make visiting a sexual health site difficult to trace. However a few felt the opposite: that people who shared their computers would be able to find out if they had been looking for information on sexual health.

Notwithstanding the above, it should be noted that several were not regular internet users. Many young women in our sample only used the computer for instant messaging and said that they were not familiar with how to search for information on the Web.

Many teenagers preferred the Web as an access channel because they recognised that the text SAM service would require them to have credit on their 'phones. This tended to put them off because credit was something they seldom had. A few health professionals endorsed this. They imagined that cost would be a major barrier to young people's use of the text service.

*"Yeah I wouldn't really be able to go on it. I mean when your Mum puts £10 on your phone it's like Christmas, because it's only like every month or something."*

Paired Depth: DE males 14-15, Scunthorpe

DO YOU THINK YOUNG PEOPLE WILL TEXT SAM?

*"No, because it would cost money. My theory about texting is that it is associated with high cost, premium lines and competitions and the like; most people have pay as you go mobiles...Everyone has a mobile, I've yet to meet someone who doesn't have one, but as far as credit goes, no one has credit."*

Sexual Health Nurse, Hull

Even those who had credit were concerned about the cost of texting SAM. They were adamant that they would only do so if the text was free.

*"If the text is free then definitely say it because they will go for it."*

Paired Depth: DE males 14-15, Scunthorpe

This problem of cost was compounded when it was revealed that text SAM was a WAP service which they knew would be expensive to access. More fundamentally, some did not have WAP phones or did not know how to use WAP services on their phone.

*“Sometimes when you pay for your WAP it runs your credit down.”*

*“I don't know how to use it.”*

*“SMS texting free of charge would be good.”*

Paired Depth: C2 females 17-18, Scunthorpe

Several young people were wary of texting numbers they did not recognise for fear of incurring costs at a later stage. Some respondents had already been stung by ring-tone services that had charged them for each text they received.

*“Well I wouldn't text that because even though I know it's the NHS I still wouldn't. I probably wouldn't even believe the advert was from the NHS, because they have a lot of ring tones and sites like that which rip you off when you text them, so I wouldn't text a number like that from my phone.”*

Individual Depth: C2 male, 19, Scunthorpe

Several older teenagers were also suspicious of communicating by text about a topic as sensitive and personal as sex. They wanted to know who would receive the information, and where the answers they received would come from. In these cases the name 'SAM' was a cause for suspicion. It prompted some young people to think that their questions would be received by a person called SAM and this made them feel uneasy.

### 2.2.2 Further problems with communication of the text SAM service

In addition to the barriers outlined above, many young people were uncertain what to do or expect from the text service. The posters did not seem to give them a clear indication of this.

*“I wouldn't know what to text for a start, if I just text that [SAM], how do I know if I've got Chlamydia”*

Individual Depth: C2 male, 19, Scunthorpe

*“How are you going to find out? That's what I think straight away. How are you going to find out by texting?”*

Paired Depth: DE males 14-15, Scunthorpe

For example some interpreted 'text SAM' as an invitation to text questions about sexual health to 'SAM' (they did not appreciate that 'SAM' was the word they were supposed to text). They struggled to envisage what would happen once they had sent the text; for example would they receive a personal reply, and how many text messages would be involved in the process?

*"That's the only thing that lets it down about texting, because you think it's just going to make you keep texting them for about an hour, do you know what I mean? That's the only thing."*

Paired Depth: DE males 14-15, Scunthorpe

Many were disappointed when they learned that they would not receive a personal reply, but would instead be directed to a URL. They had hoped for immediate, personal responses to their questions.

### 2.3 Text SAM v. Text NHS v. Text MyNHS

As mentioned above, almost no one noticed the explanation of the SAM acronym on one of the posters. And where it was pointed out some commented that 'Sham' would reflect the service initials more accurately.

Those who were aware of Talk to Frank tended to assume that Text SAM would be a similar type of service. However in some cases the comparison reinforced the assumption that a dialogue would ensue after texting SAM.

*"Yes it is a good idea that really because it's like that 'Talk to Frank' for the drugs one, I think that's a good one as well."*

Individual Depth: C2 male, 19, Scunthorpe

*"I think the 'Text SAM' one because it's just like 'Talk to Frank' about drugs, text SAM about sex."*

Paired Depth: DE females 16-17, Scunthorpe

Most respondents agreed that whilst the name SAM made the service seem approachable it did not make clear that users of the service would be directed to a URL. Most felt that this needed to be made much clearer.

Those who were shown Text NHS as an alternative to Text SAM generally preferred the former. They said that Text NHS sounded more credible and trustworthy. They imagined that they would worry less about texting sensitive information to the NHS than to 'SAM', and would be far less concerned about getting caught up in 'phone scams. Moreover, the link between the NHS and sex seemed more obvious than that with 'SAM' because, as noted, the acronym was rarely recognised.

*"It's more credible if you think you're texting the NHS than just SAM."*

Triad: DE females 19-21, Grimsby

WHAT IF THEY HAD 'TEXT NHS'? WOULD THAT MAKE YOU FEEL MORE REASSURED?

*"Yeah, it would make me feel better because I'd know who I'd be speaking to - not someone called SAM."*

Individual Depth: DE female, 16, Hull

The alternative name MyNHS was received less well than NHS. Many, especially females, found the addition of 'my' to NHS unnecessary. Some described it as 'cheesy'. From a practical point of view several found it difficult to read because My and NHS was written as one word, encouraging readers to try and say it / remember it as one long acronym.

## 2.4 Proposed marketing methods

Most young people approved of the marketing methods proposed: a blue-tooth proximity push, text messages, referrals via health professionals, and posters in the local area. They suggested displaying posters in the following places: in schools and colleges; at bus-stops; in GP surgeries and sexual health clinics; in pubs and clubs on the backs of toilet doors; and in the changing rooms of clothes shops.

### 2.4.1 *Bluetooth proximity push*

Those who had Bluetooth functions on their phones approved of the proposal to engage teenagers via this channel; one even suggested it spontaneously. A number had downloaded various Bluetooth files previously (most often from the cinema), and the best were routinely forwarded on to friends.

*“It would be a good way to advertise if you had these posters on Bluetooth and blue-toothed them when they went in, because if someone sends me anything on Bluetooth I always open it to see what it is.”*

Individual Depth: C2 male, 19, Scunthorpe

The younger age-groups seemed unconcerned at the prospect of being asked to download such files. However older respondents were sceptical. They worried about what they would be charged for the download and said that they would be wary of downloading anything unless they were sure about what it was, and what it might do to their phone.

*“I think people would maybe not open it at all, thinking they’d get charged for it. There’s a lot of messages you get on the phone with a number like that and then it charges you for opening it.”*

Triad: C2 females 17-18, Hull

However, several thought that knowing the file came from the NHS would allay some of their concerns. Given this, most said they would be likely to download a file about sexual health when they were relaxed and on their own, either away from friends or with just a few close friends. They suggested lunch hours at school or college as the best times to receive Bluetooth files, or when young people (women) were browsing shops and cafes in shopping centres. These were times and locations where they imagined that they would be able to consider the message properly.

Few of the young people in our sample were regular club-goers and so tended not to recommend clubs as ideal sites for Bluetooth. Those who did go to clubs and pubs said that even if they accepted a Bluetooth message there, they would not read it until the next day. This was for two reasons: they would not want to stop socialising, drinking and having fun to consider a message about sexual health; they would not want others around them to see them reading a message about sexual health and so said that they would not risk opening it until they were alone.

*“I think in a club or a pub they’d just be drunk and just laugh it off.”*

Individual Depth: C2 male, 19, Scunthorpe

Most approved of the sample animation they were shown during interviews: a simple cartoon demonstrating the possible consequences of taking cannabis. They found it engaging and entertaining. They said that it struck the right tone between information and humour. They also appreciated the emphasis on the visual, rather than on text. Indeed, some thought that a similarly styled cartoon on the subject of sexual health would work well.

*"I think the video bit is good. I think people would go, 'Oh I'll just watch that,' because it's like you can take it in more when you're watching it, and not reading it."  
"If a big page comes up with loads of writing you think, 'I can't be bothered to read that.'"*

Triad: C2 females 17-18, Hull

A minority were concerned that a cartoon would not provide the gravitas needed for the subject of sex, which they considered as more sensitive and more serious than drugs. They called for images showing real people with shocking, repellent diseases, and for harder-hitting messages to accompany the visuals.

### 3. **The micro-site**

Many young people appreciated the intention to have a separate micro-site dedicated to people living in Humberside. They imagined that information they would find there would be particularly relevant because it would take account of local trends or epidemics. They also thought that it would be easier to find local services via a local web-site, rather than having to scroll through menus which might be the case on a national site. Some anticipated there being accounts from local people on the micro-site, which they hoped might make the issues more 'real' to young people.

*"The website that's dedicated to Humber and that - I reckon that would work."*

Paired Depth: DE males 16-17, Hull

*"Yes definitely, it's a fair bit closer to home, it's not like London with a massive population or something like that, it's Scunthorpe and everything... when you watch something on the news, you always think it will never happen here like that... I think they should show a lot more that it's local."*

Individual Depth: C2 male, 19, Scunthorpe

Health professionals also said that a localised site would be preferable to a national one. They thought that it would be more likely to engage people in their areas if it was tailored specifically to local people's needs and environments. All said that they would be happy to direct young people to the site for further information advice on sexual health. However they wanted to be able to review the site's content before doing so, to ensure that they were in agreement with the information given there.

None of them objected to the idea of using the site during consultations with young people. However time seemed likely to be a barrier to here, especially in the case of GPs. Access to computers was a problem in the case of the sexual health advisors that we interviewed – neither had access to a computers during their consultations with young people (we understand that this was due to budget restraints).

It should be noted, however, that some of the younger teenagers did not appear aware of the term 'Humber' as a region and were uncertain what it would cover. Some health professionals also pointed out that some of regions in Humberside had fiercely local identities, and that a micro-site for 'The Humber' would mean little to people living in those places.

*"This is East Riding of Yorkshire. Where is Humber?"*  
Sexual Health Nurse, Hull

Most were reassured by the web-site's NHS branding. It suggested to them that they could trust the information they found there. Some claimed that they would not venture on to the site unless it featured the NHS branding clearly and prominently.

*"So yes, the NHS is obviously trusted isn't it? You could go on that website and know that it's right."*  
Individual Depth: C2 male, 19, Scunthorpe

IT HAS THE NHS BRAND, HOW IMPORTANT IS THAT?  
*"It is important."*  
*"People look at it more if it has NHS round it. If it didn't have that, they wouldn't bother."*  
Paired Depth: DE teenaged mothers, Scunthorpe

Most respondents approved of the mocked-up home page because it looked colourful, fun, [welcoming](#) and well designed. They appreciated the lay-out because there did not appear to be too many words, and it did not look overly serious. It seemed to cover many of the topics that interested them, and they seemed to find the information engaging. Most claimed that they would browse through the site once there, even if the main reason for visiting was to find out about sexual health. However it is important to remember that at this stage they only had a dummy homepage to look at, not a working site.

*“You could just click one of the links - go straight to specific things.”*

*“Then there is the interesting stuff, e.g. probably telling you how to drink in moderation.”*

Paired Depth: C2 females 17-18, Scunthorpe

*“It’s good, you don’t get lost in lots of information that makes you think, ‘Oh I don’t want to read all that.’”*

*“And it tells you what to click on for your health - if you want sex or contraception, then you’d get straight to the point.”*

Paired Depth: C2 females 17-18, Scunthorpe

*“So giving up smoking, worried about drinking or sexual health check, I think it covers just about everything, I can’t think of anything else which really could be on there.”*

Individual Depth: C2 females, 19, Scunthorpe

Some young people, and health professionals, suggested including further sections on the site including those on drugs, stress, depression, how to resist peer pressure, bullying, and family/relationship problems.

*“I think you’d want more stuff on there about depression because it’s more common than people think, especially in pregnancy. Pre pregnancy as well, you can get it when you are pregnant...People are under all different types of stress. Younger people are under peer pressure. I grew up straight away, I got a job straight away, I got into college but I never went, I don’t know why. I never really got around to it. I got pressure from school friends.”*

Individual Depth: DE teenaged mother, 19, Hull

ANYTHING MISSING?

*“Relationship problems, family problems.”*

*“I have asked over and over again for this – for people who are actually step-sons, step-daughters, in step-families – there is nowhere that deals [with it]...Especially if they can't talk to the mother because of the new partner, or they can't talk to the father because of the new partner that they are not getting on with. That is quite big, there are so many interlinked families. Nobody is there to support it.”*

Healthcare Assistant and Practice Nurse, Grimsby

A number of female respondents also called for agony aunt or diary sections which would give them access to the experiences of other young people.

*“I think like somebody's diary. If you could have somebody who did actually eat like that, did exercise like that - in their diary for maybe a month. That would be good because then you'd think, 'God this really works. I'm going to try it.'”*

Triad: C2 females 17-18, Hull

*“Like an agony aunt website, they're the best things to read in the magazines is the agony aunt page because it's people that are exactly the same as you, and you know where they're coming from.”*

Paired Depth: DE females 16-17, Scunthorpe

#### 4. **The posters**

Nearly all the executions shown were well received, and all had individual merits. However the following executions had broadest overall appeal and seemed to have greatest potential for development...

- Chlamydia Chain
- Fact / Fiction
- Myth / Reality

Different executions worked for different reasons, but the most successful ones appeared to have a number of things in common...

- they were thought provoking, inviting personal reflection or identification with the issues
- they offered new perspectives on the issue of sexual health

- they gave the impression of an approachable, non-judgemental service

#### 4.1.1 *Chlamydia Chain*

This execution was the widely best received both by young men and women. The colourful, magazine-like approach was familiar and seemed to attract attention. The photographs of young people drew respondents in. Many seemed to identify with the people shown, or regarded them as attractive models to aspire to. They became curious about the links between the people in the photographs, and about why certain people were positioned next to others.

*“People will read that because they will think it is funny, and will want to know why the pictures are boy, girl, boy, girl. I would.”*

*“I would be interested.”*

Triad: DE females 15-16, Scunthorpe

They were fascinated to see who had slept with whom. In this sense the poster seemed to touch on one of their main topics of conversation. Linking this topic with Chlamydia transmission was effective and thought provoking. Most already knew that Chlamydia was widespread, but this execution seemed to help make the issue more real by illustrating patterns of behaviour that young people recognised in their own social networks.

It caused some to question how much trust they could place on their partner(s) honesty about their previous sexual behaviour. Some were also prompted to consider the fact that even if their partner had slept with ‘just two’ other people, they would not know who those two people had slept with.

*“It makes you realise that if you have sex with somebody, you don’t know who they’ve had sex with. It would make you want to go and get yourself tested and get everyone you know tested so everyone is safe.”*

Paired Depth: DE females 15-16, Hull

*“That’s quite important. It makes you think that if you’ve been with someone that’s only had sex with 2 people then they could - that other person could have been with 40 or 50 or caught anything from them, which they’ve passed on to them, which has then been passed on to you... It would make me a bit more cautious before I took a lass home.”*

Individual Depth: DE male, 17, Grimsby

*"It just shows you around the town, doesn't it... You've got her that lives on this side of the town, and her that lives on that side, and they've all got it."*

*"Because it's like if I went and had sex with a boy and I got Chlamydia, and then I went and slept with someone else - oh my God."*

Paired Depth: DE females 16-17, Scunthorpe

Many were shocked by the statistic 'In Humber 1 in 7 teenagers has Chlamydia.' The 'one in X' format seemed to bring the issue home to them. It seemed to help them understand their own risk of catching Chlamydia, and several called for the statement to be made more prominent. Further, the few who read the line 'There are no symptoms' were surprised and unsettled by it.

*"I didn't know that, I knew that you could get infections and things, but I thought Chlamydia would show - so yes, I think they should really say something like whatever percent of teenagers have it and with no symptoms, text this number to find out if you have it."*

Individual Depth: C2 male, 19, Scunthorpe

The main drawback of this execution was that the call to action was not found particularly compelling or relevant. Most of the young people we interviewed already knew where they could get a Chlamydia test and so the line 'For a free Chlamydia test call...' seemed anti-climactic. Further, many felt that the invitation to go for a test was only relevant if they already believed themselves to be at risk of Chlamydia (a large number failed to read or absorb the message about the lack of visible symptoms).

Finally, and perhaps most importantly, many also failed to appreciate that text SAM was a service offering general sexual health advice of which sign-posting to Chlamydia services was just one part. If they did not believe themselves to be at risk of having contracted Chlamydia, then 'texting SAM' appeared redundant. Further, many young people failed to see how texting SAM could provide them with a free Chlamydia test – how could a text service provide a Chlamydia test?

Finally, one GP commented that several of the girls depicted looked as though they were below the age of consent. He was concerned that this could tacitly imply that underage sex was acceptable, thus reinforcing a problem the campaign was designed to address.

#### 4.1.2 *Fact/Fiction*

This execution successfully exploited young people's curiosity about sex and sexual health. Many identified with the 'fiction' presented: they had heard before that it was not possible for a girl to get pregnant if she had sex in the bath. And if they had not heard this particular 'fiction' they had heard variations on it, some of which they did not know were true or false. They felt targeted therefore, and seemed encouraged to find out more.

In this execution, the link between getting the facts and texting SAM was obvious. Most understood that they would have to text SAM to find out more information. The strap-line 'get the facts, get sorted' told young people that Text SAM would be a no-nonsense, easy to use service, which they approved of.

In terms of design, most liked the simple image of the mobile phone with the text message displayed. It was striking and familiar. Both young men and the young women appeared to feel targeted by it, despite the fact that the 'phone was pink.

The one potential drawback to this execution was also its strength, and this was giving the correct answer to the statement 'you can't get pregnant if you have sex in the bath'. Providing the correct information on one hand seemed likely to improve young people's knowledge of sexual health and to help build their trust in the Text SAM service. But on the other, it seemed to risk reducing the motivation to text SAM for information (there would be less need for information because the poster had already given away the answer).

#### 4.1.3 *Myth/reality*

Many said that these posters would catch their attention because they looked youthful and uncompromising. They responded positively to the bold designs, and appreciated the text-based approach and striking use of black, yellow, white and pink which made the information stand out.

Similar to Fact/Fiction, the posters raised questions and statements about sex that most in our sample had either heard before, wondered about, or believed. Many therefore felt targeted, particularly if they had previously believed in a myth which a poster presented.

*"When I was younger and I was on the pill I actually used to think that [I don't need to worry about STIs if I'm on the pill] 'till I found out that the pill doesn't prevent that [STIS]."*

Triad: DE females 19-21, Grimsby

*"I like these ones."*

*"They're like, what we think - and then the truth about it. They make you think about it."*

*"People would stop to read them as well."*

Paired Depth: DE females 15-16, Hull

*"Pre-cum, that's a good one, that's a main one."*

*"They're like, 'I can't get pregnant because he pulled out.'*

*"If you haven't got a condom its alright he can just pull out."*

Paired Depth: DE female 16-17, Scunthorpe

All the myths presented seemed very 'real' to respondents. They appeared in some way to mirror what young people said they discussed with their friends. In this respect they succeeded in hitting exactly the right tone. They also appeared to have the potential to exploit young people's insecurities about what to believe and what not, thereby encouraging them to text SAM.

*"Yes because people have little rumours don't they, there's one they used to say if you had sex when they're on their period they won't get pregnant, and sometimes you can go away and believe that, and sometimes you don't. But that would be useful - get the facts, get sorted. If you're curious about something, text it in and ask them and then they can text you back."*

Paired Depth: DE male 15-16, Grimsby

There was one serious drawback to these designs, however, and this was the language in which the myths and realities were expressed. Nearly everybody found them too long, overly wordy or complex. They tended to alienate young people because they were expressed in formal terms, rather in simple, direct, youthful language. Most in our sample lacked the concentration or the patience to read them all the way through, and a large number clearly did not understand them.

There were calls from young people and health professionals to reduce the amount of text in all the posters, and to simplify the language used. In addition, myths that were written in the first person (e.g. 'I'm on the pill so I don't need to worry about STIs') were strongly preferred to those written in the third person (e.g. 'Pregnancy cannot occur if people have sex while standing up...'). Young people seemed to feel implicated by the former and distanced from the latter.

There were calls to replace formal, technical words with those that young people would use themselves. As one example, most did not understand the words 'ejaculate' and 'pre-ejaculatory fluid'. When these were explained they immediately suggested replacing them with 'cum' and 'pre-cum'.

To follow are a few examples of phrases which were either not understood, or found too long or overly formal, with suggestions for how they might be re-worded in a way that the young people we interviewed might relate to better...

1. *The oral contraceptive pill is designed to prevent pregnancy. It offers no protection against STIs - **The pill does not protect you from STIs...?***
2. *Anyone who is sexually active is at risk of contracting an STI—even if it is their first time. All it takes is engaging in sexual activity with one infected partner - **You risk catching an STI every time you have sex without a condom, even if it is the first time you have sex...?***

#### 2.1 Pubic Lice

Nearly all the young people in our sample found this poster striking and said that it would grab their attention in any environment. The use of the oversized louse was powerful and repellent. Nobody wanted to contemplate it infesting their pubic hair, and several initially claimed that this would be sufficient to make them think twice before having unprotected sex.

*"People would probably look at that."*

*"I think the more gory it gets the more attention it gets."*

*"Yeah, 'Oh God, that could be on me!' or something."*

Triad: C2 females 17-18, Hull

*"It probably would make me a bit more cautious about who I have sex with, without wearing protection..."*

Individual Depth: DE male, 17, Grimsby

Most also understood and appreciated the humour in 'Coming soon to knickers near you'. Some felt that this combination of horror and humour would cause young people talk about the poster amongst themselves.

*"It's scary. The picture makes you think."*

*"That one would make everybody think."*

*"And they'd make up jokes about it."*

Paired Depth: DE females 15-16, Hull

*"You might laugh at it, but when you come to think about it you think, 'Jesus Christ, if I had something like that...'. That would be another reason to text it as well."*

Paired Depth: DE males 15-16, Grimsby

However many said that once the initial shock had passed, they would quickly forget this execution. This seemed to be for several reasons. One was that the image of the louse was perhaps too repellent to be given credence (even though it was a real photograph of a public louse). Another was that the poster appeared to give little indication of how texting SAM could help with the lice problem – 'Text SAM' was often seen as separate from the strapline 'Coming soon to knickers near you' (many failed to see or read the line 'Want to know how to avoid pubic lice...?'). Consequently most regarded the poster as informing or warning about the dangers of lice, rather than as persuading them to seek further information.

In addition it appeared to be rather one-dimensional. Its apparent focus on lice, with no information about how they are passed on, or about their effects, made it easy to dismiss as scare-mongering.

*"If I looked at that, I wouldn't look twice at it because I'd think 'What are they on about?' I'd think it was a film or something. It's coming to so and so knickers near you. Why is it though? If you're safe and careful it aint gonna is it? So you can't say that."*

Individual Depth: DE female, 16, Hull

Finally, many in our sample did not seem to consider pubic lice as a widespread or serious problem. A few said that if they ever caught it they would simply shave off their hair.

### 2.1.1 Questions

Similar to Myth/Reality, many appreciated the simple, bold design of these executions. The yellow text on the black background seemed likely to catch people's attention, and to focus readers on the central questions: Where can I get free condoms? / How do I know if I've got Chlamydia?

The 'phone image which included the words 'To find out more Text SAM' written on its screen was unambiguous. It clearly told young people that they would be able to find out where to get free condoms / if they had Chlamydia if they texted SAM.

Finally, this was the only execution that explained that SAM stood for Sexual Health Advice on your Mobile. And it was the only execution which explained that the service was free and confidential. Both these pieces of information were relevant and important to young people, and there were several calls to make them more prominent. As explained before, some were wary of texting SAM because they had no idea of who SAM was. Several also said that they would not access the site / text service unless they were given reassurances of confidentiality, and about cost.

There were few negatives to the executions. However overall they seemed to lack appeal when compared with the other executions that respondents' were shown.

*"I think it needs to be more colourful, not on a black background."*

Triad: C2 females 17-18, Hull

The questions seemed to arouse less curiosity than the questions/issues posed in e.g. Myth/Reality or Fact/Fiction. This may have been in part because they appeared focussed on one single issue – Chlamydia / condoms - without hinting at the context of young people's beliefs and sexual behaviours. It may also have been because several said that the questions posed were not directly relevant, especially in the case of 'Where can I get free condoms?' which most did not need to know, because they already had this information.

### 2.1.2 *You look fit tonight*

This execution was often initially found engaging, especially by females. It depicted a scene with which young people were familiar and could relate to: a boy chatting up a girl at a party / in a pub / nightclub. Young women recognised the line 'you look fit tonight' as one that young men frequently used when they wanted to have sex with a girl. Several attempted to think up different scenarios to fit the scene, for example whether the girl would have sex with the man, and if yes, whether this would be because she wanted to or just because she was drunk.

*"It looks appealing because if you go out to a nightclub and you're drunk and he goes 'You look really fit tonight. I'll take you home and have sex with you.' But it is always, mostly when you are getting drunk. If I was out tonight and really drunk and someone says 'Do you want to have sex?' - 'Yeah!' because you are drunk and you don't know what you are doing."*

Triad: DE females 15-16. Scunthorpe

However, many were uncertain about the intended meaning behind the line 'He's right about some things, but not about having sex without a condom.' Some got distracted by what the man might be right or wrong about. For example, he appeared right about the fact that the girl was fit, but would be wrong if he was later to discover that she had an STI. Others failed to see how the line linked with the invitation to 'Text SAM'. They did not see what influence SAM could have in a situation like this, and it seemed frivolous to text SAM simply to find out who was right and who was wrong.

Despite the initial intrigue therefore, this execution left many in our sample slightly confused and unclear about what the poster wanted them to do. It was not sufficiently clear what was going on, who was right and who was wrong, or the role that SAM played in all of it.

DO YOU THINK THIS WOULD MAKE PEOPLE LOOK?

*"Not really, because he's only whispering something in her ear. So we don't know what's going on if we don't read that."*

Individual Depth: DE female, 16, Hull

Finally there was some concern over the two people featured in the poster. Some, including health professionals, thought the girl looked too young to be being chatted up. Some estimated her age as being

around 12 years which some health professionals worried could be seen as promoting or condoning under-age sex. Linked to this, a number said that the boy / man looked too old...

*"I think she looks a bit young and he looks a bit old."*

Triad: C2 females 17-18, Hull

*"Those pictures with the young people... you'd think that's something for older people to look at."*

Paired Depth: DE males 15-16, Grimsby

Some also thought that the girl was dressed too primly to be at a party / night-club, and that her clothes made her appear even younger. However others criticised her for looking too sexual and 'up for it'. They claimed that the execution would have greater impact if she had been made out to be more innocent.

*"I think she should look more shy..."*

*"She looks a bit too ready."*

Triad: C2 females 17-18, Hull

## D. SUMMARY AND CONCLUSIONS

### 1. **Attitudes and behaviours**

There are numerous social factors that appear to influence why young people in the Humberside put themselves at risk of pregnancy and STIs by having early and unprotected sex. These factors include boredom, low expectations and horizons among young people, sexual desire, low confidence and self-esteem, peer pressure, having few restrictions imposed by parents, the availability and accessibility of alcohol, and a desire among some girls to exercise their freedom by identifying with the 'ladette culture'.

Poor knowledge of sexual health appears to be less of an influence than the combination of factors listed above. Indeed changing young people's attitudes and behaviours in relation to sex seems likely to require more than information alone. It will also require social and cultural change.

### 2. **Knowledge of sexual health**

The majority in our sample had picked up their knowledge of sex and sexual health from friends and older siblings. Some also mentioned sexual health clinics, GPs, and practice nurses as sources of information. However these were typically accessed when a problem was discovered, rather than to seek information proactively. School was also mentioned as a source, but most said that they had not taken what they had learned there seriously.

Knowledge of sexual health varied widely, and often according to age. As might be expected it was especially poor among the younger teenagers (those aged 14-16 years). There appeared to be many myths in circulation, many of which focussed on apparently safe times of the months to have sex, or sexual positions that apparently avoided the risk of conceiving.

However most knew the basic facts. For example they knew that having sex without any form of contraception risked pregnancy and STIs. Most also knew that having sex without a condom, even if the girl was on the pill, put both partners at risk of STIs. This last fact often

went unacknowledged however. Some believed, and others chose to believe, that if a girl was on the pill then she would be safe from STIs.

Very few knew that STI stood for 'sexually transmitted infection'. However most understood that STIs were unpleasant things that could result from unprotected sex. The term STI was most commonly associated with Chlamydia, which everybody in the sample had heard of. Beyond this, young people's knowledge of STIs – the different types in circulation, and their symptoms – was varied and patchy.

### 3. **A marketing campaign about sexual health**

On this evidence, sex and sexual health is a subject that strongly interests and affects many teenagers in Humberside. A marketing campaign with sex and sexual health for its theme therefore should catch their attention, at least initially. It seems likely to help to raise awareness of sexual health issues among local teenagers. It may also cause some to consider their behaviour, even if only briefly. The extent to which it will motivate them to text SAM, to visit the Humber micro-site, or to access local services for further information remains to be seen, and seems likely to depend on...

- how motivated they are to find out about sexual health anyway
- literacy levels
- how easy or not it is to text SAM/NHS
- whether it will be free to text SAM/NHS
- whether or not they have a specific problem, such as a suspected pregnancy / STI
- the extent to which they feel targeted by a poster / campaign
- whether they identify with posters in terms of their themes, designs and language
- whether or not posters make clear that they are advertising information services, and why young people might benefit from accessing these

- how clearly posters communicate where to find out further information and advice, and how to go about this

#### 4. **Texting SAM**

Response to the text SAM service was polarised. Several older teenagers said that they would not use it, mainly because they did not seem to trust it. They assumed that it would cost them money and they were wary of sending personal questions to a service they had not heard of. Some said that, if they wanted information about sexual health, they would prefer to browse for this on the Web.

It seemed to appeal more to younger teenagers because it promised to be convenient, private and confidential. They imagined being able to text SAM with their queries without their family or friends knowing.

However many across the sample did not have credit on their 'phones, or had 'phones which only received incoming calls. Some were confused about how the service would work. Most expected to receive a direct response to their text queries, and were disappointed when they learned that they would instead be directed to a URL.

If the text SAM service is to be progressed it may be helpful to develop communications that explain...

- that SAM stands for 'sexual health advice on your mobile'
- what is involved in the process of texting SAM – what exactly you have to do, and what to expect as a result
- the cost involved, or if there is none, then a guarantee that all texts will be free

On this evidence the name Text NHS seems likely to have wider appeal than Text SAM. Some young people appreciated the name SAM for the opportunities it offered to disguise texts to and from the service in their mobile 'phones. However most said that they would prefer to text the NHS with a sexual health query because they trusted the NHS. Unless SAM can be linked to or endorsed by the NHS therefore, we would suggest using the name 'Text NHS'.

## 5. The posters

Of the poster executions shown Chlamydia Chain, Fact / Fiction and Myth / Reality seem to have the greatest potential for development. We recommend that they are developed, but bearing in mind the following overall points...

- if SAM is to be the name of the text service then all posters should say that 'SAM' stands for 'sexual health advice on your mobile'
- all posters should say clearly that texts to SAM/NHS are free (if this is the case)
- all posters should say that information / advice from SAM/NHS is confidential, perhaps explaining the term 'confidential' in layman's terms such as 'nobody will know'
- in order to encourage visits to the micro-site it seems sensible to give greater emphasis to the web address on all posters

### Chlamydia Chain

The strength of Chlamydia Chain was its ability to engage young people. Most felt targeted by it because it featured photographs of young people who they either identified with or aspired to be like. They enjoyed looking at the different faces and seeing who had slept with whom. They related to it because it seemed to reflect their own sexual behaviours – having short-term relationships and sex with different people from within the same social group.

The poster's focus on Chlamydia, and the fact that the girl in the first photograph has Chlamydia, caused some to think about the risks to which they might be exposing themselves. Most picked up the message that, even though you may have slept with just two people, you don't know who they have slept with before you, and what they might have passed on.

It's draw-back was that it seemed unlikely to motivate young people to seek further information. They did not expect to get a free Chlamydia test by texting SAM; this seemed to be a step too far and they did not see how a text service could provide them with a test.

We therefore recommend replacing this line with something similar to: *How will I know if I have got Chlamydia? - text SAM* or *To find out how to know if you have Chlamydia, text SAM*. The important thing here is to make clear that Text SAM is an information service (rather than somewhere to go for testing).

We also recommend increasing the size and prominence of the copy *'In Humber/Humberside 1 in 7 teenagers has Chlamydia. There are no symptoms. If you've had unprotected sex you too could be carrying the infection.'*

#### Fact / Fiction

This poster seemed likely to get young people's attention. Most felt targeted by it because it featured...

- a mobile 'phone (something they all carried)
- a text message (a method of communication that most of them used)

They also seemed to identify with the 'fiction' presented 'You can't get pregnant if you have sex in the bath'. Many of them had heard this, or similar myths, before. It seemed to have future potential as an ongoing campaign featuring new 'fictions' and different 'facts'.

'Get the facts, get sorted' was interpreted as no-nonsense, and its connection to texting SAM was relatively clear. The only changes we would recommend to this execution are those given in the overall points above. It might also be sensible to change the colour of the 'phone to something other than pink however. Although none of the young men in our sample commented on this, our feeling is that the pink colour might be less motivating to young men.

### Myth / Reality

Myth / Reality shared many of the strengths of Fact/Fiction above. It engaged teenagers by presenting them with myths that most of them had heard before. Its striking, simple design also made clear that the posters' messages were for young people.

The drawback of these posters was the language in which they were written. Suggestions for how to adapt the language and phrasing are given in the body of this document. If these changes are made we believe that Myth / Reality could form a powerful campaign. Similar to Fact/Fiction it has the potential to run as a series of posters, each exposing different myths.

## 6. **The Humber micro-site**

Most approved of the idea of having a micro-site that was tailored specifically to young people living in Humberside. They appreciated the fact that it would cover issues that were relevant to them. They imagined relating to it more strongly than a national site because it would contain, among other things, stories from local people, and a directory of services in their local area.

Most found the mocked-up home page colourful and appealing. It seemed to contain the sort of information they were interested in, although some suggested including additional sections on drugs, stress, relationships, bullying, and how to resist peer pressure.

It should be noted, however, that several of the young people we interviewed did not habitually use the Web to search for information and it therefore seemed unlikely that they would access the site in reality. In addition, some queried the use of the word 'Humber' to describe the site's coverage. 'Humber' was not a term that everybody recognised or appeared to associate with the area in which they lived. In light of this it may be worth re-considering what the micro-side is called.