

Developing the Crisis Pregnancy Prevention Campaign: 'Think Contraception'

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Introduction

The Crisis Pregnancy Agency (CPA) was established in Oct. 2001 and the 'Strategy to Address the issue of Crisis Pregnancy' was published in Nov. 2003 (CPA 2003).

This strategy document noted that there was 'no accurate measure of crisis pregnancy in Ireland' and as a result it was difficult to 'predict cause and effect or to identify the key levers of change. Further, they found that there was 'a deficit of services aimed at empowering men and women with the skills and knowledge to prevent unwanted conception (CPA 2003:12).'

One of the CPA's priorities for 2004 was to develop a crisis pregnancy prevention campaign aimed at young adults, aged 18-30. This report details the extensive process of literature review, data collection, consultation and reflection which the agency has engaged in throughout 2004. The report is based on discussions with the team responsible for the current CPA prevention campaign, 'Think Contraception' and a number of published and unpublished reports.

The development of the crisis pregnancy prevention campaign for adults (hereafter the campaign) started with a set of key questions. These asked both bottom up research questions about the experience of crisis pregnancy and top down questions about successful public health communications campaigns and strategies. The bottom up questions asked who are the key groups and what are the settings and behaviours that need to be targeted. The key top down questions asked what messages, resources and media have provided successful and cost-effective interventions in the past.

Chapter Two summarises the key bottom up findings obtained from two important pieces of research commissioned by the CPA: the 'Irish Contraception and Crisis Pregnancy (ICCP) Study' and 'Understanding how sexually active women think about fertility, sex, and motherhood'. These studies build upon evidence provided by a number of other studies that were reviewed in an internal CPA document.

Chapters Three and Four review public communications theory and practice. Chapter Three summarises a literature review commissioned by the CPA of public health communication theories and evaluations of public health and sexual health communication campaigns from an academic perspective (Kerr 2004). Chapter Four provides an overview of public health and sexual health communications campaigns from a marketing perspective (Burnett 2004).

Having collated this extensive evidence base Chapter Five describes the campaign developed by the CPA, in association with the advertising agency Leo Burnett, and the process of consultation the Agency engaged in with key stakeholders. The CPA's prevention campaign was launched in September 2004 and the aim was to normalise contraceptive behaviour and to make contraceptive use both consistent and effective amongst young adults.

2.0 Establishing the Evidence Base

Prior to 2004 there had been no systematic survey of the level and experience of crisis pregnancy and crisis pregnancy service availability and use in the Irish context. In line with international best practice a priority for the CPA was to address this knowledge gap and to establish benchmarks and performance indicators against which the impact of future campaigns could be measured.

In 2004 the CPA commissioned two major pieces of empirical research: the 'Irish Contraception and Crisis Pregnancy (ICCP) Study' and 'Understanding how sexually active women think about fertility, sex, and motherhood'. The findings from these studies supplemented an internal review produced by the CPA of social science literature and surveys in the Irish and international context on sexual risk taking and crisis pregnancy prevention

2.1 Irish Contraception and Crisis Pregnancy (ICCP) Study

The Irish Contraception and Crisis Pregnancy Study (ICCP) was conducted by Kay Rundle, Collette Leigh and Hannah McGee of the Health Services Research Centre (HSRC) at the Royal College of Surgeons in Ireland (RCSI) and Richard Layte of the Economic and Social Research Institute (ESRI) between July 2003 and April 2004.

The study provides a comprehensive national profile of attitudes, knowledge and experience of contraception, crisis pregnancy and both contraception and crisis pregnancy services. It also explores attitudes to, and experiences of, sex; and knowledge of the options facing those in crisis pregnancy. In total 3,317 women and men, aged 18-45, participated in a telephone survey and the data was re-weighted to ensure the results were representative of the entire Irish population.

The following sections provide a sample of the findings on contraception knowledge and use as well as the incidence and experience of crisis pregnancy. These findings were useful in terms of designing the core message of the prevention campaign and in terms of thinking about how to segment the target audience.

2.1.1 Contraception

The ICCP survey found that younger (18-25 year old) participants were less likely to report 'always' using contraception (74 percent) and more likely to report 'mostly' (19 percent) using contraception. It also found that non-use of contraception by those who did not want to become pregnant occurred when sex was not planned (48 percent) and/or they were drinking alcohol or taking drugs (21 percent). While alcohol was a risk factor in some instances, it was not the case for all respondents. The median age of first sex was 19 for women and 18 years for men.

Knowledge of the existence of the emergency contraceptive pill (ECP) was high amongst participants (96 percent) although specific knowledge relating to correct usage was poor. A significant number of those who had heard of the ECP (31 percent) thought it would be difficult to obtain and the factors given included locality/accessibility (66 percent) and the attitudes of professionals (29 percent).

While attitudes to sex in Ireland are shifting it was of particular interest to the campaign planners that nearly one-quarter of participants (23%) felt that if a woman carries

condoms, while not in a relationship, it gives the impression that she is looking for sex.

Further, while 95 percent had no problem accessing contraception there were significant variations by gender and sex with regard to the type of contraceptive services consulted. The survey found that:

- More men (14 percent) than women (9 percent) reported never having obtained contraceptive supplies or advice
- Women were more likely to have consulted a health professional and less likely to use a commercial route
- Younger participants were more likely to have used commercial routes

2.1.2 Pregnancy

Over half (54 percent) of all participants in this survey had had sexual intercourse that had resulted in a pregnancy. Of these 28 percent of women and 23 percent of men had had a crisis pregnancy. The mean age of the most recent crisis pregnancy was 23.4 years for women and 24.6 years for men.

For 40 percent of women and 39 percent of men a crisis pregnancy was defined as an unplanned pregnancy. A crisis pregnancy might be experienced if one was too young, unmarried, having relationship difficulties or in a new relationship. Older women reported experiencing a crisis pregnancy when they believed their family was complete.

The findings clearly demonstrate that inconsistent use of contraception is not exclusive to any one type of relationship. Interestingly, 70 percent of participants who had a crisis pregnancy reported to be in a relationship of some kind at the time of conception. To be successful therefore, health promotion messages need to be targeted at people who are both in relationships and not in a relationship.

Interestingly, 36 percent of women who had experienced a crisis pregnancy reported that contraception had been used but had failed. However, 62 percent reported not having used contraception while 2 percent were unsure. For 41 percent of women and 55 percent of men alcohol and/or drugs had been taken at the time of conception.

While this summary provides only an overview of some of the main findings it is clear that the survey indicates that the use of contraception in Ireland is inconsistent, regardless of knowledge level, and particularly with 18-25 years olds. In addition, inconsistent use occurs in both steady and casual relationships. The study recommended that health promotion strategies should aim to educate the public about when and how to use contraception and to foster responsible public attitudes to safe sex.

2.2 Understanding how sexually active women think about fertility, sex, and motherhood.

This study was undertaken by Jo Murphy-Lawless, Laury Oaks and Clare Brady (Trinity College Dublin and University of California, U.S.A.) and published by the CPA in 2004.

The study examined the perceptions and experiences of Irish women with regard to fertility, sex and motherhood. The project conducted 12 focus groups (46 people) and 20 individual interviews with unmarried women in both urban and rural locations. The interviewees were aged from 19-34 and included a range of occupations.

The women interviewed in this project have good access to contraception and the various sexual scandals of the 1990s have enabled them to participate in a public discourse about sex and sexuality. At the same time they were strongly critical of current sex education practices in schools, the manner in which sexual health services are provided by health institutions, and the lack of support for parents in the workplace and the community.

What emerges is a struggle between the reality of current sexual behaviour in the 19-34 year age cohort and the more traditional beliefs and attitudes of sexual health service practitioners, educators, families and peers. These traditional attitudes manifest themselves most acutely at times of crisis and are faced by both females and males.

According to these interviewees sex education in Irish schools and from parents is inadequate and too biological, too narrow and too late. As a result teenagers are reliant on their peers and the media for information, some of which can be misleading. Teenagers also face a range of economic and social barriers to accessing information and contraception, although all women found dealing with sex and contraception problematic.

As in the ICCP study, women in this study also experienced negative reactions and social stigma when trying to obtain contraception. More practical barriers such as opening hours and cost were experienced when trying to obtain emergency contraception. For all participants class and geographic location structured contraceptive choice.

For these women 'safe sex' referred mainly to pregnancy prevention and this fear overshadowed their fear of sexually transmitted infections (STIs). Importantly, fear of pregnancy /STIs and knowledge about contraception did not translate into consistent and effective contraceptive use. Indeed all of the interviewees had personally, or knew of people who had, faced a crisis pregnancy.

What also emerged is that 'unsafe sex' occurs in a variety of contexts from marriage to steady relationships and casual encounters. Unsafe sex can also occur for a variety of reasons ranging from alcohol to the excitement of engaging in a risky behaviour.

The discussion of reproductive health services in Ireland again returned to the need for a cultural change with regard to emerging sexual and relationship behaviour. It was felt that clinics needed to become more user-friendly and that more public health campaigns were needed, particularly aimed at young teenage women and utilising new communication channels like text messaging.

Overall, the study recommended that there was an urgent need to move from a discussion of choice to a focus on rights. The authors argued strongly that choice is only available to those with reasonable levels of social and economic resources.

The authors concluded that there was a need for a public health campaign that provided both positive messages and information on contraception and STIs to young adults. This should be accompanied by new protocols for dealing with crisis pregnancy and contraception aimed at general practitioners, chemists and clinic staff and be supplemented by actions to address the cost of, and access to, support services.

2.3 Other Social Science Research on Reproductive and Sexual Health.

In addition to the above the CPA reviewed a wide range of national and international surveys relating to the reproductive and sexual health of young adults.

Various surveys in Ireland have found that this age group is sexually active and at risk of a crisis pregnancy. Central Statistics Office (CSO) data indicates that the current age of first marriage is 30 for men and 28 for women. Market research survey data suggests that seven out of every ten 18-19 year olds have had sex at least once (MRBI 2003). Data from the Department of Health in the UK indicate that the highest rate of abortion is in the 20-24 year age group and Irish data suggests that the 20-29 year age group also contains the highest incidence of notified STIs (DHSS 2003 and NDSC 2003).

Other sources indicate that the use of contraceptives by this age group is erratic and that almost 27 percent of 17-20 year olds report non use of contraception with a new partner (Durex 2000). The reasons given for non use range from unplanned sex to a lack of available contraceptives, a perceived low risk of pregnancy and alcohol/drug consumption (Women's Aid 2001; Rundle, Leigh et al. 2004). Other work found that couples in stable relationships also took risks (Hyde 1996) and that there were significant knowledge gaps and barriers to use of the ECP (Mahon, Conlon et al. 1998).

Age of first sexual intercourse and use of contraception is related to socio-economic background (MRBI 2003). While early school leavers are more likely to engage in risk taking behaviour, patterns of drug and alcohol use are consistent across all socio-economic categories (Southern Health Board 2001; MRBI 2003). One study conducted by Lansdowne Market Research (2002) found that over half of 18-30 year olds have had a one-night stand that began in a pub and 28 percent of these did not use contraception. These findings suggest that there is a lack of information about contraceptives and sexual health along with poor access to contraceptives and sexual health services in this age group.

Studies in the UK have found that over two-thirds of 18-30 year olds are unaware of the protective role of condoms in preventing the transmission of STIs. Further, there is particularly low awareness of the asymptomatic nature of some STIs. While some people are more likely than others to take risks, factors like poverty, poor academic performance, low self-esteem and a family history of health problems enhance the likelihood of risk-taking (see www.risktaking.co.uk).

The lifestyle of this age group is hectic and involves work, study, travel and going out. They buy branded products and their spending power is increasing (Amárach 2001). The majority are unmarried and living with their parents or on their own. Mobile phone penetration is very high and sport is a key media attraction for males, while celebrity news and entertainment is key for females (Amárach 2001). Market research literature often thinks about the target audience in terms of three different sub-groups. The 18-21 year olds are in a period of emancipation from secondary schooling, the 22-25 year olds are engaged in a journey of self-discovery and the 26-30 year olds are consolidating their identity and achievements.

These findings helped the campaign planners to understand the key factors influencing risk behaviour and to establish an understanding of the gender, age, relationship status and culture of the target audience.

3.0 Review of Communication Theories and Evaluations of Public Health Campaigns on Reproductive and Sexual Health

This literature review was conducted by Aphra Kerr from the Centre for Society, Technology and Media (STeM) at Dublin City University.

The focus of this document was on the theories and strategies that underpin successful public communications campaigns on sexual health. In commissioning this piece of work the CPA wished to establish the key principles underlying effective sexual health campaigns as identified in academic literature and establish whether these principles varied depending on the characteristics of the target audience (e.g. gender, social economic status, educational level).

The media have an effect on people but there are a number of competing models and theories as to the strength of that effect. The dominant communications model emerged in the early days of television and radio and is based on the belief that when a message is distributed by a central source to a mass audience that audience receives and interprets the message in the same way. Drawing in the main on theories of individual behavioural change from psychology and social psychology it also asserts that media messages have a strong effect on people's attitudes, knowledge and subsequent behaviour.

However more recent media and social science research has found that audiences actively negotiate, or in some cases reject, messages which do not conform to their own experiences and beliefs. More recent communication models and theories attempt to take account of the psycho-social and cultural characteristics of the audience, the influence of peers and parents as well as the context of consumption. Further, communication theories are having to take account of new forms of communication like the Internet and mobile phones which allow for more interactive forms of communication to emerge and have implications for message design and consumption patterns.

Academic evaluations of public communications campaigns have found that successful campaigns focus on communicating a consistent message, over a long period of time, across multiple media and at different levels, i.e. intrapersonal, interpersonal and community/societal (Backer, Rogers et al. 1992; Eborall and Garmeson 2000; Yanovitzky and Stryker 2001).

Successful sexual health campaigns are pre-tested and have built in evaluations, which map change over time. Evaluations must take account of both direct effects in the short term and indirect effects over the longer term (Backer, Rogers et al. 1992; Eborall and Garmeson 2000; Edmondson and Kelleher 2000; Yanovitzky and Stryker 2001; Rogers and Singhal 2002; Fishbein and Yzer 2003; Hornik and Yanovitzky 2003).

Audience segmentation is seen as important, although there is some disagreement on how best to do this. Some propose focussing on individual beliefs, others propose taking account of a broader range of psychosocial, cultural and environmental factors. All the literature points to the importance of empirical research to inform audience segmentation and to understand the context in which risk behaviour takes place (Backer, Rogers et al. 1992; Bloor 1995; Witte 1995; Heffernan 1997; Finnegan and

Viswanath 1999; Eborall and Garmeson 2000; Edmondson and Kelleher 2000; Murray-Johnson, Witte et al. 2001; Fenton, Chinouya et al. 2002; Stone and Ingham 2002; Fishbein and Yzer 2003; Pechmann, Zhao et al. 2003; Weyman 2003; Laverack 2004).

In sexual health campaigns it is recommended that health organisations work closely with the media. This goes beyond simply buying advertising time and may include information sharing, media advocacy and the development of entertainment education messages (Backer, Rogers et al. 1992; Finnegan and Viswanath 1999; Eborall and Garmeson 2000; Yanovitzky and Stryker 2001).

Entertainment-Education is a relatively new approach to public health communication but it is gaining in popularity in western countries (Backer, Rogers et al. 1992; Finnegan and Viswanath 1999; Bouman 2002; Rogers and Singhal 2002). Rogers and Singhal (2002) define entertainment-education as 'the intentional placement of educational content in entertainment messages.' The underlying theories assert that one is providing positive role models and reinforcing a certain form of behaviour. Indeed, Yanovitzky and Stryker (2001) argue that media advocacy or the 'strategic use of news and entertainment media to promote social change' is a better strategy to pursue than health promotion through advertising.

'Fear Appeals' are an effective form of message design in certain situations but must be accompanied by information which will help the receiver to reduce and address the fear (Backer, Rogers et al. 1992; Quinn, Meenaghan et al. 1992; Hale and Dillard 1995; Witte 1995; Morman 2000; Murray-Johnson, Witte et al. 2001). Perceived social disapproval along with gender, age, anxiety state, barriers to action and type of attendance, either voluntary or involuntary, may effect the success of a fear appeal (Quinn, Meenaghan et al. 1992; Hale and Dillard 1995; Morman 2000; Pechmann, Zhao et al. 2003).

Finnegan and Viswanath (1999) note that media campaigns do not work equally across all social groups. They refer to the 'Knowledge Gap Hypothesis', which argues that lower socio-economic status groups usually benefit less from media campaigns than higher socio-economic groups. Their work found a strong link between levels of formal education and sources of exposure to media campaigns. An exception is television which appears to penetrate across socio-economic groups. They recommend that campaigns need to include a mix of media, a mix of levels and that special attention needs to be paid to the values and beliefs of the target groups. Further, they recommend that messages should require a minimal print literacy. Both fear appeals and entertainment-education strategies should address socio-economic differences.

This report recommended that the CPA use their empirical research to inform audience segmentation by individual factors like gender but also by more interpersonal and social factors like perceived and real response costs/barriers, culture and environmental factors. It emphasised the importance of combining mass media with community, small-group and individual activities and of communicating a consistent message across these channels over a long period of time. Finally, it emphasised the importance of understanding the contexts in which the target audience engaged in risk behaviours and carefully planning the contexts in which the campaign message would be consumed.

4.0 Review of Social Marketing Campaigns on Reproductive and Sexual Health

Much of the academic literature on public health campaigns from a communications perspective provided very little practical detail on the design and implementation of the campaigns. The insights provided by the academic literature review were usefully supplemented by a 'Review of International Sexual and Health Campaigns' conducted by the advertising agency Leo Burnett.

Sexual health campaigns from the 1980s to the 1990s were dominated by campaigns to raise awareness of HIV/AIDS. Most campaigns used advertising in the mainstream media and targeted a mass audience. A key weakness of these campaigns was that they made 'fear appeals' without offering clear unbiased information as to who was at risk and how one might reduce the risk. Today most AIDS campaigns are narrowly targeted and address specific high-risk groups.

A range of strategies have been employed in various countries over recent years in an attempt to reduce the incidence of crisis pregnancy and/or STI. These have included abstinence programmes, monogamy programmes and safer sex programmes.

Abstinence as a prevention strategy has been strongly supported by the Bush and Reagan administrations in the USA. The underlying message is to encourage teenagers to abstain from sexual intercourse until marriage. Surveys of teenage sexual health in the twenty years since the first abstinence programmes were introduced would suggest that this particular approach is not effective with over 60 percent of American teenagers having had sexual intercourse by their 18th birthday (see <http://www.agi-usa.org/pubs>).

Research conducted with parents, teachers and teenagers in the USA suggests that they would rather receive comprehensive information on how to avoid unintended pregnancy and STIs (See <http://www.agi-usa.org/pubs>). Other work suggests that 'abstinence plus' programmes, which promote delayed sexual activity while at the same time providing contraception education, can be effective in prolonging abstinence and reducing the incidence of unsafe sex once the person becomes sexually active (TGR 2001).

Safer sex programmes are common and have included the promotion of condom use, education on STI transmission, identification and treatment, and education on contraception availability and use, particularly of the ECP.

In the UK safer sex has been at the heart of prevention campaigns for many years. One campaign promoted awareness of HIV/AIDS and regular use of condoms amongst 16-34 year olds. The campaign focussed on overcoming barriers including the embarrassment and communication issues surrounding the purchase and use of condoms. They also tried to avoid 'fear appeals'. A fall in AIDS prevalence and a rise in condom sales during the period of the campaign (1986-1993) would suggest that the campaign did contribute to behavioural change.

Another safe sex campaign in the UK addressed the lack of knowledge people had about the use of emergency contraception and about where to obtain it. The campaign focussed on providing accurate information in a reassuring tone using women's magazines and radio. Pre and post tracking indicated significant shifts in awareness amongst the target audience and increased numbers of enquiries to health professionals

and helplines. Sales of emergency contraception also increased.

The key lessons to be learnt from this review reiterated many of the findings of the academic literature review presented in the last section of this report. These were that:

- Messages needed to be clear and constructed around a single idea or proposition
- Messages must be positive and empowering
- Communication must be consistent and on-going over time

This review also provided some general social marketing advice that again resonated with the findings of the academic literature review. This advice recommended:

- research into the target market prior to campaign design
- the need for audience segmentation to ensure message salience
- the need for on-the-ground agencies to provide supporting information and services
- the need to evaluate campaign effectiveness.

5.0 The Prevention Campaign - 'Think Contraception'

Having collated the evidence base and reviewed current theories and international best practice in sexual health prevention campaigns the CPA developed the 'Think Contraception' promotion and information campaign. This section will review the campaign and provide an insight into the process by which the campaign was developed.

5.1 Description of the Campaign

The key aims of this campaign are:

1. That in 5 years time consistent contraception use will be normalised behaviour by young adults, be they in stable relationships or not.
2. Contraception choices would be openly discussed and seen as a responsible way to approach young adult life
3. The CPA will be seen as the credible authority on all matters relating to pregnancy prevention.

Current theories and practice of public communication advocate the development of a positive message which is consistent across all media. The key message in phase 1 of this campaign across all media is that consistent use of contraception is the best way to avoid a crisis pregnancy. Phase 2 of the campaign will concentrate on effective use of contraception.

Public communication theory and practice also recommends some degree of empirically based audience segmentation. The surveys of sexual behaviour in Ireland have clearly demonstrated that young adults aged 18-25 years are a particularly high-risk category. The campaign planners decided therefore that the primary audience for the 'Think Contraception' campaign should be women and men aged 18-25 years and the secondary audience should be women and men 25-30 years of age.

The 'Think Contraception' campaign uses multiple media to convey its message to its target audience. The campaign consists of audio-visual advertisements on television and

in the cinema supplemented by an ambient advertising campaign. The imagery in all the advertisements depicts scenes where sex can take place and addresses all relationship types. The voice-overs in the television and cinema advertisements will target women in some instances and men in others. In recognition of the fact that the target audience is advertising literate the advertisements are clean and focus on a clear message.

Having developed a well grounded understanding of the situations and factors contributing to crisis pregnancy in Ireland, and the lifestyle of the target audience, it was felt that the print advertisements should be displayed in places where the target audience studies and socialises. Accordingly, the print advertisements are displayed at festivals and concerts, in clubs and pubs, in colleges and at major public transport hubs.

A campaign website and leaflets accompany the campaign and will provide clear and unbiased information on contraceptive choices and availability.

5.2 Developing the Campaign

The starting point of this campaign was to establish the current use and attitudes to contraception in the target group in Ireland and to review current theories and strategies used by sexual health campaigns both in Ireland and internationally. This resulted in the commissioning of a number of surveys and literature reviews by the CPA.

The findings from these surveys and literature reviews led to the development of a campaign that focussed on the consistent use of contraception. The campaign planners were keen however that the core message of the campaign would promote knowledge about the risks of not using contraception while at the same time addressing the social stigma which connects contraceptive use with promiscuity. A further consideration was that the campaign should take account of the fact that sex can happen anywhere for this target audience and that the advertisements need to display a clear message in locations which reflect the spontaneity of the act.

The initial message and materials for the 'Think Contraception' campaign were developed by the CPA in consultation with the advertising agency Leo Burnett. These were pre-tested with health professionals and members from the target audience. The feedback from these consultations was used to revise the materials and a second phase of pre-testing using focus groups was used to refine the images and the message. One of the key findings from the first round of focus group testing with the target audience was that men require an STI message to help them identify with the objectives of the campaign. This finding was incorporated into subsequent revisions of the campaign. It was also found that men preferred a male voice over on the TV ad. Although women didn't have a strong preference between male or female voice over, women did feel a male voice over would engage men more. A male voice over would therefore make the commercial more effective for both audiences. Focus group findings were useful for informing key decisions as to how the campaign would look and feel. Additional consultations with key service providers and sexual health agencies were held to develop the campaign website and information leaflets.

In line with international best practice the CPA is committed to ongoing evaluations of the effectiveness of the campaign. Awareness and recognition of the campaign will be closely monitored as is the case with other initiatives developed by the Agency.

The Agency's evaluation framework commits to monitoring changes in sexual behaviour and contraceptive use using surveys that build upon the baseline data gathered during 2004. The findings from these evaluations will be used to further refine the campaign and inform the development of a second phase which will focus on effective use of contraception.

References

- Amárach (2001). Irish Youth Love Advertising. Dublin, Amárach.
- Backer, T., E. Rogers, et al. (1992). *Designing Health Communication Campaigns: What Works?* London, Sage.
- Bloor, M. (1995). *The Sociology of HIV Transmission*. London, Sage.
- Bouman, M. (2002). "Turtles and Peacocks: Collaboration in Entertainment-Education Television." *Communication Theory* 12(2): 225-244.
- Burnett, L. (2004). Review of International Sexual and Health campaigns - Prevention Campaign Learning Document. Dublin, CPA.
- CPA (2003). Strategy to Address the Issue of Crisis Pregnancy. Dublin, Crisis Pregnancy Agency.
- DHSS (2003). Abortion Statistics Annual Reference volume 2003. Department of Health and Social Services, UK.
- Durex (2000). Spotlight on sex and sexual attitudes in the Republic of Ireland. Cheshire, SSL International.
- Eborall, C. and K. Garmeson (2000). Research to Inform the National Media Campaign. Teenage Pregnancy in England. London, Teenage Pregnancy Unit.
- Edmondson, R. and C. Kelleher (2000). *Health Promotion. New Discipline or Multi-Discipline*. Dublin, Irish Academic Press.
- Fenton, K. A., M. Chinouya, et al. (2002). "HIV testing and high risk sexual behaviour among London's migrant African Communities: a participatory research study." *Sexually Transmitted Infections* 78: 241-245.
- Finnegan, J. and K. Viswanath (1999). Mass Media and Health Promotion. Lessons Learned with implications for *Public Health Campaigns. Health Promotion at the Community Level 2. New Advances*. N. Bracht. London, Sage.
- Fishbein, M. and M. Yzer (2003). "Using Theory to Design Effective Health Behaviour Interventions." *Communication Theory* 13(2): 164-183.
- Hale, J. and J. Dillard (1995). Fear Appeals in Health Promotion Campaigns. *Designing Health Messages. Approaches from Communication Theory and Public Health Practice*. R. Parrott. London, Sage.
- Heffernan, C. (1997). Nelplasm Natter. *School of Communications, MSc in Science Communication*. Dublin, Dublin City University.

- Hornik, R. and I. Yanovitzky (2003). "Using Theory to Design Evaluations of Communication Campaigns: The Case of the National Youth Anti-Drug Media Campaign." *Communication Theory* 13(2): 204-224.
- Hyde, A. (1996). "Unmarried Pregnant Women's Accounts of their Contraceptive Practices: A Qualitative Analysis." *Irish Journal of Sociology* Volume 6: 179-211.
- Kerr, A. (2004). Public Communications Campaigns on Reproductive and Sexual Health - an academic literature review. Dublin, Crisis Pregnancy Agency, Unpublished.
- Lansdowne Market Research (2002). 8-30s Sex and Health Study. Dublin, Lansdowne Market Research, Unpublished.
- Laverack, G. (2004). *Health Promotion Practice. Power and Empowerment*. London, Sage.
- Mahon, E., C. Conlon, et al. (1998). Women and Crisis Pregnancy. Dublin, Department of Health and Children.
- Morman, M. (2000). "The Influence of Fear Appeals, Message Design and Masculinity on Men's Motivation to Perform the Testicular Self-Exam." *Journal of Applied Communication Research* 28(2): 91-116.
- Morman, M. (2000). "The Influence of Fear Appeals, Message Design and Masculinity on Men's Motivation to Perform the Testicular Self-Exam." *Journal of Applied Communication Research* 28(2): 91-116.
- MRBI (2003). TNS MRBI Youth Poll Results. Dublin, Irish Times.
- Murphy-Lawless, J., Oaks, L. & Brady, C (2004). Understanding How Sexually Active Women Think About Fertility, Sex and Motherhood. *Crisis Pregnancy Agency Report No. 6*.
- Murray-Johnson, L., K. Witte, et al. (2001). "Addressing cultural orientations in fear appeals: promoting AIDS-protective behaviors among Mexican immigrant and African American Adolescents and American and Taiwanese college students." *Journal of Health Communication* 6(4): 336-358.
- NDSC (2003). STI 2002 quarterly reports and annual report. National Disease Surveillance Centre.
- Pechmann, C., G. Zhao, et al. (2003). "What to Convey in Anti-Smoking Advertisements for Adolescents: The Use of Protection Motivation Theory to Identify Effective Message Themes." *Journal of Marketing* 67(2).
- Quinn, V., T. Meenaghan, et al. (1992). "Fear Appeals: Segmentation is the Way to Go." *International Journal of Advertising* 11: 355-366.
- Rogers, E. and A. Singhal (2002). "A Theoretical Agenda for Entertainment-Education." *Communication Theory* 12(2): 117-135.
- Rundle, K., Leigh, C., McGee, H. & Layte R. (2004). Irish Contraception and Crisis Pregnancy (ICCP) Study: A Survey of the General Population. *Crisis Pregnancy Agency Report No. 7*.

Southern Health Board (2001). Strategy to Promote Sexual Health 2001- 2011. Cork, Southern Health Board.

Stone, N. and R. Ingham (2002). "Factors Affecting British Teenagers' Contraceptive Use at First Intercourse: The Importance of Partner Communication." *Perspectives on Sexual and Reproductive Health* 34(4): 191-197.

TGR (2001). Sex Education: Politicians, Parents, Teachers and Teens: 9.

Weyman, A. (2003). "Promoting sexual health to young people: preventing teenage pregnancy and sexually transmitted infections." *The Journal of the Royal Society for the Promotion of Health* 123(1): 6-11.

Witte, K. (1995). Fishing for Success. Using the Persuasive Health Message Framework to Generate Effective Campaign Messages. *Designing Health Messages. Approaches from Communication Theory and Public Health Practice*. R. Parrott. London, Sage.

Women's Aid (2001). Teenage Tolerance, the hidden lives of young Irish people. Dublin, Stationery Office.

Yanovitzky, I. and J. Stryker (2001). "Mass Media, Social Norms and Health Promotion Efforts. A Longitudinal Study of Media Effects on Youth Binge Drinking." *Communication Research* 28(2): 208-239.