CASE STUDY:

A TELEVISED TWO-CITY SAFER SEX MASS MEDIA CAMPAIGN TARGETING HIGH-SENSATION-SEEKING AND IMPULSIVE-DECISION-MAKING YOUNG ADULTS

OVERVIEW: A televised PSA campaign aimed at increasing safe sex beliefs and behaviors in young adults (ages 18 to 23) was implemented in Lexington, KY.[14] The campaign was evaluated using a comparison city—Knoxville, TN. The goal of the PSA campaign was to increase condom use among young adults exposed to the campaign. Researchers used audience-segmentation and message-tailoring techniques to create and tailor messages that were persuasive with sensation seekers and impulsive decision makers.

PSA messages were developed through formative research with three waves of focus groups drawn from the target audience. The campaign developed some original scripts, and borrowed others from the Kaiser Family Foundation. Two theoretical frameworks were used to guide the development of the campaign (for more information on Health Behavior Theories please see page 124). The first theoretical framework was used to divide the target audience into segments for analysis based on the participants' sensation-seeking and impulsive decision-making behavior, based on research that showed these two personality traits were most highly correlated with sexual-risk taking.[15] The second framework consisted of theoretical concepts drawn from Theory of Reasoned Action[16] and Social Cognitive Theory,[17] based on research showing that social norms, self-efficacy and preparatory behaviors (e.g., carrying condoms and communicating about condom use) were most highly correlated with heterosexual safe sex behavior.

The 10 resulting safer sex PSAs aired from January through April 2003 in Lexington, KY, during programs known to be popular with the target audience, using a combination of paid and donated time (with a 1:1 match of donated to paid airtime negotiated with the stations).

In order to evaluate the impact of the PSA campaign on attitudes and behaviors, a 21-month controlled time-series evaluation design was used. Knoxville, TN was selected as the comparison city because it is demographically similar to Lexington, KY. No PSAs were aired in Knoxville. Starting eight months before the PSAs were shown self-administered interviews were conducted with independent cross-sectional samples of 100 young adults in each community. The surveys continued during the three months of the campaign and for 10 months after the campaign on a monthly basis. Participants were recruited through random-digit-dialing.

FINDINGS: The results were analyzed separately for the target groups. Participants who reported high sensation-seeking and impulsive decision making behavior were considered to be high-risk young adults while those who reported low sensation-seeking and impulsive decision making behavior were considered to be low- risk young adults. Overall, 85 percent to 96 percent of respondents in Lexington recalled seeing at least one PSA, and there was an average of 22 exposures per respondent. The PSA campaign had no significant impact on low-risk young adults. Among high-risk young adults (the target audience), the campaign was found to increase condom-use beliefs and behaviors. Specifically, high-risk youth in Lexington were found to have increased condom use during the campaign and in the three months following the campaign, while there was no such change in the comparison city. They were also found to have increased condom self-efficacy and intentions to use condoms.

Analyses to determine the effect size of the campaign suggests that, on average, condom use among the target audience increased 13 percent. This would account for 181,224 fewer unprotected intercourse occasions among the target group than would have taken place without such a campaign. However, the evaluation also indicates, that while the effects of the campaign were very positive, they were also short lived. Thus a continuing campaign presence might be necessary to reinforce and sustain the behavior changes that occurred.