

2007 Chlamydia Campaign Evaluation Report



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EXECUTIVE SUMMARY

In April 2007 the Western Australian Department of Health launched a health promotion campaign in Perth (and some regional areas) prompted by the increasing rates of chlamydia in Western Australia, particularly among people aged 15 to 24 years. The campaign evaluation aimed to investigate the target audience's awareness of the campaign, their opinions of the advertisements and marketing strategies used and to assess the availability and standard of display of sexual health resources in general practitioner (GP) waiting rooms.

Two hundred and fifty four surveys among members of the public were conducted with people aged 16 to 29 years in the Perth metropolitan area. These data were analysed to determine participants' opinions of the effectiveness of the various campaign strategies and how they could be improved. Fifty GP waiting rooms in Perth were also visited and audited.

The majority of participants were aware of the chlamydia campaign, with the strongest recall around the posters and print advertisements and lower recall around the website and radio advertisements. The primary messages that the target audience recalled from the campaign were that chlamydia often has no symptoms so you may not know you have it, and the importance of being tested for chlamydia. Overall, opinions of the advertisements used in the campaign were mixed, with the majority of participants considering the radio advertisements to be humorous and effective at getting your attention, while the posters and print advertisements were described as effective at getting your attention but difficult to read and understand. Few of the GP waiting rooms visited had the current chlamydia campaign resources displayed, while the majority did have a variety of sexual health resources available for patients.

The information collected through the surveys produced a number of recommendations which may assist in the development of future sexual health campaigns. SMS and email were seen as good tools to communicate sexual health information, while the majority of participants were most likely to obtain sexual health information through the internet. It was recommended that sexual health campaigns deliver simple and educational messages to young people as their knowledge and awareness of chlamydia is fairly low. Tailored messages should be delivered to males and females and separate material should be available for display in GP waiting rooms so that this valuable opportunity for sexual health promotion is utilised.

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1. BACKGROUND

Chlamydia is the most commonly notified sexually transmitted infection (STI) in Western Australia, with the highest rates observed in males and females aged 15 to 24 years (1). Untreated chlamydia can lead to serious health implications including pelvic inflammatory disease (PID), ectopic pregnancy, epididymitis and infertility (2). In WA, the total number of chlamydia notifications increased almost four-fold from 1,403 cases in 1996 to 5,887 cases in 2006 (3).

The aims of the 2007 chlamydia campaign were to increase testing for chlamydia in WA, to detect and treat undiagnosed infection, and to eventually reduce the incidence of chlamydia. The specific consumer objectives were to increase awareness of what chlamydia is and its consequences, encourage testing for chlamydia, and to increase knowledge of ways to prevent transmission of chlamydia.

There are currently 324, 219 people aged 16-29 years living in the Perth metropolitan area, so the 2007 chlamydia campaign's marketing strategies used a variety of large scale youth-targeted media including radio advertisements, SMSs sent to mobile phones, web flyers sent to email accounts and venue, newspaper and local press advertisements, email advertisements and an interactive website. These are described in more detail below (Table 1). Examples of the campaign marketing resources are contained in Appendix 1.

Table 1: Details of 2007 chlamydia campaign marketing strategies.

Campaign Strategy	Details	Geographical Reach
Radio Advertisements	<ul style="list-style-type: none"> • Five different versions of the advertisement • Aired 726 times on the Perth radio stations 92.9, Nova 93.7, 96.1, Groove FM 101.7, RTRFM. • Aired 205 times on the regional HOTFM Network. 	Metropolitan and regional
SMS	<ul style="list-style-type: none"> • 1,700 SMSs were sent out • Mobile phone numbers obtained from Groove FM listeners. 	Metropolitan and regional
Venue Advertisements	<ul style="list-style-type: none"> • Placed in pubs, clubs and hotels • Placed in university and TAFE toilets 	Metropolitan and regional
Press Advertisements	<ul style="list-style-type: none"> • Press included Xpress magazine, Zebra Hype and Drum. • University Press included Grok magazine, Pelican magazine and Inbox magazine. 	Metropolitan
Online and Email Advertisements	<ul style="list-style-type: none"> • Groove FM web flyer (2,600 members) • 92.9fm website banner. • Nova 93.7 website logo and hyperlink, online content downloading and multimedia sponsorship. • Advertisement on 96fm Online Army mailout (15,000 members) and website homepage. • MSN Hotmail on inbox leader board, med rectangle and wide skyscraper. • Xpress magazine website 	Metropolitan and regional
Website	<ul style="list-style-type: none"> • Address: http://www.couldihaveit.com.au • Total number of visits from 6 May 2007 (launch) to 30 June 2007(finish) = 6,872 	Metropolitan and regional

The campaign also included a GP and practice manager component, which involved increasing GP knowledge on chlamydia and associated testing, notification and contact tracing, and encouraging GPs to undertake more chlamydia testing. GPs and practice managers were sent a package containing information on these topics as well as sample campaign resources and an order form.

2. AIM

There were two components to the project: evaluation of social marketing strategies and an audit of GP surgery waiting rooms.

The aim of the first component was to evaluate the marketing approaches used in the 2007 chlamydia campaign. The specific objectives of this aim were:

1. To investigate the target audience's awareness and recall of the 2007 chlamydia campaign;
2. To document the target audience's opinions on the effectiveness of the advertisements and marketing strategies used in the campaign.

The aim of the second component was to evaluate the sexual health resources available in GP waiting rooms, particularly 2007 chlamydia campaign resources.

The specific objectives of this aim were:

1. To investigate the type, availability and standard of display of sexual health resources in GP surgery waiting rooms in the Perth metropolitan area, with specific focus on the 2007 chlamydia campaign resources.
2. To assess whether the information and resources in the 2007 chlamydia campaign information packages were utilised by GP practice managers in the Perth metropolitan area, and to ascertain the policies on displaying resources in GP surgeries.

3. METHODS

3.1 Social Marketing Evaluation

We aimed to interview 250 people aged 16-29 years at public venues including bus and train stations, shopping centres, universities, TAFEs, cafés and outside hotels in August 2007 using a survey adapted (Appendix 2, section ii) from that used in the 2005 chlamydia campaign evaluation (Appendix 2, section i). All interviewers (two males and three females aged 21-25 years) were trained to administer the survey using the correct survey techniques to ensure data validity. Female interviewers were available to conduct interviews at all 15 survey locations, whereas male interviewers were available at four locations. The survey was designed to find out what participants thought the advertisements were trying to communicate and their opinions of the advertisements. Multiple responses were accepted for all questions that asked participants about their knowledge, opinions and ideas of chlamydia and the campaign. During the interview process it was noticed that participants were expressing different opinions regarding the two print advertisements, therefore after 90 interviews the decision was made to split this question and ask it separately for each of the different advertisements (see Appendix 2, section iii).

Data were analysed using SPSS for Windows version 14.0 to identify relationships between participants' demographic characteristics and outcome variables, such as differences in recall of the campaign and opinions of the marketing strategies used.

3.2 GP Waiting Room Audit

GP surgeries to be audited were randomly selected from the MasterLink database of WA GPs maintained by the Australian Medical Publishing Company (Reference <http://www.ampcodirect.com.au/DynamicPages.asp?cid=10&navid=2>, last accessed 30 Oct 2007). 2007 chlamydia campaign information packages were sent to all 1,717 GPs and surgeries on this database in June 2007. These packages contained samples of the campaign materials and information to assist GPs to test for and manage chlamydia in the General Practice setting. The selection process first involved eliminating GP surgeries that were not based in the Perth metropolitan area as defined by the Department of Health population postcode regions. The next step required removing metropolitan GP surgeries that were

represented more than once. Fifty surgeries were then randomly chosen from the remaining 370 metropolitan surgeries.

These GP surgeries were visited (unannounced) by the same female researcher. On arrival at each surgery the researcher asked to speak to the practice manager without a pre-booked appointment. Wherever possible, a survey was administered to the practice manager in-person by the researcher (Appendix 3), however, if the practice manager was unavailable at the time of the visit, the researcher asked to speak to a practice nurse instead. On every occasion either a practice manager or nurse was available to complete the survey. Participants were asked if they had read the 2007 chlamydia pack, whether they had displayed the material provided and what guidelines they followed when deciding which material to display. After this, sexual health resources and displays in the waiting rooms were recorded using an audit form designed for this purpose (see Appendix 4).

The data from the practice manager surveys and waiting room audits were analysed using SPSS for Windows version 14.0.

Unsolicited feedback about the campaign materials from GPs to the Communicable Disease Control Directorate was also recorded.

3.3 Additional Evaluation

Email questions to the “Ask a Question” page of the chlamydia website www.couldihaveit.com.au (see Appendix 1) received between 1st January 2007 to 31st October 2007 were recorded. Information about the sender’s sex and the theme of the email were extracted.

The number of unique visitors (people that accessed the website) to the website between 1st January 2007 to 31st October 2007 was also recorded.

This time period was chosen because it represents four months before, during (6th May 2007 to 30th June 2007), and four months after, the campaign period.

4. RESULTS

4.1 Social Marketing Evaluation

The survey was administered to 254 participants aged 16-29 years in public venues and educational institutions around the Perth metropolitan area. An additional 52 people were approached but declined to participate, nine of these were male and 43 female. Surveys were conducted between 7 August 2007 and the 22 August 2007. Female interviewers conducted 224 surveys, whereas male interviewers conducted 30. Sex and age of survey participants are documented in Table 2.

Table 2: Sex and age group of survey participants by location of survey

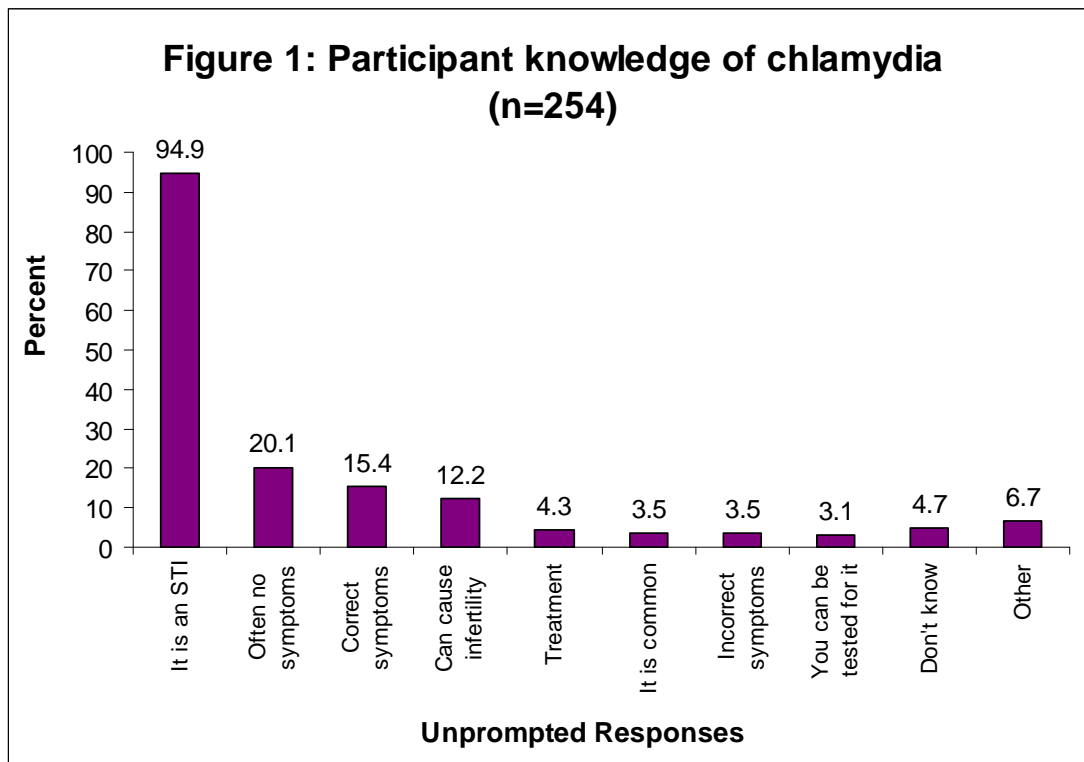
Location	Sex		Age (years)			TOTAL
	Male	Female	16-17	18-25	26-29	
Curtin University	12	14	2	22	2	26
Rockingham Bus Station	6	14	3	17	0	20
Perth Shopping Mall and Train Station	6	11	6	10	1	17
Leederville Café Strip	6	10	1	13	2	16
Mt Lawley Café Strip	6	10	0	15	1	16
Shenton Park Train Station	1	2	1	2	0	3
Claremont Shopping Strip	5	15	3	14	3	20
University of Western Australia	8	10	2	16	0	18
Subiaco Shopping Strip	3	11	1	9	4	14
Murdoch University Rockingham Campus	1	5	2	3	1	6
Rockingham City Shopping Centre	2	10	3	9	0	12

Warnbro Shopping Centre	1	4	0	5	0	5
Harbourtown	15	15	8	17	5	30
Mandurah Shopping District	14	20	6	22	6	34
Murray Street Perth café strip	13	4	1	7	9	17
TOTAL	99	155	39	181	34	254

More females (61%) were surveyed than males (39%), the majority (71%) of participants were 18-25 years and a higher proportion of participants were sourced from non-educational (80%) than educational settings (20%).

Knowledge of Chlamydia

The majority of participants (94.9%) knew that chlamydia was an STI. However, when asked if they knew any other information about chlamydia, knowledge was limited. Unprompted, 21.1% stated that chlamydia often does not have symptoms, 15.4% knew correct symptoms of chlamydia, 12.2% knew that chlamydia can cause infertility and 4.3% knew that chlamydia was treatable (Figure 1).



*Participants could provide more than one response.

Female participants were significantly more likely (98.1%; 95% CI: 94%-99%) than male participants (89.9%; 95% CI: 83%-94%) to report that chlamydia is an STI ($\chi^2=8.295$, $df=1$, $p=0.004$); that chlamydia often has no symptoms (25.8%, 95% CI: 20%-33% vs. 11.1%, 95% CI: 6%-19%, $\chi^2=8.130$, $df=1$, $p=0.005$); that chlamydia can cause infertility (16.8%, 95% CI: 12%-24% vs. 5.1%, 95% CI: 2%-11%, $\chi^2=7.749$, $df=1$, $p=0.005$); and that chlamydia can be treated (6.5%, 95% CI: 4%-12% vs. 1.0%, 95% CI: 0%-5%, $\chi^2=4.318$, $df=1$, $p=0.038$). Male participants were significantly more likely than female participants (9.1%, 95% CI: 5%-16% vs. 1.9%, 95% CI: 1%-6%, $\chi^2=6.872$, $df=1$, $p=0.009$) to report that they didn't know anything about chlamydia.

Participants aged 18-25 years were significantly more likely (24.9%; 95% CI: 19%-32%) to report that chlamydia often had no symptoms than those aged 16-17 years (5.1%; 95% CI: 1%-17%) or 26-29 years (11.8%; 95% CI: 5%-27%, $\chi^2=9.477$, $df=2$, $p=0.009$).

There was no significant difference in knowledge of chlamydia between participants from educational and non-educational settings.

Awareness of Chlamydia Campaign

When asked if they had seen or heard any chlamydia advertisements in the last three months, 51.2% ($n=130$) of participants said they had, 46.5% ($n=118$) said they had not and 2.4% ($n=6$) said they were unsure. Participants aged 18-25 years were significantly more aware of the campaign than those aged 16-17 years and 26-29 years, but there was no significant difference in awareness of the campaign between sexes or between educational and non-educational settings, as presented in Table 3.

Table 3: Differences in awareness of the campaign between participants (n=254)

Participant Details	Aware of Chlamydia campaign		χ^2 p-value
	Proportion (%)	95% CI	
Male	47.5	38%-58%	0.275
Female	53.5	46%-62%	
16-17	25.6	15%-41%	0.001
18-25	59.1	52%-66%	
26-29	38.2	24%-55%	
Educational setting	60	46%-72%	0.210
Non-educational setting	49	42%-56%	

Radio Advertisements

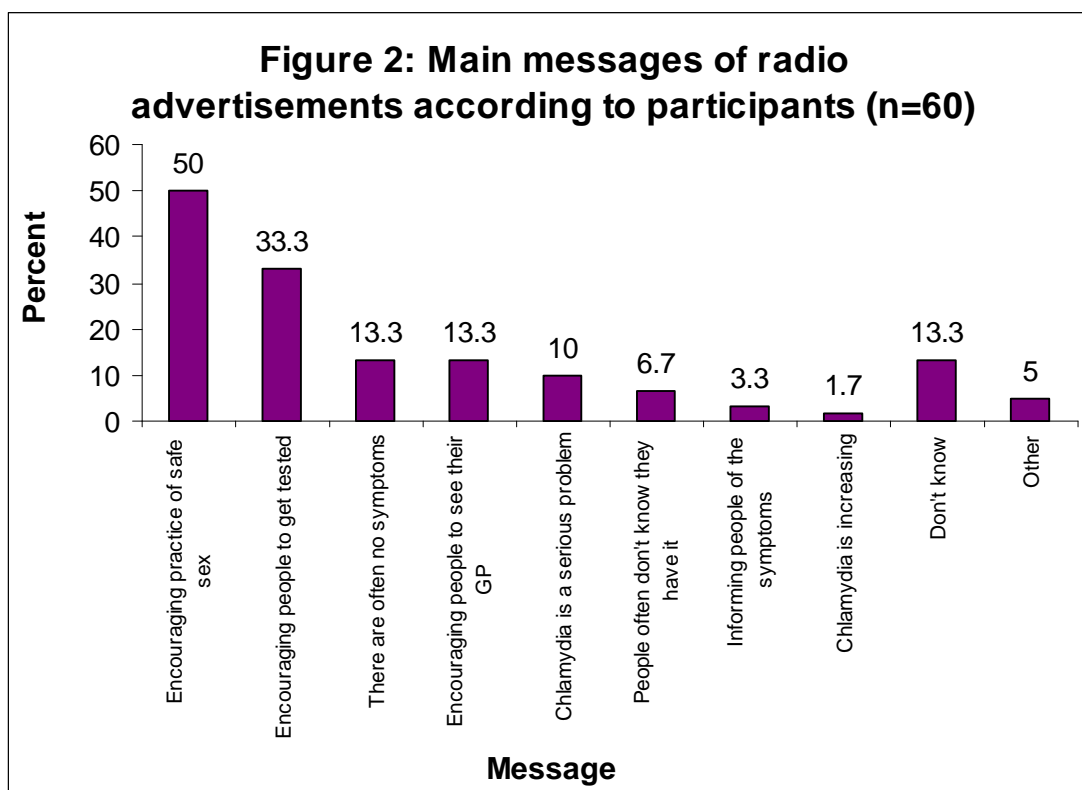
The 136 participants that said they had seen or heard advertisements for chlamydia or were unsure if they had seen or heard any advertisements in the last three months were then asked if they had heard any radio ads about chlamydia. From this group 44.1% (n=60) recalled hearing the radio advertisements, 50.7% (n=69) did not and 5.1% (n=7) were unsure. There was no significant difference in recall of the radio advertisements between sexes, between different age groups or between participants from educational and non-educational settings, as shown in Table 4.

Table 4: Differences in recall of the radio advertisements between participants (n=136)

Participant Details	Recalled hearing radio advertisements		χ^2 p-value
	Proportion (%)	95% CI	
Male	43.8%	31%-58%	0.911
Female	44.3%	34%-54%	
16-17	50%	24%-76%	0.430
18-25	42.9%	34%-52%	
26-29	50%	27%-73%	
Educational setting	43.8%	28%-61%	0.827
Non-educational setting	44.2%	35%-54%	

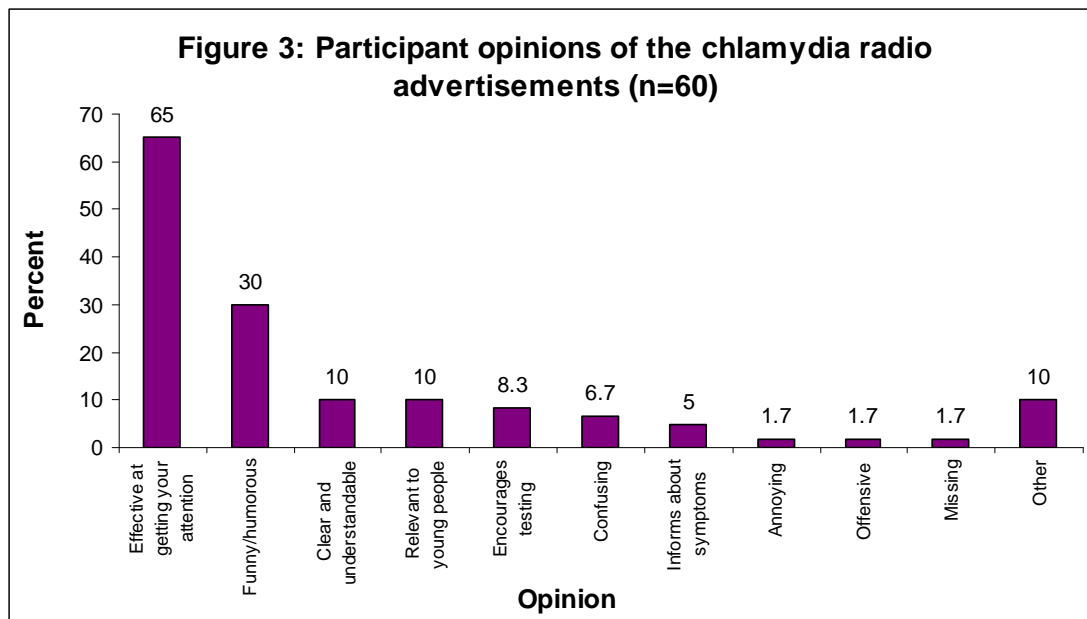
Of the 60 participants who recalled hearing the radio advertisements, the main messages they thought the advertisements were trying to communicate were

“encouraging practice of safe sex”, “encouraging people to get tested”, “there are often no symptoms” and “encouraging people to see their GP” (Figure 2).



*Participants could provide more than one response.

Of the 60 participants who had heard the radio advertisements, the most frequently cited opinions were that they were “*effective at getting your attention*”, “*funny/humorous*”, “*clear and understandable*” and “*relevant to young people*” (Figure 3).



*Participants could provide more than one response.

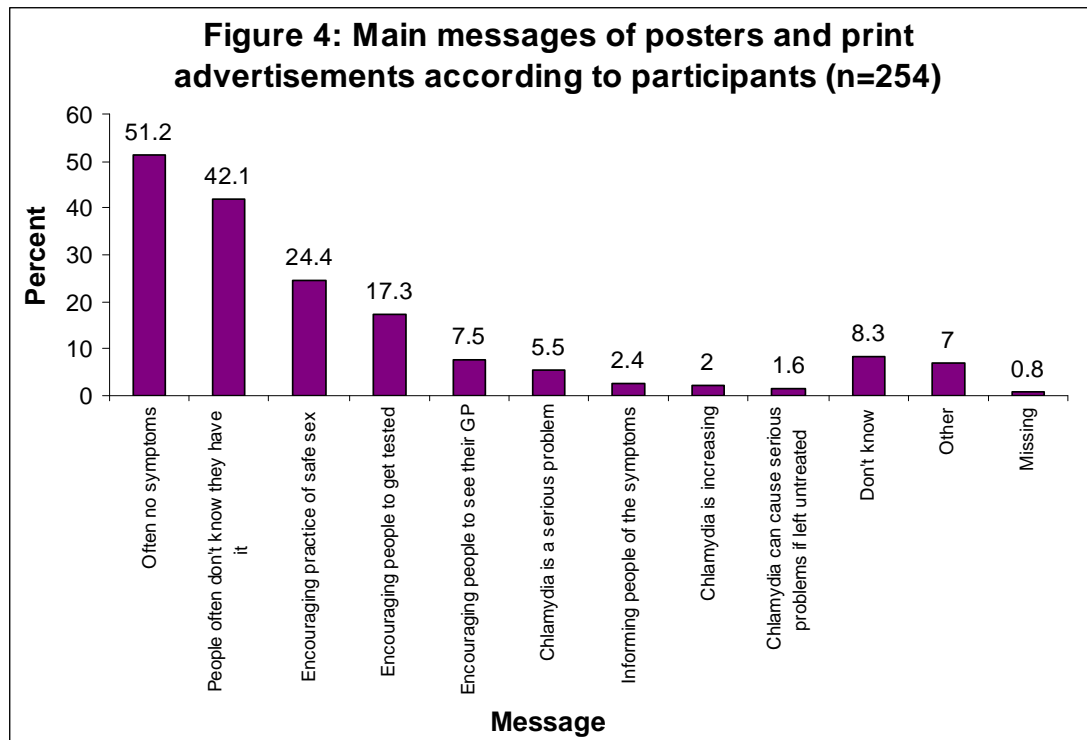
Posters and Print Advertisements

In total, 97 (38.2%) participants recalled seeing the chlamydia campaign print advertisements, 140 (55.1%) did not recall seeing them, 15 (5.9%) were unsure and two (0.8%) responses were missing from the sample. Females were significantly more likely to have seen the print advertisements than males and those aged 18-25 years were significantly more likely to have seen the print advertisements than those aged 16-17 years and 26-29 years (Table 5). There was no significant difference between participants from educational and non-educational settings.

Table 5: Recall of campaign posters and print advertisements (n=254).

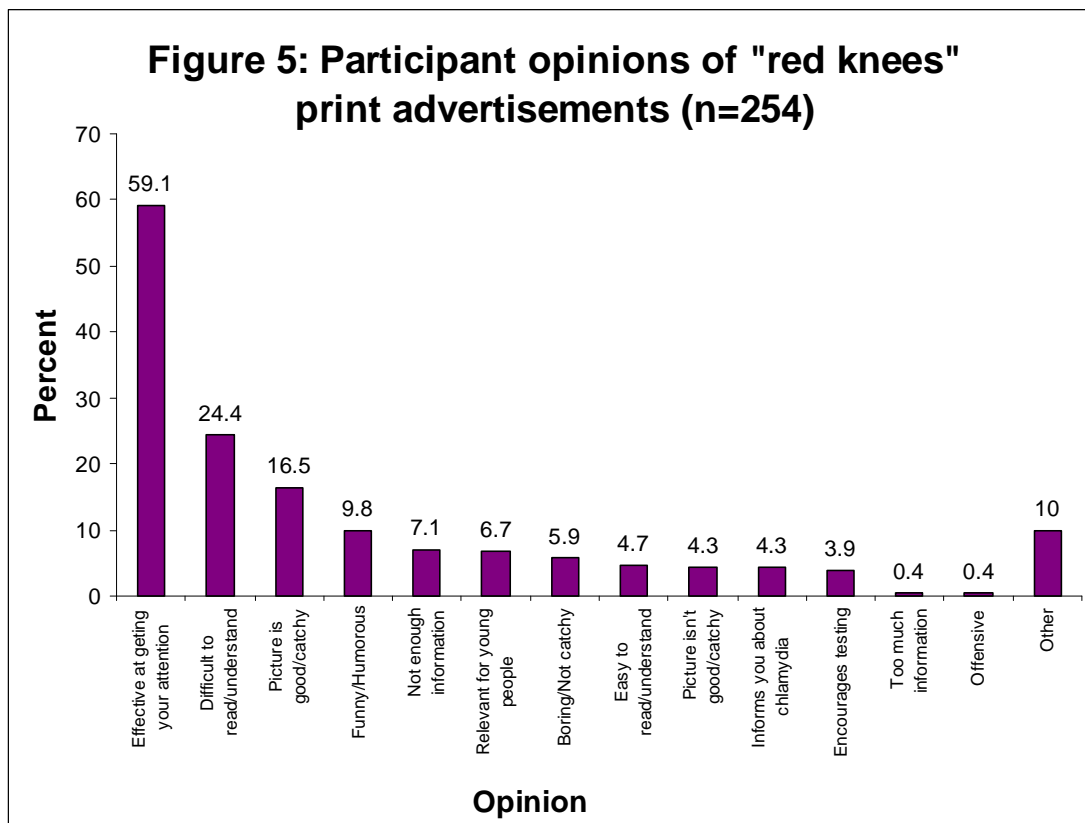
Participant Details	Recall seeing posters and print advertisements		χ^2 p-value
	Proportion (%)	95 % CI	
Male	24.2	17%-33%	0.001
Female	47.1	39%-55%	
16-17	15.4	7%-29%	0.009
18-25	45.3	38%-52%	
26-29	26.5	15%-44%	
Educational setting	40	28%-54%	0.108
Non-educational setting	37.7	32%-45%	

Participants most frequently reported that the main messages the poster and print advertisements were trying to communicate were “often no symptoms”, “people often don’t know they have it”, “encouraging practice of safe sex” and “encouraging people to get tested” (Figure 4). It was also observed that on five separate occasions participants stated that they did not understand the message being portrayed by the print advertisements and thought that red knees was a symptom of chlamydia.



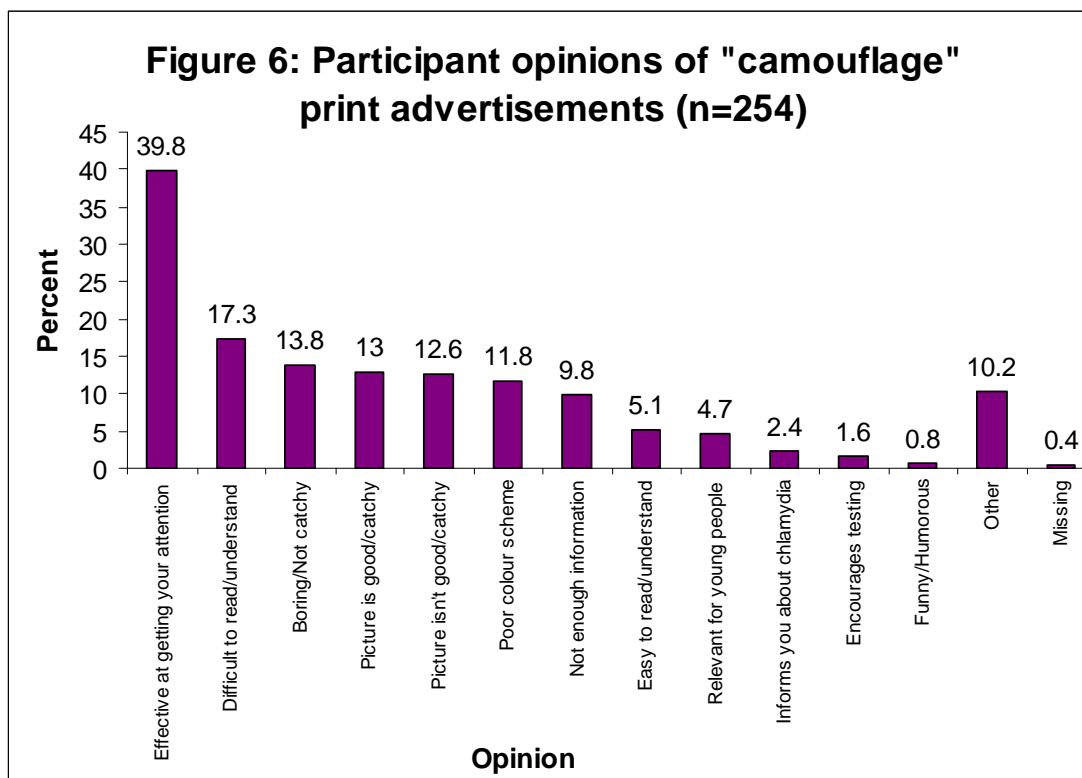
* Participants could provide more than one response.

Unprompted, participants were then asked to give their opinions on the posters and print advertisements with the “red knees”. Participants most frequently said that they were ‘*effective at getting your attention*’, ‘*difficult to read/understand*’ and the ‘*picture is good/catchy*’. It was also observed that on eight separate occasions participants stated that they did not understand the message being portrayed by the posters and thought that red knees was a symptom of chlamydia. These findings are displayed in Figure 5.



* Participants could provide more than one response.

Unprompted, participants were then asked to give their opinions on the posters and print advertisements with the “camouflage”. Participants most frequently said that they were ‘effective at getting your attention’, ‘difficult to read/understand’ and ‘boring/not catchy’. These findings are displayed in Figure 6.



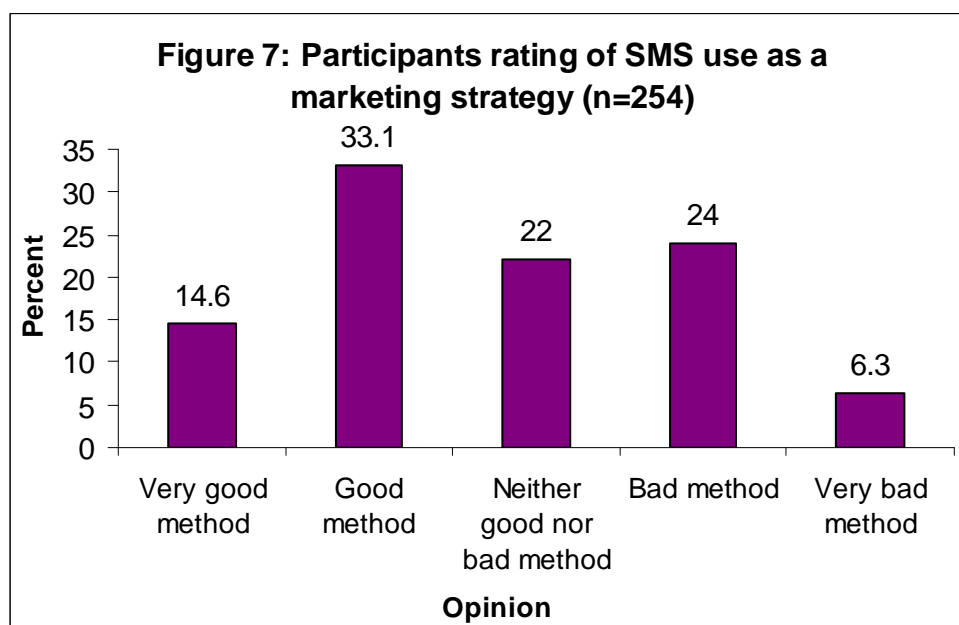
* Participants could provide more than one response.

SMS

Participants were shown an image of the chlamydia SMS text message sent to members of the public and asked what they would think if they received the SMS. The responses were mixed as 47.2% of participants stated they would be surprised, 24.8 % thought it was an effective way of getting someone’s attention, 13% would be annoyed, 10.6% would think it was invasive or offensive and 7.5% thought it was a useful for providing information. Participants could provide more than one response.

When asked what they would do if they received the SMS text message 56.7% said they would read it, 39.8% said they wouldn’t read it and would delete it, 13% said they would visit the website and 1.6% said they would go to the doctor and get tested. Participants could provide more than one response.

When asked what they thought about using SMS to communicate sexual health information, the majority of participants (47.7%) rated it as a very good or good method, while 30.3% of participants rated it as a bad or very bad method (Figure 7).



There was no significant difference in the rating of using SMS to communicate sexual health information between male and female participants, between different age groups or between educational and non-educational settings, as shown in Table 6.

Table 6: Rating of SMS use as a marketing strategy (n=254)

Participant Details	Rating of SMS				χ^2 p-value
	Very good or good		Very bad or bad		
	Proportion (%)	95% CI	Proportion (%)	95% CI	
Male	41.4	32%-51%	33.3	25%-43%	0.278
Female	51.6	44%-60%	28.4	22%-36%	
16-17	61.5	46%-75%	12.8	6%-27%	0.051
18-25	47.5	41%-55%	32.0	26%-39%	
26-29	32.4	19%-49%	41.2	26%-58%	
Educational setting	48.0	35%-61%	34.0	22%-48%	0.690

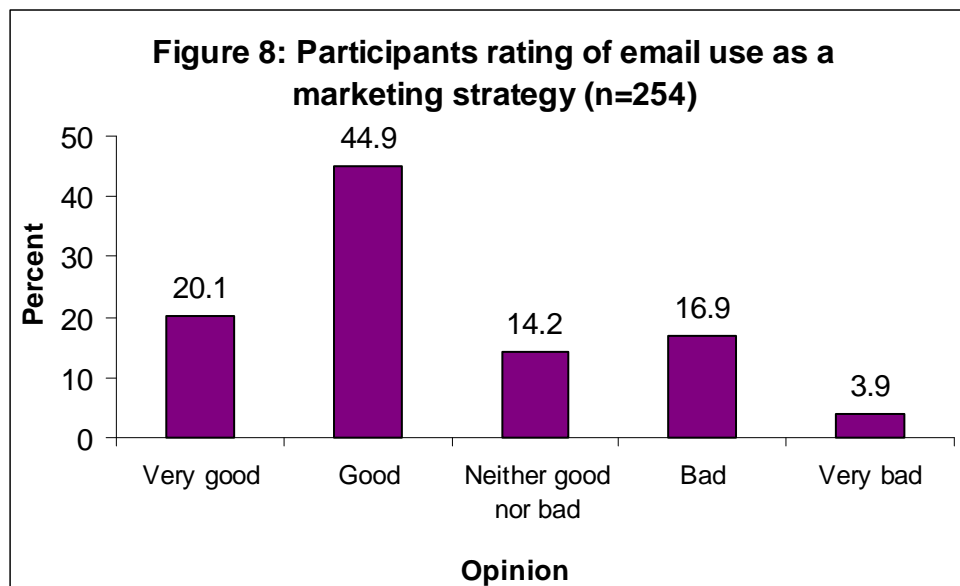
Non-educational setting	47.5	41%-55%	29.4	23%-36%	
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Email

Participants were shown an image of the chlamydia email sent to members of the public and asked what they would think if they received the email. The responses were mixed as 36.6% of participants thought it was an effective way of getting someone’s attention, 28.3% said they would be surprised, 16.5% said it was a useful for providing information, 7.1% said they would be annoyed and 3.1% said it was invasive or offensive. Participants could provide more than one response.

When asked what they would do if they received the email 47.6% said they would read it, 46.1% said they wouldn’t read it and would delete it, 18.9% said they would visit the website and 2.8% said they would go to the doctor and get tested. Participants could provide more than one response.

When asked what they thought about using email to communicate sexual health information, 65% thought it was a very good or good method and 20.8% said it was a bad or very bad method (Figure 8).



There was no significant difference in the rating of using email to communicate sexual health information between male and female participants, between

different age groups or between educational and non-educational settings (Table 7).

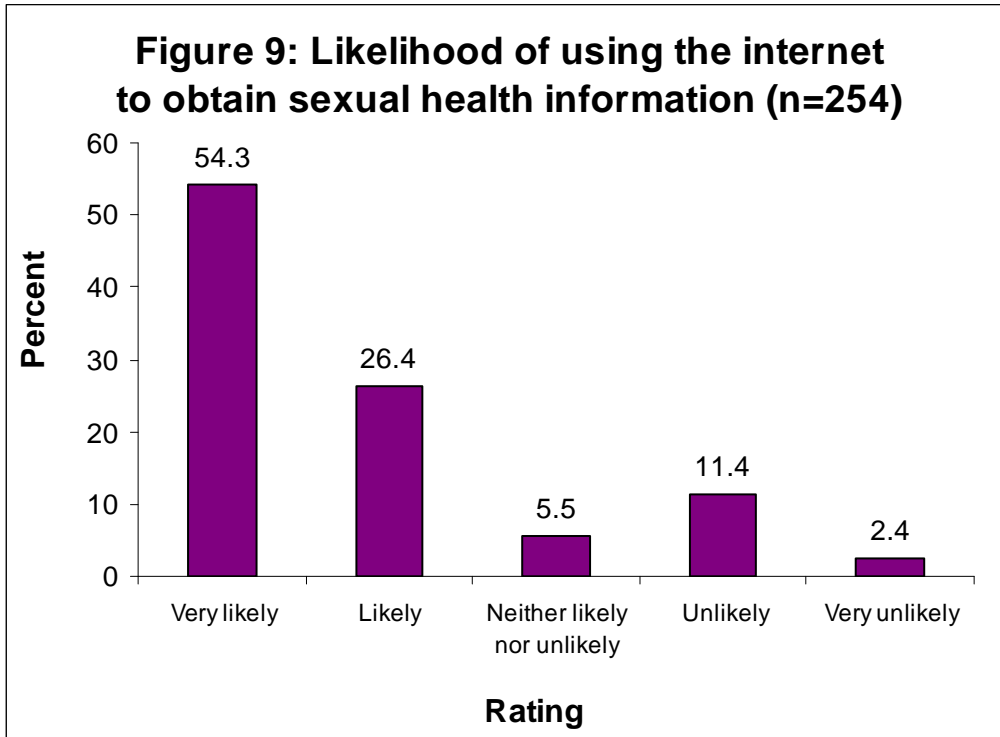
Table 7: Rating of email use as a marketing strategy (n=254)

Participant Details	Rating of email				χ^2 p-value
	Very good or good		Very bad or bad		
	Proportion (%)	95% CI	Proportion (%)	95% CI	
Male	57.6	48%-67%	24.2	17%-33%	0.130
Female	69.7	62%-77%	18.7	14%-26%	
16-17	74.4	59%-85%	17.9	9%-33%	0.138
18-25	66.3	59%-73%	19.9	15%-26%	
26-29	47.1	31%-63%	29.4	17%-46%	
Educational setting	66	52%-78%	28	17%-42%	0.107
Non-educational setting	64.7	58%-71%	19.1	14%-25%	

Website and Internet

Twenty six per cent of participants were aware of the chlamydia website (www.couldihaveit.com.au). There was no significant difference in awareness of this website between males and females, between different age groups or between educational and non-educational settings. Participants who knew about the website stated that they had been made aware of it primarily through the radio advertisements (44.7%) and 16.4% stated that they were unsure of how they had been made aware of it.

The majority (80.7%) of participants said they would be very likely or likely to use the internet to obtain information on sexual health (Figure 9).



There was no significant difference in the likelihood of using the internet between males and females, between different age groups or between educational and non-educational settings, as shown in Table 8.

Table 8: Likelihood of using the internet to obtain sexual health information (n=254)

Participant Details	Likelihood of using the internet				χ^2 p-value
	Very likely or likely		Very unlikely or unlikely		
	Proportion (%)	95% CI	Proportion (%)	95% CI	
Male	80.8	72%-88%	13.1	8%-21%	0.933
Female	80.6	74%-86%	14.2	9%-20%	
16-17	84.6	71%-93%	15.4	7%-29%	0.594
18-25	80.1	74%-85%	13.3	9%-19%	
26-29	79.4	63%-89%	14.7	7%-30%	
Educational setting	74.0	60%-84%	22.0	13%-35%	0.161
Non-educational setting	82.4	76%-87%	11.8	8%-17%	

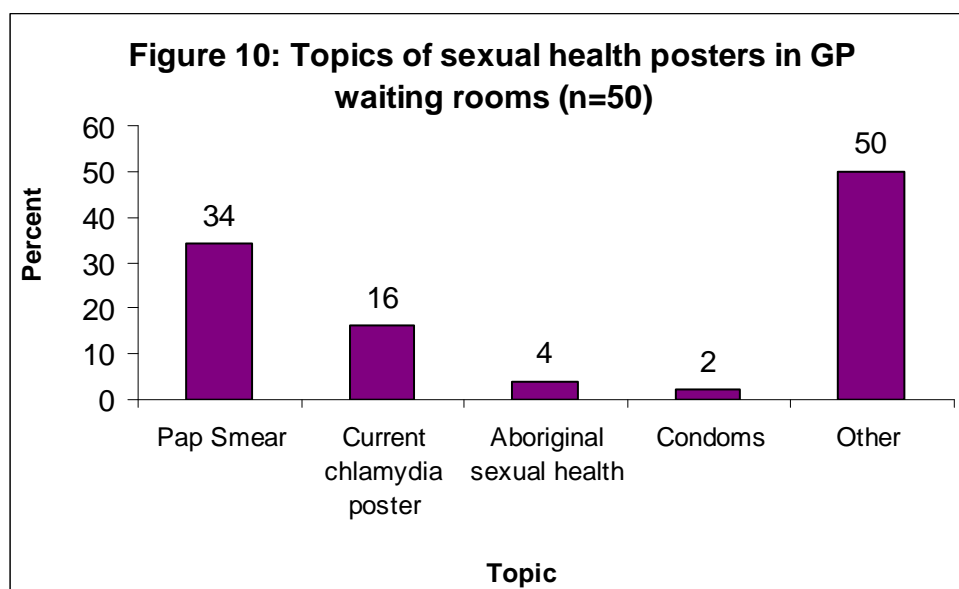
4.2 GP Waiting Room Audit

Waiting Room Surveys

An audit was conducted on the waiting rooms of 50 GP surgeries in metropolitan Perth. Eleven of these were corporate practices and 39 were non-corporate (see Appendix 5 for list of surgeries audited).

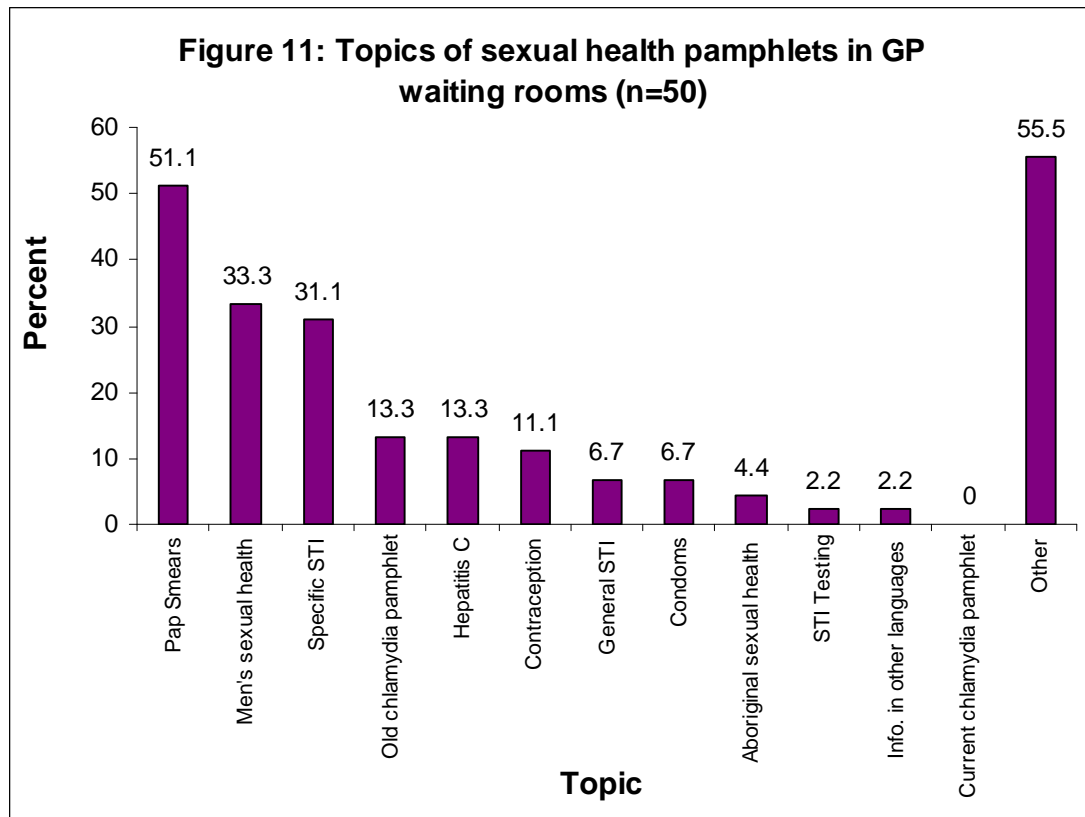
Eight surgeries (16%) had the 2007 chlamydia campaign poster displayed in the waiting room, and of these four had one poster displayed and four had two posters displayed (see Figure 10). Five out of the eight surgeries were rated as having 'very good' poster displays, one was rated as 'average' and two were rated as 'poor', e.g. posters pinned on top of each other (see Appendix 4 for definitions of poster display standards).

Thirty-two surgeries (64%) had some type of sexual health poster displayed. The most common poster topic was *other sexual health posters* (n=25), of which 22 surgeries had at least one of the Gardasil cervical cancer vaccine posters displayed and three had the 2005 chlamydia poster displayed. This was followed by *Pap smears* (n=17), *Aboriginal sexual health* (n=2) and *condoms* (n=1), as displayed in Figure 10.



None of the surgeries audited had the 2007 chlamydia pamphlet displayed. Forty-five surgeries (90%) had some type of sexual health pamphlet displayed. Of these, the most common topics were *other sexual health pamphlets* (n=25), of which 18 surgeries had at least one Gardasil cervical cancer vaccine pamphlet displayed,

followed by *Pap smears* (n=23), *men's sexual health* (n=15) and *specific STI* (n=14), as shown in Figure 11.



The visibility, access to and organisation of all pamphlets was also rated with 60% rated as *'very good'*, 28% rated as *'average'* and 12% rated as *'poor'*, e.g. different pamphlets in the same pocket.

As audits were conducted, it became apparent that some practices had identical "Informed Health Updates" pamphlet displays and no other pamphlets in their waiting rooms. These displays are managed by an outside company contracted by the practice. Once this was discovered it was noted that four out of the remaining 15 surgeries had "Informed Health Updates" pamphlet displays. Three of these were non-corporate practices and one was a corporate practice.

Additional observations by the researcher on the availability of sexual health resources and the display of resources in the waiting room are listed below.

- Pamphlets displayed in treatment room only and not in waiting room.
- No posters or pamphlets allowed in waiting room. All material displayed in toilets and down corridor.

- Poster board empty, or dominated by community announcements or practice promotional posters.
- 2005 chlamydia campaign poster still being displayed.

Practice Manager Interviews

Forty-two practice managers and eight practice nurses were interviewed. Thirty two practice managers or nurses (64%) recalled receiving the 2007 chlamydia campaign pack, seven reported that they had not received it and eleven said that they were unsure. Of those who recalled receiving the pack, all said that they had read the information. Thirteen practice managers said the 2007 chlamydia campaign poster had been displayed in the surgery, even if it was not currently on display. Eighteen of the practice managers/nurses interviewed from the remaining 19 surgeries stated similar reasons for not displaying the poster. Some of these comments were; the doctors thought it was inappropriate; the doctor or nurse didn't like it; not relevant/appropriate; the practice mainly has elderly patients so it isn't relevant or appropriate; it is too crude for the elderly or children; it is too blunt and confronting; and the patients wouldn't understand it.

When asked how decisions were made within the practice about which resources to display, six practices (five corporate and one non-corporate) reported that they had policies regarding what could be displayed. Some of these policies were: the company decides what to promote and that information is rotated every three months; the doctors must review prior to display; only pamphlets can be displayed and these must be reviewed by the practice nurse; and, that nothing can be displayed in the waiting room. Although some of these practices were part of the same corporation it was noted that none of them had the same policies about what material could be displayed. The one non-corporate practice that had a policy said its policy about what could be displayed was documented in the practice manual.

Of the remaining 44 surgeries without policies, 24 (54.5%) said that they display whatever is relevant and appropriate to their patients, seven (15.9%) said that the doctor decides what is displayed, four (9.1%) said that it depends on what room is available, one (2.3%) stated that the nurse decides and one (2.3%) stated that practice manager decides. Participants could give multiple reasons for decision making.

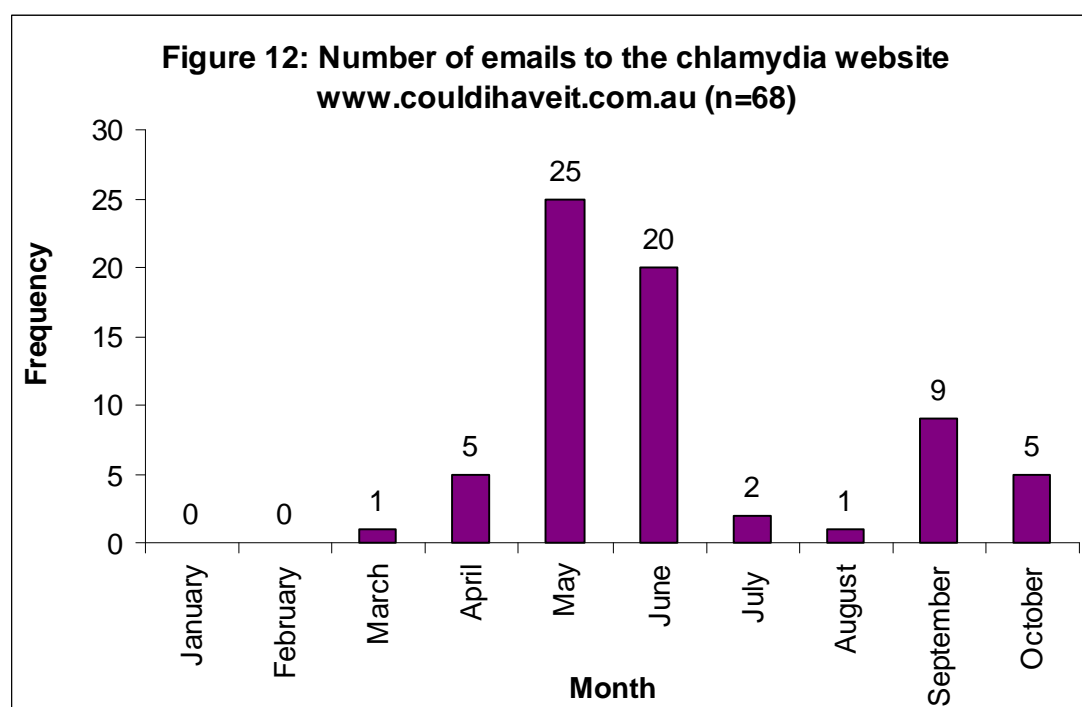
One (2%) practice manager or nurse said they had ordered more 2007 chlamydia resources, 19 (38%) said they would order more resources and 81.6% stated they knew how to order more resources from the health department.

Unsolicited feedback from GPs comprised two emails and one phone call expressing concern about the 2007 chlamydia campaign material. Some comments included: 'it suggests sexual assault, injury, an offence and aggression. We won't put it up as a result', 'the bruised knees look violent and we won't hang it up where there are kids in the waiting room', 'the abrasions on knees could be interpreted as domestic or sexual violence' and 'it implies that bruised knees are a sign of chlamydia'.

4.3 Additional Evaluation

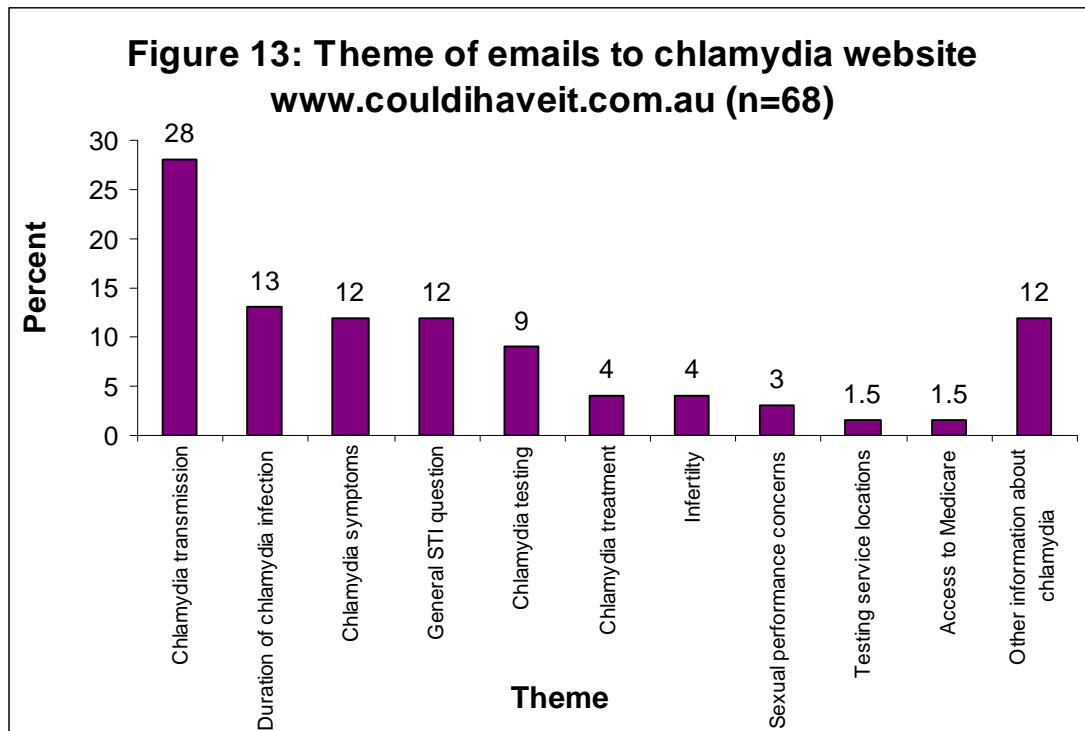
Website

Sixty-eight emails to the "Ask a Question" page of the chlamydia website www.couldihaveit.com.au were received between 1st January 2007 to 31st October 2007. The number of emails peaked in May and June (Figure 12).

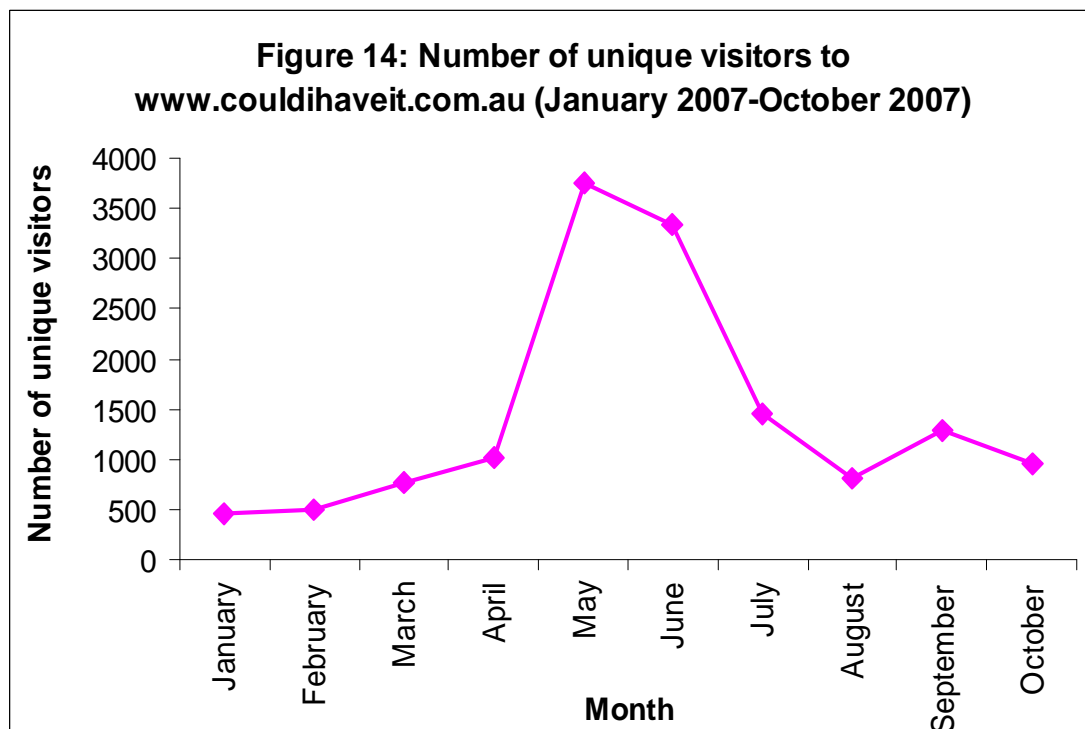


Out of the 68 emails sent to the website 29 were from women and 21 from men. The remaining 18 emails did not provide explicit information about the sender's sex but from the content, seven of the senders appeared to be female and three male. The sex of the remaining eight could not be inferred. The most common questions were about chlamydia transmission, followed by duration of chlamydia

infection, chlamydia symptoms and general STI questions (Figure 13). The full summary of questions emailed to the website is provided in Appendix 6.



The number of unique visitors to the website peaked in May and June, coinciding with the campaign (6th May 2007 to 30th June 2007) as shown in Figure 14. The total number of unique visitors from 1st January 2007 to 31st October 2007 was 14,322, 7,091 (49.5%) of whom visited the website in May or June.



5. DISCUSSION

5.1 Key Findings

Social Marketing Evaluation

Knowledge of chlamydia (except for the fact that it is an STI) among participants was fairly limited. There was a marked difference in this knowledge between the sexes, with females knowing significantly more than males and more males stating that they knew nothing about the topic.

Awareness and recall of the campaign was quite high given its size and budget in all age groups, especially for the 18-25 year age group who recalled seeing it the most. Recall was strongest around the posters and print advertisements (38.2%), followed by the website (26.4%) and radio advertisements (23.6%).

The main messages drawn from the campaign were ‘often no symptoms’, ‘encouraging people to get tested’, ‘people often don’t know they have it’ and ‘encouraging practice of safe sex’. Opinions of the campaign were mixed as the radio advertisements produced more positive responses than the print advertisements. Most participants stated that the radio advertisements were ‘effective at getting your attention’ (65%), ‘funny/humorous’ (30%), ‘clear and understandable’ (10%) and ‘relevant to young people’ (10%). When asked what the main messages the print advertisements were trying to communicate most people interpreted the intended message correctly and stated ‘often no symptoms’ (51.2%) and ‘people often don’t know they have it’ (42.1%). However, there were mixed opinions about the print advertisements. The majority of participants’ opinions of the “red knees” posters were that they were ‘effective at getting your attention’ (59.1%) followed by ‘difficult to read/understand’ (24.4%). This opinion was the same for the “camouflage” posters with participants saying they were ‘effective at getting your attention’ (39.8%) followed with ‘difficult to read/understand’ (17.3%). These mixed opinions are evident with 4% of people misinterpreting the “red knees” poster to think that having red knees is a symptom of chlamydia and 8.3% of people responding ‘don’t know’ when asked what the main messages of the posters were. An additional 6.3% of people also commented that the slogan on the posters was too small.

The use of SMS to communicate sexual health information was seen as a good or very good method of communication (47.7%) by participants of all ages. The majority stated that they would be surprised if they received the SMS, but thought it was an effective way of getting someone's attention. Most (56.7%) said they would read the SMS while 39.8% said they would delete it without reading it, the most common reason for this action was that people would think they had received spam or that it was a joke.

The use of email to communicate sexual health information was received even better than SMS by participants, with 65% thinking it was a good or very good method of communication. 36.6% also thought it was an effective way of getting someone's attention, with only 28.3% feeling surprised to receive it. When asked what they would do once they had received the email the responses were almost evenly split, with 47.6% of people stating they would read it and 46.1% saying they would delete it without opening it and would just dismiss the email as spam or junk mail.

The majority of participants (74%) were not aware of the www.couldihaveit.com.au website. Regardless of this, most participants stated that they would be very likely to use the internet to obtain sexual health information. Of the participants that knew about the website the majority (44.7%) said they knew about it from the radio advertisements.

GP Waiting Room Audit

2007 chlamydia campaign posters and pamphlets were not displayed in 42 (84%) of the metropolitan GP surgeries audited. The majority (64%) displayed some type of sexual health poster and even more (90%) provided sexual health pamphlets (usually promoting cervical cancer vaccination). Most GP surgery waiting rooms (60%) had a wide range of health related pamphlets or posters that were displayed well and easily accessible by patients.

The majority of practice managers or nurses (64%) recalled receiving the 2007 chlamydia campaign pack and all of these reported that they had read the information. The majority of practice managers or nurses (74%) said that the 2007 chlamydia poster had not been displayed in the surgery and the main reason for

this was that either they or the doctor thought the poster was inappropriate or irrelevant. Most surgeries (88%) did not have policies regarding what material would be displayed, with decisions being made by the doctors or nurses. Only one practice manager had ordered more 2007 chlamydia campaign material and the majority (62%) said that they would not order more resources if current supplies ran out.

Unsolicited feedback from GPs to the Communicable Disease Control Directorate was that the posters with the “red knees” suggested sexual violence/abuse, implied that bruised knees is a sign of chlamydia, and therefore unsuitable for display in a waiting room.

Additional Evaluation

The chlamydia website received 68 emails between 1st January 2007 to 31st October, with 45 (66.2%) received in May and June, coinciding with the campaign (6th May 2007 to 30th June 2007).

The number of unique visitors to the website peaked with the start of the campaign and then dropped in the following months.

5.2 Limitations

Response bias may have resulted in underestimation of interviewees’ knowledge of chlamydia. Some participants seemed embarrassed when answering questions about their knowledge of chlamydia, and were often observed answering immediately that they knew nothing or that they only knew that it was an STI, without taking any time to think about the question. This could be because they didn’t want the interviewer to think that they might have ever had chlamydia or another STI. Female participants may have been more open to discussing the topic because female interviewers were conducting most of the surveys, which may have contributed to the observation that females knew significantly more than males about chlamydia. The fact that 88.2% of interviews were conducted by female interviewers may also have contributed to male participants’ apparent lack of knowledge about chlamydia because they may have not felt comfortable or wanted to give the impression to the female interviewer that they had any history of chlamydia.

The observation that recall of poster and print advertisements and the website (38.2% and 26.4% respectively) was higher than that of the radio advertisements (23.6%) may have been due to participants correcting their initial 'no' answer after being shown a picture of the advertisements/webpage, whereas the radio advertisements were not played to the interviewees.

5.3 Comparison of Findings

Some of the results from this evaluation are similar to those of other sexual health studies. The latest National Survey of Australian Secondary Students on HIV/AIDS and Sexual Health (4) revealed that students' knowledge of STIs was poor, especially in males, and that knowledge around the most common infections, including chlamydia, was concerning. In particular, few students (18.5%) knew that chlamydia can affect both men and women and that it can cause infertility (35.8%). Similarly, the current campaign evaluation also found that knowledge of chlamydia beyond that it is an STI was limited and that males displayed less knowledge of the topic than females. An evaluation of a previous WA chlamydia campaign in 2005 (5) also revealed that knowledge of chlamydia was limited beyond the fact that it is an STI, although a difference in this level of knowledge between the sexes was not found. The 2005 evaluation had an over-representation of participants from educational settings and although the current evaluation over-represented people from non-educational settings, no significant differences were found between participants from the two settings.

The 2005 evaluation (5) found that a larger proportion of interviewees were aware of the campaign than in 2007, particularly of the posters and print advertisements. No interviewees described the campaign posters as 'difficult to read/understand', whereas the current evaluation found this was the second most common response (24.4% for "red knees" posters and 17.3% for "camouflage" posters). The previous evaluation found participants aged 17 and under were significantly more likely to rate SMS as a very good or good method of communication (88.9%; 95% CI: 82%-93%) compared to the other age groups (52.8%; 95% CI: 44%-62% and 53.3%; 95% CI: 44-62%) ($\chi^2=11.4$, $df=4$, $p=0.022$), but the current evaluation found no difference between age groups, suggesting that SMS may now be a more accepted form of communication by all participants. Both evaluations found that the internet was the most likely way that people would access sexual health information.

The 2005 evaluation (5) also included a GP waiting room audit and practice manager interviews. More practice managers had read the chlamydia information pack in 2005 than 2007 (75% vs. 64%) and less practice managers had ordered 2007 campaign material than in 2005 (2% vs. 29%), or intended to order it (38% vs. 46%). Decisions about what material would be displayed were similar in both years. Similar proportions of practices had the campaign chlamydia poster displayed (16% in 2007 vs. 15.5% in 2005), but display of the pamphlets was significantly lower in 2007 (0% in 2007 vs. 17.8% in 2005). It was found that more sexual health material was available to patients in the current evaluation. Overall, there was a less positive response to the 2007 campaign by health professionals, based on there being less campaign material displayed and the fact that 18 surgeries stated similar reasons for not displaying the material, including not having doctor's approval and inappropriateness of the poster.

Two evaluations (6, 7) of chlamydia campaigns that used different methods of communication (television and mass mail out vs. venue and tertiary advertisements) found that mass media campaigns contributed to higher chlamydia testing rates, more notifications and an overall measurable health benefit. They stressed the importance of campaigns using youth-market-driven media to communicate chlamydia facts. The Victorian campaign (7) used communication strategies that were similar to the methods used in the 2007 WA chlamydia campaign. The results found that recall of the advertising material was different between men and women, suggesting that future chlamydia campaigns be gender specific, with those aimed at men being carefully targeted to ensure that men without symptoms are receptive to the message. This is especially important since the National Survey of Australian Secondary Students on HIV/AIDS and Sexual Health (4) found that 43% of females knew that chlamydia affected both men and women, compared to 26% of males, suggesting that males have less knowledge of chlamydia because they may not know that it affects them as well.

An evaluation of a Canadian chlamydia campaign (8) that aimed to increase awareness, reduce transmission and increase testing in 15-29 year olds, found that focusing a few high profile understandable messages to the target audience was an effective way of ensuring increased health benefit to the community. This campaign was similar to the 2007 WA chlamydia campaign in that campaign materials were distributed where young people gathered and through target-group-

specific communication methods. Awareness of chlamydia in 15-29 year olds was quite low before the Canadian campaign period, which is similar to the results of the current campaign, suggesting that messages directed at the target audience must also be educational and understandable to increase awareness of the STI.

5.4 Discussion of Results

Although the majority of participants knew that chlamydia was an STI, few were able to describe other characteristics of the infection. There was difference between male's and female's knowledge of chlamydia, with females knowing more about the subject and males more likely to not know anything about chlamydia. This indicates that the level of knowledge between males and females is different and that health promotion messages should be tailored to this need. The National Survey of Australian Secondary Students on HIV/AIDS and Sexual Health (4) findings were consistent with this and found that most males did not know that chlamydia affected both men and women. This could be the reason why males lacked knowledge of chlamydia, because they didn't think the STI was relevant to them.

There was a difference between age groups in awareness of the campaign, with 18-25 year olds being significantly more aware of the campaign. This indicates that campaign materials, such as commercial radio, nightclubs, pubs, university press and community magazines, SMS, email and the website were successful at reaching their target audience.

The majority of participants thought the print advertisements were effective at getting their attention, indicating that they raised awareness of chlamydia, but almost one quarter of participants said that the print advertisements were difficult to read/understand. The majority of additional comments about the posters centred on red knees being a symptom of chlamydia and that the messages on the posters were too small. These results indicate that although the images on the poster were effective at getting people's attention, these in combination with the written messages made the posters hard to read and understand. For people with a low knowledge of chlamydia, which the results show include the majority of 18-29 year olds, it is understandable that some people misinterpreted red knees as a symptom of chlamydia.

One of the reasons for the posters being misinterpreted could be because the material had not been focus tested. To interpret the poster correctly, the reader needs to already know that chlamydia does not always present with symptoms and then interpret that the person on the poster obtained their red knees from having sex in positions where the knees are weight-bearing. The evaluation demonstrated that the level of knowledge of chlamydia symptoms and positions for sexual intercourse in the target audience was too low for the message to be understood.

Stages of social marketing cover six steps of which 'developing materials and pre-testing' is essential (9). Since this campaign failed to execute this step it could not have been predicted how well the campaign materials would be received by the target group. One study identified that high prevalence of chlamydia was found among young people disengaged from the education system and that connection to formal education may be a significant co-factor in determining risk of infection (10). When considering this, it is necessary that chlamydia campaign messages be simple and informative to accommodate to this education level. Tailored communications are recommended as they are more specific and can generate highly customised messages on a large scale, as well as considering specific behavioural patterns of the target audience (9). A more specifically targeted campaign with separate messages for males, females and GP waiting room settings may have been more successful. Considering the difference in chlamydia knowledge between males and females and GP surgery staff's perceived 'inappropriateness' of the posters, specific messages tailored to each of these target audiences may have resulted in less confusion and better acceptance of the materials.

Social marketing campaigns must influence the information environment by producing campaign messages that are simple, straightforward and presented in such a way that campaign planners successfully redefine the issue for the target audience (11). Persuasion theory (9) explains that social marketing can be used to change behaviour in the long term if people engage with and develop favourable thoughts about the message's arguments. If people do not understand the message of the campaign then they cannot engage in its argument, and are less likely to change their behaviour. Social marketing should start from an understanding of the target audience for behaviour change (12), if this was established prior to the creation of the campaign message then it may have been more informative and

simple to understand, therefore more likely to be understood by people of all knowledge levels.

Another crucial factor to the success of a social marketing campaign is the involvement and support of health professionals (9, 11). General practitioners can provide another communication avenue to reach the target audience, because they are a trusted source of health information and they can reinforce social marketing messages (9, 12). This evaluation has shown that few posters were displayed in GP surgeries and no pamphlets were displayed over the 50 surgeries visited. In a number of cases this was because either the doctor, nurse or practice manager did not approve of the material for display because they found the image to be inappropriate and misleading. This represents a missed opportunity to inform people about chlamydia and encourage them to get tested for chlamydia while they were at the GP surgery.

5.5 Recommendations

The results from this study produced a number of key recommendations that may assist in the development of future sexual health campaigns

- Television, radio, posters, print advertisements, SMS, email and internet are effective media for communicating sexual health information. New web-based social communication tools such as Myspace and Facebook could also be valuable communication strategies for the target group.
- SMS and email is considered an effective communication tool.
- Campaign messages should be pre-tested on people within the target group to acquire their interpretation of the message.
- Campaign messages should be specialised for males and females. Different posters should be displayed in venues such as hotels and niteclubs compared to GP waiting rooms, which are appropriate for people of all ages.
- Young people are very likely and prefer to use the internet to obtain sexual health information.
- There is a demand for sexual health information to be delivered to younger audiences (under 17 years), particularly through sexual health education at high school.

6. CONCLUSION

The evaluation of the 2007 chlamydia campaign has provided valuable feedback of the level of knowledge of chlamydia possessed by young people and the types of marketing strategies that are effective at targeting this group. Given the increasing significance of sexual health problems among young people in Australia, and the need to facilitate positive sexual behaviours, educational health promotion campaigns that target sexual health issues in young people are imperative.

7. REFERENCES

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8. APPENDICES

Appendix 1: Sample Campaign Resources

Posters and print advertisements

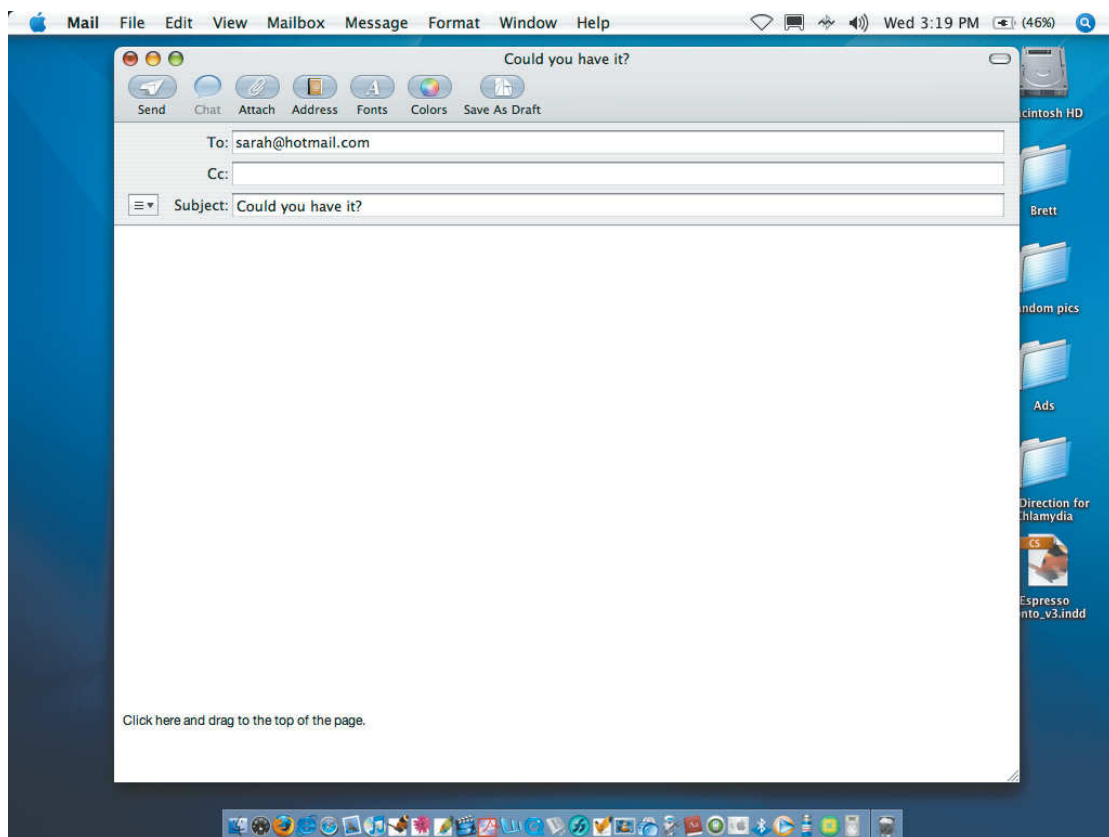


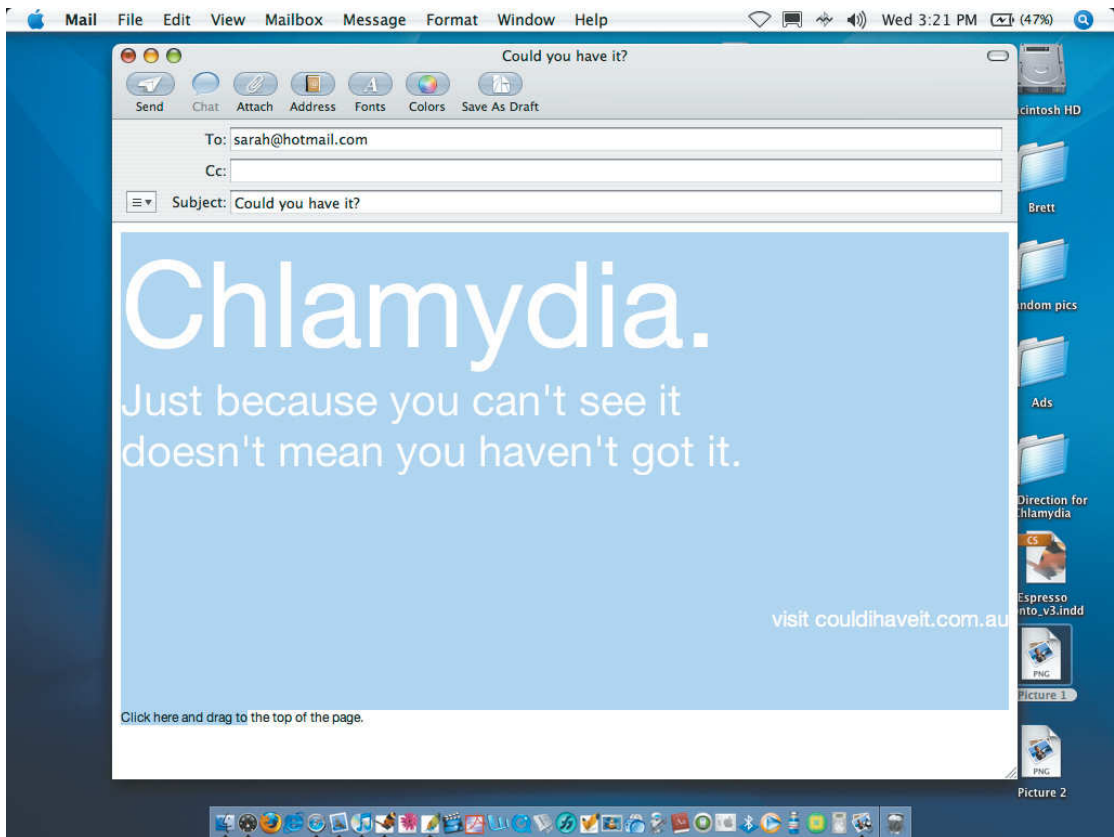
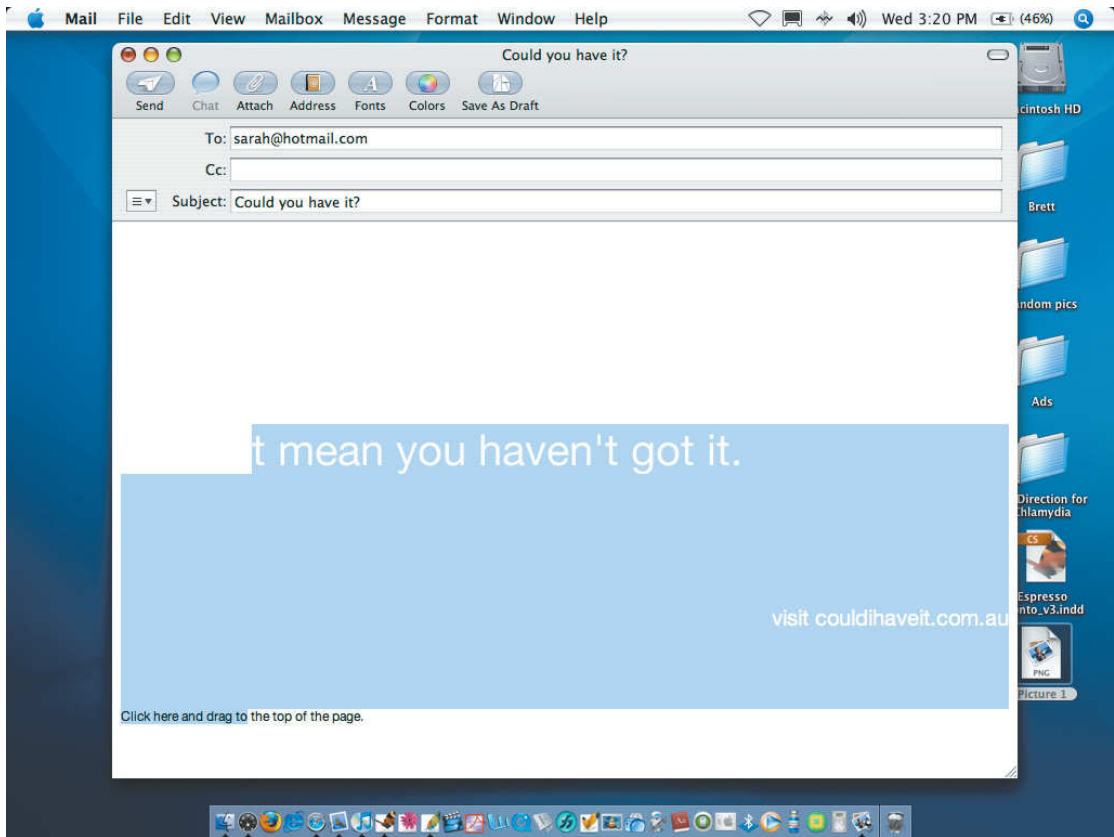
Audio from the radio advertisements can be accessed from the campaign website <http://www.couldihaveit.com.au>

SMS



Email





Website

The screenshot shows a Windows Internet Explorer browser window displaying a website about Chlamydia. The browser's address bar shows the URL <http://www.couldhaveit.com.au/index.asp>. The website's main heading is **CHLAMYDIA** with the tagline "Most people haven't got a clue". A navigation menu includes links for HOME, CHLAMYDIA, SAFE SEX, ALL ABOUT TESTING, LINKS, CONTACTS, EMAIL A QUESTION, TELL A FRIEND, and ADVERTISING CAMPAIGN. The central image features a man and a woman lying on a carpeted floor, both with visible red sores on their knees. The text overlaid on the image reads: "ONE SIGN OF CHLAMYDIA IS TO EXPERIENCE PAIN DURING SEX. ANOTHER IS TO NOT EXPERIENCE PAIN AT ALL." Below this, it says "SEE YOUR GP FOR A SIMPLE TEST AND TREATMENT". The browser's taskbar at the bottom shows several open applications, including an email client, a web browser, and a survey tool, along with the system clock showing 1:32 PM.

Appendix 2: Social Marketing Survey

i. 2005 Social Marketing Survey



Department of Health
 Government of Western Australia
 Sexual Health & Blood-borne Virus Program



FACULTY OF
 Medicine and Dentistry



2005 Chlamydia Campaign: Social Marketing Evaluation Survey

Good (...), my name is Alexa. I am a University of Western Australia student conducting a study for the Health Department about a recent sexual health campaign. I would appreciate it if you could spare me five minutes to answer a few questions. I will not be asking your name and all the information you provide will remain confidential.

<p>Date:</p> <p>Time:</p> <p>Location:</p>	<p>Q3a. Do you recall hearing any radio ads about chlamydia?</p> <p>Yes (continue) 1</p> <p>No (go to Q4a)..... 2</p> <p>Unsure (go to Q4a)..... 3</p>
<p>Screen A Before we begin may I ask your age?</p> <p>Under 16 (terminate-say quota full)</p> <p>16-17..... 1</p> <p>18-25..... 2</p> <p>26-29..... 3</p> <p>30 or above (terminate-say quota full)</p>	<p>Q3b. Can you please describe what you recall hearing in the radio ad(s)?</p> <p>Heard correct radio ad..... 1</p> <p>Heard other radio ad..... 2</p> <p>Unsure..... 3</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Screen B Gender (record automatically)</p> <p>Male..... 1</p> <p>Female..... 2</p>	<p>Q3c. What are the main messages you think the radio ad(s) are trying to get across? (probe) (circle <u>all</u> responses)</p> <p>Chlamydia is a serious problem..... 1</p> <p>Chlamydia is increasing..... 2</p> <p>There are often no symptoms..... 3</p> <p>People often don't know they have it.... 4</p> <p>Chlamydia can cause serious problems if left untreated..... 5</p> <p>Chlamydia can cause infertility..... 6</p> <p>Encouraging people to get tested..... 7</p> <p>Encouraging people to see their GP.... 8</p> <p>Informing people of the symptoms..... 9</p> <p>Encouraging practice of safe sex..... 10</p> <p>Don't know..... 11</p> <p>Other (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Q1. What do you know about chlamydia? (do not prompt) (circle <u>all</u> responses)</p> <p>It is transmitted by sex..... 1</p> <p>It is common..... 2</p> <p>Often no symptoms/don't know you have it..... 3</p> <p>Can cause infertility..... 4</p> <p>Correct symptoms..... 5</p> <p>Incorrect symptoms..... 6</p> <p>It is increasing..... 7</p> <p>Young people most likely to get it.... 8</p> <p>You can be tested for it..... 9</p> <p>Treatment (simple/details)..... 10</p> <p>Don't know..... 11</p> <p>Other (please specify):</p> <p>_____</p> <p>_____</p>	<p>Q2. Have you seen or heard any advertisements about chlamydia in the last three months?</p> <p>Yes (go to Q3a) 1</p> <p>No (go to Q4a)..... 2</p> <p>Unsure (go to Q3a)..... 3</p>

<p>Q3d. What do you think of the radio ad(s)?</p> <p>Funny/humorous..... 1 Effective at getting your attention.... 2 Clear and understandable..... 3 Annoying..... 4 Confusing..... 5 Relevant to young people..... 6 Effective at informing you about symptoms..... 7 Effective at encouraging people to get tested..... 8 Offensive..... 9 Other comments: _____ _____</p>	<p>Q4d. What do you think of the posters and print advertisements?</p> <p>Effective at getting your attention..... 1 Relevant for young people..... 2 Effective at encouraging testing..... 3 Effective at informing you about chlamydia..... 4 Good colour scheme..... 5 Picture is good/catchy..... 6 Easy to read/understand..... 7 Funny/humorous..... 8 Boring/not catchy..... 9 Doesn't contain enough information.... 10 Contains too much information..... 11 Poor colour scheme..... 12 Picture isn't good/catchy..... 13 Difficult to read/understand..... 14 Offensive..... 15 Other comments: _____ _____ _____</p>
<p>Q4a. Do you recall seeing any chlamydia posters and/or chlamydia print advertisements?</p> <p>Yes (continue) 1 No (show sample ads. go to Q4c)..... 2 Unsure (show sample ads. go to Q4c) 3</p>	<p>Q5a. Do you recall receiving this SMS? (show picture of chlamydia SMS)</p> <p>Yes..... 1 No 2 Unsure..... 3</p>
<p>Q4b. Can you please describe what you recall seeing in the chlamydia posters and/or print advertisements?</p> <p>Seen correct print ads..... 1 Seen other print ads..... 2 Unsure..... 3 _____ _____ _____</p>	<p>Q5b. What did you think of the SMS/ what would you think if you received this SMS?</p> <p>Annoying..... 1 Wouldn't read it/would delete..... 2 Invasive/offensive..... 3 Useful for providing information..... 4 Effective way of getting someone's attention..... 5 Other Comments: _____ _____ _____</p>
<p>Q4c. What are the main messages you think the chlamydia posters and print advertisements are trying to get across? (probe) (circle all responses)</p> <p>Chlamydia is a serious problem..... 1 Chlamydia is increasing..... 2 Often no symptoms..... 3 People often don't know they have it.... 4 Chlamydia can cause serious problems if left untreated..... 5 Chlamydia can cause infertility..... 6 Encouraging people to get tested..... 7 Encouraging people to see their GP.... 8 Informing people of the symptoms..... 9 Encouraging practice of safe sex..... 10 Don't know..... 11 Other (please specify): _____ _____</p>	<p>Q5c. What do you think about using SMS to communicate sexual health information? (read out each answer)</p> <p>Very good method..... 1 Good method..... 2 Neither good nor bad method..... 3 Bad method..... 4 Very bad method..... 5</p>

<p>Q6a. Are you aware that there is a chlamydia website www.couldihaveit.com.au? (show picture of website)</p> <p>Yes (go to Q6b) 1 No (go to Q6c)..... 2 Unsure (go to Q6c)..... 3</p>	<p>Q8. From where do you prefer to obtain sexual health information? (circle <u>all</u> responses) (asterisk first mentioned)</p> <p>Television..... 1 Radio..... 2 Newspapers..... 3 Magazines..... 4 Internet..... 5 Information Pamphlets..... 6 SMS/text messages..... 7 Posters..... 8 Teachers/School..... 9 Parents..... 10 Friends..... 11 GP/other health professional..... 12 Don't know..... 13 Other (please specify): _____ _____ _____</p>
<p>Q6b. How were you made aware of the website?</p> <p>Radio Ad..... 1 Poster in toilet..... 2 Poster in GP clinic..... 3 Information pamphlet..... 4 Browsing the internet..... 5 Unsure..... 6 Other (please specify): _____</p>	<p>Q9. From what you have seen and heard of the chlamydia campaign, do you have any suggestions as to how a future sexual health campaign could be improved.</p> <p>Yes (please specify)..... 1 _____ _____ _____ _____ _____ _____ _____ _____ _____</p> <p>No..... 2</p>
<p>Q6c. How likely would it be for you to use the Internet as a resource for obtaining information about sexual health? (read out each answer)</p> <p>Very likely..... 1 Likely..... 2 Neither likely nor unlikely..... 3 Unlikely..... 4 Very unlikely..... 5</p>	<p>Q7. What do you think are the most effective ways for communicating sexual health messages to people of your age? (circle <u>all</u> responses) (asterisk first mentioned)</p> <p>Television..... 1 Radio..... 2 Newspapers..... 3 Magazines..... 4 Internet..... 5 Information Pamphlets..... 6 SMSs/text messages..... 7 Posters..... 8 Teachers/School..... 9 Parents..... 10 Friends..... 11 GP/other health professional..... 12 Don't know..... 13 Other (please specify): _____ _____ _____</p>

That is the end of the survey, thank you for your time. Just to remind you my name is Alexa and I am from the University of Western Australia. If you have any further questions about this study I can provide you with an information sheet with my contact telephone number. (Provide information sheet if requested).

ii. 2007 Social Marketing Survey (1)



Department of Health
 Government of Western Australia
 Sexual Health & Blood-borne Virus Program



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2007 Chlamydia Campaign: Social Marketing Evaluation Survey

Good (...), my name is Simone. I am a University of Western Australia student conducting a study for the Health Department about a recent sexual health campaign. I would appreciate it if you could spare me five minutes to answer a few questions. I will not be asking your name and all the information you provide will remain confidential.

<p>Screen A Before we begin may I ask your age?</p> <p>Under 16 (terminate-say quota full)</p> <p>16-17..... 1</p> <p>18-25..... 2</p> <p>26-29..... 3</p> <p>30 or above (terminate-say quota full)</p>	<p>Q3a. Do you recall hearing any radio ads about chlamydia?</p> <p>Yes (continue) 1</p> <p>No (go to Q4a)..... 2</p> <p>Unsure (go to Q4a)..... 3</p>
<p>Screen B Gender (record automatically)</p> <p>Male..... 1</p> <p>Female..... 2</p>	<p>Q3b. Can you please describe what you recall hearing in the radio ad(s)?</p> <p>Heard correct radio ad..... 1</p> <p>Heard other radio ad (go to Q4a)..... 2</p> <p>Unsure..... 3</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Q1. What do you know about chlamydia? (do not prompt) (circle <u>all</u> responses)</p> <p>It is an STI/It is transmitted by sex... 1</p> <p>It is common..... 2</p> <p>Often no symptoms/don't know you have it..... 3</p> <p>Can cause infertility..... 4</p> <p>Correct symptoms..... 5</p> <p>Incorrect symptoms..... 6</p> <p>It is increasing..... 7</p> <p>Young people most likely to get it.... 8</p> <p>You can be tested for it..... 9</p> <p>Treatment (simple/details)..... 10</p> <p>Don't know..... 11</p> <p>Other (please specify):</p> <p>_____</p> <p>_____</p>	<p>Q3c. What are the main messages you think the radio ad(s) are trying to get across? (probe) (circle <u>all</u> responses)</p> <p>There are often no symptoms..... 1</p> <p>Encouraging people to get tested..... 2</p> <p>Encouraging practice of safe sex..... 3</p> <p>Chlamydia is a serious problem..... 4</p> <p>Chlamydia is increasing..... 5</p> <p>People often don't know they have it.... 6</p> <p>Chlamydia can cause serious problems if left untreated..... 7</p> <p>Chlamydia can cause infertility..... 8</p> <p>Encouraging people to see their GP.... 9</p> <p>Informing people of the symptoms..... 10</p> <p>Don't know..... 11</p> <p>Other (please specify):</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Q2. Have you seen or heard any advertisements about chlamydia in the last three months?</p> <p>Yes (go to Q3a) 1</p> <p>No (go to Q4a)..... 2</p> <p>Unsure (go to Q3a)..... 3</p>	

<p>Q3d. What do you think of the radio ad(s)?</p> <p>Funny/humorous..... 1 Effective at getting your attention.... 2 Clear and understandable..... 3 Annoying..... 4 Confusing..... 5 Relevant to young people..... 6 Effective at informing you about symptoms..... 7 Effective at encouraging people to get tested..... 8 Offensive..... 9 Other comments: _____ _____</p>	<p>Q4d. What do you think of the posters and print advertisements?</p> <p>Effective at getting your attention..... 1 Relevant for young people..... 2 Effective at encouraging testing..... 3 Effective at informing you about chlamydia..... 4 Picture is good/catchy..... 5 Easy to read/understand..... 6 Funny/humorous..... 7 Boring/not catchy..... 8 Doesn't contain enough information... 9 Contains too much information..... 10 Poor colour scheme..... 11 Picture isn't good/catchy..... 12 Difficult to read/understand..... 13 Offensive..... 14 Other comments: _____ _____ _____</p>
<p>Q4a. Do you recall seeing any chlamydia posters and/or chlamydia print advertisements?</p> <p>Yes (continue, do not show sample)... 1 No (show sample ads. go to Q4c)..... 2 Unsure (show sample ads. go to Q4c) 3</p>	<p>Q5a. Do you recall receiving this SMS? (show picture of chlamydia SMS)</p> <p>Yes..... 1 No 2 Unsure..... 3</p>
<p>Q4b. Can you please describe what you recall seeing in the chlamydia posters and/or print advertisements?</p> <p>Seen correct print ads..... 1 Seen other print ads..... 2 Unsure..... 3 _____ _____ _____</p>	<p>Q5b. What would you think if you received this SMS? (Show SMS)</p> <p>Be annoyed..... 1 It was invasive/offensive..... 2 Useful for providing information..... 3 Effective way of getting someone's attention..... 4 Be surprised..... 5 Other Comments: _____ _____ _____</p>
<p>Q4c. What are the main messages you think the chlamydia posters and print advertisements are trying to get across? (probe) (circle all responses)</p> <p>Chlamydia is a serious problem..... 1 Chlamydia is increasing..... 2 Often no symptoms..... 3 People often don't know they have it.... 4 Chlamydia can cause serious problems if left untreated..... 5 Chlamydia can cause infertility..... 6 Encouraging people to get tested..... 7 Encouraging people to see their GP.... 8 Informing people of the symptoms..... 9 Encouraging practice of safe sex..... 10 Don't know..... 11 Other (please specify): _____ _____ _____</p>	<p>Q5c. What would you do if you received this SMS?</p> <p>Would read it..... 1 Wouldn't read it/would delete..... 2 Would visit the website..... 3 Would go to the doctor/get tested..... 4 Other Comments: _____ _____ _____</p>

<p>Q5d. What do you think about using SMS to communicate sexual health information? (read out each answer)</p> <p>Very good method..... 1 Good method..... 2 Neither good nor bad method..... 3 Bad method..... 4 Very bad method..... 5</p>	<p>Q7a. Are you aware that there is a chlamydia website www.couldihaveit.com.au? (show picture of website)</p> <p>Yes (go to Q7b) 1 No (go to Q8)..... 2 Unsure (go to Q8)..... 3</p>
<p>Q6a. Do you recall receiving this email? (show picture of chlamydia email)</p> <p>Yes..... 1 No 2 Unsure..... 3</p>	<p>Q7b. How were you made aware of the website?</p> <p>Radio Ad..... 1 Poster in toilet..... 2 Poster in GP clinic..... 3 Information pamphlet..... 4 Browsing the internet..... 5 Unsure..... 6 Other (please specify): _____</p>
<p>Q6b. What would you think if you received this email? (Show email)</p> <p>Be annoyed..... 1 It was invasive/offensive..... 2 Useful for providing information..... 3 Effective way of getting someone's attention..... 4 Be surprised..... 5 Other Comments: _____ _____ _____</p>	<p>Q8. How likely would it be for you to use the Internet to obtain information about sexual health? (read out each answer)</p> <p>Very likely..... 1 Likely..... 2 Neither likely nor unlikely..... 3 Unlikely..... 4 Very unlikely..... 5</p>
<p>Q6c. What would you do if you received this email?</p> <p>Would read it..... 1 Wouldn't read it/would delete..... 2 Would visit the website..... 3 Would go to the doctor/get tested..... 4 Other Comments: _____ _____ _____</p>	<p>Q9. From what you have seen and heard of the chlamydia campaign, do you have any suggestions about how a future sexual health campaign could be improved.</p> <p>Yes (please specify)..... 1 _____ _____ _____ _____ _____ _____ _____ _____ _____</p> <p>No..... 2</p> <p style="text-align: center;">End of survey</p>
<p>Q6d. What do you think about using email to communicate sexual health information? (read out each answer)</p> <p>Very good method..... 1 Good method..... 2 Neither good nor bad method..... 3 Bad method..... 4 Very bad method..... 5</p>	

That is the end of the survey, thank you for your time. Just to remind you my name is Simone and I am from the University of Western Australia. If you have any questions about this study I can provide you with some contact details to obtain further information. (Provide contact information if requested).

iii. 2007 Social Marketing Survey (2)



Department of Health
Government of Western Australia
Sexual Health & Blood-borne Virus Program



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2007 Chlamydia Campaign: Social Marketing Evaluation Survey

Good (...), my name is (.....). I am conducting a study on behalf of the Health Department about a recent sexual health campaign. I would appreciate it if you could spare me five minutes to answer a few questions. I will not be asking your name and all the information you provide will remain confidential.

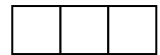
<p>Screen A Before we begin may I ask your age?</p> <p>Under 16 (terminate-say quota full)</p> <p>16-17..... 1</p> <p>18-25..... 2</p> <p>26-29..... 3</p> <p>30 or above (terminate-say quota full)</p>	<p>Q3b. Can you please describe what you recall hearing in the radio ad(s)?</p> <p>Heard correct radio ad..... 1</p> <p>Heard other radio ad (go to Q4a)..... 2</p> <p>Unsure..... 3</p>
<p>Screen B Gender (record automatically)</p> <p>Male..... 1</p> <p>Female..... 2</p>	<p>Q3c. What are the main messages you think the radio ad(s) are trying to get across? (probe) (circle <u>all</u> responses)</p> <p>There are often no symptoms..... 1</p> <p>Encouraging people to get tested..... 2</p> <p>Encouraging practice of safe sex..... 3</p> <p>Chlamydia is a serious problem..... 4</p> <p>Chlamydia is increasing..... 5</p> <p>People often don't know they have it.... 6</p> <p>Chlamydia can cause serious problems if left untreated..... 7</p> <p>Chlamydia can cause infertility..... 8</p> <p>Encouraging people to see their GP.... 9</p> <p>Informing people of the symptoms..... 10</p> <p>Don't know..... 11</p> <p>Other (please specify):</p> <p>_____</p> <p>_____</p>
<p>Q1. What do you know about chlamydia? (do not prompt) (circle <u>all</u> responses)</p> <p>It is an STI/It is transmitted by sex... 1</p> <p>It is common..... 2</p> <p>Often no symptoms/don't know you have it..... 3</p> <p>Can cause infertility..... 4</p> <p>Correct symptoms..... 5</p> <p>Incorrect symptoms..... 6</p> <p>It is increasing..... 7</p> <p>Young people most likely to get it.... 8</p> <p>You can be tested for it..... 9</p> <p>Treatment (simple/details)..... 10</p> <p>Don't know..... 11</p> <p>Other (please specify):</p> <p>_____</p> <p>_____</p>	<p>Q3d. What do you think of the radio ad(s)?</p> <p>Funny/humorous..... 1</p> <p>Effective at getting your attention.... 2</p> <p>Clear and understandable..... 3</p> <p>Annoying..... 4</p> <p>Confusing..... 5</p> <p>Relevant to young people..... 6</p> <p>Effective at informing you about symptoms..... 7</p> <p>Effective at encouraging people to get tested..... 8</p> <p>Offensive..... 9</p> <p>Other comments:</p> <p>_____</p>
<p>Q2. Have you seen or heard any advertisements about chlamydia in the last three months?</p> <p>Yes (go to Q3a) 1</p> <p>No (go to Q4a)..... 2</p> <p>Unsure (go to Q3a)..... 3</p>	
<p>Q3a. Do you recall hearing any radio ads about chlamydia?</p> <p>Yes (continue) 1</p> <p>No (go to Q4a)..... 2</p> <p>Unsure (go to Q4a)..... 3</p>	

<p>Q4a. Do you recall seeing any chlamydia posters and/or chlamydia print advertisements?</p> <p>Yes (continue, do not show sample)... 1 No (show sample ads. go to Q4c)..... 2 Unsure (show sample ads. go to Q4c) 3</p> <hr/> <p>Q4b. Can you please describe what you recall seeing in the chlamydia posters and/or print advertisements?</p> <p>Seen correct print ads..... 1 Seen other print ads..... 2 Unsure..... 3</p> <hr/> <p>Q4c. What are the main messages you think the chlamydia posters and print advertisements are trying to get across? (probe) (circle all responses)</p> <p>Chlamydia is a serious problem..... 1 Chlamydia is increasing..... 2 Often no symptoms..... 3 People often don't know they have it.... 4 Chlamydia can cause serious problems if left untreated..... 5 Chlamydia can cause infertility..... 6 Encouraging people to get tested..... 7 Encouraging people to see their GP.... 8 Informing people of the symptoms..... 9 Encouraging practice of safe sex..... 10 Don't know..... 11 Other (please specify): _____ _____ _____</p> <hr/> <p>Q4d. What do you think of the posters and print advertisements with the red knees?</p> <p>Effective at getting your attention..... 1 Relevant for young people..... 2 Effective at encouraging testing..... 3 Effective at informing you about chlamydia..... 4 Picture is good/catchy..... 5 Easy to read/understand..... 6 Funny/humorous..... 7 Boring/not catchy..... 8 Doesn't contain enough information.... 9 Contains too much information..... 10 Poor colour scheme..... 11 Picture isn't good/catchy..... 12 Difficult to read/understand..... 13 Offensive..... 14 Other comments: _____ _____ _____</p>	<p>Q4e. What do you think of the posters and print advertisements with the camouflage? (probe)</p> <p>Effective at getting your attention..... 1 Relevant for young people..... 2 Effective at encouraging testing..... 3 Effective at informing you about chlamydia..... 4 Picture is good/catchy..... 5 Easy to read/understand..... 6 Funny/humorous..... 7 Boring/not catchy..... 8 Doesn't contain enough information... 9 Contains too much information..... 10 Poor colour scheme..... 11 Picture isn't good/catchy..... 12 Difficult to read/understand..... 13 Offensive..... 14 Other comments: _____ _____ _____</p> <hr/> <p>Q5a. Do you recall receiving this SMS? (show picture of chlamydia SMS)</p> <p>Yes..... 1 No 2 Unsure..... 3</p> <hr/> <p>Q5b. What would you think if you received this SMS? (Show SMS) (probe)</p> <p>Be annoyed..... 1 It was invasive/offensive..... 2 Useful for providing information..... 3 Effective way of getting someone's attention..... 4 Be surprised..... 5 Other Comments: _____ _____</p> <hr/> <p>Q5c. What would you do if you received this SMS? (probe)</p> <p>Would read it..... 1 Wouldn't read it/would delete..... 2 Would visit the website..... 3 Would go to the doctor/get tested..... 4 Other Comments: _____ _____ _____</p>
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<p>Q5d. What do you think about using SMS to communicate sexual health information? (read out each answer)</p> <p>Very good method..... 1 Good method..... 2 Neither good nor bad method..... 3 Bad method..... 4 Very bad method..... 5</p>	<p>Q7b. How were you made aware of the website?</p> <p>Radio Ad..... 1 Poster in toilet..... 2 Poster in GP clinic..... 3 Information pamphlet..... 4 Browsing the internet..... 5 Unsure..... 6 Other (please specify): _____ _____</p>
<p>Q6a. Do you recall receiving this email? (show picture of chlamydia email)</p> <p>Yes..... 1 No 2 Unsure..... 3</p>	<p>Q8. How likely would it be for you to use the Internet to obtain information about sexual health? (read out each answer)</p> <p>Very likely..... 1 Likely..... 2 Neither likely nor unlikely..... 3 Unlikely..... 4 Very unlikely..... 5</p>
<p>Q6b. What would you think if you received this email? (Show email) (probe)</p> <p>Be annoyed..... 1 It was invasive/offensive..... 2 Useful for providing information..... 3 Effective way of getting someone's attention..... 4 Be surprised..... 5 Other Comments: _____ _____</p>	<p>Q9. From what you have seen and heard of the chlamydia campaign, do you have any suggestions about how a future sexual health campaign could be improved.</p> <p>Yes (please specify)..... 1 _____ _____ _____ _____ _____ No..... 2</p>
<p>Q6c. What would you do if you received this email? (probe)</p> <p>Would read it..... 1 Wouldn't read it/would delete..... 2 Would visit the website..... 3 Would go to the doctor/get tested..... 4 Other Comments: _____ _____</p>	<p style="text-align: center;">End of survey</p>
<p>Q6d. What do you think about using email to communicate sexual health information? (read out each answer)</p> <p>Very good method..... 1 Good method..... 2 Neither good nor bad method..... 3 Bad method..... 4 Very bad method..... 5</p>	
<p>Q7a. Are you aware that there is a chlamydia website www.couldihaveit.com.au? (show picture of website)</p> <p>Yes (go to Q7b) 1 No (go to Q8)..... 2 Unsure (go to Q8)..... 3</p>	

That is the end of the survey, thank you for your time. Just to remind you my name is (.....) and I am conducting this survey on behalf of the Health Department. If you have any questions about this study I can provide you with some contact details to obtain further information. (Provide contact information if requested).

Appendix 3: Practice Manager Interview Survey



Practice Manager Questionnaire

Date:

Name and position title:

Name of organisation/GP surgery:

Corporate Practice: Yes

If Yes, name of practice? _____

No

1. Have you received the 2007 Chlamydia pack? (*You would have received it at the end of June; show sample pack if necessary*)

- Yes
- No
- Unsure

2. Did you read the information in the 2007 Chlamydia pack?

- Yes (*skip to question 4*)
- No (*see question 3*)

3. Are there any reasons you have not read the information?

4. Have you displayed the poster from the 2007 Chlamydia pack?

- Yes (*see question 5*)
- No (*skip to question 6*)
If No, any reasons why? _____

5. Where has the poster(s) been displayed?

- Main waiting room
- Consultation room
- Clinic toilet or bathroom
- Only in staff areas (*no patient access*)

6. Are there any policies or guidelines within your organisation that specify which posters and pamphlets can or will be displayed?

- Yes *Details*
- No (*see question 7*)

7. How are decisions made regarding which posters and pamphlets are displayed?

8. Have you ordered more 2007 Chlamydia resources?

- Yes (skip to question 10)*
- No (see question 9)*

9. Do you know how to order more resources from the Department of Health?

- Yes*
- No (provide ordering information)*

10. Will you order more Chlamydia resources from the Department of Health when your current supplies run out?

- Yes*
- No*
- Maybe*

11. Did you refer the information contained in the 2007 Chlamydia pack on to anyone else (a colleague, patient etc.)?

- Yes* Who? _____
- No*

12. Comments:

Appendix 4: GP Waiting Room Audit

Service Provider Environmental Audit

Date:

Name of service provider:

1. How many 2007 Chlamydia posters are displayed in the waiting room?

- | | | |
|--------------------------|-------------------------------|---|
| <input type="checkbox"/> | <i>0 (skip to question 3)</i> | 1 |
| <input type="checkbox"/> | <i>1</i> | 2 |
| <input type="checkbox"/> | <i>2</i> | 3 |
| <input type="checkbox"/> | <i>3+</i> | 4 |

2. Rate the visibility of the Chlamydia poster(s):

- | | | |
|--------------------------|---|---|
| <input type="checkbox"/> | <i>Poor (hidden or very difficult to read)</i> | 1 |
| <input type="checkbox"/> | <i>Average (clearly displayed; easy to read from some seating areas)</i> | 2 |
| <input type="checkbox"/> | <i>Very Good (clearly displayed; easy to read from all seating areas)</i> | 3 |

3. Are any other sexual health posters displayed?

- | | | |
|--------------------------|--------------------------------|---|
| <input type="checkbox"/> | <i>Yes (continue)</i> | 1 |
| <input type="checkbox"/> | <i>No (skip to question 5)</i> | 2 |

4. What are the topics of the other sexual health posters?

- | | | |
|--------------------------|---------------------------------|---|
| <input type="checkbox"/> | <i>Birth Control</i> | 1 |
| <input type="checkbox"/> | <i>Condoms</i> | 2 |
| <input type="checkbox"/> | <i>Other Contraception</i> | 3 |
| <input type="checkbox"/> | <i>Specific STI</i> | 4 |
| <input type="checkbox"/> | <i>Hepatitis C</i> | 5 |
| <input type="checkbox"/> | <i>Pap Smear</i> | 6 |
| <input type="checkbox"/> | <i>STI testing</i> | 7 |
| <input type="checkbox"/> | <i>Aboriginal sexual health</i> | 8 |
| <input type="checkbox"/> | <i>Other</i> _____ | 9 |

5. Are any 2007 Chlamydia pamphlets displayed?
- Yes 1
 - No 2

6. Are any other sexual health pamphlets displayed?
- Yes (continue) 1
 - No (skip to question 8) 2

7. What are the topics of the other sexual health pamphlets?
- Other Chlamydia pamphlet 1
 - General STI 2
 - Specific STI 3
 - Hepatitis C 4
 - Condoms 5
 - Contraception 6
 - STI Testing 7
 - Pap Smears 8
 - PEP 9
 - Aboriginal sexual health 10
 - Sexual health information in different languages 11
 - Men's Sexual Health 12
 - Other _____ 13

8. Rate the visibility, access to and organisation of all pamphlets:
- Poor (hidden; difficult to access; out of reach; indiscreet) 1
 - Average (clearly displayed; easy to access) 2
 - Very Good (clearly displayed; easy to access; well organised [eg. by health topic or alphabetically]) 3

9. Other comments:

Appendix 5: GP Surgeries Visited

Metropolitan Suburbs Visited:

Perth
Subiaco
Shenton Park
Nedlands
Dalkeith
Claremont
Wembley
Woodlands
Innaloo
Hillarys
Padbury
Kallaroo
Edgewater
Clarkson
Mindarie
Midland
Forrestfield
Dianella
Yokine
Balga
Morley
Beechboro
Belmont
Cloverdale
Huntingdale
Parkwood
Shelley
South Perth
Applecross
Canning Vale
Willetton
Palmyra
East Fremantle
Fremantle
Beaconsfield
Bibra Lake
Coolbellup
Kwinana
Rockingham
Warnbro
Port Kennedy
Golden Bay
Mandurah
Erskine

Total number of surgeries visited= 50

Appendix 6: Website Emails Database

Summary of emails sent to couldihaveit.com.au

Total Number of Emails	68
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Question Themes	Number of Occurrences	%
Chlamydia testing	6	9
Sexual performance concerns	2	3
Infertility	3	4
Testing service locations	1	1.5
Chlamydia symptoms	8	12
Chlamydia treatment	3	4
Other information about chlamydia	8	12
Chlamydia transmission	19	28
General STI question	8	12
Duration of chlamydia infection	9	13
Access to Medicare	1	1.5
Total	68	100

Gender	Number
Female	29
Male	21
Female (unsure)	7
Male (unsure)	3
Unknown	8
Total	68

Questions emailed to couldihaveit.com.au

Number	Date	Theme	Gender
1	23 March	Duration of Chlamydia infection	Female
2	6 April	Chlamydia transmission	Female (unsure)
3	14 April	Chlamydia transmission	Female
4	19 April	Chlamydia transmission	Male
5	17 April	Duration of Chlamydia infection	Female
6	27 April	Duration of Chlamydia infection	Unknown
7	8 May	Other information about Chlamydia	Female
8	10 May	Duration of Chlamydia infection	Female
9	11 May	Duration of Chlamydia infection	Male
10	15 May	Chlamydia testing	Female
11	15 May	Access to Medicare	Female (unsure)
12	15 May	Chlamydia transmission	Female
13	16 May	Chlamydia transmission	Male
14	17 May	Chlamydia testing	Female (unsure)
15	17 May	Chlamydia transmission	Female
16	18 May	Chlamydia treatment	Unknown
17	20 May	Infertility	Female (unsure)
18	22 May	Chlamydia transmission	Male
19	23 May	Chlamydia transmission	Female
20	23 May	Chlamydia transmission	Female
21	24 May	Chlamydia testing	Unknown
22	19 May	Testing service locations	Male (unsure)
23	26 May	Chlamydia symptoms	Female
24	27 May	Chlamydia transmission	Female
25	27 May	Chlamydia transmission	Male (unsure)
26	28 May	Chlamydia testing	Male
27	29 May	Duration of Chlamydia infection	Female
28	30 May	Other information about Chlamydia	Unknown
29	30 May	General STI question	Male
30	30 May	General STI question	Male
31	31 May	General STI question	Male
32	1 June	Sexual performance concerns	Male
33	2 June	Sexual performance concerns	Male
34	2 June	General STI question	Male
35	5 June	General STI question	Female
36	7 June	Chlamydia transmission	Female
37	7 June	Other information about Chlamydia	Female
38	9 June	Chlamydia symptoms	Female
39	10 June	Infertility	Male (unsure)
40	10 June	Chlamydia symptoms	Unknown
41	11 June	Other information about Chlamydia	Male
42	11 June	Chlamydia transmission	Female
43	13 June	Chlamydia treatment	Female
44	16 June	Chlamydia symptoms	Female
45	20 June	Chlamydia symptoms	Female

Questions emailed to couldihaveit.com.au

46	20 June	Chlamydia transmission	Male
47	20 June	Chlamydia testing	Female
48	23 June	Chlamydia treatment	Unknown
49	25 June	Chlamydia transmission	Unknown
50	25 June	Other information about Chlamydia	Female
51	30 June	General STI question	Male
52	10 July	Duration of Chlamydia infection	Female (unsure)
53	26 July	Chlamydia symptoms	Female
54	31 August	Duration of Chlamydia infection	Male
55	11 September	Chlamydia testing	Male
56	14 September	General STI question	Male
57	17 September	Other information about Chlamydia	Male
58	17 September	General STI question	Male
59	17 September	Chlamydia transmission	Male
60	17 September	Chlamydia symptoms	Female
61	17 September	Chlamydia symptoms	Female (unsure)
62	22 September	Other information about Chlamydia	Female (unsure)
63	22 September	Chlamydia transmission	Unknown
64	1 October	Chlamydia transmission	Female
65	4 October	Infertility	Female
66	13 October	Other information about Chlamydia	Female
67	14 October	Duration of Chlamydia infection	Male
68	31 October	Chlamydia transmission	Female

Delivering a Healthy WA

