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**Summer Pilot  
Qualitative Research Report**

**Full Report of findings**

Prepared for:  
The Department of Health and COI  
October 2009

<b>Table of Contents</b>	<b>Page No.</b>
1. Background	2
2. Management Summary & Recommendations	6
3. Detailed Findings: Context	13
4. Detailed Findings: Condoms	21
5. Detailed Findings: Overall reactions to the Summer Pilot campaign	37
6. Detailed Findings Reactions to specific elements	58

#### Appendices

- 1 Recruitment screeners
- 2 Discussion guides

## 1. BACKGROUND AND OBJECTIVES

### 1.1 Background

In 2001, the Government published a report: The National Strategy for Sexual Health and HIV placing sexual health and HIV firmly on the national priorities agenda and set out an ambitious 10-year programme to tackle sexual ill-health and to modernise sexual health services in England. In light of such results, the first National Strategy for Sexual Health and HIV was formulated by the Department of Health in July 2002.

Recent tracking has shown some young people claim not to have used a condom because they did not have one. The key insight from this is that increased propensity to carry should result in increased usage and therefore should be the key focus of activity. Based on this insight, the following two-pronged strategy has been developed in order to optimise 'carry':

- a. PULL – Activities focused on rewarding 'carrying' by offering benefits that are worth paying for, for example this might be a free makeover when you show a condom.
- b. PUSH – Activities focused on providing access to condoms at the most appropriate times (i.e. close to point of potential use) by simple distribution of free condoms, for example giving out free condoms with water as people exit clubs and/or festivals.

Qualitative research has demonstrated that for this audience, condoms are overtly sexual and are loaded with meaning. Over the past year, partnership marketing activities have focused on delivering benefits associated with condoms to increase the level of condom-carrying. The rationale behind this is to create currency around condoms so that there is *another* reason to carry one with you that isn't overtly sexual. This has been largely focused on the 'pulling arenas' of nightclubs and student unions. "Benefits" have included queue jumping or getting a free gift when you show a condom. Free gifts have included campaign collateral such as condom carry cases.

### 1.2 Research Objectives

The Department of Health therefore wanted to explore, through test activity in a pilot location, what interventions could increase the level of condom carrying amongst 18-24 year olds. The strategy for the test is based on optimising carrying of condoms through:

1. demonstrating that carrying a condom has currency/benefits
2. distributing condoms for free

The overall objectives of this research were to demonstrate

- whether or not the pilot has resulted in an increase in the number of people carrying condoms (actual not claimed)
- and if so, which elements have driven this

More specifically, the research focused on how the pilot has affected behaviour, how it has affected attitudes and which elements of the campaign have been most successful/what learnings can be made for future work

### 1.3 Methodology and Sample

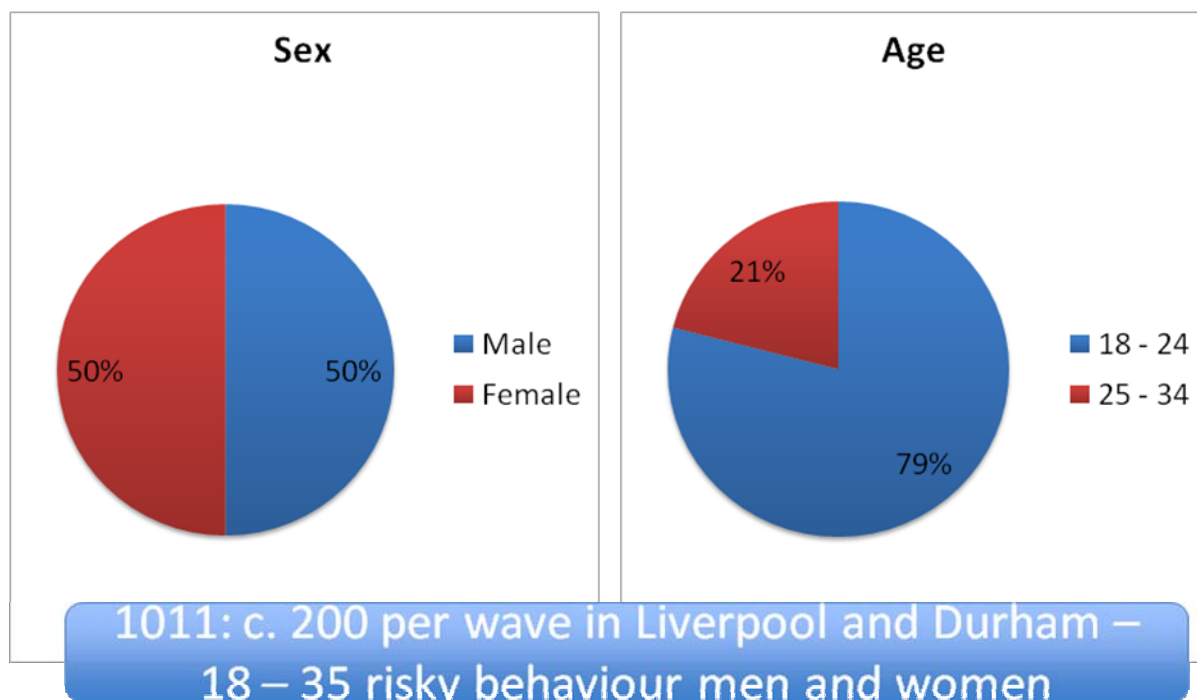
Qualitative and quantitative research was conducted at 3 points over the summer and autumn of 2009 in Liverpool with young adults aged 18-34 who engaged in risky sexual behaviour. The first stage (qualitative and quantitative research) was designed to quantify levels of condom-carrying and understand attitudes to condom-carrying before the pilot activities were launched. The second stage (qualitative and quantitative research) was held during August Bank holiday weekend towards the end of the pilot when the activity peaked and was designed to explore the potential impact of the activities on the level of carrying if this activity was to continue. The third stage (quantitative research) was carried out in Liverpool approximately 6 weeks after the pilot had finished to evaluate 'decay', i.e. recollection of the campaign and longer term impact on condom-carrying.

Two stages of qualitative and quantitative research was also conducted in Durham before and after the campaign was run in Liverpool to act as a control setting, i.e. where a location where there was no campaign. This allowed us to examine any changes in attitudes towards the research questions that might occur naturally over a summer period (and also random variation between individuals).

### Quantitative Sample

Figure 1 shows the quantitative sample, split by gender and age

1011 respondents were interviewed via a computer based survey administered in central locations, across 3 waves of research in Liverpool and 2 waves of research in Durham. Respondents were mainly recruited during Friday and Saturday evening with some taking part in the research on Saturday mornings after a night out. They were recruited off street while they were out on (or in a few cases while they were returning from) a night out. All were screened to ensure they took part in 'risky behaviour' and in the past stages that they had been in the city during the summer period. (Full screeners are attached in appendices).



**Figure 1: The quantitative sample**

### Qualitative Sample

Approximately 120 respondents were interviewed using a Consumer Clinic technique whereby several moderators work simultaneously in a central venue interviewing both pre-recruited respondents and respondents recruited in situ. Respondents were able to present for interview either on their own, or in small friendship groups (e.g. paired depths or triads) to ensure that they took part in the way they felt most comfortable. Each interview lasted

approximately 30-45 minutes. Timing-wise, respondents were either interviewed at the beginning of a night out, or the morning after.

Both the qualitative and quantitative samples were weighted towards those aged under 25 (80%), and to C2DE respondents. They were also weighted such that more people took part in the test location of Liverpool than the control location of Durham, and more in Wave 2 (when the pilot was live) than pre-pilot in Wave 1.

11 further interviews were carried out with Liverpool 'partners', i.e. owners / managers of businesses that took part in the pilot and distributed condoms. These were a mix of face to face and telephone interviews.

#### 1.4 Research timings

The research dates were as follows:

Liverpool Pre:	24 – 26 July
Durham Pre:	31 July – 2 Aug
Liverpool During:	28 – 30 Aug
Durham Post:	11 – 12 Sept
Liverpool Post 2	9 – 10 October

A charted presentation of findings was given on October 22<sup>nd</sup> by Michelle Lloyd and Robert Ellis.

## 2 MANAGEMENT SUMMARY AND RECOMMENDATIONS

### Background context

- In both locations (Liverpool and Durham) and across all stages of research a similar range of attitudes and behaviours were apparent and there was an openness and willingness to discuss sex and condoms.
- A range of risky sexual behaviours were described in the research, some presented as habitual and some as slip ups, which were often alcohol related. Most of our interviewees agreed that meeting the opposite sex was part of a good night out and that pulling was often 'a bit of fun'. Men were more likely than women to admit that they had sex on the agenda, however most of the audience, and particularly women, did not go out for a night out 'intending' or 'expecting' to have sex, and often did not want to display sexual *intentionality* which was seen as an unappealing badge.
- Getting ready for a big night out therefore, did not include, for most, taking condoms out with them as part of their 'essential kit'.

### Condom User typologies

- The research identified 3 broad typologies in terms of attitude to and behaviour with condoms – Condom advocates, condom agnostics and condom avoiders. Each pose their own challenges, with 'avoiders' being the hardest to tackle as they have to be convinced of reasons for usage as well as to carry. For 'agnostics' and 'advocates' the challenge is to address the deep-seated concerns about continual condom-carrying, as well as reinforcing reasons for usage.
- Condom advocates clearly appreciated the risks of sex without a condom and aimed always to use condoms, although they did give examples of slip-ups. Some carried, others did not, although they felt confident they could get one if necessary.
- Condom agnostics also appreciated the reasons for condom usage, however they did not always use and were often influenced by factors such as getting

carried away by the moment, the influence of alcohol which encouraged greater risk taking or not wanting to bring up the subject of condoms with a partner. They often dipped in and out of carrying condoms, as well as usage.

- Condom avoiders were clear that they did not like using condoms and rarely did unless they were made to by their partner. They were least likely to carry condoms habitually.
- The benefits of using condoms were clear – fear of unintended pregnancy and of catching STIs. Levels of concern regarding STIs varied significantly across the sample however, with some feeling that STIs no longer posed a strong threat as most were easy to sort out by a visit to a clinic and some medication. Risks of serious STIs, for example HIV, did not feel top of mind.

### Carrying Condoms

- Those who carried condoms tended to fall into 3 categories – those who were intending to pull, those who thought it was a sensible precaution to carry in case they did pull, and those who were carrying ‘by accident’ – i.e. they had a condom in their wallet/bag habitually, but they had not taken it out by design.
- Key barriers to condom-carrying emerged in the research.
- As described above, non carry was often associated with a lack of expectation of use – they did not go out intending to have sex (even if previous experience showed that they might end up having sex). There was a clear sense in addition to this that carrying condoms is sexually loaded and the perception of someone who is ‘looking for sex’ is often very negative and one they do not want to be associated with themselves. For men, they felt it could almost ‘jinx’ their chances and for women, they did not want to be branded negatively as someone who was easy or promiscuous.
- There was some debate over whose role it was to carry condoms and although both parties agreed that both *should* take responsibility, women often expected the men to resolve it.
- Getting a condom at the last minute, was also seen as easy *in theory*, although in reality it was often not until the last moment that both parties are sure they will



have sex, and by then it is too late to get a condom or buy one. Few reported actually getting one at the last minute.

- Even if one party did have a condom, usage was not guaranteed as the complexity of the mating game would often get in the way. Issues such as who would bring up the conversation, getting 'caught up' in the moment, fear of what it might say about you if you do suggest using a condom, were raised, along with the fact that alcohol consumption can relax inhibitions.

#### Overall reactions to summer pilot initiative

- The overall reaction to the pilot ideas was positive, both as a strategy and as executions with different elements appealing to different people.
- In Liverpool there was evidence of growing awareness of some elements of the campaign (by stage 2) and some uptake in terms of participation in events or promotions – but also suggestions that real change of usage levels would take longer than a month
- The research noted increases in carrying in Liverpool by stage 2 (up from 18% to 28%), and shifts in positive attitudes to condoms, that suggest a real potential for longer term change (provided the programs remain supported) and the uplift appeared to be sustained in stage 3 (carrying remaining at 26%). Levels remained constant in the Durham control area during this period.
- However the image barriers associated with carrying condoms, particularly for women, were deeply entrenched and the research showed the need for sustained activity to start changing these views.
- Thought would need to be given to the specific objective of each promotion and the best way of delivering this in terms of venue/location, what is being handed out, timing and whether a message needs to be delivered at the same time. This would affect the type of venue chosen and the time of day the promotions were used.
- Partners were generally supportive of the campaign objectives and ideas and were happy to be involved. The evidence from the small sample of partner interviews was that they would be happy to keep supporting initiatives, mainly

from altruistic and PR motives, rather than in the expectation of any business benefit.

### Campaign theme and branding

- There was little sense of campaign theme across the elements of the promotion and although 'Got it covered' as a theme and logo was seen as grown up and could be liked, it was not universally clear or particularly engaging. The campaign elements could benefit from clearer and more widespread promotion and more integration, however there was no real need for any further government branding – indeed the heritage of the campaign was not particularly top of mind or important.
- The campaign also would benefit from working alongside messages reinforcing reasons for using condoms as it was seen very much as tackling carrying condoms primarily and although the audience recognised this may help stimulate usage, simple carry would not guarantee usage.

### Key themes on idea development

- In terms of how to best distribute free condoms to people, picking up a condom yourself, privately, was liked and asking for a condom was felt to be embarrassing.
- The idea of handing out free condoms in the street, in a club/bar, or at a club/bar exit was also interesting and engaging, although it can feel scattergun and there were occasional concerns about feeling targeted. If the condom was bundled alongside a non-sexual gift this increased acceptability, but this may not be necessary dependent on the setting. Later in the evening, when drink has flowed, being given a condom was often acceptable so long as the recipient did not feel specifically targeted.
- Condoms packaged in a fun and funky 'covetable' way was interesting for 'on the night supply'. If the condom was disguised it made it easier for females to pick up and carry discreetly although consideration should be given to the impact of the disguise. It was not so much about making them look like something else which

almost acknowledged the shameful, but about repackaging them to give them legitimacy, fitting in with a night out in a positive way, whilst making the content not obvious. The dispensers/stands need to be clear about what they are and that they are free, although the actual packaging should be more subtle.

- Having free condoms that you can pick up, integrated with something of value for a night out, particularly that is not directly sexual e.g. mints or taxi numbers was a strong idea. The ideal would be finding an item that could be of regular value on a night out and ensuring the condom is integrated within this packaging.

### Reactions to specific ideas

- The strongest ideas in the sample fitted in with a night out either practically (they were useful) or tonally (they were fun). Push elements, particularly 'Get Fresh', 'Sweet Loving' and 'Going all the Way' were particularly immediately interesting.
- The packaging of the 'Get Fresh' idea was too big and not sufficiently visually engaging, however the idea of integrating mints and a condom in small neat packaging that could be used on an on-going basis was very strong as it provided an item that was useful on a night out, with a way of carrying a condom discreetly.
- 'Sweet Loving' was tonally fun and engaging both for men and particularly women, and although some were uncomfortable with the childlike packaging and the suggestion that this promoted sex, many found it covetable and a conversation softener.
- 'Going all the way' provided a condom at the all important last possible moment, although the condoms would need to be self service. Some women also found the idea of condoms in a taxi uncomfortable.
- There were mixed reactions to 'Hello Saucy' – some found it highly amusing and engaging, others slightly naff. The food/sex analogy also felt odd to some. The use of the hot dog trolley and handing out free condoms felt short term. 'Feeling Hot' again felt scattergun, and although bottled water was felt to be a useful item and helped allow the audience to accept a condom, there were logistical issues handing this out in bars/clubs that would need consideration.

- The pull initiatives were much more complex given the current reticence to publicly displaying condoms and these would need to be done regularly and become more widespread to become acceptable, particularly day time promotions. The idea of free discounted entry to clubs and Q-jumping were strongest, although there was some nervousness as to whether this would be honored and to how you may be perceived showing the condom. Clubs/bars were interested, although some were keener than others and logistics would need to be thought through.

### Conclusions and recommendations

- The pilot appears to have demonstrated both the case for targeted initiatives such as the summer pilot ideas, and the potential for their efficacy.
- While the time period was short and it would be unrealistic to expect major change in attitude or behaviour, all the indicators of change including level of carry moved positively in Liverpool, while there was not change in Durham.
- Qualitative feedback and reaction in the quantitative interviews both showed that the promotion ideas were supported and seen as a good thing, with some potential to encourage thought about condoms as well as uptake.
- It was clear there was a 'going out kit' for both sexes (including keys, cash, lipstick...) and finding ways of integrating condoms into the 'Essential Kit' would have real long term benefits.
- Another approach, of packaging condoms in a fun and funky 'covetable' way also has potential for 'on the night supply'. Packaging that allows the condom to be disguised in a positive way allows for discreet carry, which is particularly important for women. Although it does not help raise the public profile of condoms, the more fun packaging helps break the ice and has the potential to allow women to feel better about being seen with condoms (and have a laugh and a joke about them).
- Dispensers, particularly in toilets, need to be clear about signalling what they are and that their contents are free. Dispensers also need to reassure that the condoms within them are safe to use and have not been tampered with.

- Evidence from the avoiders and agnostics shows it is also important to continue raising the issue of usage and reasons for usage, to help counter slip ups, and reinforce the desire for condom use among partners of avoiders.

### 3 DETAILED FINDINGS: CONTEXT

#### 3.1 Types of night out

Two types of 'night out' were identified by respondents. The first of these were 'low key' nights, which usually involved meeting up with a small group of friends for a drink, and often one member was a designated driver. On such nights out, respondents typically made less of an effort with their appearance and had low expectations of "pulling" - the evening tended to be more focused on relaxing and chatting with friends, rather than getting drunk, behaving in an extroverted manner and meeting new people. Such low-key evenings could also be relatively spontaneous and organised at short-notice.

*"Friday night is getting drunk, Saturday is getting over the hangover, but it all depends on funds" Male, aged 22*

The second types of night out, which were often preferred due to the higher sense of occasion and higher expectation of having fun, were "proper" nights out. These typically involved a planned occasion in town with friends (a small or large group, single-sex or mixed-sex). The timing of such nights out ranged from weekly to once a month but were often restricted by finances; such evenings could be expensive. They tended to involve a great deal of alcohol (and drugs for some), in bars and clubs, with taxis to and from venues, then sometimes going back to one friend's house afterwards.

*"Going out and having a big dance and staying out until about 6.00 am and going back to a party and being off the next day and then getting a taxi home."*  
*Female, aged 26*

*"Good dance and meet new people...Meet new friends and getting together with them" Female, aged 25*

Expectation and experience of "pulling" was far higher on the second type of night out, where there was both a higher focus and higher likelihood of meeting new people, and having an eventful time. The majority of this report therefore focuses on this type of night out.

*“It’s about getting drunk, flirting, meeting who’s around. Sometimes it’s not necessarily about copping off, it just about a new face and a bit of luck. Sometimes that’s better than sex.” Male, aged 34*

### **3.2 Preparing for a night out**

Preparation for a “proper” night out primarily focused on appearance, particularly for women, although both genders claimed to invest some thought into choosing and preparing clothes and getting ready. Getting ready for a night out could be exciting, and was often an important part of the fun and process. For women in particular, thoughts were preoccupied with achieving the right look, i.e. one where they felt both attractive and emotionally comfortable. Women typically spent more time and energy on getting ready, both because they had more to do (e.g. clothes, more complicated hair-styling, make-up, body hair, fake tan and nails) and because the process was enjoyable. For a few women, the whole day could be focused on the night to come, such as shopping during the day to find a new outfit, getting a hair-cut, buying make-up etc. Some women could even spend most of the day on actual preparation such as washing, drying and styling their hair using tongs/curlers/straightening irons, visiting the hairdresser on a Saturday afternoon, trying on make-up etc. For men the process typically involved showering, shaving, hair-styling and finding the right outfit.

*“Sometimes if it’s a weekend, I’ll put my rollers in the night before. But then I’d been at work so I didn’t have much time to get ready” Female, aged 18*

Preparation could happen alone or in groups. For women still living at home, and most men, grooming and styling was often a solitary activity carried out at home. Afterwards, women typically congregated at a friend’s house to start the night there with a few inexpensive drinks and to later share a taxi into town, while men more typically met at a pub or bar.

*“Starts with a drink at my house” Male aged 22*

Some women, typically those not living with parents, congregated at a friend’s house to get ready together; this could constitute an important mood-setting element to the forthcoming night out. Hair, make-up, outfits, gossip and plans for the evening were communal activities. The friend selected tended to be so for a practical reason such as someone who lived nearest the town centre, or who had her own home. Getting ready was part of the social experience, and usually involved alcohol, so that the women started the evening “tipsy”. As

previously mentioned, finances were often an issue for this young population; given that getting drunk was often a planned part of the evening, it made sense to start the process by drinking inexpensive drinks at home rather than premium-priced drinks in pubs and clubs.

The atmosphere during preparation was one of building excitement; music and alcohol played an important role in the preparation and pre-taxi socialising. Thoughts and conversations at this time were often focused on practical details of the evening ahead such as who was wearing what, the taxi's first destination, which bars to start the evening in, where they might go next and where they might finish the evening, as well as speculating over what might happen over the course of the evening (including allusions to sexual encounters).

Actual preparation for a sexual encounter was however seldom part of the early-evening agenda – although respondents consciously checked that they had a set of items before leaving, a condom was rarely one of the items mentioned. Items seen as 'essential' included money, emergency money, front door keys, mobile phone, ID, make-up (lip-gloss, bronzer, concealer, comb and hairspray) and chewing gum.

*“Keys, phone, chewies, blusher, that’s it. Money card ID. No condoms” Female, aged 26*

*“Phone and wallet. Look in the mirror. If I see a condom I’ll put it in...I’ve got condoms in my house but not on my mind to take out with me.” Males, aged 22-23*

Plans for the evening were loose but also felt quite flexible, and could change if something more fun or exciting became an (unanticipated) option or depending on the mood of the group. Some of the planned aspects included likely bars to visit, whether or not they wanted to go clubbing, and which clubs were options.

*“Go out and have a laugh and then come back and have a party and then go home” Male, aged 24*

### **3.3 Good and bad nights out**

Respondents were asked what kind of events or occurrences would constitute a really good night out. The most commonly-mentioned elements included some spontaneity and unpredictability, i.e. unexpected twists and turns in the evening, which differentiated a “great” night out from a more predictable and routine night out. “Seeing where the night takes you”



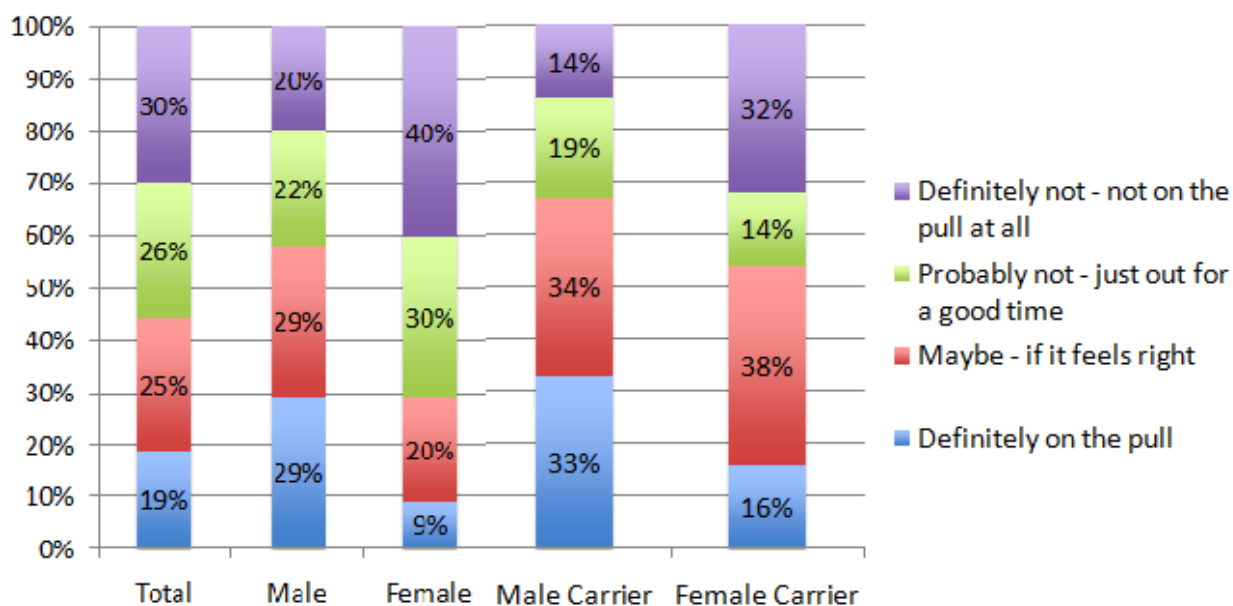
was a large part of the enjoyment. Other elements included finding a DJ or bar playing great music, meeting new people and chance meetings with old friends.

*“... you know you’ve had a good night if you’ve woken up with a hangover” Female, aged 25*

Respondents were also asked about elements that made a bad night out, of which there were many examples. A number of reasons were cited for having regrets the morning after a night out. Unlinked to alcohol-consumption were aspects to do with venues, such as bad music or lack of a good atmosphere. Being too drunk and/or being sick were however often mentioned as the common feature underlying a variety of other regretted behaviours. These included incidences of conflict or aggressive behaviour, which were mentioned in women as well as in men, and on occasion ended in police involvement (this was more typically mentioned by men than women). This could involve conflict with strangers or having arguments with friends. Getting hurt or injured were also mentioned, as was losing money. In terms of regretted sexual behaviour, “getting off with” (kissing) people they would, when sober, find undesirable, having unfulfilling sex (sometimes with a stranger), having unprotected sex (with associated risk of pregnancy or STI) or having sex with an undesirable partner were all mentioned as things they might regret doing, that could lower self-esteem.

### **3.4 Meeting the opposite sex**

The quantitative sample were asked whether they considered themselves to be “on the pull” that evening, i.e. hoping to meet and have sex with a member of the opposite sex. Figure 2 shows the range of responses, split according to gender, with those who were carrying a condom also illustrated.



**Figure 2: Were they “on the pull”?**

Figure 2 shows that more males than females were on the pull – almost 60% were “maybe” or “definitely” looking for a sexual encounter, compared with only 29% of females. Across both sexes, of those who were carrying a condom on the night, over 60% were maybe or definitely on the pull, with again more males than females (67% of males compared with 54% of females who were carrying). This was reinforced by the qualitative feedback, where men would often be willing to categorise themselves as “up for it”, while this was less common among the females.

*“Well, that’s (sex) not an intention that we’ve got so we don’t carry condoms” Female, aged 19*

*“Meeting girls is a big factor – gotta be for single lads.” Male, aged 22*

The qualitative research demonstrated that meeting the opposite sex was seen as *part* of a fun night out, but by no means the key element. “Pulling” was often stated as secondary to the overall fun of spending time with friends, drinking, dancing, belonging, laughing and hearing euphoria-inducing music. Women in particular claimed that they were less likely to focus on pulling, although they also acknowledged that it was more top of mind on some occasions than on others. Getting male attention was often a fun and flattering part of the evening - one of the ways to achieve this was by implying sexual interest, with no real intention of eventual sexual intimacy. Men were, in contrast, more likely to admit to having the idea of “pulling” at the back of their minds a lot of the time.

For both sexes however, “going on the pull” was often fun and light-hearted, and few claimed to be actively *seeking* sex or expecting (or would try overly hard) to find a *sexual* partner. Most used phrases such as “checking out [the opposite sex]”, “eyeing up the talent” and “just looking”, and described activities such as meeting and flirting with members of the opposite sex, kissing (“getting off with”), and sometimes exchanging contact details such as telephone numbers.

*“It’s a bonus if you’re talking to a lad and you get a number but that’s not what we go out for” Female, aged 24*

*“It’s a bonus... It depends how long since the last one” Female, aged 22*

Although it happened, women were less likely than men to admit that sex might be the *goal* of an evening, or that that they were likely to have sex with a partner they had met the same evening, as perceptions of them as someone who sought sex were not aspirational. They did not want to see themselves as a ‘slapper’, or to be seen by others in this light. However, sometimes they did acknowledge that sex was more to the forefront of their thoughts, whereas on other times it was something that ‘just happened’, or it was said to be an accident.

*“There are times when I’ve pulled and I’ve just wanted sex” Female, aged 22*

Having one night stands was not seen as something particularly aspirational, and some participants commented that they could be damaging to both their reputation and desirability.

*“...I don’t feel good about one night stands, I always regret them....one night stands are....disappointing...the excitement is over when you reach the end of the line with that relationship. Usually you get smashed, you couldn’t recall the night and often the lad doesn’t stay in touch” Female, aged 24*

Reputation was something that mattered more when around your own home than when you were away, leading to different behaviour when either at University or on holiday. There was often more risk involved in these situations, with women more likely to have casual sex, one night stands, or to sleep with a man on the same evening that they first met him. There were also examples of binge-like behaviour after women changed their ‘normal’ attitudes to sex,

for example, promiscuity after a relationship followed by a reversion to less risky behaviour later.

*“When you’re 19 or 20 it (casual sex) happens a bit more than now. You get to know the girls now.” Male, aged 22*

A range of risky sexual behaviours were described in the research; these fitted on a spectrum of ‘accidental’ to ‘intentional’. ‘Accidental’ incidents ranged from an unintended one night stand, an accidental drunken unprotected incident, broken condoms or drink-induced problems using condoms leading to non-use and also ‘holiday behaviour’. On the more intentional end of the spectrum there was serial risky promiscuity with multiple partners and non-use of condoms, intentional non-use of condoms, unprotected sex ‘early’ in a relationship or when a relationship may develop and having unprotected sex with an ex-partner or a current partner (when one has been unfaithful).

*“A good night is you pull someone, get drunk a bit , have a dance, pulling a girl for, back to the flat, hopefully my mate will go to his birds, or go back to hers” Male, aged 22*

Sex could therefore be a regular end to the evening. For the riskiest in the sample it was a common end to a big night out. These women displayed some feelings of self-justification; they did not want to see themselves as someone who actively sought sex, so they did not acknowledge this behaviour as such. In these cases, drink was claimed to factor heavily in their behaviour.

*“You’ll not sleep with loads one night you’ll always pick your best.” Male, aged 22*

For others, sex as an end to the evening was less common but did happen with a varying degree of regularity. It was more likely to be described as ‘an accident’ or a bit of fun, than a deliberate (i.e. made when sober) choice. Some women in the sample were more adamant that they were not interested in one night stands, although sex early in a relationship, or what they thought may develop into a relationship was more common.

*“When you are drunk you want sex, but afterwards they will think ‘that girls a tart’ – you can’t win” Female, aged 22*

Finding a suitable venue for sex could also be an issue sometimes. Those living at home with parents often found it harder to bring a new partner home. Others stated that they did not want to put themselves at risk by going to a stranger's house, although on occasion they had done exactly this. There was evidence that sometimes other venues were found such as parks, doorways, bus shelters or alleyways. Girls however tended to try and stick together and look after one another; more often than not, the group would not split up during the evening.

*"I've had one night stand it was in a park" Female, aged 20*

## 4 DETAILED FINDINGS: CONDOMS

### 4.1 Acquiring condoms

Shopping for condoms in a public place was felt to be embarrassing for all ages, but particularly for younger respondents and women. There was an element of “guess what I’m doing later” being revealed to potentially judgemental strangers such as a sales assistant or other shoppers. There were also concerns over being imagined without clothes on, or in flagrante delicto. For girls there was the added stigma of looking easy or sex-mad. For boys there existed the potential to be regarded as embarrassingly over-ambitious.

Shopping for condoms in a non-health or non-sexual-health context could be even more awkward than shopping in a health or sexual-health context – in such situations, the sexual nature of the purchase was more conspicuous and therefore more likely to result in (perceived) unwanted attention and judgement. For example, a Brook Advisory Clinic was considered a less embarrassing location for condom-acquirement than a pharmacy, but a pharmacy was less embarrassing than a supermarket. Shopping for condoms at night-time was seen to be less embarrassing than during the daytime.

*“The freebies they are giving out to keep you safe and they are doing you a favour rather than you being embarrassed to go to a chemist” Female, aged 24*

‘The Brook’ (or other clinics) was a popular place to acquire condoms, as sexual health is the focus of such locations. This dedicated status made people feel more comfortable, as other ‘customers’ who might see them in the waiting room or overhear a request for condoms were in the same position and therefore perceived as less likely to judge. Users described feeling anonymous, and the staff as non-judgemental. There was the opportunity to take or ask for condoms in relative privacy if they so wished; the fact that condoms were free (and generously supplied) was undoubtedly part of the appeal of such places as condoms were seen as expensive. The question of why they would choose to pay for items they could obtain without charge was also raised. Aside from the financial advantage there was also a practical benefit in that respondents could get multiple condoms in a single visit, thus necessitating fewer visits overall.

*“I’ve got them from the doctor’s if want them. When I get my pill they always say do you want some as well.” Female, aged 19*

As well as 'The Brook' or clinics, supermarkets, pharmacies and lavatory dispensers were also used to acquire condoms. Only a small number of participants claimed to purchase condoms from pharmacies or supermarkets, and were more likely to be purchasing for a specific need rather than routinely. As previously mentioned, supermarkets were not the preferred option because the purchase felt more embarrassing.

Condoms in dispensers in toilets were seen as particularly overpriced and gimmicky, although a good last-minute solution – particularly for men – if sex was a likely outcome but they were not carrying a condom. As such, buying in this situation was a distress purchase driven by need or opportunity.

*“Paying for them – that’s why I think most people don’t use them, coz it is a bit of a robbery – it’s about two quid now.” Male, aged 22*

Branded condoms were preferred over unbranded, with the specific brand of Durex mentioned most frequently. The Mates brand was also acceptable. Unbranded condoms could be seen as unreliable or poor quality and, given that a common goal was to prevent pregnancy, often not seen as being worth the risk.

#### **4.2 Reasons for using condoms**

Avoiding pregnancy was a key reason for using condoms, and a key issue for women if they were not already using other contraception. Some men also worried about this issue as they did not wish to be responsible for a child, although others saw the risk of pregnancy as being a female issue.

*“I assume she’s on the pill, she’s the one who could get pregnant” Male, aged 21*

Some more BC1 men worried about being 'trapped' by a woman, and some BC1 women worried about possible implications for their future should they become pregnant. However, many women in the sample also used other contraception, which meant that the pregnancy risk was not an issue. After a few drinks, greater risks were sometimes taken.

*“It depends if you’re sober or drunk, if you’re sober you think about it more” Male, aged 26*

STIs were also a key reason to use condoms, although levels of concern varied widely across the sample. Women were typically more concerned than men about STIs, while some men were entirely unconcerned and did not even consider the issue. Others were more concerned and aware of the risks. There was however little evidence of real fear, particularly among some of those with more risky sexual behaviour.

*“It makes people use protection because you don’t want to catch it.” Female, aged 19*

STIs were often considered a potentially nasty outcome of unsafe sexual behaviour but also something that could be treated in a clinic should one be contracted; ergo, not something to be overly worried about. Even the potentially fatal HIV was not a top of mind concern or felt to be particularly relevant to them.

*“I don’t think of HIV no...I don’t think about it. Don’t want to think of it” Female, aged 25*

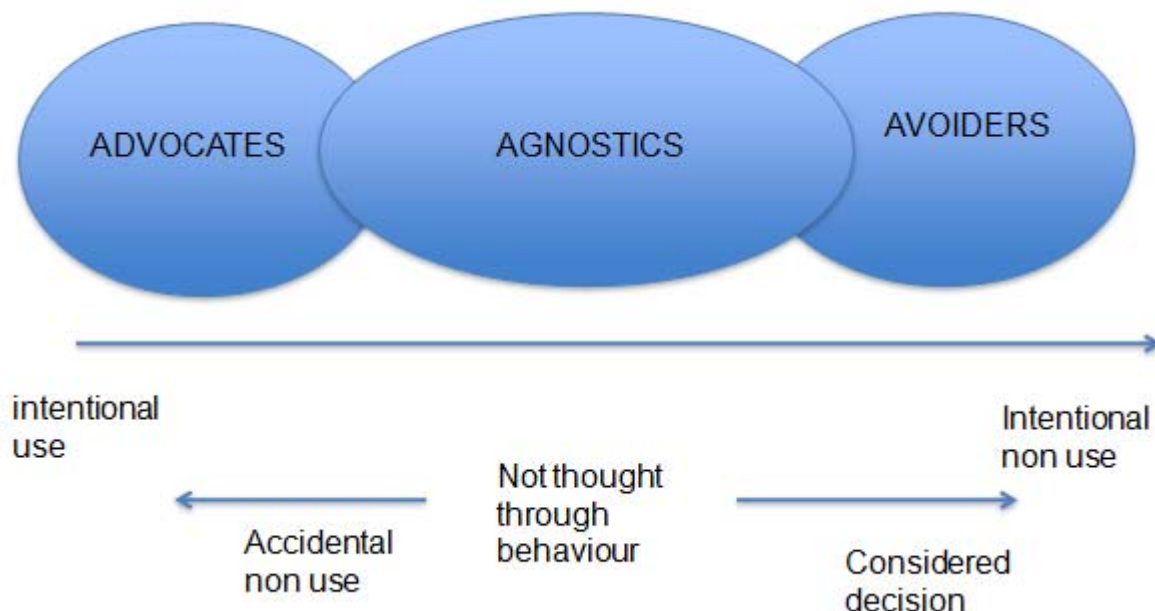
The ‘Labels’ campaign did however work well to instil fear and the ‘yuk’ factor, and to remind respondents about condom usage and the dangers of STIs.

*“Risk of diseases and infections... all the Gonorrhoea adverts (labels)... that one with knickers (how feel)... not too pleasant... more aware” Female, aged 22*



### 4.3 Different attitudes among respondents to condom use

The sample was split broadly into three usage attitudinal types, as shown in Figure 3.



**Figure 3: Different attitudinal types**

#### 4.3.1 Avoiders

The “Avoiders” disliked using condoms, and preferred not to use them – typically only using them under duress from a partner. They were often male, but there were some examples of women too. Their issues with condoms tended to be considered and they presented a strong argument against usage, albeit an argument centred around practical issues. According to such respondents, condoms reduce pleasure, interrupt the flow of the sexual encounter, are fiddly and complicated, sometimes difficult to put on, and the pack can be difficult to open. There were also claims of lack of use due to latex-allergies. Some of the younger participants also described using condoms as ‘uncool’, ‘wet’ or ‘gay’, and there was a feeling that some almost enjoyed the risk that not using one represented.

*“I don’t use condoms. They are fiddly, unpleasant and smelly. None of the boys we know use them” Female, aged 18*

*Yes, it comes down to your own personal chose. If they want me to wear a condom, I will. I’d prefer not to but that’s up to them. I’m not going to be the one to be*

*responsible and say, “Hang on, I’ll put one on”. I suppose I’m not a very responsible person” Male, aged 34*

Avoiders often showed very low levels of concern about STIs, either assuming that they would not catch one, that they did not consider whether or not they would catch one, or that even if they did catch one, they would get it treated at a clinic. There was little fear or awareness of long-term or more STIs such as HIV. There was however some evidence of the more concerned or aware participants attending clinics for sexual health checks as a precaution.

*“I don’t use condoms – they’re just too uncomfortable. And most of the times I get too carried away with the drink.” Male, aged 29*

Among avoiders there was little evidenced concern about unintended pregnancy. ‘It’s not my problem’ was the attitude among the men, and Avoider women often also used other contraception such as the contraceptive pill.

These respondents tended not to carry condoms as they had no intention of using them. The refusal to wear condoms was a deeply entrenched attitude, thus persuading this segment to use condoms by choice would thus require a fundamental change in their mindset.

#### **4.3.2 Agnostics**

Agnostics understood the risks and were aware they *should* use a condom, but did not always do so. Many tended either towards being Avoiders or Advocates, but other factors interfered. Usage was affected by issues such as how well they knew their partner, whether or not they trusted them, whether they ‘looked clean’, how much the respondent had had to drink, and whether they wanted to take a risk that night. Risky behaviour was often related to alcohol consumption.

*“I try not to have unprotected sex but I have slept with ex partners without using them” Male, aged 18*

Male agnostics often claimed to prefer not to use condoms unless they were particularly worried about their partner not being ‘clean’. Often a person who was simply good-looking or nicely-dressed, who had taken care with their appearance, was assumed to be “clean”.

*“If I was sober and knew the girl I probably wouldn’t use a condom. If I was sober and thought she was a bit of a --- then a good idea.” Male, aged 22*

Some expressed the idea of “trying to get away with it”, i.e. if their partner did not ask them to use a condom, they would not themselves bring up the issue. As such, they might carry a condom but not suggest usage, and not use one unless their partner asked.

Female agnostics were often also on the contraceptive pill or using other contraception so they did not worry about pregnancy, although they often claimed they would prefer to use a condom to protect against STIs. They might not suggest using a condom due to awkwardness or simply make the decision to take a risk at that moment.

*“You’re on the pill or don’t use them, you forget about diseases and infections”  
Female, aged 25*

*“Most of the time. When you are that drunk and you can’t get it on... sometimes you think it is on and its not” Female, aged 22*

Agnostics were also somewhat arbitrary in their condom-carrying habits, sometimes carrying and sometimes not, with no obvious rules about when they carried and when they did not. Men were more likely to carry than women although, as described above, this did not always mean that they would use one. Women might carry if they knew they were likely to have sex that night, if they were seriously ‘on the pull’. Carriers of both sexes might just carry occasionally - they did not necessarily always have a condom with them – for example, if they had forgotten to replace one after the last one had been used. They might have a condom if they remembered to pack one or if they happened to have one in their bag or wallet anyway.

The key issues for this audience would be to make carrying a ‘top of mind’ priority, and to reinforce the reasons for condom-usage.

#### **4.3.2 Advocates**

Advocates claimed to always use condoms, but did not always carry one. They clearly appreciated the risks of sex without a condom. They sometimes feared STIs and pregnancy, and sometimes had a past experience that raised their awareness such as an unplanned

pregnancy. They did not however always carry a condom and sometimes had accidental slip-ups such as the occasional drunken lapse. In addition, they might not use a condom with a partner, even a new one with whom they anticipated a relationship.

*“I’d never let someone say that they don’t want to use one so they’re not going to use one. If they don’t want to use one then they can get off.” Female, aged 19*

Some did carry condoms and saw this as being the sensible, adult decision. They tended not to be embarrassed about carrying a condom, and saw it as normal behaviour. They felt comfortable with this and what it represented about them. Others within this group did not however carry – they had condoms at home, or were confident that they knew where to get them if necessary, and reasons for not carrying tended to focus on a lack of sexual expectation or intention. The need to always carry should therefore be reinforced among this group.

*“I always take boys back to mine where I’ll always have condoms” Female, aged 26*

*“I maybe use something and when I’m in a relationship I won’t use anything after that because you know he’s not sleeping with someone else” Female, aged 25*

Across the three categories there were common factors that affected condom usage. Factors such as whether a respondent knew their partner and how well, whether or not they trusted their reported sexual history, whether they “looked clean”, whether the respondent was themselves a typical risk-taker, how worried they were by the thought of catching an STI, whether they had to think about pregnancy and, for men, whether their partner might be trying to “trap them” via pregnancy and what they might lose.

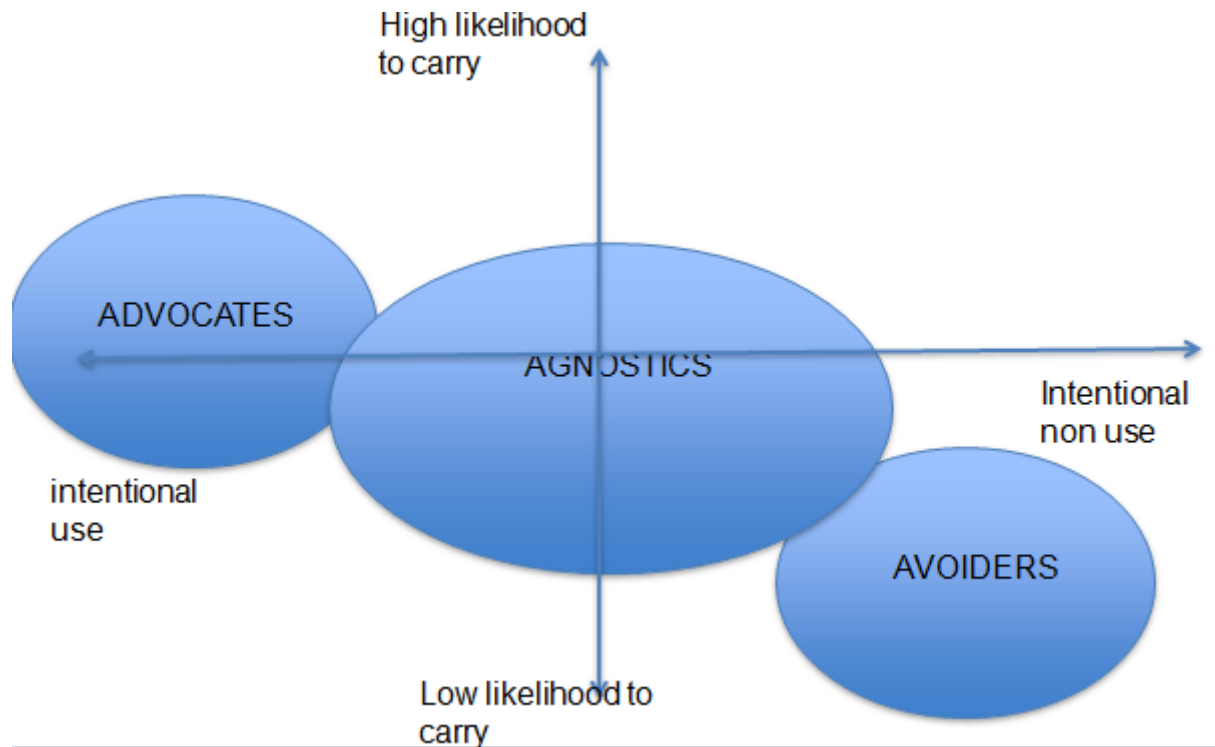
These all however became less important after drinking sufficient quantities of alcohol, after which point it was clear that increased risks were taken. Finally, as previously mentioned, respondents attitudinal type might not be fixed and they might change from one to the other – for example, go through a period of promiscuity post-relationship, and then revert back to less risky behaviour.

*“I was in a long term relationship and she banned us from using condoms, I didn’t even carry one when when I was a young one” Male, aged 27*

## 4.4 Carrying condoms

### 4.4.1 Levels of carry

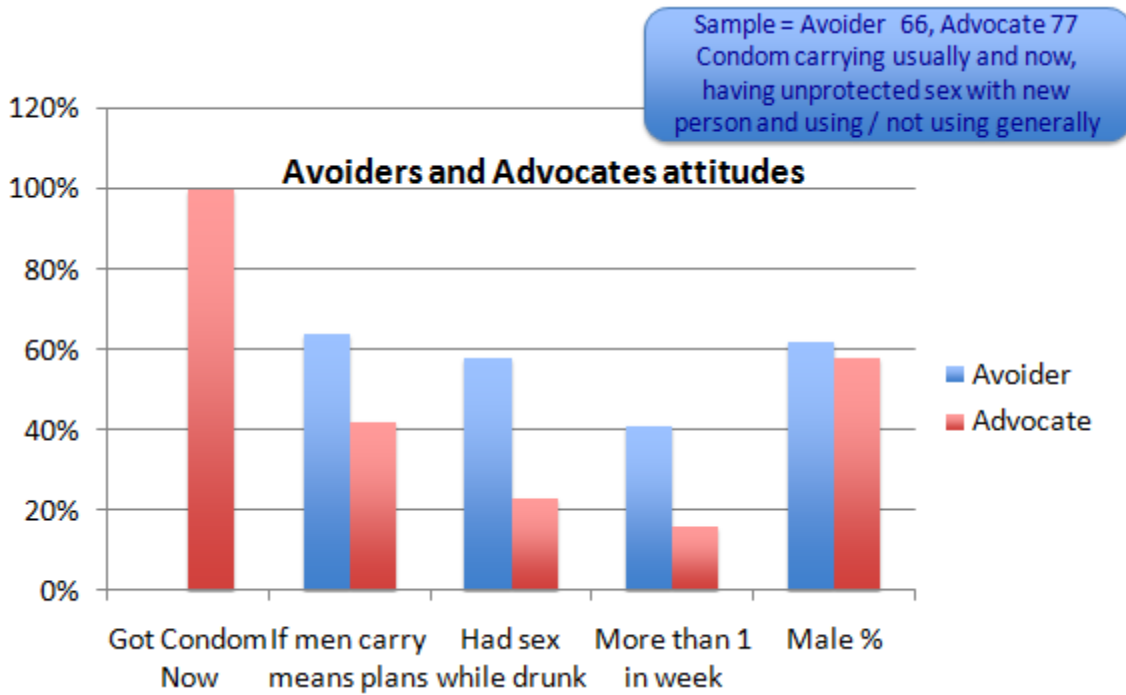
Figure 4 shows a qualitative mapping of likelihood of carrying condoms against intention to use according to attitudinal type



**Figure 4: Likelihood of carry versus intention to use**

Figure 4 shows that Advocates had high intention to use and felt most likely to carry condoms. Agnostics, as described earlier, may or may not carry, and may or may not use a condom. Avoiders in contrast were unlikely to either carry or use a condom, given the choice.

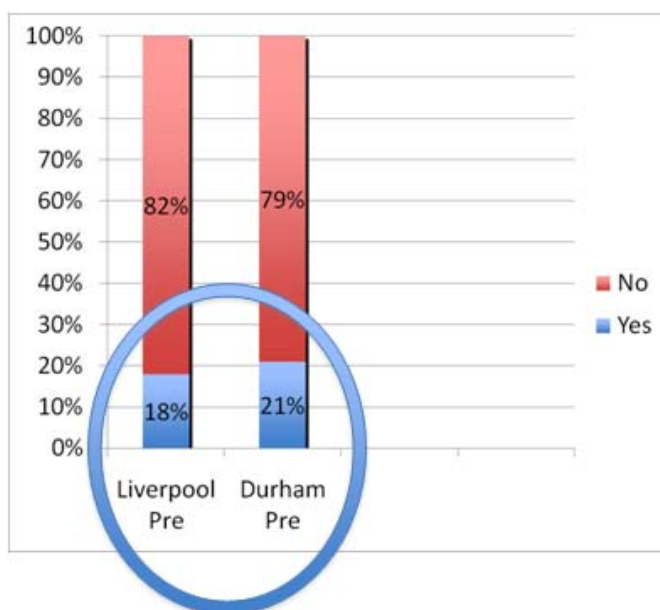
Figure 5 shows an experimental segment of the quantitative sample, with hardline avoiders and advocates (who were carrying at the point of the research).



**Figure 5: A segment of Avoiders and Advocates**

Figure 5 shows some differences between Avoiders and Advocates on differentiating questions. Avoiders not only failed to carry a condom (which was how we defined them for the purpose of this break), but also had more negative associations with condom-carrying (more of them assumed that a man carrying a condom planned to have sex), more often had sex when drunk and were more likely to have had more than one sexual partner in a week.

Figure 6 shows the rates of condom-carrying in both locations, Liverpool (trial) and Durham (control), before the pilot campaign was carried out.



**Figure 6: Condom-carrying pre-campaign in Liverpool and Durham**

Figure 6 shows that condom-carrying before the campaign was similar in both locations. This shows that location did not have an impact on likelihood of carrying a condom, and that any differences found during and post-campaign in Liverpool (e.g. an increase in condom-carrying) could reasonably be attributed to the campaign.

#### 4.4.2 Reasons for condom-carrying across types

Across the Advocates and Agnostics, motivation to carry a condom centred around three issues. The first of these was as a sensible precaution. This view was expressed across both genders, and characterised by phrases such as “you never know” and “just in case” – they did not claim to be seeking sex, but knew that it may be a possibility, and had a desire to stay safe on the chance that a sexual encounter might happen. Overall, the attitude could be summed up as “better safe than sorry”.

*“In case you meet someone and you never know...being on the safe side” Female, aged 25*

The second issue was those who were “on the pull”, which tended to be more males than females. These respondents typically carried a condom to be safe, although some also realised that it may be their only route to sex – that their partner (usually female) might not have sex if they did not have a condom.

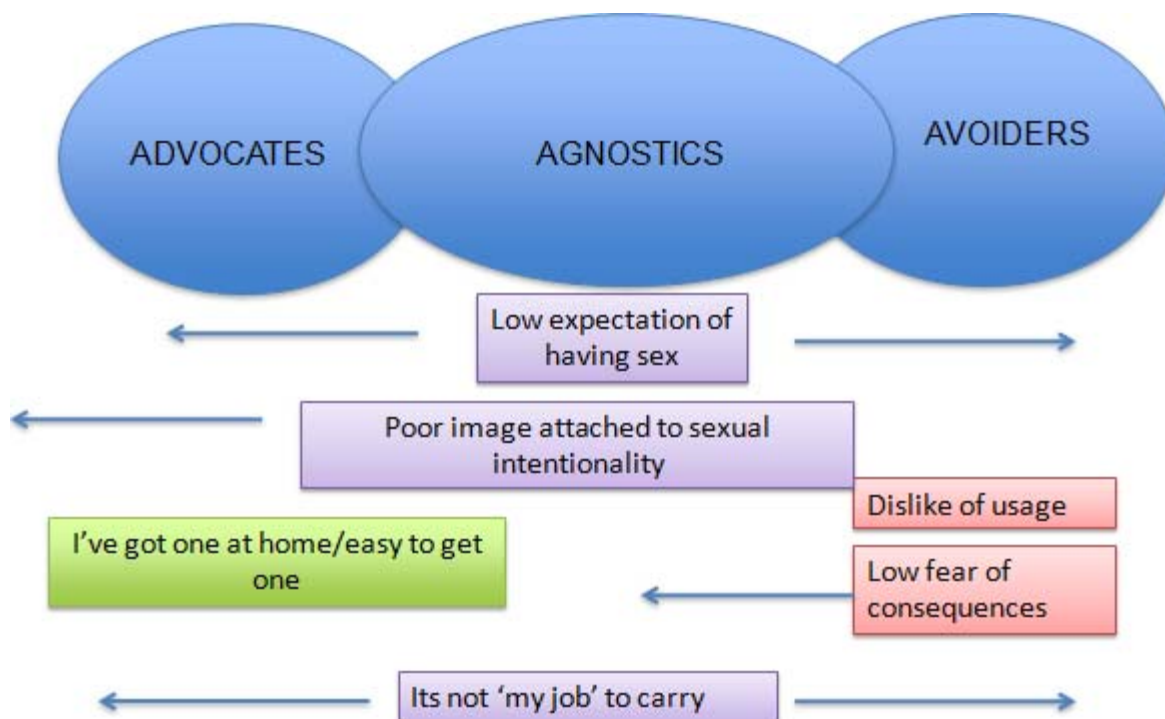
The third reason for carry was unintentional, i.e. they were carrying a condom by chance. Again this happened to both men and women, but less often to women due to their propensity to change bags more frequently and to forget a condom was in there.

*“I normally have one in my bag but it stays there, but its not something I put in with my makeup.... I forget its there, if its there its there” Female, aged 22*

*“I always take a condom with me. I don’t even think about it anymore.” Male, aged 24*

#### 4.4.3 Barriers to condom-carrying across types

Figure 7 shows the key barriers to carrying a condom



**Figure 7: The key barriers to condom-carry**

##### 4.4.3.1 Lack of intention

The key barrier across audiences to carrying a condom was a stated lack of expectation of having a sexual encounter. Sex was not the most consciously salient thought when leaving home, and therefore neither was carrying condoms; both men and women therefore often perceived their own personal need to carry a condom to be low. They might meet someone but it might not lead to sex. They were not going out 'intending' or 'expecting' to have sex, or they were not admitting this to themselves. For the less risky, this was based on past experience. For the more risky, this might have been based on wanting a positive self-perception.

*"I'd carry some out with me if I definitely thought I was going to have sex....but most of the time I don't" Male, aged 24*

*"I never plan to pull, I haven't the confidence" Female, aged 23*



*“I just feel weird carrying one when I’m not going to use it.” Female, aged 19*

#### 4.4.3.2 Image of condoms

A substantial barrier to carrying a condom as standard was the fact that condoms very strongly imply sexual intentionality. As condom-carrying was not habitual for most, carrying one was therefore seen as a major issue. By carrying a condom it appeared to respondents that they might be judged negatively as expecting or intending to have sex with someone new that evening. For many, sexual intentionality and planning to have sex simply did not feel right. The perception of being someone who was ‘looking for sex’ was often very negative and not one they wished to associate, or be associated with, themselves. This was particularly true for the women in the sample

*“I would think that if you took them out it looks like you’re out on purpose” Female, aged 26*

Condoms were considered to be loaded with seriousness; they were inherently functional and practical rather than emotional and fun. They were at odds with the spontaneous, unplanned, fun, emotionally-driven ‘chance’ nature of the night ahead.

Some male respondents had a superstition that by seriously expecting to have sex, and planning as far ahead as carrying a condom, it could mean that it would not happen. Even the very presence of a condom could be thought of as a jinx. In addition, they were aware that if a prospective partner found out they were carrying a condom (e.g. by accident), they might find it off-putting due to the suggestion that he would be expecting sex that night and therefore could be promiscuous.

Women had an equivalent way of thinking, although their focus tended more towards relationships.

*“if you really want to meet someone don’t go out looking for him, just have fun and you will find each other.” Female, aged 24*

Among some men there was a sense of not wanting to raise expectations, so as to avoid disappointment at the end of the evening. By not intentionally carrying condoms and thus making thoughts and hopes of sex more salient, they successfully managed their own expectations. In addition, public over-confidence was to be avoided as it opened up the

potential for ridicule by peers if they failed to have sex. Being too presumptuous was “not cool” – it felt overly desperate, and could swiftly result in a loss of status within the peer group.

*“Your friends would rip the p\*ss out of you if you went around waving your condom around at the start of the night and then you went home alone.” Male, aged 19*

In contrast, the female non-carriers thought that carrying a condom was something to hide as they expected to be judged negatively; for example, by other women (e.g. in the toilets if they were seen to purchase a condom there) or possibly by close friends if they regularly carried one in their handbag. This was particularly true for the younger respondents. They also expressed concern that they might be negatively judged by potential partners.

For many women, sexual intentionality was an unappealing badge. It created a self- and projected image that they did not want. Specifically the concern was that they would be regarded as “a slag” (promiscuous) or “easy” (casual). If the woman did not have a regular partner, carrying a condom implied there was a willingness to have casual sex with a new partner after only a short time.

*“If we’ve got them the lads think we’re up for it, but we might think the same about them if they are carrying them” Female, aged 25*

*“I think lads think oh she’s a slag. I think double standards” Female, aged 26*

A wide range of perceptions emerged across the sample about what condom-carrying implied about an individual, with male carriers typically perceived more positively than female carriers. Men who carried were typically not perceived negatively by women. They were thought to be sensible or safe, although possibly slightly ‘on the pull’.

*“All the lads carry condoms with them. Because it’s the lads that use them” Female, aged 19*

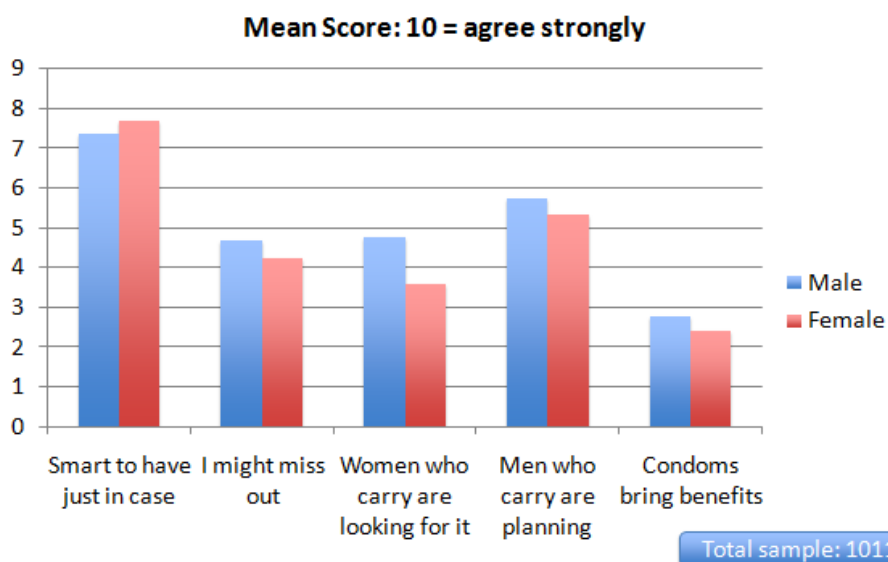
*“It makes them look like they are prepared but sometimes it makes them look like that’s what they want” Female, aged 24*

Male reactions to women carrying were very mixed. For some it gave the impression that the woman was sensible and that she would probably 'be up for it'. For others, it was a signal that the girl was too 'up for it', and may therefore be a slut or even unclean herself.

*"Never met girl with a condom in her bag - that'd be a good night out if you had a good drink and met a girl with a condom then you know you're going to get sex."*  
Male, aged 22

Those who did carry tended to see it as the 'sensible' thing to do. It was considered adult, mature, respectful and quite normal, although some women were embarrassed and could be worried about other people's perceptions of them if the condom were seen.

Figure 8 shows the numbers from the quantitative sample who agreed and disagreed with various attitudinal statements about perceptions of people who carry condoms.

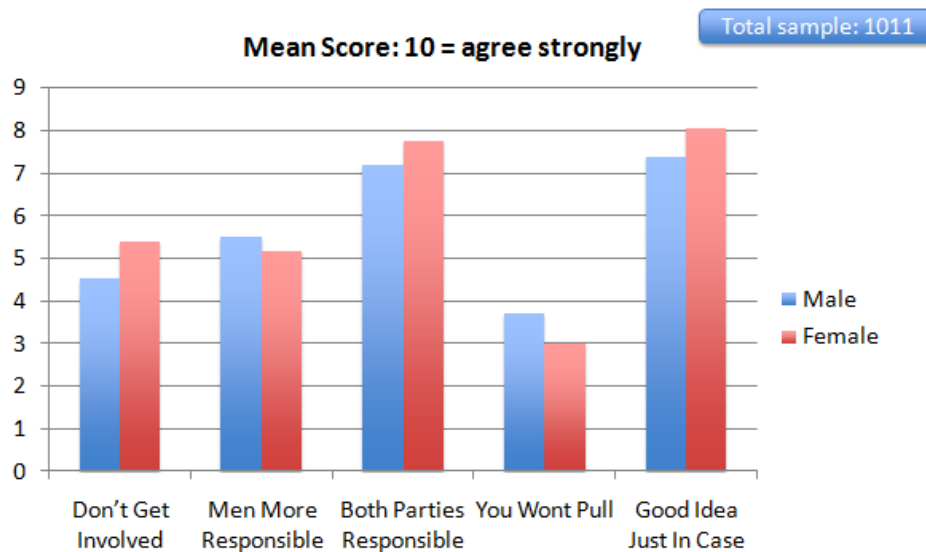


**Figure 8: Attributions accorded to people who carry condoms: mean scores among male and female respondents**

Figure 8 shows that men and women have approximately equal attitudes to condom-carrying. Most agreed that it is smart to have one, but far fewer agreed with the idea that condoms bring benefits. For the other statements, a more neutral view was held by both sexes.

#### 4.4.3.3 Whose role is it to carry?

Figure 9 shows results from more attitudinal statements.



**Figure 9: Mean scores among male and female respondents**

Rationally both men and women saw shared responsibility for condom-carrying as a good thing and a sensible behaviour to undertake. They also appreciated that condoms should be perceived as a normal and acceptable thing for both sexes to carry and suggest using. However, from an emotional viewpoint, supplying the condom was perceived as being a more male responsibility, and demanding usage of a condom was more the female role.

*"It's them that get pregnant" Male, aged 23*

*"Girls sort of leave it to lads" Female, aged 22*

It was convenient for women to revert to historic behaviour, especially in context of the perceived stigma associated with women and condom-carrying. Some women felt they had already 'done their bit' in terms of avoiding pregnancy by taking the pill, using a coil, or having the contraceptive injection.

#### 4.4.3.4 Ease of acquisition

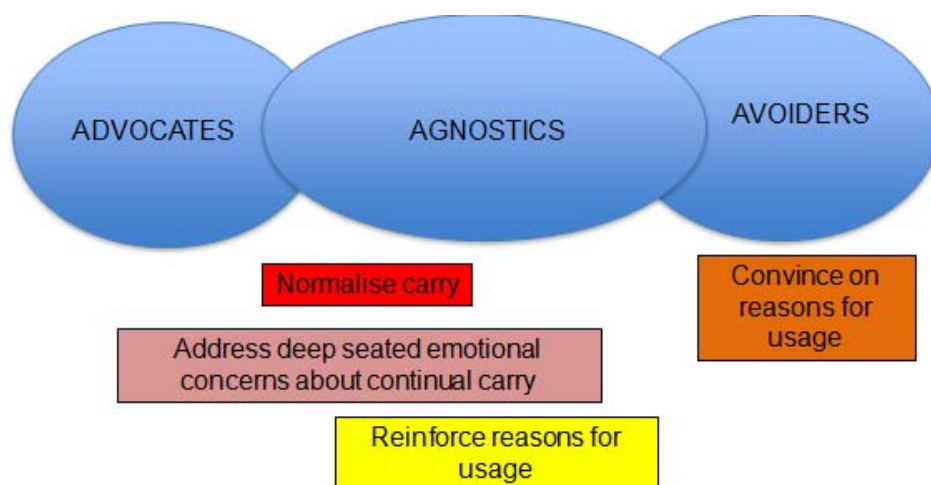
Another factor driving the perceived lack of need to carry condoms was the common perception that, should one be required, it would be easy to acquire. There was known availability in toilet vending machines, and the possibility of purchasing from one of the many

24 hour supermarkets/petrol outlets. In addition to these options there was the possibility of borrowing one from a friend, especially among the men.

It was however often not until the last moment that people knew for certain that a sexual encounter was likely. Fuelled by alcohol, people could go further than they intended or expected to at the start of the evening. It would take a very confident person to jeopardise the intimacy and the passion by going back out into the rational world to deal with an issue such as using a condom. This finding supported the need for push strategies as close as possible to the 'point of shag', although the research also showed that having a condom did not guarantee usage – the complexities of the mating game can interfere. This included issues such as alcohol reducing inhibitions and standards (which encouraged more risky, carefree behaviour) and whether the individual 'trusted' their partner so felt they knew enough about them and their sexual past to feel confident in non-use. Confidence was also raised as an issue – it was often not until the last minute that sex was definitely on the agenda, with neither partner necessarily wanting to bring up the subject of condoms in case they were presumptuous. Women sometimes felt embarrassed bringing up the subject of condoms whereas men were concerned that it might affect their chances of having sex. Alternatively, some females who were carrying a condom were worried about the impression it conveyed; for example, whether or not being seen to carry a condom made them "look promiscuous". Getting carried away was also a commonly given excuse for non-use, particularly under the influence of alcohol and if there was another method of contraception in place, e.g. the pill.

*"The drunker you are, the more likely you are (to have sex), Female, aged 20*

Figure 10 shows the key issues facing each attitudinal type



**Figure 10: Key issues facing Advocates, Agnostics and Avoiders**

## 5. DETAILED FINDINGS: OVERALL REACTIONS TO THE SUMMER PILOT CAMPAIGN

Responses to the campaign were positive overall. The summer pilot campaign elements worked to encourage the audience to pick condoms up, which could therefore boost short-term or immediate carrying and there was evidence that some longer term carry was sustained.

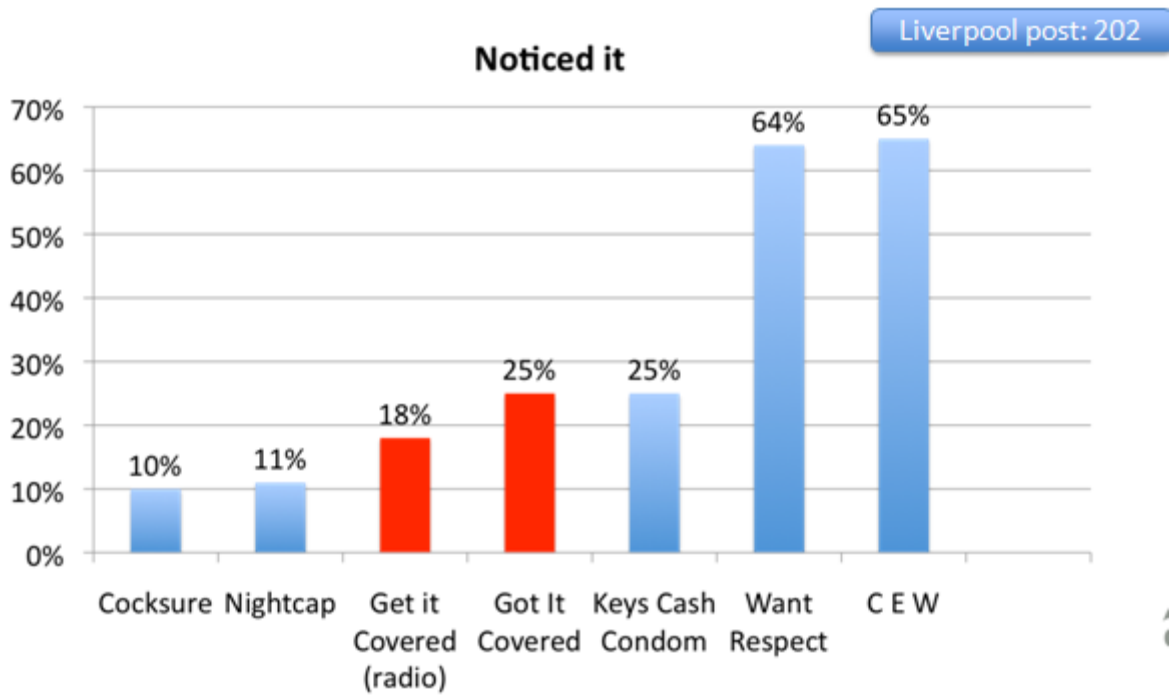
The campaign felt particularly appropriate for the ‘agnostics’ and ‘advocates’ who felt like the core audiences. It also worked for the younger types rather than older ones, i.e. the core 18-24s. Not every idea appealed to everyone; different ideas were suited to different attitudes and circumstances. However mostly the ideas were well received, the value of them was realised, and no one was seriously offended by it.

*I think different things will attract different age groups. Like someone who is a bit older will pick up the mints because they are a bit more plain, but me I like the lollipop” Female, aged 20*

*“It’s really good...It’s useful...A lot of people don’t want to carry around a regular condom as its blatant to what it is and what you’ve got it for” Females, aged 21 and 24*

### 5.1 Quantitative results

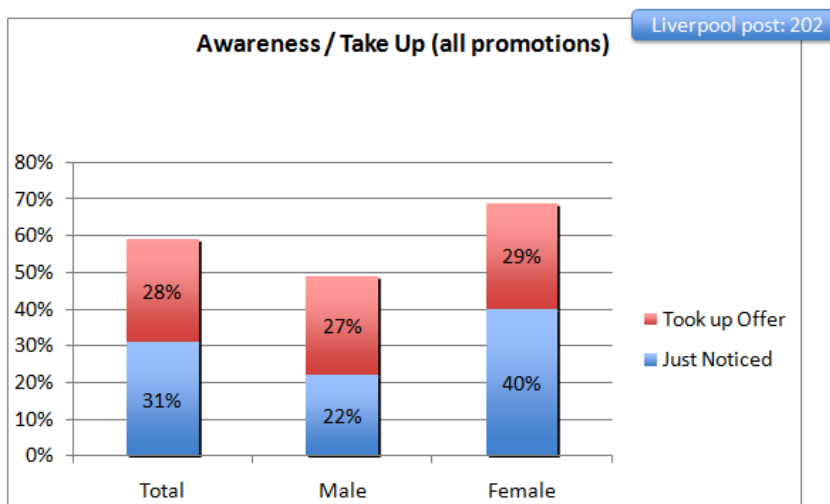
Figures 11 – 14 show some of the quantitative results on recognition and recollection. Figure 11 shows recall of various different campaigns in Liverpool after the campaign.



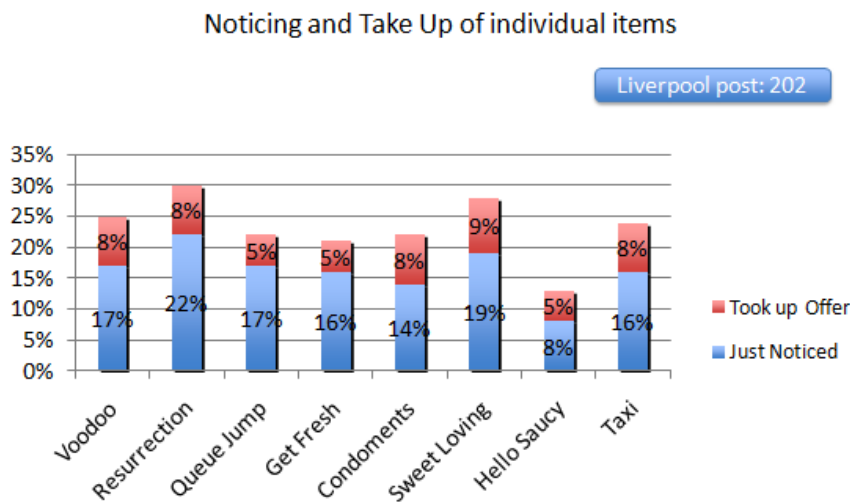
**Figure 11: Advert recall – Liverpool Post Stage**

We asked about recall of advertising from CEW as well as the Summer Pilot campaign. Figure 11 shows that in Liverpool after the pilot, the best-recalled adverts/logos were “Want Respect?” and Condom Essential Wear, while the least well-recalled were Cocksure and Nightcap. However Got it Covered did as well in terms of recall as the CEW radio ad, and Got It Covered also had reasonable recall figures for a short burst of activity. Given that the CEW messages had been running at a high weight for some time, these seem to be good levels of recall after a short burst.

Figures 12 and 13 shows those in Liverpool who noticed, and who took up the promotions offers. Figure 12 shows the results for all promotions, while Figure 13 shows details of individual promotions.



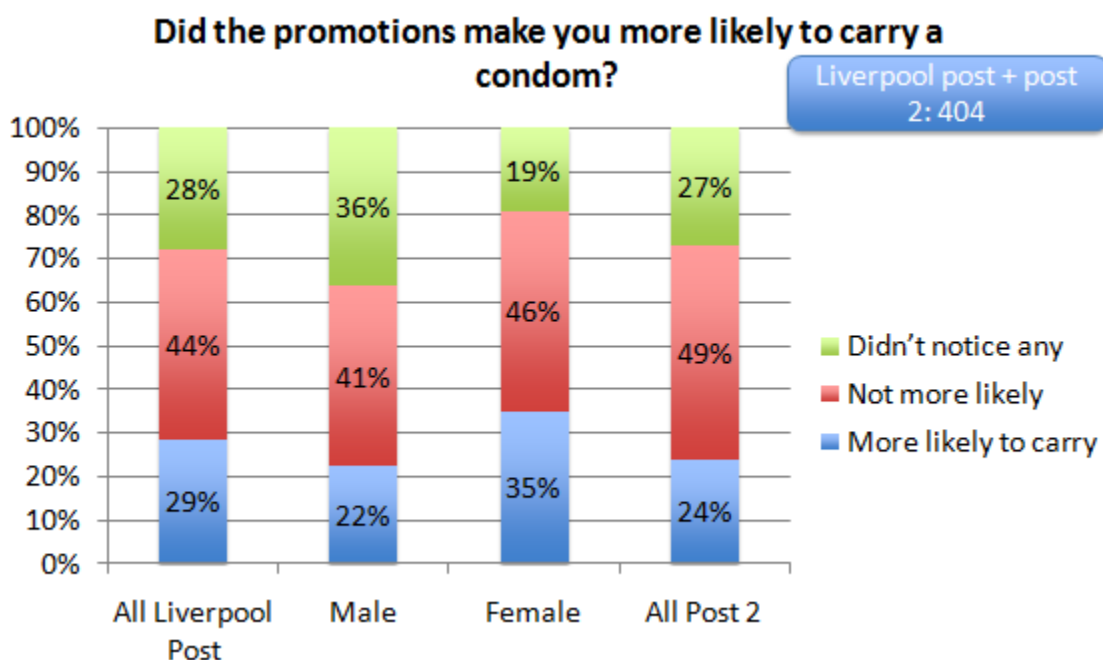
**Figure 12: Noticing and take-up of promotions**



**Figure 13: Noticing and take-up of individual items**

Figure 12 shows that almost 70% of women and 50% of men noticed the promotions, and just over a quarter of the sample claim to have taken them up. As seen in Figure 13, no single promotion stood out, but “Resurrection”, “Sweet Loving” and “Taxi” were the best recalled by a small margin. Again, these would seem to be good scores for awareness and take-up, especially after a short burst of activity.

Figures 14 and 15 show whether the promotions had a stated and actual impact on condom-carry





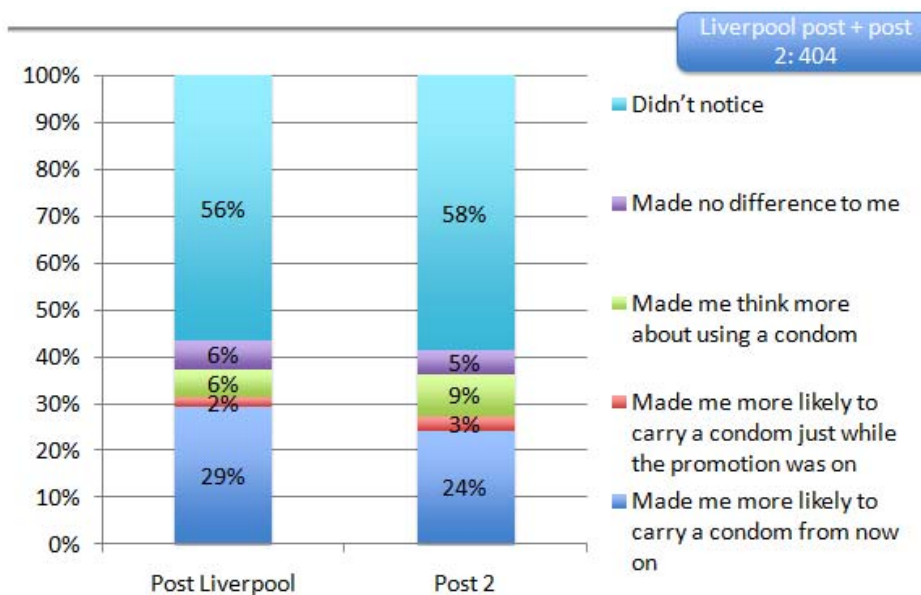
**Figure 14: Impact of promotions on stated condom-carry**



**Figure 15: Impact of promotions on actual condom-carry**

Figure 14 shows that approximately a quarter of the sample stated that they were more likely to carry a condom as a result of the promotions, with more females than men agreeing with the statement. Figure 15 shows that these figures closely match those who were actually found, upon checking, to be carrying a condom.

Figure 16 shows the impact of the promotions on attitudes to condom-carrying by the second post stage: it can be seen that by Post 2 in October, there is a slight fall off in carrying and a slight increase those not noticing in not noticed, but overall the campaign still appears to be influential.



**Figure 16: Impact of the promotions**

Figure 16 shows that almost 40% of the sample showed some inclination towards either carrying or using a condom in future, and that this effect persisted a month after the campaign had finished.

The campaign did appear to impact on long-term attitudes - responses in the third wave of quantitative research, carried out a month after the campaign, remained at the higher level seen in Wave 2 when the campaign was in progress. Whether the campaign actually encourages longer-term *carry* is however much more complex; the qualitative research indicated that this is a more difficult task. The campaign appears to have elements that could work to encourage both longer term carry and normalisation of condom-carrying, but respondents suggested that such activity needs to be both sustained and regular. In addition, the fact that condoms were more visible and acceptably packaged also increased salience. However, attitudinal concerns about carrying condoms were deeply entrenched (particularly for women) and appear to require addressing more broadly than in a single campaign. It was generally felt that there was a need for regularity of promotions and offers to help behaviour to become ingrained.

*"If you got them regular then you'd have one... They have to be given out regularly" Females, aged 22*

Although the ultimate aim of carrying a condom was known to be *using* a condom, the campaign was seen less to directly encourage usage and more to encourage pick-up and carry. A strategy to remind people of the reasons for using a condom (such as Condom Essential Wear 'Labels') was seen as a good activity to run alongside a campaign such as this one, as they could work well together and be mutually reinforcing. The CEW 'Labels' campaign constituted a powerful reminder of why it was important to use condoms. It felt particularly important for both 'avoiders', who need to be convinced of why they should use a condom, and 'agnostics', who need to be reminded to use one.

*"It will make more people carry condoms, that is all it will do...if they had one on them would they use it, that's the thing" Male, aged 20*

*"And the more the people that are carrying them then the more times that will happen" Male, aged 20.*

Despite this, some increased condom usage was expected, particularly among agnostics and advocates. This was attributed to the fact that they were now carrying a condom where they may not have previously; the chances of usage were therefore higher in these groups.

### **5.3 Recall of existing / previous campaigns**

Existing sexual health campaigns were briefly discussed in the research. The Condom Essential wear campaign was well-recalled, with the Labels campaign particularly salient and memorable. The striking contrast of attractive passionate partners, and the dark tone and feeling of disgust were seen as successfully highlighting the hidden nature of STIs. It was considered powerful, hard hitting, shocking and horrible, and did effectively work to change attitudes. The execution was considered well-crafted and 'quite cool'.

*"They are good but to be honest, I don't think many people pay much attention" Female, aged 25*

*"I don't think, after a couple of bevvies and I was out on the town and I was taking a girl back I'd think about that advert, that it's got HIV sewn to her back" Male, aged 20*

The radio advert emphasising "keys, cash, condoms" was seen a good reminder of desirable behaviour, but had little reported impact on the stated reasons respondents gave for not carrying condoms.

The ambient and online communications helped to make condoms more salient and everyday items, and to debunk myths. They were not however considered to be particularly engaging, and many respondents did not immediately understand them. Like the radio advert, they did not make respondents think they should carry a condom if their pre-existing attitude was that they did not want so to do. These communications also worked better as a reminder for those who were attitudinally aligned.

The summer pilot campaign was seen to complement and mutually reinforce CEW work. That campaign focused on carrying condoms and why they should be used (particularly Labels), while the summer pilot campaign physically put condoms in respondents' hands. They were not however necessarily felt to be tonally related. The CEW campaign used more adult colours and designs and was quite sparse; it was considered less visually impactful than the Summer Pilot campaign.

There was evidence that the promotional approach worked well alongside CEW. CEW provided impactful reasons why unprotected sex should be avoided, and its potential negative consequences. The Summer Pilot campaign provided access to condoms and de-sexualised them in a fun and sometimes humorous way that had potential for increasing carry and acceptance.

*“(Summer Pilot) They put the fun in it and they (CEW) get you thinking” Female, aged 25*

#### **5.4 ‘Got it covered’ branding and campaign**

There was however little sense of a unified campaign-feel across the activities. ‘Got It Covered’ was not seen as a campaign theme, featuring a small logo and varied packaging. The logo itself was generally liked on prompting. It felt grown up, subtle (overly subtle for some) and, while it was appreciated by those who understood the pun, it was not considered to be particularly impactful and was not universally understood.

*“I’d describe the overall look of the campaign as youthful, bright and cheerful” Male, aged 29*



*"I hadn't noticed they all had "Got It Covered" written on them" Male, aged 20*

There was an overall sense that the campaign could have been better promoted. Hearing about it on the radio seemed to add credibility and kudos. The 'Vox Pop' style radio ad was also liked for adding normality. The competition was not noticed by interviewees, although the response from Juice was that it was well received. Information in the press was not noticed, and newspapers were not key for this audience. Facebook was often mentioned as a good way to spread the word regarding promotions or the campaign. However, the website was not commonly known. On viewing, the website was quite well liked and some did anticipate visiting it to find out about venues if they were directed, particularly if it was regularly updated. There was a sense that a real need to visit had to be established.

*"I never go in for competitions, I listen about them, but never expect to win.*

*(Newspapers)... I don't get that.... I'd put it on telly, on Facebook" Female, aged 22*

## **5.5 Campaign heritage**

The heritage of the campaign was not questioned or felt to be particularly obvious although, on prompting, government-involvement was often assumed. On discussion it was considered to be a way for the government to tackle STIs and unwanted pregnancy.

More overt government branding did not feel necessary, as it was not seen to add anything (but was not however considered to be a negative). The only element where government branding could add value was on the 'Feeling Hot' promotion, due to giving away water when some concerns were raised about water spiking.

*"Does it need to have NHS branding? I don't think it matters at all" Female, aged 22*

On discussion Durex was felt to be the 'best brand' of condoms to give out given the strong brand awareness and trust, however Mates were also seen as an acceptable brand as there

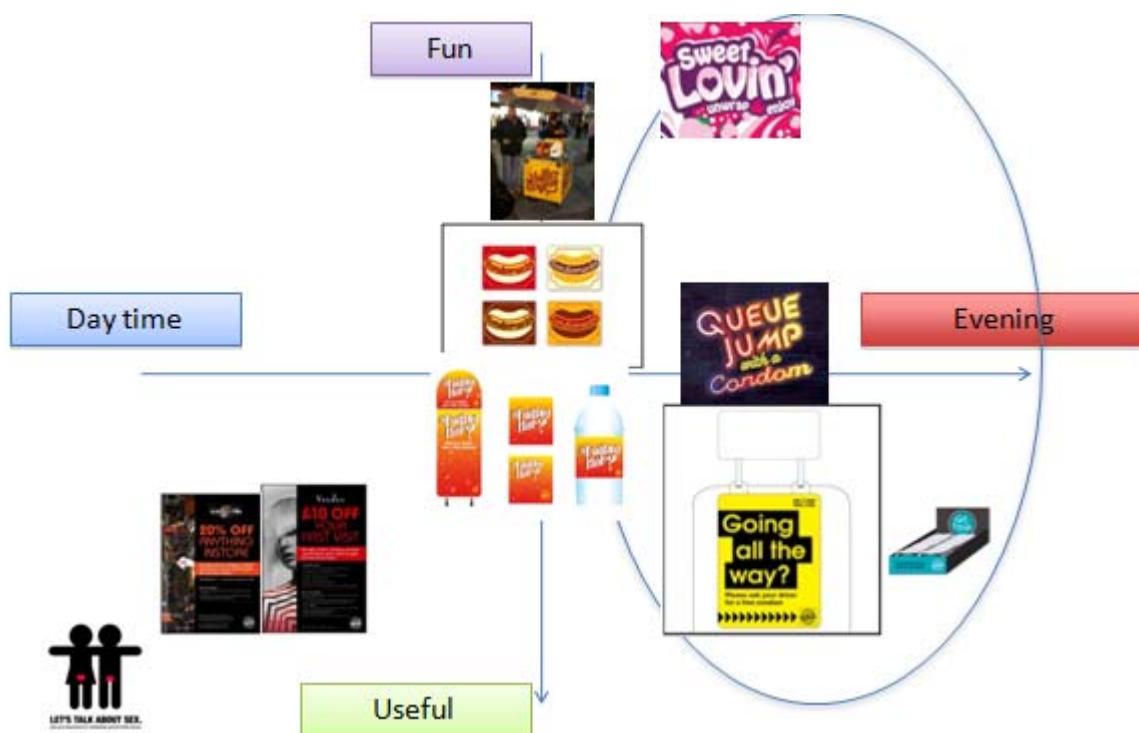
was a connotation between branded and quality and many were not concerned about the brand at all.

*"I suppose if you have Durex it's got to be better than an unbranded. I'm guessing though that the machines in pubs, to save money, they'll put in the cheapest condoms you can get" Male, aged 20*

*"I think they are all the same, do the same job" Female, aged 25*

## 5.6 Key themes on campaign elements

Figure 17 shows a mapping of the different summer pilot campaign elements using the axes of 'Fun/Useful' and 'Daytime/Nighttime'



**Figure 17: Mapping of key elements**

These two axes demonstrate key themes that determined the appeal of campaign elements and the fit of the idea with condoms. They demonstrate that the strongest elements of the campaign were perceived as fitting with an evening environment rather than daytime usage, as condoms fit most closely with an evening out rather than daytime activities. They also show that the most effective elements were seen as either fun and amusing – again fitting with a good night out - or as useful on a night out. 'Sweet Loving' was, for example, tonally fun and engaging due to the packaging design, and fitted with a good night out. 'Get Fresh' was also a very strong idea as mints were a desirable item on a night out, and therefore were useful. In a similar way, getting a condom from a taxi at the end of the evening was also useful and fitted with the time they would need one.

## 5.7 Distribution - Key learnings

Being able to pick up a free condom when it was needed was perceived to be the best option. Respondents saw it as their choice whether or not to pick it up, which felt grown up. It was seen as an approach that was targeted at those who needed it; the continual presence

of free condoms was something that they could see becoming long term and 'normal'. The analogy to gay clubs, where free condoms are commonly available, was frequently used.

The ideal locations for distribution points would be around/in the toilets, in front of the bar and possibly also on table tops. The privacy of the toilet context was seen to offer distinct appreciated benefits. This idea was particularly well-liked by women, because a private environment allowed a condom to be acquired discretely, without a potential partner knowing that sex was a possibility. At this stage, both partners might wish to keep their interest in having sex to themselves, as neither men nor women wished to look presumptuous. The privacy (as compared with the main bar area) also meant that fewer onlookers could observe the intention to pursue sex. However, engaging, fun packaging could permit more public venues e.g. bar top/table top for when people are more confident, and when they are drunk.

*"If it's in the toilets I would pick one up but if it's on the bars, I'd be too embarrassed"*  
*Female, aged 23*

Women expected to feel embarrassed to ask bar staff for a condom. This environment was considered too public, surrounded by fellow drinkers at the bar. Furthermore, having to wait for the attention of a member of the bar staff could create a heightened sense of sexual intentionality, which was a negative.

*I think it is good, but it can sort of be forcing sex on you...if I weren't drunk, it would be embarrassing"* *Female, aged 23*

Women were particularly concerned that bar staff would judge them. It was considered less embarrassing if the condom was packaged or disguised, or delivered alongside something else (e.g. mints), but still felt exclusively for the most confident or drunk individuals.

Picking up a condom upon exiting a club was appropriate and timely, and might effectively translate to usage as it would reach couples closer to the 'point of shag'. Individuals claimed that at this point they would be uninhibited due to alcohol and therefore less embarrassed about other people's potential negative judgements if they noticed them taking a condom. It was felt to be undoubtedly awkward for some respondents to take a condom, if exiting as a couple. Even if they felt that sex was a possibility, they may not wish to seem presumptuous in front of their potential partner. Women did not wish to signal definite sexual intention at this stage, and men did not wish to seem pushy as sex at this stage was still not guaranteed. Broader distribution at this point therefore felt less personal and thus more acceptable.



Being given a condom made it easy to accept and downplay, although a few did feel singled out or anticipated feeling singled out by an approach, concerned about what was being suggested. Being given a condom at the end of the evening in a club felt most appropriate – respondents felt they would not feel obliged to accept it, but being given one also meant that it was easy to accept as it could be passed off as ‘just a freebee’. If it were packaged differently or alongside another element, it felt even easier to accept as it was disguised. Being given one on the streets was also positively received and an on-street venue could enable more of a discussion and the possibility of delivering a message.

*“Giving one away with water is a good idea because it covers up the fact that you’re just getting a condom” Female, aged 26*

The key negative raised about handing out condoms in this manner was that it felt like a scattergun approach. There was no real knowledge of the most appropriate potential targets, so no awareness of whether or not the condom would be kept or needed, or even whether or not the recipient was in a non risky relationship. This approach therefore felt shorter-term to many.

In addition to this, the venue and objective would need careful consideration and this was illustrated by the partners interviewed. Clubbers leave a venue over a long period of time which meant a team would need to be sustained over an evening – or an end of evening venue would need to be chosen. It was also considered hard to deliver a message and additional items in a club venue due to the noise levels.

### **5.7 Packaging – key learnings**

Fun and engaging packaging encouraged initial interest and examples of some packaging showed that it was covetable and even had value in itself – of the packaging employed, “Sweet Loving” and “Get Fresh” achieved this, but “Hello Saucy” did not.

Packaging condoms to disguise what they were, and therefore the sexual connotations helped to make carrying condoms feel more acceptable, particularly for women. It made it easier and more acceptable to pick them up or accept them as they were not ‘obvious’. It also made them easier to carry in the longer term, as they would be less obvious if seen in a handbag.

Consideration should however be given to impact of the disguise. Making condoms look like something else could, for some, signal acknowledgement that they are in some way shameful. Repackaging them to give them legitimacy therefore felt stronger, particularly when they were integrated with a night out in a positive way, while making the content less obvious.

Packaging worked best when it was small enough to carry, but big enough to disguise the contents. Women preferred the external packaging not to signal condoms inside, although POS material should signal this in a subtle but clear manner.

*“I have seen the lollies. I didn’t know they were condoms, but it’s a good idea”  
Female, aged 19*

Integrating condoms alongside something of value for an evening out had strong potential. This gave an additional reason to accept, pick up or carry a condom, and disguised the reason for so doing. This had the potential to become habitual if the item was needed on a night out and not disposable. Strong ideas mentioned included mints, make up compacts, a small pack with a list of local taxi numbers or a small book of offers to carry in-wallet with a condom integrated. Key to any of these ideas would be the integration of the condom in the idea and in the packaging. Ideally the packaging would not be disposable and the condom would be a replaceable, integrated element.

*“The mints are good because they are discreet. I did see them but I didn’t know there were condoms inside!” Male, aged 21*

*“Then you can get home safe...Safe sex, safe way home” Female, aged 22*

### **5.8 Benefits for condoms – key learnings**

The idea of providing benefits for condom-carrying was accepted, but made less immediate sense to respondents than distributing condoms at critical moments. Showing a condom to redeem a benefit might require bravado, and was therefore something that might need to happen more frequently to become more common place.

*“Wouldn’t do it on my own...I would have to have someone else there” Female, aged 25*

*“You’ve got to go into a store and you’re walking around getting your clothes and then you’re asked, show your condom and your mother’s there and they are like oh, she’s carrying a condom” Female, aged 21*

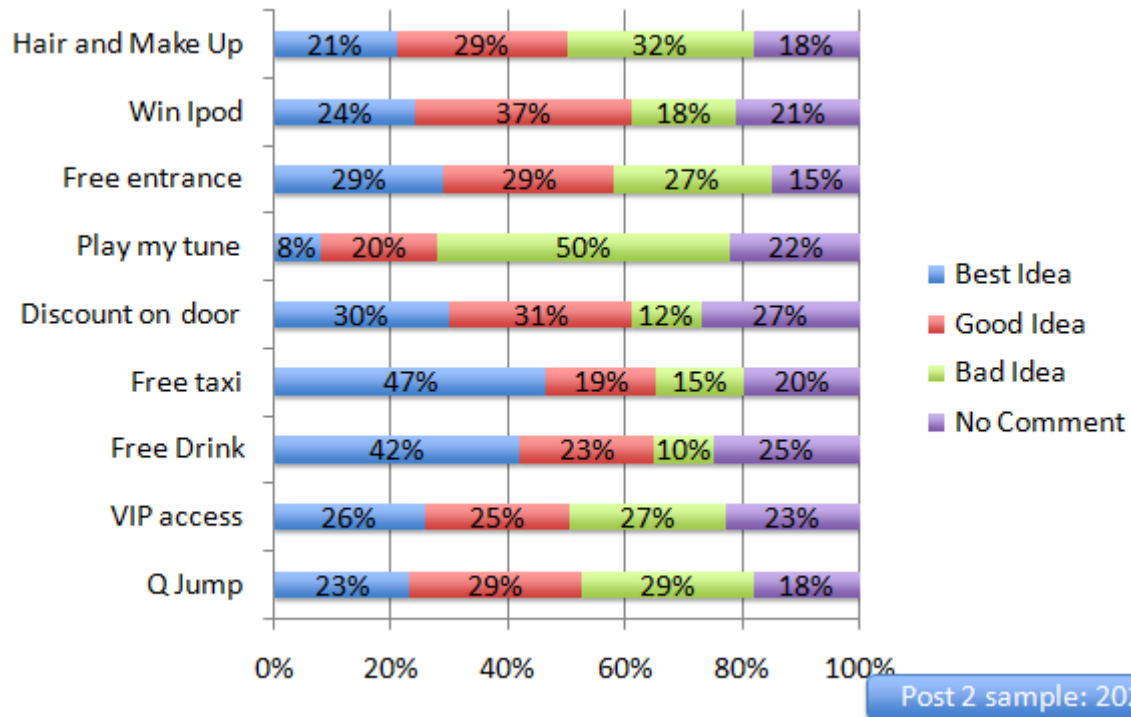
Ideas that fitted with a night out were most immediately acceptable e.g. Q Jump. This fitted with a good night out and was of value to the user. ‘Daytime’ offers were interesting, but respondents felt they would be more embarrassing to redeem currently due to surrounding people and how they might perceive the person displaying the condom. These ideas however were seen as a potential tool to normalise condom-carry over time as they became familiar, widespread and other people are seen to take part.

*“When you’re out with friends you’re less bothered and more confident. You’re not drunk when you go shopping” Female, aged 25*

*“Everyone would think you’re a slapper (carrying a condom during the day)... It makes you sound like you just want sex all the time” Female, aged 22*

### 5.9 Quantitative Data regarding preferences for receiving free condoms

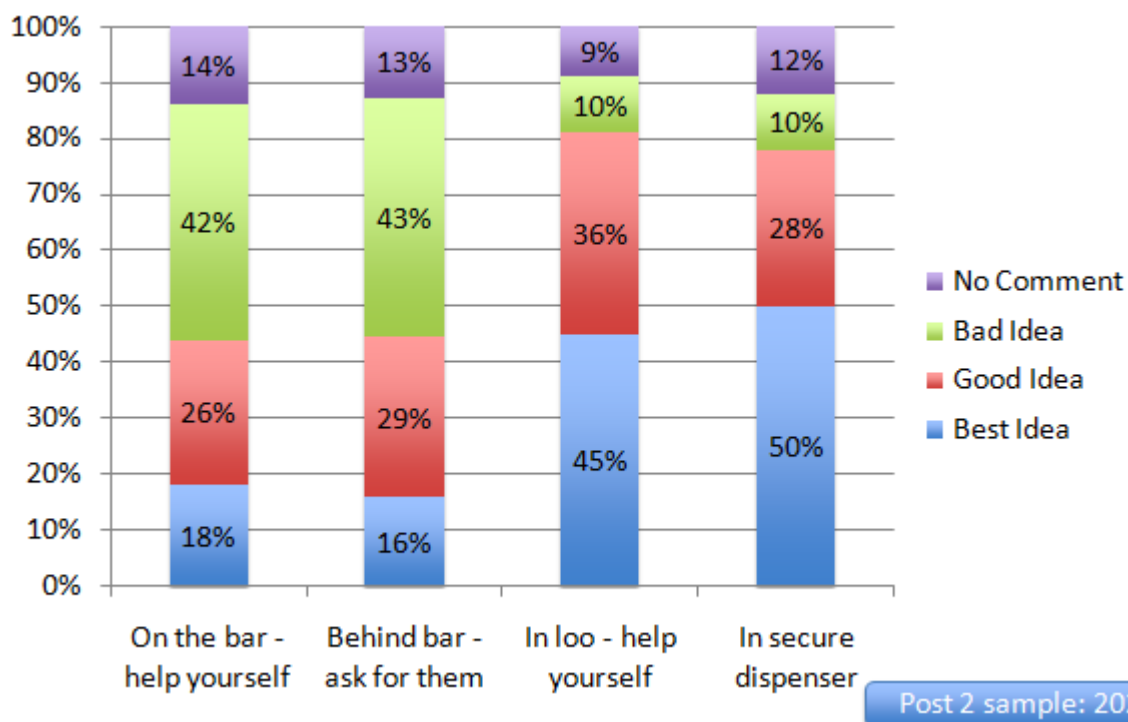
Figure 18 shows how the quantitative sample would prefer to receive free condoms in terms of added incentives.



**Figure 18: How they would prefer free condoms**

This question was asked only of the final post 2 stage in Liverpool. Respondents were asked to put each idea into one of 4 categories: Best idea, good idea, bad idea or no comment. Figure 18 shows that the most popular elements are those that involve some level of financial incentive, whether a free taxi or free drink (most popular options), free entrance to a venue, or the chance to win a currently aspirational item (in this case, an iPod).

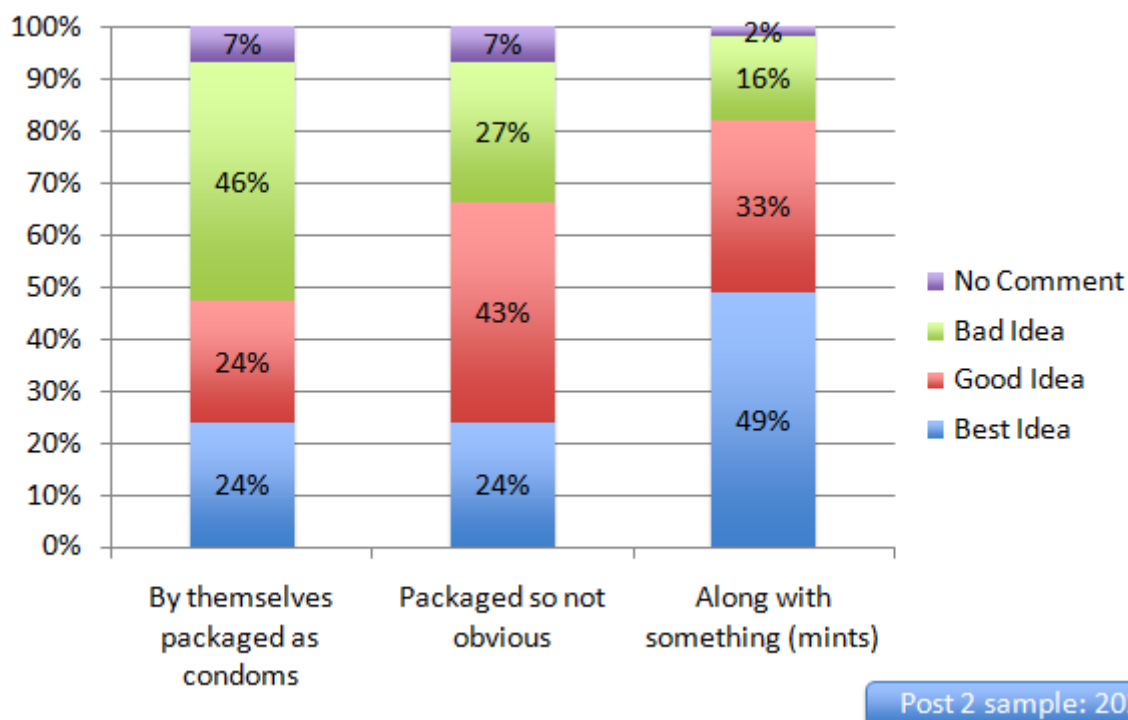
Figure 19 shows how people would prefer free condoms to be distributed



**Figure 19: Preferred distribution methods**

Again this was only asked in Liverpool at the final stage. Figure 19 shows that respondents strongly preferred discrete locations (out of sight of “the public” who might judge, and a potential sexual partner in front of whom they may not want to seem presumptuous or give the impression that sex is a definite possibility or an expectation). They also preferred to be able to pick condoms up rather than to have to ask for them.

Figure 20 shows how people would prefer condoms to be packaged, and the level of discretion they would like to see.



**Figure 20: Preferred packaging**

Figure 20 shows that the most popular packaging would contain an additional item of value or utility, and that subtle packaging (not necessarily a complete disguise as this can have overtones of condoms being shameful) would be preferred over overt.

## 5.10 Partners – key learnings

### 5.10.1 Target audience attitudes to partners

The partners used felt well chosen and appropriate from the target audience point of view, and the bars and clubs chosen for promotion were well-selected with few criticisms. There was a good range of venues, which represented some of the top night spots in the city and the bars as well as the queue jumping itself drove interest. Some alternative venues for street promotions were raised, e.g. Concert Square. The 'retail' partners were also seen as fitting with the campaign in terms of appeal to young people, although it felt harder to understand their involvement as they were not associated with night time.

*“The bars are good. Those are the places we would go to.” Male aged 29*

### 5.10.2 Partners attitudes to the campaign

The response from the partners themselves showed that they were very supportive of the campaign and pleased to take part in it, and mostly they would take part again.

Most were initially interested as they thought the campaign was a valuable idea and both interesting and creative. They tended to recognise that the spread of STIs was a significant issue for young people nowadays, and therefore they felt that tackling this issue was important. Their main stated reason for wanting to take part was primarily altruistic – they wanted to support what they saw as a worthwhile campaign. They felt it was important to support the young people who constituted their target audience with a worthwhile issue and via an interesting campaign. They saw participation as responsible, whilst also recognising that it was a good thing for them to be seen by all parties – young people, the police, etc - as a responsible provider.

*“Great idea – good for customers and we are happy to help out” Partner*

*“We’re always keen to get involved in things that are going to be helpful for the general population and the other side of it is we like to get involved in things that are a bit different – gets us talked about” Partner*

The potential for PR was also a positive, although not stated as a key objective and when mentioned was a secondary issue. There was little sense of participation being a route to actual business advantage at this stage – they did not expect to make money out of it. Instead, it was more about being seen to do the right thing for the people they work with, although they often recognised that this ultimately was good for their business.

*“It could be good PR for us too” Partner*

Partners were generally positive about their element of the campaign, and the logistics of the set-up worked well. They often particularly praised the logistical set up and good communication involved. They felt well-briefed and reported that materials had arrived on time. Most had sufficient materials which were seen as good quality.

The bars and clubs in particular tended to be pleased with the experience. The materials were taken up/handed out without problems and were mostly all used up. There were some issues regarding condom packaging and mints left on the floors, which meant additional

cleaning, although there were (surprisingly) few complaints of customers playing with the materials, as some had predicted.

Handing out condoms and water was also acceptable, although it was noted that this element needed to fit in with the club itself – for example, it should not affect sales of water, so should be handed out on leaving the club, not upon entry. It also was seen as a promotion that would work better at an “end of the evening” venue when there is a more distinct moment for leaving, whereas in mainstream clubs and bars people leave throughout the night, which meant that teams would need to be present for longer.

Q Jump was seen as an interesting idea by clubs and bars, with some mixed reviews however. On a positive side it signalled externally that the bar/club was a popular venue. Although the bars and clubs did not report overly long queues on the (bank holiday) weekend in question, Q Jump was honoured, and was also run on other nights. Occasionally it was honoured on nights when the promotion was not running to save disappointment. Some venues noted that there was some nervousness from the target audience in publicly displaying condoms to gain access, although they expected this to change with familiarisation of the promotion. Other issues raised by bars/clubs were that Q Jump would need some careful handling to ensure that it did not create ill feeling for the main queue. It was suggested that making the promotion noticeable, but display slightly discreet may help in ensuring confidence. It was also considered necessary to think through the logistics of making Q Jump work in terms of managing numbers of people inside, ensuring that other priority people could gain access and that there was enough security to ensure it happened smoothly and safely.

*“But queue jumping is quite hard for any club to operate, when you are running at capacity, you’d have to hold back tickets and so anticipate demand. And when its quiet there’s no need for the promo” Partner*

Another of the retail partners (daytime) noted some embarrassment at publically displaying condoms to claim a reward, given the fact that they were not a night-time setting and although final numbers of those who had taken the offers up were not available at the point of interview, there was a sense that take up of the offers had been relatively low. Although happy to have free condoms on display, they noted that a possible route to helping overcome embarrassment was to mention the promotion at the checkout desk and give the respondent a free condom which they could use and take away with them – thus depersonalising the issue. It was noted also that the packaging of Sweet Loving was quite



young and did occasionally attract younger children, although this issue was managed by staff.

The street teams also reported a positive experience. They found the campaign interesting with creative ideas; they felt well-briefed and well looked-after. It was noted that the briefing also helpfully discussed the campaign aims and strategy which touched on issues such as the tone of voice that should be used when handing out condoms - they understood that the campaign was designed to increase a sense of normality about condoms which they needed to consider in their dealings with the public. In the street teams' opinions, the campaign was positively received by the general public. They reported little embarrassment at handing out condoms, particularly late at night when the mood was right. A few reported some lewd comments, mainly from men, but overall the message was still positive. Furthermore, there were few problems with people becoming offended or upset. Some girls were slightly embarrassed at first or did not want to be branded negatively, but on discussion expressed a more positive reaction. In contrast, men were typically reported as easier to give condoms to as they were much more initially open. There were some reports of humour and silly games, but not too many.

*"Girls could be more shy" Partner*

They reported that some people did not want to accept condoms, often those in relationships and they noticed some people dropping them, or passing them onto others. It was also noted that in a bar/ club setting it was easier to give out condoms than water bottles and there were several bottles left. They also raised the issue that people do leave clubs/bars over a long period of time which meant that if items such as water plus condoms were to be handed out at the end of the evening, it meant a team member had to be in position over a long period of time. As water could not be handed out in bars as it could interrupt with the bars income, it was hard to hand out enough sets of water plus condoms, whereas handing out condoms on their own, in bars was not difficult. In fact in this environment, the water did not appear to be as strongly needed as expected, and people mostly accepted the condoms with humour although it could have been more appropriate for an on-street team.

It was also difficult to talk in noisy clubs at the time of handout therefore it would be important to consider in the future what or if, a message needs to be given at the time of hand-out.

The pharmacy contacted felt the least positive about their role in the campaign (NB small sample). Although they were pleased to have taken part their key criticism was the simplicity of the campaign creative, which they felt could have delivered a stronger message.

Following the Partner interviews, a number of key thoughts emerged. The idea scenario involved targeting people at different moments and in different ways, in clubs, in bars and on the streets. It felt important to carefully consider the specific role of each 'hit' – for example, it would be harder to deliver a message or talk in a noisy bar, and also harder to give water out in bars, but it might be easier on the street. It also felt important to carefully select appropriate areas and venues – for example, to ensure 'youth' areas – and also to consider day and night time delivery and passing trade that may not be appropriate. Finally, there was some sense that the packaging could be more overt – for example, the 'Hot Dog' trolley was mistaken for a hot dog trolley, therefore could be passed by; the condoms were not obviously condoms, and the flyers with the special offers focused on the offer, not the reason for the offer.

## 6. DETAILED FINDINGS: REACTIONS TO SPECIFIC ELEMENTS

### 6.1 Sweet Loving



'Sweet Loving' received a positive response, particularly from women, but also from men despite the overtly female packaging. It was seen as visually impactful and encouraged engagement, and the packaging was immediately covetable and desirable being fun and a very "different" way to package condoms. Tonally it was seen as fun, bright, cute, playful, vibrant, flirty, accessible and easy. This element was thought likely to encourage discussion the audience to pick up condoms, discussion and word of mouth.

*"They look fun. Kind of cool" Female, aged 24*

*"The lollies are fun. There's a party feel to them." Male, aged 29*

Currently however, the fact that the packaging contained condoms was too well disguised in the 'lollypop' stand. Those who had seen it in situ had often not understood what it was at first glance, mistaking it for a lolly pop stand, and there were cited examples of mistakes being made (one by an 8 year old girl). Although it was seen as positive that the condom packaging was not obvious, the stand could be *slightly* more so.

This packaging worked to de-stigmatise condoms, especially for women, as it was seen as fun, flirty and girly, and not overly obvious to carry. The fun packaging offered the potential to be a conversation-starter or softener, and potentially to smooth the way to a discussion about using a condom.

*"The lollies are great because they're colourful and they're fun." Female, aged 18*

'Sweet Loving' was also expected to be a flirty tool for both sexes – its light-hearted style however suggested that sex was fun and easy and, to some, often older respondents, this

was almost promoting casual sex or trivialising sex. For some respondents it had a childish feel and this perceived childishness was at odds with sex.

*“I wouldn’t touch it with a barge pole. I think it makes sex look a bit too free and easy. I don’t think it’s taking it seriously enough for me. I think it seems more like a hen do thing” Male, aged 34*

Another slight negative raised was that the packaging led to an expectation of flavoured condoms or that it would also contain a lollypop, and some were therefore disappointed. The stick in the packaging was also unwieldy and discouraged continual use – most reported that they would get rid of the stick to allow them to carry the condom more easily.

‘Sweet Loving’ was seen as likely to encourage the audience to pick up condoms for on the night supply or for novelty value and some women felt they could carry a condom out again in this packaging as the condom was disguised, but this would be very dependent on them *remembering* to pack it.

*“You could walk down the street with it and nothing stands out that it’s a condom. It’s just a lolly” Female, aged 25*

## 6.2 Get Fresh



The Get Fresh concept had many strengths. The concept fitted with a night out as it provided something of value – the mints were desirable for fresh breath and pulling the opposite sex. Overall, it felt tonally adult and mature.

‘Hiding’ a condom alongside the mints in a small box was seen as a clever idea - it provided a valid and motivating reason to pick up and carry. Respondents did not feel they

were just disguising a condom - they were carrying a useful item on a night out which also happened to have a condom in it. There was also a practical reason to take the condom out again in that the tin with mints was itself a keepsake and therefore the concept had potential to may encourage continual carry although respondents did wonder if when the mints were gone, the box and the condom would be used again.

*“It just looks like mints, which was a good thing...I think it because girls get called slags when they do it” Female, aged 19*

The current packaging was however insufficiently visually engaging. The colours were too recessive and the package was not obviously free – in contrast, it looked too high-value (and costly) and therefore some expected to have to pay for it. The condom element was also not immediately visible, so only mints were expected. Although the mints were an attraction, the condom element was missed.

*“I think I’ve seen them. They don’t really grab your attention. And they’re a bit too big – they wouldn’t fit in my jeans pockets.” Male, aged 29*

*“Do you have to pay for them?” Male, aged 21*

Furthermore, the packaging itself was too big, and could be difficult for either sex to easily carry on their person. There was a strong desire for much smaller packaging with mints and a condom.

*“I like it. It looks like a packet of cigs but it’s a bit big to put in your bag when you’ve got no room. I think it’s more aimed at lads; maybe if it were smaller and like pink and flowery!” Female, aged 25*

*“Fresh breath. Your breath stinks of beer and tabs so it’s a good idea. It’s a bit heavy and a bit big and bulky for your pocket. If it was smaller and thinner” Male, aged 27*

### 6.3 Hello Saucy



The concept of condoms packaged as 'condiments' and being given out via a Hot Dog Trolley or in a fish and chip shop received a mixed reaction – some thought it was very funny and engaging and enjoyed the play on words, while others thought it was rather silly or did not get the pun.

*"...is a bit too obvious. I'd be too embarrassed to take one" Male, aged 21*

*"I think it's a good idea. I think this will attract people just by how it looks" Female, aged 24*

The hot dog stand itself also suffered from similar reactions, either it was seen as funny and liked; or slightly silly and some people had not realised what it was. Although the presence of condoms on the street, in humorous packaging did work to normalise them slightly, the humour of the execution felt as if it could be more grown up or clever – more 'head' over 'groin'. Some found the food analogy rather odd and expressed the view that if they were looking for food at the end of the night, this was because they had *not* pulled; post-bar food and sexual encounters would not seem to be mutually exclusive. Others did however find it engaging and amusing, and the response from the team manning the stand was similarly positive.

*"I saw it and walked by it. I thought it was a hot dog stand." Male, aged 21*

An on-street location was seen as a positive for handing out condoms between venues, and for enabling conversation. The fact that the condoms were handed out (allowing respondents to reactively accept rather than having to proactively take or ask for one) made them, as previously discussed, easier to accept, particularly for women. It was seen however as a one off promotion and distribution did feel scattergun.

The Lobster Pot was considered to be quite a good venue to have condoms available. It fit with the idea of an end-of-evening venue, and the ability to pick up condoms rather than having to ask for them was (again) liked. This was again however arguably not a venue that a couple would visit before commencing a sexual encounter. In addition, the "condiments" packaging was not particularly obvious and was sometimes mistaken for sauce sachets.

## 6.4 'Feeling Hot'



Feeling Hot was seen as an interesting concept with some issues raised. On the positive side, it provided a condom at a critical moment at the end of the evening, and water was considered extremely useful at the end of the evening. Concerns were occasionally raised about the safety of accepting water, particularly fears about it being spiked, and questions about who was giving it out and why. The concerns did mostly centre on the water rather than the condoms.

*"I wouldn't take the water, I'd be worried that someone had messed with it, you know, spiked it" Female, aged 19*

The sexual connotation of a condom was masked by giving it out with the water, which made it easier to accept, particularly by women. As previously mentioned, however, this approach could also feel slightly scattergun as the water and condoms were handed out randomly rather than to those who definitely needed them.

*"You could take it for the water, the condom was coincidental" Female, aged 22*

*"You feel more comfortable about taking it because it's been handed to you" Female, aged 25*

The packaging received a mixed response. Some liked it and thought that 'Feeling Hot' was amusing and subtle (it could be a face-wipe). For others it was somewhat cheap and tacky, and almost too blunt with all traces of romance removed – again 'groin' over 'head'.

*"What are they trying to do? Promote safe sex or just having sex?" Male, aged 34*

## 6.4 Going all the way



Having condoms available in a taxi was a good idea in principle – this was felt to be as close to the ‘point of shag’ as it was possible for a campaign to get, and past the last opportunity to obtain a condom from alternative sources.

*“That’s good if it had taxi numbers on it” Female, aged 21*

*“I wouldn’t get into a taxi knowing that the driver had condoms, especially on my own” Female, aged 20*

However, for all but the most confident, the necessity of asking the taxi driver could be a strong disincentive. Women in particular found this idea disturbing and awkward, and some were worried about embarrassing themselves by asking ‘dodgy’ taxi drivers, who were often seen as either flirtatious or akin to their fathers’ age. Others expressed concerns about sexually predatory taxi drivers having condoms in a cab.

*“The taxi one is good because it would be at a time when you need one.” Female, aged 18*

*“The taxi is good because it’s less public than the other ideas.” Male, aged 21*

Men were more confident about asking a driver for a condom but could also be embarrassed, particularly in front of a prospective partner. As with every other access point where individuals display their sexual intentionality, there was an issue of timing and not wanting to look presumptive.

*“I’d rather be able to take them and not have to ask the taxi driver” Male, aged 29*



The idea of being able to take a condom from the rear seat or glove compartment was better-liked and seen as more subtle. Some respondents also liked the idea of packaging a condom with a list of local taxi phone numbers and the condom integrated within this. This could potentially become a more habitual thing to carry as, like the Get Fresh mints, it would be useful for something other than the condom. This type of packaging could be available in bars/clubs and other venues as well as in taxis.

### 6.5 Q Jump



Q Jump was an interesting and fun idea for the target audience. Several respondents had heard about it – it caught their attention on the radio, or out and about. However, only a small number of people had taken it up, although the Partner clubs had honoured it, even if it had not officially been running on that night.

*“Them radio ads are good. It’s good that the bars and clubs are in on it as well.”*

*Female, aged 18*

Q Jump was seen as clever – the link to clubbing and going out fit well with a ‘night out’/meeting the opposite sex. It was however seen by some as a form of bribery.

*“I think if everyone knows that this was happening, people will just carry one to queue jump. I think boys would use it more than girls, I think boys are less bothered than girls with everybody there” Female, aged 19*

A challenge facing Q Jump was the potential for embarrassment. This issue was raised chiefly due to the current attitudinal problems associated with carrying condoms (as previously discussed). These meant that it was seen as embarrassing to produce a condom in public, particularly for women, who feared that they may be viewed negatively, as seeking sex. Some men also worried that they would look foolish by, for example, producing the

condom on the wrong night, or that they may be criticised by others who have not taken up the promotion.

*“I did do the queue jump but I got so much stick from my mates” Male, aged 21*

Some C2DE men were also concerned the promotion would not work in that carrying and showing a condom would be insufficient to grant them entry past the doormen, who were perceived not to want them in the club. Concerns were raised about Q Jump causing fights among those who did and did not have to queue, particularly if many of them had already been drinking. Some concerns were also raised on behalf of others who do not want to carry condoms – for example, friends in relationships, who may feel disadvantaged.

*“it being so popular there was a queue for the q jump people!” Male, aged 24*

Despite concerns, respondents thought that Q Jump had the potential to drive acceptance and effectiveness in terms of de-sexualising condoms and thus de-stigmatising condom-carrying. If run continually or frequently, it has the potential to work effectively. As the bandwagon started, people would see others doing it and then follow their lead; peer pressure could then help normalise carry for even the shyest. There would thus be three types of benefit – helping to encourage carry, reducing the sexualisation and intentionality stigmatisms of condoms, and making condom-carrying the smart option. It was suggested that the Q Jump idea could even be more interesting if promotions were held on more exclusive nights – e.g. featuring a celebrity DJ. Running the promotion frequently however was felt to be important as currently a drawback of Q Jump was that it felt transient, i.e. was only expected to encourage condom-carrying on the night of the promotion unless it became regular occurrence. Finally, taking up Q Jump requires pre-planning and thought, which did not always fit with a spontaneous night out.

*“We use Facebook to plan nights out so it would be good if they told you about the queue jumping on there.” Female, aged 18*

## 6.6 Money off vouchers for retailers



The hair and clothing offers had potential, but attitudes to condom-carrying during the day and displaying a condom in a public place were key barriers to current take-up.

*“Why should people feel the need to show condoms to get money off things” Male, aged 34*

The Voodoo and Resurrection offers were seen as interesting ideas with an appealing principle, and the stores were appropriate and youth-focused. However, producing / offering condoms during the day felt less appropriate, and had no immediate fit or link with going out. For the reasons previously detailed, it could also feel embarrassing to show a condom due to the fear of being judged – particularly in the daylight, when completely sober. Some expressed the fear that the other shoppers or shop assistants would look at and judge them, and that daytime condom-carrying suggested strongly negative connotations of promiscuity. It felt slightly more acceptable if prompted by a shop assistant, and if condoms were available on the counter.

*“So is it promoting safe sex or a discount card?” Female, aged 20*

*“Hairdresser one is a bit daft...Might be old people sitting in there” Female, aged 25*

*“I got the 20% off at Resurrection. My girlfriend didn’t want me to as she was too embarrassed. But I did as it was £10 off” Male, aged 20*

Overall, this was seen as long term idea – it started to work towards normalising condoms, but conversely required them to be normalised for the best uptake. The quantitative data

suggested high awareness of such promotions, but few in the qualitative interviews reported getting involved.

### 6.7 Pharmacy POS



The pharmacy poster was recognised by some but was not felt to be strongly engaging. The image was liked, particularly by women, although it not seen as particularly attention grabbing and tonally felt more serious than other parts of campaign. The message was felt to be much more about sexual health and where to seek advice than encouraging condom-carrying/usage.

*“It got a more traditional look. The black and white colours make you think it’s an NHS poster” Male, aged 29*

*“Talk about sex... Sometimes you wouldn’t want to talk about it would you” Female, aged 25*

Some respondents expressed embarrassment about talking to a chemist/ pharmacist about sexual advice – such a person would not be their first choice. On thought this could become even more embarrassing as they envisaged the scenario and wondered whether they would have to converse in front of the other customers, and what the pharmacist might think. For all of these reasons, most would ultimately prefer to have such a conversation with someone at a specialist clinic.

*“I don’t see myself going to a pharmacist and asking for advice in there” Female, aged 21*

The leaflet had a very mixed reaction – it was thought to be useful, but quite detailed and therefore hard to anticipate usage.