

## Why did we do this project?

- Young people are at risk of sexually transmitted infections (STIs) due to inconsistent condom use and irregular STI testing
- Text messages (SMS) are a promising method of delivering health promotion messages to young people, as most young people own mobile phones
- A trial conducted by the Burnet Institute in 2006-2007 proved that SMS can be used for sexual health promotion to young people (*more info at <http://www.burnet.edu.au/home/cph/recent/bigdayout>*)
- This project aimed to expand the use of SMS by sending to a larger group of young people

## What did the project involve?

- We recruited 2,377 young people aged 16-29 at the 2008 Melbourne Big Day Out music festival.



- Participants completed a short survey and were asked to provide their mobile phone number. 1,995 people gave us a valid mobile phone number
- Every two to three weeks for four months, we sent SMS about sexual health and safer sex – the messages were designed to be short, catchy and informative. Some of the messages we sent were:

*Roses are red, daisies are white, use a condom if you get lucky tonight.*

*Happy Valentines Day! Love the Burnet Institute*

*Protect your or your partner's eggs this Easter with a condom. Chlamydia can cause infertility.*

*Enjoy the long weekend! Burnet Institute*

- 351 (18%) of those who started receiving the SMS withdrew from receiving the SMS during the broadcast period, by texting back 'stop' or similar to us
- Once 12 SMS had been sent we invited the remaining 1,644 participants to complete an online follow-up survey. 676 people (41%) completed the survey
- We also held eight focus groups with participants to discuss their opinions of the messages we sent. Forty three individuals participated in the focus groups.

## What did we find out?

- Responses on the final survey to the SMS were positive:
  - 81% said they found the messages entertaining
  - 70% said they found the messages informative
  - 76% said they showed the messages to others
- Compared to the first survey, after receiving the SMS, participants:
  - Had significantly improved their knowledge of sexual health (*see Table 1 on next page*)
  - Were more likely to have had an STI test (*see Table 1 on next page*)
- From the focus groups we found that:
  - The approach of using SMS was appealing

*“It’s different and it’s sort of--I don’t know. It’s a new take on rather than sort of seeing sort of posters or billboards like everywhere, bombarding you, it’s something more, sort of, because it’s in a text, more personal. So when you share it with people like “oh, cool”. Rick\*, 22*
  - SMS were a useful reminder

*“..it grabs your attention but it doesn’t like force you to do anything, its just gently reminds you”  
Kate\* 17*
  - The messages reduced perceived barriers to STI testing

*“I reckon it made... a lot of people when they like talk about STI testing, it’s ... only at doctors, it’s a big deal and you’ve got to feel embarrassed about doing it and the SMSs kind of put into context that it’s not actually a stupid thing to do. Like go and do it, it’s not a big deal” Tracey\*, 17*



\* Names have been changed

## What does this mean?

- We’ve proved that its possible to send health promotion SMS to a large number of young people
- We’ve gathered more evidence that SMS can be used to improve sexual health knowledge and increase STI testing

## What happens now?

- We have presented these findings at a national and international conference, and are currently preparing a scientific paper for publication
- We have received funding to do a much larger study using SMS and MMS to promote sexual health and sun protection to young people in Victoria (*more info at <http://www.burnet.edu.au/home/cph/current/s5>*)
- We will continue to advocate for SMS to be used in sexual health promotion campaigns, such as those run by the government and other large organisations

Note: Survey data were weighted to account for those sexually active at baseline that were lost to follow up (as they withdrew from receiving the SMS or did not complete follow up survey). Weighting adjusts for the loss of these people, to make the responses on the second survey representative of everyone, not just those who completed the second survey.

**Table 1:** Comparison between survey response at baseline and follow up, weighted analyses using McNemar's test (sexually active participants only)

	Males			Females		
	n	%	P <sup>~</sup>	n	%	P <sup>~</sup>
Total	735	100		984	100	
<b>Knowledge score of &gt;=5/6 correct</b>						
First Survey	201	27.3		399	40.5	
Second Survey	430	58.5	<0.01	698	70.9	<0.01
<b>STI test in past six months<sup>^</sup></b>						
First Survey	55	7.5		172	17.5	
Second Survey	76	10.4	0.02	223	22.7	<0.01
<b>Had casual partner/s past twelve months</b>						
First Survey	400	54.9		498	51.0	
Second Survey	317	43.5	<0.01	406	41.6	<0.01
<b>Always use condoms with casual partners*</b>						
First Survey	143	57.0		192	60.6	
Second Survey	167	66.5	<0.01	186	58.7	0.05
<b>Had new partner/s past three months</b>						
First Survey	242	33.0		358	36.4	
Second Survey	185	25.2	<0.01	216	22.0	<0.01
<b>Always use condoms with new partners*</b>						
First Survey	72	66.1		82	67.2	
Second Survey	51	46.8	<0.01	65	53.3	0.02

<sup>~</sup> The 'p' refers to the 'p value' – the probability of that the difference between groups (in this case, the first and second survey) occurred by chance. A p value of less than or equal than 0.05 is taken as "statistically significant" i.e. there is truly a difference between the groups.

<sup>^</sup> The description of STI test did not specifically exclude pap smears, thus is likely that some females are reporting having pap smears rather than other STI tests (chlamydia, gonorrhoea etc)

\* Only includes those with casual or new partners at baseline and follow up