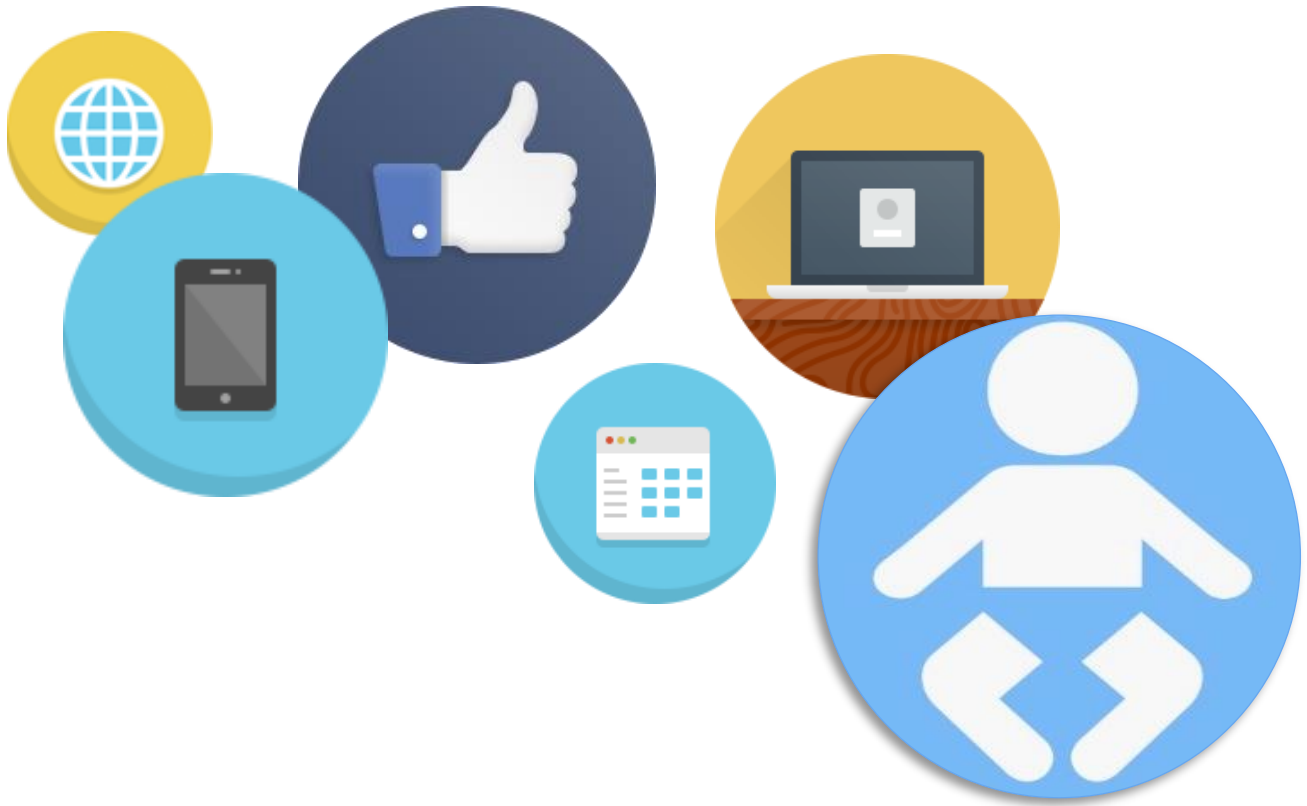


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Preventing Thai Teen Pregnancy through Digital Media

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ABSTRACT

Thailand has experienced a steep rise in teenage pregnancies over the last decade. Teen mothers are more likely to struggle to support themselves financially than older women, making them more dependent on the government for monetary support. In addition to financial consequences, teen mothers and their babies face severe health risks related to the pregnancy. This project's goal was to reduce Thai teen pregnancy by promoting safe sexual practices through digital media. After analyzing existing Thai digital media for a message gap related to teenage pregnancy, the team found that no videos encouraged teens to talk about contraception with their sexual partner. After extensive background research and several interviews with social marketing and video production experts, and a government public health director, the team produced a 30 second Thai video encouraging teens aged 15-19 in Bangkok to have discussions related to contraception use with their partner. In order to gauge the efficacy of this video, the team measured teens' short-term attitude changes towards this message by administering surveys to 147 teenagers before and after the teens watched the video. Analysis of the survey results revealed that the video was effective in positively changing teens' short-term attitudes towards discussing contraception. From this analysis, the team composed recommendations for continued research of this video as a part of the solution to teen pregnancy in Thailand.

EXECUTIVE SUMMARY

INTRODUCTION AND LITERATURE REVIEW

Thailand is undergoing a cultural transition away from its traditional roots into an increasingly westernized nation. One element of this transition is the increase in the number of Thai adolescents engaging in risky sexual behaviors, such as unprotected sexual intercourse. The increase of this type of behavior lends itself to a concerning rise in Thailand's adolescent birth rate. Currently, the ratio of girls ages 15 to 19 giving birth in Thailand has reached 53.8 per 1000 girls of the same age. This rapid incline in the adolescent birth rate is cause for concern, as teen pregnancy can lead to serious consequences including complications during labor, low infant birth weight, high infant mortality, higher likelihood of dropping out of school, and greater financial dependency. (Termpittayapaisith & Peek, 2013)

In order to understand the issue of teenage pregnancy both globally and in Thailand, the team researched the characteristics of the at-risk population, the consequences of teenage motherhood, current prevention initiatives and campaigns, factors contributing to the prevalence of teenage pregnancy, and effective methods of preventing teen pregnancy. The project's sponsor, Dr. Nuntavarn Vichit-Vadakan, Dean of Thammasat University's School of Global Studies, asked the team to create a digital media with a unique message to reduce teen pregnancy in Thailand. To accomplish this goal, the team also investigated current Thai teenage pregnancy prevention initiatives, teenage psychology regarding risky sexual behaviors, and methods of creating a digital media to be used as an effective solution for risky sexual behavior. This research showed that teenage attitudes and behaviors cannot be significantly changed by scare tactics or shocking statistics, but rather with positive, direct, and relatable advice. By obtaining

and understanding this information, the team laid the groundwork to reach the project's goal of creating an effective digital media with a unique message to reduce teen pregnancy in Thailand. The team's objectives to attain this goal were (1) to conduct Thailand-based digital media background research, (2) to determine the content of the intervention by finding a message gap in existing Thai teen pregnancy interventions, (3) to develop the new intervention, and (4) to test the efficacy, quality, and popularity of this digital media intervention.

METHODOLOGY

The target audience of the study was the population of adolescents 15 to 19 years old living in Bangkok, since the entire teenage population of Thailand was too large and diverse a group on which to perform targeted data collection and analysis within the time constraints of this project.

Background research indicated that 30-second online videos with humorous tones were the most effective type of digital media to reach American teens. However, the team could not find similar research regarding Thai teens, creating the need to first verify the American research regarding videos within a Thai context. The team interviewed three organizations in Bangkok—WHY NOT Social Enterprise, The Bureau of Reproductive Health, and Population Services International (PSI)—in order to obtain more information from different experts on marketing and advertising to Thai teens. As all three experts confirmed that videos were effective for reaching Thai teens, the team went forward with creating a video for the project.

After deciding to produce a video, the team needed to determine the content to include in the video. Though many teen pregnancy prevention videos already existed on the Internet, prior literature review emphasized that scare tactics—the method that most of the existing videos utilized—are ineffective in changing teens' behaviors. Thus, the Thai team members reviewed and analyzed the messages in 15 existing Thai teen pregnancy prevention videos. The purpose of this analysis was to find a new message to include in the project's video that had the potential to positively impact Thai teens. Overall analysis of the existing videos showed that, though some of the videos' messages encouraged contraception use, none of them featured direct or positive strategies for teens to improve their contraception use. From this message gap, the team generated the new message "Discuss contraception with your partner." After creating a slogan using this message, the team informally surveyed 44 teens outside of Siam Square regarding the slogan's catchiness, ultimately using their feedback to devise the slogan “คุยก่อนจะซัด คิดก่อนจะมัน (Talk about it before having fun, think about it before banging).”

The third objective was to create the video. The team brainstormed and discussed several humorous storyboard concepts, eventually deciding on two concepts that could portray the team's message while staying within the 30-second time frame. The team then consulted two video production experts to help choose the best storyboard based on monetary and skill constraints as well as the short production time period. Using the final chosen storyboard as a guide, the team first enlisted two film students from Rangsit University to help film and edit the video. The entire production process took place over the course of one week.

The final objective was to test the efficacy and popularity of the video. The team tested the video's efficacy with two surveys: a Pre-Survey, which was administered before the video,

and a Post-Survey, which was given after the teens had watched the video. Each survey contained three questions that were meant to test for short-term attitude changes towards contraception in Thai teenagers. The three questions were as follows:

1. How important is it for teens to discuss contraception with a partner?
2. How comfortable is it for teens to discuss contraception with a partner?
3. If you had a partner, how likely are you to discuss contraception with him or her?

The teens answered these questions by giving a rating on a scale from one to five. For example, for the first question, a rating of 1 means not important and a rating of 5 means very important. Additionally, the Post-Survey included questions that prompted teens to rate the video's qualities, including its message, acting, sound and flow. The team surveyed teenagers ages 15 to 19 in Siam Square, a public shopping area, and Siam Institute of Technology, a public high school. The team anticipated that the survey results would indicate a positive change in teens' short-term attitudes towards contraception after they had watched the video.

To test the popularity of the video, the team launched the video on YouTube and linked it to a Facebook page "Talk About It." After one week, the team recorded the popularity metrics—the number of views, likes, shares, and comments—on the video.

Results

Analysis of the surveys given to teens at Siam Square and Siam Institute of Technology indicated that the video consistently prompted a statistically significant, positive, short-term attitude change by making teens feel more comfortable discussing contraception with their partner. At Siam Square, the video was effective in positively changing teens' short-term attitudes regarding the three contraception-discussion attitudes. In general, male teenagers

showed a larger positive short-term attitude change than the females. The teens also rated the quality of the video's message, acting, sound, and flow above average.

One week after the launch to Facebook and YouTube, the video had gained 597 views, an 84% completion rate on YouTube, and an 11.4% engagement rate on Facebook. The high completion indicates that the teens who did choose to watch the video stayed to watch the entire video. However, the relatively low number of views suggests that potential viewers are not interested in clicking the link. This result implies that the majority of teens who watch the video will view it in its entirety--the challenge lies in encouraging them to click the link in the first place.

RECOMMENDATIONS

Based on the findings from the results and prior background research, the team generated the following three recommendations for the project's sponsor, The School of Global Studies at Thammasat University.

1. The team recommends that researchers expand the study of this project's video to include long-term attitude and behavioral changes in Thai teenagers. Though this project's video analysis concluded that the video was effective for short-term attitude changes, future researchers should test whether the video has the potential to affect positive long-term behavioral changes in Thai teens.
2. The team recommends that if the video is found to be capable of changing sexually risky behaviors, the video be included as part of a campaign of several videos with variations of the message "Discuss contraception with your partner." Research shows that when a company advertises a message many times, the audience is more likely to understand the

message. Each subsequent video that the campaign releases can be modified to fit the ever-changing trends, slang, and interests of the teenagers in Thailand.

3. The team recommends that future researchers utilizing the video should collaborate with a highly-esteemed or well-established organization to promote the video. This strategy could help the video gain a larger audience, and thus, spread the video's message to more of the target audience.

CONCLUSION

In completing this project, the team developed a video with a unique message, “Discuss contraception with your partner,” that was successful in positively changing short-term attitudes of Thai teenagers towards contraception. The research that led to the analysis of the video is only the first step towards a comprehensive solution for teenage pregnancy in Thailand. The team left the remaining steps as recommendations for the project sponsor, The School of Global Studies at Thammasat University, to carry out. If the sponsor implements these steps, the video’s message will be able to reach more teens, and the video can become part of a greater movement to reduce Thai teenage pregnancy.

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1 INTRODUCTION

Pregnancy can be a joyful occasion that merits celebration of new life, but this is not the case for all. Some women, specifically adolescent women, face greater challenges raising children due to financial and physical difficulties (Thaithae & Thato, 2011). For instance, the younger a woman is when she becomes pregnant, the less likely she is to pursue higher education (Hoffman & Maynard, 2012). This resulting lack of education often hinders these young mothers from obtaining higher-paying jobs, which contributes to them falling into a lower socioeconomic status. These women are generally more dependent on the government for financial support, as they struggle to support themselves and their babies with their modest incomes (Hoffman & Maynard, 2012). In addition to economic challenges, teen mothers also face serious health risks during pregnancy. Teen mothers are more likely to develop conditions such as eclampsia, anemia, heart disease, and cervical cancer. UNICEF reports that the leading cause of death for women aged 15 to 19 are complications relating to pregnancy (UNICEF, 2008). Babies born to young mothers also face negative health risks such as birth defects, low birth weight, preterm birth, and infant mortality (Termpittayapaisith & Peek, 2013).

Globally, 15 million girls under the age of 19 give birth every year, with 1 million of these girls being 15 years old or younger (UNICEF, 2008). Though teen pregnancy is a large-scale global problem, it is especially prevalent in Thailand. Between 2000 and 2013, adolescent birth rates in Thailand rose by 73%, from 31.1 births to 53.8 births per 1000 girls between the ages of 15 to 19 (Loaiza & Liang, 2013; Termpittayapaisith & Peek, 2013). The factors contributing to Thai teen pregnancy include a non-comprehensive sexual education curriculum, a

lack of parental guidance and communication, lack of contraception use, gender inequality, developmental teen psychology, and an increase in exposure to explicit sexual content via digital media (Termpittayapaisith & Peek, 2013). While these factors all play significant roles in contributing to Thailand's high teen pregnancy rates, this project specifically addresses the lack of contraception use among Thai teenagers, ages 15 to 19 years old.

In addition, the team's sponsor, Dr. Nuntavarn Vichit-Vadakan from Thammasat University, suspects that the recent modernization of Thailand, and the subsequent rise in digital media usage, is contributing strongly to the rise in teenage pregnancy rates by exposing Thai teenagers to explicit sexual content that lends itself to risky sexual behavior. The team sees this widespread use of digital media as a potential solution; it can serve as a means of promoting positive sexual behaviors and attitudes to teenagers. Thus, the team's goal was to develop an appropriate intervention aimed at increasing contraceptive use among Thai adolescents through digital media.

The team was able to propose recommendations for future digital media initiatives aimed at preventing teenage pregnancy by completing four sequential objectives. The team determined the content and phrasing of the digital media by combining knowledge from literature review and personal interviews. This research then facilitated the creation of a video, which the team produced after consulting experts in production, and by referring to prior research on production best practices. Finally, the team launched the video online and surveyed Thai teenagers in Bangkok to measure the efficacy (as defined in the full Glossary of Terms found in Appendix A) of the video. The video and conclusions from its analysis can be used as a guide for future researchers striving to promote safe sexual practices among Thai teenagers in Bangkok.

2 LITERATURE REVIEW

The investigation of the issue of teenage pregnancy, both globally and in Thailand, began by researching the characteristics of the at-risk population, the contributing factors of teen pregnancy in both a global and Thai context, the consequences of teenage motherhood, current prevention initiatives and campaigns, and effective methods of preventing teen pregnancy. The team also explored current teenage pregnancy prevention initiatives as well as methods of creating a digital media. The following sections examine these topics in further detail.

2.1 HISTORY AND STATISTICS OF TEENAGE PREGNANCY: A GLOBAL AND THAI PERSPECTIVE

Teenage pregnancy is a widespread global issue. Figure 1 illustrates that although women of any nationality or demographic can be subject to pregnancy at a young age, trends and statistics have indicated a higher prevalence of teen pregnancies within lower socioeconomic backgrounds (Termpittayapaisith & Peek, 2013).

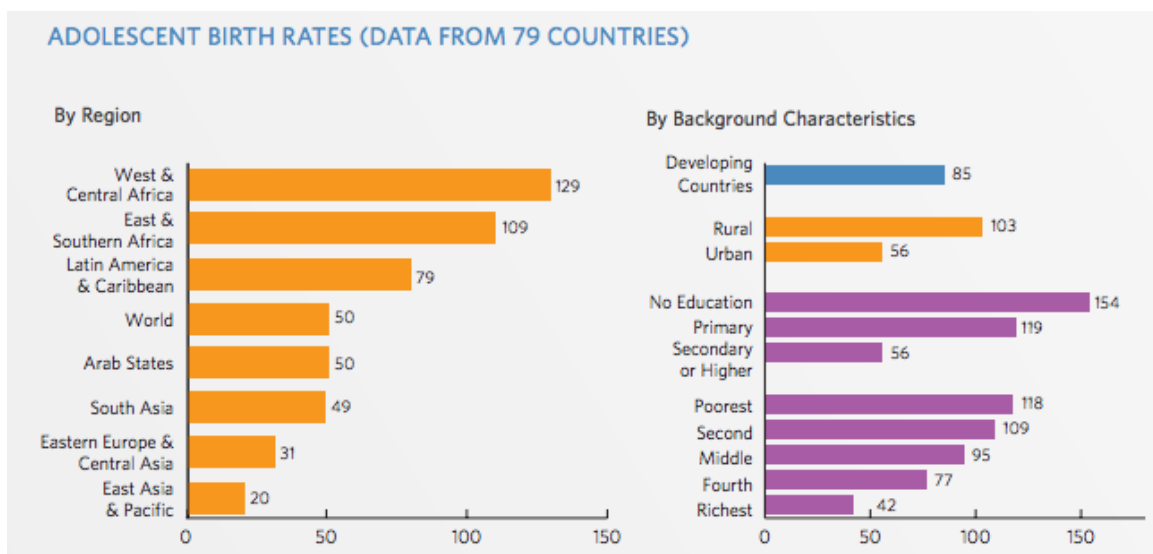


Figure 1: Adolescent Birth Rates from 79 Countries (Termpittayapaisith & Peek, 2013)

For instance, teens in less affluent areas of the world--specifically developing nations--are at a greater risk of becoming pregnant than others. As shown in Figure 2, about 1 in 5 girls in developing countries become pregnant before turning 19, and many die from complications related to their pregnancy

(Williamson & Blum, 2013).

Nevertheless, developed countries experience trouble with teen pregnancy rates as well.

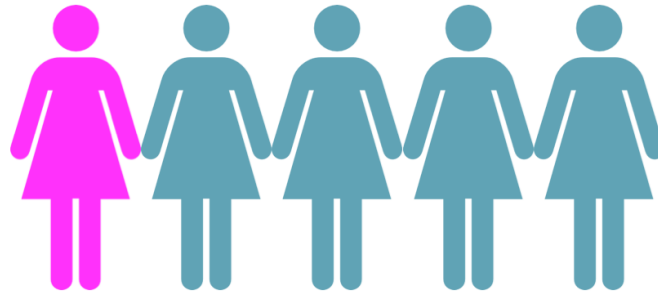


Figure 2: Prevalence of Teenage Pregnancy in Developing Countries (Williamson & Blum, 2013)

Thailand is one such developed nation that is currently struggling with the issue of teenage pregnancy. The country's overall birth rates have fallen over the last decade, yet teen pregnancy rates are rising, as shown in Figure 3. Between 2000 and 2013, adolescent birth rates

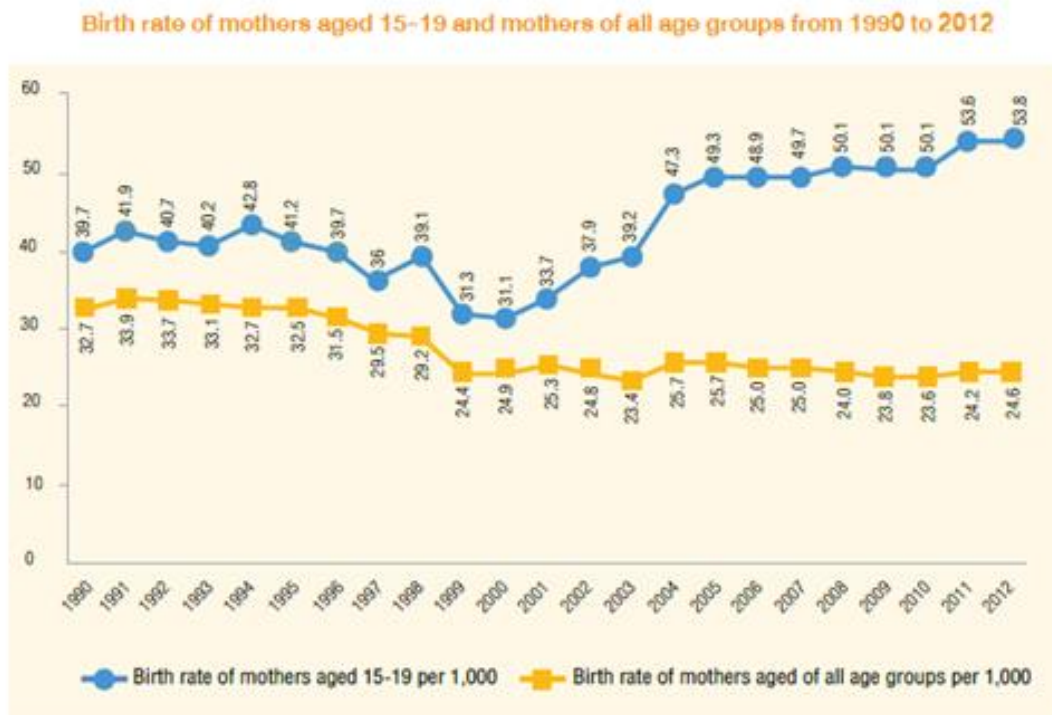


Figure 3: Thailand's Adolescent Birth Rate vs. Total Birth Rate (Termpittayapaisith & Peek, 2013)

in Thailand rose 73% from 31.1 to 53.8 per 1000 teenage girls (Termpittayapaisith & Peek, 2013). As can be seen in Figure 4 this rate is high compared to the Asia-Pacific region's average of 35 per 1,000 teenage girls (Termpittayapaisith & Peek, 2013; Loaiza & Liang, 2013).

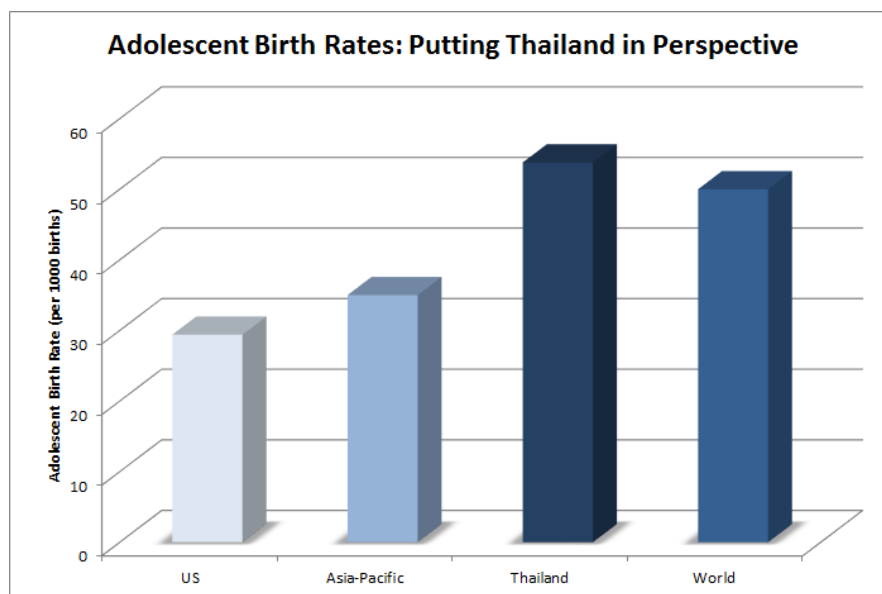


Figure 4: Adolescent Birth Rates: Putting Thailand in Perspective (Termpittayapaisith & Peek, 2013; Loaiza & Liang, 2013)

2.2 CONTRIBUTING FACTORS OF TEEN PREGNANCY

Many factors contribute to teen pregnancy. In Thailand, teen pregnancy may be attributed to a combination of the ineffective sexual education in Thailand, lack of communication between parents and teens, obstacles to using contraception, gender roles, developmental teen psychology related to risky behavior, and exposure to explicit content online (Termpittayapaisith & Peek, 2013). The following sections expand on these contributing factors.

2.2.1 Ineffective Sexual Education and Communication

Thailand's Compulsory Education Curriculum did not formally incorporate sexual education until 2011 (Smith, Kippax, Aggleton, & Tyrer, 2003). Existing programs within schools are poorly established and inconsistent in terms of curricula and teaching methods (Kay,

Jones, & Jantaraweragul, 2010). These programs are also limited in the types of audiences they can reach, since sexual education is only offered to secondary school students, which starts at age 15 or older. One study states that 28% of pregnant Thai teens never make it to secondary school, and thus, never receive any sexual education at all (Thaithae & Thato, 2011).

Sex education is often taught in parallel with biology and science in Thai classrooms. This shared time slot with biology means that there might not be adequate time to cover all material effectively (Smith, Kippax, Aggleton, & Tyrer, 2003). Teachers tend to focus solely on the anatomical aspects of sex, so students receive only the basic knowledge of how their bodies function.

This strict focus on the education of anatomy stems from modest Thai culture where acknowledging sexual behavior is considered indecent. This cultural stigma leads to a lack of communication between teens and health educators, like parents and teachers. (Vuttanont, Greenhalgh, Griffin, & Boynton, 2006)

2.2.2 Lack of Communication between Parents and Teens

Thai parents are not inclined to have conversations with their children about sex and contraceptive use because they believe their children will learn these things in school (Fongkaew et al., 2012). However, as outlined in the section above, sexual education in Thailand is limited, and thus, Thai teens are not learning essential information about sex and safe sex practices. Additionally, 95% of Thai parents practice Buddhism, a religion which discourages people from carrying contraceptives and having an interest in sexuality (Numrich, 2009). The shame associated with sexual discussions may also prevent Thai parents from discussing contraception and safe sexual practices with their teens.

Thai society teaches girls that promiscuity, interest in sexuality, and carrying contraception are morally wrong. Thai elders strongly advise abstinence to Thai youth, especially to young women. However, factors that include peer pressure, higher access to sexually explicit digital media, and lower socioeconomic status influence youth to participate in sexual behavior against their elders' wishes. If a teen girl does become pregnant, her parents usually feel ashamed of her and her peers ostracize her (Termpittayapaisith & Peek, 2013). These attitudes perpetuate the opinion that discussing sex is taboo, and hinder important communication between parents and teens.

2.2.3 Obstacles to Using Contraception

Many Thai teens are unaware of the importance of proper usage of contraception, and are therefore at a greater risk of misusing it. Even the teens who understand proper methods of contraception usage still face obstacles when it comes to actually implementing that knowledge. In a meta-analysis of research on condom use, researchers found that the intention to use a condom did not necessarily lead to the teenager following through with the safe sexual practice. Instead, condom use was mediated by three preparatory behaviors: purchasing a condom, carrying a condom, and discussing condom usage with a partner. Their research showed that these preparatory behaviors were better predictors of subsequent condom usage than a teen's initial intention to use a condom. Furthermore, of the three preparatory behaviors identified, discussing condom usage with a partner had the strongest influence in changing risky sexual behavior. (Sheeran, Abraham, & Orbell, 1999)

The majority of Thai campaigns for pregnancy prevention through contraception use currently target married couples (Tangmunkongvorakul, Banwell, Carmichael, Utomo, & Sleight, 2011). This only reinforces the stigma that Thai teenagers should not be having sex until

marriage, which makes it even more unlikely that sexually active teens will practice safe sex (Tangmunkongvorakul, Banwell, Carmichael, Utomo, & Sleigh, 2011).

2.2.4 Gender Roles

Since the discussion of sex and contraception is taboo in Thailand, both men and women tend not to talk about these topics with their partners. In most heterosexual relationships in Thailand, men have the final word on most decisions, including decisions relating to contraception and sex (Termpittayapaisith & Peek, 2013). Due to this gender inequality in Thai culture, women are liable for their own sexual health, meaning that they, not their male partners, usually take on the full responsibility of preventing pregnancy (Tangmunkongvorakul et al., 2011).

This uneven relationship dynamic can make it difficult for women to negotiate when they have sex and which methods of contraception to use with their male partners. Oftentimes, negotiation is abandoned altogether, and women simply choose to forgo contraception during sexual intercourse. These cultural norms do not empower women to take ownership of their own sex lives. Furthermore, social stigmas about women who buy contraception often hinder young women from buying it in stores. Parents and peers, for example, generally believe that a female teenager buying birth control is promiscuous (Termpittayapaisith & Peek, 2013).

2.2.5 Psychology in Adolescents

The personalities and behaviors of people are generally shaped by their experiences. While teenagers in different parts of the world have different experiences, they are widely categorized as being prone to risk-taking behaviors. This generalization of teenagers can be rooted in scientific research of the biological development of the human brain. (Powledge, 2011)

Certain aspects of teenage development endow teenagers with a predisposition to be more vulnerable to engaging in risky sexual behavior than adults. There is scientific evidence that shows that the processes that bring the brain to full maturity are still occurring during adolescence (Powledge, 2011). In fact, the entire second decade of life is a period of heightened activity in terms of developing full brain structure and function (Steinberg, 2005). Specifically, the prefrontal cortex, which is a brain structure involved in emotional control, impulse restraint, and rational decision-making, is still not fully developed during the onset of puberty and throughout the late teenage years. This limits teens' abilities of self-control and cognition that most adults command fully (Steinberg, 2005).

In addition to these developmental processes taking place, teenagers experience hormonal changes that drastically alter their bodies as well as their minds. For instance, hormonal changes that occur during the onset of puberty induce breast enlargement and menstruation in women, and a deeper voice and growth of muscle mass in men (Stewart, 1947).

These hormones—testosterone especially—are also responsible for heightened “sensation-seeking”, a trait in which the individual seeks experiences and feelings that are “varied, complex, novel and intense.” For teenagers, these experiences include risky behaviors involving sex, or drug and alcohol use. Usually, these sensation-seekers are more apt to take physical and social risks to undergo these experiences. (Munsey, 2006)

Evidence shows that even though the adolescent brain is developing on more than one level, a mismatch in the rates of maturity of different areas of the brain are also responsible for risky teenage behavior (Mills, 2014). Specifically, the subcortical regions involved in affect and reward processing develop before the prefrontal regions, which are involved in cognitive control.

Figure 5 illustrates that this developmental incongruity is most exaggerated during adolescence and is not fully resolved until adulthood (Mills, 2014). Therefore, when a teenager becomes an active sensation-seeker through the activity of hormones and a developed subcortical region, they still do not have full control of their

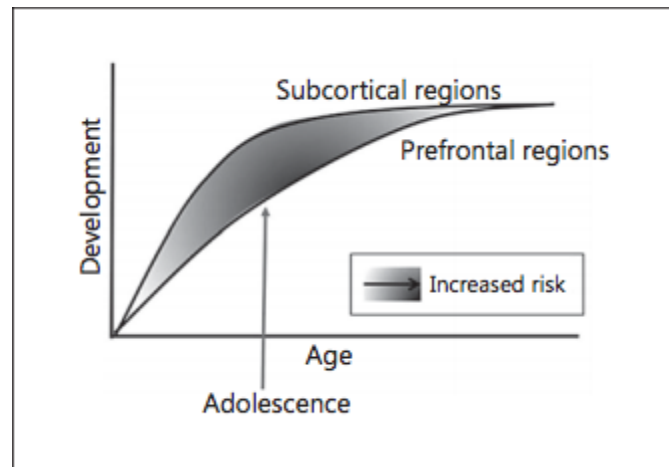


Figure 5: Mismatch in Brain Development (Mills, 2014)

cognitive abilities to weigh the risks and rewards of their actions. Thus, teenagers are more susceptible to carrying out risky behaviors (Mills, 2014; Munsey, 2006).

Though the science behind global teenage psychology applies to Thai teenagers as well, there are also aspects of living in Thailand that lend themselves to different behaviors and attitudes that are not generally seen in teenagers elsewhere. Thai teens spend about 8 hours a day talking to people, including conversations over the phone, but only 40 minutes of that time is spent talking to adults. This statistic is worrisome because Thai adolescents aged 11 to 16 are the age group found to be most susceptible to peer pressure, and 90% of Thai teens identify most strongly with their group of friends rather than with their families. At this impressionable age, most Thai teenagers feel disconnected from their families, longing for freedom to make decisions separate from their parents' influence, while also craving acceptance and admiration from their peers. The increased time spent with friends, as well as the desire to separate from one's parents leaves Thai teenagers vulnerable to the kinds of peer pressure that can lead to sexually risky behavior. (Chiangkuk, 2009)

Because teens do not communicate with their parents and teachers about sex, they begin to search for information regarding sex from their peers or from the Internet (Chiangkuk, 2009). The information that adolescents gain through these outlets is often misguided or inaccurate and can lead them to making uninformed decisions that could possibly endanger their sexual health.

2.2.6 Social Media Usage and Teenage Pregnancy

As more information becomes available online, and electronic devices for viewing the Internet become cheaper, more teens have access to explicit content on the Internet. This includes pornography, blogs about having sex, and a whole array of exposure to sexual activity. According to a study conducted by Chiang Mai University, parents in Thailand fear that digital media is negatively influencing their children's sexual behavior and contributing to the rising fertility rates of teenagers (Fongkaew et al., 2012). When asked about the Internet's influence on children's sexual activity, one Thai mom said "Media, such as pornographic books or CDs, and the Internet. When children see them, they may follow what they have seen" (Fongkaew et al., 2012, p. 393). Psychologists fear that the several hours a day spent on a computer or cell phone are leading to developmental problems in Thai children (Kiatrungrit & Hongsanguansri, 2014). A U.S. study found that increased access to digital media is correlated to a higher probability of pursuing sexual activity, specifically regarding sexually-related posts and images (Bleakley, Hennessy, Fishbein, & Jordan, 2008).

2.3 CONSEQUENCES OF TEEN PREGNANCY

Teen pregnancy can have many negative and far-reaching consequences, not only for the mother, but also for her child. The following section explores the health-related and economic risks associated with teenage pregnancy and childbirth.

2.3.1 Health Risks

There are many health concerns for both mother and child in an adolescent pregnancy. Young mothers are at a higher risk of developing eclampsia, anemia, postpartum hemorrhaging, perpetual endometritis, cervical cancer, and heart disease than older mothers (Thaithae & Thato, 2011; Olausson, Haglund, Weitoft, & Cnattingius, 2004). In a population-based cohort study, researchers examined a population of 460,343 Swedish women and found that mothers 18 to 19 years old at first birth had a 50% increased risk of premature death compared to mothers 20-24 years old (Olausson, Haglund, Weitoft, & Cnattingius, 2004). Girls in the same study aged 17 years old or younger had the greatest risk of complications related to pregnancy with a 70% risk increase from the 20-24 year age group (Olausson, Haglund, Weitoft, & Cnattingius, 2004).

Babies of teenage mothers are also at high risk for health deficiencies. Babies of adolescent Thai mothers are 50% more likely to be stillborn or die soon after birth than babies born to Thai mothers aged 20 to 24 (Thaithae & Thato, 2011). These health issues can be partly attributed to a lack of prenatal care, since Thai teenagers feel embarrassed to see a doctor or do not have the resources to seek medical help (Eden, 2006). Low birth weight in babies born to teen moms is attributed to the fact that the mothers are often still growing and maturing themselves; they cannot gain enough weight during pregnancy to support growth for both themselves and a baby (Eden, 2006). The UNFPA estimates that over 130,000 Thai girls under the age of 19 years old abort unwanted pregnancies each year (Termpittayapaisith & Peek, 2013).

Mothers who choose not to carry their pregnancies to term turn to abortion, which is currently illegal in Thailand, unless the mother's health is at risk or the pregnancy was a result of rape. The UNFPA estimates that over 130,000 Thai girls under the age of 19 years old abort unwanted pregnancies each year (Termpittayapaisith & Peek, 2013). One study in Chiang Mai

included 1,750 young adults, ages 17 to 20 of both genders, 48% of whom had caused a pregnancy or been pregnant. Of the respondents who had caused a pregnancy or been pregnant, two-thirds of the pregnancies terminated in abortion (Tangmunkongvorakul, Banwell, Carmichael, Utomo, & Sleigh, 2011). The mothers who received abortions reported either ingesting illegal abortifacients or receiving a procedure at an illegal clinic (Tangmunkongvorakul, Banwell, Carmichael, Utomo, & Sleigh, 2011). These abortifacients and procedures are not regulated by the government to ensure safety, and thus, threaten the health of the young mothers that use them.

2.3.2 Economic Consequences

Teenage pregnancy can severely hinder a young girl's ability to reach her full career potential, which has negative ramifications for the girl's financial stability and the nation's economy. Pregnant students often drop out of school due to the financial burden of childbearing. Figure 6 shows the results of a study on 1,354 teen moms aged 19 or younger in Bangkok. The figure demonstrates that the younger a teen is when she becomes pregnant, the less likely she is to continue her education. The resulting lack of education among teen mothers hinders their ability to achieve higher-paying jobs, causing many of them to be unemployed, in low-income jobs, or living on welfare. (Hoffman & Maynard, 2012)

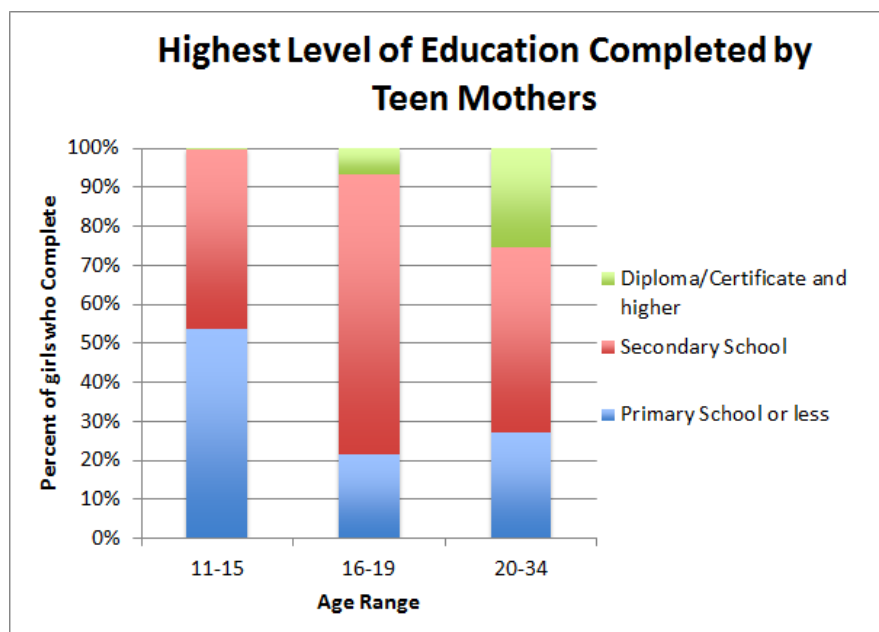


Figure 6: Highest Level of Education Completed by Teen Mothers (Hoffman & Maynard, 2012)

Thai teen mothers who drop out of school perpetuate a cycle of poverty, which is financially damaging to the family and restricting Thailand's economic growth (Termpittayapaisith & Peek, 2013). These financial consequences put the baby in a position to grow up in an environment much like that of their mothers, where there is a higher probability of getting pregnant as a teenager, and beginning the cycle of poverty all over again (UNICEF, 2008; Bissell, 2000).

2.4 CURRENT INITIATIVES TO PREVENT TEEN PREGNANCY

Because of the detrimental repercussions of teenage pregnancy, there are many current initiatives both in Thailand and in other countries that aim to prevent teen pregnancy. These initiatives include sexual education programs, universal health care measures, and preventative campaigns.

2.4.1 An Existing Campaign to Prevent Teen Pregnancy

In the United States, a television show called *16 and Pregnant* (2011) depicted the hardships of pregnant teenagers. The National Campaign to Prevent Teen and Unplanned Pregnancy conducted a study to evaluate teens' perceptions of teenage pregnancy, before and after watching the show. Researchers conducted a pre-evaluation survey on a control group and on an experimental group. One week later, the two groups took a post-evaluation survey. The control group did not have any intervention in between the two surveys, and the experimental group watched episodes and had discussions about the show in between the pre-evaluation and post-evaluation survey. In general, the teens that watched *16 and Pregnant* learned that teenage motherhood is difficult, and not something they should desire. Many of the teenagers claimed that when they began to like a character and see the character face hardships with pregnancy, they thought more about their own risk of becoming pregnant (The National Campaign, 2010). This is consistent with the psychology research that suggests when people learn surprising statistics about human behavior, they do not think the behavior could apply to themselves; only if they relate to people who then exhibit the behavior, do they question their own behaviors (Kahneman, 2011). In addition to this study on American television's influence on teen's sexual behaviors, researchers have also performed studies on the United States' sexual health education programs.

2.4.2 Sexual Health Education Programs

In a comprehensive public health study, Kirby and Laris looked at 55 previously evaluated sexual education programs currently being implemented in schools in the U.S. The programs were varied in their focus; some emphasized HIV/AIDS prevention, some highlighted contraception use, and others focused on abstinence only. The researchers chose to study school-

based programs because schools are the only institutions that the majority of children and teenagers attend. The researchers reanalyzed the success of each of the programs in terms of their ability to lower the instances of certain risky sexual behaviors. Success was based on evidence that the programs significantly reduced risky sexual behaviors by delaying the onset of sex, lowering the frequency of intercourse, reducing the number of sexual partners, and increasing the use of condoms or other contraception methods. (Kirby & Laris, 2009)

Researchers found evidence that supports that abstinence-only programs, or programs that teach abstinence but not contraception use, were not effective in delaying the onset of sex. The researchers discovered that, of the programs evaluated, the programs whose curricula focused on condom use or other forms of contraception had a substantial positive impact on changing behavior. Additionally, of the studies that measured the use of condoms, 42% reported a significant increase in condom use. After reviewing these programs, researchers found that they all shared common characteristics, which may be linked to their success. Some important characteristics of successful sexual education programs include delivering fundamental information regarding risks of unprotected sex and how to avoid unprotected sex, and focusing on decreasing sexual behaviors that lead to unintended pregnancy or contraction of STDs. Researchers have clarified that while these programs are deemed effective, the important ideas of the programs must be a part of a larger system of informing teenagers about safe-sex practices, because the programs only reach teens who are in school. (Kirby & Laris, 2009)

Kirby and Laris outlined several other important methods of teaching sexual education. Sexual education is a mature lesson topic, and it is extremely important that these educational materials are age and culture appropriate. For children who have not yet gone through puberty, it is more appropriate to stress delaying the onset of sexual intercourse before they become

sexually mature. For high school students who face much greater social pressures to have sex if they have not had sex already, it is more appropriate for teachers to advise against engaging in unprotected sex. Teachers should display the severe consequences of risky behaviors, and provide resources to aid teens in avoiding risky sexual behaviors. (Kirby & Laris, 2009)

2.4.3 Health Care in Thailand

Some general-medicine health clinics are free in Thailand, but Thai teens have limited access to reproductive health services (Thailand: Health and Medical Health Care System; Termittayapaisith & Peek, 2013). Reproductive health services can be expensive and the hours of business can be inconvenient for use, but contraceptives such as birth control pills and condoms are available by either over the counter purchase or a prescription (Termittayapaisith & Peek, 2013). However, there are many obstacles to using contraception such as cultural stigmas surrounding its purchase and use (see Section 2.2.3).

2.5 CHANGING RISKY BEHAVIORS

Dissemination of knowledge regarding safe sexual practices is not sufficient to prevent teenage pregnancy. The following section discusses alternative methods to prevent teen pregnancy by directly altering teens' risky behaviors.

2.5.1 An Existing Campaign for Changing Risky Behavior

An HIV/STD risk-reduction intervention program in America, called "Be Proud! Be Responsible!" succeeded in its goal of increasing condom usage among African American teens (Jemmott et al., 2010). The program provided comprehensive information about the etiology, detection, transmission, and prevention of STDs, including HIV. The program focused on teaching teens the importance of using condoms to prevent infection. The program also

emphasized positive messages to motivate teenagers to put risk-reducing behaviors into practice. The main messages encouraged adolescents to be proud of themselves, their family, and their community; to act responsibly for the sake of themselves, their family, and their community; and to contemplate their future goals and how risky sexual behavior could impede their ability to achieve those goals (Jemmott et al., 2010). These types of risk-reduction programs, where educators not only provide information about sex, but also information about how to have safe sex, have proven to be effective in community-based programs such as “Be Proud! Be Responsible!” and also in classroom settings.

2.5.2 Changing Risky Behaviors through Positive Peer Pressure

Studies indicate that people rarely oppose social pressures (Grantmakers in Health, 2004). According to Albert Bandura’s Social Learning Theory, it is important for people to learn social behaviors by observation of others, especially in situations where failure can produce “fatal consequence” (Bandura, 1969). Researchers from Dalhousie University confirm the efficacy of this theory with their finding that peer pressure and peer conformity are likely to influence teenagers’ sexual behavior and attitudes. Peer pressure is the influence from members of one’s peer group that usually causes an individual or several individuals to act a certain way. Peer conformity is a certain behavior being sanctioned by one’s peer group. (Santor, Messervey, & Kusumakar, 2000)

Viewing the actions of others can be a form of positive peer pressure that can encourage teens to improve their own behaviors. Teenagers can watch television, for instance, to observe the mistakes of others who exhibit risky behaviors. In 2003, researchers conducted a survey on adolescents who had just viewed an episode of “Friends” where a condom broke during sexual intercourse, and as a result, one of the characters became pregnant. The teens who had watched

the episode were more likely to realize the efficacy and importance of condoms, not only because of the educational value of the episode, but also because the episode sparked conversations among teens, their peers, and their parents in the United States. These plots can also serve as an example to viewers to model some characters' positive behaviors. (Collins, Elliott, Berry, Kanouse, & Hunter, 2003)

Some nations reduce risky sexual behaviors through sexual education in their school systems. For example the Netherland's public schools' sexual education initiatives are aimed specifically emphasize balancing gender power, managing romantic relationships, teaching about sexually transmitted diseases, and coping with pressures to have sex (Adamson et al., 2001). Some areas of the world have been more successful than others in lowering teen pregnancy rates. Some countries in northern Europe have lowered teen pregnancy rates substantially over the past several decades. The Netherlands, Sweden, and Switzerland have some of the lowest rates of teenage pregnancy in the world--all having rates of 7 out of 1000 girls ages 15-19 becoming pregnant every year (Adamson, Brown, Micklewright, & Wright, 2001). These countries have very low rates of teens giving birth, along with low rates of teenage abortion, indicating that very few teenagers are becoming pregnant. In the Netherlands, 4 out of 1000 teenagers become pregnant, compared to 53.8 out of 1000 in Thailand (Adamson et al., 2001).

2.5.3 Using Social Marketing to Promote Healthy Behaviors

Social marketing can act as a vehicle for delivering behavior-modifying information. Social marketing utilizes the same strategies as commercial marketing but for the purpose of selling an idea rather than a product. The "product" of social marketing is the set of benefits resulting from the change in behavior (Grantmakers in Health, 2004). Successful social marketing campaigns prompt the target audience to believe that they are at risk, to understand the

dangers of certain behaviors, and to sincerely want to avoid those behaviors. Programs are most successful when they promote behavioral change in a manner that is socially acceptable and easy for the digital media user to implement (Grantmakers in Health, 2004).

Many programs and campaigns utilize social marketing to encourage healthy habits in teens. According to empirical research on programs that affect people directly, healthy behavior should be promoted as a list of viable solutions, rather than a command to follow one best solution (Pechmann, 2002). Rachel Stoler, an expert on social marketing from the Franklin Regional Council of Governments (FRCOG), stated that the FRCOG has found certain techniques to have varying levels of efficacy for changing behavior through social marketing. FRCOG has determined that positive reinforcement is more successful than negative reinforcement, and that scare tactics will resonate with viewers strongly but for only a short period of time (R. Stoler, personal communication, December 9, 2014). It is important to empower the audience with a clear course of action that can be accomplished as well as to depict relatable people and scenarios that the audience wants to emulate. Additionally, attention-grabbing slogans give a positive message that empowers the audience to make the necessary behavioral changes. Stoler recommends that these slogans be very short and easy to remember. They should pass the “drive by” test, meaning that if the slogan were posted on a billboard on a highway, anyone driving by should be able to read and understand the slogan in the time it takes to drive past the billboard.

2.6 UTILIZING AND CREATING EFFECTIVE DIGITAL MEDIA

The ubiquity of digital media in today’s modern world makes it an effective tool in reaching a large audience, specifically Thai teenagers. To utilize digital media for the purpose of

this project, the team researched the extent of digital media usage in Thailand, as well as the best practices and methods to create a digital media for this project.

2.6.1 Advantages of Using Digital Media to Promote Messages to Teenagers

In modern, developed countries, most teenagers have open access to the Internet. In Thailand, 75% of teens have a smartphone, 70% have access to the Internet through another device, and 40% are active on Facebook, a popular social media platform (Harfield, Viriyapong, Nang, & Nakrang, 2014). Thai teens report spending an average of 5.3 hours a day on the Internet, with 4 hours spent on popular social media sites including Facebook, Twitter, Instagram, Pantip, YouTube, ask.fm, LINE, and Foursquare (Pongvitayapanu, 2014; Harfield et al., 2014).

Not only do teenagers report high usage of online digital media, but they are also more adept at learning about and integrating new forms of digital and social media into their daily Internet use than older people (Guse et al., 2012). This ability has prompted marketing experts to dub millennials “digital natives,” meaning that the modern teenager is very comfortable adapting to changes and trends in popular social and digital media as compared with older generations who did not grow up with online technology (Considine, Horton, & Moorman, 2009).

The high degree of teen traffic on social media sites and of teenagers actively seeking out digital media through these platforms has led to innovations in the marketing industry to reach a younger audience electronically (West, Lister, Perry, Church, & Vance, 2014). This revolution in marketing has been applied to both commercial marketing and social marketing aimed at changing behaviors. Digital media is especially important in accessing the teenage audience because of its instantaneous use, ability to easily break down geographic barriers to many people,

capacity to easily customize to an audience, its current popularity, and its ability to be dispersed in peer-to-peer interactions (Considine, Horton, & Moorman, 2009).

2.6.2 Video as an Effective Form of Digital Media

As the world modernizes and new forms of technology develop, traditional forms of advertising such as print and television commercials are becoming obsolete as far as reaching certain audiences. This change is leading advertising agencies and businesses to seek new methods of reaching their target audiences. In recent years, they have turned to Internet videos (Baumann, 2013). By 2016, videos are expected to take up 85% of Internet traffic, which is triple the amount present since 2011 (Krishnan & Sitaraman, 2013). The overall abundance of Internet videos can be attributed to viral videos, or videos where viewers become active participants in spreading the video by forwarding or sharing it on social media (Eckler & Bolls, 2011). Experts speculate that videos are popular because of the emotionality of the content, which can be easily portrayed through the visual and audio qualities inherent in videos. Research shows that pleasant emotional tones in particular increase the viewers' intent to forward or share a video. When a video starts to stray from this pleasant emotional tone to a mixed or negative emotional tone, the viewers' intent to share decreases.

Videos also have innate qualities that capitalize on certain functions of the human brain. For example, if a person watches a video ad delivering information, that video ad is more likely to be successful than if the person sees the same information through a still ad. According to research, when viewers see a video with a person, a part of the brain called the fusiform face area (FFA) becomes active. The FFA allows human faces and facial features to bypass the brain's usual interpretive channels, and helps us identify them more quickly than inanimate objects. The FFA is also located close to the amygdala, the brain's emotional center. This means that when an

actor directs his or her eyes at the viewer, the viewer tends to develop a stronger emotional connection, and thus, the viewer processes the information from the video more easily.

(Weinschenk, 2011)

2.6.3 Thai Video Trends

A researcher at Thammasat University studied positive and negative factors about videos, which influence Thai consumers to share or not share online videos (Ratadheeradhorn, 2010). He found that the following content characteristics positively influence Thai people to share commercial and non-commercial online videos:

1. Comedic content
2. Music video or music content
3. Shocking or unexpected content
4. Uniquely creative content or videos using new presentation techniques
5. Inspiring content
6. Content about a person or product of interest to the population
7. Animal content
8. Content using sex appeal

Males tend to share content that is comedic, musical, or shocking while females tend to share content that is inspiring, musical, or comedic, respectively. Thammasat University also concluded that Thai people do not like to share the following content:

1. Violent content
2. Content using inappropriate language
3. Rude content
4. Content involving nudity
5. Content that disrespects religion
6. Content that insults another person
7. Content that makes the viewer feel tricked into wasting his or her time

With the viewer demand for videos increasing and the advantages of using video advertisements becoming more apparent, video production is more common. The following section highlights the best practices for producing quality videos.

2.6.4 Video Production Best Practices

In order to produce a video, there are many factors that the filmmaker needs to take into account regarding cinematographic techniques. Production, or the video shoot itself, consists of three elements: camera, lighting, and sound (Gotch & Gaiser, 2013). Each of these elements contains a multitude of subcategories that outline professional techniques to create a video.

The photographer should use the camera for more than just a point-and-shoot object, but rather as a tool for composing an image (Gotch & Gaiser, 2013). This technique, known as framing, has several different types of shots with different purposes, which include Extreme Wide Shot, Very Wide Shot, Medium Close Up, and Cutaway. An Extreme Wide Shot (EWS), for instance, shows a view that is so far from the subject that the subject is not even visible. This is known as an “establishing shot”, which attempts to show the audience where the action is taking place (Wavelength Media, 2014). Other elements of using the camera that are important to consider include the camera height, the direction that the camera faces in relation to the subject, and the movement of the camera around the subject (Hayek, 2010).

Lighting is important when making a video, as it creates contrast, allows for the correct exposure, and sets the mood. When creating contrast, the source of the lighting makes all the difference since it allows the viewer to see the subject as a three-dimensional object separate from the background. Depending on where the source of light is, the subject can be either fully illuminated or cast in shadows to the viewer. To get the correct exposure, the intensity of the

light comes into play. Generally, the closer the light source is to the subject, the more exposure the subject has to the camera. The subject's physical level of comfort must also be taken into account, as it becomes increasingly hot and unpleasant to sit under high intensity light for extended periods of time. Finally, the filmmaker can use light to set the mood of the video. There are two fundamental core colors of light that filmmakers use in production: warm orange light, which comes from Tungsten bulbs, and cool blue light, which comes from natural daylight sources. Generally, cool blue light gives a sense of mystery, sadness, and an overall darker atmosphere that is mostly used in horror movies, thrillers, or dramas. On the other hand, warm orange light produces a sense of happiness and comfort most often seen in comedies and romances. (Lennie, 2012)

Capturing sound correctly is just as vital as capturing the video footage itself. One of the important factors to consider when filming is the type of sound to be captured. When shooting in a quiet indoor space, for example, the filmmaker can use the built-in audio on a camera to efficiently capture sound. However, when the subject is farther away or in a louder area, the filmmaker should opt to use an external microphone. The filmmaker also needs to account for background noise due to the setting to minimize distractions from the dialogue going on between the main subjects. In addition, maintaining constant levels of audio is important so that the audience does not experience pockets of loud spots or soft spots in the sound of the video. (Schwarz, 2010)

2.6.5 Popularity Metrics of Digital Media

The principle goal of producing an Internet video is to launch it online and gain viewers. In order to gauge how much of the target audience an Internet video reached, the video creator can examine the popularity of the video. Social media platforms such as YouTube, Facebook,

Tumblr, and Twitter can quantitatively measure the popularity of a video based on several variables. The first popularity metric is the general “like” or “unlike” function found on most sites. Though this function can tell the creator whether the audience has generally positive or negative feeling toward the media, it is an in-the-moment type of measurement of the video’s popularity, meaning that this function will not make the video any more popular or engaging (Cheng, Dale, & Liu, 2008). The second metric and the simplest is the number of views the video receives. On social media sites, every time an individual decides to click a link to a video, the site increments the views metric which is either a public or creator-only accessible number. The number of views tells the creator how many people have seen the video. The third metric is number of comments. This metric allows the audience to leave their own impressions and opinions on the same page as the video. This is an important feature because it can measure the level of audience engagement to the video (Chatzopoulou, Sheng, & Faloutsos, 2010). The last and most important metric to measure a video’s popularity is the number of shares on the video. This function is important because it measures the audience's willingness to create a larger audience for the video and thus allow the video’s content to interact with more people (Cheng, Dale, & Liu, 2007). Through analysis of the combination of these four metrics, the creator of the video can determine the overall popularity of a video. (Rosenkrans, 2009)

Popular videos on the Internet are called “viral” videos. Many videos that “go viral” do not become popular for months or even years after posting. The definition of “viral video” is not concrete in the professional realm, especially videos that are not made in affiliation with a product or company. Most companies consider a video with more than one million views viral, but no benchmark has been set for homemade videos or videos made by a private user. (Eckler & Bolls, 2011)

2.7 SUMMARY

This background chapter reviews the statistics of teen pregnancy in Thailand and around the world, the contributing factors of teen pregnancy, the health and economic consequences of teen pregnancy, the current initiatives to prevent teen pregnancy in Thailand, the effective methods of pregnancy prevention via social marketing, and the processes of creating an effective digital media. Background research identified the contributing factors of teen pregnancy to include ineffective sexual education, lack of communication between parents and teens, obstacles to using contraception, gender roles in society and in relationships, developmental teen psychology regarding risky behavior, and increased Internet usage resulting in exposure to explicit content. Changing the modest culture of Thailand is an unrealistic goal for this one project. Additionally, changing the sexual education curriculum in all the schools in Thailand is not within the scope of this project. For this reason, the team ruled out sexual education teachers for the project's target group, and chose teenagers because of teen's high digital media usage.

No matter how many times parents talk to teen about sex, what degree of sexual education teens have received in schools, or what type of relationship and established gender roles they have with their partners, if teens are choosing to have sex, choosing to use contraception is one place where this project could influence Thai teens to make safer sexual decisions. Therefore, the team's goal is to promote contraceptive use in Thai teens by encouraging teens, both male and female, to be confident that they can and will use contraception during sexual intercourse if they choose to engage in it.

3 METHODOLOGY

This project addressed Thai adolescents' low contraceptive usage which may contribute to currently rising rates of teenage pregnancy. The team's goal for tackling this problem was to develop a digital media intervention aimed at increasing contraceptive use among Thai adolescents. The project had four objectives to achieve this: (1) conduct Thailand-based digital media background research, (2) determine the content of the digital media, (3) develop the video, and (4) determine the efficacy and popularity of the video.

The outcome of the completion of each objective informed the direction of the subsequent objective. The following section outlines the methods used to meet each of the project's four objectives.

3.1 OBJECTIVE 1: CONDUCT THAILAND-BASED DIGITAL MEDIA BACKGROUND RESEARCH

A video is a more effective type of digital media to stimulate an audience and to communicate a message than a still advertisement (Weinschenk, 2011). However, this fact is based off of an American sample population, not a Thai sample. To support the research that claims a video is the most effective type of digital media to reach Bangkok teenagers, the team interviewed three organizations in Bangkok: WHY NOT Social Enterprise, the Thai Bureau of Reproductive Health, and Population Services International (PSI).

3.1.1 WHY NOT Social Enterprise Interview

The first experts interviewed were the six staff members at WHY NOT Social Enterprise. Dr. Nuntavarn's consultant, Aj. Praewa Satutum, recommended this company and helped the

team contact them. WHY NOT specializes in Internet advertising, specifically with helping NGOs advertise online video campaigns in Thailand like the Khon Thai Foundation's Future Awareness Campaign (WHY NOT Social Enterprise, personal communication, January 21, 2015). While six members of WHY NOT were present for the interview, Khun Auu, the director of the staff, answered most questions. The rest of the staff participated in the conversation only when they had short comments or clarifications about questions. The team conducted this interview mostly in English, but sometimes in Thai. The three Thai teammates present at the meeting, Pavares, Cherry, and Sakulrat, translated all Thai portions of conversation to English for the American and Korean members of the team in real time. This interview included questions related to WHY NOT's past digital media-making experiences, how the staff begins new projects, how to measure a video's efficacy, and their opinions about the kind of digital media the team should make based on the time, monetary, and skill constraints of this project. The detailed minutes from this interview can be found in Appendix B.

Khun's overall suggestion to the team was to make a video because videos are generally more appealing to Thai teenagers, as they are more visually and aurally stimulating to the viewer. Videos tended to be more successful in WHY NOT's previous campaigns than still advertisements, which also contributed to their recommendation to produce a video. They also advised that one way to measure efficacy and popularity of a video is to set goals and check after a certain amount of time to see if the video met those goals.

3.1.2 The Bureau of Reproductive Health Interview

The Bureau of Reproductive Health is an existing public health organization in Thailand. One of the current objectives of this government agency is to prevent teenage pregnancy in Thailand. Two members of the project team, Pavares and Sakulrat, interviewed Dr. Kittipong

Saejeng, the Director of the Bureau of Reproductive Health. Pavares and Sakulrat conducted the interview solely in Thai because Dr. Saejeng did not feel comfortable answering questions in English. Pavares and Sakulrat both took notes throughout the meeting that they later translated into English.

Dr. Saejeng stated that the Bureau held competitions at schools around Thailand that encouraged teenagers to create video prototypes to promote the prevention of teenage pregnancy. The Bureau is currently producing six of those prototypes into professional videos (Dr. K.Saejeng, January 23, 2015). As the Bureau has not yet launched their videos, Dr. Saejeng had limited information about measuring online video efficacy and popularity. However, the Bureau's research indicated that teens would prefer to watch an engaging video rather than read an advertisement's message (Dr. K. Saejeng, January 23, 2015). The Bureau also found that the number of teens watching TV and listening to radio is decreasing, while social media use is increasing. The original Thai notes as well as the English translated notes of this interview can be found in Appendix C.

Dr. Saejeng suggested taking extra time to research what Thai teens find popular and trendy before making the video. He commented that teens cannot be taught anything through digital media if they cannot motivate themselves to watch or listen to it.

3.1.3 Population Services International Meeting

Two members of the team, Celina and Cherry, sat in on a meeting with a representative of Population Services International (PSI), Mark Theuss, who was working with the PowerGirls

SSP team on their project to prevent teen pregnancy.¹ The meeting was not a one-on-one interview between the GHealth team and Mr. Theuss, but rather, an informal informational session for the PowerGirls team to learn about how to conduct interviews with teenagers. Celina and Cherry had a chance to ask some questions at the end of the session. PSI has created social marketing advertisements in other countries geared towards a teenage audience. Mark Theuss stated that in third-world countries, PSI creates advertisements that are usually on billboards or on the radio. For example, in poor countries such as South Africa and Cambodia, where many people do not have access to a computer, radio is more popular and practical for advertising (Theuss, 2015). He also said that in areas that do not have the bandwidth required to play a video, still ads such as those found on billboards are more feasible for reaching a wide audience. Thailand, however, is not a third-world country and has widespread availability of smartphones and computers, as well as the capacity to support video streaming (Numnonda, 2013).

The transcripts from this informal meeting can be found in Appendix D. Overall, Mr. Theuss recommended creating a video to reach teenagers in Thailand for this project due to the streaming capabilities available to most Thai teens.

3.1.4 Decision to Produce a Video

All of the experts that the team spoke with recommended using a video as the digital media form to make the most impact on the target audience of Thai teenagers, supporting the background research based on American samples. These recommendations supported the team's choice to make an online video to reach Thai teenagers.

¹ The core problem of both this project and the Powergirls project is the high rate of teenage pregnancy in Thailand. While our team focused on advertising prevention messages to Thai teens, the Powergirls project combined commercial marketing and female empowerment to plan gatherings for young women where they could buy trendy items and be educated about safe sex at the same time.

Previous background research stated that teens prefer informational videos that are short in length with high quality production elements such as bright lights and clear sound, but that do not have a lecturing or professional message tone.

3.2 OBJECTIVE 2: DETERMINE THE CONTENT OF THE VIDEO

For many years, various communication production organizations in Thailand have created digital media with messages to combat the issue of teenage pregnancy. However, rates of Thai teenage pregnancy have only increased in spite of these prevention efforts. The sponsor of this project, Dr. Nuntavarn, requested that the team create a digital media with a unique message for Thai teens about preventing teenage pregnancy. Dr. Nuntavarn asked the team to create a message that had not yet been tested for its influence in encouraging Thai teens to avoid sexually risky behaviors. To meet this expectation, the team analyzed existing messages of online videos intended to prevent Thai teen pregnancy in order to find a message that had not previously been presented to Thai teens.

3.2.1 Find the Missing Message in Existing Videos

The team analyzed existing videos related to contraception use to find a gap in the messages previously conveyed to Thai teenagers by searching for online videos that the typical Thai teenager could easily access on the Internet. The team limited this search to videos on YouTube, because most other social media websites embed videos originally uploaded on YouTube. The team chose to only review and analyze Thai videos because the objective was to determine message gaps in the existing videos related to contraception in Thailand alone.

Using the keywords “Thailand teenage pregnancy ad,” “Thailand stop teen mom,” and “teenage pregnancy Thailand health organization” on YouTube’s search engine, the three Thai team members found 15 different Thai teen pregnancy videos and reviewed them independently. For each video, these three team members recorded the title of the video, the URL, the slogan of the video, and whether the video mentioned contraception. These team members translated these results into English so that the team as a whole could analyze them. The full table of results can be found in Appendix E. The team as a whole coded the slogans into different message categories using different colors and found that they fit the following six message types:

1. Use a condom
2. Practice abstinence
3. Pregnancy will ruin a teen’s future
4. Parents should talk about pregnancy prevention
5. Parents should be more forgiving of their pregnant child
6. Thai people should stop teen pregnancy

The coded colors and frequencies can be found in Table 1 and again in Appendix F.

Message Type	Color	Number of Occurrences
Parents should talk about pregnancy prevention	Red	1
Parents should be forgiving of their pregnant child	Orange	1
Thai people should stop teen Pregnancy	Yellow	1
Practice abstinence	Green	2
Use a condom	Blue	5
Pregnancy will ruin a teen's Future	Purple	5

Table 1: Colors for Coding Pre-Existing Messages

Some of the videos' messages promoted a change in behavior in parents of Thai teenagers rather than Thai teens themselves. Since these messages do not address Bangkok teenagers, the project's target population, the team did not analyze them further.

Other videos focused on abstinence and scare tactics, both of which are ineffective in changing risky behaviors and attitudes in teenagers (see Section 2.2.1). The rest of the videos had messages related to condom usage. A chart displaying the difference between videos that did or did not mention contraception in the message of the video can be found in Figure 7.

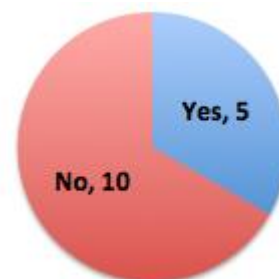


Figure 7: Does the video mention contraception?

As seen in Figure 7, the majority of the YouTube videos did not specifically mention contraception. The few videos that did mention contraception did not expand the message and did not provide easy, direct, or positive strategies on how to begin or continue using contraception. Furthermore, none of the videos encouraged teens to discuss contraception with their partner, an important aspect of teens successfully using contraception as described in Section 2.2.3. The team found this to be a missing message of existing Thai teen pregnancy videos. Consequently, the team decided that the general message of the video produced by this project would focus on increasing the comfort levels of teenagers with discussing contraception use with their partner. Thus, the team chose the message “Discuss contraception with your partner.”

3.2.2 Plan Potential Content and Phrasing of the Digital Media

To determine the content and phrasing for the video, the team incorporated the following knowledge from background research and results obtained in objectives 1 and 2:

1. Teenagers readily engage in risky behavior such as unsafe sex because their brains are not sufficiently developed to fully understand and anticipate long-term consequences. For this reason, relatable narratives encouraging positive behaviors

are effective in reaching teens, not scare tactics with shocking statistics. (Section 2.2.1 and 2.2.5)

2. Thai people appreciate and are more likely to share humorous and positive videos with each other. (Section 2.6.3)
3. Thai teens choose not to use contraception for various reasons. One of the main reasons teens choose not to use contraception--even if they are educated about contraception--is that they do not discuss contraception use with their sexual partners. (Section 2.2.3)
4. The two most difficult parts of initiating an uncomfortable conversation, such as one relating to contraception use with a partner, are (1) understanding that the conversation is important to have and (2) feeling comfortable in one's own ability to conduct such a conversation. (Section 2.2.5)
5. The team did not find any existing videos promoting the discussion of contraception between Thai teenage couples. (Objectives 1 and 2)

By utilizing this knowledge, the team was able to move forward with the next objectives. Figure 8 shows a diagram that outlines the processes of both objective 3 and objective 4 that led to the team's final content, message, phrasing and creation of a video. Each step of this chart is elaborated below.

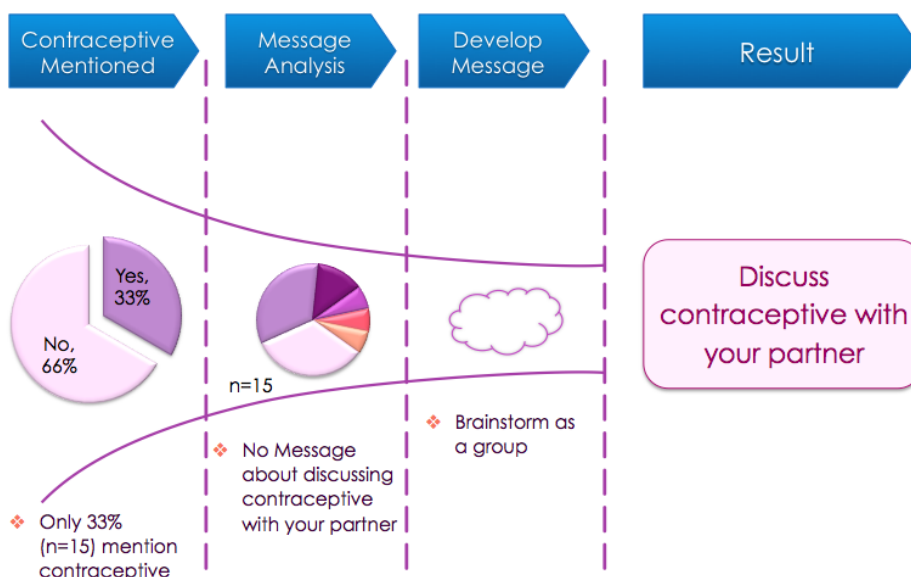


Figure 8: Finding the Missing Message Flowchart

In order to create a storyline for the video based on the message “Discuss contraception with your partner”, the team first brainstormed several storyline concepts that could portray the team’s message. Discussions about different concept ideas prompted new ideas from individuals, which the team then deliberated as a group. The team discussed these ideas until no team member had anymore new ideas to contribute. At that time, the team had generated seven different concepts, allowing every team member to develop their own ideas without being influenced by the ideas of other members. Team members shared the creative details they wanted to add to the storyline concepts. The team then edited the concepts to include the details that everyone liked. The descriptions of these seven concepts can be found in Appendix G. The team discussed the advantages and constraints of producing each concept into a video. Specifically,

discussion centered around which of the concepts could be made well into a 30-second time frame, a constraint formerly discussed in Section 2.6.2.

Further discussion focused on which concepts would best portray the team’s message and still be entertaining to Thai teens, based on information from the background research. At the next team meeting, each team member voted for two concepts that they thought could best portray the message, and that they thought were feasible to produce given the time, money, equipment, and skill constraints. The two concepts with the highest number of votes were “Interviews” and “Falling Condom.” Using the background research on framing video scenes, the team drew up rough storyboards for these two concepts. Table 2 describes these concepts.

Concept Title	Plot
Interviews	<ol style="list-style-type: none"> 1. The video starts with an interviewer saying that he is going to interview couples to figure out what they love best about each other. 2. He finds three separate couples in three different places. They are all different types of couples (funny couple, hippie couple, indie couple) 3. He asks a couple of “filler” questions to get them started. Then he asks the question “What do you talk about?” 4. The general answer is “We can talk about anything!” 5. The interviewer asks “Oh, so do you talk about contraception?” 6. All answer that they do because they are comfortable with each other.
Falling Condom	<ol style="list-style-type: none"> 1. Two teenagers are at a park having a picnic. They are a couple. They are looking at each other provocatively, but humorously. 2. They are sitting slightly apart. A condom falls out of the sky and lands between them. 3. They are very embarrassed and shy. They are not looking at each other. 4. A voice-over and on-screen text say the message “Why are you shy to talk about contraception, when you are not shy to have sex?” 5. The two get over their shyness and begins discussing the condom. 6. A final message comes on screen that says “Talk about contraception with your partner before you have sex.”

Table 2: Final Two Storyboard Plot Descriptions

These two story concepts are both comical and positive in tone without explicitly encouraging or acknowledging that some teenagers engage in premarital sex (see Section 2.2.3). After creating these two concepts, the team created rough storyboards and consulted with experts regarding the feasibility of each one. This is detailed further in Objective 3.

3.3 OBJECTIVE 3: DEVELOP THE DIGITAL MEDIA

The third objective was to create a video that advocates teenage pregnancy prevention. The team enlisted the help of two experts in video production and communication arts for the filming and editing processes of the video. The team chose and finalized the details of one storyboard, created a production schedule based on the chosen storyboard, filmed the raw footage of the video, and edited the footage to create a 30-second video.

3.3.1 Choosing One Storyboard

The planning for the production of the video began with interviewing two experts in the fields of storyboard writing and production logistics. The team met these experts, Wiwanya Kanjana, a freelance director, and Kattika Pukkalanant, a storyboard expert, through



Figure 9: Meeting with Storyboard Experts

recommendations from Aj. Duangamol, an advisor from Chulalongkorn University. The minutes from this meeting can be found in Appendix H. During the meeting, the team presented the two detailed storyboards to the two experts and asked for their opinions with respect to the

advantages and disadvantages of both video concepts. These advantages and disadvantages are summarized in Table 3.

	Advantages	Disadvantages
Interviews	<ul style="list-style-type: none"> Emotionally “touching” 	<ul style="list-style-type: none"> Required at least seven actors <ul style="list-style-type: none"> Three couples One interviewer Required expensive sound-recording equipment to capture the dialogue between couples Needed three different locations (one for each couple), to keep the video interesting Needed permission to film at each location, or the team would need to use all public places where permission is not necessary Harder to fit into a 30-second video
Falling Condom	<ul style="list-style-type: none"> Required two actors Required audio-recording equipment for recording the voice over message Required one filming location, making for faster production Easier to fit in the 30-second timeframe 	<ul style="list-style-type: none"> Might be difficult to get the message across that teens should feel comfortable discussing contraception with their partner

Table 3: Advantages and Disadvantages of the Two Chosen Storyboards

Wiwanya thought that the “Interview” storyboard would require more time and resources to produce than the “Falling Condom” storyboard, though the “Falling Condom” video would be less clear in communicating the desired message than the “Interview” video.

After meeting with these experts and discussing the constraints involved in producing each concept, the team decided to create the “Falling Condom” concept. After deciding on this concept, the team needed to develop it further and finalize the wording of the message that would be displayed on-screen in the video.

3.3.2 Finalize the Thai Video Slogan

The BSAC members of the team spent several days brainstorming ways to articulate the following messages in Thai: “What sign are you waiting for before discussing contraception, for the sky to rain condoms? Discuss contraception with your sexual partner before having sex.”

The team came up with the following Thai slogan: “คุยก่อนจะซัด คิดก่อนจะมัน” which in English means “Why are you shy? You aren’t shy when you have sex. You can talk about contraception. Talk about it before banging; think about it before having fun.” The team informally polled teens at Siam Square to see if teens thought the slogan was catchy. The results of this poll can be found in Appendix I. Respondents 21 and 22 recommended the team switch two of the words and change the last word, to improve the clarity. The new slogan was “คุยก่อนจะมัน คิดก่อนจะซัด” which in English means “Why are you shy? You aren’t shy when you have sex. You can talk about contraception. Talk about it before having fun; think about it before banging.” Appendix J summarizes the responses of the 20 teens polled after the team changed the wording. In general, these teens thought this slogan was catchy, so the video incorporated this slogan as a voiceover and on-screen text.

3.3.3 Create the Video

The team created and followed the production schedule in Table 4.

Date	Tasks
January 28	Thai students watch existing Thai teen pregnancy videos and fill out survey about the message of each video
January 29	Analyze spreadsheet of survey results to determine missing message
January 30	Brainstorm story concepts that incorporate this missing message
February 2	Pick the best two story concepts
February 3	Write scripts and draw storyboards for the best two story concepts
February 4	Meet with storyboard expert to pick the best storyboard and figure out more details of the storyboard
	Meet with videographers to discuss feasibility of the chosen storyboard
	Contact actors, gather props, choose a location
February 8	Film several takes of each “scene” to gather raw footage
February 9	Develop the Thai “message” for the video, and informally poll teenagers to gauge interest in the message
February 10	Find someone to say this message, and audio record them saying the message
February 11	Edit the video footage and audio message
February 16	Launch the final video on YouTube and Pantip
	Create Facebook page for the video, post video to page

Table 4: Thai Contraception Video Production Schedule

The team contacted a filming and editing expert, Wadchawit Jiragaiwutded, and a filmographer, Napob Pudsapong, who graduated from Rangsit University’s Film Faculty to help the team shoot and edit the raw video footage for this project. They will be referred to by their nicknames, Golf and Mu, respectively, for the rest of this report. The team sought the help of these more experienced filmographers in order to increase the quality of the video. The team had knowledge of some filming techniques, discussed in Section 2.6.4, but the filming and editing experts helped the team with their broader understanding of these techniques, such as camera angles that work well to portray the message. The experts also had professional knowledge and access to high-grade equipment, which enabled them to help us make a professional quality video.

Mu used several types of equipment and props to shoot the video. He shot the footage using a Canon 6D camera with a Leica lens and a tripod to steady the camera. The male actor used a hula hoop and the female actor used a dumbbell to simulate exercise during the video. Mu shot the raw footage for the video in front of a garden background at Chapter One Modern Dutch



Figure 10: Contraception Video Production: Setting



Figure 11: Video Production:
Female Actor

Condominium as shown in Figure 10. Mu filmed in natural sunlight in order to get an orange lighting that produced a sense of happiness and comfort in the video (see Section 2.6.4).

Two Thai students, Lok and Jom from Chulalongkorn University, acted as a teen couple. The BSAC members of the team chose

them because they were the most humorous people available who were willing to act in the video within tight time constraints. The actors dressed in very casual gym clothing and Sakulrat sprayed them with water mist to simulate sweat on their faces. The female student, Jom, wore minimal makeup to look more like a young teenager (see Figure 11). The actors focused on their facial

expressions and body language, shown by the male actor in Figure

12. Golf did not record any audio because the video only included sound effects, music, and voiceovers. He had the sound effects on his computer. One of the team members, Pavares, recorded himself saying the voiceover slogans and sent them to Golf. Golf used two songs he downloaded from the Internet. This usage did not infringe on Thai copyright laws, because the video was used for research, not for promotion of a profitable product (Adulyadej, 1994).



Figure 12: Video Production: Male Actor

The overall time duration for the video is 31 seconds. The storyline of the video has five different scenes. The first scene, shown in Figure 13, opens with the male and female actors standing next to each other and exercising with their respective props, looking at each other in manner that implies that they are a couple.

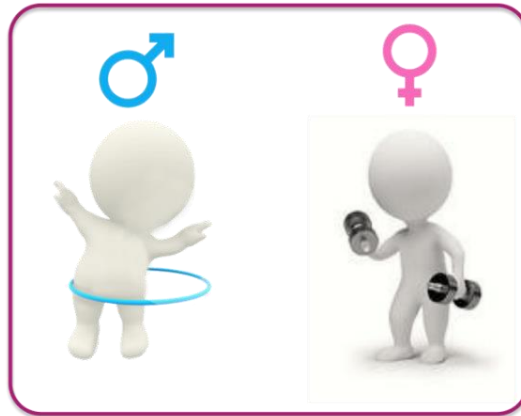


Figure 13: Storyboard: Scene 1

The background song, "To Binge" by Gorillaz, sets the tone that the teens are enjoying their time together. The next scene, seen in Figure 14, features a condom suddenly falling from the sky, landing between the two actors.



Figure 14: Storyboard: Scene 2

The condom is accompanied by a loud sound effect that interrupts the music. Both actors stare at the condom with surprise. In scene three, (see Figure 15), the same couple is in one frame again and both drop their equipment to express their shock at realizing the condom has unexpectedly fallen between them. A sound effect emphasizes the surprise on each of their faces.



Figure 15: Storyboard: Scene 3

Figure 16 shows scene four, which includes a voiceover of Pavares saying “Why are you so shy when you are a couple? You aren’t shy when you are having sex, so don’t be shy when talking about contraceptives” in Thai. The word “sex” however, was only implied because a teenage slang word was substituted instead.

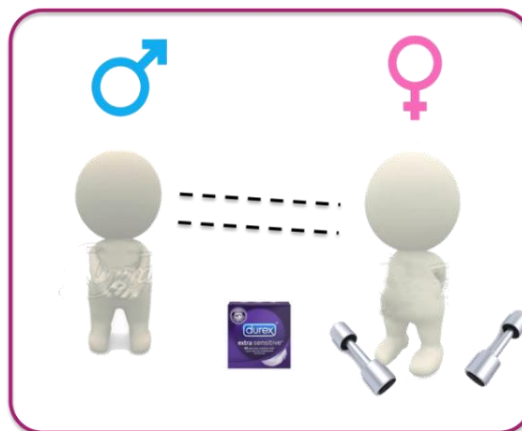


Figure 16: Storyboard: Scene 4

The fifth scene (see Figure 17) shows the couple again and they begin to look more comfortable in their facial expressions and body language, eventually beginning to have a muted conversation, smiling and gesturing to the condom, while the happy song "Parklife" by Blur plays in the background. The scene continues to show the couple comfortably talking about contraception and then includes a voiceover of Pavares saying the slogan "Talk about it before having fun; think about it before banging" in Thai. While the direct translation from Thai means "having fun" in English, this is a Thai teen euphemism for "having sex." The Thai partners recorded several voices saying this slogan, and sent the recordings to Golf, the editor.

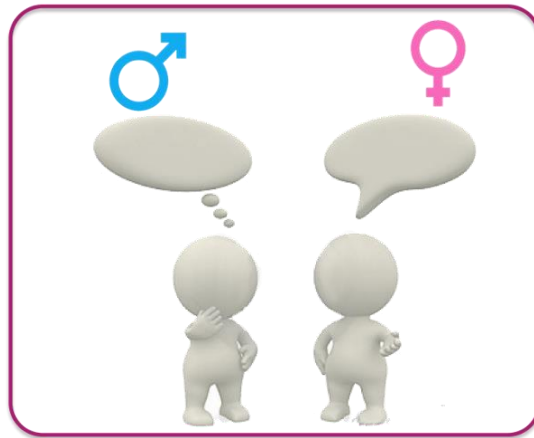


Figure 17: Storyboard: Scene 5

Golf used the footage, audio recordings, and sounds to create the video. The team let Golf do this because the storyboard expert recommended letting an experienced editor edit the video (Wiwanya & Kattika, 2015).

3.4 OBJECTIVE 4: DETERMINE THE EFFICACY AND POPULARITY OF THE VIDEO

In order to write comprehensive recommendations for Dr. Nuntavarn regarding future research about teenage pregnancy prevention videos, the team needed to determine the efficacy

and popularity of the video, where efficacy is defined as the ability of the video's message to create a short-term, positive attitude change in teens regarding the message "discuss contraception with your partner" and popularity is defined in terms of the view duration and engagement rate of the video.

3.4.1 Determining the efficacy of the video

There are so many different types of videos with widely varying purposes that there is no benchmark or criteria for what makes an "effective video." The team came to the conclusion that a video is effective if it successfully completes its goal. The team then defined efficacy of the video in terms of the project's goal: the video's ability to induce a short-term attitude change related to contraceptive discussions among Thai teens and their sexual partners. Long-term attitude change would be preferable because it would represent a stronger and longer lasting change in teenager's attitudes, but testing this was not possible given the project's time constraints.

To gauge the efficacy of the video, the team measured teens' contraception discussion attitudes before and after watching the video, to see if there was a positive change. These attitudes were measured on a Pre-Survey given before the teens watched the video and a Post-Survey given after they watched the video. This method was similar to the study done in the United States on the show *16 and Pregnant*, discussed in Section 2.4.1.

The team had three different survey sample groups: a Pre-Survey group (Group A), a Post-Survey group (Group B), and a Both-Surveys group (Group C). Group A completed the Pre-Survey and never watched the team's video. Group B watched the video and completed the Post-Survey. Group C completed the Pre-Survey, watched the video, and then completed the

Post-Survey. Since Group C was the experimental group, all of the experimental results come from the data generated from Group C. Table 5 summarizes the roles of the three sample groups.

Group A	Group B	Group C
Complete Pre-Survey		Complete Pre-Survey
	Watch Video	Watch Video
	Complete Post-Survey	Complete Post-Survey

Table 5: The Roles of Each Survey Group

Group C was the experimental group, generating data regarding the video's efficacy in changing short-term attitudes. Groups A and B acted as controls for the different surveys of Group C.

3.4.1.1 *Generate Surveys*

Both the Pre-Survey and Post-Survey asked the following three questions:

1. How important is it for teens to discuss contraception with their partner?
2. How comfortable is it for teens to discuss contraception with their partner?
3. If you had a partner, would you discuss contraception with him/her?

The English and Thai translations of these surveys can be found in Appendices K-P. To measure the efficacy of the video, the team needed to measure short-term attitude changes related to their comfort and understanding of this topic. To do this, the team asked teens to rate the three statements above on a Likert Scale in Table 6. These questions did not ask teens directly about their behavior because of the socially conservative nature of Thai society. If the questions were too direct, the teens might choose to not take the survey or to not answer the questions truthfully in fear that their adult authority figures might somehow get ahold of the answers and punish them. With the questions worded in a general manner rather than singling out their own behavior, the survey was less intimidating to teens.

3.4.1.2 *Survey Teens about the Video*

The team administered the surveys in Thai in Bangkok, at Siam Square and Siam Institute of Technology, because many teens of different educational backgrounds go to these places. Before administering the surveys at both locations, the Thai team members assured the teens that their identities would remain private and distributed the survey as paper copies.

Siam Square is a Bangkok shopping area that is popular among teens with higher socioeconomic status, while the student body of Siam Institute of Technology is more closely associated with teens of lower socioeconomic status. The participants at the Siam Square locations were surveyed on the street between the times of 4:00 P.M. and 6:00 P.M. on February 18th while the participants at the Siam Institute of Technology were surveyed in the classroom setting during regular school hours on February 17th. By surveying at these two locations the team received a diverse sample population that provides a stronger representation of the population of Bangkok teenagers than surveying at just one location would.

Siam Square is surrounded by several large, upscale centers which generally caters to affluent teenagers. Cherry and Pavares conducted surveys for Groups B and C while Sakulrat and Neung Lyuk conducted both surveys for Group C. The teams alternated stationing themselves on Phloen Chit in the Square near the entrance of the Hello Kitty Café and in front of the Digital Gateway center, and the Siamkit building which has a tutoring center for high school students. The security of the Square and the administrators of the tutoring center gave the team permission to survey on the day of the 16th through the aid of the Chulalongkorn Faculty of Science office.

To identify if a teenager was aged 15 to 19, the target population, surveyors observed their uniforms. Some public schools in Bangkok have different uniforms for students younger and older than 15 years old. This classification technique facilitated the survey on approaching teens in the target age range. However there were some young people in the square out of uniform. Surveyors would approach these young people, inquire their age and, if they were older or younger than the desired age, thank them for their time and not give them the survey.

To survey near the tutoring center, Sakulrat and Neung Lyuk went to the security station at Siam the morning before surveying to ask request permission to survey there. At the Square, each surveying team had one member play the video for the participants



Figure 18: Survevina at Siam

on an iPad while the other team member handed participants the survey as shown in Figure 18.

At the Square, the team member holding the iPad approached the teens to ask if they would like to participate in the study and if the teens agreed to take the survey the other team member gave the participant the survey sheet and a pen.

The street survey team stood roughly 10 feet away from the busy corner on the Square in Phloen Chit and Digital Gateway, close enough to the crowd to easily find participants, but far enough away that other people in the crowd could not hear the video's audio.



Figure 19: Surveying Techniques at Siam

One technique to approach teens in the

street was to politely greet them and ask for a short period of their time as shown in Figure 19.

This technique was mediated by the survey team wearing the Chula uniform, a respected symbol in Thai society, and the distribution of small snacks to participants.

Three Chulalongkorn team members, Sakulrat, Neung Lyuk, and Cherry, surveyed teens at the Siam Technical Institute. Cherry's connection with the director of the Institute expedited the process of getting permission to survey. Cherry's former teachers assisted the team by allowing them to survey classes that contained teens of the target age. Each of the three team members took on different tasks. Cherry set up the classroom's projector to show the video while Neung distributed surveys to the teens.

Sakulrat answered any of the questions participants had before taking the surveys.

All participants sat in their own desks and completed the survey individually as

shown in Figure 20. At this location, the team members also wore the



Figure 20: Surveying at Siam Institute of Technology

Chulalongkorn uniform, but snacks were not handed out to these participants due to classroom restrictions against having food. The total survey process took approximately five minutes to complete for each participant at both locations.

3.4.1.3 Analysis of Survey

While the team was only interested in measuring the differences between the Pre-Survey responses and Post-Survey responses of Group C, the team decided to survey Group A and Group B to increase confidence in the responses given by Group C and meas. In particular, the team was concerned that Group C might feel pressured to respond to Post-survey questions differently after watching the video, rather than giving their truthful opinions about whether or not their attitude changed. The team wanted to check if Group C was led to answer a certain way about a change in attitude after completing one survey about contraception, watching a video about contraception, and then completing another survey about contraception. If the Post-Survey answers from Group B and Group C were comparable, the two results could reinforce the validity of each other. The team compared Pre-Survey responses between Group A and Group C and Post-Survey responses between Group B and Group C. To do these comparisons, the team used t-distribution hypothesis tests.

Before combining the group survey responses from both locations, the team checked if the results were statistically similar. The most important outcome to examine from this survey was whether the Group C Pre-Survey and Post-Survey attitude question responses differed. Statistically significant differences would imply that the video was effective in changing short-term attitudes related to contraceptive discussion. Differences that were not statistically significant would not allow the team to draw conclusions about the efficacy of the video.

3.4.2 Determining the Popularity of the Video

Popularity is important because, according to the team's definition, it measures the number of teens that viewed the video message. The more teens that watch the video, the more teens will see its message, thus increasing the chances of positively affecting a larger portion of the target population. To gauge the popularity of the video, the team launched the video online on February 16th and recorded the popularity metrics after one week, on February 23rd. The team measured an additional popularity metric by asking teens whether they would share the video. This question was a part of the Post-Survey described earlier.

3.4.2.1 *Online Launch*

The team created profiles on two social media platforms--YouTube and Facebook—then uploaded the video to YouTube and linked it to Facebook. The team selected these two platforms for their wide use among Thai teens, and chose to link the Facebook post to the video on YouTube because it is an extremely common practice among online users. This was also convenient because it kept all of the popularity metrics recorded in one place, not on multiple profiles.

The team used “boost post” on Facebook to promote the video. This is a feature that permits sharing the video with other users that identified themselves within the team's demographic restrictions even if they did not “follow” the team's page. The team spent \$20 on this feature. This helped increase the number of potential viewers and spread the video's message. The Facebook boost restricted the post's viewers to those who identified themselves as 15 to 19 years old of either gender living in Bangkok. After having the video online from February 16th to the 23rd the team collected and analyzed the popularity metrics supplied by YouTube and Facebook.

3.4.2.2 Surveying Thai Teens about Shareability

In the Post-Survey delivered at Siam Square and Siam Institute of Technology, the team asked teenagers not only about their attitudes related to contraception discussion, but also about whether they would share the video. The team included this question to help gauge popularity. If the teenagers answered that they would not share the video, a follow up question asked why they would not share it.

3.4.2.3 Data Analysis

The team measured attitude change by comparing the averages of Pre-Survey attitude question responses and Post-Survey attitude question responses by Group C. The team performed a Student t-test on each of the three attitude questions, to compare the averages of the Pre-Survey and Post-Survey responses. There were a total of three t-tests. The tests were one-sided hypothesis tests. The team hypothesized that the teen's responses would be higher after watching the video. The null hypothesis is that there is no difference in the means of the three survey responses. The alternative hypothesis was that the Post-Test results were higher than the Pre-Test results. Statisticians typically use a significance level of 5%, 1% or 0.5%, with a larger percentage being used for a smaller sample size. The team chose a significance level of 5% due to the relatively small sample size of the experiment.

4 RESULTS AND ANALYSIS

The following chapter includes the produced video and analysis on the efficacy, quality, and popularity of the video. The team gathered information about the efficacy, quality, and popularity by surveying teens at Siam Square and Siam Institute of Technology.

4.1 THE VIDEO

The video has been uploaded to YouTube and can be found here:

<https://www.youtube.com/watch?v=zPcRnmnUe5w>

4.2 EFFICACY OF VIDEO

To gauge the efficacy of the video in changing short-term attitudes related to contraception discussion, the team gave teens a Pre-Survey before showing the video, and a Post-Survey after the video, asking the questions in Table 6. The team then coded the questions and ratings according to the corresponding cell values in Table 7.

Question	Rating				
How important is it for teens to discuss contraception with their sexual partner?	Very Unimportant	Not Important	Neutral	Important	Very Important
How comfortable is it for teens to discuss contraception with their sexual partner?	Very Uncomfortable	Uncomfortable	Neutral	Comfortable	Very Comfortable
If you had a sexual partner, how likely would you discuss contraception with them?	Very Unlikely	Unlikely	Neutral	Likely	Very Likely

Table 6: Attitude Questions and their Categorical Ratings

Question	Rating				
Important	1	2	3	4	5
Comfortable	1	2	3	4	5
Intention	1	2	3	4	5

Table 7: Attitude Codenames and Numerical Ratings

We defined the efficacy of the video as a short-term change in attitudes, indicated by a statistically significant positive difference between the Post-Survey numerical ratings and the Pre-Survey numerical ratings.

4.2.1 Experimental Results

The experimental group consisted of teens aged 15 to 19 at Siam Square (in front of the Hello Kitty café, the Digital Gateway, and inside of the tutoring center) and Siam Institute of Technology (in their classrooms). Table 8 includes the number of teens in each subgroup of gender, location, and age.

Gender	Number of Teens
Male	52
Female	93
Other/Prefer not to answer	2
Location	Number of Teens
Siam Square	77
Siam Institute of Technology	70
Age	Number of Teens
15 Years Old	17
16 Years Old	41
17 Years Old	49
18 Years Old	33
19 Years Old	8

Table 8: Demographics of the Experimental Group

4.2.1.1 Overall Results

The following three figures (see Figures 21-23) display the distributions of Pre-Survey and Post-Survey ratings by the teens, for all three attitude questions. The ratings were distributed unimodally and skewed to the left. The darker shades represent the Post-Survey ratings and the lighter shades represent the Pre-Survey ratings. In these graphs and throughout this section, when Pre-Survey ratings are compared to Post-Survey ratings, they will be denoted by the attitude codename followed by the word “Pre” or “Post.” For example, the Pre-Survey Intention question is labeled “IntentionPre.”

Figure 21 displays the distribution of ratings of the Important question. Table 9 displays the descriptive statistics for the ratings of the Important question. Using a paired t-Test, the team found that the Post-Survey ratings for Important were statistically significantly higher than the Pre-Survey ratings for Important (t -Statistic=5.4948, one-sided p -value<0.01).

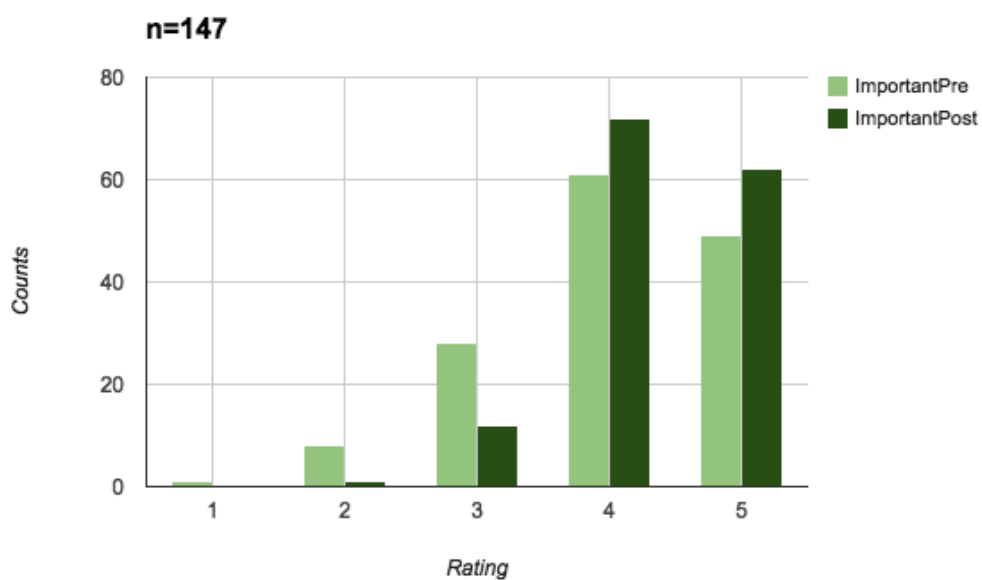


Figure 21: Distribution of Important Ratings

	Pre-Survey Important	Post-Survey Important
Mean	4.0136	4.3265
Mode	4	4
Standard Deviation	0.8989	0.6534

Table 9: Descriptive Statistics for Important Question

Figure 22 displays the distribution of ratings of the Comfortable question. Table 10 displays the descriptive statistics for the ratings of the Comfortable question. Using a paired t-Test, the team found that the Post-Survey ratings for Comfortable were statistically significantly higher than the Pre-Survey ratings for Comfortable (t-Statistic=6.3185, one-sided p-value<0.01).

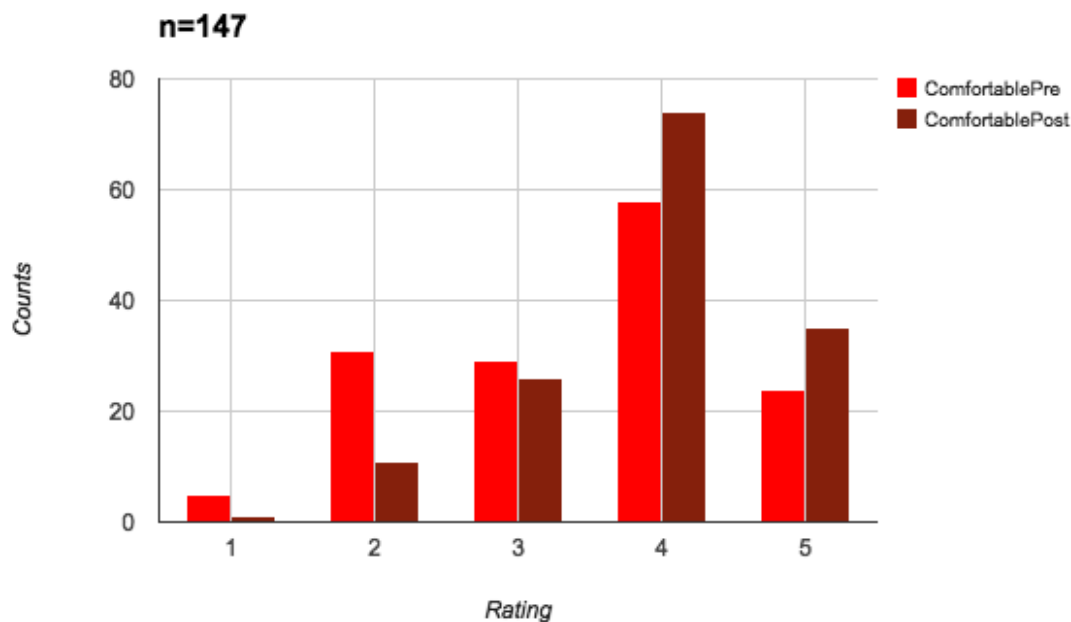


Figure 22: Counts of Comfortable Ratings

	Pre-Survey Comfortable	Post-Survey Comfortable
Mean	3.4422	3.8912
Mode	4	4
Standard Deviation	1.0987	0.8769

Table 10: Descriptive Statistics for Comfortable Question

Figure 23 displays the distribution of ratings of the Intention question. Table 11 displays the descriptive statistics for the ratings of the Intention question. Using a paired t-Test, the team found that the Post-Survey ratings for Intention were statistically significantly higher than the Pre-Survey ratings for Intention (t-Statistic=5.8295, one-sided p-value<0.01).

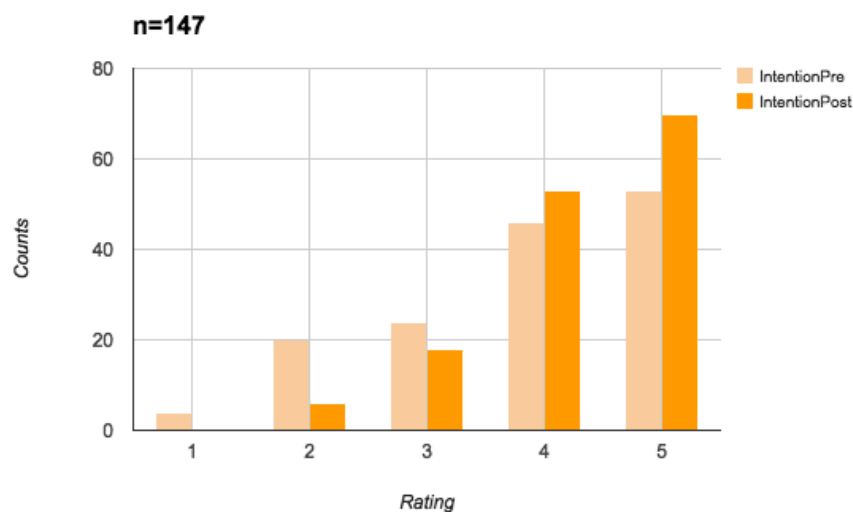


Figure 23: Counts of Intention Ratings

	Pre-Survey Intention	Post-Survey Intention
Mean	3.8435	4.2721
Mode	5	5
Standard Deviation	1.1390	0.8322

Table 11: Descriptive Statistics for Intention Question

Figure 24 displays the average Pre-Survey ratings with gray bars and average Post-Survey ratings with black bars for the responses to the three key survey questions. The Post-Survey ratings were statistically significantly higher than the Pre-Survey ratings, for all three attitudes, as explained in the sections above. **These results suggest that the video was effective in changing all three attitudes short-term, for the experimental group.**

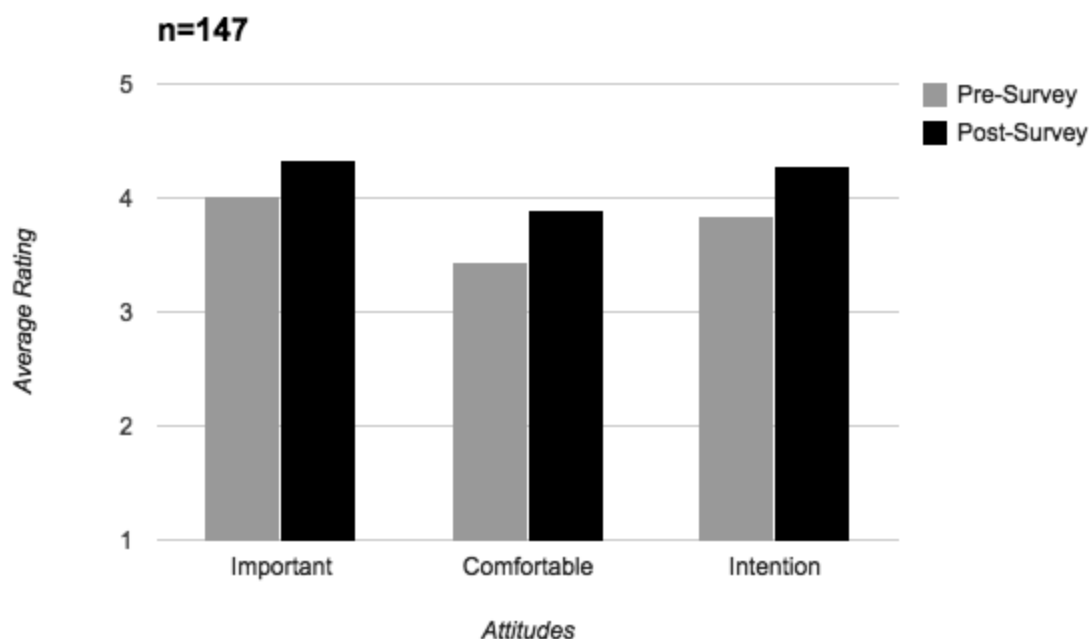


Figure 24: Average Ratings for Important, Comfortable, and Intention

After establishing that there was a statistically significant change in short-term attitude ratings, the team investigated whether the average change in attitude rating was the same if the teens were divided into subgroups according to gender, age, and location. To calculate the average change in attitude rating, the team subtracted the Pre-Survey rating from the Post-Survey rating for each question, and then took the average for each subgroup. The comparisons can be found in the next three sections.

4.2.1.2 Gender vs. Average Change in Attitude Rating

The team found that the Males' average change in attitude ratings was statistically significantly higher than Females' average change in attitude ratings for Important (t-Statistic=2.3006, two-sided p-value=0.0237) and Intention (t-Statistic=3.0009, two-sided p-value=0.0036), but not Comfortable (t-Statistic=1.1367, two-sided p-value=0.2581). Figure 25 displays these comparisons, with blue bars representing the Male Average Change in Attitude Rating and pink bars representing the Female Average Change in Attitude Rating.

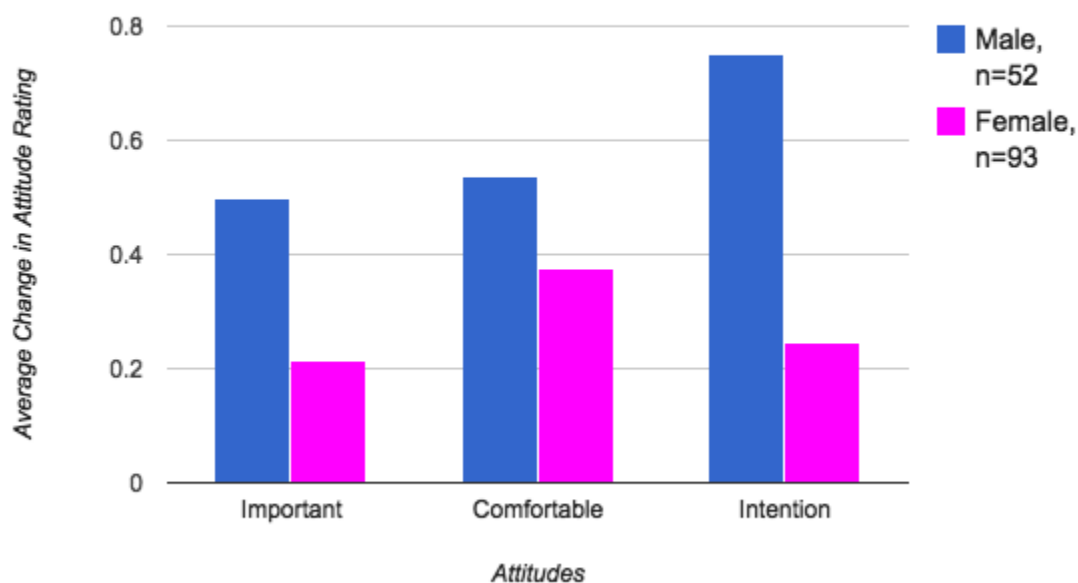


Figure 25: Gender vs. Average Change in Attitude Rating

The team concluded that the video changed Males' attitudes about the importance of discussing contraception with a partner and their intention of discussing contraception with a partner, more effectively than Females'.

It should be noted that the Females' Pre-Survey attitudes were higher than the males. Table 12 lists the average Pre-Survey ratings for Males and Females, and Figure 26 displays these ratings. Accordingly, the team performed an unequal variance t-Test to investigate whether the smaller short-term changes in Females' attitudes could be attributed to higher Pre-Survey ratings from Females. For the Important question and the Intention question, the average Female Pre-Survey ratings were statistically significantly higher than the average Male Pre-Survey ratings (t-Statistic=3.0776, two-sided p-value=0.0026; t-Statistic=3.7369, two-sided p-value=0.0003). Note that these were also the two attitudes in which the Male average change in attitude ratings was statistically significantly higher.

	Average Pre-Survey Ratings from Males, n=52	Average Pre-Survey Ratings from Females, n=93
Important	3.7115	4.1720
Comfortable	3.2692	3.5484
Intention	3.3846	4.0860

Table 12: Average Pre-Survey Ratings from Males and Females

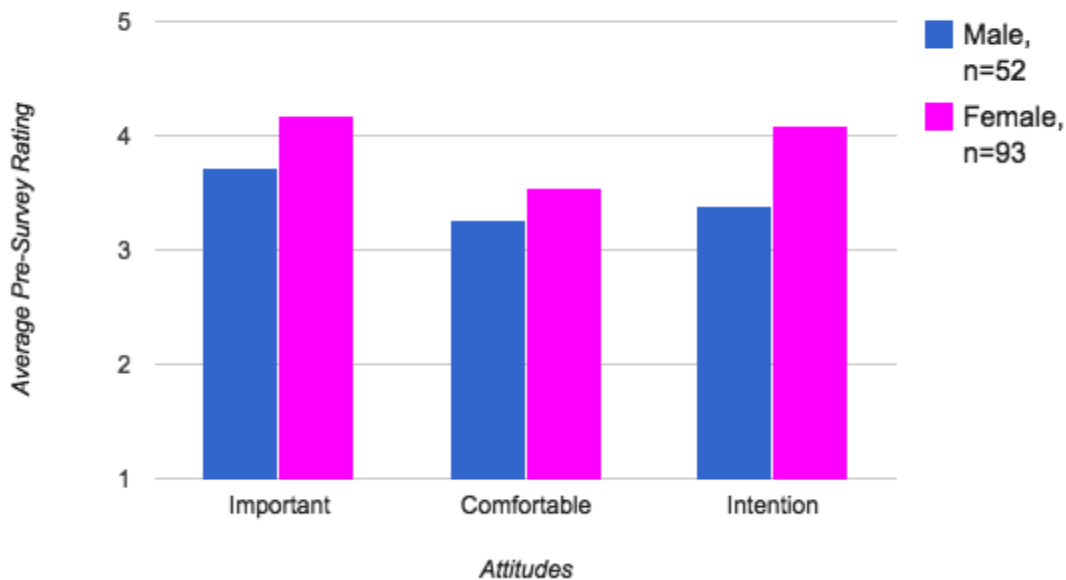


Figure 26: Gender vs. Average Pre-Survey Rating

The team concluded that the Female short-term changes could have been smaller than the Male short-term changes because their initial ratings were higher, thus increasing the likelihood of ceiling effect. However, because the aim of the video was to promote short-term change in attitude, the team still concluded that the video was more effective for Males than Females.

The team investigated whether the video was effective for Females, by conducting a paired t-Test of the Pre-Survey ratings vs. the Post-Survey ratings. For all three attitudes, the Female Post-Survey ratings were higher than the Female Pre-Survey ratings (t-Statistic=3.2398, one-sided p-value=0.0008; t-Statistic=4.2268, one-sided p-value<0.01; t-Statistic=3.3258, one-sided p-value=0.0006). **This means the video was effective for Females, so the overall effective results were not just driven by Males.**

4.2.1.3 Age vs. Average Change in Attitude Rating

The graph of Age vs. Average Change in Attitude Rating can be found in Figure 27. The team found that the average short-term attitude change was higher for 15 year olds than 16 year olds, for all three questions (t-Statistic=2.7943, two-sided p-value=0.0106; t-Statistic=3.3283, two-sided p-value=0.0029; t-Statistic=2.2093, two-sided p-value=0.0396). The average change in attitude rating then increased from 16 year olds to 19 year olds.

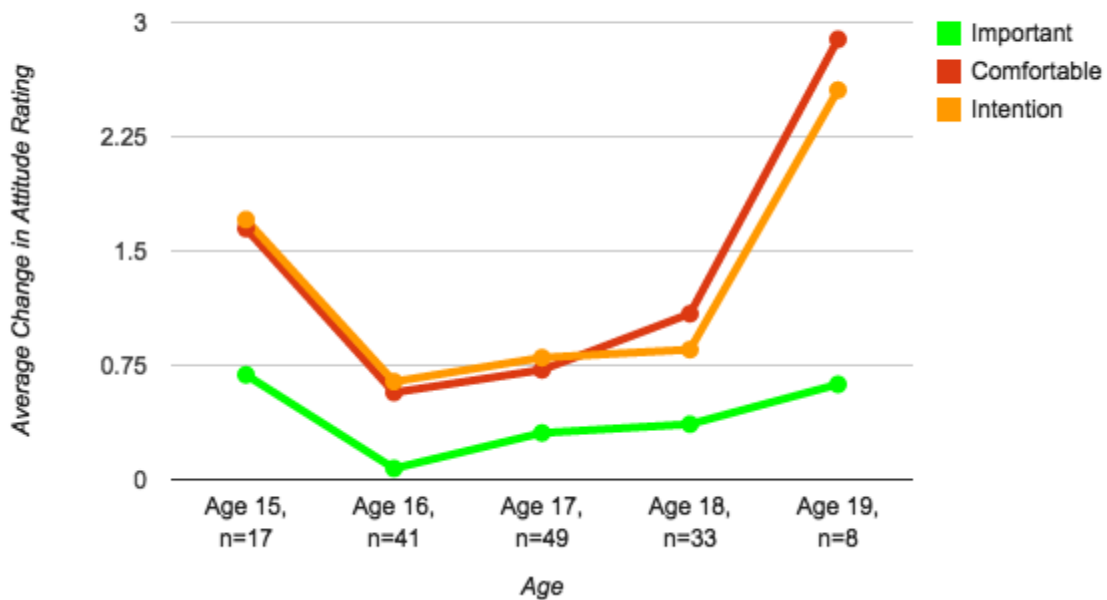


Figure 27: Age vs. Average Change in Attitude Ratings

The data from 15-year-olds came mostly from Siam Square. Of the 17 experimental group 15-year-olds, 76% were at Siam Square and only 24% were at Siam Institute of Technology. Conversely, of the 41 16-year-olds surveyed, only 24% were at Siam Square and 76% were at Siam Institute of Technology. Therefore, the 15-year-olds may appear to have had a larger short-term attitude change than the 16-year-olds, due to the location of these surveyed

teens. **Regardless, the team deemed the video more effective for 15 and 19-year-olds than the ages in between.**

4.2.1.4 Location vs. Average Change in Attitude Rating

The team found that for all three attitudes, the average change in attitude rating was higher at Siam Square than it was at Siam Institute of Technology (t-Statistic=7.3399, two-tailed p-value<0.01; t-Statistic=4.1535, two-tailed p-value<0.01; t-statistic=5.9529, two-tailed p-value<0.01). Figure 28 displays the Siam Square Average Change in Attitude Rating with dark purple bars, and Siam Institute of Technology Average Change in Attitude Rating with yellow bars. The negative yellow bar for the “Important” question implies that some of the teens gave a lower rating on the Post-Survey than they did on the Pre-Survey. However, the team found that the Siam Institute of Technology Post-Survey ratings for Important were not statistically significantly lower than the Pre-Survey ratings (1.0702, 0.2883).

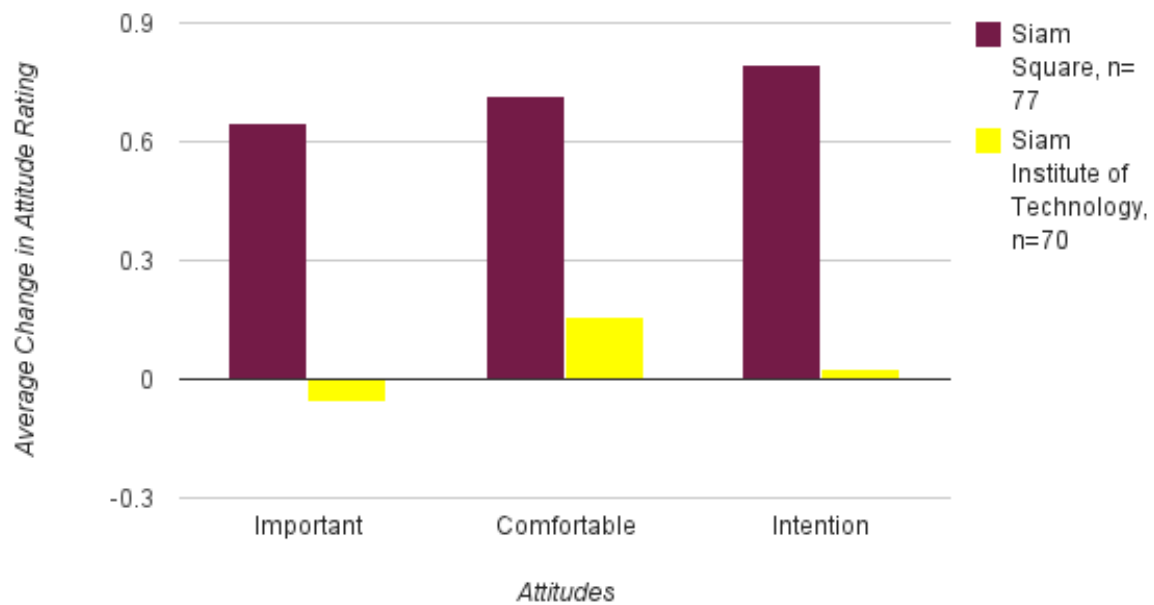


Figure 28: Location vs. Average Change in Attitude Rating

The team investigated to see whether the video was even effective at Siam Institute of Technology. Figure 29 displays the average Pre-Survey ratings vs. Post-Survey ratings at Siam Institute of Technology.

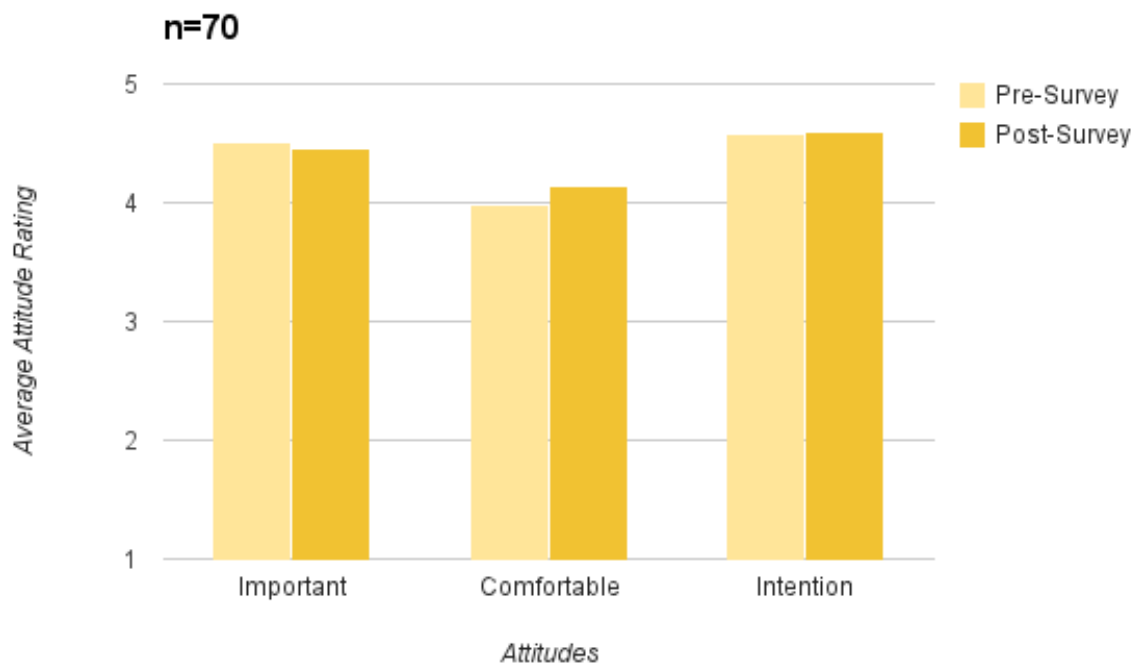


Figure 29: Average Pre-Survey and Post-Survey Ratings at Siam Institute of Technology

For the Important question at Siam Institute of Technology, there was not a statistically significant difference between the Pre-Survey ratings and the Post-Survey ratings (t-Statistic=1.0702, two-sided p-value=0.2883). For the Comfortable question and Intention question, the Post-Survey ratings were not statistically significantly higher than the Pre-Survey ratings (t-Statistic=1.7427, one-sided p-value=0.0429; t-Statistic=0.7046, one-sided p-value=1.6672). **These results show that the video was not effective at Siam Institute of Technology. The Siam Square results were driving the overall results to appear effective.** The team thinks the video might have been ineffective at Siam Institute of Technology because the teens filled out the survey in an exam environment and therefore might have felt more pressured to give high ratings to please the surveyors. However, the team had no way to test this.

If the teens did put high initial ratings due to the formal environment, that attests to the sensitivity regarding the topic of teen pregnancy and contraception.

4.2.1.5 Experimental Results for Siam Square Only

Since the video was effective for the whole experimental group but was not effective at Siam Institute of Technology, the team decided to study the efficacy at Siam Square, along with average short-term attitude changes by gender and age at Siam Square.

Figure 30 displays the average Pre-Survey and Post-Survey ratings. For all three attitudes, the Post-Survey ratings were statistically significantly higher than the Pre-Survey ratings (t-Statistic=8.1083, one-sided p-value<0.01; t-Statistic=7.1925, one-sided p-value<0.01; t-Statistic=6.5094, one-sided p-value<0.01). **The video was effective in changing all three attitudes in the short-term at Siam Square.**

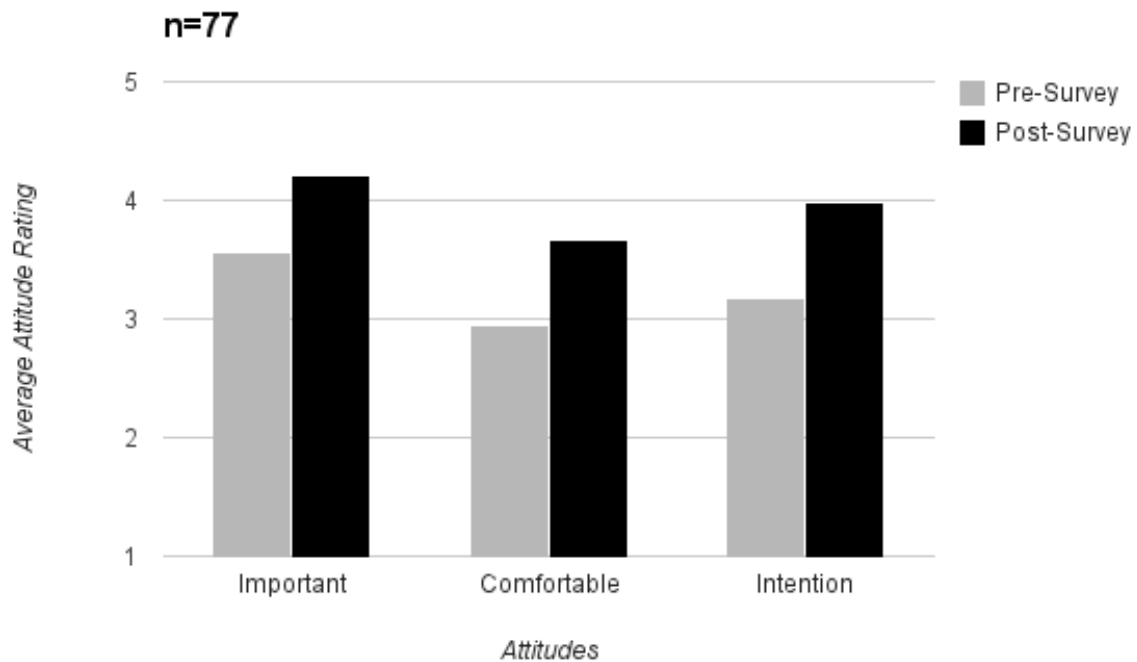


Figure 30: Siam Square Pre-Survey vs. Post Survey Average Attitude Ratings

Figure 31 depicts the average change in attitude ratings for Males and Females at Siam Square. For all three attitudes, the Males and Females had statistically similar average changes in attitude ratings (t-Statistic=0.0896, two-sided p-value=0.9288; t-Statistic=0.2573, two-sided p-value=0.7978, t-Statistic=1.2490, two-sided p-value=0.2156). **The video was equally effective at changing the three attitudes for Males and Females, at Siam Square.**

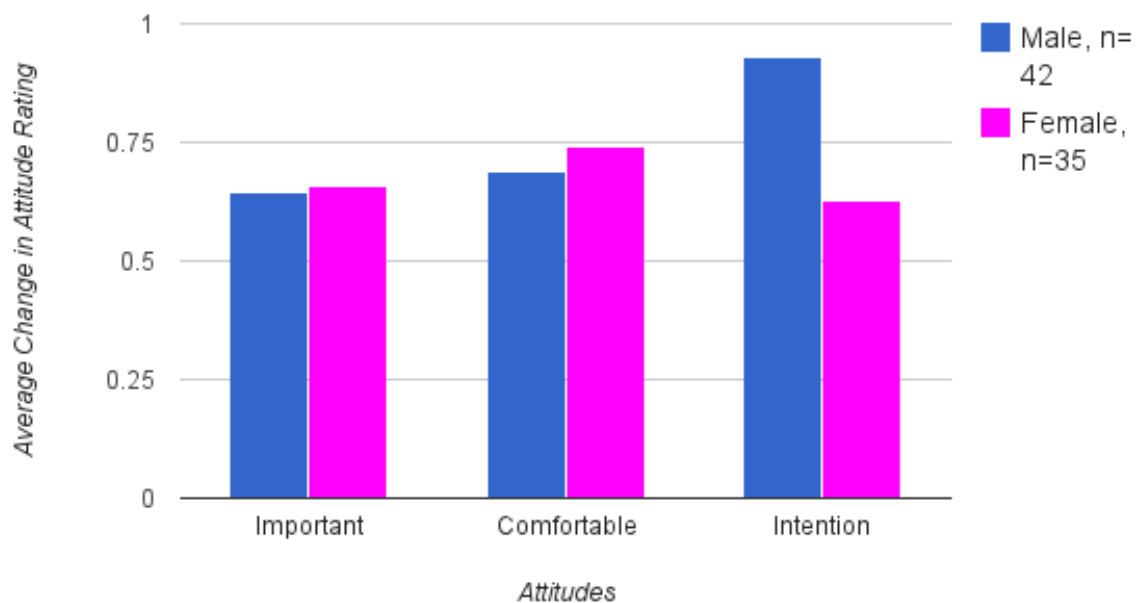


Figure 31: Siam Square Male vs. Female Average Change in Attitude Rating

Continuing to focus on Siam Square results, Figure 32 depicts the average change in attitude rating by age, and Figure 33 depicts quadratic trend lines of the change in attitude rating values. **As shown by the concave-up trend lines, the 15 and 19 year olds had more changes than the ages in between.**

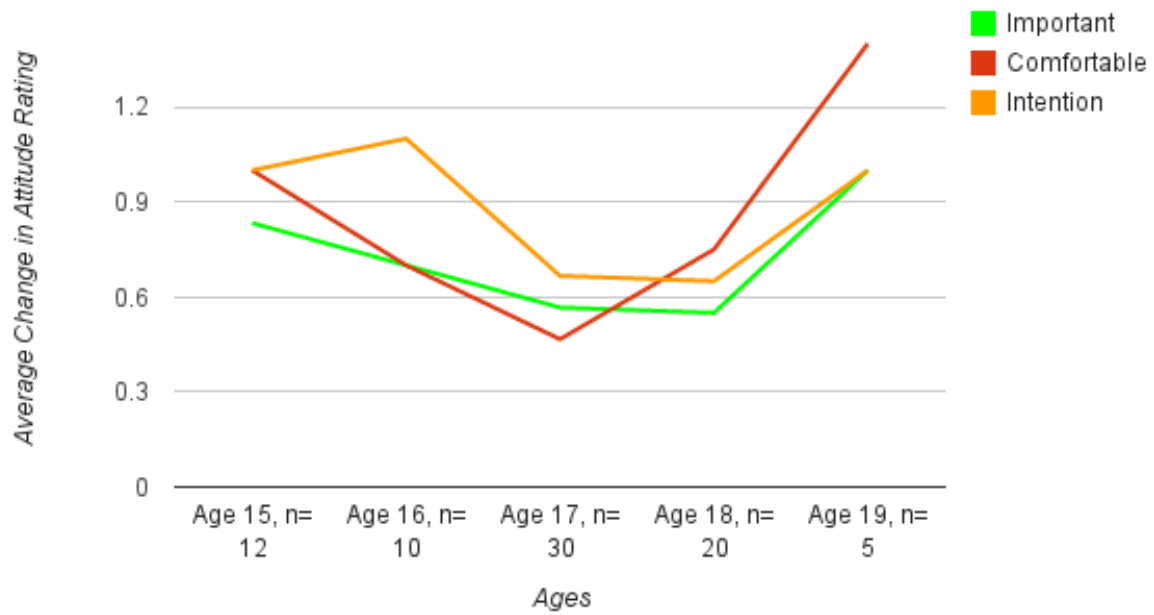


Figure 32: Siam Square Average Change in Attitude Rating by Age

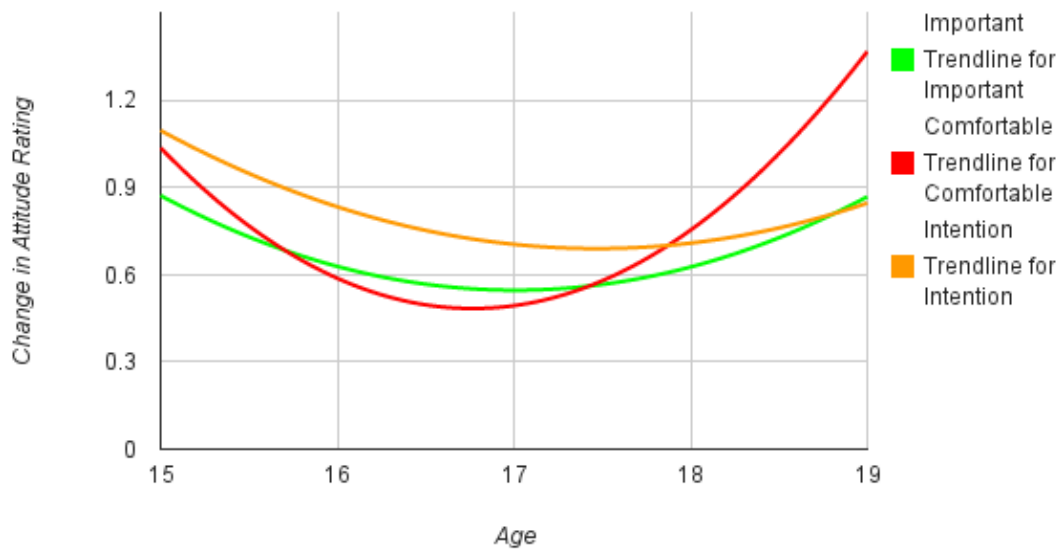


Figure 33: Siam Square Trendlines for Change in Attitude Rating by Age

4.2.2 Bias

Along with an experimental group (Group C), the team also had a control group for the Pre-Survey (Group A) and another control group for the Post-Survey (Group B).

The purpose of Pre-Survey control group was to check to see if the experimental group had statistically similar answers with other teens in the same locations. The Pre-Survey control group only took the Pre-Survey, and never watched the video. Overall, the Pre-Survey control group had similar ratings to the experimental group Pre-Survey ratings (t-Statistic=1.2204, two-sided p-value=0.2238; t-Statistic=1.3296, two-sided p-value=0.1854; t-Statistic=0.7323, two-sided p-value=0.4649).

The purpose of the Post-Survey control group was to see whether the teens gave higher attitude ratings on the Post-Survey only because they had already given ratings on the Pre-Survey. The Post-Survey control group never took the Pre-Survey, but they watched the video and took the Post-Survey. Overall, the control group had similar ratings to the experimental group for Important (t-Statistic=1.0824, two-sided p-value=0.2808) and Intention (t-Statistic=1.8823, two-sided p-value=0.0617), but the experimental group had higher ratings for Comfortable (3.4903, 0.0006). These average ratings are depicted in Figure 34.

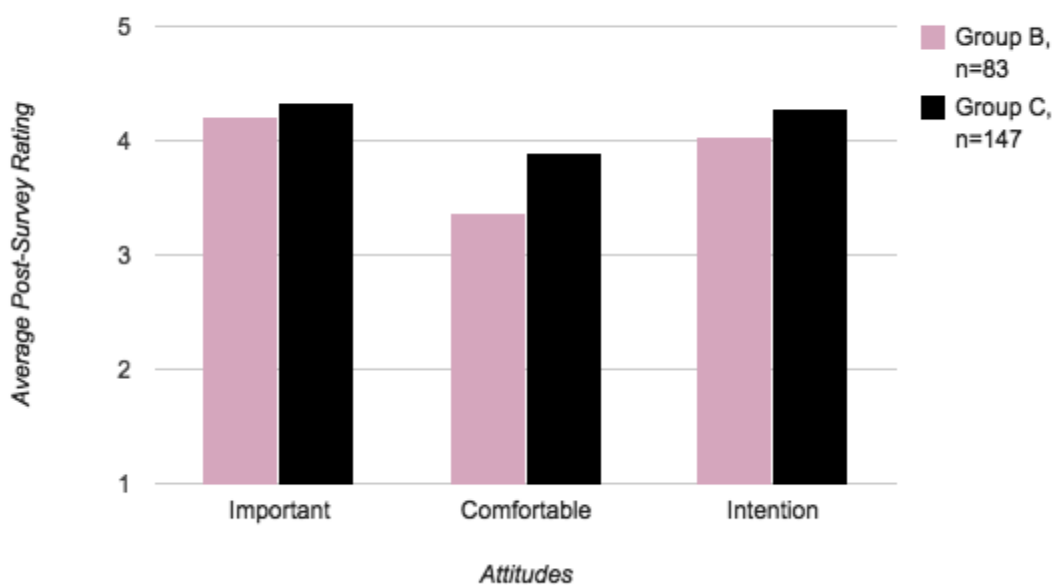


Figure 34: Post-Survey Bias

The team concluded that teens could have felt pressured to give a higher Post-Survey rating to the question “How comfortable is it for teens to discuss contraception with their partner?” if they already answered the question on the Pre-Survey.

4.2.3 Efficacy Summary

According to the team’s definition of efficacy, the video was effective. For all three attitudes, the Post-Survey ratings were statistically significantly higher than the Pre-Survey ratings, indicating a positive short-term change in attitudes regarding contraception discussion. When the experimental group was divided by location, the Siam Square teens showed statistically significant positive short-term attitude changes, but the Siam Institute of Technology teens did not. Looking at just the Siam Square teens, Males and Females had similar short-term

attitude changes, and the 15-year-olds and 19-year-olds showed higher changes than the ages in between.

4.3 QUALITY OF VIDEO

The team gauged the quality of some of the characteristics of the video, in order to report to the sponsor on what was good about the video and what was not good. The survey asked teens what they thought of the message, acting, sound, and flow of the video. Teens rated these characteristics on a Likert scale, and the team assigned a numerical value to the ratings according to the scheme in Table 13.

Rating	Numerical Value
Liked it a lot	5
Liked it	4
Neutral	3
Disliked it	2
Disliked it a lot	1

Table 13: Numerical Values for Video Characteristic Ratings

A histogram of all the video characteristic ratings from Siam B, Siam C, School B, and School C can be found in Figure 35.

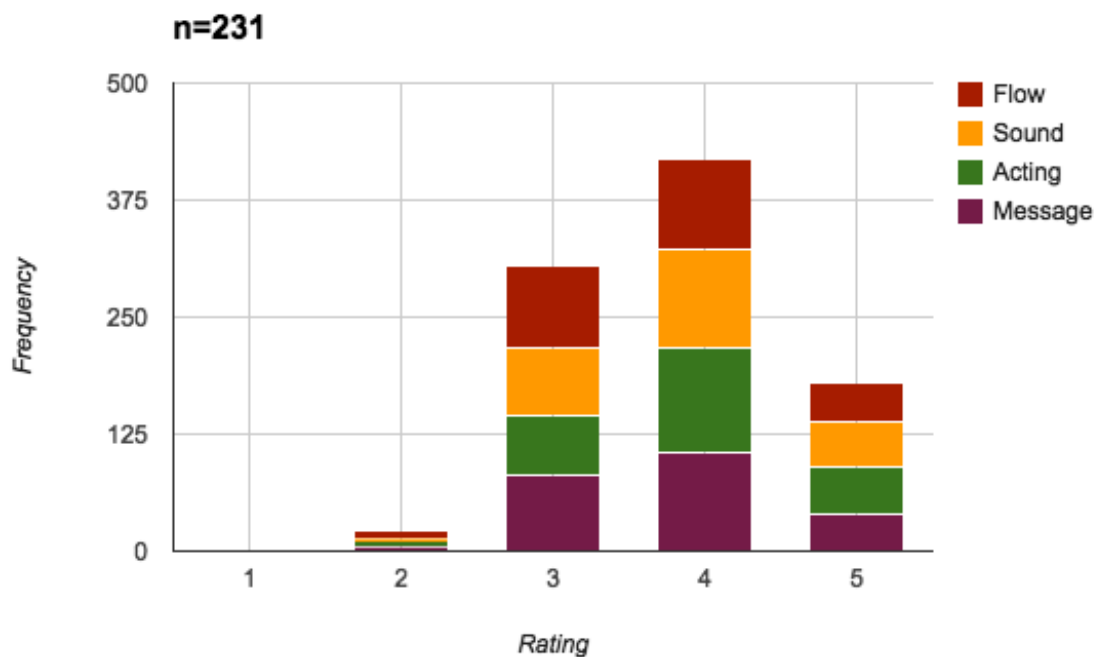


Figure 35: Frequencies of Video Characteristic Ratings

The four characteristics each received 4 as the most common rating. None of the characteristics received a rating of 1. Table 14 summarizes the descriptive statistics for each video characteristic.

	Mean	Standard Deviation	95% Confidence Interval
Message	3.7706	0.7484	(3.6735, 3.8675)
Acting	3.9091	0.7550	(3.8112, 4.0070)
Sound	3.8528	0.7604	(3.7542, 3.9514)
Flow	3.7403	0.7813	(3.6390, 3.8416)

Table 14: Descriptive Statistics for Video Characteristic Ratings

Since all the 95% Confidence Intervals were above 3, the means of the ratings were all statistically above average. The team found that the message, acting, sound, and flow were all rated above average, and the acting was rated the highest by teens.

4.4 POPULARITY OF VIDEO

To gauge the popularity of the video, the team asked teens on the survey how likely they were to share the video (shareability), and they measured some standard popularity metrics of the video on YouTube and Facebook.

4.4.1 Survey Shareability

The team asked teens “How likely would you share this video?” on the survey distributed at Siam Square and Siam Institute of Technology. A histogram of the responses is found in Figure 36.

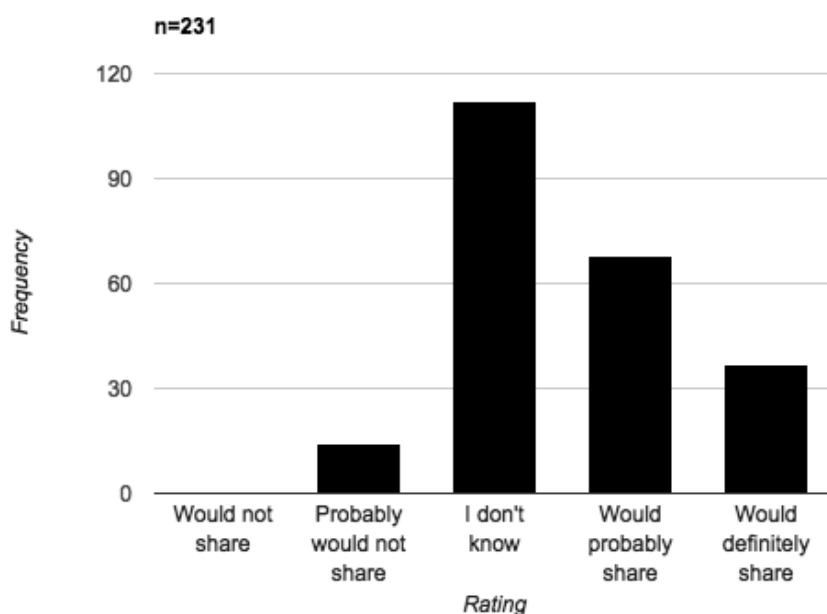


Figure 36: Ratings of Shareability

Most of the teens did not know whether they would share the video, and some of them said they probably would not. There was an open response question asking teens why they would not share the video, if they said they would not. Only a few teens answered the question. They said:

- It is too normal
- It is not interesting
- I would rather keep it to myself

4.4.2 Online Launch

The team gathered real-life sharing data by also launching the video on YouTube and Facebook. After one week, the team gathered the data on “popularity metrics” which can be found in Table 15.

		Popularity Metrics				
		Reached	Video Views	Likes	Comments	Shares
Social Media Platform	YouTube	-	597	8	0	-
	Facebook Post (Boosted)	31,520	38	3,440	0	0

Table 15: Popularity Metrics on Facebook and YouTube

One week after launching the video, the team analyzed the video’s statistics provided by YouTube. The video had 597 total views and 557 (93%) of these views were by people in Thailand. Out of the total number of views, 84% of the viewers watched the entire video. According to the YouTube analytics program, a completion rate of 84% for a 30-second video is considered very good. The team found that 75% of the viewers watched the video on a computer, 22% on a mobile device, and 3% on a tablet. On average, viewers watched 93% of the video.

The team gathered statistics from Facebook after one week, and found that the post reach² of the Facebook video post was 31,520 people. Of this total, the team reached 99.5% of the audience through boost post, and 0.5% organically³. The team concluded that the boost post feature is more effective at disseminating the post than organic reach alone, especially to the specific target audience. Of the 31,520 people reached, the post engagement⁴ was 3,585 people. The team concluded from these numbers that the post engagement rate for the embedded video post was 11.4%.

From previous background research, the team found that comments and shares are stronger statistics to measure viewer engagement with the video than likes and views because they require a higher level of interaction. For example, a like or view of the post is less significant than a share because sharing disseminates the post even further, helping it reach a larger audience. Similarly, commenting shows a higher level of interaction than a like or view because it proves that the viewer had an opinion they wanted to share about the video as opposed to simply liking the video. The team's post received 3,440 likes and 42 views, and no comments or shares. The 42 video views from Facebook account for 7.0% of the 597 total views on YouTube.

From these results the team gathered that although the post has 3,440 likes on Facebook, very few users actually watched the video. Out of the people who did decide to watch it, the

² Post reach=The number of people who the post was served to, whether or not the user actually interacted with the post. (Facebook's definition)

³ Organically=The number of people the post reached without the assistance of the "Boost Post" option. (Facebook's term)

⁴ Post engagement=The unique number of people who liked, commented, shared, or clicked on the post. (Facebook's definition)

completion rate is high. This suggests that the video is engaging, but the Facebook post needs to be more appealing to get more potential viewers to watch the video.

5 LESSONS LEARNED

In order to provide guidelines for future researchers, it is essential to understand the constraints of this project, and assess what could be improved upon for future work. The project's aim was to prevent teenage pregnancy in Thailand, a goal that required changing currently-established behaviors and decision-making processes of Thai teens via digital media. These types of changes generally take a long time, and the seven-week time frame for completing the project affected the team's ability to create a quality video and to measure long-term changes in attitude and behavior of Thai teens.

First, because surveying teenagers all over Thailand would have gone beyond the monetary and time constraints of the project, the team decided to narrow the target group to teens in Bangkok. Consequently, the team's efficacy results for the video may not be true for all teens throughout Thailand.

The team analyzed fifteen existing Thai teenage pregnancy prevention videos to try to find the missing message among them. While the analysis of fifteen videos was sufficient to identify a missing message, it would have been beneficial to analyze more videos in order to develop a stronger understanding of existing messages. This would have allowed the team to be certain that the chosen message had previously gone unproduced in Thailand. Additionally, the team made the decision to only analyze Thai videos' messages, since the target population was Thai teens in Bangkok. The analysis of international videos might have provided a wider variety of ideas for pregnancy prevention that could be applied in Thailand.

The tight schedule also governed the amount of time the team put into trying to understand the language and culture of Thai teens. If given the opportunity to interview teens and

examine teen websites for their use of slang, the team would have gained more insight into current teenage colloquialisms and improved the catchiness and appeal of the video's message, potentially increasing the video's popularity.

In addition to time constraints, the project also had a very small budget that restricted the team's access to superior resources--such as professional actors and special effects--that could have improved the quality of the final video. Furthermore, the team did not have the opportunity to collaborate with other public health organizations, schools, celebrities, or other social enterprises to promote the video. The dissemination method of an online launch was therefore potentially less effective than it could have been. Moreover, the team was only able to analyze the popularity metrics of the video for one week, which is not enough time to gain an online audience. Thus, the popularity results were limited.

The team created many extra variables, by surveying several groups. The Siam Square data was collected from Siamkit Tutoring Center, Digital Gateway, and the area in front of the Hello Kitty Cafe. The team lumped together all the data from these three Siam Square locations, because the paper surveys did not have the locations recorded on them. The Siam Square data should have been collected from only one location at Siam Square, to ensure that the results could be generalized for Siam Square. Additionally, the different demographics of teens made it difficult to compare Group A and B to Group C to find the bias. It would have been more practical to instead test for bias by comparing teens to themselves. This could have been accomplished if the team had included questions about attitudes that should not have been changed by the video, to see if the teens were giving higher ratings the second time just to please the surveyors.

6 RECOMMENDATIONS AND CONCLUSIONS

Based on results and analysis of the video, the team developed several recommendations that could aid in the prevention of teen pregnancy in Thailand. These recommendations address both improvements that could be made to the video and topics of further research into the issue of teenage pregnancy. The team presented these recommendations to the project's sponsor, Dr. Nuntavarn of Thammasat University.

6.1 RECOMMENDATIONS FOR STUDYING THE VIDEO AND ITS MESSAGE

The following sections outline the team's recommendations specifically for further analysis of the "Falling Condom" video and the message "Discuss contraception with your partner."

6.1.1 Further Study of the Video's Efficacy

The team recommends that the message of the video be analyzed further as a part of a longitudinal study. The team found the video to be effective in creating a positive short-term attitude change in Thai teens and suggests conducting a study to measure the long-term attitude change to better gauge the efficacy of the video's message.

The team recommends studying the video's potential to affect positive long-term change in sexually risky behaviors. A broader measure of the video's efficacy could be its ability to induce long-term behavioral change. Researchers should test whether teens actually discussed contraception with their partner, and as a result, practiced the behavior of safe sex.

The team recommends including questions regarding a participant's socioeconomic status for future qualitative and quantitative data collection. Administering surveys and leading focus groups with teenagers of various backgrounds will aid in determining the particular video message that best suits each group of teens. This could be achieved by including a question on surveys that specifically asks about the participants' personal and parental incomes. Additionally, interviewing a group of teens from different socioeconomic backgrounds may give better insight to how their backgrounds might influence their opinions and perceptions.

The team recommends conducting focus groups with Thai teenagers to gather qualitative data about the video and its message. Feedback from these focus groups could be used to modify the current slogans so they are more effective in changing attitudes and to change production elements like music and acting quality to make them more likeable to teens.

The team recommends performing similar research as described in this report on a broader target population including all teens throughout Thailand. The team tailored the video message's catchiness to Bangkok teens as a target population. Measurements of the video message's efficacy still need to be collected with Thai teenagers as the target population because the team cannot assume that the opinions of Bangkok teens are representative of those of Thai teens as a whole without supporting research.

6.1.2 Further Study of the Video's Popularity

The team recommends that the video's popularity metrics be further monitored and analyzed. For this project, the team gathered popularity metrics over a one week period, which is

not long enough to gain a significant online audience. Since comments and shares are the strongest forms of engagement in a video, future researchers should monitor these more closely, and for a longer period of time.

6.1.3 Further Study of the Video's Characteristics

The team recommends conducting focus groups with teens to gather their opinions of the video's characteristics. This kind of focus group could be used to gain qualitative data about improvements that could be made to aspects of the video, such as its message, visuals, acting, tone, and production quality. These changes may succeed in making the video more appealing to Thai teens.

6.2 RECOMMENDATIONS FOR USING THE VIDEO AND ITS MESSAGE

The following section outlines the team's recommendations for further research in the issue of Thai teen pregnancy and video dissemination.

6.2.1 Create a Campaign

The team recommends the creation of an Internet campaign using the same message to prevent teenage pregnancy in Thailand. Based on the team's current knowledge, the created video is the only one in Thailand that presents the general message, "Discuss contraception with your partner." Because the analysis of the surveys shows that the teenagers received this message positively, it would be beneficial to make several videos with variations of the same message and post them on the Internet as a collective campaign. Having several videos with this same

message would reinforce the ideas to teenagers that it is important to discuss contraception with their partner, and that they should feel comfortable having this discussion.

The team recommends that one of the videos of the Internet campaign be based on the “Interview” storyboard. The team found that funny videos and emotionally touching videos are most effective among Thai teens. Since the team already created a video with a funny tone, the team recommends future researchers use the “Interview” storyboard to produce an emotionally touching video to add to the campaign.

6.2.2 Dissemination Techniques to Improve Popularity

The team recommends collaboration with a professional media-producing company or government organization to aid in the dissemination process. Working with a well-known and successful Thai organization will give credibility to the video. Companies such as these may also have knowledge about advertising to Thai teens. This knowledge can allow them to more accurately target the audience, which will encourage Thai teens to watch the video and to share it with their friends.

6.3 CONCLUSION

Teen pregnancy rates are rising rapidly in Thailand and have recently exceeded the global average rate, which is cause for concern due to the serious health and economic consequences related to childbearing and parenthood. This project addressed the high rate of teen pregnancy in Thailand by developing a video aimed at encouraging teens to discuss contraception with their partner.

Given the steep rise in the Thai adolescent birth rate over the last decade, Thailand can only expect to see a continued rise in the number of teen pregnancies unless the country takes action. The recommendations that the team generated from analysis of the project's video are meant to support The School of Global Studies in its pursuit of a solution for the issue of teen pregnancy in Thailand. While carrying out these recommendations may take months or years, the team believes that these recommendations have the potential to affect positive change by reducing Thai teen pregnancy.

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7 APPENDICES

APPENDIX A: GLOSSARY OF TERMS

Adolescent -- A person of any gender aged 15 to 19 years. See also **Teen/Teenager**

Comments --The number of times people record their opinions and thoughts about a post for other viewers to see

Digital Media --Any Internet-based advertisement, commercial, or image that can be accessed on a computer, tablet or smartphone.

Dissemination--The process of distributing digital media through the Internet

Efficacy—A statistically significant positive change in the short term attitudes of Bangkok teens regarding the message “Discuss contraception with your partner.”

Likes--The number of times people voluntarily choose to click the “Like” button

Newsfeed--The list of updates that appears on one’s Facebook homepage

Pregnancy Prevention -- A process of actively preventing unwanted pregnancy by either practicing abstinence or by using contraceptives correctly. Used interchangeably with “**Safe Sex**” for the purposes of this report.

Safe sex -- A method of actively preventing sexually transmitted infection transmission and unwanted pregnancy by either practicing abstinence or by using contraceptives correctly. Used interchangeably with “**Pregnancy Prevention**” for the purposes of this report.

Shares -- The number of times people voluntarily choose to insert the video link on their own newsfeed

Social Marketing--The action of publicly promoting a particular social behavior.

Social Media Platform--Referring to a specific social media website or application

Social Media--Websites and smartphone applications that allow users to share content, as well as participate in social networking. Digital media can be shared via social media.

Teen/Teenager-- A person of any gender aged 15 to 19 years. See also **Adolescent**

Views -- The number of times people play video

APPENDIX B: WHY NOT INTERVIEW

1. **Our project is to develop a digital media resource that will inform Thai teens about contraceptive use, and hopefully make contraception cool. We are trying to gather information about marketing techniques, to aid us in the creation of our resource. Would it be okay for us to use your name for our research materials? Can we record the conversation?**

Khun: Yes, you may use my name and the company name and you may record the conversation.

2. **How long have you been working in the marketing field?**

Khun: This company, WHY_NOT Social Enterprise, is actually an advertising company, not a marketing company. My staff and I use communication campaign strategies to consult for non-governmental organizations in the public sector to advertise their campaigns.

3. **What is your specialty within the marketing field?**

Khun: We consult with clients from other businesses to help them create advertisements on the Internet. We help them advertise both online videos and still ads.

4. **Have you ever been in charge of a marketing campaign?**

Khun: Of course. We just finished one about social organizations for Khon Thai Foundation. In CentralWorld, we surveyed young people who were shopping about the video we had made. This campaign was geared towards Thai teens. We researched how teenagers use the Internet to think about their futures. We found most of these kinds of videos on YouTube.

5. **What are three steps you take to approach a new marketing project? What steps help create a successful marketing campaign?**

Khun: First, understand your audience. Second, develop content that is interesting and fresh. Teens won't share familiar and overdone content with their friends. The topic of teen pregnancy has been discussed in Thailand for awhile. You need to deliver the content in a new, exciting way. Third, to actually make the video, make a storyboard, sketch out the storyboard and think of interesting vocals and music. Gauge teen interest on the storyboard. Then substitute sketches with footage of real people.

6. **Do you have any general advice that comes from challenges in the past?**

Khun: Have fun with the project and keep the stress level down.

7. **How do you measure the efficacy or success of your advertisements?**

Khun: In terms of popularity, set a goal for metrics such as "shares" and "likes." For example, set a goal for 100 views in one week and work to meet that goal. It gives you something concrete to work with.

8. **Given the time frame, budget, and target audience of our project, what type of digital media do you think we should make? Video or still ad?**

Khun: I know a video would be better because it is more interesting and interactive with the teen audience. However, the content of the digital media is more important than the

question of video vs. poster. I think you should plan to finish the research next week. Then spend 2 weeks creating our resource. Then spend 2 weeks producing.

9. **Thank you so much for your time. Do you have any other suggestions for our project?**

Khun: Sure. I think you should survey the students about their behavior, show the media, then survey them again. Make sure you don't put a knife in the back of kids who are already pregnant, meaning do not be insensitive towards pregnant teenagers.

You are going to have to walk a fine line. Don't promote the idea that safe sex is cool because, in Thailand, no one will want to promote sex to teenagers. However, you do have to remember how to appeal to teenagers and how they think. Did you know that Thai kids don't think they can get pregnant the first time?

Some campaigns that I know already exist are: gentlemen use condoms and parents should talk to teens about sex before they see porn and become influenced by it. If you are looking for something that hasn't been done yet, stay away from those topics.

APPENDIX C: BUREAU OF REPRODUCTIVE HEALTH INTERVIEW, DR. KITTIPONG SAEJENG

กรมอนามัย

เนื้อหาในวิดีโอ

1. ความรู้ทั่วไปเกี่ยวกับเพศศึกษา
2. ทางเลือกของการคุมกำเนิด
3. หลีกเลี่ยงการพูดคุยเมื่อจะมีเพศสัมพันธ์
4. คำแนะนำเมื่อวัยรุ่นจะใช้ยาคุมกำเนิด
5. คำแนะนำเมื่อวัยรุ่นท้องและไม่พร้อมที่จะดูแลเด็ก ส่งผลให้ทอดทิ้งเด็กที่ สถานเลี้ยงเด็กกำพร้า

ถ้าผู้ใหญ่ไม่คุยกับลูกหลานเรื่องเพศศึกษา สื่อในโลกออนไลน์จะเป็นคนคุยเอง เหมือนกับโฆษณาของ สสส

เราควรถามผู้ดูวิดีโอ ว่าวิดีโอนี้ดีหรือไม่ ถ้าพ่อแม่ดู ยังดี

ทำไมวิดีโอเรื่องป้องกันวัยรุ่นท้องที่มีอยู่ถึงไม่มีประสิทธิภาพ?

เพราะสื่อที่ดีจะไม่ดังเหมือนวิดีโอรณรงค์วัยรุ่นท้อง ถ้าเป็นวิดีโอเรื่องการทะเลาะวิวาทจะค่อนข้างมีคนดูมากกว่า

ควรใช้ การตลาดเกี่ยวกับสังคมเพื่อโปรโมทเรื่องนี้ แต่ต้องมีเงินถึงโปรโมทได้

คาราสามารถช่วยโปรโมทได้

ช่วยประชาสัมพันธ์ผ่านละคร ช่อง 3 รักในตลาดสด พระเอกล้อกับนางเอก

แฝงในช่องทางที่วัยรุ่นดู วิทยุ

คำถามสุดท้าย

เลือกและวิเคราะห์กลุ่มเป้าหมาย ข้อความอะไร นักแสดงเป็นแบบไหน?

ไม่ได้ใช้ คารา หรือ คนดัง ดังนั้นเลือกใช้การ์ตูนแทน เพราะว่าถูกกว่า

เมื่อวิดีโอเสร็จ สิ่งที่ยากที่สุดคือโปรโมทโดยใช้การตลาด

สร้างกระแสให้ดัง จะโปรโมทอย่างไรให้ดี ทำเรื่องลบให้ดังเหมือนดารา ดังนั้น เราจึงต้องเลือกข้อความว่าเป็นไปทางที่ดีหรือไม่ดี

เราต้องสัมภาษณ์ วัยรุ่น ว่าชอบอันไหน- สอนพ่อแม่หรือวัยรุ่น

โหมโรง ดีมากแค่ ตัวละครดี สุดท้ายคนช่วยกัน โปส กระแสเกิด

นายกินกล้วย ดังเลย

15-30 วินาทีขึ้นอยู่กับว่าจะขายอะไร

โฆษณาที่โรงหนังขึ้นอยู่กับ เงินทุน สถานที่ และ วิธี

วางแผนก่อนจะผ่าน ทีวีที่ไหน ขึ้นอยู่กับนาฬิกา

4ps: place, price, promotion, product. การตลาด

เหนียวไปยั้งดังได้เลยยย อยู่กับการสร้างกระแส คำพูด หรือไม่เคยได้ยินเลย

เลือกเซอเวย์ตามแบบของวัยรุ่น

สยาม, โรงเรียนกวดวิชา, ซลัม (ปวช)

ประเมินแค่เห็น หรือ ผล

ระเบียบวิธีของเราดีแล้ว

วัดความพึงพอใจและความรู้

ระบบปิด วัด โดยการบังคับ

KAP (knowledge changes attitude)

ความรู้เปลี่ยนทัศนคติ จากนั้น ทัศนคติเปลี่ยนพฤติกรรม แต่ก็ไม่ใช่ทุกกรณี

แม่เสียชีวิต เพราะลูกชายเมาและไม่ดูแล จากนั้นลูกชายก็เปลี่ยนความคิดเลิกเหล้า

เปลี่ยนทัศนคติไม่ใช่เพราะความรู้

เราไม่สามารถเปลี่ยนพฤติกรรมได้ แต่เปลี่ยนทัศนคติได้ และให้ความรู้

เราตรวจสอบได้แก่จุดเล็กๆ

English Translation

1. **Can you explain the ideas behind the campaign you are currently working on? Who is your target group and what do you hope to achieve by putting out this digital media?**

Dr. Saejeng: Currently, teen pregnancy is very abundant in Thailand and affects the nation's economy. Three main factors involved in the issue are:

1. Parents have no skill in talking with their kids,
2. Teens have a variety of ways to access digital media,
3. Inappropriate media that worsens the teens' behaviour.

The Bureau uses digital media as a main tool in solving this problem.

2. **Why did you choose social media as a tool for promoting safe sex and contraceptive use in Thai teenagers?**

Dr. Saejeng: When they have any doubts about sexual knowledge, they will ask friends or use Google and other sites on the Internet instead of asking their parents. The task of the Bureau is to provide more reputable sources of information on the Internet for teenagers seeking knowledge about sexual health.

3. **In the short story on your website, what kind of message do you want to tell the audience?**

Dr. Saejeng: The Bureau aims to tell teenagers about:

1. basic knowledge about sex education
2. various contraceptive options
3. negotiation skills when your partner asks for sex
4. advice when teens want to take the birth control pill
5. advice when teens are pregnant

4. **Do you think that teens prefer watching a short story more than just a still advertisement? We are having trouble deciding between making a video or an advertisement with pictures. Do you have any suggestions on which is better?**

Dr. Saejeng: Video is a better method for reaching teens. Moving pictures are designed by the people who understand teens. Teens prefer watching rather than reading. Thai teens don't like to read which is easy to spread the message. The existing teen pregnancy video is not effective because it is not popular since people do not usually discuss wholesome things. For instance, people usually discuss the bad things (fighting, sex,

gossiping) because they are more interesting. If these kinds of videos are launched in the media, people will mostly pay attention to them. The good content video is normally not catching people's attention but if there is a celebrity playing on the video, it would bring a lot of audience.

5. **How do you plan to measure the efficacy or success of your campaign?**

Dr. Sajeng: Our measure of efficacy is good enough (pretest and posttest). Knowledge can change attitudes and attitudes can change behavior, but it is not always true. For instance, a doctor will smoke even they know the negative impacts. So knowledge cannot always change behaviour. For example, a mother has died because her son was drunk and neglected to take care of her, then he totally changed to more moral behaviour (not by the contribution of knowledge, but by a change in attitude). Actually, we can't really measure the change of behavior but only the change of the attitude in short-term period. Therefore, we can only measure just the small scope impact of the media we choose.

6. **Would you be willing to share some of the research or information you have used to create your campaign? Specifically related to Thai teenage risky behaviors.**

Dr. Saejeng: The Bureau of Reproductive Health has found that current Thai teens are no longer watching T.V. and listening to the radio. Thai teens have increasing in using the digital media and social network.

7. **You have done a lot of research about this issue. Can you give us some advice for creating our own digital media to prevent teen pregnancy?**

Dr. Saejeng: Choose and analyze the target group. What is the main message? Get the popular character. Animation was chosen because the production is much cheaper than the actual video. The most effective way is to hide your message to teens TV show, music video, series or anything that teens pay attention mostly. For instance, a Channel 3 series let the main character talk about one issue so the audience at home had to listen. Ads are also put on screen at the cinema (forcing method). To make the trends become famous, we have to promote the media in either positive or negative ways.

For example, the Thai prime minister promotes the Thai banana by eating it during public events. Even one video named "Sticky Rice" became very popular because the popularity of video is dependent on the use of popular slang in Thailand. Firstly, the survey must be basically done by the quantitative data with the different types of kids in order to get the ideas what Thai teenager really think and the place could be the high popularity of Thai teenager such as siam, tutoring school, and slum.

APPENDIX D: MEETING WITH PSI SPONSOR, MARK THEUSS

What advice do you have for us for our project?

Mr. Theuss: It's not helpful to learn what teens already know about safe sex. They get pregnant even though they have this information already. Instead, try asking open questions in a qualitative perspective. Here are some potential questions to ask:

1. Have you ever had sex with your boyfriend?
2. Do you have a friend who had sex without using condoms?
3. What do girls like you do if they're going to have sex with their boyfriend?
4. What would you do/what would your friends do if you/they have unprotected sex?
 - i. who did they talk to
 - ii. where did they get info
 - iii. where did you go
 - iv. why did you choose the product/service?
5. Do you have any friends who have gotten pregnant?
6. Do you have difficulty negotiating with your bf?
7. Do you have friends who have a bf?
 - a. How long have they been together?
 - b. What is nature of their relationship/how do they spend time together?
 - c. Do they sleep together?
 - a. Do they use contraception?
 - d. weight increase? mood changes?
8. Don't just ask if they used condoms more
9. Ask how they feel about using condoms after seeing the campaign

Make sure in your preliminary data collect to have a fun interview with teens. They will not be engaged by a survey and you won't learn anything new about them. You need to explore teenagers' experiences. Do young girls have discussions with boyfriends? Do they have negotiation issues in their relationships? What happens when a young girl purchases contraception? Do they feel comfortable? What are the roles of their friends, doctors, parent in their decision about using contraception.

By asking these questions, you will understand key barriers, their beliefs and values, and attitudes

When you ask questions, ask about themselves, then their best friend, then people like them. Each one become increasingly easy to talk about, so they become more comfortable. They might not answer questions about themselves, but they might be more likely to answer questions about their peers.

If you do end up having to survey, make sure you use a Likert scale or something similar when framing your questions so you end up with quantitative data.

Interview a broad range of people!

So what are some terms we might need to research to get a better understanding of our audience?

Mr. Theuss: Try searching “behavioral determinants” and “factors of behavior.”

Which do you think will be more effective in reaching Thai teenagers, a video or a still advertisement?

Mr. Theuss: PSI makes ads for low income countries only because not everyone has a computer or smartphone to watch videos most developing areas. Developing nations generally cannot support the bandwidth to play videos. For example, in Cambodia and most African countries, radio is much more popular than the Internet for young people. However, most areas in Thailand can support video streaming! You should use video in Thailand.

APPENDIX E: CODED RESULTS OF EXISTING THAI TEENAGE PREGNANCY PREVENTION VIDEO MESSAGE ANALYSIS

Video Title	Video URL	Does the video mention contraception?	Message of the video
Sex Teens Have a Choice	https://www.youtube.com/watch?v=CErt3zgn6zE	Yes	Every time you have sex, there is 200 millions kids that want to be born and you can prevent this by having 3 options
			if you don't use contraceptive 200 million babies are waiting get a chance to born.
			Every time you have sex, there is 200 millions kids that want to be born and you can prevent this by having 3 options
Get More and More	https://www.youtube.com/watch?v=QkvHpzT5N8Y	Yes	Easy to get the disease and easy to be pregnant.
			Very easy to get HIV and also easy to get pregnant.
			Unexpected HIV and get pregnant
True Love Can Wait	http://youtu.be/gsaH0z3DXQM?list=PL1B125C05108411C8	No	True love can wait
			If you have true love you can wait until the appropriate time comes.
			True love can wait
Outside Ejaculation Can Cause Pregnancy	http://youtu.be/1uTFWvYboPM	Yes	Outside ejaculation can cause pregnancy
			Outside ejaculation can cause pregnancy and during the sexual intercourse 10 million sperm will come out.
			Outside ejaculation can cause pregnancy
She will be... Important that the condom	http://youtu.be/1hv_ddUFFao	Yes	Important to use a condom to protect yourself if you have multiple partners
			Important to protect from multiple partners and multiple

			genders
Stop Teen Mom -- Goodbye	https://www.youtube.com/watch?v=JCJbenj_tgw	No	<p>dream disappear when you are pregnant</p> <p>Get pregnant = Lost your dream</p> <p>This video try to tell the bad story of the girl when she got pregnant.</p>
Think of sex, importance to use condom	http://youtu.be/1hv_ddUFFao	Yes	<p>if you wanna be playful, use condom</p> <p>Think of sex, importance to use condom</p> <p>Wanna have fun, importance to use condom</p>
Wrong Time	https://www.youtube.com/watch?v=VRsKnRoWjug&list=PL28D5FD621E45E547&index=2	No	<p>if you get pregnant your family will disown you</p> <p>stop before it is too late</p> <p>if you get pregnant your family will disown you</p>
Stop Teen Mom -- Punishment	https://www.youtube.com/watch?v=B5FyrANgSrE&index=3&list=PL28D5FD621E45E547	No	<p>the boy is very guilty for getting a girl pregnant</p> <p>getting pregnant will ruin a boy's life</p> <p>sex isn't as cool as he thought the first time</p>
Stop Teen Mom -- The Most	https://www.youtube.com/watch?v=WPIHtCR_aO8&list=PL28D5FD621E45E547&index=4	No	<p>Stop Thai teen pregnancy or else our country will be ranked as the first on this issue.</p> <p>Thai people should promote the preventing teen pregnancy together</p> <p>Thailand has highest rate of teen pregnancy in Asia</p>
Teen Gave Birth	https://www.youtube.com/watch?v=4m1EpQ6A7Fg&list=PL28D5FD621E45E547&index=6	No	<p>When teens deliver a child is very painful and if you don't want to be like that think first before you have sex.</p> <p>you should not get pregnant when you still young.</p> <p>Give birth is painful and scary so don't do that</p>
Sex Can't Prove Love	https://www.youtube.com/watch?v=DrO52QeYINM&list=PL28D5F	No	<p>It tell the girl about the fact that sex cannot prove love. After you got pregnant the boy will leave the relationship and you have to take care of baby alone.</p>

	D621E45E547&index=9		sex isn't mean true love
			Sex cannot prove the love
My Girl	https://www.youtube.com/watch?v=KRqrdE6f4H0	No	<p>forgiven from her dad and bring sadness to the family.</p> <p>The plots describes the role of father a lot that he loves his daughter so much and forgives the girl instead of punishment. The pregnancy bring sad thing to family. This video let the audience analyse by themselves what is the consequence by emotional content</p> <p>Parents should open their mind for this issue</p>
Stop Teen Mom	https://www.youtube.com/watch?v=29Qq45aGhc8&feature=youtu.be	No	<p>Get pregnant when you were young will darken your future.</p> <p>You can have brighter future if you choose the right way.</p> <p>You can choose by your own to being in a good way or bad way</p>
Sex Can Be Talked	https://www.youtube.com/watch?v=QVxXorKGuz8	No	<p>Parents should talk to the kid about sex issue or else the porn stuff gonna tell your kid</p> <p>Parent should talk about with their kids before others bad thing teach them</p> <p>parents should talk</p>

APPENDIX F: CODES FOR EXISTING THAI TEEN PREGNANCY VIDEO MESSAGES

Message Type	Color	Number of Occurrences
Use a condom	Red	5
Practice abstinence	Orange	2
Pregnancy will ruin a teen's future	Yellow	5
Parents should talk about pregnancy prevention	Green	1
Parents should be forgiving about pregnancy	Blue	1
Thai people should stop teen pregnancy	Purple	1

APPENDIX G: DETAILED STORYLINE CONCEPTS

Fun Dates

1. Show many couples (medium shot distance) in different locations having a good time (no verbal audio yet).
 - a. Frisbee
 - b. Watching a movie
 - c. Stargazing
 - d. Dinner date
2. Show close shots or very close shots of each couple, and slowly fade in the audio. Cut to each couple quickly and listen to snips of their conversations.
3. The audience realizes that all of them are having conversations about contraception.
4. The video ends with a superimposed message on-screen that says “Everyone else is talking about it. Start with your partner” in Thai.

Party Time

1. The setting is a lively party with various people talking, dancing, and having fun.
2. You can hear music and the general buzz of conversation around the room. The mood is excited and upbeat.
3. All of a sudden you hear the word “condom” from someone’s conversation and it seems to echo throughout the room.
4. The whole room goes silent. The words “Why isn’t it okay to talk about condoms?” (in Thai) come on the screen.

Thought Bubbles

1. The camera shows a wide shot of a street full of people, going to various places or just hanging out. There are some couples among the crowd, and the camera briefly cuts to some of them to just show who they are.
2. Special effects will be used to show animated “thought bubbles” popping up over the couples’ heads. The thought bubbles all have different forms of contraception in them.
3. The couples are all looking happy together
4. Words will come up at the end to say that everyone is thinking about contraception, so everyone should feel comfortable talking about it.

Interviews

1. The video starts with an interviewer saying that he is going to interview couples to figure out what they love best about each other.

2. He finds three separate couples in three different places. They are all different types of couples (funny couple, hippie couple, indie couple)
3. He asks a couple of “filler” questions to get them started. Then he asks the question “What do you talk about?”
4. The general answer is “We can talk about anything!”
5. The interviewer asks “Oh, so do you talk about contraception?”
6. The couples answer that yes, they do because they are comfortable with each other.

Pocket Condom

1. A boy and a girl are on a date or just hanging out
2. The boy reaches into his pocket for something (wallet or phone?), and accidentally pulls out a condom (or it can fall out of his pocket)
3. He looks unaffected, but the girl asks “Why do you carry that?”
4. And the boy says “Because I care about you.”

Falling Condom

1. Two teenagers are at a park having a picnic. They are a couple. They are looking at each other provocatively, but in a way that communicates humor.
2. They are sitting slightly apart. A condom falls out of the sky and lands between them.
3. They are very embarrassed and shy. They are not looking at each other.
4. A voice-over and on-screen text say the message “Why are you shy to talk about contraception, when you are not shy to have sex?”
5. The couple then get over their embarrassment and shyness and begin discussing the condom.
6. A final message comes on screen that says “Talk about contraception with your partner before you have sex.”

Condom Fairy

1. A couple is on a date in the park, or some other public place.
2. They are having a good time, when all of a sudden, a condom fairy appears and begins throwing condoms at them.
3. They ignore her until the condoms she is throwing become too much of an annoyance.
4. Once they start talking about the condoms and acknowledging them, the condom fairy leaves them alone.
5. The message comes on screen that says “Don’t ignore it. Talk about contraception with your partner.”

APPENDIX H: INTERVIEW WITH STORYBOARD EXPERTS, WIWANYA KANJANA AND KATIKA

PUKKALANANT

1. **Hello, can you tell us about your respective specialties?**

Wiwanya: I am a Freelance assistant director who plans shooting schedules according to time constraints for foreign film crews working in Thailand.

Kattika: I am a storyboard expert and Project Manager for Animated Storyboard Co.,Ltd.

2. **Here is our storyboard for our interview idea, what do you think?**

Wiwanya: It's weird to ask them if they talk about contraception without first asking them if they're having sex. Just ask them first if they're having sex

Kattika: Maybe put 3 different couples in 3 different film locations to make the video more visually interesting.

Wiwanya: Choose actors that are very funny and have a lot of personality, otherwise this idea could be very boring. Also, make sure each couple has well thought out character development. Perhaps have one funny couple, one indie couple, and one bad boy and good girl couple. To make the beginning of the video interesting, try having the interviewer character wear a costume or mask. You have to have something weird or funny at the beginning to catch the videos attention.

3. **Here is our storyboard for our falling condom idea, what do you think?**

Kattika: It has less production elements than the other. It is very simple. Whoever is acting in this video should not wear a high school uniform - its not cool and teens will think its weird.

Wiwanya: One of the pros of this concept is that it doesn't require good audio. You can just use different music: romantic music in the beginning, then sound effect (record scratching, heartbeat), different music for the ending. You will not need special audio equipment for this idea. To make this one work, make the beginning funny instead of romantic. How do you think you could make this funny?

4. **(During this time, the group as a whole including the experts brainstormed funny ideas for the condom falling concept.**

- a. Okay, so the girl is hula hooping while guy is lifting a weight. They look at each other.
- b. Voiceover: I wonder if we're going to have sex today.
- c. Or just have them wink at each other
- d. Make sure the audience knows they're a couple. Maybe make them wear the same color
- e. Maybe he should hula hoop and she can lift the weight. The gender role reversal will be funny.
- f. Giant condom just pops in between the couple

5. **In terms of our time and monetary constraints, which story idea do you believe is the most feasible?**

Wiwanya: Either one can be done, however you will not be able to fit the interview concept into 30 seconds. That is impossible. The Interview concept will also require good sound equipment and will take longer to shoot at all the different locations. If you need to finish the video as soon as possible and have it be around 30 seconds, I recommend you do the falling condom storyline. This one also has the most potential to be the most funny.

6. **Do you have any more advice for us?**

Wiwanya: Since you only have one week, know how many shots we want to shoot each day, planning each shot at each day at each location. Use a professional for editing because his brain is only on editing and he won't want to cut everything. Get all the footage first, then edit all of it. Put a piece of paper in front "Shot 1, Take 3" and someone writes down "this take is bad." This is called a slate and is a very useful tool for editing.

Kattika: Use the internet to learn which angles portray different moods. Shoot all at once and splice later? Research comedic filming.

Wiwanya: The light will be good at the park from 8:00-10:00 AM. Make sure the lighting is good. You want direct light, not a silhouette. Buy a polyester lighting reflector, to light the subjects. Maybe someone has one at home. Get there at 7:00 AM to get the location and get ready. Be prepared with food for the day so you don't have to take breaks while the light is good

Kattika: Prepare all the props ahead of time. Assign someone to this job.

Wiwanya: Divide these jobs among the team: Director, Assistant Director, Continuity Manager, Quality Recorder, Editor, Props/Costume Manager, Sustenance Manager, Director of Photography, and Actors

APPENDIX I: SURVEY ON THE CATCHINESS OF THE SLOGAN -- BEFORE SWITCHING THE WORDING

Survey #	Age	Gender	Opinion	Comment
1	15	Girl	OK	It is fun
2	16	Girl	OK	It is very hilarious
3	16	Girl	OK	It is very hilarious
4	16	Girl	OK	It is very hilarious
5	13	Girl	Overall is OK	She doesn't understand the word "Sud". (last word in our slogan)
6	12	Girl	Overall is OK	She doesn't understand the word "Sud". (last word in our slogan)
7	13	Girl	Overall is OK	She doesn't understand the word "Sud". (last word in our slogan)
8	13	Girl	Overall is OK	She doesn't understand the word "Sud". (last word in our slogan)
9	20	Boy	Cool!	Like it! Cool! understand
10	18	Boy	Cool!	Like it! Cool! understand
11	18	Boy	Cool!	Like it! Cool! understand
12	18	Boy	Cool!	Like it! Cool! understand
13	18	Boy	Cool!	Like it! Cool! understand
14	14	Boy	Not OK	No response
15	15	Boy	Not OK	No response
16	17	Girl	OK	Cool! understand and get the concept
17	18	Girl	OK	Cool! understand and get the concept
18	18	Boy	OK	Cool! understand and get the concept
19	18	Boy	OK	Cool! understand and get the concept
20	17	Girl	OK	Cool! understand and get the concept
21	17	Boy	OK	We should switch two words in the slogan (same sentence)
22	17	Boy	OK	We should switch two words in the slogan (same sentence)

APPENDIX J: SURVEY ON THE CATCHINESS OF THE SLOGAN -- AFTER SWITCHING THE WORDING

Survey #	Age	Gender	Opinion	Comment
A1	15	Girl	OK	-
A2	16	Girl	OK	-
A3	16	Girl	OK	-
A4	16	Girl	confuse	-
A5	17	Girl	OK	-
A6	16	Girl	OK	-
A7	14	Girl	OK	-
A8	14	Girl	OK	-
A9	13	Girl	OK	-
A10	15	Girl	OK	-
A11	14	Girl	OK	-
A12	16	Girl	OK	-
A13	17	Girl	OK	-
A14	15	Boy	OK	He said our slogan is symbolic.
A15	16	Boy	OK	-

A16	15	Boy	OK	-
A17	16	Boy	OK	-
A18	16	Girl	OK	-
A18	15	Girl	OK	-

APPENDIX K: GROUP A SURVEY IN ENGLISH

Group A Survey					
We are giving this survey in order to gain research information for a Chula project. If you take it, we will use your answers for our data collection. We are not recording any identifying information; your identity will remain a secret. We appreciate the time you are using to take our survey. Thank you.					
How old are you?					
What gender are you?	Male	Female	Prefer not to answer		
Which social media website do you use the most?	Facebook	Instagram	Pantip	Dek-D	Other
How much do you agree with the following statements?					
It is important for someone to talk about contraception with their sexual partner	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
It is comfortable for someone to talk about contraception with their sexual partner	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
If you had a sexual partner, you would talk to him/her about using contraception	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree

APPENDIX L: GROUP A SURVEY IN THAI

Group A Survey					
<p>แบบสอบถามนี้มีวัตถุประสงค์เพื่อเก็บข้อมูลให้แก่นิสิตจุฬาลงกรณ์มหาวิทยาลัยในการทำงานวิจัย เรื่องป้องกันวัยรุ่นท้อง ข้อมูลเหล่านี้ใช้สำหรับการวิเคราะห์ทัศนคติ ของวัยรุ่น คำถามเหล่านี้ไม่มีจุดประสงค์ที่จะล่วงละเมิดสิทธิส่วนบุคคล</p> <p>ขอขอบคุณที่สละเวลาทำแบบสอบถาม</p>					
อายุเท่าไร?					
เพศ	ชาย	หญิง	อื่นๆ		
คุณใช้สื่อทางใดมากที่สุด?	Facebook	Instagram	Pantip	Dek-D	อื่นๆ
คุณเห็นด้วยกับข้อความเหล่านี้มั้ย?					
น้องคิดว่า ถ้าคนที่ เป็นแฟนกัน คุยเรื่องการคุมกำเนิด เช่นถุงยาง ยาคุม กับแฟนตัวเอง เป็นเรื่องสำคัญมั้ย?	ไม่สำคัญ อย่างยิ่ง	ไม่สำคัญ	ไม่มีความคิดเห็น	สำคัญ	สำคัญ อย่างยิ่ง
น้องคิดว่าเป็นเรื่องน่า อึดอัดใจมั้ยถ้าคนที่ เป็นแฟนกัน คุยเรื่องการคุมกำเนิด กับแฟนตัวเอง?	อึดอัดใจอย่าง ที่สุด	อึดอัดใจ	ไม่มีความคิดเห็น	ไม่อึดอัดใจ	ไม่อึดอัดใจ อย่างที่สุด
ถ้าน้องมีแฟน น้องจะ คุยเรื่องการคุมกำเนิดกับแฟนมั้ย?	ไม่อยากคุยมาก	ไม่คุย	ไม่มีความคิดเห็น	พอคุยได้	เต็มใจที่จะคุย

APPENDIX M: GROUP B SURVEY IN ENGLISH

Group B Survey					
We are giving this survey in order to gain research information for a Chula project. If you take it, we will use your answers for our data collection. We are not recording any identifying information; your identity will remain a secret. We appreciate the time you are using to take our survey. Thank you.					
How old are you?					
What gender are you?	Male	Female	Prefer not to answer		
Which social media website do you use the most?	Facebook	Instagram	Pantip	Dek-D	Other
How much did you like the following aspects of our video?					
Message	Hated it	Didn't like it	It was ok	Liked it	Loved it
Acting	Hated it	Didn't like it	It was ok	Liked it	Loved it
Tone	Hated it	Didn't like it	It was ok	Liked it	Loved it
Visuals	Hated it	Didn't like it	It was ok	Liked it	Loved it
How likely would you "share" this video on the Internet?	I would not share it	I probably would not share it	I would maybe share it	I would probably share it	I would definitely share it
If you would not share the video, why not?					
How much do you agree with the following statements?					

It is important for someone to talk about contraception with their sexual partner	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
It is comfortable for someone to talk about contraception with their sexual partner	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
If you had a sexual partner, you would talk to him/her about using contraception	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree

APPENDIX N: GROUP B SURVEY IN THAI

Group B Survey					
<p>แบบสอบถามนี้มีวัตถุประสงค์เพื่อเก็บข้อมูลให้แก่นิสิตจุฬาลงกรณ์มหาวิทยาลัยในการทำงาน วิจัย เรื่องป้องกันวัยรุ่นท้อง ข้อมูลเหล่านี้ใช้สำหรับการวิเคราะห์ทัศนคติของวัยรุ่น คำถามเหล่านี้ไม่มีจุดประสงค์ที่จะล่วงละเมิดสิทธิส่วนบุคคล</p> <p>ขอบคุณที่สละเวลาทำแบบสอบถาม</p>					
อายุเท่าไร?					
เพศ	ชาย	หญิง	อื่นๆ		
<p>คุณชอบองค์ประกอบโดยรวมของวิดีโอนี้มั๊ยเช่น ฉาก,นักแสดง,สถานที่, การถ่ายทำ</p>					
ข้อความ(เนื้อหา)	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
การแสดง	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
เสียง	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
การดำเนินเรื่องของวิดีโอ	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
คุณอยากแชร์วิดีโอนี้ ให้เพื่อนๆดูรึเปล่า?	ไม่เต็มใจที่จะแชร์	ไม่แชร์	อาจจะแชร์	แชร์	เต็มใจที่ จะแชร์
ถ้าไม่ อยากทราบสาเหตุ?					
<p>คุณเห็นด้วยกับข้อความเหล่านี้มั๊ย?</p>					
<p>นึกคิดว่าถ้าคนที่ เป็น แฟนกัน คุณเรื่องคุณกำเนิด เช่นถุงยาง ยาคุม กับแฟนตัวเองเป็นเรื่องสำคัญมั๊ย?</p>	ไม่สำคัญ อย่างยิ่ง	ไม่สำคัญ	ไม่มีความคิดเห็น	สำคัญ	สำคัญ อย่างยิ่ง
<p>นึกคิดว่าเป็นเรื่องน่าอึดอัดใจมั๊ยถ้าคนที่ เป็นแฟนกัน คุณเรื่องการคุณกำเนิดกับ แฟนตัวเอง?</p>	อึดอัดใจ อย่างที่สุด	อึดอัดใจ	ไม่มีความคิดเห็น	ไม่อึด อัดใจ	ไม่อึดอัดใจอย่างที่สุด

ถ้าห้องมีแฟน น้องจะคุย เรื่องคุมกำเนิดกับแฟนมั้ย?	ไม่ยาก คุยมาก	ไม่คุย	ไม่มีความคิดเห็น	พอคุยได้	เต็มใจที่ จะคุย
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APPENDIX O: GROUP C SURVEY IN ENGLISH

Group C Survey					
We are giving this survey in order to gain research information for a Chula project. If you take it, we will use your answers for our data collection. We are not recording any identifying information; your identity will remain a secret. We appreciate the time you are using to take our survey. Thank you.					
How old are you?					
What gender are you?	Male	Female	Prefer not to answer		
Which social media website do you use the most?	Facebook	Instagram	Pantip	Dek-D	Other
How much do you agree with the following statements?					
It is important for someone to talk about contraception with their sexual partner	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
It is comfortable for someone to talk about contraception with their sexual partner	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
If you had a sexual partner, you would talk to him/her about using contraception	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
How much did you like the following aspects of our video?					
Message	Hated it	Didn't like it	It was ok	Liked it	Loved it

Acting	Hated it	Didn't like it	It was ok	Liked it	Loved it
Sound	Hated it	Didn't like it	It was ok	Liked it	Loved it
Flow	Hated it	Didn't like it	It was ok	Liked it	Loved it
How likely would you "share" this video on the Internet?	I would not share it	I probably would not share it	I would maybe share it	I would probably share it	I would definitely share it
If you would not share the video, why not?					
How much do you agree with the following statements?					
It is important for someone to talk about contraception with their sexual partner	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
It is comfortable for someone to talk about contraception with their sexual partner	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree
If you had a sexual partner, you would talk to him/her about using contraception	Strongly Disagree	Disagree	I don't agree or disagree	Agree	Strongly Agree

APPENDIX P: GROUP C SURVEY IN THAI

Group C					
<p>บสอบถามนี้มีวัตถุประสงค์เพื่อเก็บข้อมูลให้แก่นักนิสิตจุฬาลงกรณ์มหาวิทยาลัย ในการทำงานวิจัย เรื่องป้องกันวัยรุ่นท้อง ข้อมูลเหล่านี้ใช้สำหรับการวิเคราะห์ทัศนคติ ของวัยรุ่น คำถามเหล่านี้ไม่มีจุดประสงค์ที่จะล่วงละเมิดสิทธิส่วนบุคคล ขอบคุณที่สละเวลาทำแบบสอบถาม</p>					
อายุเท่าไร?					
เพศ					
	ชาย	หญิง	อื่นๆ		
คุณใช้สื่อทางใดมากที่สุด?					
	Facebook	Instagram	Pantip	Dek-D	อื่นๆ
คุณเห็นด้วยกับข้อความเหล่านี้มั้ย?					
<p>น้องคิดว่า ถ้าคนที่เป็นแฟนกัน คุยเรื่องการคุมกำเนิด เช่นถุงยาง ยาคุม กับแฟนตัวเองเป็นเรื่องสำคัญมั้ย?</p>					
	ไม่สำคัญ อย่างช้ง	ไม่สำคัญ	ไม่มีความคิด เห็น	สำคัญ	สำคัญ อย่างช้ง
<p>น้องคิดว่าเป็นเรื่องน่า อึดอัดใจมั้ยถ้าคนที่เป็นแฟนกันคุยเรื่องการคุมกำเนิด กับแฟนตัวเอง?</p>					
	ไม่อึดอัดใจ อย่างที่สุด	ไม่อึด อัดใจ	ไม่มีความคิด เห็น	อึดอัดใ จ	อึดอัดใจ ่าง ที่สุด
<p>ถ้าน้องมีแฟน น้องจะคุยเรื่องการคุมกำเนิดกับแฟนมั้ย?</p>					
	ไม่อยากคุยมาก	ไม่คุย	ไม่มีความคิด เห็น	พอกุ ยได้	เต็มใจที่จะ คุย
<p>คุณชอบองค์ประกอบโดยรวมของวิดีโอนี้มั้ยเช่น ฉาก,นักแสดง,สถานที่, การถ่ายทำ</p>					
ข้อความ(เนื้อหา)					
	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
การแสดง					
	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
เสียง					
	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
การดำเนินเรื่องของวิดีโอ					
	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
<p>คุณอยากจะทำวีดิโอนี้ ให้เพื่อนๆดูรีเปล่า?</p>					
	ไม่เต็มใจที่จะแ ร์	ไม่แ ร์	อาจจะแ ร์	แ ร์	เต็มใจที่ จะแ ร์
ถ้าไม่ อยากราบสาเหตุ?					
คุณเห็นด้วยกับข้อความเหล่านี้มั้ย?					
<p>น้องคิดว่าถ้าคนที่เป็น แฟนกัน คุยเรื่องคุมกำเนิด เช่นถุงยาง ยาคุม กับแฟนตัวเองเป็นเรื่องสำคัญมั้ย?</p>					
	ไม่สำคัญ อย่างช้ง	ไม่สำคัญ	ไม่มีความคิด เห็น	สำคัญ	สำคัญ อย่างช้ง
<p>น้องคิดว่าเป็นเรื่องน่าอึดอัดใจมั้ยถ้าคนที่เป็นแฟนกัน คุยเรื่องการคุมกำเนิดกับ แฟนตัวเอง?</p>					
	ไม่อึดอัดใจอย่าง ที่สุด	ไม่อึด อัดใจ	ไม่มีความคิด เห็น	อึดอัดใ จ	อึดอัดใจ อย่างที่สุด
<p>ถ้าน้องมีแฟน น้องจะคุย เรื่องคุมกำเนิดกับแฟนมั้ย?</p>					
	ไม่อยาก คุยมาก	ไม่คุย	ไม่มีความคิด เห็น	พอกุ ยได้	เต็มใจที่ จะคุย

Group C					
<p>บสอบถามนี้มีวัตถุประสงค์เพื่อเก็บข้อมูลให้แก่บัณฑิตจุฬาลงกรณ์มหาวิทยาลัยในการทำงานวิจัย เรื่องป้องกันวัยรุ่นท้อง ข้อมูลเหล่านี้ใช้สำหรับการวิเคราะห์ทัศนคติ ของวัยรุ่น คำถามเหล่านี้ไม่มีจุดประสงค์ที่จะล่วงละเมิดสิทธิส่วนบุคคล</p> <p>ขอบคุณที่สละเวลาทำแบบสอบถาม</p>					
อายุเท่าไร?					
เพศ	ชาย	หญิง	อื่นๆ		
คุณใช้สื่อทางใดมากที่สุด?	Facebook	Instagram	Pantip	Dek-D	อื่นๆ
คุณเห็นด้วยกับข้อความเหล่านี้มั๊ย?					
น้องคิดว่า ถ้าคนที่แฟนกัน คุยเรื่องการคุมกำเนิด เช่นถุงยาง ยาคุม กับแฟนตัวเองเป็นเรื่องสำคัญมั๊ย?	ไม่สำคัญ อย่างยิ่ง	ไม่สำคัญ	ไม่มีความคิดเห็น	สำคัญ	สำคัญ อย่างยิ่ง
น้องคิดว่าเป็นเรื่องน่า อึดอัดมั๊ยถ้าคนที่แฟนกันคุยเรื่องการคุมกำเนิด กับแฟนตัวเอง?	ไม่อึดอัดใจ อย่างที่สุด	ไม่อึด อัดใจ	ไม่มีความคิดเห็น	อึดอัดใจ	อึดอัดใจอย่าง ที่สุด
ถ้าน้องมีแฟน น้องจะคุยเรื่องการคุมกำเนิดกับแฟนมั๊ย?	ไม่อยากคุยมาก	ไม่คุย	ไม่มีความคิดเห็น	พอคุยได้	เต็มใจที่จะคุย
คุณชอบองค์ประกอบโดยรวมของวิดีโอนี้มั๊ยเช่น ฉาก,นักแสดง,สถานที่, การถ่ายทำ					
ข้อความ(เนื้อหา)	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
การแสดง	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
เสียง	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
การดำเนินเรื่องของวิดีโอ	ไม่ชอบมาก	ไม่ชอบ	ปานกลาง	ชอบ	ชอบมาก
คุณอยากจะทำวิดีโอนี้ ให้เพื่อนๆดูรึเปล่า?	ไม่เต็มใจที่จะแชร์	ไม่แชร์	อาจจะแชร์	แชร์	เต็มใจที่จะ แชร์
ถ้าไม่ อยากทราบสาเหตุ?					

คุณเห็นด้วยกับข้อความเหล่านี้มั๊ย?					
น้องคิดว่าถ้าคนที่ เป็น แฟนกัน คุยเรื่องคุมกำเนิด เช่น ถุงยาง ยาคุม กับแฟนตัวเองเป็น เรื่องสำคัญมั๊ย?	ไม่สำคัญ อย่างยิ่ง	ไม่สำคัญ	ไม่มีความคิดเห็น	สำคัญ	สําคัญ อย่างยิ่ง
น้องคิดว่าเป็นเรื่องน่าอึดอัดใจมั๊ยถ้าคนที่ เป็นแฟนกัน คุยเรื่องการคุมกำเนิดกับ แฟนตัวเอง?	ไม่อึดอัดใจอย่างที่สุด	ไม่อึด อัดใจ	ไม่มีความคิดเห็น	อึดอัดใจ	อึดอัดใจ อย่างที่สุด
ถ้าน้องมีแฟน น้องจะคุย เรื่องคุมกำเนิดกับแฟนมั๊ย?	ไม่อยาก คุยมาก	ไม่คุย	ไม่มีความคิดเห็น	พอคุยได้	เต็มใจที่ จะคุย