

A HEALTHY LIFESTYLE CAMPAIGN
BY-YOUTH-FOR-YOUTH:
THE CHALLENGE OF EMPOWERMENT AND THE
POTENTIAL OF COLLABORATION

Jule Kunkel

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Primary Supervisor: Dr Scott Duncan
Secondary Supervisor: Associate Professor Lesley Ferkins
Tertiary Supervisor: Professor Grant Schofield

Abstract

Unhealthy lifestyle choices contribute to New Zealand's highest risk factors for causes of death (Maddison, Turley, Legge, & Mitchelhill, 2010; Ministry of Health, 2004; World Health Organization, 2009a), and youth are particularly prone to unhealthy behaviours (Adolescent Health Research Group, 2008; Gerritsen, Stefanogiannis, & Galloway, 2008; Maddison, Turley, Legge, & Mitchelhill, 2010; University of Otago & Ministry of Health, 2011). While social marketing and the use of social media are widely recognised as a practical way to create societal change, they have received little attention from academics (Bandura, 2001a; Chou, Hunt, Beckjord, Moser, & Hesse, 2009; Evans & Hastings, 2008; Ledford, C. J. W., 2012; Thornley & Marsh, 2010). Action research provides a participatory, democratic, and collaborative methodological framework (Cardno, 2003; Greenwood & Levin, 1998; Reason, 2006), which is recommended for health promotion in general (Chui, 2007; Naidoo & Wills, 2009; Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.; World Health Organization, 1986, 1997) and social marketing in particular (Thornley & Marsh, 2010).

This study is novel as it tests the potential of these aforementioned features in combination, while building on the established knowledge base in health promotion and social marketing for youth. The research question of this study is "How can a social marketing campaign by-youth-for-youth promote change in lifestyle attitudes and behaviours in a secondary school setting?"

A secondary school provided the research setting and Year 12 and 13 students became the participants and co-researchers. Employing the action research cycles as suggested by Coghlan and Brannick (2014), participants collaboratively constructed the issues (Phase 1) and planned the action in a design thinking workshop (Phase 2). Focus groups provided validation and deepening of the qualitative findings. A large-scale survey resulted in quantitative data, representing the student body. In the action phase (3), a steering group engaged in leading the intervention, which contributed to mini-cycles. The concluding evaluation phase (4) comprised interviews with student participants and the contact teacher, a health and campaign survey, and a media analysis.

Continuous reflections helped to translate findings into evidence to analyse research themes and answer the four subsequent research aims. Results hence included

- the current status quo regarding health and wellbeing attitudes and behaviours,
- the understanding how we can develop and implement a social marketing campaign by-youth-for-youth,
- what this campaign needs to look like, and
- what effect it can have on the target group's health attitudes and behaviours.

Students were capable of *thinking big* and considering the necessary mid-stream (i.e., peer communication) as well as up-stream (i.e., collaboration with policy-makers) factors, as noted in recent publications (Andreasen, 2006; Carrigan & Dibb, 2013; Evans & Hastings, 2008; Thornley & Marsh, 2010). The participants' passion, enthusiasm, and agreement in Phase 1 and 2 indicated strong potential and support for the campaign. Not all plans translated into action due to the *challenge of empowerment* theme, which comprised the sub-themes of *responsibility* and *helplessness*. These were interrelated with *support* and *collaboration*. Students, teachers, and management had voiced strong support, but practised collaboration was missing to enable the project. All phases hinted at misperceived norms regarding health attitudes and campaign image. This finding indicates the difficulty of health promotion to youth in general and reveals the potential of the social norms approach (Burchell, Rettie, & Patel, 2013). The analysis resulted in strong evidence for the potential of the planned concept as well as theoretical and practical implications for future projects.

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Attestation of Authorship

“I hereby declare that this submission is my own work and that, to the best of my knowledge and belief, it contains no material previously published or written by another person (except where explicitly defined in the acknowledgements), nor material which to a substantial extent has been submitted for the award of any other degree or diploma of a university or other institution of higher learning.”

A handwritten signature in black ink, appearing to read 'J Kunkel'.

Jule Kunkel, October 2014

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Chapter 1: Introduction

1.1 Background, Rationale, and Significance of This Research

The World Health Organization (2000, 2009a) emphasises the impact of lifestyle choices on the prevalence of noncommunicable diseases and urges member states to act and establish policies, programmes, research, information, government initiatives, strategies and promotions for healthier lifestyles. Unhealthy lifestyle choices also contribute to New Zealand's highest risk factors for causes of death (Maddison, Turley, Legge, & Mitchelhill, 2010; Ministry of Health, 2004; World Health Organization, 2009a), and youth are particularly prone to unhealthy behaviours (Adolescent Health Research Group, 2008; Gerritsen, Stefanogiannis, & Galloway, 2008; Maddison, Turley, Legge, & Mitchelhill, 2010; University of Otago & Ministry of Health, 2011). Coupled with the implications for physical health, this age group reveals a high prevalence of mental disorders, including suicidal tendencies, which is especially high in an international comparison (MacLean, 2012; Ministry of Health, 2006, 2012a, 2012b).

In addition to the ethical need to decrease the “enormous human suffering caused by noncommunicable diseases” (World Health Organization, 2000, p. 1), there are also economic interests for New Zealand to increase health behaviours and outcomes. Apart from the threat of “increasing health inequalities between countries and populations” (World Health Organization, 2000, p. 1), unhealthy behaviours and ill health pose costs, while healthy behaviours such as physical activity bear economic and social value (Dalziel, 2011; Daugbjerg et al., 2009; Health Promotion Agency & Smokefree Aotearoa, n.d.; Holt, 2010; House of Representatives, 2007; Slack, Nana, Webster, Stokes, & Wu, 2009).

Despite the single-focussed deficit approach to health common in western countries, the World Health Organization has promoted “a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity” (World Health Organization, 1946, p. 2). This study follows this view and takes a positive and holistic approach to health (e.g., considering the interrelatedness of physical and mental health; Naidoo & Wills, 2009; Seligman, 2011). Health promotion is hence the promotion of health and wellbeing of whole populations, as the World Health Organization defines it (Naidoo & Wills, 2009). It should enable people to take more control over their own health, equipping them with the means of their wellbeing (Naidoo & Wills, 2009; World Health Organization, 1997). The aims include behaviour change, empowerment, and social change (Naidoo & Wills, 2009).

Introduction

Communication enables the development of persuasive messages to provide target groups with information and influence about their health knowledge, attitudes and behaviours (Kreps, Bonaguro, & Query, 1998). Promotion as well as communication are components of social marketing (Scott, 2005). Social marketing employs the “central marketing strategy of building positive relationships with the audience to increase the value of promoted behaviors and to encourage exchange in the form of behavior adoption” (Evans, 2008, p. 183). While commercial marketing aims to affect consumer choices, the same principles and techniques can be used to provoke behaviour change in a target audience through the voluntarily acceptance, rejection, modification, or abandonment of a behaviour for the benefit of individuals, groups, or society as a whole (Abroms & Maibach, 2008; Kotler, Roberto, & Lee, 2002; Thornley & Marsh, 2010). It represents the chance to address factors (e.g., emotions) which influence people’s behaviours (Bright, Samdahl, Scott, & Weissinger, 2000).

Social marketing as a tool, with a particular focus on online media as a platform, bear a potential, which has not yet been exploited adequately in health promotion (Bandura, 2001a; Bright, Samdahl, Scott, & Weissinger, 2000; Cugelman, 2010; Kotler, Roberto, & Lee, 2002; Peattie, 2007; Thornley & Marsh, 2010). The New Zealand series *What Works in Youth Development* provides a systematic review of effective health promotion campaigns to young people (Thornley & Marsh, 2010). The analysis of strong and consistent success factors calls for comprehensive and multi-faceted, tailor-made campaigns which involve the target group from the formative stage (Thornley & Marsh, 2010). A crucial component of effective social marketing is a strong brand (D.A. Aaker, 1991; Asbury, Wong, Price, & Nolin, 2008; Evans, 2008; Huhman, Bauman, & Bowles, 2008; Kraak, Kumanyika, & Story, 2009; Price, Huhman, & Potter, 2008; Thornley & Marsh, 2010). The goal in social marketing to youth is to give healthy lifestyle a hip, cool, and socially desirable image (Evans, 2008; Thornley & Marsh, 2010).

Health promotion in general, social marketing for youth in particular, as well as the aim to create social change, emphasises the need for an empowering, participatory, and collaborative approach with the target group, which lets them take ownership of an intervention that is accessible and appealing to them (Naidoo & Wills, 2009; Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.; World Health Organization, 1986, 1997, 1998). As the World Health Organization (2004) stated in the *Global Strategy on Diet, Physical Activity and Health*:

Strategies need to be based on the best available scientific research and evidence; comprehensive, incorporating both policies and action and addressing all major causes of noncommunicable diseases together; multisectoral, taking a long-term perspective and involving all sectors of society; and multidisciplinary and participatory. (2004, p. 5)

This PhD research is novel as all of its components have been used sparsely in health promotion, and certainly not in combination. A focus on positive psychology and positive health, as opposed to the deficit approach of health, has not yet been exploited in health promotion – especially not to New Zealand youth. Social marketing approaches are starting to gain momentum, but mainly outside of New Zealand. The internet as medium has only come into focus for health promotion research in recent years and the integration of social media into health promotion still bears untapped potential. Finally, giving youth the power to design and steer a health promotion intervention is novel in New Zealand.

1.2 Methodology

Action research provides the democratic and participatory approach that is recommended for social change, health promotion for youth, and social marketing (Cardno, 2003; Cardno & Piggot-Irvine, 1996; Chui, 2007; Flicker, Lombardo, Biscope, Maley, & Ridgley, 2008; Greenwood, 2007; Heron & Reason, 2001; McNiff, 2013; Peters & Robinson, 1984; Reason & Bradbury, 2001; Reason & Bradbury, 2007; Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.; Thornley & Marsh, 2010; World Health Organization, 1997, 1998; Zuber-Skerritt, 2012). Collaboration with the target group enables the integration of insider knowledge that is crucial to understand and address their own social problems (Flicker et al., 2008).

Action research is a flexible methodology, allowing the researcher to define levels of collaboration, the degree of social transformation or radical change, the level of action versus theory in the change process, and the extent to which new knowledge is created (Ferkins, 2007). Besides collaboration, a problem-focussed change orientation and iterative stages of planning, action, fact-finding, and reflection are minimum requirements for action research (Cardno & Piggot-Irvine, 1996; Ferkins, 2007; Peters & Robinson, 1984; Piggot-Irvine, 2009).

The action research process for a dissertation combines an interlinked (independent) thesis research cycle and a (collaborative) core action research cycle, followed by the cyclic thesis writing (Coghlan & Brannick, 2014; Zuber-Skerritt & Fletcher, 2007). The pre-step of context and purpose marks the transition from the independent thesis research into the collaborative core action research, which comprises four phases and can contain “mini-cycles” (Coghlan & Brannick, 2014). I organised the collaborative research phases based on Coghlan and Brannick (2014):

- Phase 1: Issue construction
- Phase 2: Planning action1
- Phase 3: Taking action

- Phase 4: Evaluation and reflection

Following the principles of pragmatic action research, methods have been selected to serve the purposes of the phases, while research paradigm, epistemology, and ontology derived from the research design and my own philosophical and political viewpoints (Greenwood, 2007; Greenwood & Levin, 1998; Greenwood & Levin, 2000; Levin & Greenwood, 2001).

1.3 Setting and Methods

To test the novel combination of a social marketing campaign to New Zealand youth which addresses positive lifestyle choices and which is created and led by the target group, I chose an Auckland Secondary school as research setting. I collaborated with students of the two oldest classes (Year 12 and 13) in all four phases of the core cycle. A two-day design thinking workshop with eight students provided a collaborative issue construction process and resulted in the creation of an action plan (campaign map). The findings were validated and refined with four focus groups which represented the target group. A health and wellbeing survey provided a large-scale quantitative addition to the issue refinement process. The campaign was subsequently implemented during one school year, accompanied by collaborative steering group meetings. The evaluation phase included interviews with involved students, a media evaluation, and a follow-up survey, which incorporated a campaign questionnaire.

1.4 The Research Question and Aims

The pragmatic evolution of the research project with its contextual and methodological parameters led to the overarching research question “How can a social marketing campaign by-youth-for-youth promote change in lifestyle attitudes and behaviours in a secondary school setting?” The four sub-aims are:

1. What are the current attitudes and behaviours relating to healthy lifestyles of youth within the target group?
2. How can we develop and implement an intervention that is a social marketing campaign for youth in collaboration with members of the target group?
3. What does this social marketing campaign by-youth-for-youth look like?
4. What effect does a social marketing campaign by-youth-for-youth have on the target group’s physical and mental health attitudes and behaviours?

1.5 Thesis Structure and Style

As recommended in the *Publication Manual* of the American Psychological Association (2010), I use active voice and the first person for this PhD thesis. Germano (2005)

pleaded for the active voice to be “a kind of scholarly credo: I did research, I drew conclusions, I found this out” (p. B20). While the third person is the norm in many academic disciplines, it makes the researcher invisible in order to deny subjectivism or a passionate role (Fisher & Phelps, 2006). Writing in the first person is consistent with the principles of action research, which includes the researcher as participant and acknowledges an artificiality of a separation (Phelps, 2013).

This introductory chapter is followed by the literature review to establish the conceptual and theoretical grounding for this PhD research. After analysing the physical and mental health status quo of New Zealand youth, I discuss health promotion approaches in general and to New Zealand youth in particular, before I conclude with the untapped potentials of social marketing and social media. Chapter 3 sets out the participatory and democratic approach taken by debating methodological considerations and explaining the methods used in the fieldwork phase. Chapters 4 – 7 present findings of the four core action research phases, before the concluding Chapter 8 gives the final summary analysis, discussion, conclusions, and implications of this research.

Chapter 2: Literature Review

Puberty and adolescence together represent a critical period of transition from childhood to adulthood, from reproductive immaturity to maturity, from dependence to independence . . . The complexities of the issues are such that it would be naive to imagine that there can be a magic bullet that can address the problems that confront our young people. The Taskforce has concluded that an integrated approach, based on current scientific knowledge, could greatly improve adolescent morbidity for coming generations of children. Again, we emphasise the need for a sustained and consistent approach which does not get caught in partisan politics. A generation of effort will be needed and New Zealand cannot afford so many young people being placed at risk. International comparisons suggest we can do much better. (Office of the Prime Minister's Science Advisory Committee, 2011, pp. 4–5)

In 2011, the taskforce led by Prof Sir Peter Gluckman and Prof Harlene Hayne (Office of the Prime Minister's Science Advisory Committee) provided an extensive report on "how we may improve the outcomes for young people in their transition from childhood to adulthood" (p. vii). It had been requested by the Prime Minister based on the "concern that young New Zealanders have relatively high morbidity relative to other developed countries" (p. vii). The report included a comprehensive selection of contributions by experts from the field on areas of concern, including social and emotional competence, sexual health, smoking, obesity, and suicide. Whereas it highlighted the issues facing youth of today, the complexity of influencing factors, and the vulnerability of adolescents, it asserted that no matter how difficult changing the status quo might be, we must find ways of addressing the issue and be sure that we can do much better (Office of the Prime Minister's Science Advisory Committee, 2011).

This chapter provides the background for this PhD research, outlining the context and purpose based on the literature. Beginning with a presentation of the status quo of health and health promotion with specific focus on New Zealand youth (age frames and labels might differ depending on availability of data), it moves on to identify gaps and alternative approaches which hold potential for addressing the identified issues. The foundation is the idea of health promotion taking a positive and broad approach to youth health, before establishing the untapped potential of marketing techniques and the employment of modern media, considering the social context of health promotion. The chapter concludes with the research question.

2.1 Health Status Quo of New Zealand Youth

While 93.2% of the 15-24 year-old New Zealanders report at least good self-rated health (Ministry of Health, 2012c), research on a variety of health behaviours draws a different picture, impacting physical and mental health. Most adolescents (referring to young people in the transition from childhood to adulthood) are resilient to the complexities of the social milieu in which they live; however, in comparison to other developed countries, New Zealand adolescents show a high rate of social morbidity as at least 20% of young New Zealanders will exhibit behaviours and emotions or have experiences that lead to long-term consequences affecting the rest of their lives (Office of the Prime Minister's Science Advisory Committee, 2011). In establishing the health status quo of New Zealand youth, the following paragraphs discuss the major health issues facing age groups between childhood and adulthood, and highlight potential approaches to addressing the central concerns.

2.1.1 Physical activity, nutrition, and obesity

In New Zealand, an estimate of 91% of all deaths are due to noncommunicable diseases, with cardio-vascular diseases the most common cause, accounting for 37% of all deaths in the country (World Health Organization, 2011). The World Health Organization (2011) named physical inactivity as main behavioural risk factor with 48.1% and overweight the main metabolic risk factor with a 65.8% in the total population. Most alarming is that it already concerns the health of the youngest generations; the Ministry of Health (2003) speaks of consequential epidemic diseases of the 21st century and an "urgent public health requirement to find ways to increase physical activity and to decrease intake of energy dense foods" (p. 3). The amount of epidemiological data on nutrition and physical activity for New Zealand teenagers indicates that researchers have reacted to the call for action.

In 2007, Sport New Zealand and the Ministries of Health and Education developed guidelines which follow global recommendations (Ministry of Health, n.d.-c; World Health Organization, 2010). The age group of children and young people (5-18 years of age) should be active in as many ways as possible and in different settings, not only by means of sport, but also in other activities, such as play, dance, or active transportation (Ministry of Health, n.d.-c). In line with the World Health Organization recommendations, the target is 60 minutes of moderate to vigorous physical activity per day. The Ministry of Health (n.d.-c) emphasised that these guidelines outline the minimum levels of physical activity required to gain a health benefit and ways to incorporate incidental physical activity into everyday life (Ministry of Health, n.d.-b).

Literature Review

Being physically active is often equated with sports or exercising (Caspersen & Powell, K.E., Christenson, G.M., 1985). Levine (2004) noted that “in developed countries, exercise-related activity thermogenesis is negligible or zero. NEAT, even in avid exercisers, is the predominant component of activity thermogenesis” (Levine, 2004, p. 2). NEAT (non-exercise activity thermogenesis) includes energy spent with regular activities, such as working, talking, toe-tapping, playing an instrument, or shopping (Levine, 2004). For 15-19 year-old New Zealanders, being physically active meant “exercising” for 45.1%, followed by “keep moving” (40.0%), “being involved in sports” (37.2%), and just “keeping fit” (29.3%; Maddison et al., 2010). The connection with the attributes “involved in sports” and “keeping fit” decreased with age while “keep moving” and “exercising” increased. More than half (54.6%) of New Zealand secondary school students stated that physical activity, sport, or exercise was definitely an important part of their life (62.0% of the boys and 48.6% of the girls; Clark, Fleming, Bullen, Crengle, et al., 2013). However, only 9.6% met the daily recommendations of at least 60 minutes of physical activity (7.9% in those 17 years or older), with 61.9% (54.1% of those 17 or older) reporting more than 20 minutes of vigorous activity on three or more occasions in the last seven days (Clark, Fleming, Bullen, Crengle, et al., 2013).

Almost one third of all secondary school students (32.7%) went to or from school actively six or more times in the last week; a little over a fourth (26.5%) for the oldest age group (Clark, Fleming, Bullen, Crengle, et al., 2013). Also the attendance of physical education displayed a downward trend with age – from 94.6% to 26.3% (Clark, Fleming, Bullen, Crengle, et al., 2013). Maddison et al.’s (2010) results generally confirmed the decrease of physical activity from childhood into adulthood, which also Duncan, Duncan, and Schofield (2008) confirmed with their analysis of daily step counts. This trend is congruent with international research, which has consistently shown that physical activity declines with age during teenage years (Finne, Bucksch, Lampert, & Kolip, 2011).

While more than a half (57.9%) of New Zealand’s 15-19 year-olds cared very much about staying fit and being physically active and almost one third cared some, numbers were vice versa with nutrition, with 31.8% caring very much about eating healthily and 53.3% caring some (Maddison et al., 2010). They yet saw the benefits of more energy (66.1%), healthy weight (36.4%), looking better (34.1%), being sick less often (25.4%), feeling good about oneself (24.4%), and being better at sports (19.1%; Maddison et al., 2010). The measures mentioned by 15-19 year-olds were eating fruits and vegetables (77.3%), not buying takeaways (41.7%), limiting fat (32.0%), drinking water (28.2%), and limiting sugar (20.6%; Maddison et al., 2010).

The fact that teenagers cared about eating healthily, saw reasons for it, and named behaviours which contribute to it, was not reflected in the behavioural statistics. Only

Literature Review

27.9% of the 15-19 year-olds ate more than five servings of fruits and vegetables a day (Maddison et al., 2010), backed up by the 30% in the Youth 12 survey, with a decreasing trend to 26.5% in the oldest age group (Clark, Fleming, Bullen, Crengle, et al., 2013). Fruit consumption (51.9% ate two or more servings a day) was higher than the 37.0% who consumed three or more servings of vegetables per day (Clark, Fleming, Bullen, Crengle, et al., 2013). These data were not congruent with previous Ministry of Health (2012c) results, indicating that 60.5% of the 15-24 year-olds met the recommended vegetable intake. The fact that urban areas showed a lower rate of sufficient consumption of fruits and vegetables than rural areas, calls for more initiatives to engage youth in healthy nutrition in cities (Maddison et al., 2010).

While snack foods, fast foods, and takeaways should be limited in a healthy diet, many children and youth still consume these foods one to two times per week – with teenagers often showing the highest consumption (except snacks; Maddison et al., 2010). Summing up what secondary school students had consumed at least four times in the week prior, this included fast-food for 6.4%, takeaway for 6.5%, food from a petrol station or dairy (New Zealand word for kiosk) for 8.8%, fizzy drinks for 23.1%, and energy drinks for 12.3% (Clark, Fleming, Bullen, Crengle, et al., 2013).

Water is the most important drink and also considered healthy by children and young people (Maddison et al., 2010). Children aged 5-9 years were slightly more likely to drink water seven or more times a week than young people (92% vs. 81-84%), whereas consumption of fizzy drinks and energy drinks gains in popularity with age (Maddison et al., 2010). Those who consumed fizzy drinks seven or more times a week increased from 3.8% of the 5-9 year-olds to 13.8% of the 20-24 year-olds, and energy drinks consumed five or more times a week increased from 0.2% in the youngest children to 9.7% in the oldest age group (Maddison et al., 2010). Also 2008 results of 2-14 year-olds showed the growing popularity of fizzy drinks as children approach teenage years, with boys aged 10-14 most likely to have consumed three or more fizzy drinks in the previous week (Gerritsen et al., 2008). Looking at adults 15 years and older also put the teenage age group in front: 52.5% of 15-18 year-old boys and 39.6% of 15-18 year-old girls reported fizzy drink consumption on more than three days per week (University of Otago & Ministry of Health, 2011). The latest Youth 12 survey results indicated that 23.1% of the secondary school students had fizzy drinks and 12.3% energy drinks more than four times in the last seven days, with males showing higher consumption rates (Clark, Fleming, Bullen, Crengle, et al., 2013).

Healthy eating behaviours, such as eating breakfast, sitting down for dinners with other household members, or bringing lunch from home, also decreased with age, whereas unhealthy behaviours, such as eating in front of a television increased (Clark, Fleming,

Bullen, Crengle, et al., 2013; Maddison, Turley, Legge, & Mitchelhill, 2010). This trend is supported by data on child years (2-14 year-olds), which showed that especially at the transition to teenage years, children were less likely to eat breakfast at home every day (Gerritsen et al., 2008). The above examples of New Zealand data demonstrates how a variety of healthy physical activity and nutrition behaviours tend to decrease as children become teenagers, with a further downward trend towards the end of secondary school. These years thus represent a good age to intervene by addressing these health behaviours.

Obesity rates moved into focus when New Zealand became the third most obese country in the OECD with a rate of 31.3% (among adults 15 years and older; OECD, 2014). Although obesity was lower among 15-18 year-olds (10.8% in boys and 13.6% in girls; University of Otago & Ministry of Health, 2011), it needs to be taken seriously as it can imply severe health problems at a young age already, “including poor self-esteem, depression, cardiovascular risk factors, type 2 diabetes and musculoskeletal problems” (Maddison et al., 2010). Among secondary school students, the obesity rates increased from 10.2% in 2007 to 12.6% in 2012; with an additional 24.1% who were overweight (23.9% in 2007; Adolescent Health Research Group, 2008; Clark, Fleming, Bullen, Crengle, et al., 2013). Maddison et al.’s (2010) report showed similar statistics with 24.6% of the 15-19 year-olds overweight and a further 10.3% obese.

Whereas 60.2% of all students had a healthy weight, 25.1% were very happy and 32.2% happy with their weight, with happiness decreasing with age (Clark, Fleming, Bullen, Crengle, et al., 2013). The percentage of those who were very happy with their weight is lower for girls than boys (11.0% vs. 17.4%; Clark, Fleming, Bullen, Crengle, et al., 2013). Subsequently, more girls than boys tried to lose weight (68.6% vs. 42.3%), were worried about gaining weight (75.5% vs. 42.9%), felt that they were being teased about weight by other young people (33.7% vs. 24.3%), or by family (33.2% vs. 16.4%; Clark, Fleming, Bullen, Crengle, et al., 2013). In summary, the above discussion establishes that a lack of physical activity, poor nutrition, and obesity has become an increasing concern for New Zealand teenagers.

2.1.2 Sexual health

The World Health Organization (2006) communicated a positive definition of sexual health – a “state of physical, emotional, mental and social well-being in relation to sexuality” (p. 5), emphasising that sexual health is not the mere absence of disease, dysfunction, or infirmity. The Office of the Prime Minister’s Science Advisory Committee’s (2011) report summarised that sexual health of young New Zealanders was poor in terms of rates of teenage pregnancy and sexually transmitted infection (STI).

They pointed out “the mismatch or maturity gap between the age of sexual maturation [and brain maturation]” (Office of the Prime Minister’s Science Advisory Committee, 2011, p. 6), explaining that with increased reward-seeking and sensation-seeking the brain is not yet mature enough to evaluate the risks that come with additional freedom. This can lead to the testing of boundaries and norms, exceeding those which are not well established, or may result in harm within a risk-seeking social group (Office of the Prime Minister’s Science Advisory Committee, 2011).

The Ministry of Social Development confirmed in 2010 that New Zealand teenage fertility rates were relatively high in comparison to other developed countries. With 29.6 births per 1,000 females aged 15-19 years in 2009, it was significantly higher than in neighbouring Australia (17.3 in 2008) as well as western and northern European countries or Canada. Māori teenage women showed higher fertility rates (71.6 per 1,000 in 2009) than non-Māori (Ministry of Social Development, 2010).

The number of secondary school students who have had sexual intercourse had dropped from 36.3% in 2007 to 24.4% in 2012 (Clark, Fleming, Bullen, Crengle, et al., 2013). The drop could be due to the difference in question, which in 2012 added the information that the question was aiming at sexual intercourse, and not to include sexual abuse. Of those who are 17 years and older in the 2012 survey, 45.9% reported to have had sex before. Among the sexually active, 40.0% talked with their partner about preventing pregnancy, and 44.2% about preventing STIs (Clark, Fleming, Bullen, Crengle, et al., 2013). While 58.2% stated to use contraception to prevent pregnancy, 45.5% used condoms to prevent STIs (Clark, Fleming, Bullen, Crengle, et al., 2013). The evidence presented above signals sexual health as an important component of any investigation of youth health attitudes and behaviours.

2.1.3 Substance use

Of all substance use, alcohol was the most accepted amongst New Zealand secondary school students in 2012, with about one fourth (24.7%) stating that it was okay for people their age to take it, followed by cigarettes (10%), and Marijuana (9.9%; Adolescent Health Research Group, 2008; Clark, Fleming, Bullen, Crengle, et al., 2013). Whereas 71.8% stated that “none of these” (cigarettes, alcohol, marijuana, party pills, smokable products, and other drugs) were okay for people their age to use regularly, only 40.6% stated that their friends used none (Clark, Fleming, Bullen, Crengle, et al., 2013). The most popular substance among the friends was alcohol with 54.4%, followed by tobacco (36.9%), and marijuana (34.6%). Asked about their parents, 58.6% indicated that they used alcohol, 27.9% that they smoked, and 6.1% that they consumed marijuana (Clark, Fleming, Bullen, Crengle, et al., 2013).

The number of New Zealand secondary school students who had tried alcohol had sunken from 71.6% in 2007 to 57.1% in 2012 (Clark, Fleming, Bullen, Crengle, et al., 2013). Whereas 60.6% stated to currently drink alcohol in 2007, only 45.4% did so in 2012, with consumption increasing with age (to 69.2% for those 17 years and older). The percentage of binge drinking had dropped from 34.4% in 2007 to 22.5% in 2012, with 41.0% of those 17 years and older having had an episode of binge drinking within the four weeks prior to the survey (Clark, Fleming, Bullen, Denny et al., 2013).

While 10.0% of the secondary school students stated that it was okay for people their age to smoke, 23.3% have smoked a whole cigarette (31.8% in 2007 and 52.6% in 2001), with 11.1% stating to currently smoke (Clark, Fleming, Bullen, Crengle, et al., 2013). Action on Smoking and Health (ASH, 2012) confirmed a continuous decrease of smoking and increase of those who had never smoked in their study among Year 10 students (14-15 years of age) over the past 12 years. After the percentage of regular smokers (daily, weekly, or monthly) was at 28.6% in 1999, it dropped to 10.0% in 2010 and to 8.2% in 2011 (ASH, 2012). Those who never smoked increased every year, from 31.6% in 1999 up to 70.4% in 2011 (ASH, 2012). In 2012, also the Ministry of Health reported that the daily smoking rate had particularly fallen for youth (15–17 years) from 14% in 2006/07 to 6% in 2011/12 (Ministry of Health, 2012c).

In the Youth 12 study, 23.0% of the secondary students had tried Marijuana (38.2% in 2001 and 27.0% in 2007), while 3.2% reported weekly consumption (Clark, Fleming, Bullen, Crengle, et al., 2013). Other drug use was below 2%, except party pills and herbal highs (3.8%) and ecstasy (3.1%). The use of cannabis in young people had also been examined in New Zealand's major longitudinal studies (the Christchurch Health and Development Study and the Dunedin Multidisciplinary Health and Development study; Boden, Fergusson, & John Horwood, 2006; Fergusson & Horwood, 2000; Poulton, Brooke, Moffitt, Stanton, & Silva, 1997; Poulton, Moffitt, Harrington, Milne, & Caspi, 2001). Both studies have followed the life history of cohorts of over 1,000 children and found that by the age of 21, nearly 80% of young people have used cannabis at least once and 10% have developed a pattern of heavy use consistent with a diagnosis of cannabis dependence. Despite positive trends in above outlined attitudes and behaviours towards drug and alcohol use, percentages indicate remaining potential for health promotion to New Zealand youth.

2.1.4 Sleep

Sleep is a crucial component and indicator for physical as well as mental health. Dahl and Lewin (2002) summarised a number of converging reasons to focus on sleep regulation in relation to healthy youth development. Sleep is important for brain

maturation (Dahl & Lewin, 2002). Youth show a change of biological and psychosocial sleep and circadian regulation, which can lead to changes in sleep patterns and habits (Dahl & Lewin, 2002). With a correlation of sleep and behavioural as well as emotional regulation, insufficient sleep can have direct influence on emotion, behaviour, high-risk behaviours, and attention, which affects social and academic competence and psychiatric disorders (Dahl & Lewin, 2002). Studies and reviews proved the relationship of sleep problems on depression and suicidal behaviours (Baglioni et al., 2011; Ford & Kamerow, 1989; Wong & Brower, 2012), memory and brain function (Kopasz et al., 2010), and obesity (Marshall, Glozier, & Grunstein, 2008). Despite progress in research, there are still gaps in knowledge and experience to form specific guidelines of adequate sleep in youth (Dahl & Lewin, 2002).

The US-American National Sleep Foundation (n.d.) communicated that teenagers need about 9.25 hours of sleep each night to function best; however, with the shift of sleep patterns during adolescence, it is natural to not be able to fall asleep before 11 pm, which raises concerns for school nights. New Zealand secondary school students in 2001 averaged 8:40 hours of sleep during the week and 9:23 hours during the weekend, with a shift towards later bedtimes and fewer total sleep hours among older students, who were also more common to report not getting enough sleep (21% of the total sample; (Dorofaeff & Denny, 2006). New Zealand data indicate the importance of addressing sleep behaviour with health promotion, especially among older secondary school students.

2.1.5 Mental health

The years between childhood and adulthood (i.e., adolescence) is a crucial and critical stage of becoming an independent adult, bearing many risks and challenges (Office of the Prime Minister's Science Advisory Committee, 2011). With the concerning publications on youth depression and suicide rates, the public focus in New Zealand has been put on mental illnesses rather than health. Reviewing recent research results in New Zealand both focussing on illnesses as well as positive mental health outcomes reveals a variety of results, which include contradictions.

According to Statistics New Zealand (2013), 88% of the 15–24-year-olds reported life satisfaction – a figure which drops during adult years before it rises again with those 65 years or older. The Health Survey by the Ministry of Health (2012c) indicated the lowest prevalence of diagnosed depression, bipolar disorder and/or anxiety disorder amongst this youngest age group (15-24 year-olds). The New Zealand Happiness Report (only measured among adults) indicated that happiness was at 33% in the youngest group (18-

19 years), before it dropped during adult years but rose again among 65-69 year-olds (UMR Research, 2012).

The Sovereign New Zealand Wellbeing Index (Human Potential Centre, 2013; Jarden et al., 2013) on the other hand indicated that flourishing score was the lowest in the youngest age group (18-20 years) with 42.8 in comparison to 43.9 in the total population (on a scale from 8-56; Diener, Wirtz, Tov, & Kim-Prieto, 2010; Human Potential Centre, 2013). The percentage of respondents who “reported meaningful depressed mood . . . was higher for young people; two out of three [vs. one in two in the whole population]” (Jarden et al., 2013, p. 25). Also the New Zealand Mental Health Survey from 2003/2004 reported “a clear gradient for age from the group aged 16–24, who had the highest prevalence of any disorder and serious disorder, down to the oldest age group (aged 65 years and over), who had the lowest prevalences” (Ministry of Health, 2006, p. 30).

The Youth study reported that 48.8% of the surveyed secondary school students were “very happy or satisfied” with their life while 43.0% said “it’s ok” (Clark, Fleming, Bullen, Crengle, et al., 2013). On the “WHO-5 wellbeing scale”, 28.6% of the students were in the “good”, 30.9% in the “very good”, and 16.7% in the “excellent” category (Clark, Fleming, Bullen, Crengle, et al., 2013). Added up, 82.1% of the boys fell into those categories and 71.3% of the girls (Clark, Fleming, Bullen, Crengle, et al., 2013). Especially the group with the excellent wellbeing status decreased from 23.3% of the youngest to 11.5% of the oldest students (Clark, Fleming, Bullen, Crengle, et al., 2013).

While the New Zealand adult studies indicated that the female population experienced higher flourishing and happiness (Jarden et al., 2013; UMR Research, 2012), the Youth study reported that being very happy or satisfied was higher in males (55.1%) than females (43.5%) and decreased from the youngest to the 16-year-olds before increasing again in those over 17 (Clark, Fleming, Bullen, Crengle, et al., 2013). Girls and boys have both increased in the satisfied category since 2007 (Adolescent Health Research Group, 2008; Clark, Fleming, Bullen, Crengle, et al., 2013).

Regarding mental health struggles, girls showed higher prevalence in the questioned areas of the Youth 12 survey, such as depressive symptoms or self-harm (Clark, Fleming, Bullen, Crengle, et al., 2013). The Office of the Prime Minister’s Science Advisory Committee (2011) underlined the deficits of New Zealand youth and drew an alarming image. The experts summarised that depressive disorder was rather common (affecting at least a fifth of the people by the age of 18) and that it mostly started in adolescence with a steep rise between the ages of 15 and 18 years (Office of the Prime Minister’s Science Advisory Committee, 2011).

In 2006, the Ministry of Health detected correlations of mental disorders with risks of suicidal behaviour. In congruence with mental health deficits, more girls than boys have had suicide thoughts (20.7% vs. 9.8%), made suicide plans (12.3% vs. 6.4%), had suicide attempts (6.2% vs. 2.4%), and attempts which required medical attention (1.5% vs. 0.8%; Clark, Fleming, Bullen, Crengle, et al., 2013). However, more men than women actually died by committing suicide – in 2010, a total of 11.5 per 100,000 New Zealanders (Ministry of Health, 2012b). The youth suicide rate was 17.7 deaths per 100,000 people aged 15–24, which represents a decline by 38.3% since the peak rate in 1995 (Ministry of Health, 2012b). The Māori youth suicide rate is more than 2.5 times higher than that of non-Māori (35.3 versus 13.4 per 100,000; Ministry of Health, 2012b). Compared with 30 OECD countries, the New Zealand suicide rate was the highest for males aged 15-24 years and fifth highest for females (in 2009; Ministry of Health, 2012a). The Ministry of Justice’s Coronial Services Unit’s provisional annual suicide statistics indicated higher youth rates (15-19 year-olds) for the year ending 30 June 2012 (25.7 per 100,000; boys at 34.4; MacLean, 2012). Judge MacLean (MacLean, 2012) spoke of concerning trends, emphasising the significant “jump in teenage suicide numbers, and the continued rise of Māori suicides, in particular young Māori” (MacLean, 2012, p. 1) – while Māori suicides have increased for most age groups, the 15 to 19-year-old group is almost double the average of the previous four years.

The Ministry of Health (2012b) corroborated that more men than women killed themselves, but females more commonly chose methods that were less likely to be fatal. Females were 86.2% more frequently hospitalised for intentional self-harm than males; with 15-19 year-olds being the most vulnerable age group (Ministry of Health, 2012b). For both sexes, rates declined in this age group by 35.4% between 1996 and 2010 (Ministry of Health, 2012b).

In summary, positive and negative mental health status quo among young people indicate the vulnerability of the youth age group and underlines the importance of including mental health and wellbeing in health promotion efforts to New Zealand youth.

2.2 Health Promotion

Health promotion depends on the focus and goal and can be defined as disease prevention, health education, or actual *health* promotion, that is, promoting health and wellbeing of whole populations (Naidoo & Wills, 2009). Health promotion not only involves political change and interagency collaboration, but should also enable people to take more control over their own health, equipping them with the means of their wellbeing (Naidoo & Wills, 2009; World Health Organization, 1997). The latter would

have a more educational approach to health promotion, while other models and approaches include behaviour change, empowerment, or social change (Naidoo & Wills, 2009).

2.2.1 Definitions of health

Naidoo and Wills (2009) summarised that health can have different meanings, definitions, and dimensions. The western scientific medical model has a narrow view of health and mainly refers to the absence of disease or illness, hence, framing health as a negative term, defined more by what it is not than by what it is (Naidoo & Wills, 2009). This negative view claims that medical treatment can restore the body to good health, putting the power in the hands of the medical experts (Naidoo & Wills, 2009). With the medicalisation of life, medicine has acquired an authority beyond its legitimate area of operation; a model which harms the autonomy which health should be (Illich, Cochrane, & Williams, 1975). Illich et al. (1975) thus identify health as personal task, responsibility, and human right, promoting that people should make their own decisions about their own health.

While the general public still has an understanding of health according to the negative approach as a deficit system (Naidoo & Wills, 2009), an alternative positive approach emphasises the prevalence of wellbeing, or positive health as Seligman (2008) referred to it. The positive definition of is “a state of complete physical, mental and social wellbeing, not merely the absence of disease or infirmity” (World Health Organization, 1946, p. 2). Seligman (2011) has shaped modern positive psychology, which takes a holistic approach to human wellbeing, by increasing “the amount of flourishing in your own life and on the planet” (Seligman, p. 26). Flourishing is influenced by PERMA: positive emotion, engagement, positive relationships, meaning, and accomplishments (Seligman, 2011). Seligman (2011) projected the concept of positive psychology onto physical health, resulting in positive health. Similar to positive psychology, it is more than the absence of illness, but presence of positive health assets (Seligman, 2011). Seligman (2011) started with three classes of potential variables, which are (1) subjective assets, such as optimism, hope, zest, vitality; (2) biological assets, such as the upper range of heart rate variability, hormone oxytocin; and (3) functional assets, such as excellent marriage, rich friendships, or work life.

In a more holistic approach to health, various dimensions contribute to a person’s wellbeing (Naidoo & Wills, 2009). The individual dimensions include physical, mental, social, emotional, spiritual, and sexual health, in addition to the broader dimension of societal and environmental health (Naidoo & Wills, 2009). While the broader approach and combination of mind, body, and spirit has become common in the ‘new age’ views of

health and healing, it is a reconnaissance of ancient non-Western cultures (Mark & Lyons, 2010), such as the holistic approach of Māori to health in the New Zealand context (Cram, Smith, & Johnstone, 2003). Mark and Lyons's (2010) conceptual model of Māori health and illness is the figure of a star pointing to mind (hinengaro), spirit (wairua), family and genealogy (whānau/whakapapa), body (tinana), and land (whenua).

Research underlines a connection between physical and mental health: physical behaviours can provoke mental wellbeing and mental health influences healthy lifestyle choices and has a vast impact on physical health indicators (Grenville-Cleave, 2012; Hoyt, Chase-Lansdale, McDade, & Adam, 2012; Seligman, 2011). Physical activity in particular has a wide range of mental health benefits, including "increased self-esteem, better sleep, improved brain function and reduced stress and depression" (Grenville-Cleave, 2012, p. 172; Seligman, 2011).

In the introduction of Hoyt et al.'s (2012) article on positive wellbeing during adolescence as a predictor of perceived general health and risky health behaviours, they summarised research outcomes over the past decade on associations between positive wellbeing, happiness, or positive emotions and physical health outcomes. They listed direct effects such as on stress biology or brain dopamine levels, as well as indirect effects through social mechanisms and behavioural pathways (Hoyt et al., 2012). While most previous research focussed on other age groups, Hoyt et al. (2012) looked into adolescence and concluded that positive wellbeing during adolescence predicted better perceived general health and fewer risky health behaviours during young adulthood.

Due to the human body being an integrated system, it is appropriate to take a broader approach in health promotion (Grenville-Cleave, 2012). The influence of subjective wellbeing on health and all-cause mortality has a large effect size for a society-wide perspective, as Diener and Chan (2011) spoke of the potential of wellbeing adding four to ten years to life, especially emphasising that those years would be happy, enjoyable, more healthful years. The positive approach to increase flourishing and wellbeing could help the entire population, not only those with mental health deficits (Seligman, 2011). The Five Ways to Wellbeing (Mental Health Foundation of New Zealand, n.d.-c) were all strongly associated with higher wellbeing and would therefore be an appropriate tool to strengthen subjective wellbeing (Jarden et al., 2013).

The analysis of a holistic and positive approach to health with youth as target age presents gaps and potentials in health promotion; yet, the factors which could be changed need to be identified. According to Dahlgren and Whitehead (2007; see Figure 2.1), individual lifestyle factors are the first changeable determinant of health, hence, represent a good target for an intervention, which also Naidoo and Wills (2009) emphasised in their definition of health promotion. Following individual lifestyle factors

are the social and community networks (Dahlgren & Whitehead, 2007). Humans live and learn within a social context and the social cognitive theory provides evidence for a transactional view of self and society (Bandura, 1986). In a personal, behavioural, and environmental triad, the determinants interact and influence each other bidirectionally: individuals observe others, interpret their behaviour, and adjust their own behaviour in response (Bandura, 1986). This observational learning employs modelling and can be used intentionally, for example to teach a child (Stefanone, Lackaff, & Rosen, 2010). Bandura (Bandura, 1986, 2001a, 2001b) spoke of an agentic perspective – people are producers as well as products of social systems. They are not just “reactive organisms”, dominated by the environment and inner forces, but are “self-organizing, proactive, self-reflecting, and self-regulating” (Bandura, 2001a, p. 266). Humans develop, adjust, and change within their social systems and “personal agency” operates within a broad network of sociostructural influences (Bandura, 2001a).

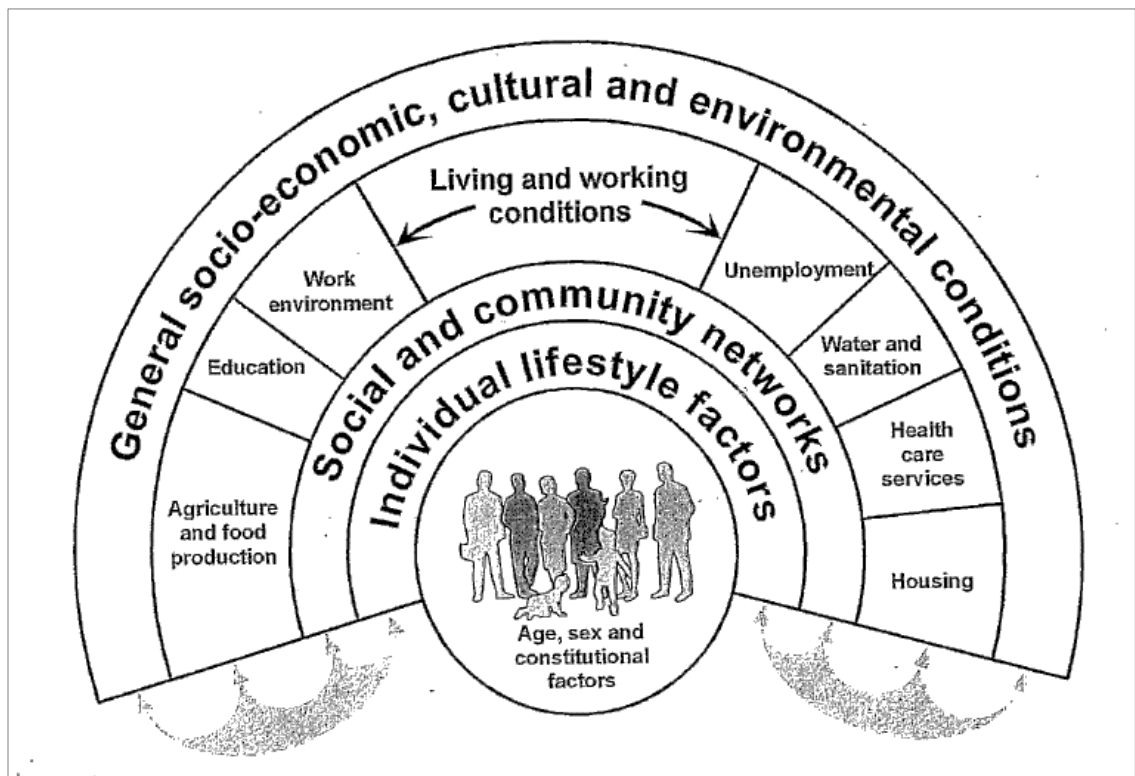


Figure 2.1: Determinants of health according to Dahlgren and Whitehead (2007, p. 11)

Bringing the social cognitive theory into health promotion calls for “a core set of determinants, the mechanism through which they work, and the optimal ways of translating this knowledge into effective health practices” (Bandura, 2004, p. 144). Bandura (2004) identified the determinants being knowledge, perceived self-efficacy, outcome expectations, the health goals, and the perceived facilitators. The above overview of viewpoints and approaches of health and health promotion contribute to this

study's research design. It had brought awareness to the holistic and positive concept of health and its influential factors – also for health promotion.

2.2.2 Health promotion to New Zealand youth

After having discussed definitions and standpoints on health, health promotion, influential factors, and theories, this section provides insight into the current health promotion efforts, analysing the status quo, gaps, and potential. The above review indicates the potential of a health promotion concept for youth, which takes a positive and broad approach to health, targets lifestyle decisions, and takes into account the social setting. As this combination is not reported in the literature, I will widen my focus to partly fitting health promotion efforts.

For youth health promotion, Thornley and Marsh (2010) advocated for a national framework or steering group (including youth, youth sector, researchers, university, and policy). As organisations and their health promotion efforts specialise in one of the subfields, without a connecting entity or an umbrella organisation, a potential lies with the Health Promotion Agency (HPA), which was formed in 2012 and took over the functions of the Alcohol Advisory Council of New Zealand (ALAC), the Health Sponsorship Council (HSC), and relevant functions of the Ministry of Health (n.d.-a). The HPA views health promotion as a process of enabling people to increase control over and improve their health (Health Promotion Agency, n.d.-b). They divide their work into three main areas (see Figure 2.2; Health Promotion Agency, n.d.-b):

- Promoting health and wellbeing
- Enabling health promoting initiatives and environments
- Informing health promoting policy and practice

According to the statement of intent, “The Health Promotion Agency (HPA) leads and supports national health promotion initiatives and activities ranging from education, marketing and communications to advice, resources and tools. It also provides an alcohol advisory, policy and research function” (Health Promotion Agency, 2013, p. 4). The statement points out a broader and positive approach to health and wellbeing and to encourage healthy lifestyles; yet the HPA also focussed on negative outcome prevention, such as disease, illness, and injury, as well as personal, social, and economic harm (Health Promotion Agency, 2013). In fact, the targeted outcome is that “New Zealanders experience less harm, injury, illness and disease” (Health Promotion Agency, 2013, p. 7); see Figure 2.2), which indicates a deficit approach to health and contradicts their positively phrased intentions.

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With the breadth of the HPA, the statement of intent names a need to focus on the following health issues: alcohol, gambling harm, health education, immunisation, mental health, nutrition and physical activity, sun safety, and tobacco (Health Promotion Agency, 2013). Those are also the targets discussed closer in the statement of intent. Specifically, the HPA aims to contribute to the health targets of:

- Increased immunisation
- Better help for smokers to quit
- More heart and diabetes checks (Health Promotion Agency, 2013, p. 4)

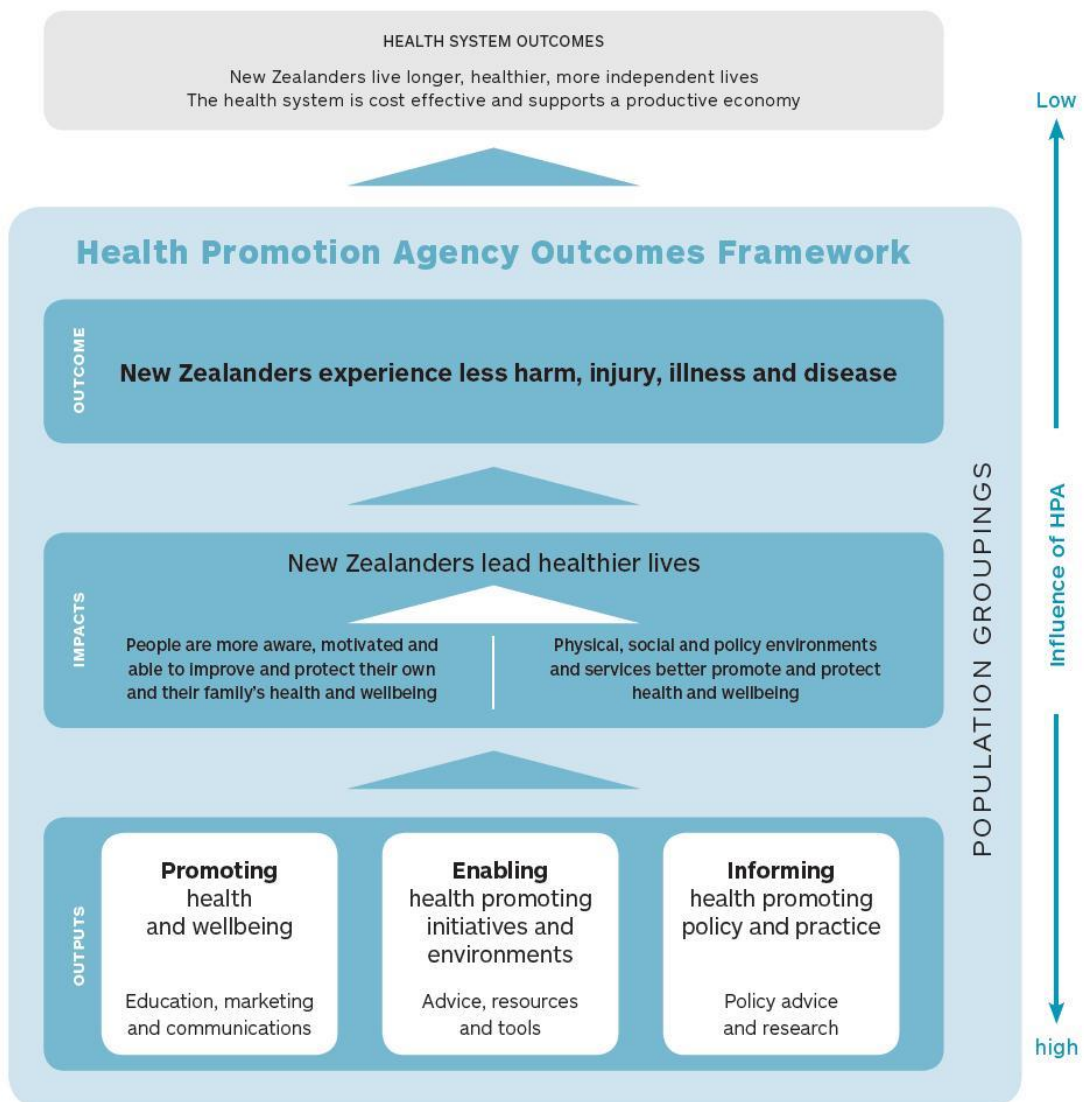


Figure 2.2: HPA outcomes framework (Health Promotion Agency, 2013, p. 8)

Youth foci of the HPA lies on the youth mental health (through the deficit-focused National Depression Initiative), tobacco and alcohol control, and the sun safety campaign (Health Promotion Agency, 2013). Although mentioning wellbeing and a

positive approach, all youth efforts focus on illness and prevention of negative behaviour. While the HPA supports health promotion campaigns in specified areas and aims to build a brand for the agency itself, there is no evidence for building an overarching health promotion campaign or brand.

The further review of the health promotion landscape indicates a diversity and division of the health promotion landscape. It is not only significant how many different organisations and approaches there are in New Zealand, but also the different agencies, such as the Health Promotion Agency alongside The Health Promotion Forum of New Zealand – Runanga Whakapiki ake i te Hauora o Aotearoa (n.d.). The latter is an incorporated society and registered charity and with over 170 member organisations committed to improving health. “It builds leadership, relationships and the workforce in health promotion consistent with the principles of Te Tiriti o Waitangi and the Ottawa Charter” (Health Promotion Forum, n.d., para 1).

Despite two nationwide health promotion entities and various efforts with different health foci, there is no overarching or connecting health promotion campaign in New Zealand. In fact, neither is there any worldwide human health promotion campaign, as there is in environmental protection with Greenpeace (Greenpeace New Zealand, 2008) or 350.org (with its national 350 Aotearoa; n.d.), or for wildlife protection with the World Wildlife Fund (n.d.).

Specifying wellbeing and the positive approach to mental or physical health, there is a lack of a strong player in the youth sector in New Zealand. Mental health efforts in particular follow the deficit approach, focussing on depression and suicide prevention, rather than promoting flourishing. The National Depression Initiative (NDI; Health Promotion Agency, n.d.-a) with ambassador John Kirwan and its online programme The Journal have been created to reduce the impact of depression and to prevent suicide. The partner site The Lowdown was designed to help youth understand and deal with depression (Health Promotion Agency, n.d.-a). Its Flash-animated website provided help, knowledge, stories by ambassadors, multimedia, and a “shared” group, chat options, and message board (Ministry of Health, n.d.-d). Another tool for youth with mental illness was SPARKX – an interactive fantasy game developed by the University of Auckland to contribute to a cognitive behavioural therapy for the treatment of clinically significant depression (Merry et al., 2012a, 2012b; SPARXNewZealand, 2009).

The Mental Health Foundation of New Zealand (n.d.-b) acknowledged that the focus of mental health has been on illnesses; “a problem or as something negative” (Mental Health Foundation of New Zealand, n.d.-b, p. 1). The foundation, however, pointed out the benefit of mental health as a positive resource and therefore emphasises the importance of positive mental health and wellbeing, of giving everybody the chance to

flourish (Mental Health Foundation of New Zealand, n.d.-b). The initiative the Five Ways to Wellbeing acknowledges the principles of wellbeing and positive psychology, promoting five actions to increase wellbeing – connect, give, take notice, keep learning, and be active (Mental Health Foundation of New Zealand, n.d.-a).

Prime Minister Key’s (2012) announcement to focus on youth mental health could have been a turning point; however, he put strong focus on mental illness as the initiatives planned for schools, online, families and communities, and in the health system all aim at helping young people with mental health issues. None of the e-therapy investment, Social Media Innovations Fund, smart phone apps or Facebook-related programmes, which were listed as examples, mentioned a consideration of positive mental health or even preventive measurements (Key, 2012).

Despite a lack of an overarching or a positive health promotion program, there are good campaigns in specific areas worth mentioning, such as the Quitline’s Smoking Not Our Future (The Quit Group, n.d.). It still provides a Flash-animated website and tailor-made interactive experience, but announces that it now solely focusses on Facebook (Figure 2.3; The Quit Group, n.d.). In March 2012, the campaign reached large media exposure thanks to an “epic blooper” (Migone, 2012). It was used proactively on their Facebook page (refer to Figure 2.4 for the screenshot), which attracted 10,159 likes, 3,169 shares, and 1,753 comments in two months (Smoking Not Our Future, n.d.).



Figure 2.3: Smoking Not Our Future’s Flash-animated website (The Quit Group, n.d.)



Figure 2.4: Smoking Not Our Future used their misplaced advertisement to increase exposure and popularity of their Facebook page (Smoking Not Our Future, n.d.)

With the need to address physical activity and sport involvement of New Zealand youth, Sport New Zealand contracted Kolt et al. with a review of relevant projects in 2006, and they reported 375 organisational strategies and plans for youth sport and physical activity – most of them commenced between 2004 and 2006. They found that 69% of the responding organisations, 64% of the secondary school education sector, and 10% of local government had a strategy or plan for youth sport and physical activity in place (Kolt et al., 2006). Many strategies specialised in certain groups, with 180 strategies for female youth, 179 for young adolescents, and 155 for male youth, while 69 plans specifically targeted overweight or obese youth, and 47 aimed at certain ethnic groups (22 Māori, 15 Pacific Island, and 4 Asian ethnic groups; Kolt et al., 2006).

Regarding promotion of physical activity and nutrition, the most-known initiative amongst 15-19 year-olds was 5 Plus a day (30.7% recalls amongst 15-19 year-olds), followed by Push Play (16.3%) and Mission On (8.3%; Maddison et al., 2010). Asking for a physical activity initiative, Push Play received the most answers (Maddison et al., 2010). The campaign was initiated by the Hillary Commission in the 1990s, further developed by SPARC in the 2000s (Green, 2013) and relaunched in 2005 (Scoop Media,

2005). It was discontinued in 2009, when the government around Prime Minister John Key decided to cut back funding of Mission On as well as Push Play, as a general shift away from social marketing and towards involvement of young people in organised sport (Ford & Stuff, 2009; House of Representatives, 2009).

The above overview of New Zealand's health promotion landscape includes the use of the word "campaign" for interventions (e.g., Green, 2013) and the use of "social marketing" (e.g., House of Representatives, 2007). To reach a wider population, many campaigns use media – and now also social media (e.g., The Quit Group, n.d.). Regarding health promotion for youth, we indeed need appropriate tools to reach this hard-to-reach target group (Cugelman, 2010). Social marketing as a tool and a focus on online media as a platform both bear great and untapped potential as it has not been exploited yet (Bandura, 2001a; Bright, Samdahl, Scott, & Weissinger, 2000; Cugelman, 2010; Kotler, Roberto, & Lee, 2002; Peattie, 2007; Thornley & Marsh, 2010).

2.3 New Social Potentials

The above discussion of the status quo of health and health promotion in general and for New Zealand youth in particular, noted the potential of social marketing and the use of social media. It furthermore included the notion of social concepts around change. This section aims to examine these social components of health promotion before leading to the research question and aims.

2.3.1 Social marketing and branding

While traditional marketing aims to affect consumer choices, the same commercial marketing principles and techniques can be used to provoke behaviour change in a target audience through the voluntarily acceptance, rejection, modification, or abandoning of a behaviour for the benefit of individuals, groups, or society as a whole (Kotler, Roberto, & Lee, 2002; Thornley & Marsh, 2010). In other words, social marketing has the potential to improve the physical and mental health of individuals and the general quality of society and the environment (Bright et al., 2000). It represents the chance to address factors which influence people's behaviours, such as emotions (Bright et al., 2000), employing the "central marketing strategy of building positive relationships with the audience to increase the value of promoted behaviors and to encourage exchange in the form of behavior adoption" (Evans, 2008, p. 183).

Social marketing is not a new concept – in 1969, Kotler and Levy noticed that the principles of marketing could be broadened to other concepts, before Kotler and Zaltman published the first article using the expression "social marketing" in 1971 (Carrigan

& Dibb, 2013). Whether it is the use of a logo or of media platforms, health promotion often uses social marketing components. In fact, “promotion” is one of the 4 Ps of marketing, next to product, place, and price (Kraak et al., 2009). However, social marketing is often limited to communication, ignoring the other Ps (Scott, 2005). In social marketing, “the *product* . . . is healthy behaviour; the *price* . . . is time and energy; the *place* is where alternative behaviours are advocated or practiced; and *promotion* represents outreach to target audiences” (Cugelman, 2010, p. 7). A fifth P is often added in social marketing referring to *policy* (Scott, 2005).

At the heart of successful marketing, whether it is commercial or socially orientated is an understanding of what the consumer (target audience) wants. This contrasts to the traditional educational approach which promotes reasons as to why the consumer should change their behaviour. (Scott, 2005, p. 2)

Bright et al. (2000) named the following needs for effective social marketing:

- The bottom line is behaviour change and/or influence.
- Programs must be cost-effective.
- Social marketing strategies should be customer-focussed.
- Strategies designed to effect behaviour change comprise all four elements of the traditional marketing mix (product, place, price, promotion).
- Social marketers use market research techniques to design, pre-test and evaluate programs.
- Social marketers use market segmentation techniques.
- Social marketers compete with alternative behavioural choices.

Commercial success is calculated by the return on investment (ROI), as the cost-effectiveness of social marketing campaigns could be described in terms of social return on investment (SROI; Tuan, 2008; Lister, Mcvey, French, Blair-Stevens, & Merritt, 2007). This concept is much wider than ROI, as it includes numerous factors which benefit societies. However, there are many technical and “big picture” issues and no perfect solution to measure and calculate social value (Tuan, 2008). One way to quantify the total SROI achieved by promoting healthy lifestyles is to measure the “quality adjusted life years” that society has saved because of marketing healthy lifestyles (Lister et al., 2007). While cost per quality-adjusted life years contribute to the cost-effectiveness analyses (Tuan, 2008), these can also translate into savings and benefits accrued to individuals and their families, public health expenditures, income to public services, income to employers, in addition to the non-monetary price of values (Lister et al., 2007).

The competition of social marketers is unhealthy behaviour, as put simply by Evans and Hastings (2008). This direct competition with commercial companies and very lucrative industries (e.g., fast food, electronics, tobacco) is “far from even” (Evans, 2008, p. 186).

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Direct competition implies a fight over market share – for example the US anti-smoking campaign, Truth, literally fights over market share with the tobacco industry (Evans, 2008). In the context of health promotion, a market share refers to those who choose the selected behavioural or lifestyle alternative (Evans, 2008).

While health promotion should not be limited to communications (Scott, 2005), it does rely on it to reach target groups and create awareness and knowledge, just as any commercial company needs marketing campaigns to maximise sales (Kraak et al., 2009). In health promotion, messages should be easily understood, repeated frequently, and easy to act on to be most effective (Abbatangelo-Gray, Cole, & Kennedy, 2007). Branding is an important feature in health promotion (Evans & Hastings, 2008) and has been used by campaigns to meet the competition “head-on” (Evans, 2008, p. 183).

D. A. Aaker (1996) commented that while the nineteenth century gave birth to the brand, branding evolved to be central to both commerce and competition during the twentieth century (D.A. Aaker, 1991). A brand is made up of brand identities and includes a name, term, sign, symbol, design, or combination of all (Keller, 1993; Kotler, 1991). It differentiates goods or services from those of competitors and has become a primary objective of the integrated marketing strategy of companies, as it highly influences consumers’ choices (D.A. Aaker, 1991, 1996; Grace & O’Cass, 2002; Kraak, Kumanyika, & Story, 2009). Brands are created as communication tools to address customers, create awareness and recognition, form positive associations and ultimately influence consumers’ choices and achieve loyalty (D.A. Aaker, 1991; Lassar, Mittal, & Sharma, 1995). Brand loyalty is a measure of attachment which a customer has to a brand, reflecting how likely a customer will switch to another brand (when faced with changes in price or product features; D. A. Aaker, 1991).

Children as young as two to three years old can recognise brands; once they are in kindergarten, they start recalling them from advertisements, ask for specific brands from Santa Claus and know how to spell brand’s names once they can read (John, 1999). Also Fischer, Schwartz, Richards, Goldstein, and Rojas (1991) proved that very young children see, understand, and remember advertising – even with “adult products” such as cigarettes. Logo recognition increased with age as about 30% of 3-year-old children matched Old Joe with a picture of a cigarette compared with 91.3% of the 6-year-olds (Fischer et al., 1991). Children furthermore display brand loyalty as Guest reported as early as 1955. His test subjects were children in the 1940s who showed a higher rate of brand loyalty than expected when tested again twelve years later. Guest (1955) was ahead of his time, as research on children as consumers only seriously started in the 1960s before it blossomed and gained visibility in the marketing community by mid-1970s – a

time when criticism and public policy concerns about marketing and advertising to children arose (John, 1999).

J. L. Aaker (1997) used brand personality to describe “the set of human characteristics associated with a brand” (J.L. Aaker, p. 347). Brand personality traits can be formed and influenced by any direct or indirect contact with the consumer (Plummer, 1985). To measure rating of personality traits and investigate how a brand could be described by human characteristics, J. L. Aaker (1997) used a five-point Likert scale. Her research on brand personality suggested that consumers perceive brands to have five distinct personality dimensions, depicted in Figure 2.5.

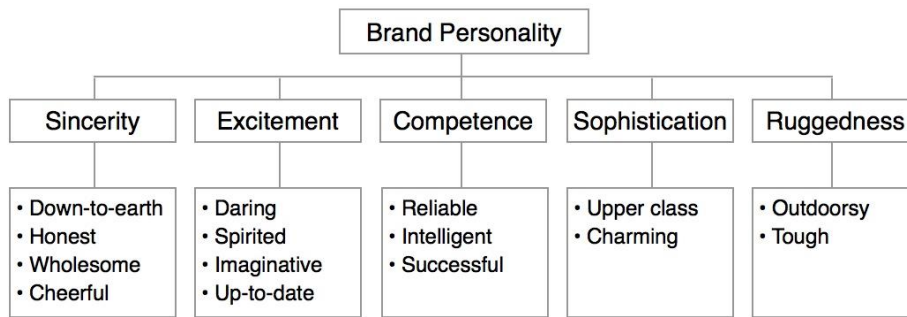


Figure 2.5: Brand personality framework by J. L. Aaker (1997, p. 352)

Brand knowledge is an associative network memory model made up by brand image and brand awareness (see influential assets in Figure 2.6; Keller, 1993). Consistent with definitions formulated by researchers as early as the 1950s and 60s, Keller (1993) defined a brand image as “perceptions about a brand as reflected by the brand associations held in consumer memory” (p. 3).

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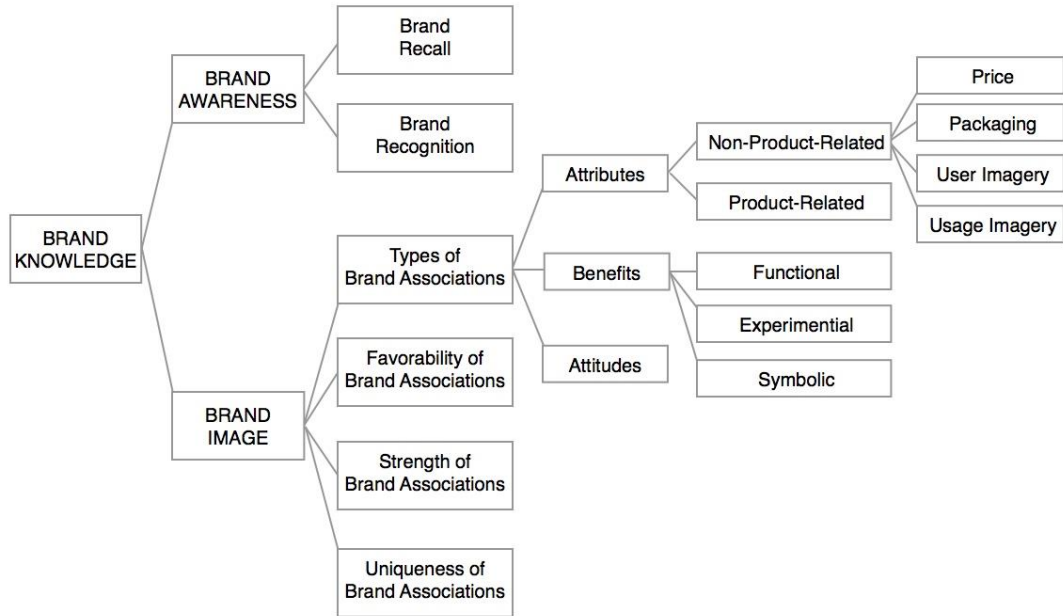


Figure 2.6: Dimensions of brand knowledge (Keller, 1993, p. 7)

As D.A. Aaker (1991) and Keller (1993) recognise brand awareness in their marketing models, Kotler and Armstrong (2013) showed that it is the first step of the buyer-readiness stages (from awareness over knowledge, liking, preference, conviction to purchase). Similarly, motivational theory models consider the importance of awareness. In the context of physically active leisure, Beaton, Funk, and Alexandria (2009) named the psychological connection model (PCM) as theory of participation, combining sociological and psychological processes (see Figure 2.7).

Level of connection	Psychological characteristics
4 Allegiance	Intrinsic consistency – Intrinsic influences most important
3 Attachment	Intrinsic features – Personal importance and meaning
2 Attraction	Extrinsic/intrinsic features – Dispositional influences
1 Awareness	Extrinsic features – Socialising agents/media

Figure 2.7: The psychological continuum model (PCM) is a conceptual framework for understanding an individual’s psychological connection to sport (“3 As to Allegiance”; Funk & James, 2001)

Whereas community used to be shaped by customs, emotions, and familiarity, the term is now not restricted to a place anymore, with mass media simulating or even replacing

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a geographic community (Muniz Jr & O'Guinn, 2001). Consequently, communities can nowadays build around a shared identity or interest as can be seen with the formation of brand communities, set up of fans of a branded good or service, which are social objects and socially created (Muniz Jr & O'Guinn, 2001). With the use of modern media, marketers can project brands into national consciousness and brands now have the potential of transcending geography (Muniz Jr & O'Guinn, 2001). Health marketing has the same opportunities to “brand” a healthy lifestyle (Asbury, Wong, Price, & Nolin, 2008; Evans & Hastings, 2008; Kraak, Kumanyika, & Story, 2009; Peralta, Jones, & Okely, 2009). “Like commercial marketers, social marketers create value for target audiences through their own form of branding—by creating positive associations with health behaviors and encouraging their adoption and maintenance” (Evans, 2008, p. 182). “Health brands” represent a healthy lifestyle and consist of a coherent set of behavioural alternatives; social models which are then communicated through marketing campaigns (Evans & Hastings, 2008). Thornley and Marsh (2010) concluded that branding was a use of creative private sector-based marketing strategies and a key feature of successful campaigns to youth. Social marketing to youth

Children go through various consumer socialisation stages until they reach the reflective stage with the transition to adolescence (11-16 years of age; John, 1999). Further cognitive and social development comes along with better knowledge about marketplace concepts and thinking becomes more reflective, as children focus on the social meanings and underpinnings of the consumer marketplace (John, 1999). In this phase of finding their own identity, they experience an increased awareness of other people’s perspectives and are challenged with group expectations and social aspects of being a consumer, making choices, and consuming brands (John, 1999). John (1999) furthermore acknowledged that important developments in consumer socialisation do not emerge in a vacuum, but take place in a social context including the family, peers, mass media, and marketing institutions, as also emphasised by the social cognitive theory (Bandura, 1986, 2001a, 2004).

In the series *What Works in Youth Development*, the Ministry of Youth Development (MYD) and Health Research Council of New Zealand (HRC) had contracted Quigley and Watts Ltd to complete a systematic review on effective health promotion campaigns to young people (Thornley & Marsh, 2010). The review focussed on the potential of social marketing to youth and emphasised the success of recent campaigns – with tobacco use, marijuana consumption, physical activity, and sexual health as main topics with evidence of effectiveness (Thornley & Marsh, 2010). Evidence for success factors was strong and consistent across different projects and contexts, with behaviour change in the order of 18 to 40% (Thornley & Marsh, 2010). These critical success factors call for

comprehensive and multi-faceted, tailor-made health promotion campaigns (Thornley & Marsh, 2010). Not only formative research and theory need to be integrated from the beginning; it is also important to include youth in the creation and implementation of a campaign which is accessible and appealing to them – “by youth for youth” (Evans, 2008; Thornley & Marsh, 2010). This notion of involvement, empowerment, and youth taking ownership had also been emphasised for the theoretical framework for health promotion in general, such as by Naidoo and Wills (2009) or the World Health Organization (1986). Collaboration is furthermore emphasised (albeit challenging) between ministries and agencies, organisations, departments, sectors, or any other stakeholders (Carrigan & Dibb, 2013; Daughjerg et al., 2009; Naidoo & Wills, 2009; World Health Organization, 2004). Thornley and Marsh (2010) reported that also messages shall empower youth and appeal to their need for independence and rebellion. The best messages are strong and intense emotional messages (both positive and negative) and the use of social threat and personal testimony was recorded as appropriate for the age group (Thornley & Marsh, 2010). A multi-faceted approach asks for policy changes, focussing on ‘upstream’ factors (Andreasen, 2006; Carrigan & Dibb, 2013; Evans & Hastings, 2008; Thornley & Marsh, 2010). Thornley and Marsh’s 2010 review mentioned that social marketing extends beyond the focus on negative behaviours, but can focus on positive aspects and a “strengths-based youth development approach” (p. 8).

The recent youth campaigns Truth and VERB in the United States produced positive effects on smoking and physical activity (Thornley & Marsh, 2010). VERB was mainly a brand aiming at tweens (9-13 year-olds), with a campaign developed professionally according to marketing standards (McKinnon, 2007). The Centers for Disease Control and Prevention launched an unknown brand nationally, built the brand’s equity, and protected and maintained the brand’s integrity (Asbury, Wong, Price, & Nolin, 2008; Huhman, Berkowitz et al., 2008). Evaluation indicated the potential to create awareness and knowledge and produced information to inform future campaigns (Bauman et al., 2008; Huhman, Bauman, & Bowles, 2008). Truth focussed on the use of countermarketing (Allen, Vallone, Vargyas, & Heaton, 2009). “By creating and promoting positive social images of healthful behaviors aimed at countering unhealthy imagery, social marketers can compete for children’s and adolescents’ time, attention, and behavioral choices” (Evans, 2008, p. 186).

Social marketing for youth needs to persuade rather than educate and thus tap into the wants and needs, just as commercial marketers do (Evans, 2008; McKinnon, 2007). Especially for adolescents, the healthy lifestyle has to be presented as cool and socially desirable (Evans, 2008; McKinnon, 2007). To address the competition, Evans (2008) stated that firstly, more socially powerful and persuasive competing messages had to be

created. Secondly, he named the use of multiple channels, including media, community outreach, and mobilisation as well as the development of social movements. Thirdly is the focus on social and health policies that affect individual behaviour and behavioural determinants (Evans, 2008).

While VERB and Truth are most referred to in Thornley and Marsh's (2010) review, they also name the New Zealand youth campaigns Smoking not our future as well as a four-month condom campaign, No Rubba, No Hubba Hubba. Push Play and Mission On have also been recent noteworthy campaigns (Bauman et al., 2003; House of Representatives, 2009).

2.3.2 Mass media: online social marketing and social media

Learning and consumer development takes place in a social context (Bandura, 1986; John, 1999). Models people learn from are mostly in their immediate environment, which has been extended with the symbolic environment of mass media, contributing a vast amount of information about human values, styles of thinking, and behaviour patterns (Bandura, 2001a). While mass communication theories have often seen a two-step diffusion process where influential people pick up new ideas from the media and pass them on to their followers through personal influence, Bandura (2001a) emphasised the diversity of human influences and saw behaviour as product of a concert of determinants, not following a single pattern of social influence. Media influence can be direct (to the individual), indirect (through opinion leaders), without effects, media can set the public agenda by setting priorities, or media can reflect attitudes and behaviour (instead of shaping it; Bandura, 2001a). While the direct-flow model from media to the public received the best empirical support, he elaborated on the different paths of influence:

In some instances the media both teach new forms of behavior and create motivators for action by altering people's value preferences, efficacy beliefs, outcome expectations, and perception of opportunity structures. In other instances, the media teach, but other adopters provide the incentive motivation to perform what has been learned observationally. In still other instances, the effect of the media may be entirely socially mediated. That is, people who have had no exposure to the media are influenced by adopters who have had the exposure and then, themselves, become the transmitters of the new ways. Within these different patterns of social influence, the media can serve as originating, as well as reinforcing, influences. (Bandura, 2001a, p. 286)

Albeit before the social media boom, Bandura (2001a) already mentioned the potential of technologies to build social networks in 2001, describing it as interactive electronic networking and virtual networking, where people can connect independent of geographical location. While the Internet was popularised in the 1990s, it was not until

around 2005 that social marketing academics began seriously discussing the potential of these new media (Cugelman, 2010). The wake-up call which convinced the critics came in 2008 with the election of USA President Barack Obama, which drew heavily on grassroots campaigning linked by social media (Cugelman, 2010).

Social media are online services which allow users to

- (1) construct a public or semi-public profile within a bounded system, (2) articulate a list of other users with whom they share a connection, and (3) view and traverse their list of connections and those made by others within the system (Boyd & Ellison, 2007, p. 211).

The unique feature of the social media sites is that it not only enables users to get in contact and interact with strangers but also within their already existent social networks, which is the main motive for most users (Boyd & Ellison, 2007). The “Web 2.0 transformation” changed the role of the audience – from a passive target group to a partner with the power to engage (Peattie, 2007). Online media have become interactive, allowing the audience to be a part of campaigns, in control of the consumption of content and timing of the process, empowering the audience (Peattie, 2007).

Internet-based interventions promise a cost-efficient alternative, which is needed for social marketing programs (Bright, Samdahl, Scott, & Weissinger, 2000; Cugelman, 2010; Lister, Mcvey, French, Blair-Stevens, & Merritt, 2007). Cugelman (2010) summarised at least five factors that may explain motives to innovate online interventions. Firstly, online channels are displacing traditional media, especially in the younger generation. Online interventions show efficacy as they match or even outperform traditional interventions in terms of influence on behaviour. Online media offer new opportunities for engagement, such as interactivity or individualised messages, which both have potential to influence behaviour. Fourth and fifth factors are a large reach of online campaigns with a high cost-effectiveness (Cugelman, 2010).

Just as in offline social marketing, the ultimate goal for online social marketing is (offline) behavioural change (Bright, Samdahl, Scott, & Weissinger, 2000; Cugelman, 2010; Evans & Hastings, 2008). Cugelman (2010) noted that there are at least two levels of behaviour which need to be influenced, which Fogg (2003) labelled macrosuasion and (overall persuasive effect) and microsuation (combination of small tactics to support minor online tasks, such as signing up for a newsletter or clicking on a hyperlink). The actions can be referred to as macro- and micro-behaviours, with macro-behaviours as primary behaviour targeted by an online intervention and micro-behaviours the small online activities (Cugelman, 2010).

As teenagers are easily reached online, the Internet offers a valuable channel to engage them, alone or as part of a larger multi-channel campaign; however, this potential has

not yet been exploited (Korda & Itani, 2011; Norman, 2012; Peattie, 2007; Rimal, 2012). Using social media and using it right can push brand awareness and allow health promoters to reach target groups with less dependency on traditional communication channels (Neiger et al., 2012; Thackeray, Neiger, Hanson, & McKenzie, 2008; Waters, Burnett, Lamm, & Lucas, 2009). Social media yet needs to be tested in health promotion as research evaluating effects on health behaviours and outcomes is still relatively sparse (Ancker et al., 2009).

Social media not only gives a new perspective for the social cognitive theory, but also for social capital and its calculation. Social capital is produced in communities, as a collective social resource based on contact (i.e., invisible bonds), communication, sharing, co-operation, and trust from ongoing relationships (among people, but also organisations) for the good of the group rather than the benefit of the individual (Chu, 2009; Statistics New Zealand, 2002). It can accumulate over time (Statistics New Zealand, 2002).

Similar to the above-described brand communities, also online communities (i.e., virtual communities) have now come to exist by overcoming geographical restriction, based on online groups (Blanchard, 2008). While communities can produce social capital, social capital is also an important resource and major factor in constructing an online community (Chu, 2009). Belief, network, trust, and norms are the four dimensions of social capital for online communities, each dimension differing from physical communities in intensity (Chu, 2009). In 2008, Blanchard already saw that they would be likely to become integral parts of people's lives. Especially the given and experienced support contributes to the sense of virtual community, while norms play a significant role (Blanchard, 2008). The concepts of brand communities, online communities, as well as the production of social capital are indeed valuable notions for health promotion, as they establish norms and have the power to change them.

2.4 Research Question and Aims

This chapter served to establish the context and purpose by reviewing the status quo in health and health promotion, untapped potentials, and new opportunities in a social context. The overview had helped to identify an important target group – youth. It furthermore laid out the potential of social marketing and the use of social media as well as the requirement for collaboration – involving and empowering youth. Taken together, these issues provide a “burning platform” in terms of the need to influence youth behaviour as well as offering some guidance as to ways to do so. The overarching research question has therefore been designed as follows: “How can a social marketing campaign

by-youth-for-youth promote change in lifestyle attitudes and behaviours in a secondary school setting?” The four sub-aims are:

1. What are the current attitudes and behaviours relating to healthy lifestyles of youth within the target group?
2. How can we develop and implement an intervention that is a social marketing campaign for youth in collaboration with members of the target group?
3. What does this social marketing campaign by-youth-for-youth look like?
4. What effect does a social marketing campaign by-youth-for-youth have on the target group’s physical and mental health attitudes and behaviours?

The consequent methodology, methods, and the theoretical framework will be discussed in the following chapter.

Chapter 3: Methodology and Methods

The development of this study was built on the underpinning aspiration to learn how to promote change of health attitudes and behaviours among youth. The review of literature and status quo led to the identification of the target group youth and revealed gaps in current health promotion – namely a broad and positive approach, testing the untapped potential of social marketing and social media. According to Thornley and Marsh (2010), the latter is novel, promising, recommended to engage New Zealand youth, but has yet to be exploited in health research. To be most successful, a social marketing campaign *for* youth should be designed *with* youth, involving the target group from the formative stage (Thornley & Marsh, 2010).

The overarching research question with its four sub-aims emphasise that this research project is not only the creation, implementation, and evaluation of an intervention, but a means to generate new knowledge on *how* change can be promoted – especially if it is created and led by the target group. I defined methodology, paradigm, ontology, and epistemology based on this organic evolution of the research question and aims.

3.1 Action Research

“Action research can help us build a better, freer society” (Greenwood & Levin, 1998, p. 3). Not only does action research provide a style of research designed to create social change (Cardno, 2003; Greenwood & Levin, 1998), but it caters for a democratic, participative method with, for, and by the community (Reason, 2006). Greenwood and Levin (Greenwood, 2007; Greenwood & Levin, 1998; Greenwood & Levin, 2000; Levin & Greenwood, 2001) emphasised action research as a fair and just way of research, which was “not an alternative way to conduct research but the way to conduct research that is epistemologically sound and socially valuable” (Levin & Greenwood, 2001, p. 103). Their advocacy was based on “democratic inclusion and social research quality” (Greenwood & Levin, 1998, p. 3), including local stakeholders as researchers.

Action research was coined by Kurt Lewin in the 1940s (cited in Cardno & Piggot-Irvine, 1996), whose aim was to solve real-life problems through social change. He saw three phases of action research: (1) dismantling former structures, (2) changing the structures, and (3) locking them again (cited in Greenwood & Levin, 1998). This approach was a rather short-term intervention compared to modern action research (Greenwood & Levin, 1998). Action research has since been used in a variety of contexts and research areas, has a variety of definitions and characterisations (Peters & Robinson, 1984;

Tinning, 1992), is described in various terms (Anderson & Herr, 2005), and is registered at different levels within research philosophy. While most view action research as methodology or strategy (Peters & Robinson, 1984), it has also been referred to as epistemology (Tinning, 1992), style (Cardno, 2003), approach (Cardno & Piggot-Irvine, 1996; Peters & Robinson, 1984), and research method (Tinning, 1992). Greenwood (2007) emphasised that action research should not be reduced to a label of method or technique, as it can offer more for a democratic and just society. It is “an approach to living in the world that includes the creation of arenas for collaborative learning and the design, enactment, and evaluation of liberating actions” (Greenwood, 2007, p. 131). Action research is used in varying research disciplines (Greenwood & Levin, 1998), and it is most often aligned with the interpretive research paradigm and qualitative methodology (Tinning, 1992).

Greenwood and Levin (1998) commented on a lack of general consensus about action research, partly due to the distribution of researchers over various departments of academic institutions but also outside of academia, which results in researchers communicating, publishing, and reading findings within their field. In 2003, Cardno still noted the confusion created by the diverse descriptions of action research and its different usage. She asserted that action research is a style of research designed to create change or improvement. Ferkins (2007) captured it as “a method used to describe a plethora of philosophies, approaches, and techniques that all seek to work in a collaborative manner with research participants to engage in action and reflection cycles” (p. 277).

Reason and Bradbury (2001) suggested in the *Handbook of Action Research* that it “is a participatory, democratic process concerned with developing practical knowing in the pursuit of worthwhile human purposes, grounded in a participatory worldview” (p. 1). Action research aims to narrow the gap between theory and practice or even succeeds in combining the two (Cardno & Piggot-Irvine, 1996; Reason & Bradbury, 2001; Reason & Bradbury, 2007). Employing a process of action and reflection, it intends to find practical solutions to issues of importance to people, enabling individuals and communities to flourish (Reason & Bradbury, 2007; Zuber-Skerritt, 2012). McNiff (2013) pointed out the idea behind it as you research your actions as you do them and improve them, and at the same time find explanations for the process. “The outcomes are both an action and a research outcome, unlike traditional research approaches which aim at creating knowledge only” (Coghlan & Brannick, 2010, p. ix).

Next to collaboration, a problem-focussed change orientation and iterative stages of planning, action, fact-finding, and reflection are minimal requirements for action research (Cardno & Piggot-Irvine, 1996; Ferkins, 2007; Peters & Robinson, 1984). Peters

and Robinson (1984) described a difference between “weak” and “strong” versions of action research. Both fulfil the above-mentioned minimal requirements, with the strong version bearing more emancipatory potential, departing from the distinction between the “expert” and client group, focussing on the mutual relationship. It leaves the traditional categorical distinctions of social sciences behind and sees the evolution of research projects with the co-development of theory and practise, thus favouring a constructivist/interactionist epistemology (Peters & Robinson, 1984).

Greenwood and Levin (2000) listed four characteristics of action research:

- The co-generation of knowledge through collaborative communicative processes between participants and researchers
- Treating the diversity of experience and capacities within the local group as an opportunity for the enrichment of the research/action process
- The production of valid research results
- Putting the context in the centre while aiming to solve real-life problems in context (p. 96).

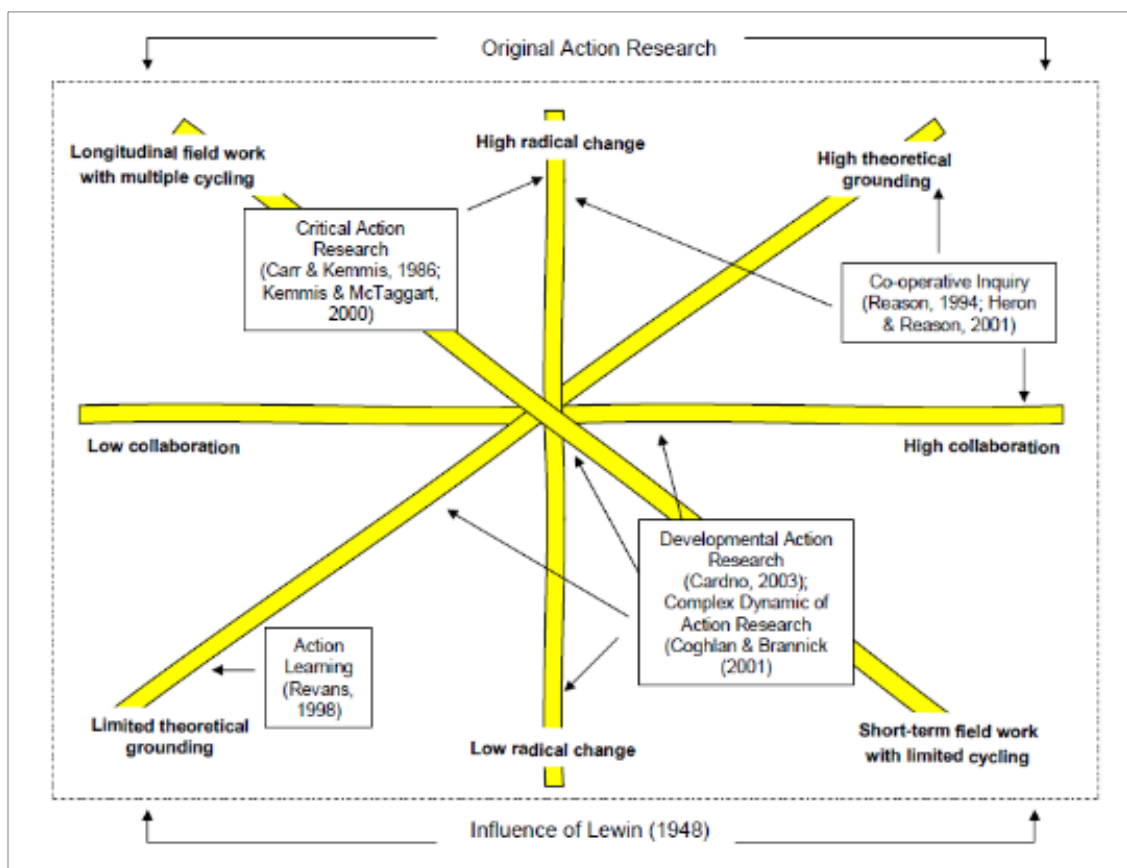


Figure 3.1: Ferkins’ (2007, p. 78) presentation of the action research continuums (based on Cardno, 2003; Carr & Kemmis, 1986; Coghlan & Brannick, 2001; Heron & Reason, 2001; Kemmis & McTaggart, 2000; Reason, 1994; Revans, 1998)

The extent of the crucial components differs for each research project, producing different versions of action research. As visualised in Figure 3.1, Ferkins (2007) summarised the four extents based on Heron (1996), Kemmis and McTaggart (2000), Reason and Bradbury (2001), and Whyte (1991):

- Level of collaboration: how involved are the participants (in method and content) and the researcher (in the experience);
- Level of change: how radical is the anticipated change and to what extent is this change or social transformation desired and supported;
- Duration: to what extent is action undertaken within the timeframe of the research and does it allow for an iterative, longitudinal study, including action and reflection on the outcomes;
- Involvement of theory: to what extent is theory involved and knowledge created.

Action research is a flexible methodology and every action research process is unique and can in fact be redesigned while the project evolves (Greenwood & Levin, 1998). The flexibility does not take away structure, but rather enables a logical set of activities serving the desired results and being tested in action (Greenwood & Levin, 1998). The process cannot be predefined by a set of a priori norms or expectations (Levin & Greenwood, 2001). With its flexibility, action research has the potential to be research in the “real world” and as such can produce valid research outcomes, unlike “conventional research” (Greenwood & Levin, 1998). After all, good research should not only produce academic publications, but also have the potential to address important issues and create solutions (Heron & Reason, 2001). “Action research does better what academic social science claims to do”, namely creating “the valid knowledge, theoretical development, and social improvements that the conventional social sciences have promised” (Greenwood & Levin, 2000, p. 87). Irrespective of whether action research projects are stories of success or failure or anything in between, they always involve and produce learning and knowledge (Greenwood & Levin, 1998).

Working towards social change with those people who it concerns the most, action research bears potential for health promotion. Boutilier, Mason, and Rootman (1997) suggested that action research can bridge issues which health practitioners face: they are expected to ground their work in established research findings, yet, these ignore local, political, or linguistic settings of the health work. Up until 1997, action research was rarely employed in health promotion (Boutilier et al., 1997). The World Health Organization (1998) highlighted the value of action research for health promotion referring to the Ottawa charter for health promotion (World Health Organization, 1986), which called for the production of (1) health promotion initiatives which are empowering, participatory, holistic, intersectoral, equitable, sustainable, and multi-strategy and (2) participatory evaluation. In an extensive review in 2003, Whitehead et al. still found “little obvious evidence that action research has been incorporated into

health promotion programmes over the years” (p. 6). They confirmed the good match of action research for health promotion with its ability to bring theory and practice together, producing practical improvement, social empowerment, and learning (Whitehead et al., 2003).

I philosophically agree with Levin and Greenwood’s (Greenwood, 2007; Greenwood & Levin, 1998; Greenwood & Levin, 2000; Levin & Greenwood, 2001) emphasis on pragmatism for action research. Every action research process is unique and can be redesigned and evolve throughout the process until the problems have either been resolved or external factors cause the process to discontinue (Greenwood & Levin, 1998). For the design of the research, no theory, method, or technique is ruled out. All methods need to be chosen to suit and serve the particular situation, as long as it enables collaboration with the participants (Greenwood, 2007). This notion takes action research out of disciplinary boundaries or departmental structures of academia and makes action research “pragmatic”. The structure of PhD research yet imposes obstacles for the pragmatic approach. The research proposal demands predefined a priori norms and expectations, naming of ontology, epistemology, and methods. This proposal needs to be approved before contacting any participants (i.e., co-researchers), which represents an action research paradox, as outlined by Ospina et al. (2004). Anderson and Herr (2005) addressed this issue in their publication on action research dissertations, stating that qualitative and action research proposals, while needing to demonstrate a direction, are framed to anticipate that questions, methods, design, and participants may change throughout the project. They suggested collaboration before the proposal, creating a mini-cycle of the research project and declaring it as a pilot study. This is not always possible, being dependant on time and funding. Zuber-Skerritt and Fletcher (2007) provided a solution by introducing a separate, independent thesis cycle for the researcher, which wraps around the collaborative core action research cycle (see details in 3.1.2).

3.1.1 Collaboration

In traditional research, the researcher is responsible for the ideas, thinking, and planning of the research process while the “passive” subjects are only there to be observed, questioned, or to participate in experiments (Reason & Bradbury, 2007) . However, researchers often do not have the insight into the matter under study, are not connected to it, and have a theoretical rather than practical understanding. Distinct from traditional research with mutually exclusive roles of researcher and subjects, Heron and Reason (2001) suggested a co-operative relationship between co-researchers and co-subjects, involving everybody in the design and management of the inquiry, in the experience and

action, and in the process of making sense and drawing conclusions. Action research becomes a collaboration in which a team of a professional researcher and members of an organisation or community interpret, analyse, and reflect on data together (Cardno & Piggot-Irvine, 1996; Greenwood & Levin, 1998; Reason & Bradbury, 2007). Research subjects become research partners “in as many aspects of the research process as logistically possible” (Ferkins, 2007, p. 71). They can influence the research process and their understanding of problems is given prominence (Reason & Bradbury, 2001).

Participation in action research goes beyond an ethical and political commitment to democracy (Greenwood, 2007), as it “is only possible with, for, and by persons and communities for political, moral, and epistemological reasons” (Reason, 2006, p. 193). Cogenerating new knowledge, action research aims to narrow the gap between theory and practice (Cardno & Piggot-Irvine, 1996; Ferkins, 2007; Greenwood, 2007). These principles enable a change process which is supported by the community, is self-managing, and sustainable (Greenwood, 2007).

Not only the involvement of the target group, but also the role, position, and engagement of the researcher characterises any particular action research project. It is necessary to clarify the position of a PhD researcher in relation to the group (Anderson & Herr, 2005). Anderson and Herr (2005) presented a continuum of positionality from 1 (insider) to 6 (outsider), with the corresponding implications. On this continuum, I see my research between a 4 (reciprocal collaboration/insider-outsider teams) and 5 (outsider in collaboration with insiders). The latter’s traditions name radical change and community empowerment, which fit the aims of this project (Anderson & Herr, 2005). Being involved in the research and collaborating with the participants, action researchers always influence the research project, which is accounted for by the continuous reflection (Ferkins, 2007; McNiff & Whitehead, 2010a; McTaggart, 1998).

The structure of PhD research limits the dimensions of action research, giving relatively high control to the researcher as well as the university. Data can only be collected with an approved research proposal and ethics application, both of which demand a detailed research design and rigorous testing and influences from various researchers of different disciplines. Topic, aim, and theoretical underpinnings already have to be predefined in detail by the researcher before any contact with participants can be established. The collaboration can thus only start after the phase of research planning (Zuber-Skerritt & Fletcher, 2007) and is only initiated when finding the context and purpose of the research (Coghlan & Brannick, 2014). I responded to the obstacles by providing participants the option for changes.

3.1.2 Phases and cycles in action research

Iterative stages, which make up a cycle, are a crucial component of action research (Cardno & Piggot-Irvine, 1996; Ferkins, 2007; Peters & Robinson, 1984; Reason & Bradbury, 2007). Although researchers use different terms for the phases or set the division at different points (Coghlan & Brannick, 2014), action research always forms a cycle. This cycle includes a form of analysis, planning, acting, and reflecting and can consist of a number of subsequent cycles as well as mini-cycles embedded within a phase of a larger cycle. The researcher has to decide “how many cycles to engage in and on what timescale; the appropriate balance between action and reflection; whether to converge on an increasingly focussed question or converge to explore issues in a wider context” (Reason, 2006, p. 197).

For Cardno and Piggot-Irvine (1996), the action research starts with the issue definition and finishes with the report. Between these two points are three major cycles of activity, each incorporating planning, acting, observing, and reflecting (see Figure 3.2; Cardno & Piggot-Irvine, 1996):

1. Cycle: examining an existing problem;
2. Cycle: intervening to improve practice;
3. Cycle: evaluating the effectiveness of change.

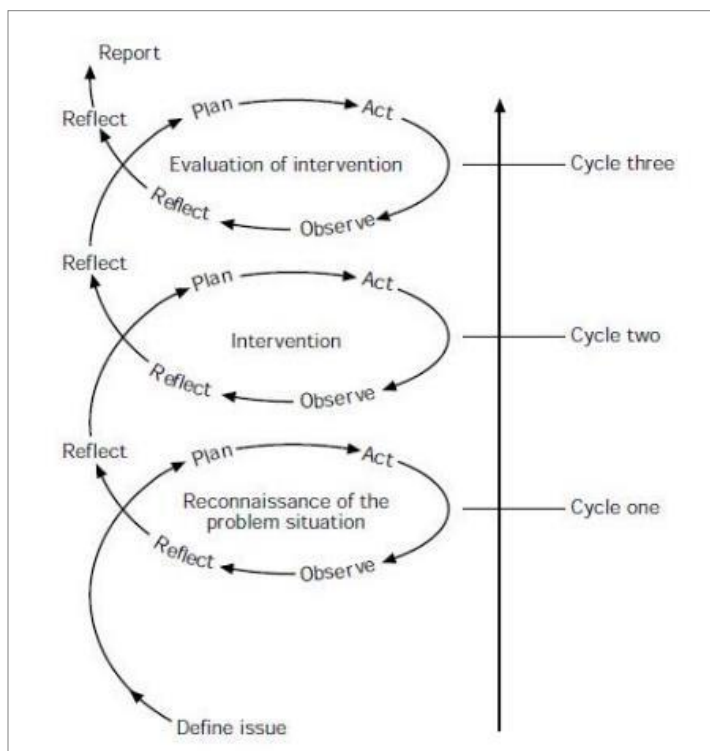


Figure 3.2: Cardno and Piggot-Irvine’s (1996, p. 21) framework model

Seven years later, Cardno (2003) captured the philosophical underpinning of action research in presenting four phases of the action research process:

1. Issue Identification
2. Investigation and Analysis
3. Planning and Action
4. Evaluation and Reflection (p. 13)

Coghlan and Brannick (2010; 2014) also proposed a four-phased cycle with an additional pre-step incorporating context and purpose (see Figure 3.3). While they separated the phases of planning and taking action, they combined issue identification and analysis into the phase of “diagnosis” in 2001, renaming it “constructing” in 2010. The change of label is a step away from the objectivist diagnosis to acknowledge the notion that organisations are socially co-constructed. Constructing is a collaborative, “dialogic activity in which the stakeholders of the project engage in constructing what the issues are” (Coghlan & Brannick, 2010, p. 9). Coghlan and Brannick’s (2014) pre-step enables the researcher to answer the questions of context, the need for a change and project, as well as the desirable future state. It also serves to establish the collaborative partnership with those who have ownership, or need to have ownership, of the above questions (Coghlan & Brannick, 2014).

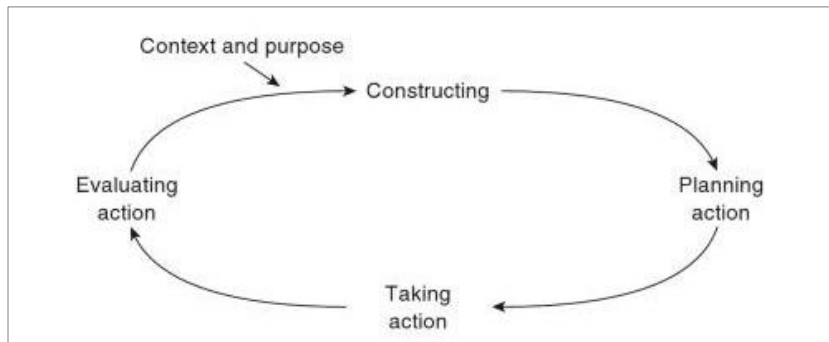


Figure 3.3: The action research cycle according to Coghlan and Brannick (2010, p. 8; 2014)

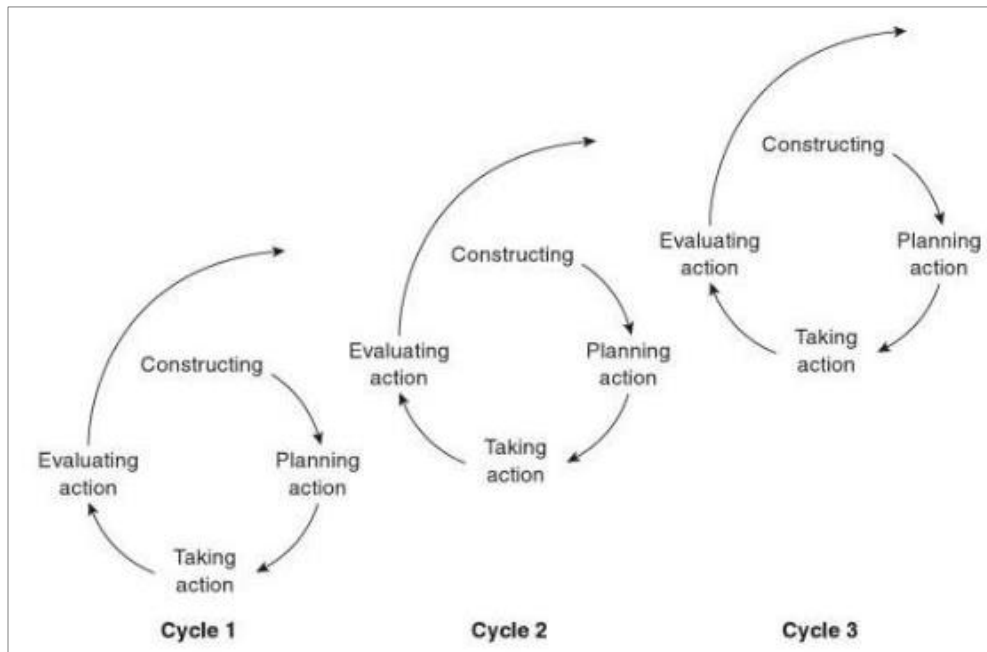


Figure 3.4: Spiral of the action research process as depicted by Coghlan and Brannick (2010, p. 10; 2014)

Linking the cycles allows continuous adjustments in a spiralling nature – when one cycle finishes, another can start (see Figure 3.4). In addition, any project can have concurrent cycles, typically covering different time spans and contributing to the next cycle or the completion of longer cycles. Coghlan and Brannick (2014) used a clock to explain the nature of action research cycles: while all hands take different lengths of time to complete one round, the smaller hands’ revolutions contribute to the completion of a bigger hand’s round.

In any action research project, particularly in a PhD research, there is an additional cycle operating parallel to the research cycle; namely a meta cycle (Coghlan & Brannick, 2014). Hence,

“... at the same time as you are engaging in the project or core action research cycles, you need to be constructing, planning, taking action and evaluating around how the action research project itself is going and what you are learning” (Coghlan & Brannick, 2010, pp. 11–12).

This meta cycle produces meta learning within the project (see Figure 3.5), based on the dynamic of reflection on reflection (Coghlan & Brannick, 2014). The meta reflection is critical to action research and includes three types: content (what is constructed or planned), process (how it is constructed, conducted, implemented, and evaluated), and premise (underlying assumptions and perspectives, often unstated or even unconscious; Coghlan & Brannick, 2014).

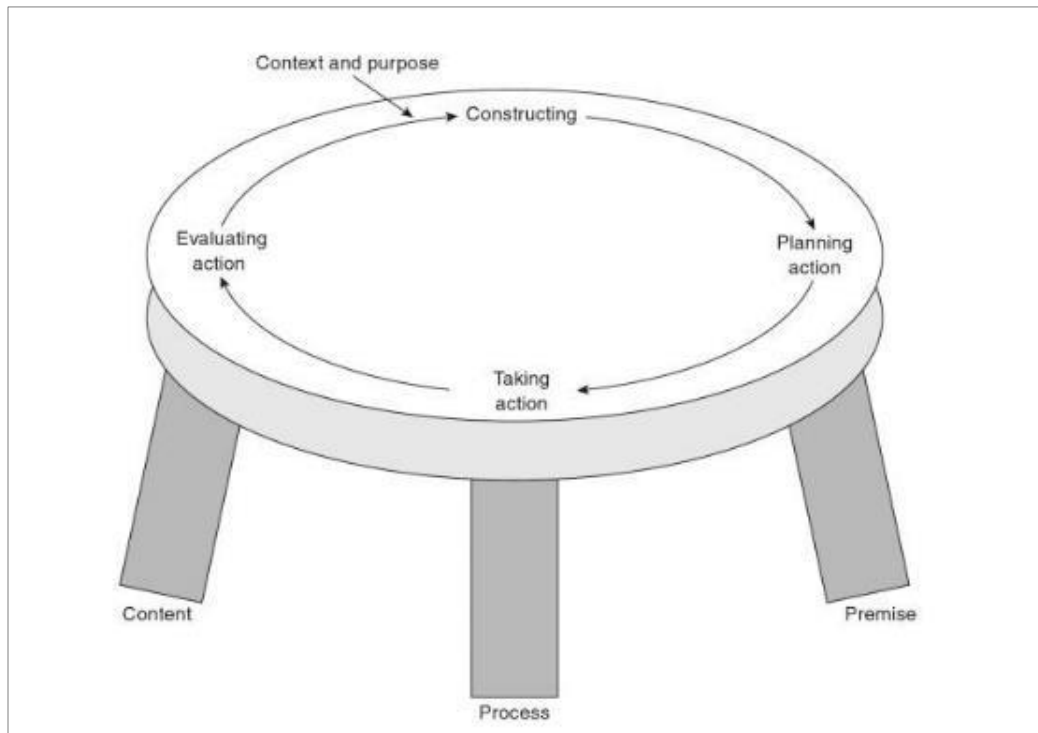


Figure 3.5: Dynamics of action research and meta learning described by Coghlan and Brannick (2010, p. 12; 2014)

Meta learnings result from one’s learning cycle of experiencing, understanding, judging, and taking action (Figure 3.6; Coghlan & Brannick, 2010; 2014). You “inquire into how you think, construct meaning, and verify your understanding as you receive insights as to what is going on in any situation and you seek to take appropriate action” (Coghlan & Brannick, 2010, p. 31; 2014). The researcher is an “instrument in the generation of data” (Coghlan & Brannick, 2010, p. 31; 2014) and needs to participate in the action research cycle, thus can have an influence on it.

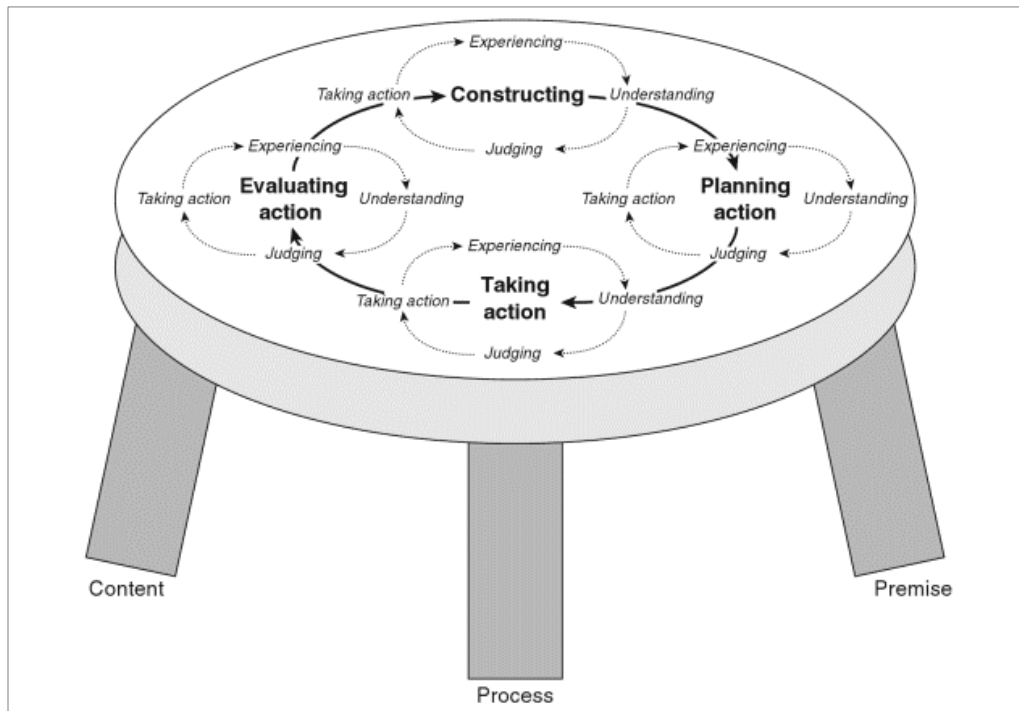


Figure 3.6: The complex dynamics of action research (Coghlan & Brannick, 2010, p. 31)

In an action research dissertation, the meta cycle is not identical to the action research project, but the two are intertwined and the “dissertation is an inquiry into the project” (Coghlan & Brannick, 2010, p. 13; 2014). While you engage in the action research cycles, you seek insight into the implementation of the research, “judging what is appropriate and then taking action on the basis of your judgement” (2010, p. 24). Coghlan and Brannick (2010; 2014) linked their meta learning to the model of Zuber-Skerritt and Fletcher (2007), which acknowledged that the PhD process has its own cycle, separate from the collaborative core action research project (see Figure 3.7). Zuber-Skerritt and Fletcher (2007) as well as Coghlan and Brannick (2014) saw the cyclic nature of the subsequent writing. Both the thesis cycle as well as the writing cycle are independent processes from the collaborative core research.

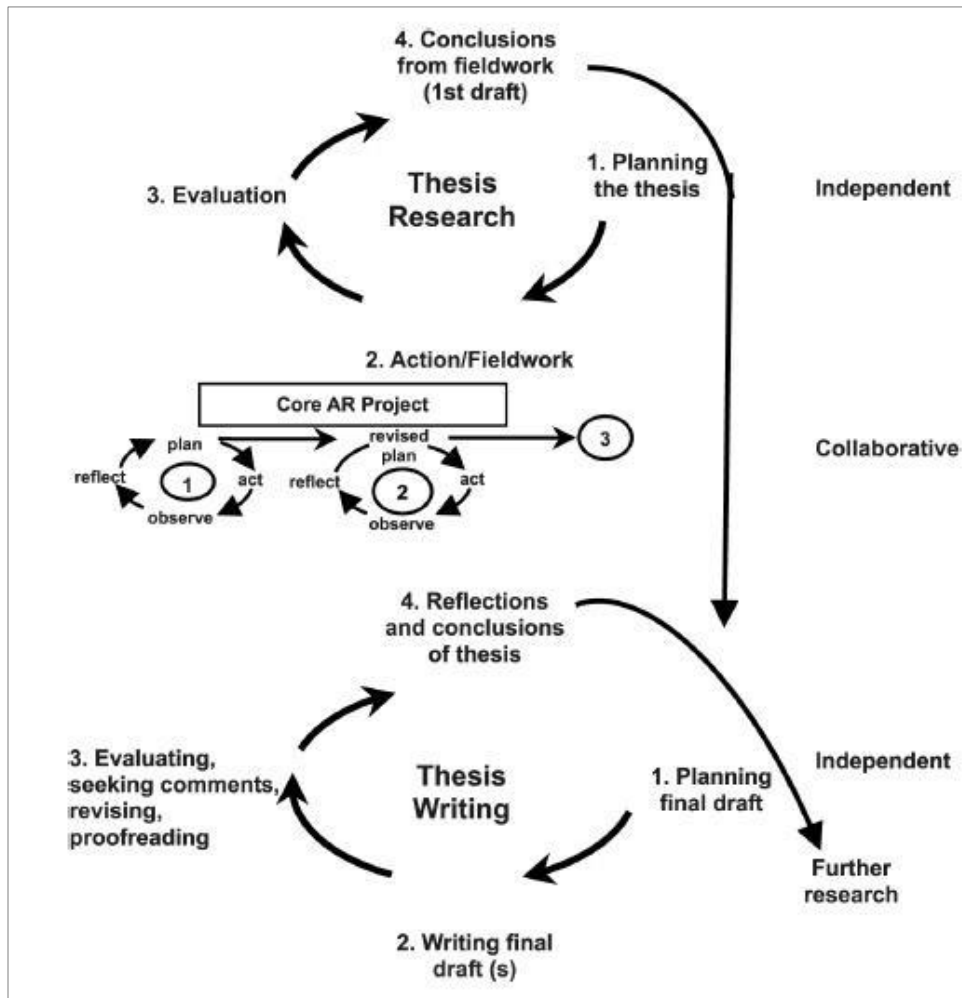


Figure 3.7: Model of the action research dissertation (Zuber-Skerritt & Fletcher, 2007, p. 421)

In drawing on Cardno (2003) and Coghlan and Brannick (2010; 2014), this research project utilises multiple phases, namely the constructing phase (issue identification and analysis), planning action, taking action, and the phase of evaluation and reflection. I furthermore acknowledge the meta learning (Coghlan & Brannick, 2014) as well as the notion of the thesis research and thesis writing cycles as independent and integral processes within the PhD process (Coghlan & Brannick, 2014; Zuber-Skerritt & Fletcher, 2007). I detail these research cycles and their inherent methods in chapter 3.2.

3.1.3 Mixed methods

Action research is predominantly connected with qualitative research methods, but not exclusively (Tinning, 1992). McNiff (2013) stated that these distinctions between quantitative and qualitative methods should be seen as flexible and in fact the two categories can become blurred. Greenwood (2007) saw beyond the limitations of a division, noting that no theory, method, or technique is ruled out – as long as they suit the situation and ensure collaboration. Action research can hence also employ mixed

methods (Cardno & Piggot-Irvine, 1996; Ivankova, 2014; Tinning, 1992; Youngs & Piggot-Irvine, 2012), as long as the approach fits the research question (Gratton & Jones, 2010).

Instead of juxtaposing quantitative and qualitative methods, there are important and useful features of both (Johnson & Onwuegbuzie, 2004). An action researcher can combine quantitative and qualitative methods by using each method to support the other (e.g., use qualitative methods to explain quantitative findings) or by using both methods to investigate the same issue (i.e., “shallow” data from large samples through quantitative tools and “rich” data from a smaller sample using qualitative methods; Gratton & Jones, 2010). Combining qualitative and quantitative data has a triangulative effect and as such helps to enhance the credibility of the data and interpretation (Ivankova, 2014; Lincoln & Guba, 1985; Youngs & Piggot-Irvine, 2012). The combination is thus a good alternative to the unitary approach (Youngs & Piggot-Irvine, 2012).

Especially for the evaluation, previous research has shown the added value of mixed methods, appreciating that complex social phenomena are often best comprehended by looking at them through both quantitative and qualitative lenses (Waysman & Savaya, 1997). The mixed methods design is however more complex than often expected in the planning. Especially a PhD is limited in skills, time, and money, thus methods need to remain feasible (Waysman & Savaya, 1997).

Following Levin and Greenwood’s (Greenwood, 2007; Greenwood & Levin, 1998; Greenwood & Levin, 2000; Levin & Greenwood, 2001) pragmatic approach, I chose each method and tool to suit the situation and purpose of the particular phase. While all phases use qualitative cooperative methods, I collected additional quantitative data. This data needs to be seen in the context of action research and not in a positivist paradigm. Thus, there is no contamination of data due to early collaboration with a sample of the target group, as early involvement of participants is crucial. Although the number of informed people at baseline data collection was minimal, I do not state that baseline measurement is a pure baseline and data should not be used as a stand-alone source for a positivist approach. All methods can be seen in Figure 3.8 below.

3.1.4 Research paradigm, epistemology, and ontology

While action research is often related to a typical set of ontological or epistemological beliefs, Greenwood (2007) pointed out that pragmatic action research is open to a broad range of practices, epistemological beliefs (acquisition of knowledge), ontological commitments (philosophy of knowledge), and processes. Any action research practice is personal and “built around the abilities, mindsets, experiences and ethical/political

commitments of the action researchers” (Greenwood, 2007, p. 134). Thus, also epistemology, ontology, and paradigm are flexible but important to define as they guide research decisions and actions and have implications on the research question and design, the role and position of the researcher, the form of data collected, as well as the analysis and interpretation of data, as Table 3.1 underlines (Gratton & Jones, 2010; Guba, 1990).

I defined epistemology, ontology, and paradigm based on the research planning as well as my own ethical and political position as a researcher (Greenwood, 2007). As with any action research, this project is a democratic collaboration with participants who are members of the target group. Democracy is not only important based on my own standpoint, but also due to the aim at “democratic social change” (Greenwood & Levin, 1998, p. 6). Participants are not mere research “subjects”, but co-participants and co-researchers and in this case have the power to develop and lead the project’s intervention. This intervention is unique, based on the participants’ descriptions, sentiments, and experience of their social context, but also due to the individuals and their involvement. It is a case study and would be different in a different country, a different city, at a different school, or with different individuals.

Ontology refers to knowledge with two broad approaches existing in relation to the *source* of knowledge: positivism and interpretivism (see Table 3.1; Gratton & Jones, 2010). In the positivism school of thought, social scientists obtain knowledge in the same way as in the natural sciences. Behaviour can be predicted based on facts and laws; research therefore has no place for “concepts such as feelings, emotions, beliefs and so on . . . as they cannot be directly observed or measured, they are unreliable and they are not constant over time” (Gratton & Jones, 2010, p. 24). The processes of investigation as well as measurements are objective and independent of the researcher and whereby precise measurements enable statistical analysis and impartial, precise findings (Gratton & Jones, 2010).

Table 3.1: Features of the two broad research approaches (Gratton & Jones, 2010, p. 37)

APPROACH ‘A’	APPROACH ‘B’
Positivist	Interpretative
Quantitative	Qualitative
Deductive	Inductive
Questions such as ‘what’, ‘when’ and ‘how many’	Questions such as ‘why’ and ‘how’
Follows a pre-determined design	Follows a flexible research design, that may be continually adapted
Establishes causality	Explains causality
Confirms theory	Develops theory

Due to the limitations of positivism for social phenomena, interpretivism has developed as alternative (refer Table 3.1; Gratton & Jones, 2010). Based on the notion that human behaviour can differ between individuals and cannot be predicted, interpretivism can take concepts such as feelings or emotions into consideration. These are complex and cannot be easily measured numerically, but can be described using words, statements, and other non-numerical measures. Data are interpreted by the researcher, based on gaining an understanding as to the insider’s perspective rather than the “truth”. The broader concept of interpretivism includes alternative approaches such as constructivism, based on the notion that reality is constructed by individuals within a context (Gratton & Jones, 2010). Denzin and Lincoln (2000b) spoke of four major interpretive paradigms:

- Positivist and postpositivist
- Constructivist-interpretive
- Critical
- Feminist-poststructural.

Action research has a participatory worldview and emphasis on the co-creation of meaning (Reason & Bradbury, 2007). The approach rejects the positivist subject-researcher distinction and value-free espousals but represents an alternative, interpretative research paradigm (Cardno & Piggot-Irvine, 1996). Denzin and Lincoln (2000a) highlight the overlapping of constructivism with participatory action approaches. I place this research in a constructivist-interpretative paradigm, based on the standpoint that participants and I co-create meaning and that all action needs interpretation to obtain meaning (Denzin & Lincoln, 2000a). Constructivism, as a

paradigm, has a relativist ontology and transactional epistemology. It connects action to praxis while trustworthiness and authenticity replace “traditional positivist criteria of internal and external validity” (Denzin & Lincoln, 2000b, p. 158). The researcher becomes part of the research and in the interpretation must always ask, “How shall I be toward these people I am studying?” (Denzin & Lincoln, 2000b, p. 158).

The ontology (philosophy of knowledge) of this research is relativism: there is no one reality but constructed realities. The epistemology (philosophy of how knowledge is acquired) is subjectivist, as findings are created in the eye of the individual, both as participants and as the whole group. The control for the research is shared between the inquirer and participants (Denzin & Lincoln, 2000a).

3.2 Phases of This Action Research Process

As noted in 3.1.2, the action research process for a dissertation contains the interlinked thesis research cycle and core action research cycle, followed by the cyclic thesis writing (Coghlan & Brannick, 2014; Zuber-Skerritt & Fletcher, 2007). The pre-step of context and purpose marks the transition from the independent thesis research into the collaborative core action research, which contains four phases and can contain “mini-cycles” (Coghlan & Brannick, 2014). While meta learning occurs parallel to the core cycle, the overall evaluation and reflection on the research occurs in the subsequent independent work, merging into a writing cycle of drafts, evaluations, revisions, reflections, and conclusions.

I organised this research into phases based on Coghlan and Brannick (2014). I have thus merged Cardno’s (2003) issue analysis and identification into one phase, due to potential overlaps, as recommended by Ferkins, Shilbury, and McDonald (2009). Furthermore, I noted that the planning and taking action of this project were distinct steps, agreeing with Coghlan and Brannick’s (2014) separation of these steps into two phases. The phases of the collaborative core action research project are thus:

- Phase 1: Issue construction
- Phase 2: Planning action
- Phase 3: Taking action
- Phase 4: Evaluation and reflection

While methods are selected to serve the purposes of the phases, methods can also contribute to different phases, such as the design thinking workshop (Phase 1 and 2). Figure 3.8 displays this research project with its cycles, phases, methods, and timing.

Methodology and Methods

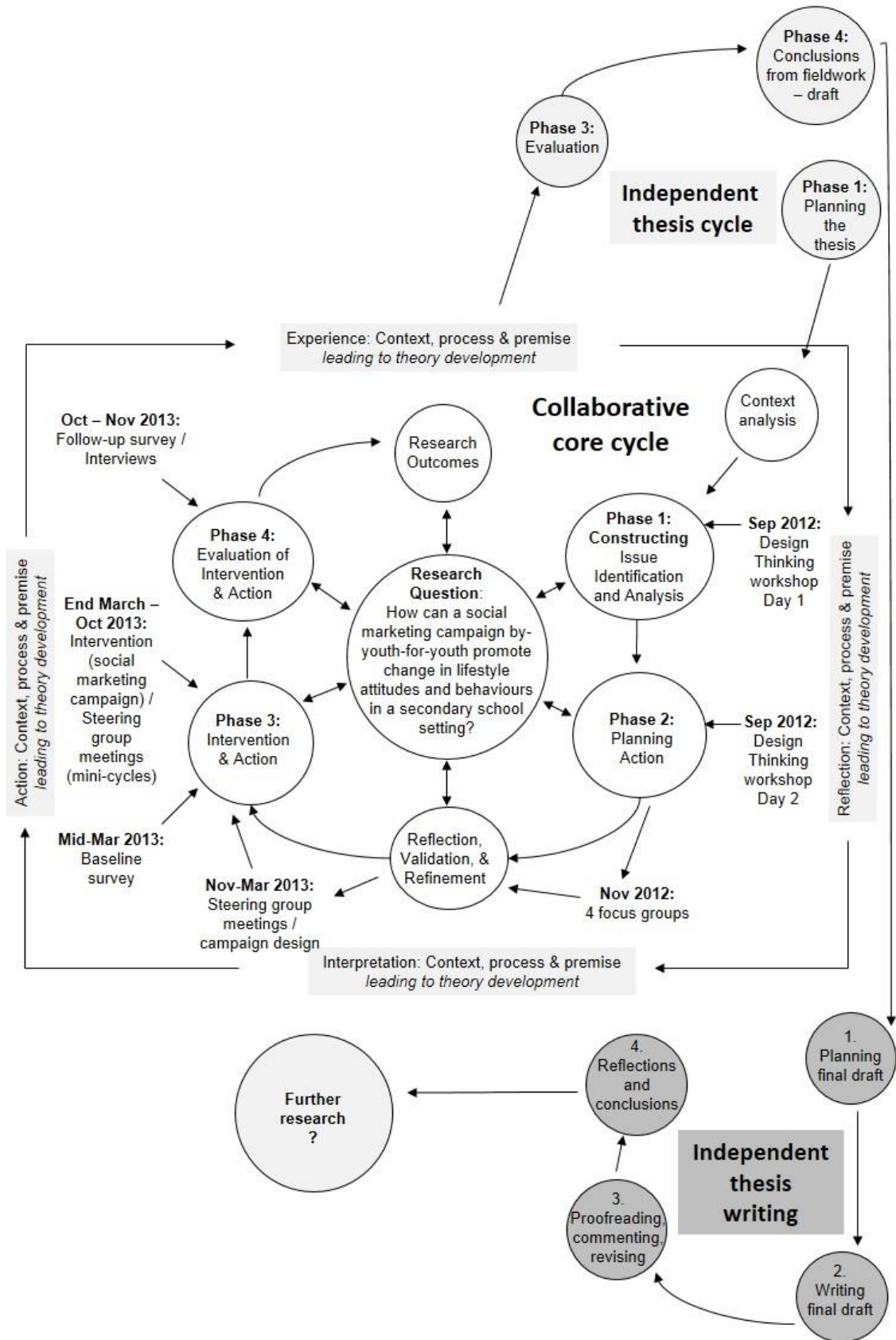


Figure 3.8: Research map for this PhD research; adapted from Ferkins et al. (2009), adjusted to include the concepts of Coghlan and Brannick (2014) and Zuber-Skerritt and Fletcher (2007)

3.2.1 Pre-step: Context and purpose

Planning the action research, “you think about something you want to investigate, a real live [sic] issue that needs your attention” (McNiff, 2013, p. 90). I started the action research cycle with a “pre-step” of context analysis, including purpose building, setting up the collaboration (Coghlan & Brannick, 2014). I identified the initial combination of an aim (healthier attitudes and behaviour), tool (social marketing), target group (youth), approach (positive psychology), the need for democratic collaboration (action research), and the research question. These had evolved from the gaps analysed through extensive review of the literature, status quo, and current interventions. While a broad framework for the research had to be designed before I could contact participants, I kept approach and content flexible to enable alterations by the participants or if the evolution of the research asked for it. Collaboration with stakeholders was set up in the pre-step, which led into the core cycle as outlined in the following paragraphs (see Figure 3.8 for details).

3.2.2 Phase 1: Issue construction

Phase 1 served as reconnaissance to co-construct the issues. The participants had insider knowledge and could answer the questions of context, share the need for a change and for the project, as well as the desirable future state. Their investigation and analysis were based on their own thoughts, experiences, and positions. This phase included an exploration of the extensive field of health, lifestyles, and health promotion. Alongside the identification of areas of importance, the issue construction included the manifestation of the methods and approaches.

3.2.3 Phase 2: Planning the action

Phase 2 was the planning of action, in this case an intervention. While I had to pre-define parameters for the intervention (such as that the intervention will be a marketing campaign), the intervention itself was planned entirely by the insider participants. The planning was based on the findings from the previous phases, conducted in a collaborative manner. I facilitated the process by providing background knowledge on social marketing and the structure of campaigns.

3.2.4 Phase 3: Taking action

The action phase comprised the implementation and running of the intervention (i.e., campaign), as well as a large-scale quantitative data collection using a survey. This data provided a large-scale snapshot of the target group, and could be used for pre-post comparison. Running the campaign was an important part of Phase 3, involving

continuous collaboration with the insiders. These meetings represent mini-cycles of reflections and refinements to the campaign, discussion on further steps, and adjustments to the original planning.

3.2.5 Phase 4: Evaluation and reflection

Phase 4 provided the chance to critically reflect on all previous phases. The participants and I not only reflected on the action (i.e., the campaign and how it was implemented), but also critiqued the methodology and methods used, the people involved, and the roles they played. The evaluation phase should be collaborative and capture as many perspectives as possible to provide different aspects and validate individual reflections. I used individual and pair interviews, which took into account Coghlan and Brannick's (2010; Ferkins, 2007) set of questions, aiming to examine the action, both intended and unintended, to determine whether:

- the original issue construction /diagnosis was useful;
- the action taken was useful;
- the action was taken in an appropriate manner.

The evaluation phase furthermore included the follow-up survey with another large-scale snapshot of the target group as well as an added campaign evaluation (to add another dimension to the action evaluation). The online media evaluation of the social media platforms and website provided further insight into campaign development and what worked or not.

3.2.6 Meta learning

According to Coghlan and Brannick (2014), every step of the action research process needs to comprise a mini-cycle of experiencing, reflecting, interpreting and taking action (refer Figure 3.5 above). "It is the dynamic of this reflection on reflection that incorporates the learning process of the action research cycle and enables action research to be more than everyday problem solving" (Coghlan & Brannick, 2010, p. 12). It produces meta learning (learning about learning) and a strategic view of the cycles and phases as they occur or occurred. The components of meta learning are content reflection (the issue: what is occurring?); process reflection (strategies and procedures: how is it occurring?); and premise reflection (underlying assumptions and perspectives: why is it occurring?). Being involved in, but at the same time observing the processes of the action research project, enabled me to learn more about the project itself and about the learning which evolved from it (Coghlan & Brannick, 2014).

3.3 Undertaking the Fieldwork

To test a comprehensive, yet feasible, campaign as recommended by Thornley and Marsh (2010), I needed a microcosm and therefore chose the setting of a secondary school. Unlike quantitative studies, which aim to randomly select a representative sample, this study needed a deliberately selected unit (Tolich & Davidson, 1999), that is, a school, which would provide the appropriate opportunity for intensive study (Stake, 2000). Taking school typicality into consideration, more important than representativeness is that the school is accessible, cooperative – “opportunity to learn is of primary importance” (Stake, 2000, p. 447).

Focussing on one selected school enabled a case study, that is, “an intensive, holistic description and analysis of a single instance, phenomenon, or social unit” (Merriam, 1988, p. 21). Labelling it a case study does not have an impact on method, research strategies, or the methodological standpoint, but is merely the record of what is to be studied, namely the case which will be the outcome (Merriam, 1997; Stake, 2000).

3.3.1 Choosing the research site

Aiming to find a suitable school, I identified potential schools based on:

- Logistical considerations (Stake, 2000; Tolich & Davidson, 1999):
The school needed to be within the Auckland area and within reasonable distance to my home. Additionally, it could not be a school that would be approached by my colleagues for other projects.
- Size:
To maximise the target group for the campaign and have a large sample for the survey, I looked at the largest secondary schools in Auckland.
- Deciles¹:
I decided to aim my research at a medium decile school. From conversations with fellow researchers and teachers I had learnt that high decile schools experience a lot of support by parents and community. Low decile schools are supported by the government as well as other research projects or support projects. Medium decile schools thus might neither have parental or governmental support, nor are approached for other research and support projects.
- Students’ ethnicities:
I generally aimed for an ethnic mix, with preferably higher than average percentage of Pasifika and Māori, given health worries concerning these ethnic groups (e.g., MacLean, 2012; Ministry of Health, 2003; Ministry of Social Development, 2010).

¹ In New Zealand, all schools are divided into 10 deciles, which indicate the socio-economic status of the communities a school draws its students from. Decile 1 schools are the 10% of schools with the highest proportion of students from low socio-economic communities. Decile 10 schools are the 10% of schools with the lowest proportion. Deciles are calculated based on the 5-yearly census and only take into account the meshblocks (smallest Census areas) in which students live (Ministry of Education (n.d.)Ministry of Education (n.d.))

Methodology and Methods

- **Willingness and ability:**
To ensure democratic and participatory action research, it was crucial to find a school which was willing and able to engage in the research process (Reason & Bradbury, 2001).

I firstly recorded all secondary schools in the Auckland area within reasonable distance, their decile, school roll, and contact details available on the TKI website (Te Kete Ipurangi – Ministry of Education; n.d.). I added information on ethnic composition from the schools’ reports on the Education Review Office (ERO) website (see Appendix B; Education Review Office, n.d.). Based on the intention to find a medium decile school (4-7) which is as large as possible and has a diverse ethnic mix (or higher Pasifika/Māori), I selected a top three and two back-up alternatives (Table 3.2).

Table 3.2: Potential collaborative schools with their core information, retrieved in May 2012 (numbers varied slightly in different reports; Te Kete Ipurangi, n.d.)

School	Decile	Students
<i>Avondale College</i>	4	2,574
<i>Onehunga High School</i>	4	1,444
<i>Massey High School</i>	5	2,359
<i>Mt Albert Grammar School</i>	7	2,289
<i>Lynfield College</i>	7	1,772

Avondale College topped the list, being decile 4 and the second largest secondary school in New Zealand. It had a broad ethnic mix, including higher than average percentage of Pasifika and Māori. The school was located at a reasonable distance, which would ensure accessibility. I subsequently juxtaposed figures on ethnicity with the latest census figures (see Appendix C). Although categorisation might have been executed differently, it gave me an idea of the ethnic distribution, indicating that especially the Pākehā percentage was lower at Avondale College with Pasifika and Asian groups larger than at a population level, Auckland level, or among youth. Māori percentage was between that of all New Zealanders and all Aucklanders, but lower than the percentage in the age group. Based on these statistics, Avondale College was the first school I contacted. Their Head of Health immediately showed high interest and within a mere three weeks of initial contact, I had obtained the school’s approval and conducted the first part of the study.

3.3.2 Research participants

For all research methods, I chose Year 12 and 13 students (last two years of school), not only because many unhealthy lifestyle behaviours increase as students move through secondary school (Clark, Fleming, Bullen, Crengle, et al., 2013), but also for pragmatic reasons. First and foremost, it is more feasible to work with students who are 16 years and older and can give their own consent – an aspect which was emphasised by the contact teacher. Furthermore, they are more respected and can act as role models to younger students or their peers, as also highlighted by the teacher.

Participants in the formally organised methods are detailed in Table 3.3. All research was coordinated with the school, including the selection of student participants. This collaboration ensured the feasibility and minimal interference with the school’s business. In every contact with participants or potential participants, I emphasised the voluntary, democratic, and participatory nature of the research project. No participants were in any way urged to participate.

Table 3.3: Research participants for the formally organised research methods

Method	Participants
<i>Design thinking workshop</i>	4 boys, 4 girls (all Year 12)
<i>Focus groups</i>	<ul style="list-style-type: none"> • 8 Year 12 boys • 8 Year 12 girls • 8 Year 13 boys • 8 Year 13 girls
<i>Survey</i>	824 Year 12 and 13 students: <ul style="list-style-type: none"> • 698 at baseline • 514 at follow-up • 389 in both surveys
<i>Interviews</i>	<ul style="list-style-type: none"> • 4 Year 13 boys • 2 Year 13 girls • 2 Year 12 girls • 1 teacher

For the two-day design thinking workshop I needed eight participants, comprising four girls and four boys of Year 12 or 13. As the participants would miss two days of school, they all needed to provide their own assent/consent as well as that from their parent or legal guardian. Therefore, this was the only method in which also 15 year-olds could participate. To keep the workload low for the school, I had initially proposed advertisements for the design thinkers, including the requirements listed below, they

would have to apply and I would select participants based on the requirements. However, the school contact teacher suggested selecting Year 12 health students based on the requirements and availability, as she knew them well, saw them daily, and they could remain involved during the intervention (as a steering group).

The main criteria by which the contact teacher was asked to select participants for the design thinking workshop were an interest in the participation, a passion for healthy lifestyles, and a desire to challenge and change the status quo. In addition, participants should fulfil the following design thinkers characteristics, as identified by Brown (2008):

- Empathy: They can see the world from different perspectives and imagine what it is like to walk in somebody else's shoes. Therefore, they can think of solutions that meet the target group's needs and desires as they thoroughly observe the world around them and put people first.
- Integrative thinking: Design thinkers do not only rely on analytical processes but can also see all aspects of a problem and create new solutions which go beyond and dramatically improve on existing alternatives.
- Optimism: No matter how challenging a problem, there will be a solution better than the existing alternatives.
- Experimentalism: Design thinkers pose questions and explore constraints in creative ways that proceed in entirely new directions.
- Collaboration: Design thinkers are interdisciplinary collaborators, not only working alongside other disciplines but also bringing experiences from different fields (p. 87).

For the subsequent focus groups, I aimed to recruit 32 participants: eight Year 12 girls, eight Year 12 boys, eight Year 13 girls, and eight Year 13 boys. Each group would participate in a 2-hour focus group. The participants should roughly represent the student body regarding different health attitudes as well as different ethnicities. There were no specified requirements for participation. To keep the recruitment feasible and practical, I only invited students who were 16 years or older and could give their own consent. As the focus groups took place towards the end of the school year, this would be the case for most Year 12 and 13 students. I informed the school contact teacher about the role of the focus groups for the project and the minimal requirements for the participants and she recruited the participants. After the focus groups, I could confirm a balanced distribution of ethnicities and health attitudes.

For the survey, all Year 12 and 13 students of the school were invited to participate. Again, only students who were 16 years or older and could give their own consent were invited.

While some post-design-thinking meetings took place at the end of 2012, the steering group officially started in the beginning of the intervention year. Some of the design thinking students remained involved, but the group was opened to others, namely health students of Year 12 and 13, because the teacher incorporated it into her classes and facilitated meetings during class time. The size of the group and participants fluctuated

greatly in the first months and evolved into a smaller core group in the second half of the intervention. In the course of the analysis, I only used data from students who had provided formal consent.

During the action phase, I decided to complement the evaluation phase with interviews, giving participants a formal setting to contribute their thoughts and reflections. To represent different perspectives and experiences, I invited students who had different levels of involvement: four design thinkers who had remained highly involved, two design thinkers who had not remained involved, and two Year 12 students who had become involved during the intervention. Additionally, I interviewed the school contact teacher because she had become a key figure during the intervention. All interviewees gave formal consent.

3.3.3 Data Collection

In accordance with Levin and Greenwood's (Greenwood, 2007; Greenwood & Levin, 1998; Greenwood & Levin, 2000; Levin & Greenwood, 2001) pragmatic action research (see 3.1.3), I chose all methods to suit and serve the research situation. Hence, data can take the form of field notes, observations, questionnaires, reports, and diaries and logs, and could be in electronic as well as traditional pen-and-paper format, depending on preference, analysis, and storage (McNiff, 2013). Of McNiff's (2013) comprehensive list of methods and the produced data forms, I employed the following:

- Discussions, focus groups and interviews
- Questionnaires
- Online discussion forums / virtual worlds
- Observations

Discussions, focus groups, and interviews

While these methods imply a rather time and labour-intensive collection and analysis, they are very useful in capturing live responses of participants and as such are a valuable source of data (McNiff, 2013). The only difference between interviews and focus groups are the interactions between participants (Kitzinger, 1994), which can produce further useful data (Edwards & Skinner, 2009). Hence, neither group nor individual data are more or less authentic, true, or honest (Kitzinger, 1994).

Focus groups are also referred to as group interviews or focus group interviews, which shows the close relationship between the methods (Edwards & Skinner, 2009; McNiff, 2013). Starting with an open question and encouraging group discussions provide more opportunities to explore the issues and views important to the participants and allows them to use their own language.

Interviews and focus groups require good preparation and skills to generate useful data, including social and listening skills (Edwards & Skinner, 2009). Krueger and Casey (2001) named four characteristics of good focus groups:

- Carefully recruited participants: desired characteristics, experience or knowledge; avoiding power differentials; 6-8 participants
- A comfortable environment: familiar or neutral setting; communicative seating; use of participants' language; explain notes-taking or recording
- A skilful moderator: comfortable with group; good at listening; keeping group on track or controlling dominant participants; open environment
- A systematic record and analysis of data: systematic and verifiable process

Ideally, focus group participants work together, discuss amongst each other, and drive the discussion forward, rather than being interviewed by the moderator (Krueger & Casey, 2001). Krueger and Casey (2001) noted that while a team of four or five people can fill the roles of organiser, moderator, assistant moderator, and analyst, it could also be done by the same person, which is often inevitable in a PhD research. While I was responsible for all roles, I had support from a note-taker for the focus groups. I aimed to ensure and therefore emphasised an open, respectful, and comfortable setting in all focus groups and meetings. I informed participants that there was no pressure to participate in any given discussion. No issues were encountered. The following paragraphs depict the kinds of focus groups / interviews which took place.

A two-day *design thinking workshop* was the first cooperation with insider participants, (i.e., target group members). The workshop took place at the school for two full school days, ergo from 9am until 3pm. Day 1 of the workshop contributed to Phase 1, while Day 2 was part of Phase 2. An independent note-taker took notes and all conversations were audiotaped (both essential support for analysis; Pain, Whitman, & Milledge, 2011). Images of the whiteboard notes were taken.

The workshop was a collaboration with members of the target group who have the knowledge that is crucial to understand and address their own social problems (Flicker, Lombardo, Biscope, Maley, & Ridgley, 2008; Thornley & Marsh, 2010). Design thinking involved them in the creation process, empowering them and allowing them to take ownership of a campaign which was appropriate for them. At the same time, it gave participating youth the opportunity to learn skills, connect with others, and have their voices heard, which will make them “better equipped to make sustainable personal and community change. Youth also bring energy and ideas about their communities that adults often overlook” (Ridgley et al., n.d., p. 3).

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I took the role of the moderator and followed a rough outline of topics and questions, which needed to be addressed in order to obtain the information on the issues and the intervention planning. This outline was based on the aims, study design, research questions, and theoretical frameworks which I had to pre-define in the research proposal. However, participants were only slowly introduced to these concepts and ideas (social marketing, positive approach, and the health fields) and priority was put on them sharing their views before I shared what could be retrieved from the literature. I emphasised that the research design was flexible and subject to change. I supported the participants with background knowledge on health promotion and social marketing.

Group setting was an open work atmosphere – amongst participants as well as with myself. Room set-up, my proximity, and my body language underlined equality and the collaborative nature of the project. Participants could work out their own discussion guidelines (i.e., workshop rules). Over the two days, I aimed to withdraw from the leading role as early and as much as possible, to let the participants take ownership of the workshop and the campaign.

In the planning of the workshop, I consulted “Youth Voices – A Guide for Youth Expression and Action” (Ridgley et al., n.d.) to obtain an outline for a design thinking workshop with youth. I included tools from creative problem solving in the planning, such as note card exercises, brainstorming creative solutions, mind-mapping, to name a few (Krishnaswamy, 2004).

The note-taker’s notes and reflections together with the audio recordings and photos of the whiteboard notes became the data set. Observations about the group and the workshop facilitated analysis of the workshop process. The recordings and photos of the whiteboards contained all information for the marketing campaign, which I summarised in the relevant categories to inform the marketing campaign. Furthermore, I added quotes of participants to the summary to illustrate or emphasise content and noted tentative themes and issues. The campaign components were developed accordingly, in cooperation with an external graphic designer and web developer. The produced outcomes were presented back to the participants for approval, before being discussed in the subsequent focus groups.

Focus groups were designed to validate findings from the design thinking workshop and obtain feedback and approval from the general target group, who were not as passionate about healthy lifestyles. The focus groups represented a further stage of empowerment, involving more students in making important decisions about *their* campaign. During the four two-hour focus groups, I took the role of moderator and brought a neutral note-taker who also audiotaped each focus group (Pain et al., 2011). Digital images of the whiteboard notes were also taken.

Methodology and Methods

With two hours to present all findings (including issue construction and action plan) and to obtain feedback, these focus groups had a stricter structure and agenda. While the presentation implied longer speaking time for myself, I encouraged feedback at any time and facilitated an increased participation after the first part of the presentation, posing more open-ended questions to enable discussions. I emphasised an open, respectful, and encouraging atmosphere. The main part of the focus groups served to obtain their feedback on the issue construction and action plan, which I presented to them. For the presentation I used the Prezi software, which – unlike PowerPoint – is non-linear, dynamic, and enables to map out the whole project. I invited participants to share any comments or feedback and asked for suggestions or approval. Each focus group concluded with a recap, recognition of success, and checkout.

I conducted the analysis based on the notes of the note-taker, audio tapings, and the whiteboard photos. In this way, the discussions were summarised and allocated into categories. Furthermore, the outcomes of these discussions were used to adjust the intervention and therefore passed on to the graphic designer and web developer.

Fittingly for action research, the teacher encouraged the intervention to be led by a steering group of students (*group discussions*). This component evolved organically from the collaboration with the teacher and the students. While, ideally, students would be fully in charge and lead the campaign as well as the steering group, this proved unfeasible throughout the intervention. Accordingly, I remained more involved in the role as campaign coordinator and communications manager and continued to collaboratively organise and coordinate meetings with the participants and/or contact teacher. The meetings were hence flexible and, at times, spontaneous, according to availability and need. They all took place at the school, mostly weekly to fortnightly during the term, mainly during class time, with some exceptions during lunch break.

The steering group meetings represent mini-cycles in the action phase of the research process as they provided the opportunity to reflect, evaluate, and adjust the action. They enabled me to observe the development of the project and became an unforeseen opportunity to obtain a deeper understanding of the social settings and barriers. This component therefore played a large role in my own reflections and my meta learning, which accompanied the action phase and which I expanded in the evaluation phase, my independent analysis, and my writing. Data from and about the steering groups thus became evidence in the analysis and writing, based on memories, reflections and notes taken during the action phase (as appropriate and pragmatic), emails, and online communications.

Formal *interviews* were used for the evaluation and reflection in Phase 4. In aiming to interview as many participants as possible, as well as hear from each individual as much

as possible and avoid influence by others, I invited individuals or pairs of friends who were comfortable discussing issues with each other (see detailed participant selection above). I set up the interviews according to Edwards and Skinner's (2009) seven steps:

- Contact respondents
- Set time and setting for interview (during lunchtime at the school)
- Establish rapport and neutrality
- Open questions
- Probe questions
- Invite summary
- Conclude interview (p. 108)

I took the role of interviewer and audiotaped the interviews with the participants' consent. The approach was semi-structured and open-ended (McNiff, 2013). Hence, while I addressed pre-analysed core issues and questions, conversations could go beyond these and additional questions on topics of interest were added as the interview evolved. I transcribed the interviews based on the audiotapes and colour-coded the developing themes.

Questionnaires

McNiff (2013) warned to only use questionnaires "if you must" (p. 108), as they are notoriously difficult to construct and liable to misuse. However, she noted that they can be used to indicate trends while open questions can provide richer data, albeit more laborious to analyse. I used this method to obtain a large-scale snapshot of the target group before and after the intervention and used open questions for campaign analysis. All Year 12 and 13 students over 16 years of age were invited to participate, and needed to provide formal consent.

I coordinated the data collection in consultation with school representatives. Although an online survey could have been more time-effective (as data are already stored digitally) and economic (no printing costs), inviting all students to computer labs was deemed to be unfeasible, while asking them to answer the survey in their own time with a link provided would likely result in a very low return rate. To enable feasible administration and a high return rate, I administered a paper-pencil survey on-site, during form class.

To reach all students, the survey had to be administered in 40 form classes, which took place simultaneously in a 20-minute timeslot. These classes generally start later and include the reading of notices, which shortens the timespan. To administer the survey in as few days as possible I needed a team. Baseline data collection took place on two consecutive days with the help of 10 researchers and 10 reliable students. For follow-up data collection, I came in on five days, supported by two to four colleagues and a team of reliable students, this time mainly prefects (i.e., student leaders).

The content of the survey (see details in Appendix E) reflected the focus of the intervention as discussed with the design thinkers:

Wellbeing survey:

- Demographic information
- Activities and nutrition
- Sleep
- Wellbeing
- Sexual health
- Cigarettes, alcohol and other drugs

Social marketing survey:

- Brand awareness
- Brand image
- Campaign evaluation

If available, questions were taken from established surveys taken on a large New Zealand sample, which could provide comparable data (Adolescent Health Research Group, n.d., 2000, 2012; Human Potential Centre, personal communication, 2012). Most relevant was the Youth study (see in literature review), which had also been conducted at New Zealand secondary schools. At follow-up, I included questions to test unprompted and prompted brand awareness, recognition, knowledge, and personality, as well as campaign image and feedback on the intervention itself (informed by J.L. Aaker, 1997; Evans, Price, & Blahut, 2005; Evans, 2008; Keller, 1993; Lassar et al., 1995; McNiff, 2013). The health survey totalled to 45 questions, plus 11 campaign questions.

As the design thinkers had given their input on content and needed questions to reflect their issue construction, they were most valuable to provide feedback and final approval of the content, language, and the length of the survey. Further colleagues and students at the research centre tested the questionnaire's language, comprehensibility, and duration, which averaged at 8:53 minutes.

All responses of the questionnaires were entered into a FileMaker database software, where I cleaned them. Cleaning refers to identifying and correcting or removing inaccurate, incorrect, irrelevant, or corrupt parts of the data or data sets, checking with the source (i.e., questionnaire) and replacing, modifying, or deleting this "dirty" data. After this cleansing process, I imported the data into Excel, conducted further variable calculations (e.g., sleep duration), and imported all into SPSS for analysis.

Online discussion forums and virtual worlds

Edwards and Skinner (2009) and McNiff (2013) noted that the Internet and its associated web applications enable new options for qualitative research, such as emails,

group chats, or other online communication. In this project, emails as well as a Facebook group documented my interaction with participants, representatives of the school, and other stakeholders. For the campaign itself, a Facebook page, Twitter account, YouTube account, and a website were set up. These produced user statistics for the evaluation of the campaign.

Observations

As I was only on site for meetings, but not to observe other peripheral on-goings, I did not take particular field notes on-site. However, I noted down observations from my regular visits, in case they had a meaning for the research project.

3.3.4 Analysis

With the pragmatic approach to the selection of methods, the analysis depended on the type of data generated. Creswell (2009) described the stages of action research analysis from raw data to the organisation and preparation of data, reading through it, coding it, describing it and finding themes, analysing interrelating themes, interpreting meaning of the themes or descriptions, and finally the discussion with participants. Due to my model of action research, the PhD thesis framework, and the time plan, I could not discuss all analyses with the participants. I presented the findings of the design thinking workshop and focus groups to them and they were highly involved in the reflection and evaluation phase of the core cycle. However, the final theme analysis occurred after data collection and transcription, when they had already left the school. I attribute this work to my independent thesis cycle.

Action research is about “telling the story”, by tracking the story as it unfolds, transforming data into evidence, and “drawing meaning from what had occurred” (Ferkins, 2007, p. 93; McNiff & Whitehead, 2010b). Instead of a mere description of data, the analysis is an expansion and extension of data (Coffey & Atkinson, 1996). During this process, I kept an eye on the key research question and aims, to find evidence for answers, but also observed focal issues and themes as they emerged.

Data from the design thinking workshop as well as the focus groups needed immediate summary due to their contribution to the following steps. I therefore summarised issue construction and campaign plan from the design thinking workshop sorted by discussion rounds (e.g., physical health aim, or brand development) to create the campaign map. Based on this summary, the brand and media platforms were developed in collaboration with a graphic designer and web developer. I presented the resulting campaign components back to the workshop participants, while the entire campaign map went to

the focus groups. I also summarised the focus groups findings to adjust the campaign for the launch – sorted by groups as well as campaign components.

The detailed analysis of Phase 1 and 2 took place in my independent research evaluation after the completion of the intervention, when I had a better idea of the development of the project and could track themes forward and backward. This analysis was based on the written summaries as well as the recordings. Working with the data provided the chance to reflect and “make sense” of what had been said by the participants. I had decided against a transcription of the design thinking workshop or focus groups, as content summary and recordings were sufficient to make sense of the data and extract quotes as evidence and for emphasis. Data thus contributed to the research question and aims (deductive) as well as emergent topics and themes (inductive).

Throughout Phase 3, I facilitated opportunities for reflection – for myself as well as for the participants – which all formed part of the mini-cycles. These reflections concurrently occurred with all data collection, as recommended by Coffey and Atkinson (1996), while mine took place especially after meetings with the participants and while talking about the project with critical friends or supervisors. This continuous and constant reflection and thought process – as latent or subconscious as it might be – helped to identify key factors and relationships to be able to see what was “going on” (Coffey & Atkinson, 1996, p. 2) and built a foundation for Phase 4. I noted some reflections down while others contributed to a further thought process, which went into my final reflections and analysis. I furthermore extracted the first descriptive statistics of the baseline survey with SPSS to obtain participants’ feedback.

During my independent research analysis I conducted the detailed summary and analysis of the Phase 3 development, mainly by analysing all meeting and reflection notes, but also re-reading emails, online media, Facebook group communications, and observations. While Emails and Facebook communications produced further large amounts of data and evidence on cooperation, it had not initially been planned as part of the data collection. I hence did not thoroughly analyse all data, but rather consulted these documents when investigating into a theme and turned data into evidence if they helped to “tell the story”.

The final Phase 4 produced interviews between 4:50 min and 39:06 min in duration. I transcribed these and colour-coded them according to the emergent themes. With this process of transcription, I had left the core research cycle and merged into my independent evaluation and analysis. In analysing and reflecting on the data as well as findings from previous phases, I could now trace themes through the different phases to detect evidence for the main themes and finalise them.

Investigating into themes, I consulted the quantitative data (which I was already familiar with due to data entry and cleaning) for support and validation from the broader target group. I extracted pre-post descriptive statistics and displayed them next to each other, to obtain a first indication of the data. For the added quantitative insight to the issue construction, I only used baseline data (contribution to Phase 1). The social marketing survey taken at follow-up provided large-scale data to add to the qualitative campaign evaluation by the participants (contribution to Phase 4). I used the descriptive statistics of the quantitative questions and a summary of the open answers, which I quantified if they were repetitive, and illustrated them with word clouds (using online tool Tagul).

For the online media evaluation, I obtained data from Webalizer (web server log file analysis program) from the website and used Facebook insights for track development of the Facebook page and influences. I not only exported Facebook insights into files but also used the live analysis features in Facebook itself. I used these data to track campaign development, influencing factors, and contribution to themes.

I often shared ideas and experiences in conversations and discussions with supervisors, colleagues, and personal contacts. This occurred from the very start of my independent research planning all the way through to the evaluation phase. These conversations and discussions became a useful tool for analysis and validation, as formulating thoughts into words helped to structure thoughts and identify themes or patterns. While this exchange was a first step of “making sense” of the data, the writing process itself became an essential “analysis tool” (Ferkins, 2007). “Thinking about how to represent our data . . . forces us to think about the meanings and understanding, voices, and experiences present in the data. As such, writing actually deepens our level of analytic endeavour” (Coffey & Atkinson, 1996, p. 109). It was therefore not only the writing process which helped to make sense of data, but also the preparation for and discussion of presentations at conferences, workshops, or guest lectures.

The writing process furthermore helped to connect the research to the body of literature. When creating a comprehensive literature review for my proposal, I did not as yet have any experiences, which I could connect to the theories or previous projects. Reconnecting to the body of literature after data collection, I experienced that “. . . the data analysis is pushed by relevant literature and the literature should be extended through the contribution of this action research” (Anderson & Herr, 2005, p. 84).

3.3.5 Action research time plan

Conducting a research project in the “real world” brings unpredictable influences and developments. In aiming to keep the project appropriate for the school’s agenda and

being able to adjust to the circumstances, I kept the time plan flexible and allowed for changes. I therefore adjusted the research time plan from the proposal as the project unfolded.

Appendix F shows an overview of the thesis research timeline, while Figure 3.8 above displays the timing of the core cycle, its phases, and methods. Ethics approval (see timeline in Appendix G) had to be sought in stages, as later methods of the research built upon previous stages.

3.4 Quality and Validity

Reliability and validity are the two key concepts of positivist research and are used to assess quality of research and determine limitations. The strength of quantitative research is to be able to generate “reliable” results, which can be generalised to a whole population. This research is not positioned in the positivist school of thought. Rather, it is grounded in the notion that one cannot measure a social phenomenon using the same principles used in natural sciences (Gratton & Jones, 2010). More specifically, this study is “an intensive, holistic description and analysis of a single instance, phenomenon, or social unit” (Merriam, 1988, p. 21), not intended to be generalised. It is not objective or independent of the researcher (Gratton & Jones, 2010).

3.4.1 Validity

In action research, validity is divided into internal validity as the “trustworthiness of inferences drawn from data” (Anderson & Herr, 2005, p. 50), while external validity implies that data can be transferred or generalised to other contexts. It is, however, not the intention of qualitative research to generalise or transfer findings into other contexts (as emphasised by the notion of case study). My aim is to reflect the social phenomenon I study, based on the way I collect, analyse, and present data (Cardno, 2003; Ferkins, 2007).

Action research is no more or less valid or rigorous, however, it does need its own validity criteria and not the same used in positivistic and naturalistic research (Anderson & Herr, 2005). Greenwood and Levin (1998) in fact noted that doing research in the “real world” is an advantage, because it has the potential to produce valid research results, whereas “conventional research rarely produces results whose validity can be tested in action” (p. 54). The importance is trustworthiness and authenticity, which replace “traditional positivist criteria of internal and external validity” (Denzin & Lincoln, 2000b, p. 158). On a content (rather than methodological) level, McTaggart (1998) stated that the action

research participants needed to report that a positive change had occurred for research to be valid.

Internal validity and “truth value”, as emphasised by positivists, is indeed the same aim of qualitative researchers, who emphasise a comparable standard of trustworthiness (Anderson & Herr, 2005; Lincoln & Guba, 1985). Anderson and Herr (2005) pointed out the relevance of Lincoln and Guba’s (1985) thoughts of transferability to action research:

... if there is to be transferability, the burden of proof lies less with the original investigator than with the person seeking to make an application elsewhere. The original inquirer cannot know the sites to which transferability might be sought, but the appliers can and do. The best advice to give to anyone seeking to make a transfer is to accumulate empirical evidence about contextual similarity; the responsibility of the original investigator ends in providing sufficient descriptive data to make such similar judgements possible. (Lincoln & Guba, 1985, p. 298)

Validity criteria change depending on where the researcher sits on the scale from insider to outsider (Anderson & Herr, 2005). Anderson and Herr (2005) suggested five criteria for quality and validity for the different goals of action research, as displayed in Table 3.4, which I adhered to.

Table 3.4: Anderson and Herr’s (2005, p. 55) overview of quality/validity criteria in regards to action research

Quality /validity criteria	Goal of action research
<i>Dialogic and process validity</i>	Generation of new knowledge
<i>Outcome validity</i>	Achievement of action-oriented outcomes
<i>Catalytic validity</i>	Education of both researcher and participants
<i>Democratic validity</i>	Results that are relevant to the local setting
<i>Process validity</i>	Sound and appropriate research methodology

With regard to procedures, it is important to be open and explicit about all aspects of the research project to enhance validity and make research credible (Ferkins, 2007; McTaggart, 1998). I aimed to demonstrate my research in an accountable and explicable style. I provided insight into my epistemological standpoint. I explained how I chose the research topic, designed the project, and recruited the participating school and students. I showed how the collaboration evolved, described settings, participants, methods, and analysis. I included observations and limitations and sought to address all considerations of validity, credibility, and rigour (Ferkins, 2007).

I confirm that I was not only involved, but passionate about this project. However, one of the key principles of this research was to empower the participants and give them ownership. Their contributions, opinions, and ideas had priority. I aimed to give a voice to those being researched, “in order to gain access to the ‘direct experience’ of their world” (Tolich & Davidson, 1999, p. 37).

I relied on reflexivity to acknowledge my involvement. I self-consciously continuously questioned myself, including my own actions and thoughts. I reflected upon what, why, and how I did things (Tolich & Davidson, 1999), the three pillars of meta learning: content, process, and premise (Coghlan & Brannick, 2014; Ferkins, 2007). Reflexivity not only occurred in the meta learning, but accompanied all situations and actions. While participants also reflected with me in the mini-cycles of Phase 3, they contributed their formal reflexivity in their evaluation (Phase 4).

Especially during my independent analysis and writing, I critically questioned my process, behaviour, assumptions, conclusions, as well as findings and analysis itself. During this crucial part of action research (Coghlan & Brannick, 2014), I used two “critical friends” to share and discuss questions, ideas, concepts, thoughts, and doubts. Both had gained familiarity with the study and had supported it (one as note-taker; the other as web developer). They furthermore proofread relevant parts of the thesis.

3.4.2 Ethical considerations

Action research can be a rather “intrusive” style of social research. In this case, it was intended to give the people it concerned the most a voice, emphasising and enabling democracy (Greenwood & Levin, 1998; Greenwood & Levin, 2000). Action research aims to be empowering and rewarding, as it did for this project. To limit any negative impact of “intrusion”, I designed all research elements to be inviting and voluntary.

To obtain Ethics approval from the university’s ethics commission, all ethical considerations were detailed in forms (application and amendments) and discussed with members of the commission (see approval in Appendix A). All participants needed to provide informed consent (plus a guardian’s informed consent/assent for the design thinkers). The Participant Information Sheet outlined the project, the relevant method, and emphasised the voluntary nature and the option to withdraw at any stage. Participation was not linked to any school grades, but solely based on students’ interest.

3.5 Chapter Summary

This chapter began with the establishment of the methodological framework of action research with its history, characteristics, and diverse usage. The model most fitting for

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this present study is the pragmatic approach (Greenwood, 2007; Greenwood & Levin, 1998; Greenwood & Levin, 2000; Levin & Greenwood, 2001); if the PhD process allowed for it, which Zuber-Skerritt and Fletcher (2007) accounted for by adding a thesis and a writing cycle to the core research cycle. This study's core cycle's phases were informed by Cardno (2003) and Coghlan and Brannick (2014). I connected this research with the constructivist-interpretative research paradigm, subjectivist epistemology, and relativist ontology, informed by Gratton and Jones (2010), Guba (1990), Denzin and Lincoln (2000b), Reason and Bradbury (2001), and Cardno and Piggot-Irvine (1996).

In explaining the approach to each phase of this study, I outlined how the fieldwork was undertaken by providing transparency about the selection procedure of the research site and participants, data collection methods, as well as analysis employed in this study. The discussion of validity and ethical considerations rounded up this methods chapter. The following findings chapters will commence with the setting of the scene to provide more background to the partnering school.

Chapter 4: Issue Construction (Phase 1)

As elaborated in the methods chapter, the collaborative core action research cycle is embedded in my independent thesis research (see Figure 3.8 above). Each phase of this core cycle is accompanied by my reflections, contributing to meta learning. This meta learning with the evolution of themes culminates in my independent research reflections, as I step out of the core cycle and back into the thesis cycle, merging into writing cycles. The following chapters set out the core cycle, detailing the findings of each phase as they become evidence to answer the four research aims and the overarching research question: “How can a social marketing campaign by-youth-for-youth promote change in lifestyle attitudes and behaviours in a secondary school setting?” To recapitulate, the four sub-aims are:

1. What are the current attitudes and behaviours relating to healthy lifestyles of youth within the target group?
2. How can we develop and implement an intervention that is a social marketing campaign for youth in collaboration with members of the target group?
3. What does this social marketing campaign by-youth-for-youth look like?
4. What effect does a social marketing campaign by-youth-for-youth have on the target group’s physical and mental health attitudes and behaviours?

The following section focusses on the issue construction phase, relating to research aim (1). It includes the initiation of the collaborative partnership with participants and therefore hints towards research aim (2). I will start this chapter by setting the scene before continuing with the outcomes of the first day of the design thinking workshop. The chapter will conclude in my reflections.

4.1 Setting the Scene

The main participants were students of the participating school. Further collaboration took place with the contact teacher and school officials, who facilitated the project and had an influence on logistics, infrastructure, and implementation. As elaborated in the methodology chapter, I had identified Avondale College as preferred research partner. The co-educational secondary school is located in Auckland and comprises Year 9-15 (Year 13 being the last year of secondary school; Year 14 and 15 are within the teenage parent unit). It is one of the largest schools in New Zealand with 2,499 students, of which 49% were girls and 51% boys (Education Review Office, 2013). School rolls had reported higher figures with 2,667 students in July 2013 (Ministry of Education, 2012). The ERO (2013) documented the student body’s cultural diversity, emphasising the 12% Māori and 30% Pasifika students (only 22% were Pākehā; please see all in details Appendix H).

Almost half of the students came from outside the school's enrolment zone, while the school also hosted 165 international students.

Avondale College offers a wide range of educational, social, recreational, cultural, and sporting opportunities (Education Review Office, 2013). Due to the large student roll, the school could provide a broad curriculum and co-curricular programme (Education Review Office, 2013). The ERO (2013) praised the support for students talented in sports and performing arts by means of academy-based programmes. The school leaders' emphasis, however, was on student achievement and they had high expectations for students to be engaged in positive learning experiences (Education Review Office, 2013). The school showed high student retention levels into senior years (Education Review Office, 2013). To reach higher achievements for the student body, the school focussed on Māori and Pasifika students as well as a connection between school and home (Education Review Office, 2013).

The ERO (Education Review Office, 2013) acknowledged the pressure on the school leaders of managing the school operations and educational leadership at the same time as overlooking a large rebuilding programme of school premises. At the time of the report (which coincided with the time of my recruitment), the multi-million dollar project had already been implemented for three years and would be continuing for another two. Managed by the board of trustees and the principal, it had "placed considerable strain on other aspects of school performance that are now priorities for the board to address" (Education Review Office, 2013, p. 3).

I experienced the high involvement and time pressure on the management staff, especially the principal. It was only after the research project had already started that we could meet in person (19 December 2012). In the meeting, he mentioned the significance of the facility construction plan and his meetings with the Ministry of Education and the Prime Minister. Apart from brief encounters, this first meeting was to remain the only one, which his colleagues attributed to time constraints.

The school's website indicated an absence of health or wellbeing efforts. Instead, the principal emphasised "the importance of an academic curriculum supported by all the important sporting, social and cultural aspects of education" (Avondale College, n.d.-a). The "About Us" page highlighted the benefits of the school, the size of the student body, the campus grounds, including the sports stadium, which hosted 140 sports teams (Avondale College, n.d.-a). It mentioned the success of the teams and promoted the well-equipped Performing Arts Centre, with its professional sound recording studio and a full music technology suite (Avondale College, n.d.-a). The welcoming note furthermore included academic information, the success, and the cultural expectations of the school (Avondale College, n.d.-a).

The promotion of the school to international students had the same foci; not mentioning health or wellbeing (Avondale College, n.d.-a, n.d.-b). Health was only mentioned in the curricula strand (see Appendix I), displaying that Year 9 and 10 students take Health and Physical Education, before it becomes voluntary in the senior school (Avondale College, n.d.-c). The Sports Academy shared little information about the topic on their “News & Current Events” page (Avondale College, n.d.-d). The ERO (Education Review Office, 2013) also did not mention any efforts or the school’s standpoint on students’ wellbeing, health, or health promotion – “Health and safety” is only listed regarding legal requirements.

Congruent with the focus on academic achievements on the school’s website as well as in the ERO report, media also covered successful exam results (One News, 2013). However, Avondale College had also received negative media attention in recent years due to negative incidents at the school or concerning people affiliated with the school. The most prominent were two stabbings, in 2006 and 2009 (Staff reporters Stuff.co.nz, 2012). Other coverage was on the school’s highest number of suspensions; however, not taking into account the size of the school (Hopkins, 2011). While I had the impression that the community had overcome the stabbings, it was still present as people jokingly called the school “Stabbondale College”.

These incidents together with no focus of the school on health and wellbeing indicated the appropriateness and relevance of my research for this school; a notion which was confirmed by comments from an external research advisor who frequently recruits schools for health promotion interventions. Emphasising that she could only share her personal opinion, she understood that health and wellbeing had never been high on Avondale College’s agenda and that they neither had a particularly helpful reputation in this area. Due to the individuals I had contact with, I found the opposite to be true, in particular regarding the helpfulness. The Head of Health was especially interested in the suggested research project and showed high engagement and support from our first email contact. She became my main contact person and supporter of the project. She facilitated quick school approval, smooth data collections, and further collaboration. Also other school staff members – including Deputy Principals, the principal, nurses, counsellors, a science teacher, and other teachers who I met and spoke to – showed their interest in the research project towards me and verbally confirmed their support in the beginning phase of the project.

While the students were the main collaborators in the core action research cycle, I continuously cooperated with the school staff to enable a smooth research process with little intrusion into the school business. From the first meeting with the contact teacher, I emphasised the collaborative and flexible nature of the research design. As she had the

insight into this particular school with its culture and everyday business, I invited her to give me feedback on all plans and ideas, to foresee barriers and to keep the project feasible and pragmatic. The teacher generally supported the research approach and plan. She hoped to be able to connect it with an envisaged youth health council, as both projects had similar health promoting goals, gave students a voice, and empowered them to help other students. Although the council had not received approval by the principal, this research project received immediate approval.

In addition to the collaborative design and development of the intervention, the contact teacher encouraged continued collaboration with the students in running the campaign. This was a crucial step to keep involvement and empowerment of the target group high. She offered that she could be involved as much or as little as I wanted her to be (i.e., I could always turn to her but was not obliged to). In the following meeting, she shared additional logistical information with me. I or we should run the whole campaign by the Deputy Principal (DP) and principal, but she could further on approve the smaller actions, with bigger parts still going through the principal or DP. Especially sensitive topics (e.g., sexual health) should be approved by school management. In the first two meetings, we also discussed cooperation with the school nurse, yet another idea I supported as it would enable more collaboration and support from different stakeholders.

All further planning was very cooperative and inviting from the school's side. I could use any facilities, work with the teenagers alone (without any teacher present), and there were no limitations to discussion topics. The contact teacher suggested administering the workshops and focus groups during school hours. This would not only result in higher interest from the students, but might be the only feasible way to involve them, as students have jobs or other commitments on the weekends. It was also from the teacher that I found out what channels the school would have for the intervention: notice board, three health classes, a newsletter to parents, the school's website, a school magazine at the end of the year, notices every morning, weekly school assembly, and a school intranet to which students have access from home. The school does not have a school TV or radio channel. Selection or planning of the platforms, just as all other campaign details would be planned by the student participants.

4.2 Issue Construction in the Design Thinking Workshop

The design thinking workshop was the most successful part of the research project in terms of productivity, involvement, engagement, and empowerment. I drew this conclusion from my own reflections as well as the participants' and contact teacher's

Issue Construction (Phase 1)

reflections immediately after the workshop and in the later evaluation phase. While the two-day design thinking workshop contributed to the issue construction and action planning respectively (i.e., Phase 1 and 2), I could also argue that it is a form of action phase for the participants, as their participation fostered change. However, it is from the viewpoint of the thesis cycle that the entire collaborative core cycle represents action. I will therefore remain with the phases of the core cycle, in which the workshop initiates Phase 1 (i.e., issue construction).

The design thinking workshop was the first time I met with the participating students. The workshop represented the first stage of empowerment and I aimed for gradual increase of empowerment throughout the workshop, resulting in their ownership of the project. In the beginning, I led exercises or collected and structured their ideas on the whiteboard, which I would increasingly hand over to them to let them take over the tasks of moderating and leading. Thus, the second part of the first day (and the second day, which is part of Phase 2) contained fewer structured exercises and more open discussions, led by them.

Before starting with content, the participants identified the workshop rules (see Appendix J). Compliant with the rules, the group atmosphere was open and collaborative, without criticism of ideas or thoughts. Throughout the workshop, students were very passionate to share their insight, feelings, and ideas across a wide range of health issues and concerns. Ideas flowed and fostered from each other.

I aimed to keep information at a necessary minimum, in order to facilitate their own issue construction and action planning. Inviting them to voice their expectations, the first phrase mentioned was “to learn about healthy nutrition”, followed by the key words diet, body, health issues, and exercise from the physical health field. Habits, health issues, wellbeing, lifestyle, strategies, promotional methods, society, teenagers, community, and personal influences were also named. This first collection of ideas showed that the participants did not have a specific plan or preconceived ideas.

After sharing my intentions for the research plan, the workshop layout, design thinking, and the participatory principles of action research, I introduced the topic of the workshop with its two parts: content (healthy lifestyle based on wellbeing and physical health) and the tool (social marketing). I shared my personal journey to the research project and informed them that my study of literature and status quo had indicated a lack of a social marketing campaign, while I had learnt that teenagers represented a great age group to work with and to empower. At this stage, I found out that the group had a rough idea of what social marketing was.

4.2.1 Physical health

Although the first discussion aimed to describe the status quo (and following discussions served to identify reasons, ideals, and solutions), it already led to the analysis of causes, ideals, and what needed to change. I allowed the discussion to flow freely, while we would later return to ideals and needed changes to deepen their thinking. However, the energy and passion was highest in the initial discussion round. Overall, the physical health discussion was dominated by negative content, originating from their frustration with the status quo, the corresponding societal norms, and the lack of support from school, community, and government. Although the participants noticed their negative focus (especially when reviewing notes) and attempted to add positive thoughts, they would invariably turn negative again.

The two core topics were nutrition and politics and their combination, such as availability and price structure. The discussion started with nutrition and was based on what they had learnt in health class about healthy or unhealthy behaviours (e.g., skipping breakfast is unhealthy). The following discussion excerpt exemplifies issues the students saw around nutrition:

- A: "I think, in our school it is, lots of students who don't have the best diet."
B: "Based on the economy, eh..."
A: "Like, lots of kids don't afford, like, heaps of kids at school don't have breakfast and stuff so-. That's like, no good start really to a day and their diet and stuff."
C: "And our tuck shop doesn't help cause it-"
B: "Yeah-"
C: "-just sells like crappy foods."
B: "-that's right."
A: "Yeah."
D: "Kids don't really get knowledge about it either. Especially from our school. They don't really learn about it."
A: "It's just our health class that learns about it."
D: "Yeah."
B: "And even the littlest thing from, for example, in the tuck shop the burgers, they don't even have salad in them."
A: "Yeah."
D: "Yeah."
B: "It's just meat-"
A: "It's just meat and sauce."
B: "-and sauce, yeah. No salad. And they charge like four dollars for, you know. And something like McDonald's, you could go down the road to McDonald's-"
E: "and the dairy [New Zealand word for kiosk]."
B: "-yeah, to the dairy and get, you know, a pie for a dollar fifty, and a burger from McDonald's for, like two dollars. I mean, you know, and that kind of encourages students to go to those places as well."

The participants shared their insight into unhealthy diets and analysed the causes: the societal norm, family norms, and economic and financial matters at a national level (e.g.,

tax) and at school level (e.g., tuck shop). They not only reported the issue of students' poor nutritional choices, but also analysed the factors influencing these choices, such as the obesogenic environment. They listed unhealthy food options at the school and in the surroundings, such as deep-fried Moro bars and fish-and-chip shops (and only one fruit and vegetable shop). Junk food was not only cheaper; they also saw a "problem of taste", exemplifying that a pie would always win over plain fruit or vegetables. Especially the tuck shop was very upsetting to the students: "Everything in our tuck shop is rubbish. It is disgusting. It is so bad."

The focus of the discussion shifted to a national level, as students shared their annoyance with the promotion of unhealthy foods more than healthy foods (e.g., on the media). Despite having seen attempts to promote healthy food, they criticised a lack of explanations and reasoning, pointing at an educational gap of knowledge and awareness of nutrition and its effects. The same criticism counted for physical activity promotion – the participants had seen the promotion of *push play* in the media, but noted that this was not backed up sufficiently. They reached the conclusion that attempts to promote a healthy lifestyle were and would always be overtaken by poor lifestyles. They did not see enough organisations taking actions. Asking "the government is the biggest organisation, why aren't they doing anything about it?" was answered with "because it is all about money". While seeing the financial power issue, the students criticised the government for not setting the right priorities. Also companies should help the society instead of only focussing on themselves and their profit. In summary, the participants found that finances were a major impact factor on lifestyle choices and on the resulting health issues: healthy food was more expensive – even at school; organised sports were too expensive; and also doctor visits were too expensive (and the wait too long). They added that people who had less money were more likely to consume alcohol to the extent of addictions.

On a societal level, the participants discussed the role of norms and standards. They used nutrition as example, stating that unhealthy eating habits became normalised, would be passed on from one generation to the next, as parents were not able to be healthy role models or take responsibility for their children's healthy nutrition. They concluded that they would like to see a change from the old norm to a new norm (e.g., eating breakfast, availability of healthy cooking classes, junk food being less accessible, healthy food cheaper). The participants saw the issue especially in low decile areas and commented on the school's role: "That's why everything should be fixed in schools." However, the students criticised their school, not only with offered food options, but also with cooking class not teaching about healthy nutrition, but how to make unhealthy food, such as

cookies. The participants felt that a healthy nutrition class should be compulsory and identified that children did not obtain sufficient knowledge through the curriculum.

The participants' sentiment that the school should take more responsibility not only counted for the issue of nutrition but also physical activity. The participants criticised that physical education was only compulsory in Year 9 and 10, which resulted in a lack of exercise for many older students. This discontinuation was also attributed to financial reasons: students had to pay to belong to sports teams which resulted in children from families who could not afford to pay for sports to miss out. Additionally, they criticised that Year 9 and 10 sports classes often just included games, due to the fact that the school ran those classes. For Year 11-13 on the other hand, NZQA set the standard. The participants furthermore commented on school rules which impact physical activity for girls (I transcribed gender, as thoughts were initiated by boys, but confirmed by girls):

Male participant A: "The school . . . they sort of stop girls from doing physical activity because they give them skirts."

Girls & boys: "Yeah."

Male participant A: "That's why we see all the Year 9 girls just sitting there all quiet like that. They don't want to run because their skirt would go over their heads. But you get shorts when you are Year 13."

Male participant B: "Yeah, why should you have to wait that long -"

Girls: "Yeah."

Male participant B: "- for a girl to just get shorts?"

Male participant A: "That's not just like physical activity, that's just sexist as hell."

Male participants A & B: "Stereotypes."

While participants reported the trend of joining a gym, they saw the wrong motivation, namely to work on the certain body shape in order to fit in with a perceived beauty standard. Boys wanted to be bulky and girls skinny, although the latter might be changing to curvy, especially with a difference of healthy body image between ethnicities ("pacific island girls should be curvy"). In addition to discussing the lack of physical activity, the students also identified too much sedentary time. Reasons focussed on the use of Facebook or watching television but also easy access to transport, which kept students from walking. They also saw the problem with parents who were too busy to encourage physical activity or too worried to let children play outside – because of how the media portray safety. They concluded with the need for more encouragement, more opportunities, and an emphasis on fun instead of competitiveness (social exercise).

For all health areas in general, the participants showed awareness for an "unhealthy social norm" and a lack of role models. "There should be more people that we as teenagers look up to, like, promoting things that we need to do to keep healthy." They were especially concerned about the younger students. According to the participants (who were 16-17 years of age), "kids now" were facing issues much younger than what

they recalled for themselves. Problems they named included more sedentary and screen time, children as young as 10 years already being on Facebook, but also drugs and alcohol:

Talking at a community level, like at a societal level . . . kids that are younger they're being faced with the issues, like a lot quicker than we did, like they're coming across, they're gaining all this knowledge from issues, like, about health-related stuff like a lot younger. . . . Kids at like 12 or 13 are being faced with like drugs and alcohol already. And they're really influenced now.

According to the participants, students “nowadays” started drinking very young – younger than they did. It had become a norm “just to get wasted”. They commented on the lack of a minimum legal drinking age (only a minimum legal purchase age), but found it positive that alcohol was not advertised before evening hours. The group did not see the problem with drinking per se, but with the way people drink and its image. The main problems were the image being cool and the peer pressure, as young people drink to fit in, to get attention, “to talk about it on Monday”. Some children also learnt drinking behaviour from their parents, to deal with problems. With the focus being the “how” of drinking, the participants saw the need to teach and learn how to drink and to know the limits. While participants recalled some good social marketing, such as “mantrol ads”, they saw the necessity for more advertisements about how to drink, the consequences of drinking, and how to avoid them. Consequences should be broadened, not only to include accidents from drunk driving, but also violence or one’s own protection, such as “what might happen if you are drunk”. In conclusion, the participants would like to see the current norm of young drinking shift to the new norm of starting later and being responsible with it.

The participating students rated positively that cigarettes were hidden in dairies, but noted that people still bought them. They criticised that teachers failed as role models and normalised the behaviour, as they smoked in view of the children or even right beside the no-smoking sign outside the school. According to the participants, a lot of kids at the school smoked and could easily buy cigarettes, for example, at the local dairy, even when in school uniform. This availability was the perceived norm amongst the participants, as well as the fact that a lot of teenagers smoked and some found it cool. They would like to see the new norm of smoking being uncool, cigarettes being hard to buy, and people having more knowledge about the effects of smoking. They also commented on the problematic norm of drinking and smoking often coming together.

As with alcohol and cigarettes, participants reported that also drugs were accessible for youth, with even some children selling them for their parents at school. The participants described the easy access and acceptance as the current norm – which they would like to

change to be unaccepted and more expensive. They talked about a peer pressure to try drugs and noted the problem where trying leads to addictions.

I've noticed about the drugs, like, people that I knew from intermediate and into Year 9, when they start on the little drugs, like, you'd see people smoking weed in Year 9, Year 10. And now the majority are dropped out, P addict, prison, like, . . . there are some people that just do the little drugs now and again and they are fine, but there are a lot of kids when they're young they start on these drugs, and then those drugs lead into other drugs and bigger drugs and then it just goes on and on and on.

The participants saw that rules such as benefit cutting when people are caught doing drugs did not solve the source of the problem, but only led to more problems. Rehabilitation was their suggested solution. The participants added the current problem of synthetic cannabis to the drug discussion.

The topic of family planning only came up towards the end of the discussion and was almost overlooked by them. They reported the issue of teenage pregnancies with 14 or 15 year-olds who were pregnant. One person mentioned that the provision of family planning at the school was good, free, and confidential.

The only health topic I added was sleeping behaviour, which the student participants confirmed as important issue. They reported a lack of sleep among students as well as strong variations between weekdays and weekends, showing awareness of potential effects. The participants found that parents woke up at the same time on weekdays or weekends, while teenagers got up at 7am during the week and at 1pm on the weekend. Difficulties going to sleep early as well as due assignments lead to late bed times during the week, resulting in a lack of sleep, waking up late, skipping breakfast, and drinking energy drinks. They saw a need for a better sleep pattern and for school to start later.

Whether it was the health behaviour portrayed in the media, the government's and the school's lack of responsibility, such as food price policies, the availability of unhealthy options, or the society's norms and standards – the participants would love to change these issues and had specific suggestions on how to do so. They were aware of the needed change on a large scale and that they were capable of thinking big. Next to peer pressure and societal norms, a key influential factor was of financial nature.

A: "Depends how much money you have, how you live your life. If you get good food, if you drink alcohol. [What] influences how much you drink is how [much] money you have. Because if you are not that rich, then you need more to drink, because you get hold of it and you just get away from reality, away from life. And escape.

B: "And eventually your life just revolves around drinking."

In conclusion, the discussion had touched on all relevant health topics for them, including nutrition, physical activity, drugs, smoking, alcohol, sexual health, and the

addition of sleeping. For all issues, they had identified the problem that when younger, students did not realise how their current behaviour would affect them later. Analysing the complications and reasons around these issues, the group's discussions revolved around financial matters, socioeconomic background, societal norms, and a lack of support from "above" (i.e., schools, community, government). Later in the workshop, they formulated "an ideal world" (see Appendix K). The participants formulated the ideals as aims and focussed on the bigger picture, needing changes from school, government, or the people of New Zealand.

4.2.2 Mental health

During the physical health discussion, the participating students linked physical with mental health, noting the importance of wellbeing. There was an initial confusion about the expression "wellbeing". I used it for mental health, while the participants had learnt that wellbeing combines physical and mental health. Although the discussion was less flowing and did not show the same interest and passion as the physical health discussion, students showed concern and awareness. Participants commented on the critical link between health, sleep, education, alcohol, and money.

The key concern throughout the discussion was young people's wish to fit in, to be accepted and popular, and not judged by others. The pressure to fit in appeared to be originated in peers or by media. Media seemed to influence how students wanted to look, promoting a specific body image, such as the display of "attractive people" in advertisements. This resulted in students doing sports to change their body shape and not for their health. The participants underlined vulnerability: "I reckon teenagers nowadays have really weak mental strength, like mental health." They found this especially true for women, giving the example of girls showing extreme reactions to "the littlest joke" or "the littlest wrong thing to say", even from friends. This notion did not only come from boys but was confirmed by the girls, identifying the problem being low self-esteem or insecurities. The participants summarised that their peers did not have enough self-esteem, and were not equipped to deal with issues, negative remarks, or bullying. They were not taught how to, but took others' opinion too seriously, giving others too much power over their own wellbeing: "As soon as someone tells someone like 'you don't fit in our society', teenagers these days, they can't handle it mentally, they're not strong enough to handle the thought that just *one* person disagrees with who they are."

Analysing the issues, the group's initial notion was that parents did not teach their children how to fit in, but then they realised that there should not be a need to fit in, but to be oneself. Youth should be taught how to accept and love themselves, to put

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themselves first, rather than looking at others. Accepting yourself would get others to accept you. They reported a need for role models, but also parents should teach how to deal with issues.

The students noted a growing awareness and acceptance of mental health issues: “I think it’s a lot more acceptable these days to have like a mental health issue than it used to be, like ages ago, like it wasn’t acceptable to not feel right.” However, they felt that there were also young people who wanted to have mental health issues or acted as if they did as a means to seek the attention, or because “it’s like cool to be depressed, kind of”. Or they again gave others the power to believe they had issues:

I think there’s a lot of people as well, like younger these days who actually think they have a mental health issue when they don’t. Like they’re getting them to believe that there is something wrong with them and start freaking out and like you see heaps of girls think they are fat when they are not.

Just as with physical health problems, the participants reported that problems now started at a younger age:

These days, at young ages, people are getting, like having difficult experiences at younger and younger ages, like serious relationships at younger ages, getting pregnant at younger ages, difficult experiences like family violence and stuff, you know, you’re experiencing at a more younger age these days. That’s effecting how people view themselves and it effects their mental health.

As with physical health, they saw the school’s role with the provision of help and support – supplying more education and delivering knowledge on “how to deal with issues”. Regarding school counsellors, participants had different sentiments. One participant disclosed that they did not help, but just gave students a late pass. Another said that they tried to do their best. However, issues were students taking advantage of the service or not completely honest; thus the counsellors could not help.

Students saw a problem with boys who suppress their problems or emotions, based on a perceived social convention of boys not allowed to show feelings:

A: “Like, their [boys] mental health, I guess, is a bit of show . . . Mental health is a lot to do with like fitting in with society.”

B: “Yeah, like a lot of guys aren’t even honest about their mental health, because they don’t want to be judged. They want to fit in.”

The participants saw the need to promote the acceptance for boys showing feelings. While the boys substantially contributed to this discussion, all participants unanimously agreed with the issue and its description. The boys also triggered the discussion about racial equality. They reported that Pasifika boys demonstrated their physical strength and dominance over Pākehā boys, often not physically harmful but to assert dominance.

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Participants described that this behaviour had become consistent, normalised, and tolerated. Nobody did anything about it, not even teachers. They explained this behaviour with these boys' problems and their own poor physical and mental wellbeing – or that they were picked on and now in return picked on others who were weaker. This emphasised the need to know how to love and accept yourself, instead of a need to impress others. While physical health appeared self-explanatory to the participants, they developed an overview of what mental health meant to them:

- Emotional wellbeing (“what you feel”)
 - The process of thoughts and feelings
 - The perception of life
- Internalising things and understanding that your actions influence you positively or negatively.
- How you deal with issues
 - Being emotionally stable, even with stressful situations
 - Mental strength to cope with surroundings
- Not worrying about being yourself.
 - Accepting yourself
 - Not being influenced by what other people think or say about you or what society says things should be.

Following the above overview, the students then consulted on the influencing factors on their wellbeing, aiming to produce a youth-equivalent to the “Five Ways to Wellbeing” by the Mental Health Foundation (Mental Health Foundation of New Zealand, n.d.-c). After the brainstorm had generated a comprehensive list, the participants combined and eliminated it down to five items. This task represented the stage in which they started leading the workshop components. These are the design thinkers' final 5 ways to wellbeing for teenagers:

- Confidence/self-assurance/self-reliance
- Good relationship with friends and family (trust)
- Spend time doing things you enjoy
 - Balance of work, education, socialising, exercise, eating healthy
 - Do things which make you feel good of living a healthy lifestyle
 - Have a positive attitude
 - Develop strategies: plan and schedule
- Goal-setting
 - To give you direction
 - Develop self-awareness, knowing yourself
 - Use visualisation
- Resilience and independence
 - Develop personal strategies to deal with negative emotions, stress, or experiences

Similar to the physical health ideal, the mental health ideal focussed on a needed new norm. Participants collected ideals for individuals (e.g., a positive mindset), on a school level (e.g., parenting classes), as well as for society. The latter included the concept of equality as well as programmes or seminars for young people, on how to accept and love

yourself, providing knowledge on the psychological aspects of being in relationships, parenting classes, and support groups in the community.

4.3 Changing Norms

By the end of the first day, the participants had constructed and detailed issues to address problematic norms and the juxtaposing ideal, as well as some ideas for solutions. They had experienced a new form of collaboration, which had led to their own growth throughout the workshop. Although they had preferred group discussions to the individual brainstorm during the day, they commented at the end that it might have been better to write down their own ideas first, before discussing them together. They commented on the risk of ideas getting lost in the group discussion when some show stronger presence than others.

In conclusion, first ideas on how to change norms were:

- **Media:**
Media should stop glamourising drinking, smoking, and drug use and instead provide more knowledge on the harm and negative effects (including brutal images). Media should also promote a healthy lifestyle and healthy role models for students.
- **Policy changes:**
The legal drinking and smoking age should be raised and enforced (i.e., legal consequences). Participants suggested time slots when alcohol or cigarettes could be sold at bars. Alcohol should be taxed more and a tax on fat and sugar should be introduced.
- **School:**
Physical activity should remain compulsory after Year 10 and the school should encourage general physical activity, not just sports. The school should also be supportive in other fields, such as healthy cooking classes and drug rehabilitation options. Participants suggested one fruit day per week, or that the school canteen should only sell healthy food on one day per month / week. They also saw the importance of students helping others. Therefore, school should allow the youth health council and Year 12 and 13 students to talk to younger students (Year 9) about “experiences”. Role models, who students look up to, should promote healthy behaviour.

4.4 My Reflections on Phase 1

My independent reflections contributed to my meta learning and seeded research themes. Some of these would grow throughout the subsequent phases, while others died down or merged into bigger themes. I had a rough workshop outline (see Appendix D), which was mandatory due to PhD and ethics regulations. I had questioned if it would have been better to let the students structure the workshop, as empowerment step. However, my following experience showed that the participants were not used to self-directed work, so I concluded that it was good to have an agenda prepared, yet remaining flexible. The same counted for my role which varied throughout the workshop. Especially

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at the start I had to introduce and explain more and the note-taker recorded that this put me into the role of a teacher rather than the intended co-researcher. However, I ensured that my talking and leading decreased throughout the workshop until I would only support discussions with suggestions or complementing information. In reflection, my role was appropriate; flexibly adjusting to the participants and the situation.

The collaboration with and among the participants seemed fair and democratic. They not only followed their own rules, but I found them extraordinarily respectful and supportive of each other's ideas and contributions. The sharing of sentiments and passion, and the display of general agreement emphasised and validated the context and premise of this research (i.e., collaborating with youth to promote change in lifestyle attitudes and behaviours). The drive of the students was also promising for the following phases, as the participants were very passionate, involved, and keen to share and discuss their opinions and experiences. I reflected that it was the right procedure to let their flow of thoughts happen, and yet return to delve deeper into ideals, gaps, norms, and ideas for changes later. It was, however, challenging to keep up the energy and passion after it seemed like they had already "let it all out" in the beginning. Structural challenges included complexity of the planning and having the initial results present to be able to add and refine. Energy and concentration fluctuated throughout the day and were the highest after the initial icebreaker and after active breaks. While the note-taker and I had the impression that participants became disengaged or bored at various points, the participants shared at the end of the day that they thoroughly enjoyed themselves, appreciated being involved and empowered, and acknowledged the collaborative work, which they said was new to them. They thus confirmed the chosen methodological approach. Their behaviour and their input underlined youth capabilities for active participation in health promotion projects.

The design thinking students did not see themselves as the target group, but focussed on problematic behaviours of their peers and especially of younger students. This might be due to the fact that the students were health students and one could expect them to lead a healthier lifestyle. As the year unfolded, however, I learnt that they also had potential to grow and learn in relation to changes to their own attitudes and behaviours. After all, they were the subgroup of the target group with the highest exposure and biggest identification with the campaign, which would affect them. Nonetheless, I noted at this early stage that they were not aware of being part of the target group, but saw the issues with "the others"

Participants centred their issue construction on unhealthy social norms and the lack of support for a healthier lifestyle. The participants emphasised the role of the school, community, and government in all areas. To trigger social change, they outlined needed

changes in rules, regulations, and the price system in the school, but also nationwide. Their thoughts and ideas showed that they saw the big picture, understood the complexity and extent of the problems. They were not only capable of thinking big, but seemed to enjoy discussing the world as they would like to see it. It seemed to make them feel empowered and hyped about the project, which was promising for the intervention and the big goals they had for it.

Despite the promising sense of empowerment, I noted the contradictory nature of power distributions, which the group created. Targeting big changes in the society and government gave them the impression of creating change in the world. But they were actually putting the power into the hands of others (upstream) instead of looking at smaller changes which they could implement themselves (midstream), without help from “above”. In retrospective, I see how their “thinking big” was connected with the upstream transference of responsibility, which was the contrary of empowering, but left them powerless to tackle the issues and challenges.

I reflected about the projects’ scope and its complexity. From the first collection of ideas, the students tended to single out sub-fields rather than the complex abstract idea of a broad campaign. Hence, some topics became more prevalent than others. The first phrase when asked about their expectations was “to learn about healthy nutrition”, followed by “diet”. Nutrition remained the most prominent topic and they had a vast body of preconceived knowledge – from school, media, or their personal interest, such as at gym work. Their standpoint displayed the ideas communicated in health education, such as the importance of eating breakfast. While these nutritional ideas had an extrinsic source, other topics were more driven by their own experiences or viewpoints of their social world (e.g., drugs or mental health issues).

I analysed that physical activity was the second strongest issue, together with nutrition contributing to a recurring obesity focus. Although aiming to promote acceptability of different body shapes in the mental health discussions, the participants also established a lean and fit body ideal in the physical health arena, not realising the potential challenge of combining the notions. Despite a stronger emphasis on some topics than others, they discussed all and showed concern and passion in relation to all of them. The only topic I suggested was sleep behaviour, which they corroborated the need for.

The separate discussion on each topic by the students implied that a comprehensive approach might be too challenging for them. I concluded that identifying the standpoints for each of them was a feasible way to create a comprehensive campaign. In addition, the holistic approach was what the participants supported.

4.5 Summary

This chapter marks the completion of Phase 1, although later methods refined the issue construction. The method and setting of the design thinking workshop proved to be appropriate to produce rich data, which contributed to research aim (1), namely to find out current attitudes and behaviours relating to healthy lifestyles of youth within the target group. Findings provided the basis for the planning phase.

The first workshop day established good collaboration with and amongst the participants, contributing to research aim (2): how we can develop this project in collaboration with the target group. The positive experience backs up the democratic and participatory approach, that is, action research as methodology. The co-construction of the issues, according to the way the participants experienced the world, furthermore lends support for the interpretative-constructivist paradigm. The students' enthusiasm and passion for the project also underlines the appropriateness of the research question and aims, strengthening the purpose of this research.

Chapter 5: Action Planning (Phase 2)

This chapter details the outcomes of this action planning phase, starting with the second day of the design thinking workshop. The resulting campaign map would then be presented to focus groups for validation and refinement. The parallel creation of the campaign was accompanied by reflections, validations, and refinement before it was finalised and launched. This chapter thus concludes by displaying how the intervention material was created based on the planning.

5.1 Action Planning With the Design Thinkers

The design thinkers planned a comprehensive marketing campaign based on their issue construction of the previous day. After a recap of the first day, they identified the goals of the campaign. The new list (see Appendix L) was congruent with the content of the first workshop day, with high aims and ambitious goals for a school marketing campaign, including mid- and upstream efforts (i.e., addressing peers as well as policy makers; Carrigan & Dibb, 2013; Andreasen, 2006).

5.1.1 The brand creation

The brand creation organically evolved in stages. The initial step was an individual creative brand development. All eight participants had 30 minutes to come up with a brand concept including the components which they had identified: name, logo, colour scheme, slogan, clear purpose, and a musical theme. The latter would be dropped in the first stage. After their individual work, everybody presented their concept to the group (see relevant concepts in list below), which the group discussed. In the following group brainstorm, they focussed on the name of the campaign. I summarised for them that they could either choose one of the already suggested concepts or create a new brand name, which could be one word, an abbreviation, or an acronym. These are the brand ideas from the first individual round, which were kept for further discussion:

- Yolo (Youth only live once)
- Self health
- NZ Youth Health Foundation
- HALT (Healthy Active Life time)
- It's cool to be PA

The group decided that they wanted an acronym and started searching systematically. They firstly collected all appropriate words and combined their first letters to form a sensible acronym before trying it the other way around – collecting brand names and

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then looking for fitting words behind each letter. From the original brainstorm, HALT was the only acronym which was included in the following discussion of acronyms. This is the list of all brand ideas developed in the group discussion:

- Reach (for youth)
 - Resilience / response
 - Educate (health/wellbeing)
 - Active (about an issue)
 - Change (the issue)
 - Health
- RFY: Reach for youth
- FUTURE: Find yourself (urself) to unite
- Super lite me
- “Educate for active young lives”
- NEK LIFE: NZ Educates Kool Lifestyle Into Future Eternity
- CHANGE/CHANCE: Choice/change/culture; Health/Hobby; Active/Alive; Natural; G/C; Eternity/Enjoyment
- HALT: Healthy active life time
- YOUTH: Young, open mind/only, unite, together, health/hope
- YOUTH: You only use time for health
- MACT: Make a change today
- ACTION: Active choice together i... only option n...
- ABAM: Active body active mind
- NAHII: now active health is important

The group identified two names as finalists and autonomously started refining these concepts in two groups before presenting them to each other. This step was driven by the participants and coincidentally divided the group by gender. The two final concepts were REACH and HALT.

HALT stands for “Healthy active lifetime” and its slogan is “It starts with a vision.” The logo should include an eye with a body divided into two halves: one healthy (i.e., athletic) and one unhealthy (i.e., obese). The “vision to change” included an “internalisation” of what people needed to change regarding all aspects of health. The campaign should make people stop (“halt”), to step back and think about their life, take issues seriously, realise how they can change their life, and seek the change. The group also worked on ideas for advertising clips. One was to show adults in an unhealthy setting, then zoom into their eyes which rewinds time to reveal them when they were healthy and active teenagers. When the camera zooms back out of the eye, the adults are now in this active, fit, and happy state. The slogan for the clip is “it all starts with a vision”, indicating that as teenagers you can have the vision and make the right choices for your healthy and happy future.

The full name of REACH is Reach for youth and can be abbreviated RFU. Also REACH is an acronym and stands for: Respond (to the issue), Educate (for health and wellbeing), (take) Action, (make the) Change, (for) Health. The logo should be colourful, showing a

hand reaching out. They suggested the slogans “A positive lifestyle makes a positive person” and “Educate for active young lives”.

The brand development was time-intensive and demanded concentration. It was ultimately driven by one participant, who motivated the group to stay focussed. When the brand creation commenced rather slowly, I wondered if it might have been better to have given them the task the evening before, so they could have thought about it at home. However, the collaborative work proved to be successful. And I learnt from the action phase that students were more cooperative during school hours than in their free time.

Ultimately, the participants reached the target of developing two well thought-through concepts, which they accepted equally, with strong praise and positive feedback for each other. Not wanting to choose one concept over the other, they decided to pass the decision on to the focus groups, which would also enhance inclusion, empowerment, and ownership for them.

5.1.2 Communication platforms and messages

Moving on to further details of the campaign, the participants noted that the media, which could be used to reach this target group, comprised online, school, and mass media:

- Online media: website, Facebook page, YouTube channel
- Face to face communication (in person)
- School media: newsletter and daily notices (yellow pages), possibly our own newsletter, branding (e.g., on uniforms)
- TV
- Radio
- Clothing
- Door-to-door sales
- Flyers
- Posters
- Own events

After identifying general media, participants discussed the most relevant programmes and channels. While they suggested music TV channels, programmes also comprised national shows, such as the soap opera Shortland Street, current affairs programme Campbell live, and Breakfast TV. The radio stations included The Edge, Flava, and Mai FM. The participants documented that the time slots just before and after school were best, as well as the weekends. In conclusion, media, channels, and programmes selected to reach their peers also had the potential of reaching beyond the school and into the community.

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At the end of the workshop, they developed a rough plan for the website, which needed to be discussed with the web developer to check for feasibility. The navigation concept was:

- Who we are
- Health promotion: smoking, sleeping, nutrition, etc.
- Events: upcoming external events, such as world heart day
- Health challenges: what / rewards etc.
- Positive news

The health challenges were based on the Daily challenges by MeYou Health (n.d.), which I showed them and they liked. I also presented them with concepts of community exchanges, which they also liked. However, they commented that this should come in the next step. Another idea discussed was for an online health game. This would depend on IT support, as we would need to either develop and program one or find one which could be implemented on the website without any major obstacles such as storage space, speed of the website, and cost.

The messages for the campaign were based on the issue construction. I could have derived them from the enthusiastic discussions on the first day. However, I wanted to give the participants the chance to dedicate time and thought to the identification of the core messages. As the energy faded towards the end of the day, the discussion relied more on my suggestions and one participant dominated the group work. There were less contributions and more criticism with growing time pressure. Images in Appendix M and the list in Appendix N summarise the original collection of the campaign messages.

5.1.3 Ambassadors

The collection of ambassadors confirmed the participants' ability to create a comprehensive and professional social marketing campaign. They discussed their microcosm, but were not sure if any student would be prominent enough to represent the school: "There's not really any student that is that powerful that could like talk to their own students." They added that students might not listen to "just another student" (e.g., in front of an assembly): "Like students could be ambassadors, but I just don't think . . . they could speak to the school." According to participants, there was no influence among peers and using student ambassadors would not be effective.

A: "We could all go around and wear a shirt and, like, we could stand up and say we are this and this and then people would- but I'm just saying, like, you wouldn't put a student in front of the students because they won't listen. It's better to get like someone like that up there."

B: "An older person who's-"

C: "People will look up to them."

B: "Who they would respect."

Considering they often mentioned strong peer pressure, it was interesting that they did not see the potential of positive influence. After thinking about my question if we could not spread the message through students, they clarified that students could speak to a few others or a classroom, but not at assembly. Ultimately, they decided on the mix of student and “external” ambassador.

Their ideas for celebrity ambassadors comprised media personalities, actors, musicians, athletes, and further famous New Zealanders. While the comprehensive list included stars such as Rhys Darby or Richie McCaw, it also comprised people who were connected to Avondale College, such as Sir Murray Halberg who had attended Avondale College, Maria Tuta’ia whose niece went to the school, or the Request Dance Crew of which one member attended Avondale College.

5.1.4 Actions and activism

The group – and especially one participant – became very passionate about the concept of actions and activism. Activism was a new idea to them and seemed to have an empowering effect.

The first common aim of all actions was to create awareness for a healthy lifestyle or even encourage it (e.g., making students move). The second common goal was to create awareness for the brand and its messages (see an overview of first ideas in Appendix O). The majority of the action ideas revolved around the school (e.g., fun days, counter marketing at tuck shop) with some in the community (e.g., connecting with the community and being present at community events). They included actions which went along with pre-existing events (e.g., school ball, cooperation with the food technology department), as well as the campaign’s own events (e.g., a flash mob, jump jam). After discussing the actions, the participants put together a final list of ideas for the project:

- School actions:
 - Offer healthy choices at tuck shop (e.g., fruit day)
 - Reintroduce free fruit (cut up so not to be thrown around)
 - Provide more education on healthy eating and compulsory healthy cooking class
 - Physical education for all years
 - Make skirts optional for girls
 - Start school later
- Nationwide actions:
 - Make healthy food cheaper, especially for people who need it
 - Government needs to prioritise
 - Implementation of programmes such as 30 push play
 - Tackle the source of problems (e.g., help people with rehabilitation instead of punishing them)
 - Teach people how to grow their own gardens; address companies for support
 - Limit accessibility of drugs
 - Reduce energy drinks consumption
 - Activism: Plead for legal age to drink alcohol (not just to buy it)

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- Campaign actions:
 - Promote physical activity because it is fun, not just to fit in or to serve a body image
 - Decrease screen time
 - Make drinking “uncool”
 - “Teach” how to drink; to know when enough is enough
 - More advertising on the way you are drinking, including other consequences than only drunk driving (e.g., domestic violence). Promote how to avoid them.
- Mental health promotion:
 - Promote boys showing feelings
 - Teach how to love yourself
 - Put yourself first
 - Accept yourself and others will accept you. Show confidence in how you carry yourself and see yourself.
 - Be yourself and don’t just try to fit in
- Media presence:
 - Ads need to show reasons and deliver knowledge, for example, on the consequences of decision making.
 - Problem: Advertisements promote attractive people – do vice versa!

5.1.5 Wrap-up

We decided to discuss all workshop findings in another meeting, so I could obtain the participants’ validation or requests for changes. This following meeting would also provide the opportunity to plan for the next few weeks and discuss the planned survey. At the end of the workshop, one participant realised that they had forgotten the topic of sexual health in the discussions. We therefore decided that they could talk about it in the next meeting and that I would ask the focus groups to contribute.

To develop the campaign map, I needed to not only summarise the action plan, but also the issue construction which it stood on. Based on these summaries, the campaign components would be developed and this is where the web developer and the graphic designer came in as collaborators. I furthermore created the campaign map as Prezi presentation (non-linear presentation software), which included issue construction and action plan. I presented it back to the design thinkers before taking it to the focus groups.

5.2 Action Plan Validation and Refinement With Focus Groups

The focus groups were presented with the campaign map including all findings from the design thinking workshop. I emphasised that they could interrupt and add at any time. In the initial presentation of the issues, all groups were rather quiet, and yet they agreed with the issue construction and contributed some comments. Their involvement increased throughout the discussion, and they started asking questions about the campaign (such as which age group it was addressing). Especially when posing more questions, inviting them to contribute, and connecting to participants (e.g., through direct eye contact) they became very engaged. The note-taker observed that I succeeded

at delivering the message and facilitating discussions. The participants were generally collaborative and supportive as elaborated in the reflections.

5.2.1 Nutrition

The nutrition topic triggered an especially high level of engagement. Participants had strong opinions that they were eager to share. The students generally agreed with the messages. Noting that there was already awareness to change to healthy nutrition, they corroborated that the reasons were often not the right ones, namely a focus on body image instead of health. They confirmed the need for more education, providing knowledge on the consequences of unhealthy food and its ingredients (e.g., McDonalds). One group added the importance of coolness:

I think you should add that, to make healthy eating or healthy lifestyle, like, cool? Because we tend to think that unhealthy eating is cool and eating healthy stuff is not cool, you know? So you have to make it cool, you know?

Although they suggested more education on harmful effects, others commented that young people did not care enough. This notion arose when corroborating the issue of energy drinks consumption. “Energy drinks would be a pretty big one I’d say. There are a lot of people drink energy drinks daily,” was replied with “people drink them because they taste good. They don’t really care about the sugars and everything.”

Their reaction to a fat and sugar tax was that tax would not stop people from buying these foods. They, however, confirmed the need for monetary incentives, suggesting that tax should be taken off healthy food. They validated that healthy food was less affordable and accessible, especially at the lower end of the socioeconomic scale. Instead, cheap, processed food, with too much sugar and fat was accessible, affordable, easy, and advertised. A promotion of healthy food therefore needed to be accompanied by the lowering of prices. Discussing the potential of these measures, one participant noted that water is healthy and free and yet people bought drinks. Their conclusion was that water should be promoted more.

The focus groups corroborated the description of the obesogenic environment of the school, such as the local dairy, completely branded by an energy drink. They also confirmed the school’s role sharing their experience of the temporary free fruit and the otherwise poor canteen options. One student said: “It’s not just fruit, like, there’s other alternatives they could sell there, like, they base everything on crap really.” Others commented: “there is no quality”; “and again it comes back to the pricing issue”. Agreement was reached in the focus groups to re-introduce free fruit, but it should come to the classrooms before lunch, to avoid its misuse.

In summary, the participants strengthened the need for healthy options and for making them cheaper and more accessible than unhealthy options. A participant suggested that the project should start a healthy fast food brand. Healthy fast food brands should overrun the unhealthy fast foods. For this to occur, it would have to taste good.

Apart from the predominant approval and agreement, the focus groups also provided critical reflection of the ideas and plans. For example, they did not see the time for the cooking class other than in Year 9 and 10. They analysed that this should indeed be the time for all health promotion because these classes had more time and space.

5.2.2 Physical activity

The lack of physical activity and active transport was validated and refined. One group corroborated the dominance of driving over cycling with their own opinions. Firstly, they thought that driving was cooler than cycling. They saw the benefits of speed and taking more people in the vehicle. They added that students who owned a car earned respect from their peers, because it showed that they had worked for it. These notions appeared to represent their own attitudes. They saw that active transport would be good, but their subsequent conclusion was that it would be hard to establish.

Despite the issue of compulsory skirts for girls producing very strong sentiments in the design thinking workshop (i.e., calling it “sexist”; supporting a “stereotype”), not all focus groups shared the same feelings. The idea had originated from the boys in the design thinking workshop, and both male focus groups confirmed that it should not be mandatory for girls to wear skirts. The Year 13 girls contradicted the notion that compulsory skirts restricted movement, as they wore shorts underneath or got used to them. They liked that skirts looked tidy. However, the Year 12 girls thought that it would be good if skirts were optional and confirmed that they restricted movement. I noted that the groups’ reactions might have been different because Year 13 girls were the only group already having the freedom to choose between skirt and pants.

Focus groups reacted positively to more active breaks in school. The groups shared that one teacher already included five minutes of Tai Chi before each class, which students approved and enjoyed. However, one group noticed that it would be very hard to introduce more active breaks at school, as teachers needed the time to teach and the 15 minutes of form class would not be enough. I extracted that while they had experienced how physical activity could be part of other classes, they did not transfer this feasibility to the general idea of doing physical activity within class time.

Overall, the focus groups agreed with the actions aiming at increased physical activity, chuckling at some (e.g., the flash mob). In comparison to the design thinkers, the focus

groups were more critical and shared concerns regarding the difficulty of implementation. For example, some raised doubts about jump jam, because uniforms would get sweaty and they would not have the opportunity to change. Being sweaty was also mentioned as a restriction for cycling to school. They instead suggested going for a walk around the school or picking up rubbish or doing games in class. They also saw the difficulty with compulsory activity, as students would write notes for themselves. People needed to be intrinsically motivated. They suggested activity as an option and a more engaging atmosphere. The specific idea was that one year group per week could go to the gym instead of form class, where music would be played, providing “a happy atmosphere”.

The focus groups participants supported that there should be a class with actual movement, as physical education classes changed from a practical class to theory with the older year levels, which put students off. They furthermore noted the importance of free sports at school, confirming that many students dropped out when having to pay fees. Also free physical activity options outside of school should be available and better communicated.

5.2.3 Sleep

Just as the design thinking students did not have sleep on their agenda, it also did not appear to be a topic the focus groups were passionate about. However, when discussing it, the participants corroborated that getting enough sleep was an issue for teenagers. They saw the problem of the busy lifestyle with school, homework, and social life. All strongly agreed that school should start later as youth stayed up later and became tired. However, they added that despite a later start, it should not finish later, but hours should be distributed differently.

5.2.4 Alcohol

The focus groups strongly agreed with the design thinkers on the problems of drinking and added further insight to the issue construction. They were very informed about the topic and eager to share their ideas and experiences. Some had varying sentiments on the campaign positioning and refined components accordingly.

Students validated that drinking itself was not the problem, but how people drank (e.g., not knowing the limit or “binge drinking”). One shared having experienced two people getting alcohol poisoning at parties – both underage. They were aware of the issue of drinking young, but had the impression that this would “always be the case”, starting as young as 14 years. Some saw the need for limiting underage drinking and breaking the

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habit of adults supplying younger kids, thus, stopping the influence of older people on the younger generation. Others suggested addressing parents, as parents and siblings often provided children with alcohol. On the other hand, participants stated that drinking in the family setting was a better way of teaching responsible drinking than out in bars. Furthermore, younger children should be educated because by the time they got into intermediate, they were often already opinionated.

Despite the above notions, the participants did not focus on young age as a core problem around drinking, but focussed on the manner and image of drinking, the amount, the social factor, and the peer pressure. The participants confirmed the issue of teenagers drinking to fit into the social circle and that drinking would make them more confident. One participant said:

People need to be educated on how to drink and how much to drink and not to ever, you know, not to overdo it, not to do it like every weekend. And I know people who go like Wednesday, Thursday, Friday, Saturday.

Focus group participants felt that it should be cool to not get wasted, while drunkenness should be uncool: “It’s cool to say no and not overdo it, because it also means that you have control over your body. And as you’re going to adult stage, it’s better having control over your body then.” This easiness and coolness of saying no should thus be promoted. Everybody should learn this control in preparation for adult life. Also the fun image should be considered: “You can have a good time without getting wasted.”

They expanded the communication scope:

The consequences don’t only affect you, it affects the people around you, like family. So it should be ‘protect you family’ and ‘protect your loved ones’, ‘protect others’ . . . If they do it, they’re being selfish and not thinking about their family or friends.

The price of alcohol and the drinking age produced differing standpoints in the groups and even changed throughout the discussion. All connected problems of drinking with the low prices of alcohol, which could encourage young people to drink (“Wednesday nights, Thursday nights in town, that’s student nights, really cheap”). Some suggested higher alcohol taxes to challenge the status quo. They appealed for higher prices and more severe punishments for supplying alcohol to minors. However, not all saw lifting the prices of alcohol and the drinking age as solution to the problem. They commented that students would always drink, irrespectively of price or legal age. Raising the official age could even cause rebellion, as students might feel limited in their freedom. While some supported price increases (especially of the cheap drinks which teenagers consume), others hypothesised that people would not drink as often but “get more

wasted” when they did. I extracted from the discussions that price increases were recommended more than a higher drinking age.

In conclusion, the focus groups corroborated findings of the design thinking workshop. Also their additional thoughts and insight validated the issue construction and action planning. The core issues remained the image of drinking and the most important action was to change this image and acceptance of getting drunk and provide education about responsible drinking. An additional and new idea was to promote always having a sober friend with you when you drink.

5.2.5 Drugs and smoking

The discussion on drugs and smoking was often connected with the alcohol discussion and was continued with high engagement and enthusiasm. The participants confirmed that as with alcohol, drugs were easily available. Discussing reasons, one participant noted that people might just get high for the sake of it. Another said that youth saw others doing it and it looked fun so they wanted to try it out. Congruent with drinking, there was also the notion of coolness around smoking and taking drugs. To some, the problem was that teenagers experienced a state of vulnerability (e.g., personal stress) and looked “for a buzz”. They also saw the issue that people convince themselves that “taking something” would make them mature.

The participants saw the need for a substitute that could give youth the feeling of maturity. They supported the need to stop glamourising alcohol, drugs, and smoking in the media. They confirmed the need to change the image of drugs, as with alcohol, which one participant noted to be very hard – especially “in this kind of area” (referring to the geographic area).

Students’ opinions varied between individuals as well as between the different types of drugs. Distinguishing between chemical and herbal drugs, some did not see the harm of herbal drugs. They were aware of the movement to legalise marijuana. Yet, they commented that everybody knew that P, ecstasy, or heroine would “stuff you up really bad”. Those participants who thought marijuana was not harmful questioned it themselves as they had heard different opinions.

Showing very high interest and curiosity in the topic, they asked me questions on marijuana, cigarettes, and health consequences. Questions included why marijuana was illegal and cigarettes not (as they had heard that they were more harmful), if there were any negative side effects of consuming marijuana, why there were shocking pictures on cigarette packaging, and if second hand smoke was worse than direct smoking. I tried my best to answer the questions and to show them different angles of potential issues

and side effects of use of several drugs, but also informed them that I was not an expert on the topic.

Regarding smoking, the focus group members' comments validated the need for a new norm and a new image of smoking and to especially address young people:

A: "That'll be cool if one day, like everyone, all the kids would see that it [smoking] is not cool." . . .

B: "Watching my parents do it, my Mom, my step Dad, make me, like, feel sick when I see someone our age doing it, knowing that they'll end up like my parents."

The focus group members corroborated the issue of teachers smoking visibly, failing as role models. The participants furthermore supported teaching how to say "no", and that it was cool to say "no" – to alcohol, cigarettes, or drugs. Participants saw the importance of adults in the acquisition of cigarettes and agreed that selling cigarettes to minors should be more controlled. They confirmed that dairies in the area sold cigarettes to minors. Family members should not supply children with cigarettes or drugs. They added the need for drug tests at schools as well as rehabilitation accessibility.

The focus group participants debated whether pointing out negative consequences could help. While they mainly supported the importance of being aware of consequences, they found that people succeeded in blending these consequences out, thinking that they were in control, or that it would not affect them. Even incidents close to them would not stop people (they recounted an alcohol-related car accident which killed a girl from their school). They thus suggested to focus on the people around you: "Maybe like having ads that not aim at effects on them but people around them as well." "Like the ones for breast cancer or prostate cancer, how they say like your Mom or your sister." Participants concluded that negative messages were necessary, but must be discussed further – also to ensure the positive spin of the campaign.

5.2.6 Sexual health

Sexual health was discussed in detail in all focus groups, due to the fact that the design thinking students had missed it. Despite the sensitive topic, focus group members were very passionate about the issues and engaged in an open discussion, sharing their views and ideas. In summary, all focus groups – no matter if boys or girls – supported the same views and showed the same concerns. Those were mainly about young people not showing enough respect for themselves, rushing into sex, feeling pressured to have sex, not protecting themselves, and subsequent teenage pregnancies.

Participants reported that students learnt about sex in Year 9 and 10, but then did not hear about it anymore in class – instead, "you figure it out yourself". Members of all focus

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groups showed concern about teenage pregnancies and knew of them. They corroborated the issue from their social environment, but also due to the media, such as MTV. They generally reported too much focus on sex in the media: “All you see when you watch TV is like partying and sex. Everything’s about sex.” This led to the belittlement of the topic and to students not “taking it seriously”. The boys opposed to the image of girls in the media and would like them not to follow this image, as this Year 13 boy outlined: “You just see all these girls wearing short skirts like no jumpers, like nothing covering them, a lot of cleavage. They look like they don’t have respect for themselves, they just wing themselves on the show, like they’re trophies.”

The participants reported a pressure to have sex. Especially if one person among a group of friends had sex, everyone else wanted to do it as well. This counted for both boys and girls, but especially boys would find it “cool as” and experienced immense pressure. Participants recollected that they heard more guys rave about sex than girls. Girls might giggle about being virgins, but it was not problematic, while it was “a really big deal” for guys. The female focus groups in fact viewed it positively when boys were still virgins, noting that it was especially difficult as teenagers approached 18 years of age. There was no respect for virgins – even students who sustained from sex for religious reasons were considered being weird. Participants found that people should not rave about sex or how great it was, as that put the pressure on others. They were clearly annoyed by this behaviour, stating that sex should be a private, intimate issue, that there was no need to talk about it, and not everyone needed to know.

The participants would hence like to promote the message that you do not have to have sex to be cool, or that it is uncool to have sex at a young age. One participant smiled about her idea of the perception shifting, so that you would be the odd one out if you already had sex and not if you have not had sex yet. They surmised that you could not stop kids from having sex if they thought they were ready at 12 years of age. However, they found it better to wait until they were grown up and more mature. They knew too many people who regretted having “done it” when they were younger.

The participants added the problem of connecting drinking and sex. Some drank to be more confident or even with the aim of having sex, but then they were more likely to not protect themselves or to regret it later. Their suggestion was to communicate these experiences from older to younger students. Aiming at one generation, these messages should leave a ripple for the following generations. Instead, they observed the opposite: older students wanting to force younger ones into sex. They saw the need to show the younger ones that it is okay to say no and that you cannot be forced.

The consequent messages for the campaign needed to focus on not rushing it and protecting yourself. They saw this problem more now than when they were younger. They

had heard of children having sex including intermediate kids who were 12 or 13 years old; while there were people their age who were still virgins and did not care.

A lot of little kids think it's cool already. Like they are looking forward to it, as Year 6 students, like, are probably thinking, 'oh, yeah, by the time I'm in intermediate, I'm probably gonna do it'. But that's just disgusting.

The participants noted the two-folded problem that children learnt about sex from the wrong source and that children thought that sex was cool, planning to have sex young, or even setting a goal, such as to lose virginity at a certain age. They saw the problem being older students telling their younger siblings about sex, thinking that it was funny. Thus, young children learnt about sex from their older siblings rather than from adults. The participants recalled not knowing anything about sex in intermediate and it was a big step to college, where they learnt everything there was to know during the first year. The participants consequently identified the need for proper sex education, finding that it was what you do with what you know.

I concluded that the views and concerns in this field were strongly overlapping between the four groups, corroborating and validating the findings. The issue construction revolved around pressure of having sex, unprotected sex, teenage pregnancies, sex at a young age, and a lack of respect for oneself. Also the messages overlapped in the four focus groups, which can be seen in Appendix P. "Use protection" was the main message, which was named first and foremost in all focus groups.

5.2.7 Mental health

There was general agreement with the mental health targets, tools, and messages. Some were discussed, questioned, or expanded. In all focus groups, participants generally confirmed and emphasised the promotion and acceptance of different body shapes – adding acceptance for handicapped people. They agreed that the topic belonged to mental as well as physical health. The notion was questioned and discussed, as one participant asked if it was not good to have a body image as a goal, as inspiration to lose weight or build muscle. "You can always love yourself, but you can always improve." Another participant analysed this contradiction, stating that there needed to be balance between having a target of where and what you wanted to be as opposed to giving up everything to reach that goal. They concluded that "you should love who you are, but you should love yourself enough to take good care of yourself".

One participant's confirmation of promoting different body shapes was succeeded by the question: "Why do models have to be like thin as?" In the following discussion, I commented on a magazine having committed to not working with underweight models anymore, but "normal shaped women or guys". Their immediate reaction was "but what's

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normal though? Is normal like having a six-pack or having a big chest or . . . ?” This notion hinted at their perceived societal standard.

Also other participants corroborated the problem of media influencing an ideal body image, by not portraying reality, but graphically altering model pictures. They saw the need of asking media to stop glamourising anorexia but employ natural body images. They confirmed the difficulty for health promotion due to society: “It is easy to say ‘don’t follow a body image’ but it is hard to do because it is all around you.” Their discussions provided further confirmation of the importance of promoting all body shapes and dropping the definition of “normal”. They agreed that being skinny was not the focus or goal. Instead of advertising weight loss, this campaign should advertise healthy eating.

Regarding the respect of others and not judging others, one noted that it was a hard goal, “because if someone looks funny you just can’t hold it in”. They showed the concern of only thinking of what that person might feel like after you have said something. However, not only did they find it difficult to be accepting of others but also of oneself, because youth looked up to celebrities, wanted to be like them, or followed trends. They thus discussed the problem with unhealthy role models, such as celebrities doing drugs. They could not fulfil their responsibility, as they did not know how to tackle problems themselves:

A: “People tend to look at other people and being like them

B: “Celebrities”

A: “Yeah, like celebrities.”

B: “They see something and they want to be like them.”

C: “It’s hard to teach to be yourself when there is a particular trend, like looking good and stuff.”

The girls corroborated the need of teaching self-respect, reporting the lack of it. Most participants showed special concern for female students. For them, this started at intermediate school, where kids looked up to older siblings in secondary school and viewed them as role models – “they think that’s like the norm”. They noted that one could not immediately love oneself, but had to learn it. They added the importance of knowing “how to love other people”. They were aware that some people did not know how to express love but were abusive.

The participants saw this age as a time with “so much drama” and confirmed the importance of education on emotional stability, dealing with stress, and dealing with problems without harming your wellbeing (e.g., using drugs, alcohol, or smoking). One group saw the need to add parents to the target group, because of the influence their stress had on the students. Once students had the knowledge on how to deal with stress, they could help their parents, such as doing little things to influence their wellbeing. Thus, the parents would not have to turn to alcohol or cigarettes either. The participants

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saw that this could help them without teaching them, automatically resulting in learning for them as well.

The girls added further insight into the issue of the perceived cool or desirable image of mental health issues:

A: "A lot of kids I know, like, girls go around cutting themselves, they think it looks really cool."

B: "Like seeking attention."

C: "When you say that I think of like emos and stuff, not trying to stereotype or anything. But some people that I used to know who were really normal, like fun kids and it's weird, and now they're gothic and really depressed and –"

D: "But do they think it's cool, or do they actually –"

C: "They're not actually depressed but choose to be depressed to fit into that group."

E: "I see people who seem like totally fine at school – and it's alright to, I understand that people will put on a mask, but then, like, you can just see the cuts all over themselves, but they make no effort in hiding them either . . . and that's when you know that it kind of looks like attention-seeking . . . They do it in places like down their leg . . . where everyone sees it."

The issue of cultural equality was viewed differently in the groups. I asked one of the male focus groups, which were of mixed ethnicities, if they also experienced ethnic inequality or dominance. They stated that ethnicity only affected the grouping of friends: "Like certain ethnic groups hang out with each other." They could not confirm dominance or superiority, instead, found ethnic groups to be equal. Others, however, confirmed the issues. A group of girls added their experiences that it was not only a problem amongst boys but also amongst girls. People were more or less accepted based on ethnicity and intimidated or scared of others. They also recalled issues of physical violence, recounting a specific incident. They hence concluded that the issue of cultural equality was of importance – "especially in this school".

Also the topic "boys showing feelings" caused different reactions. It was the boys in the design thinking workshop who had identified the importance of changing the norms to allowing boys to show feelings. In the focus groups, the female groups immediately approved it, while it caused discussions in the two male focus groups. The Year 12 boys laughed initially when they saw the issue. For the Year 13 boys, this topic started the discussion in the beginning of the workshop.

If you think about it, girls cry all the time about stupid things but [laughter], just saying, guys don't usually cry . . . over stupid things, it's usually over big things, like if parents have passed away or something like that, so it's more like healthy for them.

It seemed that "showing feelings" meant crying to them and that they experienced an expectation to cry, even if they did not want to. They commented that everybody had

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different ways of dealing with problems or displaying them and crying was not their way. “I think everyone’s got their own way of showing something and you can’t really expect a guy to like break down in tears if it’s something . . .” The male participants hence emphasised that girls and boys show feelings differently and while girls displayed them openly, boys might have other techniques such as going to the gym: “You need to define ‘showing feelings’. It doesn’t have to be crying. Maybe they do, like, other stuff.”

They noted that they preferably showed feelings to other boys, family, or friends: “You can show feelings to other boys, but not ... (laughter from the group), no, like a friendly high-five and stuff, but you can’t do that with girls.” Although they argued the design thinkers’ viewpoint, their viewpoint corroborated the problem of norms in society:

Me: “Do you think it’s ok if you’re sad . . . that you have someone you can show those feelings, or someone hugging you?”

A: “Yeah, with your family, and like boys, with friends, but not to girls, and stuff”

B: “Some girls.”

C: “You feel like you’re losing your manly-“

D: “Your manhood.”

E: “You get mocked.”

F: “If they see you crying or something.”

G: “That’s just the way it is.”

I noted that the Year 12 boys had digested the topic of “boys showing feelings” from the issue construction to the collection of messages, when they discussed it differently. One noted that, “boys should be able to, like, show their feelings, but this modern day, like, it’s uncool to show”. They saw “a line where you go overboard of showing feelings”, and were aware of the boys’ worry of getting rejected by other people. They finally noted that while boys thought they were supposed to be tough, there were times when you had to show feelings and cry and you should accept that it happens. They added the notion that boys showed more feelings when they are drunk. The female participants on the other hand fully confirmed the issue. They noted the problem of perceived norms, that boys could be mocked for showing feelings, that society told them that it was not “right for them to show their feelings”, something that “is not supposed to happen”. They corroborated the issue of not letting boys show feelings: “It might be some influences, because there are girls like us who don’t really care, like if they show their feelings or not, and then there are some that mock boys who do show feelings.” One girl emphasised that this topic should not only address boys, but also girls.

5.2.8 Layout of the campaign

The focus group participants confirmed and validated the campaign plan. They approved and liked the actions, although critically asking how some could be implemented.

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Discussing the actions, one group already mentioned the use of social media. All groups emphasised the importance of those platforms and of being everywhere relevant to the target group. They all confirmed that Facebook was the most relevant social medium, and discussed further media (Tumblr, Pinterest, Instagram, and Twitter). While recommending using “everything to bombard the people” and “just get everything you can find”, participants added “definitely Facebook and YouTube though”. They liked the idea of the logo on the uniform.

Members of one focus group proactively asked about celebrity endorsers, corroborating the need for them. According to the participants, more people would then listen. In all four focus groups, the selected ambassadors were discussed and more were added to the list. The participants judged that some were not relevant anymore (“music artists that people listen to now, I mean . . .”) or might not portray the right image (“but these are guys who sing about being drunk and taking drugs as well”). To address different people, they reckoned, “we gotta get a range of music though”. They noted the difficulty to gain famous artists for the project, therefore suggested approaching previous Avondale students who might be more likely to engage. Furthermore, they thought about endorsers for other campaigns: “What about that guy from that drinking-and-drive add the ‘you should crash here?’” The Year 12 girls noted that most ambassadors were males but could not think of further female ambassadors. The focus group participants validated the plan to use a mix of student and celebrity ambassadors, confirming that the younger students looked up to the Year 13 students. The current head boy and head girl should thus be involved.

5.2.9 Brand concept

The design thinkers had left the final choice of the brand concept up to the focus groups. I thus presented the two concepts with their logos, which the design thinkers had picked from numerous suggestions by the graphic designer. The decision of the final HALT logo had been very difficult as the students wanted more changes to the design. Although students had a large variety of designs, they were not fully convinced of the one they chose. I kept this notion in mind when presenting the logos to the focus groups.

In the first focus group, it became evident that they did not approve of the HALT logo, but liked the concept of the vision and the eye, as well as the strong name and the slogan. However, they did note the complexity of the concept and said that it might not be self-explanatory. But their main concern was that the logo did not look youth-relevant, but too formal, dull, and black.

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The participants liked the bright colours of the REACH logo instead, as it was more appropriate for young people. However, they criticised the addition “for youth” as youth often did not like campaigns that were specifically made for them. “You hear youth . . . and people step back . . . Because I think in saying for youth it almost, you put it out as a campaign, and often youth people, they don’t like the whole campaign for youth things.” They concluded that the design needed to address youth and be appropriate for them, but “youth” should not be explicitly mentioned.

The following focus groups showed the same sentiments. They liked HALT because it was straightforward and “in your face”, whereas the words behind REACH were too complex. However, they liked the REACH logo better as it was more appropriate for teenagers, while HALT would need a colourful design – youth-appropriate, yet not childish. They found that HALT looked too serious: “I think the HALT one’s a little businessy [sic].”; “It looks like an optometrist kind of logo.”; “Yeah, it’s not very modern.” They added that the eye was scary and it appeared like two logos in one. One suggested incorporating the eye into one of the letters of HALT. Or the person standing could be in one of the letters – like one dark and one light side of the letter “A”.

Based on the first focus group’s discussion around the logos, I suggested that they could vote for concept and logo separately. I offered all groups to show them the other design ideas from the graphic designer – based on the notion that the design thinkers had also not been fully convinced by the features. Also the focus group students found it very difficult to choose between the concepts and most discussions produced the notion that they preferred HALT as a concept, but the look of REACH. The secret vote showed the same picture: a preference for the concept of HALT, but with a different logo.

The participants generally supported the website design and its structure, layout, and content, commenting “it’s good” or “it’s solid”. They emphasised the need for few words and many pictures, as teenagers were very visual. Comments included: “Photos of good life. ‘Cause teenagers our days love photos.”; “Visual is better.”; “Really cool photos.”; “We just sit on the Internet and look through photos.”; and “I think people learn more from looking.”

They furthermore discussed that the website should be more colourful, with links to other websites, as well as sharing options to Facebook or YouTube. They saw that just swapping the white background with a colourful background image added a lot to it. They discussed the different design options based on a radio station’s example which I showed them and which was very untidy and unstructured. They analysed that the website design depended on the purpose – if it should look serious or entertaining. While one group said they liked the radio station’s cluttered look better, another said that it should not be too messy and “in your face”, but more simple, user-friendly, and interesting at the same

time. They commented that the current simple or factual design looked too mature and serious.

Final comments for the project were positive and supportive, such as “Good luck!”; “It covers everything.”; “I’m excited for those daily notices and I won’t be here.”; and “I’m looking forward to seeing how it works out.” One group applauded after I said “that’s the campaign, that’s the project”, agreeing that it had potential, that it was good to dream, quoting “it starts with a vision, man”. When I asked “Are you gonna be on board next year?” one replied “absolutely”. When I asked “Are you gonna be an ambassador?” he confirmed and his schoolmates added “We’ll wear a t-shirt.” and “I’ll sing a song.”

Others confirmed that the campaign was interesting and saw its potential to reach students, but also noted that it depended on how it was presented and if it was appealing to the students: “I think it has potential, if you make it real interesting, and do like an event or something.”; “Cause lots of people go to the events.” They added that people needed to believe in it and be willing to make a change. When I asked, they said that they would click on “like” if they came across it (one added “because we are part of it”). Students commented that they had learnt a lot in the workshop.

5.3 Campaign Design, Development, and Adjustments

The logo and media platforms were developed by a graphic designer, web developer, and me, based on participants’ input. This development commenced after the design thinking workshop and continued until the start of Phase 3. This sub-chapter serves to outline the process that contributed to aim (2); the *how* of the campaign development by-youth-for-youth.

As participants were not directly involved in the work process, they were consulted frequently. The early form of steering group meetings were thus initiated with the design thinkers. These meetings mainly served to discuss and approve website features and the logo design, but also to clarify further campaign components. The participants had agreed that a Facebook group was the best communication platform, which I subsequently set up. They discussed if it was possible to invite the rest of the health class or if numbers should be limited. They noted that the project’s contact teacher should be invited as well.

In the first meetings they confirmed the approach of positive psychology and positive health. They decided to include the wellbeing campaign by the Mental Health Foundation of New Zealand (n.d.-a), which they confirmed to be appropriate for youth (displayed in Figure 5.1).



Figure 5.1: The student participants agreed to the Mental Health Foundation of New Zealand’s (n.d.-a) Five ways to wellbeing being appropriate for youth context

I had summed up all the findings from the design thinking workshop and created a campaign map (using the non-linear presentation software Prezi). After presenting it back to the design thinking students mid-October 2012, I prepared an amended version for the focus groups end of October, which I adjusted again after their feedback. The campaign layout was divided into sections. The top section depicted the issue construction, including the ideals and gaps of the various physical and mental health foci. Below it were the consequent messages and the bottom part of the layout displayed the remaining campaign components, including ambassadors, actions, website layout, media selection, and the brand concept with its logo and slogan.

A less detailed campaign map was presented to the principal on 19 December 2012. It included my research layout, the students’ issue identification and the campaign plan with its messages, actions, and media plan. He was very supportive of the project, liked the development, and was very impressed by the work of the students. This meeting would remain the only time I met with the principal.

While I worked on summarising the campaign components and setting up the social media platforms, the web developer and graphic designer cooperated in the creation of the website and logo. The campaign development meetings with the design thinkers organically became action research mini-cycles, including reflections on developments and relevant adjustments.

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At first, the graphic designer developed various logo designs for the HALT and REACH concept (see Figure 5.2). The design thinkers chose one of the REACH concepts: the grey reaching hand; the hand with the colourful REACH lettering; and the longer version with the five words (second from the left in Figure 5.2). However, they were not fully convinced by the HALT logos and asked for further adjustments. They liked the longer eye (see on right top of Figure 5.2) but suggested putting the HALT lettering above it – and trying both fonts which were used in the round eye ball designs. As they liked the colourful REACH design, they also wanted to see the long HALT eye with HALT next to it in the same font and colours (except red) as the REACH design.



Figure 5.2: First logo suggestions from the graphic designer after the design thinking workshop

The graphic designer informed me that the long eye with the same lettering as REACH (see top of Figure 5.3) did not harmonise. In addition to the requested eye logos, he suggested a coordinated image and lettering (see bottom of Figure 5.3). Upon seeing the new suggestions, the students discussed the options in length and were reluctant to make a decision, still debating further options as well. They finally chose the graphic designer's suggestion, however, not fully convinced.



Figure 5.3: Logo suggestions for HALT after the design thinkers' amendments

After the focus group members liked the HALT concept better, but also preferred the colourful REACH logo, the graphic designer again faced the challenge of merging the concepts. Figure 5.4 depicts the results. As I noted that the designs were quite childish and I had interpreted from the student's notions that it should be cool, I asked the designer if he could suggest a 'rougher' design. His reply included the creations in Figure 5.5. The design thinkers now liked many of the suggestions and again had difficulty choosing one design. They ultimately selected three finalists and decided to let the whole school vote for the final logo. They noted that this procedure would facilitate the democratic nature of the project.

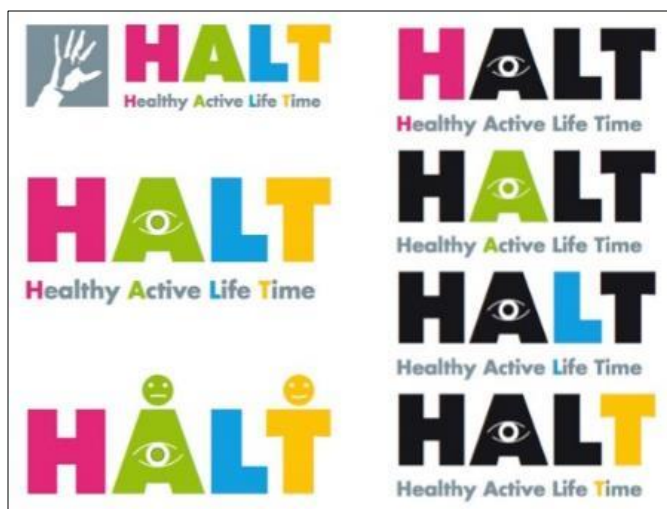


Figure 5.4: Graphic designer's attempt to combine the HALT concept with the colourful design



Figure 5.5: Graphic designer’s “rougher” designs, using a stencil font

The parallel website development started with the bare structure of the website and different design options. Figure 5.6 depicts the beginning stage of the website development. During the process, I filled the prototypes with suggested content, based on the findings from the design thinking workshop. In meetings with the students, they confirmed the layout and emphasised the need for it to look entertaining and fun. Figure 5.7 displays the following version. During the summer break, the web developer and I continued working on the website layout and the social media channels, without any meetings with the students or chance for consulting or feedback. Figure 5.8 depicts the development of the website in 2013. The decisions in the first 2013 steering group meetings were that the website should contain health promotion content (called lifestyle), events, positive news, and a quiz.

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Figure 5.6: The first stage of the website development with the layout structure (top) and design options (content fictional)

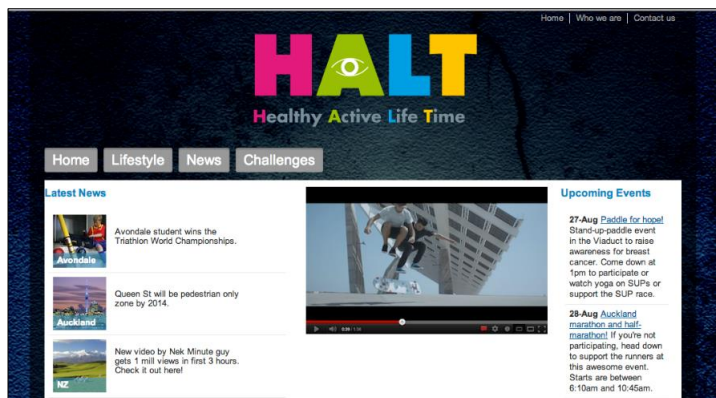


Figure 5.7: Website layout, December 2012 (content fictional)

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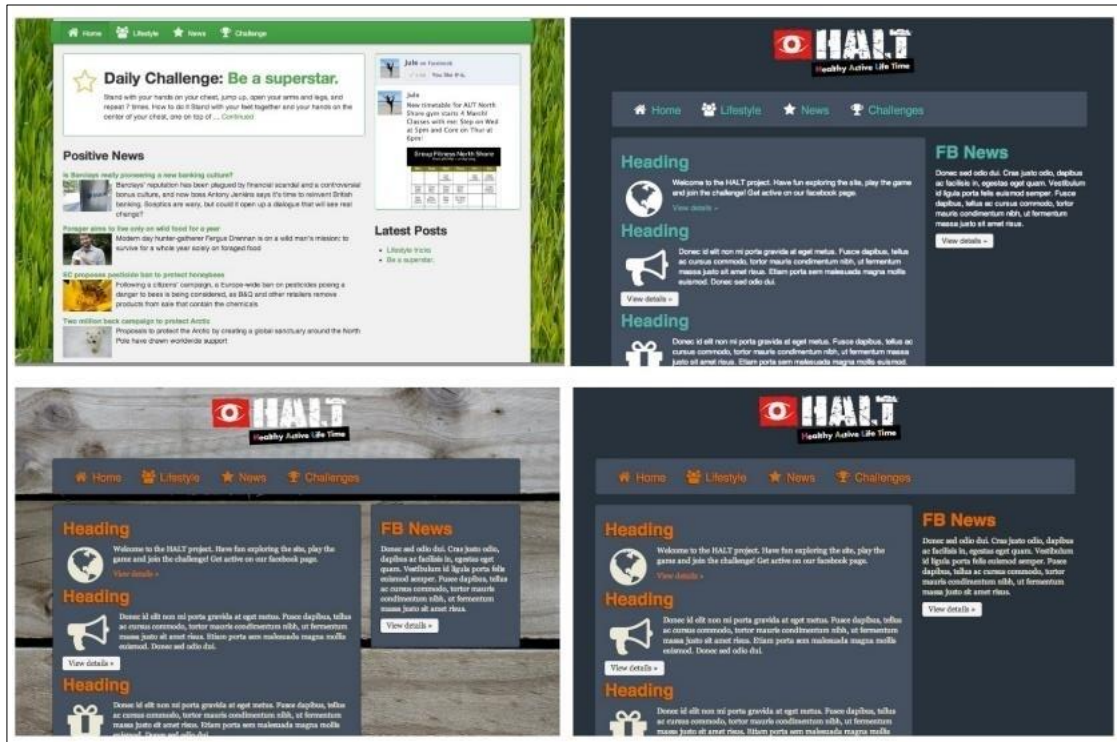


Figure 5.8: Ideas for website layout, February 2013 (content fictional)

I developed the social media platforms with matching background designs and avatars. To ensure that the media represented their voice, I checked further details with them, for example, what I should fill in the social media “about” text, or what I should write to ambassadors and what they should do. The design of the social media sites was influenced by my own ideas and images, again taking in consideration their planning (see Figure 5.9).

By the time the first steering group meeting in the intervention year 2013 took place on 5 February, the campaign components had already been readjusted several times and I had collected the following questions for the students. I wanted to check with them how they wanted to administer the group and the collective decisions, discuss details of the campaign, finalise the logo, check detailed content for the website, discuss communicative details, check what ambassadors should do, and discuss the involvement of other projects and teachers (e.g., marketing, creative classes).

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Figure 5.9: The consistent HALT branding on social media (from top to bottom: Twitter, Facebook, and YouTube)

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After experiencing challenges with the translation and implementation of the participants' planning, I posed the question how to ensure that they ran the campaign; how to administer their ongoing involvement. They said that for the events and positive news, whoever sees something would forward it to me and I would upload it. Regarding lifestyle content, they detailed that the nutrition focus should be on breakfast club, energy drinks, fizzy drinks, processed food, fast food, buying fruit and vegetables, and drinking more water. For the challenges, they wanted students to be able to share their experiences on the page. Their first ideas for challenges were "tell one person per day about the campaign" and "think about what you can contribute to our campaign". With the challenges, they once more showed their understanding of the need to involve and empower the whole student body. As with the decisions before, when back in my office after the discussion, I noted that while I had more detailed ideas, I did not have their actual words or images. They always remained ideas and plans, not actions.

With the start of the intervention year, also other Year 12 and 13 health students wanted to join the meetings, after being informed about it. All meetings in the beginning of the intervention year also served the purpose of detailing the implementation, that is, the launch of the campaign. While the campaign actions had been part of the planning, the implementation also involved numerous ongoing decisions. The students decided that it needed to launch at assembly, in order to reach the entire school. Due to the size of the student body, the assembly was divided into two assemblies. It had always been clear that the first weeks of the school year (month of February) would be too busy to find an appropriate assembly, which only took place once a week. Originally planned for 4 March by the steering group, the launch was moved in their meetings until was finally confirmed for 25 March, with survey administration in the week prior.

Also the plan for the launch changed and developed. The students initially wanted to organise campaign pamphlets and T-shirts. At a following meeting they discussed T-shirts and stickers and said that I should introduce the campaign with a Prezi presentation. Towards the end of February, the plan for the launch became more detailed. We would have three to five minutes for each assembly to present the campaign. The students' idea was that when I was introduced and would go up on stage, steering group members would jump up randomly, yelling HALT, before proceeding onto stage to stand behind me while I talk. For the talk they said that it should be interactive, including facts, but also funny. They thought about a game and prizes and an additional in-depth presentation at lunchtime aiming to raise further interest and get more students involved. In addition to the launch, they planned to set up a health expo for youth week at the beginning of May, launch the HALT T-shirts, and start a fundraising. In the meeting at the beginning of March, the students suggested making a "Harlem Shake"

video and premier it at the campaign launch. They planned the details of the video, what we would wear, how it would start, who would film and edit it. They still wanted stickers and business cards for the launch. Radio stations should cover the launch on the radio that day. In the end, I spoke at assembly and two boys jumped up with their hand pose saying HALT. In one of the assemblies, one boy did not even do it – he later on shared that he thought it was funny, as a prank on the other one. They executed the planning of the “Harlem Shake” video, which was fully run by them. Although they went on camp after shooting it and forgot to bring the camera to the cutter, they managed to get it together the day before the launch.

5.4 My Reflections on Phase 2

The methods proved to be appropriate and effective for the action plan. The design thinking workshop continued to be very productive, while the focus groups represented an engaging and successful tool to validate, corroborate, and refine the findings of the design thinking workshop. All group work served to build a participatory and democratic setting and supported the methodology and approach of the research.

The findings of the design thinking workshop and the focus groups contributed answers to three of the four research aims. The current health and lifestyle attitudes and behaviours amongst the target group were corroborated and refined, which finalised aim (1). The methods presented one way of developing a social marketing campaign for youth in collaboration with youth, contributing to aim (2). Ultimately, the findings entailed what a social marketing campaign for positive wellbeing developed by-youth-for-youth can look like, thus accomplishing aim (3).

As I reflected on the campaign development, the question arose to what extent the participants can challenge norms and aim for a new status quo if they are not aware of alternatives to the system they live in. With the design thinking students, I noted that their suggestions were predominantly shaped by what they had seen, heard, or learnt in class, from the teacher, in the gym, or elsewhere in their social context. Topics might not have been their own, but put on the agenda by the curriculum or the media. I noticed this most with nutrition, while some other topics (e.g., mental health topics or drugs) appeared to be more shaped by their own experiences and sentiments. This notion underlines the importance of the social context, as it influences thoughts and work. I reflected that, for action research, one should consider how much participants need further information in the process to enable growth beyond the scope of the participants. However, the challenge is to ensure this without taking power or leadership from the participants. I felt this challenge during the design thinking workshop, as I tried to

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support discussions with relevant input while remaining aware of potentially influencing their choices. This is, in fact, the combination of two of the recommended parameters for social marketing for youth – to let the campaign come from them and to inform the project by formative research (Thornley & Marsh, 2010). Action research acknowledges the involvement and potential influence of the researcher on the process. I thus confirm that my input, behaviour, or personality might have influenced participants and their thought process – as it would also happen in positivist research where the researchers' potential influence is simply not mentioned, which does not mean that it is not there.

The campaign design led me to reflect on the selection of the participants and their attributes. It had proven to be the right decision to work with students who were passionate about the topic and showed the characteristics of design thinkers. The participants were very successful in developing the campaign, which their passion contributed to. For the sake of the campaign, I reflected on the potential of looking for more attributes or skills in the participants.

Similar to the first day of issue construction, the workshop participants continued thinking big and ambitious for the campaign planning. It included mid- and upstream efforts (i.e., aiming at peers as well as organisations or policy makers; Carrigan and Dibb, 2013; Andreasen, 2006). Their planning expanded from the school to the community, and to a national level, including the government and society in general. Findings of the focus groups validated the needed support from “above” and collaboration with the school, the teachers, and the government. They therefore corroborated the stance in health promotion, action research, as well as social marketing, which notes the importance of mid- and upstream efforts (amongst peers; with policy-makers) and the collaboration with different stakeholders.

While this ambitious planning helped create a professional and comprehensive campaign, it also raised the expectations for the campaign, which were fuelled by the support of the target group members (the focus groups). Concentrating on upstream efforts (e.g., policy changes), however, hinted at a transfer of responsibility upstream, while not believing that they could cause change. I hence wondered if they were not comfortable with the responsibility of creating the change they wanted to see. They had demanded changes in the school system, tax system, society, and in the media; that the campaign needed big stars to which the students would listen. Although they commented on the negative peer pressure (e.g., with drinking, drugs, or sex), they did not see the option of the positive version.

I reflected that while the students needed policy changes, they were not aware of empowering options, such as activism. The concept and the feeling of being able to influence the world they lived in was new to them. This learning underlined the need for

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youth empowerment and strengthened the rationale for action research as a framework. I thus focussed on the positives – their mature awareness of the problems and the needed change, their passion, and the chance of giving them the voice and empowering them. I did not focus on the hinted transfer of responsibility, potentially indicating a sense of helplessness.

When I met with the design thinkers before the focus groups, I used the chance to discuss power distributions. I asked them if we had the power to change rules and regulations or people, as they had formulated the aims and measures for the campaign. Phrased like that, they said that we did not have power to change the law – but to change the people. As changes in rules and regulations might be more promising, we decided to try to change rules and regulations in the school. I reflected that the school could serve as microcosm to prove the point. I would ultimately find out in the action phase how the ambitious planning would evolve, the potential of changing the microcosm, and how participants would deal with the notion of taking responsibility.

The two most impressive aspects of the focus groups were their openness and comfort with me as well as the strong support for the campaign. Both the note-taker and I found all participants to be very comfortable with each other, with me, and with the content of the workshop. They were open and engaged in the discussions, even with sensitive topics. As with the design thinking students, their behaviour underlined youth capabilities for active participation in health promotion projects.

The campaign was met with great interest and participants enjoyed discussing them more thoroughly. The participants were not only engaged, but became passionate about the project themselves, while validating, refining, and adding to the findings. Revealing their own frustrations with the status quo triggered a passion to change it. This was most astounding as they were not health students and indeed did not all have an initial interest in health. I observed that the mere participation seemed to cause awareness, interest, and a passion; hence, had an impact on the students and could promote change. A specific example was that one participant had an open energy drink with him and was rather quiet in the discussion about nutrition, which included energy drinks. I noticed after the focus group that he had not finished his drink.

The design thinkers wanted change, and they saw the problems with society and norms, however, they saw the target group being “others”. The same counted for the focus group members. As all students represented the target group, I reflected on the demand for the campaign and its potential success. The fact that all participating students agreed so strongly with the needed changes of norms only by thinking or talking about it, the campaign seemed as if it would be an easy success.

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Apart from agreeing with the campaign, focus group participants also showed strong agreement between the groups, which I noticed in particular with the topic of sexual health. Independent of Year and gender, all groups supported the same concerns, issues, and needs. Regarding the other gender's behaviour, they showed support; boys commented how there is no need for girls to show much skin; while girls shared how they disliked if boys had sex young. Hence, there is potential in the clarification of misperceptions (e.g., communicate the gender's thoughts in the campaign).

While the design thinkers focussed on big and ambitious plans, the focus group members were more critical and questioned parts of the campaign and its planned components. Despite being excited about changing the norms, they confirmed how difficult it would be to implement the campaign (taking in consideration the target group, i.e., others). Hence, their support foreshadowed a successful campaign, while their concerns hinted at potential challenges or difficulties.

In retrospective, I noted that student support was only triggered when learning about the campaign, which the participants did in great detail. This underlined the importance of personal communication, which I could not ensure in a media-driven marketing campaign. Having to learn about the campaign to understand and support it hinted at the previously noted complexity, although the focus group findings confirmed the comprehensive approach. In the focus groups, I did not notice the emphasis of topics more than others, as I systematically went through all of them.

The creation of the campaign components, in particular the logo and website creation in collaboration with the external experts, revealed the first challenges. Especially when I could not meet the students (approx. two months summer holidays), I lacked their feedback. My research plan had been based on collecting the participants' ideas, collating them, and passing them on to the experts, who would develop the campaign components. The plan did not and could not take into consideration different turns, which the steering group directed, such as the initial creation of two brand concepts.

Thanks to the flexible nature of the research project and methodology, the process could be adjusted according to the outcomes of the data collection. The first adjustment was that two brand concepts needed to be designed. As seen above in Figure 5.2 and the following figures, the designer followed the detailed instructions. But these left space for interpretation which resulted in several designs. The process of logo adjustments and the decisions to leave it to the focus groups and ultimately to the school vote was an empowering and involving idea and showed the importance of the flexibility with a project in the real world. However, I realised that the participants avoided making final decisions. At the time, I applauded the engaging democratic measures.

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The translation challenge became not only evident in the logo creation, but also in the website development and filling it with content. Again, the high-level planning of the design thinking workshop allowed a range of interpretations. Although I collated all input and passed it on to the web developer, he asked various questions regarding the details throughout the process (e.g., selection of font, design of tabs, colour distribution, or background, just to mention a few). Due to the focus on the students' leadership, I became aware of my potential interference with their power, while I tried to interpret the participants' planning for the web developer.

It was even more complicated with the content creation. The campaign planning had included all components, but now I needed to put their ideas into words, phrases, sentences, and pictures. Every selection of content was ultimately my decision, albeit based on their planning. I was aware of the possible power-intrusion and thus tried asking them and sharing with them as much as I could. I noticed that I was hesitant with the content creation. Ultimately, I reasoned that this was only the foundation and they would then take over the content creation.

For my meta learning, the above-described experiences around the translation of the findings into the actual campaign meant that I knew the theoretical answer to research aims (1) and (3): the issues had been constructed and I knew what the campaign needed to theoretically look like. But what it would actually look like left variations and interpretations which ideally needed to be discussed with the participants. The latter notion contributed to the "how" of research aim (2) – how we can develop and implement a social marketing campaign for youth in collaboration with members of the target group. Indeed, this collaboration was only granted during the planned methods (i.e., design thinking workshop, or focus groups). It could not be sustained during all periods, such as the actual creation which occurred outside the school (due to space and time). Thanks to the flexible nature of the research project and the good collaboration with the school, I could yet include more feedback loops than originally planned to react to the turns of the campaign development.

I concluded that the process of the participants conducting the theoretical planning of the campaign and the experts designing it (as it was planned in an empowering sense and giving them ownership) was a feasible and practical approach and suited the timeframe and project plan. They were the planners – comparable to the management – and the experts executed their plans. The thoughts and realisations that this process would give the experts and me substantial influence on the project only came with the implementation. Although I sought their approval more frequently than planned in order to reduce the influence of myself and the experts, I remained hesitant to implement

changes without their approval. These procedures should be revised and optimised for future projects.

The need for flexibility was also a learning from the planning of the launch, which needed to be moved several times. Through the course of the planning, I reflected that the ideas were again big and ambitious, yet it started to dawn on me that they would remain only that: ideas. They were not backed up with their actions. Although they had planned their involvement, they pulled back as it got closer to taking action.

It was thus with the first execution of plans, that the notion of “planning big” began to fade into the question of whose responsibility it was to implement these big plans. They had planned that they would lead the campaign. But they did not follow up on their ideas and plans, such as contacting radio stations to come in or getting branded T-shirts printed. I slowly started to realise that the planning alone did not make the ideas happen – the students relied on others to implement them.

In conclusion, the most prominent learning from the stage of campaign creation and refinement and planning of the launch was the need for flexibility and close collaboration with the participants – to ensure they own every part of the process and could not “be lost”. The challenge of the translation from planning to implementation became apparent as well as the struggles the students had with following their own planning, transforming plans into action, and making final decisions.

5.5 Summary

This chapter marked the completion of Phase 2 – the action planning. Methods and setting ensured a positive environment for collaboration and were hence appropriate and useful to produce in-depth insight and data to address the research aim and contribute to the research questions. Once more, enthusiasm of all groups strengthened the purpose of this research project. Findings from the focus groups corroborated and refined those from the first day of the design thinking workshop on research aim (1) – their peers’ lifestyles attitudes and behaviours. The second day of the design thinking workshop and the focus groups detailed the intervention plan, providing insight to part of research aim (2) – how we can develop the campaign in collaboration with the target group.

I concluded that the selected methods, as well as the democratic and collaborative approach, proved to be very useful as it was very productive to plan a comprehensive intervention. Through the process I learnt that the inclusion of the professional graphic designer and web developer had been necessary, however, also bore the challenge of ensuring ongoing involvement and approvals by the students. Congruent with Phase 1, also the collaboration and the findings of Phase 2 validated the approach, the

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methodology, and the interpretative-constructivist paradigm. Target group members needed to discuss and collaboratively interpret and construct issues or plan action.

Last but not least, the design thinking workshop, focus groups, and the following production gave the answer to research aim (3): “What does a social marketing campaign for positive wellbeing developed by-youth-for-youth look like?” The data analysis of the participants’ input outlined the theoretical planning for the brand and campaign with its logo, website, and media platforms. I could furthermore extract and summarise a comprehensive strategy including the actions, messages, ambassadors, and targeted media (see Appendix Q and Appendix R for the comprehensive summary of action and message ideas). The campaign components could be designed based on this analysis.

My reflections on Phase 2 mainly revolved around practical challenges in the translation of their planning into action. Whether it was the logo design, the website content, or the launch of the campaign, participants had enjoyed planning it. It, however, left room for interpretation for the external professionals. Furthermore, the participants became very hesitant with the steps they needed to do themselves and struggled with the responsibility, such as making a decision on the final logo or executing a plan for the launch.

Chapter 6: Action (Phase 3)

This chapter sets out the action phase, which started with the launch of the campaign on 25 March 2013 and comprised seven months of implementation. It was accompanied by steering group meetings (which represent mini-cycles). Preceding the launch, I conducted a baseline survey. In adherence to the chronological order, the results of the survey will be used to introduce this chapter, before I present the findings of the campaign implementation. Due to the length of this phase and structure of mini-cycles, reflections and meta learning are weaved into the findings, with an overall retrospective reflection concluding the chapter.

6.1 Results of the Health and Wellbeing Survey

To enable collaborative survey administration, the school management gave me the opportunity to present this research project and announce the upcoming data collection at a full staff meeting. Teachers reacted very positively to the project.

Until this point, the approach to the issue construction phase had been purely qualitative in nature. The methods had produced comprehensive and deep insight into the most important topics for the target group. However, the participants had only been a small selection of the student body and their participation could have resulted in a bias. While focus groups could validate (and complement) the design thinkers' ideas, the survey data could validate these ideas across the whole school. The findings of the quantitative and qualitative methods were not directly comparable, but also complementary and offered a broader perspective through the use of both lenses. The juxtaposition and triangulation can also help to see perception and prioritisation of issues. For example, the issue construction process around sexual health produced the same sentiment strongly held by focus group members: that too many young people had sex, started too young, were pressured into having sex, or experienced peer pressure to lose their virginity (especially boys). The survey results showed that 30.1% of the respondents (16 years and older) had ever had sex; only one percentage point higher among boys. While the nature of the focus group discussion had suggested a higher prevalence, when I asked steering group members to estimate the percentage, they guessed "about a third". While the percentage alone could not indicate issue prevalence, this finding nonetheless hinted at the potential need to address (mis)perceived standards among students to decrease perceived pressure. Based on this example, I analysed the data in relation to the qualitative approach to issue construction. I furthermore compared the data with New Zealand population norms. The main reference study was the Youth study, conducted in 2001,

2007, and 2012 amongst New Zealand secondary schools by the Adolescent Research Group of The University of Auckland (Clark, Fleming, Bullen, Crengle, et al., 2013). For its latest edition, 91 schools and 8,500 students participated, representing 3% of the 2012 New Zealand secondary school roll (Clark, Fleming, Bullen, Denny et al., 2013). The questionnaire contained a maximum of 608 health and wellbeing questions, with a branching design of the survey (Clark, Fleming, Bullen, Denny et al., 2013). If available, I had included questions from the Youth study in this research's questionnaire to facilitate comparability.

The meal-eating data validated the issue of low breakfast consumption (50.4% "always" ate breakfast). The Youth 12 study (Clark, Fleming, Bullen, Crengle, et al., 2013) reported 54.4% of the respondents always eating breakfast (52.6% for 16-year-olds; 53.7% for students 17 years or older). Data from this study indicated that the eating regularity (those who answered "always" having that meal) increased from breakfast (50.4%) over lunch (63.7%) to dinner (87.2%) while those who "hardly ever" had that meal decreased from breakfast (15.6%) over lunch (5.0%) to dinner (0.9%).

Survey results on unhealthy food consumption did not indicate the issues to the extent which the qualitative approach suggested. For the past seven days, 37.6% of the students stated that they had no fast food, 47.7% had no takeaways, 48.3% had no food from a dairy, and 65.9% had no food from the school's tuck shop. The latter number, however, corroborated notions put forward by the design thinkers and focus group members about the quality and popularity of the tuck shop food options. Only 9.8% ate there on more than four days a week.

Some of the aforementioned results surprised me to the degree that I doubted the respondents' honesty or accuracy. The fact that 17.2% stated not to have had sweets and 55.1% only 1-3 times in the past seven days seemed unrealistic – especially considering the students' discussion around the normality of sweets consumption and even encouragement of sweets at the school due to bake sales and fundraising with sweets. It was just as surprising that 41.4% of the respondents stated that they never ate crisps, 49.9% never had meat pies or sausage rolls, 30.0% never had fizzy drinks, and 63.0% never had energy drinks in the past week. At my school visits and even at steering group meetings, I had frequently observed consumption of sweets or crisps and sweets being sold or given out.

Nonetheless, the survey data indicated that 36.9% of the students had had energy drinks; 69.9% had drunk fizzy drinks; 58.7% had eaten crisps or the like; 50.1% had consumed meat pies or the like; and 62.3% had eaten fast food. Merging these quantitative with the qualitative findings indicate that issues were prevalent at these percentages.

The results of the survey indicated that 13.9% of the respondents ate vegetables less than daily and a further 40.6% only once a day. Only 20.3% ate vegetables at least three times a day – or 40.7% if including potatoes and kumara. More than half (52.8%) ate fruit at least twice a day. In comparison, a Ministry of Health report from 2008/09 noted that 39.2% of the 15-19 year-olds ate more than three servings of vegetables (Maddison et al., 2010). The researchers of the Youth 12 study stated that 37.0% ate three or more servings of vegetables a day, for which they included starchy vegetables such as potatoes and taro (Clark, Fleming, Bullen, Crengle, et al., 2013). I had used the same question which asked on the frequency of vegetables consumption per day, not the amount of servings. I would however not deduct numbers of servings based on the frequency of consumption.

The survey data revealed a discrepancy between the prevalence of unhealthy food consumption and the number of students caring about eating healthy food. Of the respondents, 45.3% stated to care “some” and 31.4% cared “very much”. In a recent national survey, also almost a third of New Zealand 15-19 year-olds cared about healthy eating very much (31.8%) and even more than half (53.3%) at least cared some (Maddison et al., 2010). Concluding on the nutrition questions, I noted that qualitative issue construction and quantitative survey findings are not directly translatable or comparable, but the combination provides multi-levelled insight and confirms issue prevalence, especially as participants had emphasised the importance of nutritional issues in the qualitative methods.

This survey’s participants not only stated to care about eating healthy, but also about staying fit, with 34% caring “some” and 46.3% “very much”. Furthermore, 52.2% of the respondents stated that physical activity, sport, or exercise was definitely an important part of their life. These results are comparable to findings of the Youth 12 study (53.1% amongst 16-year-olds and 50.1% amongst those 17 years or older; Clark, Fleming, Bullen, Crengle, et al., 2013). Although more than half of this study’s respondents cared at least some about physical activity, only 33.3% did sports at least five days per week.

Survey results corroborated the qualitative finding of low active transport. While 52.7% walked or cycled at least part of the way to school, 28.0% walked or cycled exclusively. Four respondents (0.6%) used the bicycle as only transport to school. For the way home, 55.7% walked or cycled at least part of the way, with 31.3% choosing an exclusive active transport (again, all but four walk). These low numbers of cyclists confirm the focus groups’ notions about cycling and its image.

The quantitative data added to the qualitative issue construction around body images. Only 53.5% of the respondents stated to have about the right weight, with 32.2% reporting to find themselves overweight and the rest underweight. Independent of weight, many students showed that they were unhappy with it or wanted to change it;

corroborating the design thinkers' and focus group members' elaboration on the admiration and aim for a publicly promoted body image. Accordingly, only 30.0% of the respondents stated that they were "happy" or "very happy" with their body, 48.1% stated that it was "okay", and the rest were "unhappy". Hence, 45.5% stated that they were trying to lose weight and 19.7% tried to gain weight (which I assume to be muscle mass based on the qualitative findings as well as some comments scribbled on the questionnaires).

The design thinkers had reported that students slept less during the week and that bedtimes fluctuated between weekday and weekend. Data indicated that 77.2% of the students slept less than nine hours per week night and 41.7% even less than eight hours. On the weekend, only 17.0% slept less than eight hours, and 62.2% slept more than nine hours. While 74.2% of the students went to bed before midnight on a weekday, the percentage dropped to 36.4% on a weekend. Only 32.7% of the respondents stated to mostly get enough sleep. Comparable data – albeit for 18-20 year-olds who would not be in school anymore – comes from the nationwide Sovereign Wellbeing Index, which indicated that 40.3% of this age group reported low or very low energy levels in the morning and 21.2% high or very high (Human Potential Centre, personal communication, 2013). This percentage of those with high or very high energy in the evening was at 45.1%.

The design thinkers' description that some students came to school tired and lacking energy was reflected in the survey with 34.8% reporting low or very low energy levels and 46.8% moderate energy levels in the morning. While the remaining 18.4% agreed to high or very high energy levels, the percentage for energy in the evening was at 40.2%. The design thinkers had added their impression that students who lacked sleep and came to school tired were more likely to consume energy drinks. Survey data depicts that the percentage of those who consumed at least four energy drinks in the last seven days increased from 13.2% in those who slept less than nine hours (12.4% in those who slept more than nine hours) over 15.1% in those who slept less than 8.5 hours (10.2% in those who slept more than 8.5 hours) to 17.2% in those who slept less than eight hours (10.0% in those who slept more than eight hours). However, perceived low energy levels in the morning did not result in higher energy drink consumption (11.5% of that group) than among those whose energy levels were at least moderate (13.6%). These results leave room for interpretation, as energy drink consumption might result in higher perceived energy levels.

This present survey was the first time the flourishing scale has been used to measure wellbeing in New Zealand youth. The measure uses a seven-point Likert scale of agreement to test eight items, thus producing a flourishing score between eight and 56

(Diener et al., 2010). Among New Zealand adults, the mean flourishing score of the youngest age group (18-20 years) had been 42.8 (Human Potential Centre, 2013). This present sample's mean flourishing score was 42.9; the median was 45 (with an interquartile range of 9). Other wellbeing measures lacked comparable figures. All further questions, which aimed at the ability of dealing with stress, problems, or challenges; having a role model; the ability of increasing wellbeing; and showing feelings, resulted in a mean between six and seven (6.1–6.8; on a scale from 0-10). For all these positive measures, between 30.7% and 40.4% of the study sample were in the top-3 group. Regarding trying to be different from themselves, 8.7% of the students were in the top-3 and the mean value was 3.9. I concluded that all wellbeing measures indicated potential for growth.

Also sexual health behaviours bear potential for improvement. Of the 166 students who provided an answer to the question, 37.3% did not use a condom the last time they had sex. Of those who replied to the question about contraception, 52.9% used contraception less than always. These last two statistics underlined the identified need by focus group members to communicate the importance of protection as well as contraception. About one tenth of the respondents (10.4%) were in the top-3-Box (from 0-10) of having sex to fit in. Due to the small sample, this only represented 17 survey participants.

The tables in Appendix S show the acceptance and usage of various drugs. Comparing the outcomes, I noticed that usage amongst friends was higher than the respondents' acceptance and higher than their own usage. Hence, 66.6% stated that "none" of the named substances were acceptable (including tobacco, alcohol, marijuana, party pills and smokable products, and other drugs). At the same time, only 38.0% ticked "none" for the question asking what their friends consumed. The students showed the highest acceptance for alcohol (28.4%), which also had highest usage amongst friends with 58.8%, followed by marijuana (52.1%) and cigarettes (51.7%). The respondents' own usage was lower. For example, 51.7% of the students stated that their friends smoked, but 85.8% indicated that they themselves never smoked.

The prevalence of binge drinking was not as high as could have been expected from the qualitative studies, with 77.6% stating they never had five or more alcoholic drinks in one session and 10.4% only once (in the preceding four weeks). Either this low prevalence was enough for the participants to identify an issue, or the issue was stronger than the quantitative survey could measure. Furthermore, 66.3% had not drunk alcohol in the previous four weeks or never at all. Nevertheless, 10.6% still drank more than once a week (representing 60 students).

Table 6.1 displays the main reasons to drink alcohol with the top three being having fun (82.4%), enjoying parties (74.8%), and relaxing (71.7%). Qualitative findings had

suggested that especially peer pressure would be a top reason. “Because friends do so” is not amongst the top reasons; nonetheless, 44.8% selected the reason. Qualitative findings had indicated that alcohol would give youth more confidence, which 50.8% stated to be a reason to drink. The notion that students learnt drinking behaviour from their parents (“to drown their sorrows”) was backed up with 57.9% confirming to drink “to forget about things”.

Table 6.1: Reasons to drink alcohol in descending order of frequency

Why do you choose to drink alcohol? (Multiple answers possible)	Frequency	Valid percent
<i>To have fun</i>	150	82.4
<i>To enjoy parties</i>	95	74.8
<i>To relax</i>	81	71.7
<i>To get drunk</i>	47	59.5
<i>To forget about things</i>	44	57.9
<i>To make me feel more confident</i>	33	50.8
<i>Because I am bored</i>	33	50.8
<i>Because my friends do</i>	26	44.8
<i>None of these</i>	32	13.0

The percentage of smokers in this sample was at 14.2% (from occasionally to daily). The Youth 12 study reported a percentage of 16.7% for the 16-year-olds and 15.0% amongst those who were 17 years old or older (Clark, Fleming, Bullen, Crengle, et al., 2013). Numbers confirm room for improvement, especially in combination with the qualitative issue construction, which put strong emphasis on the issue, based on students’ observations and experiences.

The image questions confirm that alcohol was cooler than cigarettes or marijuana. Asked to rate the coolness on a scale from 0-10, I compared the top- and the bottom-3 prevalence. Numbers in the top-3-Box (high “coolness”) were very low (4.9% for alcohol, 3.7% for marijuana, and 2.4% for cigarettes). The bottom-3-Box (low “coolness”) shows that alcohol was less “uncool” with 55.6% in that category, while 77.3% were in the bottom-3-Box for marijuana, and 82.7% for cigarettes. These findings confirm the need for the campaign’s aim to decrease the coolness – especially of alcohol. The fact that only 32.8% of the respondents were in the top-3-Box for thinking about the consequences of

drinking alcohol corroborates the need to communicate those. The top-3-Box percentage for thinking about consequences was at 47.5% for smoking cigarettes and 42.3% for marijuana.

In summary, the collected survey data added to and refined the issue construction as well as the action plan with prevalence percentages. It helped validate the issue construction. The juxtaposition of the qualitative and quantitative data also pointed out issues which were important to the target group, but which I might not have been able to deduct from the quantitative data (e.g., smoking rates). The combination and comparison of quantitative and qualitative data thus underlined the potential of mixed methods, especially if the results can be discussed with participants for clarifications. For me, it especially underlined the importance for the qualitative work – I would have missed important issues if I had solely focussed on statistic prevalence. (All survey questions can be seen in Appendix E and all results in Appendix S.)

6.2 Campaign Implementation

Based on the action plan and the teacher's interest in the empowerment of the students, the campaign was planned to be collaboratively run by a student steering group. They would ideally take over all the components, including setting the agendas for meetings and running them, discussing and/or executing the action plan, and running the media platforms, so that all communication would come from the students. This procedure should enable continuous ownership and increase the sustainability of the initiative beyond the one-year implementation.

After the first meetings with design thinkers at the end of 2012, the group opened itself to further interested students of the Year 12 and Year 13 health classes. The meetings represent mini-cycles, with reflections, adjustments, further planning, and action.

6.2.1 The launch and social media support

As aforementioned, the health promotion campaign launched at assembly on 25 March with a presentation and the premier of the "Harlem Shake" video (see Figure 6.1). I introduced HALT as lifestyle campaign, using their phrases, such as "cool" and "a crispy way of life". With the launch, I also initiated the poll for the final logo (see Figure 6.2). The idea behind it was to give the whole student body the sense of empowerment and ownership of the campaign. Upon seeing the logos, the noise level rose, as students apparently commented on them and which one they preferred. The poll was installed on the HALT website which I communicated at assembly, on the social media channels and

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the website. The reason not to vote at assembly was to create traffic for the website and the social media sites.



Figure 6.1: Still image of the HALT Shake video which was planned, filmed, and edited by students



Figure 6.2: Voting of the final logo posted on all social media guiding students to the website

I announced the poll to be open for one week (and posted several reminders during that week). The Facebook page was made public on the day of the launch, 25 March, with 2,728 visits on the first day (which could include visits by the web developer and me). On the first day, 45 people liked the HALT page, which increased to 68 by the end of the month. The website had 4,797 hits for the last days in March (this could also include hits from myself or the web developer). Yet, only 72 people participated in the poll. By the end of the week, option 3 won with 58% of the votes (see on the right of Figure 6.2).

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Reflecting on the first few days of the campaign, I concluded that the poll for the logo did not draw as many students to the social media pages and the website as the participants and I had expected, especially after the students' reactions at assembly. Aiming at maximum participation and involvement, we could have administered the vote at assembly. However, we had hoped to trigger online following and website traffic, which is favourable for the duration of the intervention. With the number of students involved in the creation of the campaign or in health class, I would have certainly expected higher participation – assuming that students had shared and promoted the page and the poll on their personal wall, as had been intended with the design of the campaign. This “sharing” and promoting HALT would remain a challenge throughout the campaign. I did not and could not check all private Facebook pages of the participants; but I noticed that they did not post about it much, if at all.

In later reflections, I realised the discouraging effect this initial lack of feedback and support had on the steering group members. At the same time, their hesitance in this initial phase limited the chance of this initial success for the campaign. With the lack of support working vice versa, it appeared to be a vicious circle: the campaign was founded on participants' support to reach the student body; but the participants were not backing it up because they did not experience students' support. I did not encounter any negative feedback from students; but I saw Facebook comments which might have been discouraging. A post about the campaign on a participant's wall as well as the picture of an ambassador with him tagged (later in the campaign) resulted in comments such as “hahahahahahahahaha” from another student. On his wall, the steering group member replied with “^we care”, which another steering group member liked.

It was only one student who commented with laughter; still, it displayed one aspect of the atmosphere around the campaign. Later in the year, I noticed how also students who supported the campaign were insecure to voice their support but rather distanced themselves from it. For example, a student who participated in a large group photo commented on the picture “yess! my face is blocked :d” The above examples provided rich insight from youth about their effort to create positive change and the image of health promotion. This behaviour was contrary to what had been planned: students identifying with the campaign, standing behind it, bringing it to life, and filling it with a positive image. The notion hints to societal barriers and challenges the campaign would face in the implementation phase – contradicting the support it had received in the planning phase.

6.2.2 Assigning roles and responsibilities

As the first meetings had focussed on the campaign launch and the establishment of the group, I initially facilitated the meetings, but also supported the team with the communications work. Meeting agendas thus mainly focussed on the execution of the action plan. Agenda items included complications or challenges of the implementation and participants' involvement between the meetings, as I noticed these in my independent reflections. Therefore, one of the first agenda points was to discuss where we were and where we were going with the campaign, to appoint specific roles and responsibilities such as managing the online media sites (website, Facebook, Twitter), and planning the actions. In an earlier meeting with the teacher, she had said that students could work on that at the beginning of each class. However, this would never be translated into action.

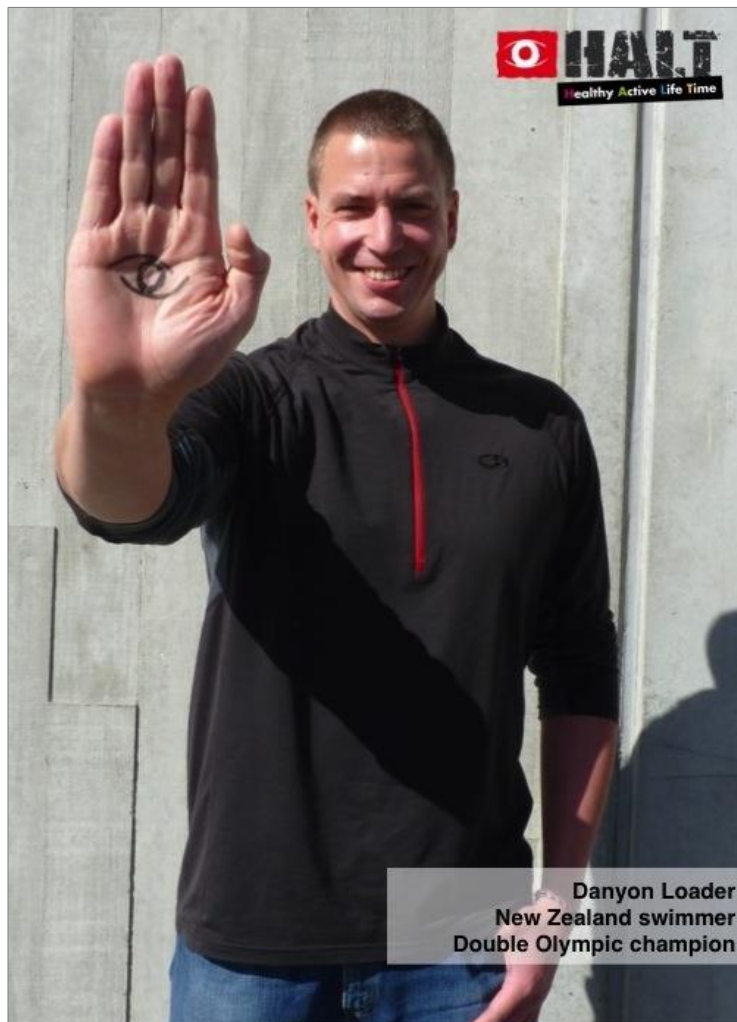


Figure 6.3: HALT campaign with posing celebrity and student ambassadors, showing the eye on the hand



Figure 6.4: HALT campaign “It all starts with a vision” depicting celebrity ambassadors when younger and now, including “XY had a vision”



Figure 6.5: Student ambassadors posing for HALT

While roles remained to be appointed and the campaign being live, I created campaign content based on their ideas, such as the HALT pose posters (see sample in Figure 6.3) and the “It all starts with a vision” campaign posters (see sample in Figure 6.4) with

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celebrity ambassadors. Participants as well as other students posed for the student ambassador pictures, as exemplified in Figure 6.5. These were based on their ideas but also influenced by my own ideas as there was no chance to create them collaboratively in a meeting. I would discuss this notion or challenge with the students in the meeting. The material was posted on the website and the Facebook page.

The students agreed in the first weeks that they wanted to plan a big event. They furthermore selected challenges, discussed what prizes could be won, talked about the planned lunchtime seminars, and petitions. As first reflections already revealed the difficulty of translating plans into action and the participants and I noticed that meetings needed to be more structured and less relying on me, the participants appointed roles two weeks after the launch:

- Team leader:
 - 1 student responsible
 - 1 student helper
- Communication:
 - 1 student responsible
 - Weekly challenges: 1 student
 - YouTube: 1 student
 - Twitter: 1 student
 - Instagram: 1 student
 - 2 student helpers
- Promotion (marketing & PR):
 - 1 student responsible
 - 1 student helper for material
 - 1 extra helper
- Secretary:
 - 1 student responsible
 - 1 student helper
- Treasurer/raffle items:
 - 1 student responsible
 - Support of 2 others
- Project manager:
 - 1 student
- Creation of campaign song:
 - 1 student with support of her mentor
- Ambassadors management:
 - 2 students responsible
 - 1 student helper

Specific daily tasks were also distributed, including:

- Running Facebook page
- Updating website
- Running Twitter account
- YouTube account (watching and liking clips; putting them into playlists)

The list above could have signalled their ambition to take ownership and responsibility. To ensure its feasibility, I checked with the participants that they had what they needed

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to fulfil their roles. The team leader was supposed to set up meetings. The secretary would keep meeting minutes in a notebook, which she said she would buy and always bring. She would supply me and the group with these notes. The communications officer had a leading role, with administrative access to the Facebook page as well as the website. I taught him how to access the website via WordPress, how to produce content and put it up. He practised it in our one-on-one meeting and said he would continue practising at home. As administrator to the campaign's Facebook page, he could always easily post or share content whenever he logged on with his account. Later on in the year, another student (Year 12) would also receive administrative rights.

The student responsible for Twitter informed me that she was already familiar with the medium. I therefore gave her the account name and password to the campaign's account. The girls who wanted to set up an Instagram account for the campaign said they could do that by themselves, as they were also familiar with it. The participant for the YouTube channel received access to the respective Google account, so he could share or like videos on YouTube or add them to playlists, which I had set up. The account was linked to Twitter and Facebook, so it would appear on these social media. Twitter posts would also feed into Facebook.

I had a one-on-one meeting with the student who was responsible for the creation of campaign material. I showed her how I had created the first posters with PowerPoint and gave her the Master document, so she only needed to change words, picture, and/or background. The student responsible for the challenges said he would choose one every week and send it to me. I provided him with challenges of another provider, in case he needed any ideas. On the Facebook group, I posted a file with the exact logo colour codes for other participants to use.

After the trainings, I reflected that students were less familiar with software and social media than I had expected. For example, I noticed that the use of PowerPoint seemed to be new to the student. They also faced barriers with sharing content on the Facebook page, which surprised me as I came across other pages run by fellow students. Social media difficulties also influenced the communication with the group. One participant informed me that he never saw my posts in the group or received the notifications. Nonetheless, I trusted that they could learn it – just as I had learnt the skills.

In conclusion, I am not sure to which extent they were truly challenged by technology or if they used it as an excuse for a lack of commitment. As the weeks passed, these issues became more apparent. The leader never set up a meeting (and stayed away due to low school attendance). The secretary never bought the notebook and never took notes when she attended. The Instagram account was never created. The participant who learnt the poster design never created one. The communications officer who had administrative

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access to the website and Facebook page put up zero posts on the website and less than five on the Facebook page. In fact, after I asked him on 19 May about the website, he informed me that he had forgotten his username. The student responsible for the weekly challenges posted them by himself in the Facebook group twice. Asked for it, he sometimes provided challenges, other times he did not reply. The participant who had access to the YouTube account added a few videos to playlists (e.g., a video of Parkour with Auckland youth). His selection underlined the importance of participants running the social media because they naturally selected topics relevant to the target group. However, he would not continue this task after April.

I was not the only one noticing the lack of taking responsibility and ownership. At the steering group meeting on 6 May it was discussed that “some people have not been standing up to their roles”. The steering group found that we were starting to get HALT “out there”. They still confirmed agreeing with the campaign, the actions, and the messages and committed to finally back up the planning with actions. They appointed tasks for members to find out prices of campaign material (such as branded sunglasses and T-shirts) and decided to print posters. They discussed measures to increase Facebook likes. One suggestion was taking a photo of the student body standing in the shape of the eye after assembly. They also wanted to do the first big challenge with a prize. I suggested doing a “Dragon Ball Z” challenge after I had shared the insight of the viral trend in Japan of students re-enacting the “Kamehameha” (an energy attack move of the anime television series Drangon Ball Z). We could show an example picture and encourage students to re-enact this move, take a picture, and share it on the HALT Facebook wall or send it to HALT. The steering group decided that the best picture would win rugby tickets.

After the meeting, I recorded a personal reflection: “Feels like Groundhog day: whenever I let them steer it, they start all over to think about ideas, brainstorm, think about media, think about ambassadors, etc. We don’t make that step from planning to DOING.” Just as in the design thinking workshop and focus groups, the steering group members were very enthusiastic to share their ideas of what could or should be done. They continued having big, great-sounding ideas. The meetings appeared like fantasising about the great campaign that it could be, rather than implementing what they could. In fact, one participant asked in one meeting if they could only plan and leave all the actions for the following year. This student was in Year 13, hence, would not be there in the following year. This question validated my hunch that they felt comfortable in the planning phase, but did not want to transition into the action phase.

I sometimes noted that they appeared tired, lacking energy. Other times I noticed a difficulty in taking responsibility together with a lack of confidence. One student

admitted that he did not call printers for campaign material because he did not like calling strangers (it was in fact the same student who suggested moving the implementation to the following year). Also, the student who committed to finding out the price for sunglasses would never fulfil this task and was not present in many following meetings. I remembered the time when I was a teenager and also disliked calling strangers. I reflected that they might need more support.

6.2.3 A turning point for responsibility and the potential of students running social media

The above-described meeting on 6 May seemed as if it could be the turning point for the campaign. Following the meeting, the communications manager started posting on the HALT Facebook page. On 9 May, he recommended talented young local musicians, left a post with positive feedback on their page, posted about the Young All Whites (national under-17 football team), and on Avondale College playing in the College Rugby League competition. On 5 June he posted “New South or Queensland? who will win?” (Related to an annual Australian rugby league event.) The Facebook post reached 109 organic impressions and 269 total lifetime impressions.

These posts exemplified how the insider naturally tapped into topics of interest to the target group – while I as outsider could only select content based on their identified foci. It was an easy task for him as insider and once more emphasised the need for the campaign and its communication to be student-led. I only noticed after the intervention had finished that one of the musicians he had recommended was an Avondale student and already a student ambassador for the campaign. The campaign could have cooperated with him more – but the students did not approach me about that and I was not aware of it at the time, so we missed the chance.

The other time steering group members posted on the Facebook page (photos) was when two ambassadors visited the school. Those pictures (as well as other photo posts) were a very successful campaign component: students could be tagged in them and the photos would consequently appear on their wall and in their friends’ newsfeed. To tag students, I needed to be Facebook friends with them. These posts thus reached more exposure and subsequent likes by their friends. However, seeing and liking pictures did not necessarily trigger their friends to like the HALT page. Furthermore, I noticed that also adults, such as family members, liked the pictures or commented on them. This might even discourage students from engaging with the page.

In May, participants once more confirmed their enthusiasm and validated the plans for actions as well as the messages. They discussed whether the campaign needed more

clarification and decided to implement the idea of speaking in Year 9 and 10 classes. They collected a list of speakers and decided that I should formulate and send them a speech. They committed to organise those sessions.

Discussing website content management, the participating students decided to keep the positive news section and that the communications manager and I would feed it. The lifestyle section furthermore needed to be filled with more of the campaign's messages – a mix of pictures and words. The communications manager said he would feed the events tab with information of events across the school. To provide more structure, they suggested asking in the Facebook group what news and events they could contribute every Friday afternoon.

The photo shooting of students forming the HALT eye was planned for the lunchtime following the next assembly. I had inquired poster printing costs, but one steering group member offered to organise the material through her father who worked for a printing company. The participants confirmed the “Dragonball Z” challenge with tickets for a Warriors game (Rugby League team) as prize. In this meeting, I also informed them about the option of a filmmaking workshop, which I had been approached about. This free workshop could focus on the campaign and produce campaign clips. The students thought it was a great idea.

After the meeting, they noticed an improvement “because we didn't go over new ideas again” and “because it had more structure and we discussed more things”. I reflected that I again had to emphasise the core of their campaign: the focus on positive aspects, lowering group pressure, and not only to focus on food, as this was the most-mentioned topic in many meetings. Their own reflections indicated an awareness for the need for meeting structure and for the challenges of the meetings. In this way, they appeared to reach their own learning about running the meetings.

Together with the following meeting, this was the time of discussing external providers to come in, as collaboration with others had been part of the campaign planning. The options included the filmmaking workshop by “The Outlook for Someday” sustainability project, as well as the In2it street games. I had set up both connections through networking and the students liked both ideas. We subsequently discussed the options and the teacher agreed to consult with other relevant teachers (creative field and sports). I put the In2it coordinator in touch with the teacher, so they could coordinate a time directly.

At the following school assembly, I gave an update on HALT and invited students to a photo shoot. Although only a few students stayed (see Figure 6.6), the photo reached 55 likes in the following week, 25 comments; and a final total reach of 1,179. This action

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increased the likes of HALT by 67% to 205 likes (middle of May). In the students' reflection on the low participation, they stated that lunchtime was a difficult time for a photo, as students "rather socialise or have duties". In fact, only two of the steering group members participated, and later suggested trying it again during assembly. I independently reflected that any voluntary participation was very challenging to achieve with this target group.



Figure 6.6: Students posing as the HALT eye for the public Facebook page

By the middle of May, the teacher and students noted that many students did not know sufficiently what HALT was. Despite knowing the logo and the pose, the original plan to "sell it" as a lifestyle brand and slip in the health messages had created confusion. The participants suggested educating more about the campaign. During a meeting, one Year 12 participant went through other classes to put up HALT posters. Upon returning, she shared her experience of talking to the students: that it helped her understand the campaign better, and that they seemed to understand it better too. They thus suggested not only increasing the information about the campaign on the HALT Facebook page and website and going into the Year 9 and 10 classes as planned, but also to speak at all form assemblies (for each Year group). They wanted to explain what HALT is: "a health campaign to make better choices in life".

Towards the end of May, I reflected and concluded the following thoughts. I noted that the general target audience had reached the first stage of awareness, but not yet the

“knowledge” stage (Kotler & Armstrong, 2013). Hence, in Facebook terms some had already reached the third stage of “liking”. The development had indicated the importance of personal contact to spread the word for the campaign. The idea of packaging the intervention as lifestyle campaign and expecting students to understand and support it had not worked in the intended way. The initial idea to keep health in the background was corroborated, but also caused confusion. Instead, students should be informed better what HALT was really about.

Regarding meetings, I reflected that participants jumped between ideas which they immersed in, left their agenda, or jumped between agenda points without concluding any. Therefore, a more rigid meeting agenda should be tested. I reflected on potential issues of bringing Year 12 and 13 students together. The aim had been the organisation of joint meetings; however, sometimes I met the year groups separately during their respective health class times. Despite the emphasis on equality, the Year 12 students reported their impression of older students not respecting their contributions or decisions. I had never witnessed disrespectful behaviour or notions in the meetings. But when Year 12 students reported their impressions, I remembered that the Year 13 students had mentioned before how Year 12s generally think they were now “better”, but would become more relaxed once they are in Year 13. I noted that the Year 13 students were indeed so relaxed that they had become unsupportive and did not back up their own planning. The Year 12 students on the other hand were quiet in joint meetings but very active, enthusiastic, and supportive in their own meetings. They helped spreading the word and started taking action, such as organising the printing and putting up of the posters.

6.2.4 Facilitation of meetings and collaboration

From the end of May, I would be away for six weeks, which was their opportunity to take responsibility and run the campaign by themselves. They showed high ambitions to take action and lead the meetings, communication, and actions. They decided to put up more posters in every classroom with different images and slogans. They agreed to announce the weekly challenge at every assembly, to keep spreading the word, and encourage students “to think” and to like the page. They edited the list of students who would speak in Year 9 and 10 classes. An additional (Year 12) student received administrative rights to the Facebook page and confirmed that another would run Twitter. A one-week visit of the street games In2it and the filmmaking project would be organised during my absence. The students had also planned weekly Skype appointments with me.

Before I left, I met with the teacher, who informed me that she was conducting focus groups with her health classes to obtain more information for her teaching, but also to

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pass on the messages of HALT and “get students involved”. The participants and I decided that the student with the secretary role would take minutes at the meetings to bring back to the steering group. The teacher furthermore suggested reducing the steering group to fewer committed students. She confirmed that I would receive notes from all meetings during my absence.

Of the planned weekly Skype meetings, two took place. Both were in the morning before the Year 12 health class and only attended by Year 12 girls. They shared their experiences from their school’s food week and reported the success for HALT, the increased awareness, and the impact on the number of likes of the Facebook page. The participants and I discussed the limitation of the steering group to fewer members, to facilitate consistency, to consolidate a core group of committed participants, who make decisions on actions and ensure their implementation. Those who were not in the core group should help to implement the actions. The participants agreed and selected the Year 12 students for the core group.

Regarding the teacher’s idea to run more of her own focus groups, they said that “it’s good to get their feedback because they are outside of it”. These focus groups could become a part of the intervention, because obtaining feedback from the target group would also communicate campaign messages.

Discussing the need for more campaign clarification, I presented the short speech I had written for assemblies. They liked it and confirmed to do it. Year 12 form assembly was supposed to take place the following week and the participants committed to organise their speech there. To explain the campaign, they also suggested posters with “HALT means . . .” Based on previous difficulties with digital documents, I offered that I would make a template with the logo and they could fill in the words.

I reflected after this Skype meeting that they were already contributing more energy and time and seemed to be eager to change the running of the campaign to become more efficient. In the second Skype meeting they informed me that they had not heard from the Year 13 students. They had not yet spoken at form assembly, but to classes, using the rough speech template, which had gone well. I also used the meeting to share my new input, which I had received in a meeting with Saatchi & Saatchi marketing experts. The key fact I had taken from the meeting was the confirmation that the campaign needed to be creative, catchy, and emphasising the fun components. The experts had shared different ideas which could be engaging, empowering, and fun. The students said that they liked the idea of doing a big event, to get attention, but their initial reaction was “we need someone to come in to do that”.

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While overseas, I furthermore presented about HALT in a meeting with a project manager of an EU health campaign, to health promotion researchers in the USA, and at a health promotion conference in Europe. Feedback was overall positive, especially praising the professional and comprehensive campaign which had been collaboratively developed. In later reflections, I noticed that the new input as well as positive and constructive feedback had given me fresh energy for the second half of the intervention.

In summary, the street games and the filmmaking workshop never took place (also not after my absence although I asked again several times). While the “Dragonball Z” challenge and the prize received positive reactions at assembly, there were no entries. I never received notes from meetings or focus groups, neither knew of any taking place.

In the first steering group meeting after my leave, I asked how HALT was going. “Going slow” was the participants’ answer, and the problem they saw was “not communicating”, especially between the Year 12 and 13 students. I asked them if they still saw the chance for this project to become the intended health brand. The answer was: “There’s definitely potential to make the brand bigger.” They admitted that they were not committed and unsure if they should invest, because they were thinking about the following year bringing more work for them, because the Year 13 students would be gone.

In discussing the remaining time in the year, they wanted to plan and do “something big” for the beginning of the next term, such as a radio station or a dance group coming to the school. They agreed to joint steering group meetings during lunchtime. They shared and approved their poster ideas which would go to the printer and could be put up the following week.

My initial reflection after the meeting was that they still thought in big events – not in marketing or communication. In retrospect, it was very alarming that they mentioned to rather not invest in the project, because they were worried about more work in the following year due to older students leaving. This notion triggered two thoughts. Firstly, for this research project and to test this intervention, only the current year mattered. It was important that they gave the project a chance now without worrying about the next year. Secondly, they said that they needed the Year 13 students, but had previously shared concerns of not feeling respected and that Year 13 students had not been supportive during the intervention. They neither saw that their future absence would not make any difference nor that they had the option of recruiting younger students and delegating work to them. They appeared pessimistic. Despite not knowing the source of these thoughts, they hindered the implementation and we therefore needed to be aware of them.

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In the following meeting, two Year 13 students and two Year 12 students attended. One of the attendants was the communications manager. When discussing the social media content, he said he could not work on the Facebook page during my absence due to limited internet access at home. Only days before, I had asked him about something I had stumbled across because he had liked it. I thus noted that if he did not have internet access or only irregularly, this did not keep him from accessing Facebook privately. However, it was his excuse not to work on HALT. During this meeting, he committed that he would from now on be more active (which would not be the case).

While the participants once more confirmed that they still saw the chance for HALT to become the health brand, they said that they should focus the communication efforts on “those who need it”. For example, they wanted to reach out to those who “do not even have Facebook”. They based their idea on their experiences at the cooking events at the school, which had also aimed at students of the “lower stream”.

The participants and I reflected on the campaign and its development so far. Regarding the “Dragonball Z” challenge, they assessed that it did not work during students’ free time, but would achieve more participation at lunchtime. Bringing up their original idea of lunchtime seminars, they said that “we should bin this idea for the rest of the year”, as nobody would attend. They wanted to focus on HALT activities to help students understand the brand and get more people involved. It needed “something big”, which for them was a radio station coming in. They furthermore confirmed the speech for form assembly, but reported difficulties of finding out when assemblies took place and how to speak at them. At this stage, the participants agreed that the Year 13 boys would do the speeches together and that they would coordinate it themselves.

In the meeting, I commented on a Facebook page called “Avondale College Exposed” (n.d.) and how it was useful for us to see what received likes amongst their peers, namely gossip or “confessions”. It received 644 likes, but posts were only made for a few days, with the last one on 2 July – less than one week after its launch. This rather negative page received more likes than the positive campaign, HALT, based on student support. It raised the question why HALT did not receive the same support, although it was also coming from the students. It could therefore serve as reference or benchmark for comparisons and reflections.

6.2.5 The second half: new options and new leaders

End of July marked the beginning of the third term, with three months left for the intervention. Nobody came to the first steering group meeting which was scheduled at lunchtime, but during the health class, eight members attended. We hence again started

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the meeting discussing and reflecting on the reasons the steering group was not backing up the campaign. The student who was responsible for choosing the weekly challenge shared his frustration with putting them out but nobody doing them. He reported the youngest students telling him, “they can’t be bothered”. They added time issues and time management and that they simply struggled with the content, not knowing “what we want on the page”.

The school’s open evening presented the opportunity to present HALT to potential new students, to increase campaign exposure, and especially for the steering group members to represent the brand and identify with it. The Year 12 girls became the leaders of the event organisation and implementation. The participants suggested to go along the lines of last year’s health stand where they had displayed posters and information. They decided that we needed 300 flyers of “what we do and what we stand for”. Their ideas for their content revolved around changing lifestyles, fun facts, pictures, the logo, and a blurb about the campaign. Furthermore, the participants wanted to carry out a fun activity with prizes to win. After a lively brainstorm, they decided to buy a little basketball hoop, create a challenge around shooting hoops, and to buy hacky sacks as prizes.

The idea of setting up a big event remained on the students’ agenda and they discussed the idea of a radio station or a team of celebrity athletes playing a match against the students and teachers. They additionally discussed a healthy bake sale and wondered what could be healthy. In my independent reflection, I contemplated about the continuous emergence of the nutrition topic. It was surely the most controversial and complex topic and the participants and I had therefore decided throughout the year not to focus on it. Yet, it was the strongest topic to continuously reoccur. In this particular discussion, I had participated; but as I noted that although they listened to my ideas and input, they became quiet, I decided in my reflections that I should stay out of their discussions and not to influence them. However, I noted that I was not the only one potentially influencing their opinions, as they were influenced by various different nutritional standpoints or philosophies during this year.

I independently reflected on the fact that nobody had come to the set meeting at lunchtime. When I had entered the school grounds, I saw two members who were on gate duty. I showed my disappointment and asked them why they did not reply when I was trying to coordinate a meeting time. One said that he did not have any credit on his phone. I reminded one student that he had committed to be involved again and to contribute more. I asked if he had had the chance. He said that he did not, but that he wanted to and would make an effort. By this time, I had got used to their good intentions and promises about becoming more involved. I concluded that it was ultimately their campaign and they needed to choose their commitment and time investment. If their

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promises to commit to the project were not sincere, they would not let me down, but their own campaign and their own planning.

While nobody came during lunchtime, the meeting during the Year 13 health class attracted many students who had not been in meetings since the start of the year, who had never contributed, and who were also not in the “core” steering group anymore. Explaining that we had to cut down numbers, I emphasised that their supporting involvement remained important necessary. However, apart from leaving class to come to the meeting, their behaviour did not indicate any interest in the campaign and they would never show any intention of supporting the campaign.

In the following meeting, the Year 12 students who would represent HALT at the open evening became the drivers for this event and worked independently. They planned the details for the games, to have fruit snacks, campaign flyers, and stickers. They agreed to buy the basketball hoop, while I bought hacky sacks, fruits, and picked up the flyers and stickers (see Figure 6.7). I reflected that this meeting was the most productive, as the girls were focussed on the planning and the actual making of the flyers. During the meeting, there were a few Year 13 health students in the room to do re-submissions. However, they were talking amongst themselves, thus, neither doing their assigned task, nor showing any interest in joining the meeting. The girls commented, “look how hard we’re working here and the boys are just sitting there”. At this stage, these Year 12 girls had become the new leaders of the campaign and represented it more than anybody else.



Figure 6.7: Flyers and stickers for the HALT stand at the school’s open day

At the event, the Year 12 participants ran the HALT activities by themselves. I had left my computer there to play music and a slideshow of the campaign posters and images. I

arrived at the school at the end of the evening and the participants were buzzing with excitement about how good it went, having experienced the high interest and positive reactions. Parents wanted their children to join the project, one of the board chairmen expressed his interest and praised the project's implementation at this school, and also the kids enjoyed the playing – also those who seemed to not engage in sports much. Their reflection at the following meeting started with “we did good”.

I reflected that the event was important for the participants to identify with the campaign, experience the support, and to increase their confidence because of their independent successful implementation. The fact that the high interest did not translate to social media engagement provides evidence for the difficulty of attracting people in an offline setting to an online setting and underlines the importance of direct contact.

The participating students commented that they liked having the stickers. These would be used extensively for the remainder of the campaign and became an indicator of brand visibility at the school. Only three weeks later, the Year 12 steering group members reported seeing them on bags and books (for example, the whole math class of one participant). They also shared their experiences with students saying HALT at school, for example, when they were seen eating fruit or when they said that they could not go to the tuck shop. The latter was an indication for me that HALT has moved along Kotler and Armstrong's (2013) scale of buyer-readiness, with students engaging with the campaign and its components.

For the remaining time of the campaign, the steering group members again discussed the big event they wanted to do, noting that it should include media coverage. Additionally, the planned actions were brought up again, including a needed talk to the tuck shop owners, collaboration with 8 M8's (i.e., Eight Mates; doing sports during lunchtime), which HALT could possibly brand, and for In2it to come in. I mentioned the question of the petition to start school later. This question received a very surprised reaction and full support from the participants; the Year 12 girls had apparently not known about this campaign component. They also wanted to run a petition for a sugar tax.

The students informed me in the following meeting that 8 M8's agreed to adding the HALT logo to their activities. This could be announced at assembly and promoted on HALT's Facebook page. Although more ideas for implementation were discussed, the students seemed insecure or indecisive on the details. To my knowledge it was never executed.

Regarding the petition, I shared with the participants that we could administer it online. They noted that we would also need a paper version to collect signatures at school. This

addition emphasised the importance of face-to-face interaction with the target group. Although they expected to receive enormous support, they were worried that students would not support it online. Within the meeting, the participants commented that for this discussion it was “bad that the Year 13 students aren’t here today”. They were furthermore unsure of running the petition without the school’s consent and wanted to receive the management’s approval first. The participants were all together unsure of the school’s support and shared their annoyance with the management. They noted that although the school management stated to support the HALT campaign, their action did not underline this support, for example, by contracting the tuck shop owners, not only allowing, but promoting unhealthy food and drink options on school premises.

The participants and I discussed a visit and photo shoot with an ambassador as well as their big event, which they decided to hold in the week before the school break (last week of September). As they again mentioned the need radio stations to participate, I shared my observation that every time I asked them what they actually wanted to do for their event, they answered with a radio station coming in. They explained that it would attract more people.

Towards the end of the meeting, a teacher came into the classroom, who was a Deputy Principal and knew the campaign. Upon saying that he had visited the Facebook page the day before, the girls looked up and asked him what he thought. He replied that he had just noticed shares (hinting at no original content). I commented that there were also original messages, but mainly posted on Twitter before (which might also appear as shares). I reflected that it was good for the participants to hear of people going onto the page and to also hear their critical feedback. It brought the online campaign into their real life and showed them the need to work on content.

My reflections revolved around the petition and the students’ comments on it. I took note of the students’ caution to take a strong stand, as to run the petition. The fact that they were insecure without the Year 13 students or management was interesting due to the fact that the older students had not been reliable or contributing to the campaign, while the Year 12 students had become supportive and productive leaders. Also school management had not shown any interest or support. I hypothesised that they sought the seniority, the hierarchy, looking for advice on how to implement the petition. After all, it was linked to school for them. They did not see their democratic right to run a petition at any time. Their notion of needing a radio station for an event added to the concern of the students not believing in themselves, but passing on responsibility and power.

While plans and intentions sounded positive for the remaining time of the campaign, it abruptly became difficult to remain in touch with the students after this meeting – due to schoolwork, assignments, and exams. In the meantime, I continuously sought contact

with the principal and Deputy Principal. Since 19 July, I had tried to set up a meeting. On 21 August, I firstly received a reply from the Deputy Principal, who tried to facilitate a meeting with the principal. Despite his two potential suggestions for a meeting in the following week, he then apologised that it had been too busy with exam time and I should contact the principal directly. However, my emails to the principal as well as phone calls to the personal assistant remained unanswered for all attempts – between 19 July and 26 September.

On 26 September, I obtained a meeting with the Deputy Principal. At this stage, I had analysed and discussed some of the quantitative data with the students and used the meeting to give an insight into the data analysis with some examples. We also spoke about the options for the remaining time, especially about the students' wish to implement the petition to start school later. I explained the research background of the petition and backed it up with the survey results on sleeping behaviour and energy levels. I was interested in hearing his opinion and seeing his reaction to it, as this would address the school's business. His advice and ideas partially diverted from what the students had shared with me. His personal opinion was that starting school later would be too complicated to implement mainly based on logistical constraints. He gave examples of students who are being driven by their parents and are thus at school earlier. He nonetheless discussed the options for a petition and suggested a collaboration with the school council (which comprises student leaders) as well as the student representative who is on the school's board of trustees. His recommendation was seeking support from the principal and endorsement from the school council by making a proposal. Discussing the potential addressee of this petition, we spoke about options of an open letter to the Prime Minister or the Ministry of Health.

In my reflections, I firstly noted down my surprise to hear about the collaboration with the student council, due to the fact that the students had never mentioned it before. I furthermore made the observation that the Deputy Principal appeared distanced from the campaign. While he seemed supportive and interested, the contact did not resemble a collaboration or partnership. Of course, the campaign and all its components were supposed to be run and implemented by the students – however, a collaborative connection with school officials had been planned from the beginning. This need grew during the implementation as I observed how students were aware of the political dimension or influence, were themselves insecure of their freedom and rights, and sought the school's support. I was not involved enough in the school business to implement events or actions, either. I thus hypothesised that the combination of the students' insecurity together with the management's lack of support and partnership could ultimately prevent a petition – or, in fact, the campaign's overall success.

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In the following steering group meeting, which was also attended by Year 13 students, we discussed the meeting and the options for the petition. As the campaign should be run by the students, I relied on their insider knowledge on how to approach their peers. Consequently, what they said weighed more for the sake of this campaign and research project. I reported the meeting and how surprised I was that they had never suggested collaborating with the council. I asked about this option, but the students did not share the Deputy Principal's viewpoint. According to them, they never heard much about the council and did not even know who was on it. The participants' impression was that these council members were merely appointed but then never again visible to the student body.

This insight gave me a significant learning on school-internal communications, potential miscommunications, or misperceptions, but certainly different viewpoints between school management and students. I summarised that the student council did not play the role for the students which management saw for it. The management thought it represented the student body and was there for all student concerns. Yet, this council was insignificant to the students (who I had spoken to).

In the meeting, the students decided they still wanted the petition to start school later. It seemed a guaranteed success, as all students were expected to back it up. It should have been easily set up online with additional printed signature sheets. The sheets would have ensured to reach students at the school, while the petition could have expanded online beyond the reach of the school. Yet, logistical challenges dominated the process and emphasised the necessity of a collaboration with the students, school officials and myself. They said they wanted to do it but did not have the know-how and were insecure regarding needed school support. I said I would set up the petition, but lacked their approval and clarification of their standpoint. I furthermore needed to rely on them to do the "groundwork": to spread the campaign, by sharing on Facebook and encouraging other students to engage with it. Based on their previous lack of support – by the participants as well as other students – I was concerned. I therefore only considered putting it up if I felt supported by them. Ultimately, time ran out before the petition could be set up.

At this time of the campaign, students started working on the speech for form assemblies in the meeting. They divided the previously approved speech into four sections and took turns reading it. While practising it, they edited it and added new parts. This procedure showed how important it was for them to read the text out loud and to say it themselves. When I had read it to them, they simply approved, without any suggestions for changes. It could have been too complex to edit by just hearing it. But now reading it out loud, they started adding their own words and changed it into their own text. The speech became their voice. I reflected that this was one of the procedures which could enable

and promote ownership and the students' identification with the campaign. The students confirmed that they would organise the speeches.

In the end, the speeches at form assemblies would not be implemented. One participant said they had talked to some teachers who had told them the meetings were full and busy. As the dean had previously told me that he had never been approached by students, I asked the students about that, who confirmed they had not talked to deans, only teachers. From my understanding, the dean of each year runs the form assembly for that year, so the deans would have been the best persons to approach. I therefore wondered if they really wanted to do the speeches or if their motivation or courage was not strong enough once they left the meetings. I concluded in the notion that the students remained supportive in face-to-face meetings, but not outside the classroom.

In the meetings, we also discussed celebrity ambassadors coming in. Two actors and one athlete agreed to visit the school. I had already set up the contact in the beginning of the year, but they had not been available to come to assembly earlier. They were now scheduled for 14 and 21 October. School management had supported the idea and liked the speaking material, which I had been asked to pass on to them. But as the ambassadors' availability changed, they could all come in on 21 October only. The participants and I thereupon decided that one of the actors would speak at assembly and the athlete would be available for a photo shoot after the assembly. The speech would focus on what HALT meant to the actor, how it applied to her life, based on notions of the HALT campaign.

Even though no celebrity ambassadors would be there on 14 October, HALT could still fill the speaking time. I saw the chance to use this slot to reach the whole school with the student speech (as they still had not done them at form assemblies). I informed the steering group about the development in the Facebook group on 10 October: "We get the chance to have student ambassadors in on Monday! Representing student VOICE! How about 2-3 peeps doing our little speech on HALT?" I tagged their names to ensure they would see it, but received no reply. I confirmed HALT's participation on 11 October and posted the speech again the same day. I finally checked on 13 October "Can PLEASE somebody reply if you are there at assembly tomorrow so HALT can be in it?" Despite no replies, students came before assembly.

Although they were at first not very confident about speaking, two students agreed to do the speech speak together and practised. Just before assembly, one said that he was informed he could not stand in front of assembly because he was not wearing shoelaces (which was the dress code in the school). The other did not want to do it alone. Consequently, I was once more the speaker for the campaign. Even though I emphasised in the assembly that I was speaking for the students and merely represented their voice,

it would and could not be the same. Nonetheless good feedback from students and school management were reported to me.

During the assembly, I approached the principal regarding a last meeting to pass on insight and to hear his viewpoints for my research. He said he was available in the second half of November or December. He also gave his approval for the ambassadors to come in to assembly the following week. I furthermore talked to management staff regarding the prefects' support for data collection and also they were very supportive. Once more I reflected how the school management confirmed their support towards me. While the contact people for data collection remained very supportive throughout the data collection process, whether in person or via email, the meeting with the principal unfortunately never took place.

After the assembly, I summarised my impressions regarding their speeches. There had been numerous issues with the facilitation of the speeches at form assembly. Now, they were presented with the chance to speak at the full assembly. They firstly did not reply to my posts on the Facebook group, then did not seem comfortable with it, and finally appeared rather relieved that the dress code prevented them from speaking. This was the closest they had been to representing HALT at assembly. Their behaviour corroborated their insecurity throughout the year and their comment one year prior that they did not believe students would listen to "just" another student at assembly. Nonetheless, it contradicted one of the core aims of the campaign which was student-led, representing their voice. This incident raises the need to recruit students who were comfortable with public speaking, or training participating students.

The following Monday, the celebrity ambassadors were scheduled. By Friday, the athlete had cancelled due to a meeting, the actor cancelled due to a job, and the other actor confirmed that he was not available either. All apologised and suggested postponing; but with students going on study leave and data collection starting soon, there was no time anymore. This would have been the final chance of ambassadors coming in, but it had not been the only attempt as I had set up various ambassador collaborations throughout the year. While they all had been very supportive with the photo campaigns, they all had not been available to appear due to their commitments.

In the next steering group meeting, we discussed potential use of survey data. We looked at some previous results and discussed what would happen after the following data collection. The students suggested sharing the results with the school. I gave the example that we could communicate results, for example, that only 30% have had sex, despite the notion and impression of younger students that everybody would and should have sex. They said we should also "use data to find out why percentages are as they are". One

participant suggested qualitative methods to analyse reasons, such as focus groups with younger students.

I asked if and how they wanted to continue with the campaign after the year. As some Year 13 participants would continue to university, I noted that the campaign could also happen at different levels, such as at school and university. I emphasised again that this was a comprehensive marketing campaign, which had received high interest. The Year 12 students said that they wanted to continue, but focussed on their school. They suggested involving more students by putting a call out in the school's newsletter.

Once more, I reflected that the ideas of the students were very thoughtful and insightful, such as their notion of running qualitative research components to analyse and identify students' behaviour. The latter comment indicated their ability to think from the researcher's perspective, that they were interested in further insight, that they understood the advantage of connecting quantitative with qualitative data, and that they were considering improving the campaign. These ideas as well as the confirmation that the Year 12 students wanted to continue the campaign again turned out being ideas, which would not be backed up by action.

6.2.6 Insight into the communications platform: Facebook group

In the design thinking workshop, the students decided to use Facebook as communications platform for the steering group. I thereupon set up a closed Facebook group on 9 October 2012. By becoming Facebook friends with the design thinkers and the teacher, I could add them to the group and asked them to invite the other students once the group opened up.

I used the first group posts to provide feedback and background information on the workshop (e.g., a video on standing or positive psychology). I posted updates about the focus groups and shared images of the logo production. Throughout the year, I not only used the platform to plan meetings, but also shared potential campaign content, such as videos, news articles, and the like. At the beginning of the campaign, I also added files with organisational information, such as the logo colour codes and the roles amongst the steering group.

After the termination of the intervention, I counted 260 posts from myself in the group; 16 posts from students, and 11 from the teacher. Many posts did not receive any replies. Some received a few likes, others no reaction. It had been the students' suggestion to use Facebook to communicate and interact amongst the steering group and after the passionate design thinking workshop I had expected that our conversations, ideas, and planning could hereby resume online. It would have been a useful tool to ensure

continuous collaboration. I was therefore surprised about the immediate low participation. Throughout the year, the communication with participants crystallised being a major challenge.

I hypothesised that they possibly used the group the same way they might use Facebook normally – only liking or commenting on content which caught their eye, triggered their interest, or amused them. Content was thus “delivered to them”. Upon realising that participants did not reply to my attempts to coordinate meetings, I tried adding other communication channels, such as text messages or emails, although I did not have everybody’s contact details. I found out that participants rarely replied to text messages – the few times I asked, reasons included that they had not seen or received the message or did not have credit to reply.

In conclusion, the Facebook group could have been the platform to collaborate with participants outside of school, but they did not engage with it. To have productive conversations with the participants, I needed to come to school for face-to-face meetings. To organise and set up these meetings, it was usually best to coordinate with the teacher as participants were unresponsive or might have not seen themselves in the position to decide.

6.3 My Reflections on Phase 3

While this findings chapter already included reflections which evolved from the mini-cycles of meetings and actions, this separate section provides retrospective reflections on the entire phase.

Reflecting on the quantitative data analysis in connection with the qualitative findings underlined the notion that complex social phenomena are often best comprehended by looking at them through both quantitative and qualitative lenses (Waysman & Savaya, 1997). The survey findings helped to understand the participants’ prioritisation and foci. While the quantitative data at times questioned qualitative findings, they underlined the importance of the qualitative methods which allowed much deeper immersion into the target group’s issues. Qualitative methods furthermore allowed topics to emerge which might not be included in a survey.

One of my first thoughts on the campaign implementation was the question what this campaign was in the eyes of the students and co-researchers. Based on my independent PhD research plan, it was a project coming from youth. It was planned to be something fun, which they would engage and relate with, a lifestyle campaign with the intention of promoting health as subtle underpinning. While the school served as a microcosm, it was

neither a part of nor driven by the school, but, more importantly, came from the students, based on their personal passions and interests.

But how did this planning translate into action? Using the school as a microcosm inevitably connected the campaign with the school in the eyes of the target group. There was evidence that the target group saw it as a school project (e.g., a comment on the Facebook page) and this might have limited the students' involvement. The potential strength of using a microcosm (namely the feasibility of a multi-faceted campaign with upstream factors) did not set in due to low collaboration with the school stakeholders.

Despite the planning of a "fun campaign", the participants' comments and thoughts throughout the year provided evidence that they saw the project as something serious, connected with school, and not coming from them. Only at school they participated in it, which hinted at a lack of identification with the project. The fact that they participated in other private projects such as little video clips but did not show the intention of doing that for HALT campaign clips (apart from the launch video), strengthened the notion that they distanced themselves from the campaign. The same was the case for other social media activity – they supported and communicated other projects which triggered their interest, while neglecting their own project, HALT.

I tried to follow their plan with the intended image, but learnt that only the students could have made HALT into something fun, cool, entertaining, interesting, and relevant to them. This could have been the "go to" website or Facebook page for their news, trends, lifestyle advice, viral content, or just entertainment. Even gossip about the school (if not negative for students) could have been content of the page – if this is what gets the students involved in the campaign. The inevitable question became why the participants did not support their own creation and how they saw it. They seemed to be insecure and distanced themselves from it, although they had created it and could have shaped it. Had it become uncool simply because it was seen as a school project? Was it the vice versa influence of the missing support from the participants and the lack of interest from their peers? Or was it the fact that the participants from the beginning saw the campaign as uncool and serious?

I analysed the "competition" for the campaign in their social environment and noticed Facebook pages which were just for fun, cheeky, or even negative. They reached "likes" in the hundreds, even up to over 2,500. Likes were reached quickly and even grew when no content was posted anymore (Avondale College Exposed, n.d.; Avondale College Gossip, n.d., Avondale College Memes, n.d.-b, n.d.-a; Avondale College Snapchats, n.d., OMG Avondale College Confessions, n.d., n.d.; Shit Avondale College Students Never Say, n.d.). These pages appear to have been set up by students. They all focussed on light content, such as gossip. They were communicated and liked by students and exemplify

how fun-pages can reach high fellowship within a short amount of time – without any plan or intention. The examples corroborate the need for student involvement and for content which is close to them, fun and light. This had been the intent of HALT – to be light, fun, student-appropriate, and run by students. However, there was evidence that the participants and the audience saw HALT as a school project to provide serious information on a serious topic – health. Based on these notions, the question arises how “cool” and “fun” can be planned? Had there never been the chance of gaining that image because of the apparent connection to the school as well as the uncool image of health? I can only speculate about the answers, however, conclude and emphasise for now that it could not solely come from me, but would have needed to come from them. The students’ evaluation in Phase 4 would deliver more evidence for this conclusion.

With me running most of the communication, I frequently reflected on the voice of the campaign. Not fulfilling their roles was a dent in the ownership and “buy-in” of the participants, as the campaign was supposed to grow through the target group. As steering group, we faced two choices: either nothing would be communicated via online media or I would run the communications for them. The first option would discontinue the important online component of the campaign and I would not be able to test its potential. The latter would take voice from them.

The issue of voice went through various mini-cycles of reflection, adjustment, and action over the course of steering group meetings. In reflections, participants realised and regretted not managing the communications and promised to fulfil their roles. When they finally admitted that this would not occur, I asked them if it was their intention that I executed the communications by myself, which they happily agreed to. They seemed relieved that this task was off their shoulders and did not have concerns of decreasing their voice. Although I tried to follow the campaign plan, communicate their messages, and fulfil their task of sharing suitable content I came across, I realised that I could not replace their insider role. This notion was emphasised by the few times they fulfilled their tasks or by comparing with other pages which were run by students. Language, selection of topics, and timing signalled that it came from them. If the target group noticed that the other communication did not come from their peers, it would limit the campaign’s potential.

In summary, my role as campaign communicator entailed two issues. Firstly, it indicated a refusal of responsibility by the participants. Secondly, it was not congruent with the original plan of them leading the communication, with messages coming from peers, in their language, with their selection. Despite testing the online communication of a campaign, I could ultimately not test the potential of a student-run campaign.

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Reflecting on internal communications, I analysed that I could only engage with the participants in face-to-face meetings. It was a core challenge to collaborate outside of meetings – where a lot of the tasks should have been executed. The Facebook group was the best way of being heard by them outside of meetings; however, they did not involve with the group and did not feel obliged to answer to my posts. They showed the same behaviour via mobile phone, mostly not replying to my texts.

I connected with relevant literature where I found confirmation that mobile texting is a preferred and very frequent communication tool amongst New Zealand youth (Broege, 2009). Replying is a social convention or even obligation amongst the age group (Harper, Palen, & Taylor, 2005), and Kasesniemi and Rautiainen (2002) even stated that not replying to a text message is considered rude. After the year of working with them, I do not interpret their behaviour as rude. Instead, it strengthens their lax and non-committal behaviour; a lack of identification with their roles and with the campaign. The campaign did not belong to their private life outside of school, but was only a component of their school life. However, at school, we only worked on campaign content once (making posters), otherwise, this time was our meeting time, while the communication work and production time was outside of meetings.

This campaign had been planned to be a broad and overarching lifestyle campaign – communicating and encouraging behaviour contributing to positive physical or mental health. In reflection, I questioned the continued awareness of the plan. As the meetings evolved, I noted down frequently how specific topics were highlighted or dropped. Nutrition was the most recurring topic, always first mentioned, often discussed, with instances indicating the limitation of the campaign to nutrition. Yet, participants used this expression without a clear definition of healthy nutrition. Due to its complexity debates, we had often agreed to refrain from it, apart from the messages promoting vegetables and fruit or discouraging fast food, highly processed food, sugar, fizzy drinks, and energy drinks. Otherwise, the topic was difficult to manage, especially as the influence on them and on me developed throughout the year. It was during this year, that their health teacher started following a paleo lifestyle. Concurrently, the low carb high fat (LCHF) approach became prominent in my research team. Due to interest from the health teacher as well as a science teacher, the director of our research team spoke to the health and science students about the approach. I had always been advocating a wholefoods approach (e.g., no fast food, processed food, artificial ingredients) and had been passionate about ethics and sustainability of nutrition (e.g., localism, against genetically modified food, lobbyism). During the year, my standpoint was firstly influenced by the LCHF debate; however, the weight of ethical, ecological, and biological arguments strengthened my plant-based standpoint.

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Methodologically, influences by others on participants are not problematic with action research. I hereby record these internal and external influences to ensure transparency. In my role, I debated between not influencing students' opinion to ensure the campaign was student-led and supporting the students with background information, helping them to understand the debates around them, and trying to follow the campaign goals around nutrition. Participants were seeking guidance but the messages around them had become contradicting to each other and certainly to what they had learnt in health class the years before. This insight provided evidence for the plethora of influences on youth regarding health promoting nutrition and the complexity and confusion it caused, especially during this age when they are looking for guidance and trust. This not only counts for participants, but also for the target group. One corroborative example of how different stakeholders' messages confuse youth occurred in a meeting, in which a student was drinking a chocolate drink. He thought it was healthy because it featured a tick by the Heart Foundation, but then learnt about the high sugar content (which had been debated publicly; One News, 2014). Another example was the food pyramid, which had been their guidance through health class and they now learnt about the source of it and how researchers challenged it. In summary, teaching material, teachers, researchers, media, or foundations contradicted each other. Despite the confusion, I concluded that there were benefits of this diverse input on the students. The participants had become aware of a debate, learnt about different standpoints, understood that media or advertisements did not always communicate consistent statements, and that they could question what they had learnt in school or from media.

In summary, although the campaign plan was holistic, discussions often focussed on selected topics. While I questioned its feasibility, the support for a comprehensive positive health campaign remained strong throughout the year. However, it needed to be explained well, as it had caused confusion among the target group. I wondered if this confusion was also prevalent among the participants, who did not have the campaign layout readily available. To address the challenge, I tried to visually reintegrate the campaign layout, but did not find a practical solution. At school, the steering group had no regular meeting space where we could hang up a campaign layout or other information. I had posted an image with all the messages in the Facebook group and asked if they could all read it. There was no reply and I speculated that they never looked at it. The reoccurring problem was the lack of communication outside of school, they were not organised, or did not prioritise this work.

The lack of visual overview or reminders could have been one of the challenges to following through, which their lack of interest and passion fuelled. During Phase 2, when I was immersed in the planning and facilitation, I did not notice the issue of not following

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through, which would later emerge. However, in my Phase 3 reflections, I realised an early occurrence of the issue during the planning of the campaign launch – once their action was required. This phenomenon not only occurred over a long time period; it also happened from one meeting to the next that planning steps or participants' commitments were not followed by actions. For example, for the launch they wanted to be on the radio, planned to have T-shirts as well as business cards with the campaign details. They knew that we had a budget for it, but they did not become active outside of meetings. The ideas remained ideas. The lack of responsibility became the main challenge and ultimately the main theme for this research.

As I had not yet heard the students' viewpoints on the responsibility issue, I could only speculate on the reasons. A student asking if the actions could just be implemented in the following year (when he would not be there anymore) could be the indication for apathy and indifference. The bigger picture of students avoiding responsibility and exposure underlined insecurity and lack of confidence, which I connected with helplessness. Hence, whose responsibility was it to implement the students' ambitious planning? According to their plan, they were empowered as the steering group and thus responsible, which should have facilitated identification with the campaign. Yet, their initial passion had vanished by the time of action; substituted by doubt and insecurity. In a few meetings, we took the discussion to a meta level, checking on the appropriateness of the campaign, and if we were still on the right track. The participants confirmed the path and frequently corroborated the planning. Despite promising to contribute and do their tasks, they never did.

Linking their lack of responsibility and commitment with findings of Phase 1 and 2 (e.g., their focus on school, government, and society), revealed earlier indications how youth participants lacked the confidence that this campaign could grow through them. Action research projects aim to allow youth voices to be heard (Dold & Chapman, 2012). But what if they do not take this opportunity? Did their ambitious and far-reaching plans indicate that they had already transferred responsibility to others in the planning phase, implying that they did not have the power to create change? Did they see themselves in a helpless position? They had planned big for the campaign, but not for themselves.

One action to solve the issue of responsibility was limiting the number of steering group members to a smaller core group at mid-year, hoping that this group would be stronger and more dedicated. In fact, an email from the teacher from the beginning of the year already included the suggestion to run a core steering group of "those who are really keen", while keeping others involved, but with less responsibility. I had confirmed the suggestion, but there was no procedure to ensure it. The participants wanted to open the group to others and there was no infrastructure or mechanism to divide the students into

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the core and support group – and to ensure communication and coordination between the two. Opening the group had led to high numbers of attendees and less focus. All students enjoyed sharing their opinion, but not taking action. I observed that they used the opportunity to leave class to sit in the meeting, which was corroborated by the fluctuation of attendance between class time and lunchtime. The measure of cutting the group at mid-year led to the loss of the students who were supposed to be the backup support. An infrastructure of group management – ideally coming from the students – might have been a way to solve this issue; however, after experiencing the action phase, students would have needed support for that.

In summary, the biggest challenge was the assurance of the students' continued involvement, empowerment, and ownership. I call this notion the *challenge of empowerment*. The planning had been aligned with these parameters and although it was ambitious, it was very good and promising, highly appraised, and frequently confirmed by the students. The fact that all students in the planning phase wholeheartedly supported the campaign, saw an urgent need for it, and predominantly shared the same viewpoints seemed promising for an easy implementation and successful campaign. However, in Phase 3, the participants dropped their project by not committing to it, not fulfilling their assigned roles, and not seeing their planning through. In retrospective, I can recognise a hint to the risk of failure by the ambitious planning. Phase 3 would have required the same degree of passion and the students' believe in themselves.

Instead of translating plans into action, the participants preferred to continue planning throughout Phase 3. Was it planning or was it dreaming? In the design thinking workshop, their description of an ideal world and their planning indeed showed strong overlaps. While reaching for an ideal state, they lacked the believe in themselves to reach this ideal or steps along the way, giving up the responsibility and power to others, emphasising the need for celebrities, radio stations, or changes in regulations. Thereby, the participants themselves became the obstacle for the campaign's success and eliminated the chance for this project to be what it was planned to be – the brand and campaign to represent a healthy lifestyle, driven by the target group youth, challenging and changing the status quo and societal norms. By not supporting the campaign, they supported the old norm (what they thought was “cool”) instead of the new norm (“the new cool”). They had identified that health and health promotion was uncool in Phase 1 and 2. Sticking out with something that is potentially perceived as uncool represented a risk to the students. I connected their behaviour with the tall poppy syndrome – they tried to blend in. Health promotion to youth hence needs to be aware of the image challenge.

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The participants' lack of confidence and belief in the project was fuelled by the fact that they did not experience the students' and management's support first hand, but only through me. I wondered if all negative norms could only continue to impact behaviour based on a false impression that it was what others supported or expected. I furthermore reflected on the impact which rules, regulations, and strictness at the school had on students' self-esteem, their strength to speak up, and to challenge the status quo and norms, while conditioned to obey. The school's rules regulated strictly how the students had to dress – the uniform, the hair colour, socks, shoes, even the shoelaces (Avondale College, n.d.-e, para 1). Another example of strict rules and regulations was demonstrated at assembly, where students had to sit and stand on command; repeatedly in case of any noise in the hall of over 1,000 students. While it was dissimilar from my personal school experiences in Germany and the USA, it also differs between New Zealand schools. I can only speculate how student involvement would have developed in a school where students are more used to or even encouraged to speak up and express their voice.

6.4 Summary

This chapter marked the completion of Phase 3 – the action phase. The outcomes contributed to core aim (2) regarding the implementation of the developed campaign in collaboration with the target group. It furthermore hinted at changes which will be elaborated in the following chapter to answer core aim (4) regarding the effect of the campaign.

After a productive and successful Phase 2, the action phase revealed the challenges of continued involvement and empowerment. Despite the students' and other stakeholders' confirmation of the campaign, process, and methods, the actions lacked execution and support. The mini-cycles recurrently addressed these issues, which mainly revolved around the lack of responsibility and action together with an insecurity. Despite reflections and adjustments, the challenges persisted. The following evaluation phase will delve deeper into the reasons for these developments.

Chapter 7: Evaluation of Action (Phase 4)

This chapter depicts the collaborative evaluation phase of the core action research cycle. Its role is to identify change and learning, which is a central component and one of the minimum requirements of action research (Cardno, 2003; Cardno & Piggot-Irvine, 1996; Coghlan & Brannick, 2014; Ferkins, 2007; Peters & Robinson, 1984). This change and learning occurred individually and as a group, relating to content as well as the process. The focus is not only on the target group, as outlined in the campaign target and core aim (4), but also on the participants. These students represent a sub-group of the target group and those with the highest and most intense exposure to their own campaign.

To understand and evaluate change and the project's evolution, I furthermore analysed influential factors around the intervention. The evaluation analyses whether the original issue construction was useful, if the action taken was useful, and if the action was taken in an appropriate manner (Coghlan & Brannick, 2014; Ferkins, 2007). It thus addresses core aim (2) on the "how" of the development and implementation of the campaign in collaboration with youth.

The employed research methods provided layers of data. Firstly, the follow-up survey gave the option for large-scale comparison to the baseline data regarding health and wellbeing behaviour and attitudes. The questionnaire furthermore contained a campaign evaluation. Secondly, I administered interviews with steering group students and the contact teacher, which provided in-depth insight into their campaign and project evaluation. Thirdly, I conducted media analyses of the (online) media platforms.

Due to the depth and breadth of the interview data, I will commence this chapter with these findings. After the rich interview data, I will continue with the media evaluation, followed by the survey findings, concluding with my reflections.

7.1 Interview Results

The interviews focussed on evaluating the way the campaign was undertaken (project method/process) as well as the impact of the campaign (intervention evaluation). As the student and teacher interviews represent a different viewpoint, I analyse the student findings for each discussion matter first, before complementing these with the teacher's insight. I chose to let data leak from students to teacher findings and vice versa if it helped to compare or corroborate a specific point.

The student interviewees included design thinkers who had remained in the steering group, design thinkers who had left the steering group, and new steering group members

who had joined during the intervention. I interviewed participants from Year 12 and Year 13; some individually and others in pairs. I emphasised before each interview that it was not an evaluation of them personally, but the attempt to reflect on and evaluate the process and impact of the campaign.

As an introduction, I painted the picture before and after: taking them back to the first time we met to where they were at the time of the interview (at the end of the intervention and school year). To evaluate the process of the issue construction, I showed them the detailed campaign map. After discussing their reflections on Phase 1 and 2, I encouraged them to think about the translation into action and to discuss what worked and what did not work in terms of process and impact, and why (i.e., evaluation of Phase 3). We explored procedures and infrastructure for the implementation/action phase, the role of the school and the participants, as well as the distribution of responsibility. I concluded with the question, what they would do differently now or what they would recommend to be set up differently.

7.1.1 Project and method evaluation

The students unanimously rated the process of the campaign creation very positively. They supported and praised the methods and tools used – especially the design thinking workshop. The experience of teamwork, and the outcome of the campaign creation were very effective and rewarding. One student said: “I think that was quite successful.” I detected a sense of pride in their own work: “All the planning we did was good . . . Everything was good.” Others corroborated: “Yeah, no, that was good. The two-day workshop was good and the HALT thing and all that, I think we got a lot out of it.”

They emphasised the empowering factor: “Those two days were real good. And the fact that it came from . . . the students was real good.” One commented that it was good to use their learnt knowledge, which boosted their ideas, even though they had initially not known what it would be about. Positive feedback on the campaign creation recurred at different points in the interviews. Some reemphasised the successful development at the end to conclude on a positive note.

Central to the students’ recollection of the design thinking workshop was their passion and motivation which they considered was a major factor in their hard work “paying off”. Emphasising the respect and cooperation, they noted that whether they worked all together or in the two groups; they always followed a common goal. They recalled how everybody shared their input and while most had similar ideas, also disagreements were voiced and respected. One student noted the good process following the workshop with new people joining and others going. Based on the participants’ contributions and

analyses, I can conclude that the original issue construction and action planning was appropriate and successful regarding the manner of implementation of this aspect and the results produced from it.

The discussion on the action phase was more negative, as interviewees analysed that it was not executed as planned. One student reported that for her, the launch already “dragged on” a bit, which was why she or possibly the whole group lost interest over time. She added that she was not sure “what the time period was supposed to be like”. But when she had the impression that meetings became repetitive and steering group members “weren’t really making any progress”, it “started feeling like ‘oh is this actually gonna happen?’” She concluded that, “if it had been planned in a shorter amount of time, then I think we would’ve been more driven, we would’ve been more motivated to actually do it.” I asked other students as well as the teacher about that observation. The students were not sure if the time plan had been an issue and the teacher thought it would not have mattered.

Other interviewees criticised the planning factors and saw the difficulty of the “big plans”, which were ultimately not implemented. They found that “people in the core group, and just any group we had . . . got way too sidetracked with big ideas”. This “took everyone’s focus off the actual campaign”. They recalled meetings revolving around planning new ideas, rather than doing the planned ideas, which caused disappointment and dropout of members. They considered that the size of the group caused too many ideas. In analysing the process, interviewees discussed the size of the school as a hurdle for the campaign. They furthermore criticised the “culture of action at school” and how the school is run, concluding that there was a need for change.

In corroborating findings of Phase 3, interviewees confirmed the challenge with including members from different year levels, such as finding meeting times. The issue was more prominent for the Year 12 students, who reported their struggle to feel involved. They did not feel respected in joint meetings and consequently did not contribute much. When meeting separately, they were highly engaged, but felt that their decisions would be overrun by the older students. It was their impression that the older students did not care about their decisions, based on the fact that they were one year level below. However, the Year 12 interviewees also noticed that they did most of the work, not the older students.

I only discussed the Facebook group as a communication platform with one student. In trying to understand the difficulties in contacting them outside of meetings, I asked her for feedback. She informed me that at the time of the design thinking workshop, Facebook had been the main medium but that they would not use it much anymore. Contacting them via mobile would have possibly been better.

Despite criticism of the action phase, the interviews accentuated the achievements and the fact that the campaign was implemented. One concluded, “we had a lot of ideas that we didn’t execute, but in terms of the campaign as a whole, I think it went pretty well”.

As with the students, the teacher praised the outcomes of Phase 1 and 2 and emphasised her support for the democratic and empowering approach. She confirmed the appropriateness of the research plan and its agenda. She found the idea and the concept “amazing” and said that she would love to continue with the project. But she immediately linked the statement with the issue of students losing interest and not seeing through the planning: “They had some fantastic ideas but they didn’t all come together.” Her analysis of the reasons supported logistical difficulties with the oldest students, especially as many were prefects and had too much “on their plates”. She reflected on the concept of targeting senior students (i.e., Years 11-13), noting that she had found that the junior students (i.e., Years 9-10) showed more enthusiasm and were keen and receptive (a notion which the students corroborated at other points in their interviews). Despite the issues and struggles throughout the project, the teacher emphasised that she did not see anything wrong with the process and implementation, but identified the problem with the people who were on board, or rather who “weren’t really on board”. She expressed her disappointment: “The whole concept – amazing. But, I just think those kids really let it down.”

The teacher raised the issue of the school’s large size. She saw that everybody always had a lot on their plates, which complicated collaboration and indicated the potential of using younger students to do the groundwork, such as putting up posters or videoing. She added: “I think that, the school sometimes is too big. It’s too big and it’s too impersonal.” This impersonal side might prevent involvement as students “just stick with their friends and stick with their own little group and don’t really want to branch out very much”. However, she had also expected more interest in the campaign with approximately 2,700 students at the school.

The teacher commented on the complexity of the campaign, noting that it was a lot of information to juggle. If she were to continue the campaign, she had the idea of focussing on one sub-field at a time. In conclusion, she corroborated that the original issue construction and action planning were useful, successful, and appropriate. She supported and confirmed the choice of methods in all phases.

7.1.2 Responsibility

The core topic of the interviews became the issue of “responsibility”. Interviewees critically discussed their roles, their responsibilities, and reasons for developments

during the action phase. They noted how excited and passionate they had been in the design thinking workshop: “We couldn’t wait!” But they realised that it was “pretty easy to say things and just come up with ideas, but to actually do them is a lot harder”. They also noted: “It doesn’t really matter how good your ideas are of what you want to do, it’s about actually doing it.”

All interviewees acknowledged that they did not take enough responsibility, did not fulfil their roles and tasks. One student – who shared a task with another student – admitted that they never had a conversation about their shared task. One added that “the ones that we did do, I think we could have done better if we had put more effort in and not mucked around and things like that”. They added the problem of members who were in the group for “no reason”, which they estimated to have been half of the group (and leaving the work to the other half).

Participants revealed that they had lost motivation, commitment, “just lost interest”, or lost touch with it. Another said that at first she was involved “and then later on, it just got complicated and school became more important . . . being year 13 is stressful”. Being in the last year of school was repeatedly named as reason for not investing time or effort as well as the fact that they were teenagers, with a focus on “partying, and school, and working, and all that kind of stuff”. Some pointed out that they simply had “other things” coming up in their lives (e.g., social or private life activities, work, schoolwork, or school chores). Interviewees used them as reasons or excuses for refraining from their HALT commitments as this summarising statement exemplifies:

Other things came up throughout the year and, like, as you get closer to the end of school, you know, you’re trying to enjoy school and just make the most with your friends and stuff, so, I think that’s why a few people kind of fell off the grills and they just lost focus in the campaign and more focussed on their life and finishing school and stuff like that. Even though it’s small, small things that they’re responsible for and it doesn’t take a lot of time, it’s still just something else for them to do, you know?

One student (who had not been at meetings or at school much) said that it was hard to juggle the project on top of school, adding that to do “a really good job . . . if it was to be a successful campaign . . . it would be like a part-time job for me, that’s how I see it as”. Another person commented that if others had been more involved, she would have too.

Participants had also been influenced by other students’ behaviour. Interviewees shared their disappointment over the lack of interest in the campaign – impressions which they had obtained from students and friends (at school and over Facebook). They admitted to not putting effort into it, just in case it failed or nobody “noticed their hard work”, yet added their continued feeling of responsibility towards HALT:

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A: “Nobody else was interested, so it’s like, we didn’t have anybody to . . . work for really, like all our hard work wouldn’t be noticed, so we just didn’t bother to doing it?”

Jule: “Do you personally feel a kind of responsibility towards HALT?”

A: “Yeah, I -“

B: “Yeah”

A: “ -a big responsibility towards it being in the steering group.”

B: “Yeah.”

Delving deeper into the distribution and issues of responsibility, I brought up that the students had planned to go into classes and talk to the younger students, to be role models, and get others involved. In response to this, the interviewees gave reasons for their behaviour, but also redirected responsibility to the school, noting that more emphasis on health was needed at the school, “almost like changing the curriculum”. A reason for not going into Year 9 classes was that, “they weren’t interested and we didn’t want to go in and just, get booed out”. They referred to reactions at assembly once HALT was announced.

The perceived lack of support, acknowledgement, and appreciation from students and staff together with the impression that nobody cared about the campaign, brought up the notion that this had been their goal to change. They remembered that they wanted to make people care about their health and think about it, how they wanted to make it cool. But due to their impression that “no one really cared”, they “just gave up”. One interviewee reported his experiences with his task, which were the daily challenges. He said that upon not seeing any results he “got frustrated with it”. In the interview he realised that he should have stuck with the challenges and eventually it would have had an impact.

In summary, there appeared to be a relationship between the participants’ frustration that the campaign did not immediately succeed and the participants’ investment in the campaign. Interviewees said they needed to be motivated, to feel like they were getting something out of it, which would make them want to do it. They said that this could have had an impact on the students as well as the campaign. The participants shared feedback which had reached them from other students:

Yeah, that’s most of the feedback I got, is, ‘why aren’t you guys like talking about it?’ And we were like, oh, look, just, you know, a bit nervous there and we’re not all passionate like you were about it and how like it sounded so good coming from you?

Their response opened the question why they lacked the passion which they saw in me, although this was their campaign. Analysing their behaviour further, they noted that HALT was simply not on their mind; they did not make time for it. They saw that they

should have structured their time better, set aside time for it, to treat their commitment “like an adult”, which for them meant having a timetable and allocating time to HALT.

A: “Yeah, I think a lot of the HALT stuff was kind of just like last, like, whenever, [B: resort] yeah, last, or whenever you had nothing to do at home, that’s when you do it? Lots of people didn’t set aside some, like, 10, 15 minutes a day, just to input to it?”

Jule: “Do you feel a kind of responsibility towards HALT?”

A (immediately): “Yeah. Definitely. Especially, like, now the core group is so small, because, even though we cut it down, people are still dropping off from that core group? You know like, people like [name] was in it, had such big input, but now because she’s not at school . . . very much, so –. Just, people are falling away.”

Again, when asked if they felt responsible for the campaign immediately after they had analysed how they had become disengaged, they said yes. The confirmation of responsibility contradicts their confirmation of disengagement – just as their words and actions diverged during the action phase. In fact, almost all interviewees confirmed still feeling responsible for the campaign. The design thinkers reported feeling connected and responsible, because they had created it. The students who had joined during the year emphasised that they now experienced the sense of responsibility, adding that if they restarted the project, they would take more responsibility and it would not take as long to create awareness. They felt that the campaign was only beginning.

To investigate the level of passion or motivation amongst two interviewees, I drew the connection to other voluntary organisations and activists, who invest much more time and work, only motivated by their passion. I reminded them that this is what we had attempted on a smaller scale; and they would only have had to invest half of a lunchtime once a week or biweekly. One student punctuated my words by saying “yeah” a few times. The other’s reaction was that the project would be better to start with juniors – get the Year 9 students into health and into “that way of thinking”. His comment had pushed the conversation in another direction. But his notion was strengthened by the teacher’s view on the potential of involving the younger students, reasoning that they were more enthusiastic, keen, and receptive, like “sponges”; the senior students were already set in their ways.

Several contributions in the interviews provided evidence for their diversion of responsibility. Subtle evidence was the student’s statement of the time frame between the design and the implementation being too big that she started to doubt whether it would ever happen. This notion implied that it must be somebody’s task to implement it; that the participants had no influence on the timing. Also the abovementioned comment that they would rather not invest any work in case it failed or their work did not get noticed meant that they left the work to somebody else. Although they passed on

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abstract responsibilities to various stakeholders at various levels, the interviewees saw that with their rejection of responsibility, tasks, and roles, they passed the actual work on to me:

We gave most of the workload to you. So you pretty much carried like the whole campaign. And it's like students would rather relate to other students. But instead we-, you're the one that went and spoke in assembly and stuff, it wasn't us. So they weren't really hearing it from us? But that was our fault that we didn't do that.

Participants highlighted my role by adding that if I had not remained as involved as I did, there would not have been any meetings. They not only judged passing the workload on to me as unfair, but also realised what it had meant for the campaign. They acknowledged that they had taken their voice from the campaign which decreased the chances of success of the campaign:

Another thing that I reckon could've made HALT more effective is that if we took charge earlier on? As students? And not made you do all the work? 'Cause then it would be like how you say, coming from us? Yeah.

Ultimately, all interviewees showed regrets for their behaviour and recognised that everybody in the group should have taken more responsibility and done their tasks. After the end of the project, they realised that to obtain success, they should have invested “a lot more hard work, it would take hard work”. Two participants showed a deeper analysis of the responsibility issue, including the school's role:

I think the reason why a lot of us didn't continue on with our jobs is that even though most of us are like Year 13s . . . a lot of us aren't used to having responsibilities . . . A lot of the teachers around school to Year 13s, they're saying, we're not being treated as adults. Like, we need to be treated as adults in the real world before we go out there, so we actually know what it's like having responsibilities, of deadlines and stuff . . . all the teachers get really annoyed when we don't hand in deadlines cause we're just saying, 'aw, I'll just hand it in a few days later' [other student: 'And you get away with it.']. And you get the chance to do that?

They commented that the reason for this was “because they want you to pass. They want you to be successful.” In the eyes of the students, the school was “just too soft” with the students, rather than preparing them for the “real world” and to deal with responsibility. Students learnt that there was no need to be responsible or to respect deadlines. Just as they did that with schoolwork, they also neglected their jobs for HALT. “Most of us haven't learnt to have responsibility. We're only trying to look after ourselves and we're just actually worrying about having a good time and stuff.”

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I reminded them that their participation in this project was not for a grade, but for their own passion. The students shared that, it was because of this “personal reason” that many students became disengaged:

That’s why a lot of people, they didn’t do it, because they’re saying it didn’t really result in anything other than their personal gain from it, like, making an appeal. But if they did really care about it, so they would’ve stayed focussed throughout the whole campaign.

While one student had suggested treating their involvement like a part-time job (hinting at a needed payment), another student commented that they would have been more dedicated if it had given them more chances to get out of their regular classes. He added that they needed to be forced to be part of it:

Most of us were just ‘oh there’s a meeting at lunch, like, we got other stuff to do, better stuff to do?’ If it was during like class time we would have just been, ‘oh yeah, ‘cause we rather come here than go to normal classes. Even if like we had incorporated it more with our health class.

Analysing the issues, an interviewee shared his broader learning from his involvement: the campaign had helped him see how little others were interested in health, which confirmed the need for the campaign to him. Earlier in the interview, he had also shared his realisation that he could not force the healthy lifestyle or view or even to like HALT upon his friends. Instead, he understood that they had to make that decision by themselves.

I think it was a really good experience as well . . . about how many people, like, don’t really care about health, you know? How no one, like at school, no one even, you know, it seemed to change their ways? Even like [name] put out those weekly challenges, no one came back and said, or, you know we didn’t hear anything from anyone else or? Like in the Facebook group, no one, you know? Like, I feel that it’s just interesting to know that there’re a lot of people who don’t care about their health, don’t really think about it? And so that’s what we’re trying to change?

The lack of responsibility also became the main focus in the interview with the teacher. She openly and candidly shared her thoughts and reactions to the students’ lack of responsibility. In her eyes, the students had “really let it [the campaign] down” and she felt “really disappointed that that’s what happened”. She commented that the students “weren’t really on board” and “got bored” with it – despite the excitement and strong support in the design thinking workshop.

During the interview, the teacher showed that she had already reflected on the issue and given thought to the possible reasons for the older students becoming disengaged. She asked herself out loud what had happened with the passion and enthusiasm, which the students had displayed in the design of the campaign. While she had thought deeply

about the possible reasons and solutions, she concluded that she also did not know; however, emphatically shared her frustration with the issue. As I noticed many sighs in her interview, I included them in the transcription and counted 12 prominent sighs during the interview. They seemed to be sighs of disappointment, irritation, frustration, and helplessness (Teigen, 2008). Throughout the interview, she frequently returned to the issue around the lack of responsibility and engagement and the possible reasons for it.

Regarding the Year 13 students, the teacher elaborated on the fact that it was their last year, which brought about demands, obligations, and pressure on them – from being a prefect to social lives or other “things”, which all took their focus away from the project. In this, she corroborated the students’ analyses. She wondered if junior or senior students were better to work with. Among the senior students, she differentiated between the Year 12 and Year 13 students, confirming the participants’ view, and my own experiences of the Year 12s, showing more commitment. She noted that it was “really important to have that focus on the senior students” and while “some of them were fantastic” (referring to Year 12s), others were not (referring to Year 13s): “And I think they let the whole thing down. And I think they let themselves down, too.”

The teacher asked herself what the reasons for their disengagement were and how to “combat” it. She wondered if attached credits, such as a co-curricular activity, would make them do their tasks, if they would then “place more value in it”, instead of the fact that “they just couldn’t be bothered most of the time”. She wondered (as did some students in interview), if it would have been useful to organise reflective interviews mid-year, to give the students the chance to adjust their actions. However, she continuously came back to the notion of “losing” the students. For example, when asked about the time span between design and implementation being too long she replied that I “would’ve lost them anyway”, adding “because I lost them, I completely lost them in class”. She added that this not only counted for the few students I was working with, but for the whole Year 13 class. “I think you’ve lost them. And not you specifically. But they were lost from probably once they’ve been to camp, at the beginning of the year. I think it was all downhill from there.” After showing potential in Year 12, she had the impression that students had completely “checked out” in the following year. “And their attitude, you know, just towards anything, was terrible . . . And that was just their attitude for the whole year.”

According to the teacher, the students also did not care about schoolwork (e.g., never handing in assessments on time), credits, or other “things” which could have enhanced their school lives. “In Year 13 they just didn’t care. They didn’t care about anything. They just cared about themselves and their social lives.” They seemed to only come to school

to see “their mates” and enjoy the last year at school. Her impression confirmed the students’ sentiment that some students only came to meetings to get out of class.

Elaborating on potential solutions, the teacher noted that “someone actually needed to step up and be a leader” and “that couldn’t have been you”, adding her impression that “whatever you would have said, wouldn’t have made any difference and actually needed to be driven more from them”. Although she said that the campaign needed a strong leader, she also noted that in the bigger steering group there might have been “too many chiefs and not enough Indians”. Ultimately, there were only planners, but no doers. She yet saw the potential in younger kids, who would have been very happy to be given tasks to do (e.g., handing up posters, or doing videoing), if there was a strong and responsible steering group of just three or four students. Asked how we could have done that, she suggested a pragmatic approach of gathering cooperative students who she knew through class.

The teacher concluded that although all students had thought it was an amazing idea, nobody stood up and took responsibility. While she expressed her frustration with the students’ behaviour, she also looked at the role the school played (as detailed in the following section) and noted the additional hurdle which the students needed to take. However, she noted, this was not an excuse for the students’ behaviour.

7.1.3 Support

Despite the participants’ lack of actions, responsibility, and involvement, outcomes from the evaluation interviews still showed strong support for the campaign and their own work in Phase 1 and 2. “I just think it’s been a really good campaign, our ideas are all there, everything’s all there and I think it *can* be successful.” Their support for the campaign pervaded the interviews.

Another theme from the evaluation interviews focussed on perceived support from other stakeholders. All highlighted my role, for example: “your involvement is obviously, like, the biggest that we have ‘cause you started it all”. Another interviewee noted that the project only consisted of the steering group and me – with the contact teacher facilitating meetings. Others had also experienced support from the contact teacher and other teachers, who had put up posters or who talked with them. However, participants also described their impressions of teachers not caring: they asked them about HALT, but then did not show interest in the answer.

Interviewees wished that teachers and staff had been more interested, involved, and supportive. They confirmed that it was supposed to be student-run, but noted the difficulty that “students don’t really have a lot of freedom at the school to do what they

want to do like . . . actions”. To be student-run, they said it would be “a bit better if we had some help from teachers, just being at meetings and having their input and letting us do things around the school more often”. The lack of support was mainly experienced from school officials. Their impression was that the school was generally not very supportive of “those sorts of things”.

I think, if it was a bit more encouraged and . . . a bit more of a big deal like to the principal and that kind of stuff? Because he wasn't really interacting with it. So it seemed as so the HALT group was down here and then there was other stuff, like sport and stuff over here. Do you get what I mean? I think there could have been a bit more encouragement from staff to make us feel like we're doing something important and we're doing something worthwhile instead of feeling like, ok, what are we really doing with our time sort of thing?

In addition to seeing themselves in a powerless role as students, the interviewees also showed awareness for hierarchy and power distribution among school staff: “Certain teachers . . . have a lot more power as well. Like if we have, say, a deputy in every single one of our meetings, it would be a lot easier to get things done around the school.” I commented that we did not ask one, but they did not even see the chance for that: “Yeah, but it's hard. Even if we did ask, the chances of it happening are actually quite slim.”

My reminder that the principal and Deputy Principals had confirmed their support, was replied with their impression that “a lot of those people say things like they are for it”, without backing it up with actual support. The principal would obviously be “happy about the idea . . . but at the same time you don't know if he's saying that as in he's going to help and actually aid us”. They concluded with the need to have teachers and “someone higher up in the school, like a DP [Deputy Principal]” on the steering group.

The interviewees compared their school with other schools' health programmes:

[Other schools have] big interviews and stuff to get into groups like a health group. They're so into helping their peers and stuff with health and with this school there is nothing, you know? There's nothing like that . . . And I think that's the main issue with our school – people just aren't interested in it? You know. They're not bothered. Don't know where that's coming from. But people just don't seem to care about.

The sentiment of lack of support and not caring referred to the school in general, commenting, “it's really hard for this school to take things like that seriously”. Their notions included fellow students. They had experienced negative reactions at assembly, that nobody seemed to care about the challenges and not about health in general. They mentioned the “cool factor” and that people thought HALT was “lame”. This “uncool image” had been the reason why nobody entered a challenge. Participating in the challenge would have been a sign for support towards a health group, “which lots of

people don't see as cool within our school". On the other hand, other interviewees shared the notion that students liked the HALT stickers, had them on their books, and reacted positively about the campaign. I took note that the latter sentiment came from the Year 12 students who had reported positive support, whereas the Year 13 students were more negative, even cynical about it.

As with the participating students, the contact teacher showed very strong support for the campaign, emphasising how she loved the concept, the ideas behind it, the name, and campaign features. She indeed used the word "amazing" 12 times and the word "fantastic" seven times in the 39-minute interview: "What you've done is amazing. And, you know, I'm really appreciative of it all." In addition to expressing her appreciation and support for the project, she also confirmed the need for the campaign, not only through her eyes but also quoting younger students: "they all see this really big need to *change* things". She shared the junior students' support: "They were just so passionate about it and they all thought it was a fantastic idea."

The teacher, however, did not see the support from the participants, reporting their disengagement, lack of caring, and responsibility; they had "checked out". She analysed the school's role, where she recognised a lack of support, which accorded with the students' notion about the school's role. She added further insight by elaborating on options which the school had: "it's almost like the school needs to acknowledge it and say, 'yes, this is your role, we're gonna give you a badge for it, you're gonna be . . .'" She explained what the school did for other programs: to acknowledge students' engagement, they were called out at assembly and given name badges, which is "a big thing" at the school. With this insight, she answered questions which had emerged after the student interviews. Students frequently mentioned the lack of acknowledgement and support, but not knowing the school business I had wondered in what form they could have experienced it.

The teacher added to the complex issue of support by the school management. She emphasised how the school had been supportive in terms of allowing the project to take place. However, the implementation of the campaign and its individual ideas had not received much support due to the lack of close collaboration with the school management. While she emphasised that she could only share feedback but also did not know answers to solve the issues; she immediately added that "the lack of support from up the top" was the big and obvious contributor. Her personal experience was that the senior managers had never spoken to her about the project and she reckoned that a more proactive approach from the senior managers would have been helpful. She emphasised how much easier it was to implement anything at the school with the support of certain

individuals, a view which was shared by the students' observations of power distributions.

More support or different individuals and tighter collaboration and personal contact with school management would have made a difference. I extracted that this was a major factor for the teacher as she returned to this notion throughout the interview. She furthermore emphasised in the interview that there had been no fault on my side as I had no influence on this framework.

In addition to the missing "official support", she commented that there could be more collaboration and links between the departments: "I think it's just an *amazing* idea and I think it's something that should be in the school without a doubt. I think it should be something that's pushed in every department, you know, in different ways." As an example, she named the food technology department. She recalled the visit by a master chef and HALT ambassador, who would love to support schools more and had been "blown away" by the HALT concept. "Why . . . are we teaching kids how to cook cupcakes? Why don't we focus on . . . better nutrition, over in the food technology department? So it's, it's about making those links between the departments as well?"

Ultimately, for her, the lack of support diminished the campaign's chances:

But again – all these good ideas don't actually go anywhere because, I have no power, and I can't – the buck stops up there, it doesn't stop with me unfortunately. And, and I think, if we had . . . [a senior manager] on board who was really passionate about it, things would take off. And it would all happen. But, yeah. It goes nowhere.

Based on these challenges, I asked the teacher if there had ever been the chance for this project to work bottom-up. Her initial thought was that it did not need to be done top-down, but that we would need the support of the management level. I asked what a closer collaboration with the management would have looked like, as I had the impression that neither staff nor participants would have approached each other. The teacher's thoughts were that it should come from the students but they would need a clear contact person, who would be supportive and accessible for them: "It would be really nice that the students come up with all these ideas themselves and then they can . . . talk to me but then be able to go and approach the . . . [senior managers] about it."

7.1.4 Campaign effects on others

Despite the participants' notion that fellow students did not support the campaign, they reported the creation of positive change. Asked about the overall success of the campaign, reactions differed depending on the goals. Interviewees generally came to a positive conclusion. They confirmed its successful planning and development, the

importance and need for the campaign, and its success in closing the gap of a health promotion campaign for youth. The campaign itself was very good and complete with all their ideas and they confirmed its potential. It was thus the mere creation which was the success to the participants, who had witnessed the evolution. While reporting high awareness, they noted that it did not change the target group to the planned extent.

Interviewees showed a consensus in focussing on the campaign's existence and awareness. They reported that HALT's existence had made students aware and think about their wellbeing and an alternative lifestyle, and "even that would've improved some people, just that awareness". One participant noted that HALT could not be rated as "bad", because it was started and needed, which another corroborated: "We actually started it and people know about HALT. And that's the good thing. I think that alone changed people's perspective about health. 'Cause . . . it's like the first health brand that's come along towards teenagers." Some rated the intervention year as a good start: "How actually, like, we haven't done those big events, but that doesn't really matter. I think, it's impacted people by thinking about it." Another participant pointed out that HALT might not be relevant to those who did not think about health – but in the moment that something "would happen in their life and they would reflect back and be like, ah, this is what HALT talks about' and stuff like that".

Due to the focus on awareness, I asked two participants how many students they estimated knew about HALT. "Hundreds" was the first reply and when asked about a percentage they analysed it from two different angles. "I could safely say that 80% of the school are aware of HALT. But probably 40 or 50% actually know in a fair amount of detail what we're actually about." The other interviewee confirmed 80-90% knowing HALT, having seen it at assembly and seen the stickers; but half of those people would not know what the campaign was about. Other interviewees commented: "if you say HALT, they know what it is and they'll stick out their hand, and they know that it's the eye and they associate that with your talks in assembly . . . But they don't know like the full message." They added their experience of being recognised for being in HALT and that students displayed the HALT sticker. But although they felt like they "definitely got the word and the brand HALT out there", they added that, "the messages are kind of not as strong as the name".

Some participants shared their experiences of being asked about the campaign by fellow students. Questions were not only about the campaign as such, but also asking for health advice. According to the interviewees, these personal talks were the only chance for people to find out what the campaign was about. They commented that it was too difficult to transport the message at an assembly or on a flyer, due to the details of the campaign. They explained that this difficulty was embedded in the nature of the subject – "because

health is such a big thing, here are so many things that impact it”. That is why even they found it hard to break it down to “a few key aspects”.

Some participants went as far as stating that they had reached the goal by putting up the campaign and creating awareness. But discussing the ultimate aim of creating change, interviewees were hesitant and provided different viewpoints. One thought that it had only built awareness, but that nothing had changed – to her knowledge. Others had witnessed change in the students, but not as much as they had wanted or could have created.

Two students shared evidence for actual effects on behaviour, adding that these had not been openly communicated. They explained that many popular students drank and partied. HALT had made them more aware of drinking issues. They might not “like the page or tell people that they’ve changed but lots of people have changed. But they’re kind of afraid to admit it because of their peers.” I double-checked if they actually knew it and they confirmed knowing a few people who had changed after they had talked to them. As the students hid their change, the interviewees confirmed that the campaign had not changed what is cool and what is not. They noted that it had changed people, “which is one of the main things you want”, but the superior goal of changing the norm around coolness had not been reached. The interviewees nonetheless showed positive conclusions; that although they had not done much, “we’re already making people think, it might change their lives personally, and not trying to worry about what their friends are doing”.

In analysing the potential for change, the participants also included the notion of “campaign voice”, as evidenced by the following:

It would’ve been really effective, how you said it was supposed to be student-driven. It kind of wasn’t as student-driven as it should’ve been, which is why I think it wasn’t as effective? . . . also, as the two groups have schoolwork.

The general sentiment in the interviews was that it only now had started to take off, emphasising the need for the campaign to continue and to incorporate the new knowledge and experiences. Others confirmed the need for a longer run process, speculating that HALT had not succeeded in what the campaign was trying to communicate; adding “not yet”. Another emphasised the ongoing potential of the campaign: “I think it would be pretty cool to have a health brand . . . I think it could work.”

The teacher showed the same positive notion about the fact that the campaign was started, created, and received awareness: “The word got out.” She noted from conversations that some students understood the campaign, but commented that these

students might not have been representative. Regarding actual change, the teacher commented on the difficulty of the question from her perspective, because she did not see what students saw and did not know what they talked about. Her impression was that change had not yet occurred, because there had not been enough saturation. She added that we would not be able to attribute possible change to the campaign. But she confirmed the awareness of HALT.

7.1.5 Effects on the steering group members

Although varying and rather subtle, all students felt that the campaign had affected them, for example: “Personally, it hasn’t been like huge but it has still affected me a little bit, like, I know what the right choice is now.” They reported that their knowledge and awareness had been intensified based on the discussions throughout the meetings:

The more we had meetings and the more we discussed things we want to do, it made me reflect my own life. It didn’t change it massively. But it made those little changes that build to bigger changes. I just started thinking about my eating and little things like that.

Another student identified the effect of their involvement: “. . . actually being in a campaign that is really based on health and trying to improve people’s wellbeing, you realise that those little things, they have a big impact on them“. As they had already identified with a healthy lifestyle and with the campaign before, they noted effects being “the little things”. These included new knowledge such the health benefits of standing versus sitting, or going to the gym more often, not consuming Powerade anymore, generally watching more what they ate, or simply “knowing what the right choice is”.

I’ve always eaten healthy anyway, done exercise, I know it’s good for me, so I’ve always been kind of in that way of thinking. But I guess, when I’ve been eating stuff, I’ve been thinking ‘ah, I bet Jule wouldn’t like me eating’, you know, I’ve been like thinking about it more? In a way, you know? Like that.

Most of their examples were about nutrition and physical activity; however, they also noted overall effects on increased wellbeing, such as a more positive approach to life: “It just got me more enthused for other things – good things.” They noticed a further effect of their involvement, in showing a sense of pride and the feeling of being appreciated: “I think, it’s also been cool, like, being a part of something, where you’re trying to make a change for other people? That’s been pretty cool. Like, something different? Something new?”

Although the teacher told me that the campaign excited her and she thought that “it was awesome”, she did not think that it had an impact on her. However, the timeframe of the campaign correlated with her transformation, as she changed her lifestyle the same time

the campaign started, which had “a huge impact” on her, as she reported. She felt that her development backed up what I was trying to do, gave her the confirmation that “this really is what we need to do with those kids. We need to . . . look at all aspects of their life”.

7.1.6 Suggestions for change

The above discussion on support, responsibility, and reasons for disengagement already included some suggestions for improvement. Their analysis contained critical thoughts and insight into why campaign components worked or not. Apart from these areas, students shared further ideas and brainstormed about potential improvements.

One participant questioned whether the positive approach was the right way to go, wondering if it needed a more serious approach, discussing life-changing experiences, focussing on suicide or diabetes, to encourage students to look at their lifestyle choices from a bigger picture, instead of communicating the “little messages on how they can improve their health each week”. I noticed that the same interviewee concluded the interview praising the positive approach stating that this would be a good point for the campaign and for the people.

Generally, their ideas for improvement and how to achieve the wanted impact pointed back at the original plan. Interviewees emphasised that the project needed to be more fun and interactive, not just presentations at assembly. They noted that the campaign should have been driven by them instead of me. They should have taken responsibility, fulfilled their tasks, and spoken at assembly. They saw that they should have been more mature and treated their responsibility like adults by being more structured, making time for the campaign, and investing in the project.

Taking more responsibility is what we should've done. And we know now looking, it's easier to look back and say 'oh, I should've done this, I should've done that' but I think just for the future whoever is in it, they just need to make sure they're 100% committed to it? And if they're not, [they] probably just shouldn't do it? 'Cause it's probably just wasting everyone else's time?

They indicated that it would have been good to have more students involved who were not in health class:

I still think, reflecting, I think we still really need to, like, expand our core members to more people in the school. 'Cause how like we said we want to be student-run, but it was like run by the health class?

They commented that also students who did not take health could be interested in wellbeing. In fact, one student said that involving people from different sides of the

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school in the core group would have made a big difference and been more effective. The importance should have been to find people with responsibility and passion:

I just say you're gonna find more people with better responsibility and more passion towards it within [all] students than just one class. I can understand targeting a health class, you'd think 'man, that's where the most people who care the most about health would be and –'. Like, I think it's safe to say that we probably know more than pretty much any other students at the school about health. But that doesn't mean that those people in the class were passionate about it and actually really cared about it? Just 'cause they know about it?

Other students should have already been included in the design thinking workshop, not only after the campaign creation. Their suggestion was to announce a planned health promotion campaign at assembly or put out advertisements and recruit interested students. (This suggestions is exactly what I had planned initially, but which changed after consultation with the contact teacher for feasibility reasons.) As aforementioned, participants added that the steering group not only needed more students but also further stakeholders involved, including teachers and a Deputy Principal.

One student considered that the initial workshop could have gone longer to incorporate planning of the entire intervention year. Another had suggested implementing the campaign faster, to keep up the momentum. A further idea of a Year 13 student was to run the design thinking workshop with Year 11 students (at the end of their Year 11) who would then be Year 12 students during the implementation. The teacher had shared the same notion, which supported this idea.

Students suggested continuation of the campaign, to implement their learning, indicating that it would now be more promising:

I think that if we had started the whole thing like how we are now, and started taking more responsibility, it wouldn't have taken this long to get noticed? Like, it would have only needed the 9 months or whatever? Rather than, how now it's only just starting up.

The teacher praised the research idea, concept, and the campaign itself throughout the interview and put a lot of thought into possibilities for a better implementation. As aforementioned, she highlighted the potential of more support and collaboration with school management and between departments. Also inter-student collaboration could be worked on – having a few older students as strong leaders and many of the younger students helping to implement the campaign, doing the ground work. Hoping to continue working with the campaign, the teacher had the idea of singling out sub-topics to focus on, rather than the whole campaign. She furthermore noted the potential of using the campaign components in all the junior health programs. She commented that

it was hard to know whether the juniors would be the better target group, but her experiences had been that the younger classes show more passion and enthusiasm.

7.2 Media Evaluation

As media can pave the path between a campaign and the target group, media exposure can enhance awareness and ultimately increase the chance of change. Media evaluation can thus display the potential of a social marketing campaign and helps to understand the project's evolution. This part of the evaluation partly provides data to core aim (4) – although I cannot deduct statements about actual change of attitudes and behaviour, I can analyse potential. Data also adds insight to core aim (2) and (3), namely how it can be implemented (i.e., what works to reach exposure) and what it looks like (i.e., the media components of the campaign).

Despite the plan of using various online and offline media, the campaign never reached any exposure in newspapers, television, radio, or their online presences. The main media for the campaign were school platforms (assembly, flyers, stickers, daily notices), the website, and the campaign's social media sites.

7.2.1 School media

While school media attained high exposure and guaranteed reach of the target group, it also connected the campaign with school, which could negatively impact campaign image, as noted in survey and interview findings. However, the interviewees had shared that especially the stickers had been very successful as students had wanted them and used them (although one survey respondent also commented that there had been too many stickers).

Assembly had the highest reach, but interviews showed that they especially bore side effects of a negative image transfer. A better option to use this platform would be to let students speak at assembly. Flyers were especially present in the health classrooms and the physical education building, but also in classrooms of supportive teachers. I could not analyse if these were read and did not hear any feedback on how they were perceived. I could also not analyse how often HALT was mentioned in the daily notices. They are, however, not a reliable platform as students reported that some teachers did not read them or students did not listen to them.

Word of mouth was reported to be a very successful medium, especially to transport meaning and information about the campaign. Interviewees emphasised that face-to-face conversations were needed to explain what HALT was about. Participants who had gone into classes to speak about HALT had experienced that it not only helped students

understand the campaign but also helped the steering group members to identify with it and to feel valued. Speaking in classes could thus be the most useful vehicle to transport campaign content while also engaging and encouraging the steering group.

7.2.2 Website evaluation

I analysed online media exposure with user statistics for the website, provided by the free web server log file analysis program Webalizer. The statistics included average figures as well as daily and monthly summaries of visits, pages, sites, and files. It also indicated hourly usage for each month. I only use figures as an indication, because it was not possible to exclude my or the web developer’s data, and I furthermore doubted the reliability of the data, as detailed below.

The campaign started on 25 March. To attract visitors to the website, I had installed the vote for the final campaign logo on the website. Figure 7.1 maps out the usage for the first weeks of the campaign. On the first day, the website had 2,728 hits, which “represent the total number of requests made to the server during the given time period” (The Webalizer, n.d., para 1). The 677 files which were transferred “represent the total number of hits (requests) that actually resulted in something being sent back to the user” (The Webalizer, n.d., para 2). The difference indicates repeat visitors. When the campaign logo poll ended on 1 April, 72 people had voted.

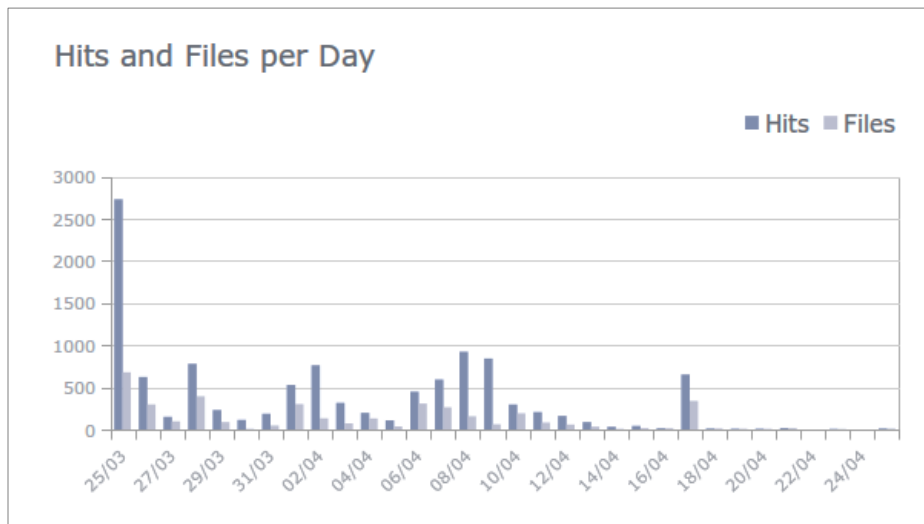


Figure 7.1: Daily usage of the HALT website for the first days of the HALT campaign

According to Webalizer (n.d.), visits occur when a remote site makes a request for a page for the first time (and will trigger a new visit after a certain amount of time, which is usually 30 minutes). Pages are what is often called “page views” or “page impressions” and indicate the count of the actual page being requested, not all of the individual items

that make it up. Sites furthermore refer to the number of unique IP addresses that made requests to the server (users can appear to come from many IP addresses, so it is just a rough gauge as to the number of visitors to your server).

If the visitor data is correctly displayed, only three people accessed the page in March and 10 people in April. However, due to the amount of votes for the logo, I must assume that these data are flawed. There would have been no visits or page impressions for the rest of the year, which is impossible, because I accessed the page too. Based on this data, I conclude that the website had not been a key medium for the campaign – this would be congruent with the participants’ and my notions during the campaign. Table 7.1 displays the trend of the user statistics with the lowest figure mid-year, in July (when school holidays were from 13-28 July).

Table 7.1: User statistics for the HALT website during campaign implementation (2013)

	Hits total	Total files	Visits	Pages	Sites
<i>March</i>	4797	1590	3	43	127
<i>April</i>	6223	2222	10	184	166
<i>May</i>	453	270	0	0	62
<i>June</i>	197	125	0	0	43
<i>July</i>	29	23	0	0	9
<i>August</i>	117	87	0	0	22
<i>September</i>	107	81	0	0	18
<i>October</i>	182	88	0	0	20
<i>November</i>	56	52	0	0	23

7.2.3 Facebook evaluation

Facebook Insights is a Facebook tool which provides the administrator of a Facebook page with comprehensive user statistics on page and post level (Facebook, n.d.). These data are evidence for audience engagement, and as such help to analyse effective measures to maximise target group exposure. I used Insights to analyse this platform’s potential for the campaign and to understand the project’s evolution. Ultimately, a marketing campaign needs exposure, combined with awareness, knowledge, and “liking” amongst the target group (Kotler & Armstrong, 2013). In the case of Facebook, “liking” a page could skip the knowledge stage. Liking results in following it, which increases the

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potential for exposure and the consumption of the messages, hence, the chances to trigger change. The performance of the Facebook page and its posts thus provide evidence for the potential for change.

Figure 7.2 shows the development of the page likes for the duration of the campaign: by 30 October 2013, HALT had reached 489 total page likes. Figure 7.3 furthermore divides the development throughout the year into unlikes, organic likes, and paid likes (via advertisements).



Figure 7.2: Development of total page likes of the HALT Facebook page

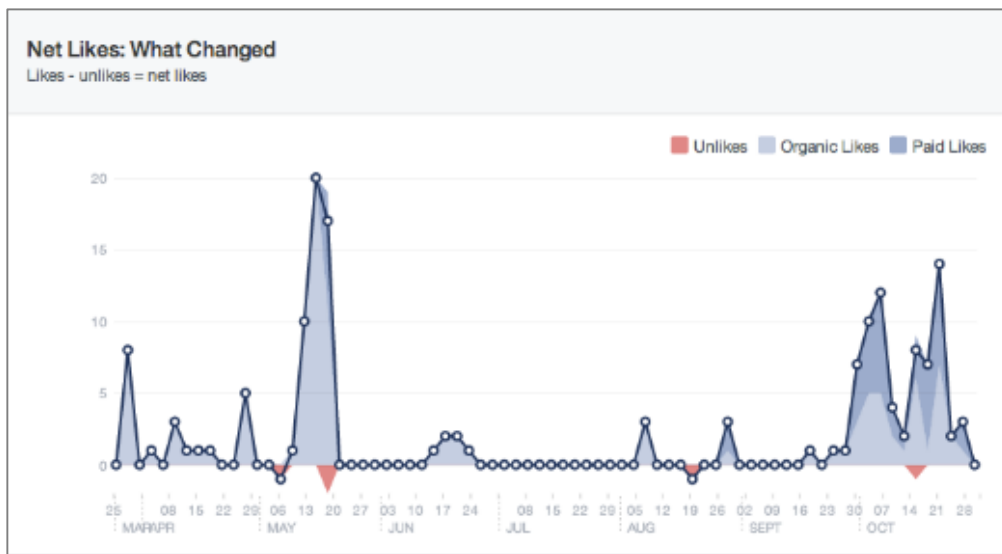


Figure 7.3: Development of Facebook likes throughout the campaign implementation

Likes do not guarantee media exposure. Page, tab, and post visits indicate if people had actually seen campaign content. For the week of the launch, Figure 7.4 displays page and tab visits, with the peak of over 20 visits on 28 March – three days after the launch of the campaign. The most visited tab is the timeline (i.e., the starting page). Figure 7.5 shows the page and tabs visits for the entire duration of the campaign with the peak mid-May.

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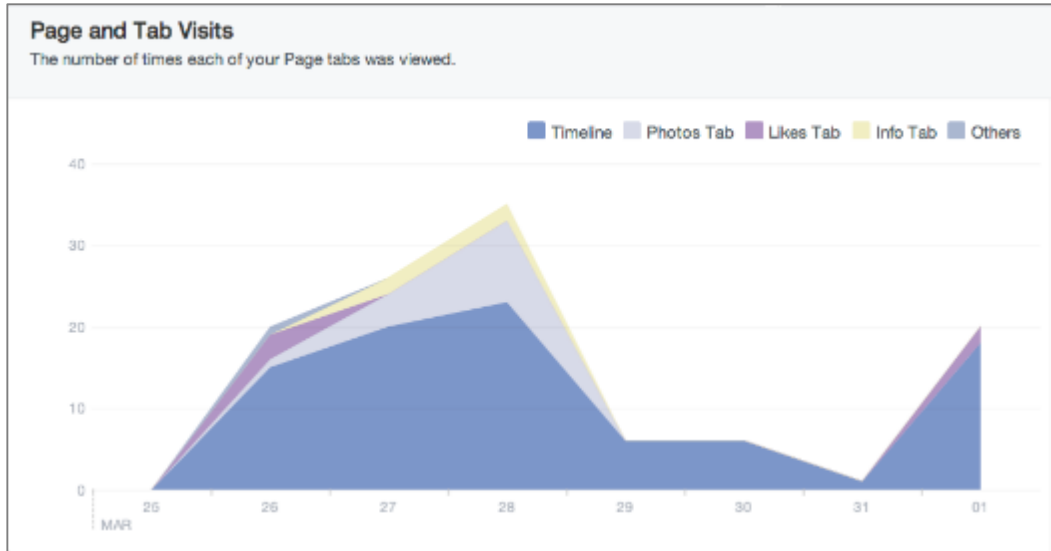
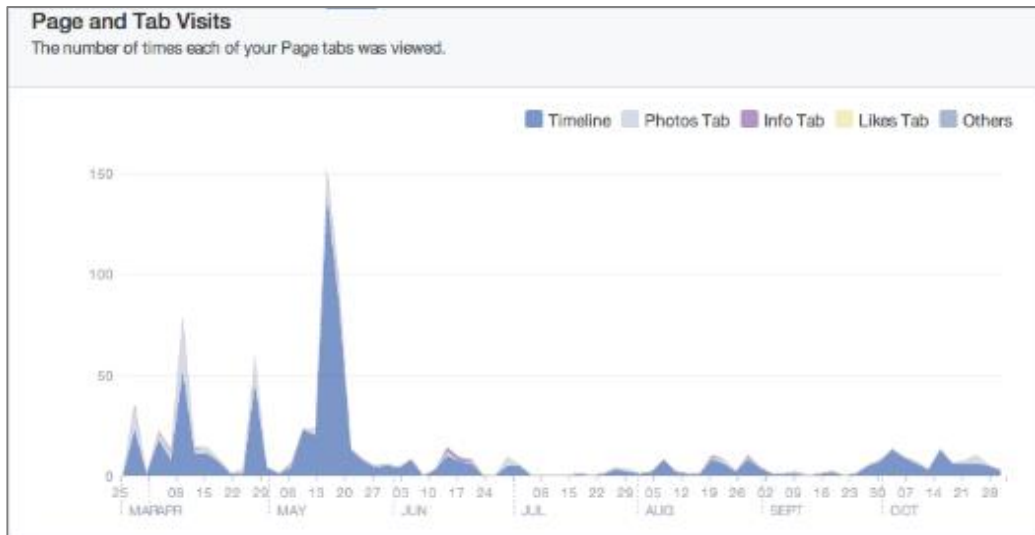


Figure 7.4: Page and tab visits of the Facebook page in the week of the campaign launch

The peak on 15 May followed the posted picture of students forming the HALT eye. The post reached a total of 1,260 unique (organic) views, 2,862 total impressions, 345 engaged users (who clicked anywhere), and 745 consumptions (clicks on the post). The picture indicated 445 views, 300 “other clicks”, 85 lifetime likes, 43 comments, and one share. The post reach was the highest organic reach – only three posts (which were advertised) had higher total reach. Figure 7.4 and Figure 7.5 confirm the popularity of photos, next to the timeline (which of course also features images).



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largest demographic group, making up 35% of all fans, followed by the 18-24 year-old women with 19%, then the 13-17 year-old men, and the 18-24 year-old men with 18% respectively.

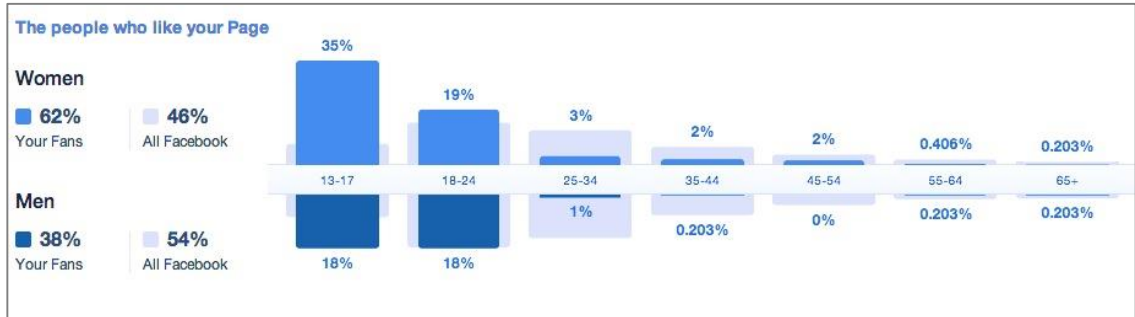


Figure 7.6: Fans of the HALT Facebook page

There are several ways to attract a Facebook user to a page. Users could type the direct address in the browser, search for it on Facebook, click on a link to it (e.g., on the website or Twitter), click on a post they see on their timeline (only if they like HALT), or see the news that a friend had interacted with HALT in their newsfeed and click on it, to name a few. A guaranteed way of attracting new visitors to a page is a paid advertisement. A Facebook page administrator can promote the page or a specific post and can specify the target group to reach. I tested Facebook ads on a small scale to test its effectiveness. On 18 May, I spent 6.79 NZD to promote a post to fans, friends of fans, and sponsored stories for HALT. The bill divides the different components – for example, promoting the post to friends of fans produced 944 impressions, which cost 3.74 NZD. Figure 7.7 shows the effect, advertising had on post reach.

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Figure 7.7: Post reach for the duration of the campaign

After no advertisements during summer, I tested them again in September, as the campaign was approaching the end. During that month, I spent 50 NZD for advertisements. Facebook allows the indication of the target group, for which I chose New Zealanders between 13-19 years of age. During the time period, 179 page likes were obtained through advertisements, and the advertisement was served to 10,272 people, with a frequency of 3.42. The Facebook adverts management indicates that the average price per like was in this case 0.28 NZD. Figure 7.7 demonstrates the potential of paid ads for a campaign of the scale as HALT.

Timing is a crucial factor for a post to be seen. In the design thinking workshop, students had shared their insight regarding radio: their peers listened to it on the way to school and after school. With Facebook, their behaviour could be similar, because they would be on the social media before school and in the evening – however, as some also had smartphones in school, they could access it between classes, more than any other media. Figure 7.8 indicates when HALT fans were online. The data were accessed after the campaign, so fans who had been Year 13 students during the campaign were not school students anymore. The page also had fans outside the target group. Weekday usage did not fluctuate much, as numbers of online audience ranged between 436 and 446 on the different days of the week. The most fans were online at 11pm. Numbers were lowest in the early morning and then rose to 111 at 9am, to 129 at 4pm and finally reached the peak at 11pm with 242 fans online. These numbers are useful to increase the potential for visibility amongst the targeted age group. Although I already tried to communicate mainly at these times, I see the potential to maximise exposure at these times by increasing regularity (e.g., ensuring that each day a post should be published at a peak

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time). If target group members had fulfilled the tasks of online communication during their free time, they would have naturally tapped into the correct time windows when their peers were online.



Figure 7.8: Days and times of HALT fans online

During the action phase (chapter 6.2.3), I discussed other Facebook pages that had been started by Avondale College students. They generally reached high numbers of likes in short time spans, however, were then discontinued. The comparison validates this study's planning as it underlines the potential of pages coming from students, based on their interests, without an obvious connection to school or health. The other pages furthermore seemed simpler to understand, with a clear purpose.

In summary, Facebook Insights underlined the potential of using photos, especially featuring target group members. Paid advertisements furthermore guarantees exposure and can ensure fan base growth. The comparison with other pages underlines the need for the communication to come from the students, as planned in Phase 2.

7.2.4 Other social media

On Twitter, HALT has 38 followers, which include other organisations (e.g., Youthline, New Zealand Parkour, Music in Parks, Changing Minds) and ambassadors (e.g., Elise Salt, Paige Paterson, Sophie Corbidge). Less than five followers could potentially be members of the Avondale College target group; one was a steering group member. I can consequently confirm the expectation that Twitter was not a core social medium for this target group, but useful to network with other organisations.

HALT had only uploaded one video on YouTube, which had reached 186 views, an average view duration of 0:37 min, and one "thumbs up" as well as two "thumbs down". Of the views, 48% were allocated to the YouTube watch page, 39% to an embedded player

(37 views on Facebook and 34 views on the HALT website), and 12% to mobile devices. Eighty-one percent of the views were on computers, 11% on mobile phones, 4.8% on tablets, and 3.2% on unknown devices. On the first day, the video had the most views with 56 counts and an average view duration of 0:42 min. On the second day, the video was viewed four times and 10 times on the third and fourth day respectively. In summary, the clip did not cause engagement on YouTube and the YouTube website on the computer is still the most common way to reach the target group.

In conclusion, Facebook has been the only employed social media which had produced significant engagement of the target group with the campaign. As the students had said in the planning stage, it is important to be present on other social media, but the key platform was Facebook. YouTube might have been more important, had the campaign produced more videos, whereas Twitter was a useful platform to connect with other organisations and facilitate networking.

7.3 Survey Results

This section delivers the analysis of the quantitative data collected at the end of the action phase and its translation into evidence. Next to the health and wellbeing follow-up questionnaire, this second wave also contained a section on a campaign evaluation (see questions in Appendix E and findings in Appendix S). As recommended and warned by McNiff (2013), it was used for this action research to add a larger-scale insight into the target group. However, I was especially cautious with the pre-post analysis, as neither students, nor the teacher or I had expected measurable change among the target group after having followed the development throughout the year.

7.3.1 Campaign evaluation survey

The campaign survey aims to add insight from the target group to the project and campaign evaluation. To evaluate the campaign, questions addressed brand knowledge, brand image, plus statements on campaign usage and the opportunity for feedback.

Of the 432 students who answered if they knew a health promotion campaign, 65 (15%) indicated yes. Of these, 46 filled in HALT, which represents 76.7% unprompted awareness amongst those who stated knowing a health promotion campaign. The prompted awareness (asking if they knew HALT) was at 36.7%. This percentage appears low in comparison to the interviewees' predominant impression of high awareness and that "people know about HALT". An interviewee had estimated that 80-90% knew HALT, another stated: "I could safely say that 80% of the school are aware of HALT. But probably 40 or 50%% actually know in a fair amount of detail what we're actually about."

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The latter estimated number is closer to the quantitative finding of the survey. Considering HALT had been at a few assemblies (where attendance is mandatory for the entire student body), it is likely that unprompted awareness is higher.

The notion hints to the barrier of a written survey without contact to the respondent. Based on the constructivist-interpretative paradigm and the notion that meaning is created by people (Denzin & Lincoln, 2000a), each respondent might have a different understanding of the extent of “knowing” – to some it could refer to knowing the name or having heard of it, while others might think of knowing details about what it stands for. In conclusion, I rate the percentage of prompted awareness low in relation to the findings from the interviews, and speculate that it could have been higher in connection with the logo.

To analyse further campaign knowledge, the respondents were asked to fill in the slogan of the campaign, which was “It all starts with a vision”. Of the students who knew HALT, 44% left the answer for the slogan blank and a further 25% indicated not knowing the answer. Whereas 12% filled in “Healthy active lifetime” and 12% “Healthy active lifestyle” or similar, only 4% (six respondents) answered with the actual slogan “It all starts with a vision”. The rest guessed something else, four respondents indicated the hand pose, and three the logo (the eye). The replies on the slogan again point out barriers of questionnaires and strengthen the constructivist-interpretative paradigm – students interpreted the word “slogan” differently or did not know the difference between “slogan” and “brand name”. In fact, even the designers and steering group members who had answered the survey did not fill in the actual logo in the questionnaire, but answered with “Healthy active lifetime”.

As the campaign was intended to be communicated on various platforms or media, the survey asked where students had heard about it. Based on the interviews, it was expected that most had heard of it at school, especially as HALT was at a few full school assemblies. Indeed, 89.2% said they had seen HALT at school, “other students” is the second most named source, and almost one quarter said they had seen it on Facebook (see Table 7.2). All other media received less than 5% mentions, which is not a surprise, as the campaign was not present on classic media and students had not interacted much with the website and Twitter. These data hence corroborated the media evaluation findings.

Table 7.2: Survey results of where students had heard about or seen HALT

Where have you heard about or seen HALT?	Frequency	Valid percent
<i>At school</i>	148	89.2
<i>From other students</i>	58	34.9
<i>On Facebook</i>	41	24.7
<i>Somewhere online</i>	7	4.2
<i>Don't remember</i>	4	2.4
<i>On Twitter</i>	3	1.8
<i>On the radio</i>	2	1.2
<i>On TV</i>	2	1.2
<i>In the newspaper</i>	2	1.2
<i>Never heard about it</i>	1	0.6

Asked about fellowship, 33.7% stated that they had liked HALT on Facebook; 22.1% indicated following it at school; 16.6% said they had visited the HALT website; and 3.1% followed HALT on Twitter (which represents five students, of which two students were steering group members). These percentages match media evaluation findings.

The survey gave further insight into brand image and personality. Asked to list one to three words that describe HALT was answered by 104 respondents, of which ten just filled in “no” or “no I can’t”, three said “I don’t know”, two filled in question marks, and one CBF (i.e., can’t be f***ed). The majority of the remaining answers pointed at the content and aim of the campaign. Examples included “Youth, Healthy, Well-being”; “vision, life, healthy lifestyle”; “Physical activity, health”; “Motivating”; “proud”; “Helping young kids with a healthy lifestyle”; “helpful, encouraging”; “It all starts with a vision – living a healthy lifestyle”; “Interesting, inspiring, cool”; or “Different, eye opening”. Some answered with the full name of the brand (“Healthy active lifetime”). Overall, most feedback was positive: “Fun, motivates”; “Good”; “Very useful for our youth”. Only three respondents gave negative key words: “useless, poorly-organised, ineffective”; “Overly optimistic”; and “Boring, pointless, economic failure”. Figure 7.9 displays a word cloud of the listed expressions.

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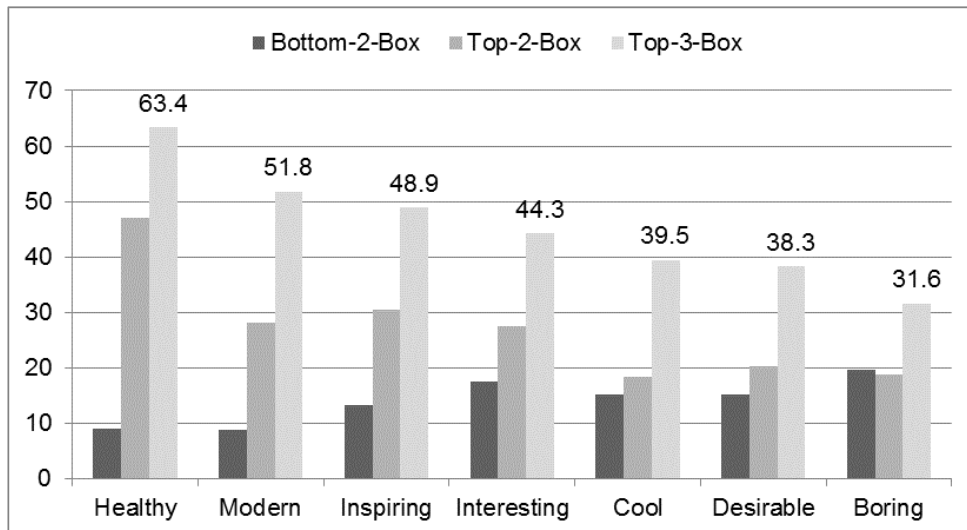


Figure 7.10: Survey results of brand personality – “Which personality traits do you agree describe HALT?” Rated on a seven-level Likert scale from “strongly disagree” to “strongly agree”. Number of respondents: 131-137.

I had added the trait “boring” not only to check for negative campaign image, but also to see if students merely ticked through the boxes, without reading them. Interview findings had indicated that some students found the brand boring. According to the results, 29.4% said that they at least slightly disagreed; 39.1% neither agreed nor disagreed. Ergo, 31.6% agreed that HALT was boring. Taking a closer look at those who agreed, I noted that of the eight students who strongly agreed, two had ticked “strongly agree” with all other character traits as well. Of the 17 students who had ticked “agree”, five had ticked “agree” for all traits. I interpret that at this stage in the survey, some were trying to be quick to finish and did not read the questions properly anymore. I conclude with the need to be careful with survey results, while qualitative methods could be more reliable.

Statements about the campaign received less agreement than the personality traits (see results in Figure 7.11). For all statements, the neutral “neither agree nor disagree” received the highest percentage (between 36.1–54.1%). Students liked most that the campaign came from fellow students, with 47.4% top-3-box agreement. This notion validates the project’s approach and corroborates previous findings emphasizing the importance of the campaign coming from the students. While I cannot be certain how the campaign would have developed if the students had taken more responsibility and carried out their planning of leading the campaign, making it cool, fun, and yet informative, data corroborated the planning, indicating that we had been on the right track.

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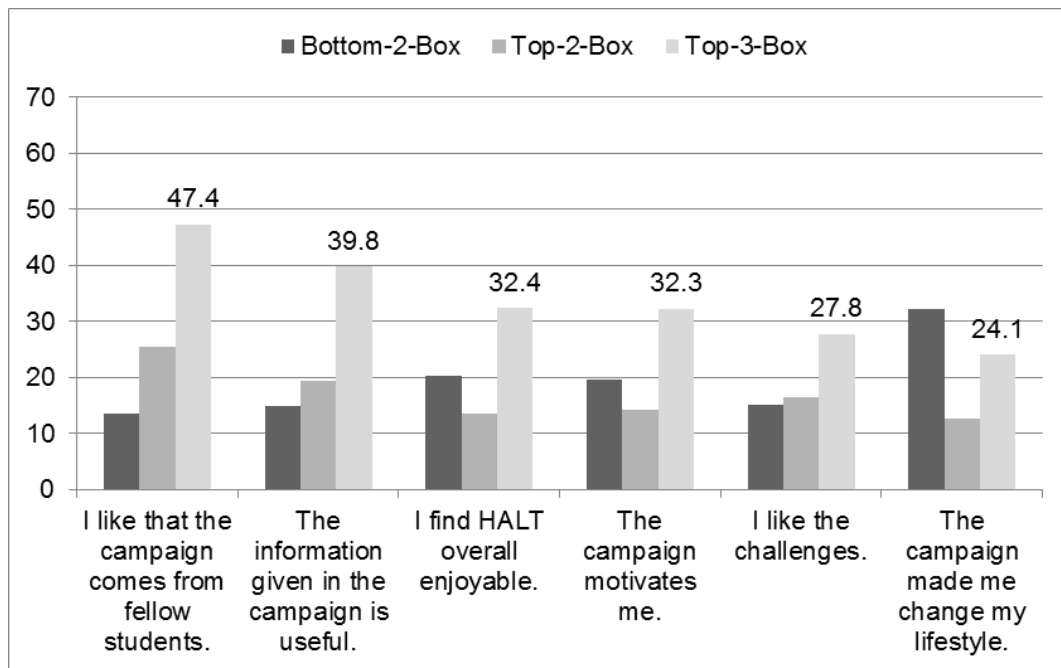


Figure 7.11: Agreement with statements about the campaign. Rated on a seven-level Likert scale from “strongly disagree” to “strongly agree”. Number of respondents: 133.

According to the interviewees, HALT had reached strong awareness, but not yet impacted the target group to the desired extent. To add more scope to this core question, I included the open question about change in the survey, which was answered by 60 students. Twenty-seven indicated that it had not influenced them – one added “yet”; another noted that it needed to be more developed. Further feedback was:

- Change health lifestyles
- Even though I didn’t participate, it taught me to challenge myself every day.
- HALT has influenced me as I am now eating healthier and going to the gym. HALT make me want a better lifestyle.
- Healthy exercise.
- Healthy life styles.
- Helped make me more active.
- Honestly, it has not had very influential effect on me except just thinking more about physical health.
- It has made me think about being healthy.
- It has totally influenced my life and I respect people who live a Halt way of life.
- It makes me sad that people are ignorant.
- It’s interesting.
- Just informed some things.
- Made me re-think eating choices that help benefit my health and sporting career.
- Made me realise how I can be more healthy and the impact health has on youth – NEGATIVE.
- Made me think about the way I am living and what I am consuming.
- Made me think that we should take action to live a healthier life.
- Makes me think more about my lifestyle choices and the things (food & drink) I put into my body.
- The stickers are cool

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- To change my body and consume healthier foods.
- To continue to keep healthy throughout my lifetime and to spread my knowledge.
- To live a healthy life, + my own life.
- To live a healthy lifestyle and to make the right and healthy choices which can affect your future.
- Wanting to consider my lifestyle

Some statements corroborate the interviewees' analysis that the mere existence of HALT had made students think about health more. Whereas findings from the action phase and the interviews indicated that students often did not see the campaign's overall aim and positive lifestyle approach, many respondents showed that they had understood this message. Only a few of the respondents mentioned nutrition, which had been the key focus in the steering group. In conclusion, the feedback provides evidence for awareness as well as positive change, including campaign targets, such as "wanting a better lifestyle", "to live a healthy life", "to live one's own life", or having more information and inspiration.

The final question of the survey asked respondents to share their suggestions for improvements. This is a collection of the feedback:

- - By relating to the students. - Be funny. - Involve the students more.
- Action, be more noticed around school, louder voice.
- Actually define what HALT is. / If it was explained properly.
- Appeal to wider audience
- Be more relateable
- Better advertising / It is not very widely known so advertise it more.
- Cooler activities / More events at school, not just assembly talks.
- MAKE IT EXCITING!
- Get other students around school to participate, not just a handful
- Get students to talk in assembly
- have more activities and things
- I think the idea needs to be clarified and presented by students more. More interactive activity to start becoming known.
- If it was promoted better and more events to promote it.
- In having more islanders involved / By getting more students involved in the campaign. / More knowledge on how to get involved. / More people on board, or more inspired people. / More people to join
- Involve more people in their campaign. Release more videos and comparing pictures of people following HALT before and after to inspire others to follow too.
- It can't. It's a fail. It's economically deprived, there is no money in healthy humans.
- It should be clearer and more interesting.
- MAKE IT INTERESTING! Has a bad image already, isn't taken seriously, has potential.
- Maybe by not looking like illuminaties with the eye on the palm at the hands.
- Promotion – Facebook, the community. It has to be ... a thing, from HALT and the students, students should take their time to understand HALT.
- Reach out to students better, have more speakers - different ethnicities (Pasifika people)

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- The HALT campaign needs to have interesting and interactive activities and events that bring more people to the campaign. The campaign needs to be more promoted by the students at the school.
- They need to better promote it to the students because I know lots like me who have heard of it but have really no clue about what it does.
- Through social media. Workshops?
- To be more relatable to students, to not try hard

Congruent with interview findings, survey feedback pointed back to what had been planned but was not implemented – although respondents did not know the planning. These findings thus corroborated interview findings as well as the action plan. Despite not having witnessed the meetings and challenges of the implementation, survey respondents showed awareness for the challenges. A key point was lack of knowledge about the campaign – it needed to be clarified by more advertisement, communication, and promotion; it needed a louder voice. This voice should come from the students and the campaign should involve more participants. It should be tailor-made for the target group, interesting, and interactive. There should have been more activities and events. One student pointed out that the campaign now “Has a bad image already, isn’t taken seriously” and added that it “has potential”.

In summary, the results of the campaign survey corroborated findings of the previous evaluation. Knowledge and image did not bear any surprises, but was overall positive and fitting. Respondents saw similar issues as well as suggestions for improvement as the steering group members. The analysis had demonstrated that the campaign had resulted in change amongst respondents of the target group.

7.3.2 Pre-post analysis of health and wellbeing survey

As aforementioned, I took caution with the comparison of baseline and follow-up survey results. The method had been selected to detect change attributable to the intervention. The evolution of the intervention, however, had indicated no measurable change (yet), and if there had been change, I could not attribute it to the campaign.

Limitations of the survey included the different time points. The baseline survey had been administered during the first semester which was the first month of autumn. The follow-up was in the last days before students left for the end-year study break, in the middle of spring. Season as well as schoolwork could have influenced students. I furthermore found inconsistency due to interpretations – despite using validated questions, which were frequently used, such as the question for ethnicities or the question of having had sex before.

While measurable change was not expected due to low market penetration, it would have been useful to compare sub-groups; but sample size decreased substantially as I will

discuss later. Despite the limitations, I will discuss the significant differences (estimated with McNemar's test), using the sample of students who had filled out surveys at both time points. Tables in Appendix S comprise descriptive tables of the full sample, including students who only participated in one wave.

According to the data, none of the nutritional behaviours had changed significantly, despite the reoccurring focus on this topic amongst the steering group. The importance of physical activity, sport, or exercise significantly decreased ($p=0.000$), with fewer students stating that it was "very important" to them after the campaign. Regarding the reasons to be physically active, significantly fewer students indicated, "I'm good at it" ($p=0.016$), "I like competing" ($p=0.025$), "I like winning" ($p=0.007$), and "to keep fit" ($p=0.005$).

There was also a significant decrease of students being physically active on at least five days in the last week ($p=0.000$). Active transport *from* school decreased significantly, with a drop in numbers of those who walked or cycled at least part of the way ($p=0.003$); those who walked or cycled exclusively ($p=0.024$); and those who only walked ($p=0.015$). There was, however, no significant difference in their mode of transport *to* school.

I found no significant differences in sleep duration, wellbeing indicators, sexual health, or their own consumption of cigarettes, alcohol, or drugs. The number of students who had stated that none of the drugs (including smoking, alcohol, and other drugs) were okay to use had decreased significantly from baseline to follow-up ($p=0.044$).

In conclusion, there have only been few significant differences in the total sample from baseline to follow-up and they had all indicated negative trends. A reason for the decrease in physical activity, reasons to be active, and active transport could be due to the timing of the survey. The follow-up was a more stressful time for the students due to exams and assignments, as I had also experienced at my visits. They had shared with me that their school tasks took importance from physical activity. After school, there could be more chores or extracurricular activities, which could be an additional obstacle for getting home actively. It is possible that the change in "drug attitude" was merely a coincidental development, or possibly the fact that students were getting older and thought now that alcohol was okay for them to consume.

While I had not expected significant change in the full school, I had hypothesised that specific subgroups might have changed more than the rest of the school. The group which had been the closest to the campaign and its messages were the steering group members. However, due to the low number of those who had participated in both surveys, there was not sufficient statistical power to test for significant differences.

I instead compared sub-groups based on the indication of knowing HALT, liking HALT on Facebook, agreement or disagreement with HALT being “interesting”, “inspiring”, or that the campaign had changed their lifestyle. While some significant differences between the two groups were observed, closer analysis showed that, due to low sample sizes, these differences represent very low changes of frequencies (e.g., six or seven respondents). The reason for the small sample sizes was that not all participants had answered all questions, many did not get to the campaign survey due to time constraints, and some only participated in one of the waves. Differences were also rather random and after the in-depth qualitative evaluation I cannot connect them with the intervention. I therefore decided not to include them in the evaluation and conclude that I do not attribute any significant differences to the campaign.

7.4 My Reflections on Phase 4

The evaluation phase contained interviews, media analysis, and a survey. The analysis of the data translated findings into evidence and provided evidence for change and learning. My reflections on Phase 4 finalise the themes of this action research project. The interviews with the teachers and students gave the deepest insight, the survey evaluation added breadth, and the media evaluation revealed details around the implementation. I subsequently start my reflections with the interviews.

7.4.1 Interview reflections

I noted strong consensus between the students’, the teacher’s, and my own reflections on the project and its development. Key points, which I will reflect on, are *responsibility* connected with the notions of *passion*, *empowerment*, and *helplessness*; the initial *thinking-big*; *support* or the lack thereof; the confirmation of and return to the *original plan*; *content* of the campaign and its *complexity*; and overall reflections on interview content.

After transforming interview data into evidence and making sense of the findings, I conclude that *responsibility* was the core theme of all interviews, congruent with the action phase. The theme had been seeded in Phase 1 and 2, when participants indicated redirecting responsibilities to others, especially upstream. Phase 3 provided evidence that the student participants did not take responsibility, which they corroborated in Phase 4. Evidence included notions demonstrating that they had put the organisation and implementation into external hands and did not believe that they were in charge or could produce change.

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Based on the interviews and my impressions, I firstly assessed that the students took an easy way out, chose the least risky path, not even trying to invest in the campaign, just in case it failed or nobody noticed “their hard work”, as they had put it. However, there had never been any hard work and with their behaviour they diminished the campaign’s chance for success, letting it fail. It was a vicious circle – they would not invest because they did not know if the campaign would be a success and the campaign could not become a success without their investment. What I found interesting was that the participants still confirmed feeling a responsibility towards HALT, even immediately following their explanation as to why they would rather not invest in the project. It appeared as if they were referring to two different levels. On a macro-level they confirmed feeling responsible for the project; still, they could not translate this responsibility into action, hence, did not want to invest any time and effort on the micro-level.

After their and my experience of their *passion* and involvement in the design thinking workshop, I asked myself why it had not translated into the action phase. Why was the principle of *empowerment* so difficult to implement? Participants had named various reasons, such as their insecurity, a lack of support, their teenage focus on fun and parties, school stress, or not being used to responsibility. Was the fundamental issue really based on social and cultural barriers?

I started by analysing my role and the research project structure. I noted that within this project, the initial idea, drive, and subsequent responsibility had come from me and not from them. I tried to involve them as early as possible, but due to the PhD structure, I needed to plan the project in my independent research cycle. Their empowerment had been my focus in the planning. Involving them from the formative stage and giving them ownership of the campaign was supposed to show them appreciation, make them passionate, and empower them; it should show them that it mattered what they said, that they could change the future – a key principle of action research with youth (Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.; Whitehead, Taket, & Smith, 2003). This had worked accordingly in Phase 1 and 2, including the intended effects. However, it did not translate into the action phase.

According to the teacher’s evaluation, the process and all methods had been chosen well. Had she considered the societal standings and issues with responsibility and self-esteem of the students? Thinking back to the design thinking workshop, they took ownership by laying out the foundation of the campaign, sharing their insight, and planning the campaign. Although the workshop was roughly planned, the participants reflected after that they had never experienced this kind of collaboration or self-directed discussions.

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The campaign components were designed externally. While the students did not have to work for it, I involved them for feedback and approval, as they were the management board. Could this have triggered the impression that all the implementation would be executed for them? One interviewee shared that during this time, they wondered if this was ever happening. Her statement showed that they were expecting it “to happen”, without their work and effort. I had assumed that they were in charge and that they would take over, as they had planned. By Phase 4, I had seen evidence that they had redirected responsibility from the beginning.

Considering they noticed my passion and saw me as the strongest support and driving force behind the project, I wondered if I had made it too easy for them to give up responsibility. I would negate this, because I had always prompted and encouraged them to lead the campaign and the meetings. My aim was to only be supportive and facilitate the process. They refused the leadership and the responsibility. None of the words, such as the acceptance of a role and tasks, translated into action, even after repeated promises and commitments. The students and the teacher corroborated the issue of not committing and the lack of passion.

Throughout the year and in the interviews, I noticed that participants had given many excuses and explanations; or weak reasons had been used to create excuses. Those excuses could not represent the roots of the problems. For example, they said that the campaign was too time-consuming, school was too stressful, they did not want to sacrifice their free-time, that they should only work for the campaign during class-time, or that it should have been a part-time job. It would have been a fair point if the students worked hard on the campaign before reaching this conclusion. But especially the students who emphasised these reasons never invested any time or even stopped attending meetings. Participants could have chosen the intensity of their investment – it could have even just been one minute per week, promoting something on the HALT Facebook page when they were on Facebook anyway. Hence, the time-consuming factor is difficult to understand and I interpret it as a convenient excuse.

There were other reasons that they did not want to commit. While they had enjoyed the planning – which in retrospect appeared to be more wishful thinking than planning – the tasks seemed troublesome or even boring to them. I also interpret that the work might have been too abstract to them, without immediate feedback. The students who had collaborated with ambassadors or at the open evening were buzzing because they had experienced live positive feedback.

Participants knew that the work had to be executed to reach the goal, and they showed understanding and regrets for not having done so. Realising that they should have been more structured and treated it as an adult still showed that it was a job for them, not

something fun and fulfilling. Whereas their regrets were primarily a positive realisation, it neither helped this project, nor did this statement bear any consequence. After all, reflections in the mini-cycles already included regrets and promises for change, which were not kept. The teacher confirmed that further reflection rounds would not have changed much. Their regrets now are presented as excuses and are even easier to make because the project is over.

I see the lost *passion* as one reason for the lack of responsibility, fuelled by an insecurity, self-doubt, and fear of failure, as they had noted in the interviews and hinted at during the action phase. I connect the theme of (lacking) *responsibility* with *helplessness*. Its seeds go back to the design thinking workshop when the participants' thinking big and ambitious planning bore a sign of helplessness. In the planning they had passed the responsibility up in the hierarchy – and in the planning phase to me. They did not believe in themselves to drive a campaign which can cause change. More positive feedback and *support* – from other students or from school staff – could have helped to address their lack of responsibility and helplessness.

The above notions of *responsibility* and *helplessness* and their contributors build the campaign's overarching *challenge of empowerment*. Dold and Chapman (2012) reported similar concerns from action research stakeholders “about youth being able to meet the demands of responsibility and work at the cognitive level required” (2012, p. 515). While the participants and the teacher confirmed the appropriateness of the tasks and their required cognitive abilities, I conclude that this is only theoretically true. The tasks themselves were appropriate, but the implementation revealed that the students were not yet ready to take ownership and responsibility which was needed for the project, due the lack of independence and self-esteem. The participants' admitted that self-directed work was new to them, that I appeared more passionate than them, that speeches sounded better coming from me, together with their insecurity to speak at assembly, and they often reported their impression of needing help from above to reach change.

A possible solution might have been recruiting participants with specific required skills, such as public speaking. Further training and work on needed skills might have empowered them more and shown them appreciation (Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.; Whitehead, Taket, & Smith, 2003). However, the instances when I taught participants new skills (i.e., producing campaign content) they never used them. The reason must be elsewhere than with the positive feeling of contribution, which they indeed had experienced: “I think, it's also been cool, like, being a part of something, where you're like trying to make a change for other people? That's been pretty cool. Like, something different? Something new?”

This experience of feeling appreciated and valued in helping others (Seligman, 2011) confirms that the participatory methodology has provided assets to flourish (Reason & Bradbury, 2007). Based on this feeling, they would have invested into the campaign. But it is only one component of flourishing, based on PERMA (Seligman, 2011). The other assets were possibly not strong enough. Their evaluation indicated that they did not experience the praise and appreciation from school staff and management or fellow students. I recognised the circle of external support could have increased participants' feelings of appreciation and meaning, which could have increased flourishing and could lead to further investment in the campaign, which could have led to further praise. The lack of one event discouraged the next.

Evidence indicates the importance of the school culture, including *support* and teamwork in the social setting. While all students missed the close collaboration with teachers or school management, also younger students did not feel the respect and support from the older students. Participants did not experience student support the way I had in the focus groups. Finally, incidents of teachers not appearing to be interested in the campaign contributed to their experienced lack of support. I had been ensured support verbally from the school, the nurse, the counsellor, and teachers, and I did not experience disrespect amongst students. However, the students had experienced it differently.

The participants attributed the experienced lack of support from fellow students to the health connection, due to the uncool image of health and health promotion. I analyse that this notion is based on perceptions – including misperceptions – as I had experienced strong support from fellow students, who were indeed very excited about the project and thought it was great. The students did not hear that and based their impression on what they assumed the image to be. These misperceptions could be strong enough to prevent them from experiencing support. I will discuss this in detail later.

As the school management had confirmed their support to me, the participants' comments triggered two questions: what did they expect this support to look like and could it have been there, had the students sought it? After all, this project was developed and run by students and had officially received the school's support. They never tried to implement an action, create an event, or start a petition; how could they assume they were not supported? Had they expected that their ideas would have been implemented without their contribution? This does not match their planned continuous involvement in the project. But how should this confirmation of support look like in practice?

Findings from the interviews provided evidence that there were further measurements, which could have displayed the verbalised support by the school. The interviews in fact showed that this felt lack of support was more complex and deeper, rooted in school

culture and manifestations of school life. First of all, the support of the campaign was never voiced to anyone else but me – neither the participants nor the teacher had heard any support from school management. Interviewees had additionally shared their impression that school management would of course support the project verbally, but would not back up these words with actions. With this notion, they described the school management's behaviour the same way their behaviour had been towards the campaign. The interviewees' comparison to other projects, commitments, or schools provided examples of how the school could have fulfilled their supportive roles. Whereas I had not known about acknowledgements for other tasks or projects (e.g., receiving badges in assembly), I had on the other hand noticed the participants' struggle to combine commitments, which could be interpreted as prioritisation of other roles over HALT. Many Year 13 students were prefects and had responsibilities and duties, such as gate duty during lunchtime. This was an extra time burden and made it difficult to attend HALT meetings. The students and the teacher had commented on this challenge in the interviews and I recalled the situation during the campaign when I came for meetings and they informed me that they could not attend because of gate duty.

The contact teacher added specific insight into school procedures and the culture of acknowledging students and projects, which HALT had not experienced. She gave necessary background information on the school management culture and how the support I had been granted had not translated into the kind of "let's do this" support in the running of the campaign. They were not accessible for the students, not involved or part of it. This notion went along with the students' comments that they also wished for more interest from the teachers.

I reflected on my experiences with school staff. Many expressed their interest and support to me, including the principal, Deputy Principals, counsellor, nurse, and teachers. However, it had only been expressed in the beginning of the project and only to me. I understood the students' sentiments that they had not felt the support. When I realised that the project needed more contact and collaboration with school management, I tried to arrange meetings, which unfortunately did not eventuate to the extent desired.

These communication struggles and lack of collaboration and experienced support from school staff was one indicator why the participants developed an uncertainty of support and insecurity of their power. Although I could meet with the students and my research was supported, participants and I were unsure about what we could implement (as the example of the petition displayed). School management had, after all, never heard of the detailed requests voiced in the issue construction. The project lacked collaboration.

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I had not wanted to impose extra work on the school and the project had been based on the students running the campaign. However, a certain amount of collaboration had been intended and after the interviews, I understood that a supportive infrastructure and collaboration with school management was mandatory to make plans happen and give the students the acknowledgement and confirmation which needed. This collaboration would have been highly promising, as management can induce policy changes, which can impact health behaviours, such as increased levels of physical activity as well as subsequent health outcomes (Robertson-Wilson, Dargavel, Bryden, & Giles-Corti, 2012).

The notion of needed support and collaboration with school management was backed up by similar findings of previous youth action research, indicating a recognition theme (Dold & Chapman, 2012). Youth contribution needs to be valued by authorities, by means of recognising, accepting, and listening to youth voice. In this study's social setting, collaboration was needed and was included in the planning. Collaboration could have facilitated the project, increased the chance of reaching the needed changes in rules, regulations, and policies, and participants could have felt reinforced. I conclude that, as long as the school serves as microcosm for a campaign, close collaboration with stakeholders at different hierarchical levels is inevitable.

The concept of collaboration and its lack brings up the notion of personalities. The interviews included evidence for its impact and importance, such as the individual students who were involved, the school management, the teacher, and me. Regarding project implementation, the contact teacher was very supportive and enthusiastic about the project. She was also very open and flexible, allowing me frequent contact with the students. While the students would have liked her to be part of the steering group, it was not feasible with the fact that student attendance was only reliable during class time. The participants perceived me as main personality of the campaign. Regarding school management, I have extracted the need for more involvement, accessibility, and acts of support. Last but not least, the student participants influenced the implementation of the campaign.

As I had noticed that individuals (e.g., the teacher, celebrity ambassadors, Prof Schofield who had come to speak, or I) had impacted campaign content (mostly nutrition), I reflected to what degree they could have created change in participants. Based on the interview findings, participants showed admiration or interest for these people and there is evidence that their contributions had triggered thought processes. Regarding actual change, the students had only mentioned my role and our thought-provoking discussions. For example, one student noted her knowledge gained on standing versus sitting (discussed in the design thinking workshop) and another commented that when he eats something at home he thinks "I bet Jule wouldn't like me eating [that]".

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The collection of their comments gave evidence that change was triggered by their involvement. One student verbalised that the impact and new knowledge had come through the discussions throughout the year. I concluded that the affected change of the participants was not from the campaign (as it would have been with the extended target group), but from their intense involvement, their role, and their close interaction with me. Although the students only reported subtle impact on themselves, I would judge it higher than they perceived it subjectively immediately after the intervention. This finding corroborates the need to collaborate with the target group and highlights the potential of discussion rounds for health promotion with youth. Previous health promotion projects for youth emphasise the potential of direct interpersonal contact for higher reach, even in a mix of employed strategies (Sussman, Sun, & Dent, 2006).

The following occurrence underlined the potential impact of participation and personal contact. One student had been very engaged in the design thinking workshop, however, became disengaged in the action phase, along with low school attendance, as she worked a lot and her future job had already been set up. I interviewed her in the evaluation phase and only a few days later she told me that the interview reminded her of her passion for mental health and health promotion and she had decided to go to university to study psychology. I conclude that personal contact and participation bore the highest potential for change.

Despite the strength of personal contact, the interviews supported the potential of social marketing as a tool. The challenge remains the creation of a personal connection and community – beyond the steering group and into the target group (Jogova et al., 2013). Based on this latter notion, I would argue that HALT lacked the passion and drive which can create connection and community. Nonetheless, it had reached the first marketing stage of awareness (Kotler & Armstrong, 2013), as noted in Phase 3 and confirmed in Phase 4. Participants had not only corroborated high awareness for the campaign, but also noted that more time was needed to reach further stages towards the ultimate stage of changing behaviour (e.g., the “purchase” in marketing terms). In terms of the Facebook “liking”, a number of students have already reached the third stage. However, Kotler and Armstrong (2013) indicated a knowledge stage in between, which less target group members of this research had reached. Consequently, in the case of social media use, one can “like” a brand without knowing it, which could change the order of Kotler and Armstrong’s (2013) scale.

I reflected on the use of the Facebook group, as one interviewee had indicated that they did not use the medium anymore, but texted instead. I compared her statement with the facts from the Facebook group. For example, my posts in September 2013 were seen by 8-11 members, which represented approximately half of the group. The interviewee had

suggested mobile phone communication to be more effective. Whereas I did not have every member's phone number, I often tried texting the ones I had; mostly without response. When I asked students, they often told me that they had no credit or did not see my messages. I conclude that texting could also not provide a reliable form of contact – and that there were different reasons for not engaging with the Facebook group other than not using the medium, which they certainly did. I interpreted that their online behaviour was congruent with their offline behaviour of not committing, but withdrawing from the campaign and their responsibilities. Otherwise, a Facebook group would still represent high potential for this project, especially as it enables discussions amongst many participants. For other projects with stronger involvement, other group discussion media could be considered.

Despite the issue of lack of support, there was also a positive dimension of support, which had weaved through all phases and which the interviewees continued to show towards the campaign, but also towards the employed methods and the approach. All interviewees praised the campaign, its creation, their own and other's work. They highlighted the necessity and potential of the project, congruent with findings from other people and from all phases. For the participants, the campaign was successful because it had been developed, created, and it existed.

My reflections on these notions entailed two different sentiments. I was personally pleased that they reached an overall positive conclusion for the project. However, I wondered if their self-assessed praise contributed to their disengagement as the intervention started – as if they rested on their laurels. It was in fact incorrect to state that creating the campaign had been the main aim, because the creation of positive change had been the aim. With this statement, they limited the project to the issue identification, planning, and development – omitting the action phase and consequently eliminating the chance for change. They were right that the campaign was needed, but it also served a purpose, which its mere creation could not fulfil. In fact, a great creation without any actions to back it up also bears the risk of the campaign obtaining a negative image, as interview and survey comments displayed. The students had noticed that it was a lot easier to plan things than to do them. And ultimately, they knew the “amazing” plan (to quote the teacher) – but the target group only saw the hollow components, without any life in it. Hence, what did the participants' voiced support bring to the campaign if it did not go as far taking action?

Analysing the students' evaluation of what had worked or not and what they would do differently pointed back at what they had planned. With various issues, I identified a circle of planning, intention, reality, and an evaluation pointing back at the same planning. They had reached the conclusion that they should have taken responsibility,

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should have run the campaign, that teachers and school staff should have been involved, that other students outside of health should have been included – all these ideas had been part of the original plan. The plan was never changed; it just was not implemented. Bit by bit, these components were instead dropped.

I especially stumbled over one idea for improvement which had been to include students who are not health students in the design thinking workshop. I had planned for this, before it was changed for feasibility reasons as suggested by the contact teacher. It possibly would have been a better idea to be positioned stronger amongst a broader student body. I conclude that it is not always better to go the most feasible and practical way; yet, I can still justify the assumption that health students would be good to collaborate with, due to their passion about health. In the case of this school, meetings would have been more difficult with students from different classes and would need a stronger standing over other student commitments.

The target group's feedback and suggestions on the survey pointed back at the planning. Although survey respondents did not know the original plan, many of their suggestions had been planned but not implemented. They thus once more confirmed and validated Phase 1 and 2 findings with the campaign and project plan.

Regarding content of the campaign, nutrition had established as most prevalent topic, from the design thinking workshop in Phase 1 to the interviews of Phase 4. Nutrition remained dominant even after deciding not to focus on it, due to its distracting *complexity*. The discussions dominated meetings up to the interviews, where students often focussed on nutrition, such as when talking about campaign effects. The topic was not only strong within the steering group, but also the dominant focus of others such as the teacher or Prof Grant Schofield, who gave a talk at the school. The teacher often returned to nutrition in the interview, together with the obesity challenge. She showed awareness for the problematic dominance, as she commented "And I know that we shouldn't just be looking at food and nutrition, I know it goes far beyond; that it's about mental health and all the rest of it." However, she explained that these were the obvious issues she noticed – morbidly obese teenagers, junk food consumption, and endangered lives. From her comments I extracted that exposure to obesity at school, as well as the general strong coverage of nutrition, physical activity, and obesity in class and the media fuelled the dominance of the topic.

This dominance of nutrition (and obesity) adds interesting insight relevant to the health promotion landscape for New Zealand youth. I wondered if obesity is ultimately the core issue and target for this campaign. But although they predominantly (and sometimes unwittingly) returned to the topic, they also continuously voiced their support for the overarching and positive approach on wellbeing. What was very interesting was that the

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survey respondents demonstrated a better understanding of the campaign than the steering group had thought and there was not as strong a focus on nutrition as with the participants. The survey respondents possibly received the core messages more as intended than the participants themselves.

In conclusion, I acknowledge the complexity and challenge of an overarching and positive approach. Most people supported the project once they learnt what it was about. However, it had been a challenge during Phase 3 to bring across what HALT was about. Initially, the health promoting intention had deliberately been hidden, which the steering group and the teacher realised complicated the work. Nevertheless, survey data does not provide evidence that it was too complex – it just generally should have been communicated more.

A smaller theme was the notion *others*, as participants generally focussed on addressing others with the campaign and talked about effects on others in the evaluation. The participants did not see themselves as part of the target group because they were health students and the initiators of the campaign. However, I conclude that they are not only part of the target group, but have shown the biggest changes as they had the strongest exposure and identification, and their mere participation made them think about the issues a lot more.

After the termination of the collaborative core cycle, I looked at the issue of norms and peer pressure. In Phase 1 and 2, societal norms and peer pressure had been identified as a core issue and was planned to be addressed. Based on the interviews in Phase 4, I have to wonder what these norms and the peer pressure were founded on and if they had been a contributor to the development of Phase 3. The participants were the students who wanted to challenge the old norms and establish new ones. What strengthened those norms, were they real, and what helped them to continue to exist?

Based on the focus groups, I noted that the students all shared the same sentiments about a needed new norm, providing evidence for strong support for the campaign from the student body. But the steering group did not experience this support. Instead, they focussed on negative reactions at assembly or on Facebook which they used to shape the image of HALT. The added that the campaign had an uncool image due to the fact that it was a health campaign. This perceived image influenced participants' investment, such as pulling out of talking to Year 9 students, because they were afraid of being "booted out".

Ultimately, it was the participants who shaped the image of HALT and their behaviour contradicted their own planning. They had wanted to make HALT and the healthy lifestyle cool. Yet, they did not even try. What influence did peer pressure, peer

conformity, or perceived norms have on them? Peer pressure and conformity are a subjective experience of social influences to conform to norms (Santor, Messervey, & Kusumakar, 2000). Peer pressure could be overt, but also indirect (Cillessen, Schwartz, & Mayeux, 2011). As youth adopt behaviour and appearance of peers consciously as a strategy to enhance personal and social power (Ungar, 2000), how could the participants have not adhered to perceived norms?

Based on my communication with the target group, I reflected if those norms were really what their peers thought. Research shows that norms are perceived and do not reflect reality (Rimal & Real, 2003). The greater the perceived prevalence of a behaviour, the greater the risk that youth think it is the norm, and the more likely the adoption of it. Actual prevalence does not equal perceived prevalence. Research furthermore indicates that perceptions are worse than reality (Perkins & Berkowitz, 1986). Norms are interpreted individually, are a subjective construct (Rimal & Real, 2003). These social projections are stronger than reality. Consistent with U.S. findings, Kypri and Langley (2003) found strong evidence of norms misperceptions in a New Zealand university sample (overestimating peer alcohol consumption). They found these misperceptions to influence youth behaviours and suggested correcting norm misperceptions to understand their importance.

Misperceived norms influenced the Year 13 participants' behaviour on the level of campaign content (e.g., negative health behaviours) as well as campaign image and support by others. The older participants (mis)perceived low support and interest from other students, in connection with a (mis)perceived image of health topics (i.e., being uncool). The evidence found in Phase 3 and 4 is compatible with the above notions of the strength of misperceived norms on behaviour. I came to the analysis that even before the campaign started, the students had withdrawn because of perceived "uncoolness" and lack of support – not knowing the actual image and support. The image depended on them but they decided that the campaign was uncool, because it promoted healthy behaviour. Based on their misperceptions, the participants ultimately collectively constructed a negative, uncool image of the campaign.

I could not see the misperceived norms and adjusted behaviour during the action phase, influenced by the fact that I had experienced and reported strong support for the campaign and its content. The teacher had also experienced interested and keen students among the target group, and also Year 12 students reported positive feedback at the open evening, thus showed stronger support. It was the Year 13 students, who were so important in shaping the campaign from the beginning, who had not personally experienced positive support and thus strengthened the misperceived uncool campaign.

The notion of misperceived norms and their implications on behaviour not only accounted for the image of and support for the campaign, but also for health behaviours and the status quo. They had intensified problems by perceived higher prevalence of problems. I found the indication in the comparison of the issue construction with survey findings. According to the participants, *many* students smoked, ate too much fast food, sweets, drank energy drinks, and so forth. Although they did not indicate percentages, their choice of words indicated high prevalence, which survey results did not corroborate to that extent. The survey in fact provides further evidence for worse perceived behaviours. For example, whereas 51.7% of the students stated in the baseline that their friends smoked, 85.8% indicated that they themselves never smoked. The contrast suggests that the few smokers establish the perceived norm.

I also experienced examples indicating how they could easily perceive unhealthy attitudes and behaviours, as unhealthy norms were accepted and tolerated, even promoted in their social environment, such as at school. For example, school students in New Zealand fundraise by selling chocolate bars, which I also observed at Avondale College, normalising or even promoting consumption of unhealthy foods. Junk food and unhealthy drinks were promoted on campus with the offers at the tuck shop (as elaborated in Phase 1). I also had the chance to experience the lived norm when I attended a prefects meeting during lunchtime. Staff provided students with fast-food pizzas and fizzy drinks (including colourful, sugary, strongly caffeinated drinks). HALT members noticed the mishap, joked about it, but eventually also consumed them. How can they note the support of students and school officials, if even school officials' behaved otherwise?

One cannot know actual norms “independent of his or her perception of the other’s attitude” (Rimal & Real, 2003, p. 186). Thus, “their social projections, compared to others’ actual attitudes and behaviors, would likely be stronger predictors of their own behaviors” (Rimal & Real, 2003, p. 186). The evidence adds to the constructivist-interpretative paradigm: participants interpreted their perceived reality and in fact constructed it accordingly – not just in their minds, but in reality.

I conclude that to change the norms, there is great potential in communicating actual prevalence of behaviours or support. Action research participants must feel and experience support. Open communication of norms can also help establish a new norm. This notion strengthens the focus on positive behaviour, for example, with a campaign portraying youth making positive statements, representing the new, desired norm. Furthermore, collaboration is needed to challenge norms – students cannot lower consumption of fast foods and fizzy drinks with staff nudging them to consume exactly those products.

In conclusion, the main foci of my interview reflections had been the *empowerment* issue with its *responsibility* and *helplessness* theme; the theme of *support* and the lack thereof; as well as a myriad of thoughts which had added to the process and evaluation. I concluded that the interviews were very successful to learn about the students' perspective and get an in-depth insight into how they had experienced the project and the reasons they saw for its development. Further reflections throughout the campaign could be tested, due to its potential to trigger meta learning and a change of attitude and behaviour. I moreover see the need for more open communication and collaboration: between the participating students across school years, between participants and the student body, between school management and the steering group, and within a steering group which not only includes students, but also teachers and a Deputy Principal.

7.4.2 Survey reflections

The survey was very useful to obtain large-scale campaign feedback. I do, however, agree with the warnings by McNiff (2013), who advocated care with this data and therefore chose not to connect any change with the intervention. The total sample indeed had been very interesting to observe trends and added an additional layer to the qualitative findings. Yet, various examples (e.g., inconsistent answers on ethnicity by the same respondent) corroborated the weakness of quantitative data and supported the chosen interpretative-constructivist approach and the predominant use of qualitative methods for this project. These experiences indicated that students might not think about categorisation and that the real world is not necessarily categorised the same way a survey is.

As elaborated in the methods chapter, most questions had been used in large-scale surveys with New Zealanders; I had tested the survey with respondents; and I was very careful with the design of the survey (consulted with a usability expert to minimise user issues). I tried to decrease limitations which quantitative methods can imply, yet, conclude through the project that surveys cannot substitute the mix of observations, interviews, and focus groups. They are nonetheless a useful addition to the qualitative data.

The most useful part of the survey was the campaign evaluation. It gave me the only insight into the target group, who I had not worked with. Especially the open questions on the campaign survey gave a good snapshot of the target group's evaluation and showed that they had given thought to the campaign. I reflected that further interviews or focus groups with members of the target group could also be added as evaluative methods.

Regarding the content of the survey, I found it especially insightful that although the students had not known the original plan for the campaign, many of their constructive feedback pointed back at it. For example, there was the notion of the campaign needing to be interesting and fun. In fact, fun should be incorporated and programs need to be interesting (Sussman, 2002; Sussman, Sun, & Dent, 2006). This had been the focus of the original plan, along with other examples, such as the more promotion, events, workshops, or the like; as well as more diversity in the steering group. This confirmation of the original plans corroborates the identified theme of *origin*.

Despite the negative trend in the interviews and sobering statements that there had not yet been any change in the target group, feedback from the survey indicated otherwise. From the analysis of the campaign survey, I can extract evidence for change in attitude and behaviour. I would also evaluate the campaign knowledge and image positively. Findings corroborate what students had shared in the interviews, of students knowing the campaign, the logo, and the pose. Although the survey respondents only represented a fraction of the student body, there is evidence for campaign awareness and knowledge, a positive brand image, support for the campaign being student-led, and constructive feedback and constructions to improve it.

7.4.3 Media reflections

Whereas school media (such as assembly or posters) ensured high exposure, findings indicated a risk of the school connection, namely potential negative image transfer (i.e., uncool), which hindered engagement. Especially the assembly bore negative risks, because of a perceived boring setting and because contributions did not come from students. The most successful school media and tools according to the interviews were the stickers and personal communication, which highlights the need for the students to engage in the communication. This would also increase ownership and identification with the campaign.

A student's comment on the Facebook page (that swear words should not be used for a school campaign, as one shared image had the word 'shit' in it) shows that the connection to school had translated into social media. However, pages privately run by students with negative content were not criticised and reached more likes. There is hence potential of omitting the visible link to school or work with youth in a different setting.

Regarding public media such as newspapers, television, and radio, the campaign did not reach any exposure. Based on conversations with PR and media professionals, media would have only been interested in case of achievements or actions, such as petitions. The mere campaign creation was not newsworthy. Initially, interest and potential

support appeared higher. School management offered me to tap into media contacts (yet, no actions followed this offer due to no further contact) and also I had some media contacts, who were not interested for the above reasons. I conclude that public media exposure cannot be expected but must be worked for.

Social media can be easily employed, but does not guarantee target group exposure. I learnt that chances increase if students run the platforms, if photos of target group members are posted and if they are tagged in those photos, or if paid advertisements are employed. All these measures count for Facebook, which was the only relevant social medium for this target group. Social media tasks could have been integrated into schoolwork as suggested initially. However, the benefit of students running it in their free time is that they would publish posts at the right time – when their peers were online as well. The tasks would neither have been complicated nor time-consuming, as confirmed in the interview reflections. Yet, it could have triggered involvement and empowerment. I conclude that the plan to be student-run in their free-time was right; but the barriers need to be analysed and taken down.

The fact that more girls than boys liked the campaign on Facebook fits to the observation in Haynos and O'Donohue's (2012) review that effects seem "to be stronger for girls than for boys, for unknown reasons" (p. 383). As they had only included randomly controlled studies into their review (i.e., put the focus on quantitative research), they provided no analysis of reasons. I could also only speculate about a stronger interest in health or social issues, however, I had experienced this interest from both genders.

Although other social media as well as the website could not compete with Facebook, they are needed to engage with other stakeholders and display professionalism. The website can provide more information, which should have been worked on according to plan, however, the necessary student involvement lacked. Participants could have worked on that in class, as originally offered. In summary, all media usage bears a lot more potential, had the students been involved and committed.

While steering group members collaborated with another student to produce the launch video, they did not fulfil their plan of producing more videos. However, I noticed that they engaged in other self-produced videos, which underlined their capabilities. Most prominent was a parody video on the highly publicised "Roast Busters" case (Apex Trifex, 2014). The video shows how students were capable of self-directed production of video material.

The "Roast Buster" case and its media coverage furthermore emphasised the importance of HALT and corroborated the issue construction and focus regarding sexual health. The "Roast Busters" were a group of young men intoxicating underage girls, gang-raping

them, and shaming them on Facebook (Smylie, 2013). The group included Avondale College students and the issue caused national outrage and reactions, including demonstrations in all major cities in New Zealand (Kenny, 2013). Protest pages which formed online also criticised the school's behaviour and its sexual education curriculum (McCracken & Leask, 2014), as had been indicated by the focus groups. The HALT campaign's planning included addressing these issues and the case underlines how important it would have been to implement these campaign components.

I also reflected that this case should have been dealt with by HALT. I noticed the same with other incidences, such as the death of one student, which occurred during the intervention. HALT should have been there to support the students. Yet, students neither suggested it, nor did I know about it at the time.

I reflected that this needed presence by HALT was congruent with HALT's missed planned positioning (e.g., petition for sugar tax). This could have created public interest and coverage. HALT also missed opportunities of positioning itself at the school, such as at 8M8's, which had already been agreed. On the last day of school, a band played on the school grounds, which also could have featured the HALT logo. Again, collaboration and the student voice is necessary for all these measures to work and underline the potential of coordinated multi-media presence as noted necessary for social marketing with youth (Dixey, 2013; Thornley & Marsh, 2010).

7.5 Summary

This chapter marked the completion of Phase 4. The outcomes primarily answered core aim (4), by providing evidence for change and how change had been created. The analysis and reflections added meta learning for the issues, especially with the notion of misperceived norms (core aim 1). The evaluation indicated campaign adjustments (core aim 3) and contributed to core aim (2), by adding insight into what worked and did not work for the implementation.

Due to the experienced difficulties in the action phase, the interviews focussed on reasons and the background for the development and the challenges of the campaign implementation in collaboration with the target group. The students' reflections, the survey, and my own reflections gave specific suggestions and recommendations to address the challenges and difficulties.

The evaluation of school and online media emphasised the necessity of youth involvement. Media data indicated the importance of Facebook and underlined the potential of using photos (especially of target group members) and paid Facebook

advertisement. A broad array of other media should be implemented to ensure professionalism and to connect with different stakeholders.

Making sense of the data from the interviews and the surveys provided evidence to finalise the themes, which had developed throughout the phases. These themes together with the answers to the core aims help to answer the overall research aim: “How can a social marketing campaign by-youth-for-youth promote change in lifestyle attitudes and behaviours in a secondary school setting?”

The overarching theme of the core cycle is the *challenge of empowerment*, with the main components (lack of) *responsibility*, connected with *helplessness*. The initial notion of *thinking-big* merged into this complex. *Thinking-big* had been seeded in Phase 1, continued in Phase 2, but the ambitious planning was not backed up in Phase 3, as students did not take *responsibility*. I learnt that the big and ambitious planning had been a redirection of power and *responsibility*, a sense of *helplessness*, and a refusal of the *empowerment*. Phase 4 (evaluation) provided evidence for this complex: the interviews had all focussed on the lack of *responsibility*, but it was the reasons and explanations which helped me to analyse *helplessness*.

The roots for this *challenge of empowerment* lay deeper. The strongest sources I identified were the lack of perceived *support* and lack of communication and collaboration with school representatives as well as fellow students, the societal standing of the students (e.g., the fact that the students had not learnt responsibility), and (mis)perceived norms. Interviewees showed strong regrets, confirming that they should have acted differently and followed the plan, which they still supported. In fact, from Phase 1 to Phase 4, participants as well as the teacher and external entities showed *support* for the campaign, the findings, and the project with its methods – however, only verbally. Hence, *support* entailed a negative and positive component and composed the second main theme.

Not only did the participants’ evaluation point back at the original plan, validating the findings of Phase 1 and 2, but the campaign survey respondents validated the *original plan*, despite knowing it. I had wondered if this phenomenon would be a separate theme, but I ultimately classified it as subtheme of the *responsibility* theme (because participants did not implement the action according to plan) as well as *support* theme (as they still supported the campaign itself and the original plan). Indeed, the participants, as well as other students, teachers, and fellow researches, voiced interest and support for the project with its collaborative and democratic approach, using social marketing and social media, with an action research methodology, and its open and qualitative methods, confirmed the choices around the research design.

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Further smaller themes included the focus on *others* as target group and the *complexity* of *content* with the dominance of nutrition. This latter theme was mostly relevant among the steering group and the teacher, who saw separate issues rather than the planned positive and overarching approach, and mostly focussed on nutrition. The survey, however, provided evidence that the target group had perceived the positive and overarching aim; it was hence more an internal than external issue. The additional challenge of the focus on “healthy nutrition” was the lack of definition, which was complicated by the fact that the participants were exposed to different approaches and philosophies throughout the campaign.

Chapter 8: Summary, Conclusions, and Implications

This research sought to ascertain how a social marketing campaign by-youth-for-youth could promote change in lifestyle attitudes and behaviours in a secondary school setting. Action research was chosen due to its democratic and participatory approach, which is needed for social change, health promotion for youth, as well as social marketing (Cardno, 2003; Cardno & Piggot-Irvine, 1996; Chui, 2007; Greenwood, 2007; Heron & Reason, 2001; Peters & Robinson, 1984; Reason & Bradbury, 2001; Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.; Thornley & Marsh, 2010; World Health Organization, 1997). The campaign was planned by youth, including its underpinning issue construction. A survey added a quantitative component to the comprehensive in-depth qualitative construction of the issues. The intervention was accompanied by steering group meetings, facilitated by the contact teacher. These participants and the teacher were also involved in the evaluation phase of the action research project, which included the process and employed methods, as well as the effect of the campaign and the creation of change and learning. A follow-up questionnaire and the media evaluation added to the campaign and brand evaluation.

To break down the components of the overarching research question, I formulated four sub-aims intended to answer (1) what the current attitudes and behaviours relating to healthy lifestyles were within the youth target group; (2) how we could develop and implement a social marketing campaign for their peers in collaboration with youth; (3) what this campaign for youth needed to look like; and (4) what effect it had on the target group's physical and mental health attitudes and behaviours.

8.1 Core Aim 1

What are the current attitudes and behaviours relating to health lifestyles of youth within the target group? The design thinking workshop with its collaborative techniques answered this question in-depth. Data from the focus groups corroborated and expanded these findings. The survey added a quantitative component to the issue construction and indicated a prioritisation of issues. I identified the prevalence of (mis)perceived norms.

Table 8.1 and Table 8.2 display the status quo of the target group's physical health attitudes and behaviours. Table 8.3 displays the status quo of the target group's mental health attitudes and behaviours. All tables include qualitative and corresponding quantitative findings. The status quo represents the issue construction, and while it was corroborated and refined throughout the four phases, it did not change significantly.

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Table 8.1: Findings for physical health attitudes and behaviours – part 1

Nutrition	Physical activity (PA)		Quantitative comments	Sleep	Quantitative comments	Societal issues
<ul style="list-style-type: none"> Unhealthy choices in school and community; no healthy choices and generally poor nutrition. More convenient and cheaper to eat unhealthy; healthy food expensive. Unhealthy food was cool; healthy food uncool. Decline visible in community: obesogenic environment (e.g. fish and chip shops and dairies). Food at the tuck shop: disgusting and expensive. Students went to dairy or McDonalds because it is cheaper and tastes better. Students didn't know how to cook healthy food. Cooking classes just taught how to make cookies. Taste overran health concerns. Education was limited; there was the need to know reasons for healthy nutrition. A lot of students didn't eat breakfast. Free fruit at school was discontinued as it had been thrown around. Energy drinks were commonly consumed. 	<ul style="list-style-type: none"> Not enough PA. Body trend: People didn't move for fun, but for body image. Problem for girls: skirts from Year 9-12. Too much sedentary & screen time. Parents too busy to encourage PA. Little active transport; driving cooler than active transport. Fear amongst parents to allow kids to play outside or walk/cycle. PE only compulsory in Year 9 and 10 and then often just games as standard is set by school. Families couldn't afford to pay for sports participation at school. Media didn't back up PA promotion. 		<ul style="list-style-type: none"> Data did not provide evidence for particularly high consumption of unhealthy foods: consumption over four times per week was below 27.7% for each checked item. Unhealthy food consumption was so low that I doubt respondents' truthfulness, based on the qualitative findings and my own observations. 20.3% ate vegetables at least three times a day. 52.8% ate fruit at least two times a day. 80.7% drank water more than 3 three times a day. 63.0% did not consume energy drinks at all, 24.0% 1-3 times per week. 30.0% did not consume fizzy drinks at all, 44.7% 1-3 times per week. 	<ul style="list-style-type: none"> Teenagers generally lacked sleep. Sleep time varied between weekdays and weekends, or also within weekdays: Mon - Fri wake up at 7am, Sat - Sun 1pm. If they could, teenagers would be awake all night and sleep all day. They were often tired and lacked sleep during the week. Due to waking up late and lacking sleep, they didn't eat breakfast; drank energy drinks instead. On the weekend, they slept until the middle of the day. 	<ul style="list-style-type: none"> 33.3% did sports on at least five days per week. Data corroborated low active transport: 28% walk or cycle exclusively to school (31.3% from school) <p>Data corroborated focus on body image</p> <ul style="list-style-type: none"> 32.2% found themselves overweight 14.4% found themselves underweight. 30.0% were "happy" or "very happy" with their weight. 45.5% tried to lose weight 	<ul style="list-style-type: none"> Unhealthy behaviour was normalised. It was learnt and passed on over generations. Unhealthy behaviours were cooler and healthy behaviours uncool. There were no healthy role models. Parents didn't take responsibility. There was lack of knowledge and values in the community. Obesogenic environment (availability and price). Government didn't prioritise enough. Expensive health care & long waits. Campaigns were not backed up, no knowledge and reasons were given. Health promotion would always be overtaken by poor lifestyles.

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Table 8.2: Findings for physical health attitudes and behaviours – part 2

Drugs	Drinking	Quantitative comments	Smoking	Quantitative comments	Sexual health	Quantitative comments
<ul style="list-style-type: none"> • Kids experienced drugs younger than before. • Drugs were easily accessible. • Cool image, a sense of maturity. • Even at school students were supplying drugs – selling for their parents. • Some started on 'little drugs', then turned to harder drugs. Thus, drugs led to other drugs. • Peer pressure was high. • Kids didn't do it to try it but to do it and keep doing it. • Instead of cutting benefit for people caught doing drugs, we should address the source of the problem. Need to provide rehab for students/parents. • Problem with fake weed made with chemicals. 	<ul style="list-style-type: none"> • Drinking was cool and it had worsened in recent years. • It had become normal to get wasted. • Alcohol easily accessible and cheap. • Prevalence of young people binge drinking & alcohol poisoning. • Kids drinking younger "these days". • No legal age to drink alcohol – just to buy it. • Young people drank to feel more confident, to fit in, get attention, and talk about it on Monday. • Kids learnt drinking behaviour from their parents: drank to drown sorrows. • Problem is mainly the way people drink, not knowing limits: the manner and image of drinking, the amount, the social factor, and the peer pressure. • There would always be young people who drink. • Youth needed to 'learn' how to drink. • There was some good social marketing, such as "mantral ads". • Good that there is no alcohol advertisement before 8pm. 	<ul style="list-style-type: none"> • 66.6% stated that "none" of the named substances were acceptable (including tobacco, alcohol, marijuana, party pills, smokable products, and other drugs) • 38.0% ticked "none" regarding their friends' consumption. • 42.3% were in the Top-3-Box (of 0-10) for thinking about the consequences of marijuana consumption. 	<ul style="list-style-type: none"> • A lot of people smoked, including a lot of kids at school. • Smoking image cool, a sense of maturity. • Good that cigarettes were more hidden in dairies, but they were still easy to buy (e.g., dairies in the area sold them to minors). • Teachers smoked, by the no-smoking sign, hence contributed to the normalisation and failed as role models. 	<ul style="list-style-type: none"> • 77.6% never had five or more alcoholic drinks in one session (binge drinking) and 10.4% only once (in the preceding four weeks). • 66.3% didn't drink alcohol at all or not in the previous four weeks; 10.6% more than once a week. • Top reasons to drink for students were having fun, enjoying parties, and relaxing (71.7-82.4%) • 44.8% drank "because friends do so" • 50.8% drank for more confidence • 57.9% drank to "to forget about things". • 32.8% were in the Top-3-Box (of 0-10) for thinking about the consequences of drinking alcohol 	<ul style="list-style-type: none"> • Lack of protection. • Too many teenage pregnancies. • Students had sex too young and rushed into it. • Students often regretted sex after, especially if they were intoxicated. • Lack of respect for themselves. • Too much focus on sex in the media, leading to belittlement of the topic, students not "taking it seriously", girls following a disrespectful image of women. • Pressure to have sex, especially amongst young boys (e.g., with the start of secondary school). • Older students failed to be role models, but even wanted to force younger students into sex. • No more sexual education after Year 10. 	<ul style="list-style-type: none"> • Smoking higher amongst students: friends than themselves: 51.7% stated that their friends smoked, 85.8% indicated that they themselves never smoked. • 14.2% smoked (between occasionally and daily). • 47.5% were in the Top-3-Box (of 0-10) for thinking about the consequences of smoking cigarettes.

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Table 8.3: Findings for mental health attitudes and behaviours

Mental health status quo	Quantitative findings
<ul style="list-style-type: none"> • Youth looked at others (e.g., students, celebrities), tried to be like others, and wanted to fit in, not be judged. • Youth had generally weak mental health, low self-esteem and self-respect, lacked emotional stability. • Students took others’ opinion too seriously. • Students were highly sensitive, especially girls. • Boys were affected by teasing /getting bullied too much. • By always looking at others and trying to fit in, young people gave others the power over their mental wellbeing. • Advertisements & media promoted an “attractive” norm, or even anorexic. This body image in media effected youth. • Youth were influenced by unhealthy role models. • Youth lacked knowledge and skills how to love yourself, without impressing other people. • Lack of role models who show how to deal with problems. • Some thought depression was cool and pretended to seek attention. • Youth had difficult experiences at a younger age, impacting their mental health. • Inequality among ethnic groups (Pasifika boys presenting physical dominance) had become normalised and consistent. • Boys were not allowed to show feelings. • Counsellors at school tried their best, but some students were dishonest or took advantage. 	<ul style="list-style-type: none"> • Flourishing scale: <ul style="list-style-type: none"> ○ Median: 45; interquartile range (IQR): 9 • Happiness (0-10): <ul style="list-style-type: none"> ○ Median: 7; IQR: 3 • Life satisfaction (0-10): <ul style="list-style-type: none"> ○ Median 7; IQR: 3 • Confidence in dealing with stress, problems, and challenges (0-10): <ul style="list-style-type: none"> ○ Median 7; IQR: 3 • Confidence in ability to increase wellbeing (0-10): <ul style="list-style-type: none"> ○ Median 7; IQR: 3 • Confidence in showing feelings (0-10): <ul style="list-style-type: none"> ○ Median 7; IQR: 4 • Availability of role model to help deal with stress, problems, or everyday challenges (0-10): <ul style="list-style-type: none"> ○ Median 6; IQR: 3 • Trying to be different from yourself (0-10): <ul style="list-style-type: none"> ○ Median 4; IQR: 5

The status quo description by the youth participants drew a predominantly negative picture of their peers’ mental and physical health attitudes and behaviours. Not only the health students, but also the focus group members, constructed the issues based on *others*, yet displaying positive attitudes and behaviours themselves. In other words, while drawing a positive image of the status quo of themselves (being also target group members), they were dissatisfied with the status quo of youth in general and pleaded for change.

The evidence of support and agreement indicated a gap of perceived and actual norms (i.e., false consensus). This phenomenon is supported by the work of several researchers, namely, Perkins and Berkowitz (1986), Rimal and Real (2003), and Ross, Greene, and House (1977). The gap between perceived and actual reality was suggested by the choice of words in the qualitative findings, indicating high prevalence, such as “lots of students”, “all Year 9 girls”, or “people”. Quantitative findings appeared to contradict these notions, but added a deeper understanding of the perception and reinforcement of norms and issues. Norms could also be misperceived strategically, using a “false consensus” to justify and excuse their own behavioural choices, such as ego-defensive strategies (Colman, 2009; Ross, Greene, & House, 1977). These outcomes underline the utility of

mixed methods. Merging qualitative and quantitative findings provides the opportunity to analyse the social group's constructed reality in-depth while adding a shallower but larger-scale quantitative component. Quantitative data can indicate misperceptions and help to gain insight into the target group's weighting of issues. Being set in a constructivist-interpretative paradigm, the focus is on the target group's perception and the emphasis must remain on collaboratively achieved results.

8.2 Core Aim 2

How can we develop and implement a social marketing campaign for youth in collaboration with members of the target group? The development was evaluated as the most successful component of this project. The design thinking workshop with eight students, who were interested in health and the project, provided a useful method to collaboratively identify the aims of the campaign and plan its components. The focus groups were appropriate to validate and complement the campaign plan. Insight from the development process revealed the importance of recruitment, in order to engage non-health students and students from different year levels, with a focus of needed commitment. This learning accords with the experience of Morrison, Lombado, Biscope, and Skinner (2004) and their work on smoking prevention for youth. The identification of opinion leaders to increase the potential of the intervention and of social capital could also be considered (Silva, ACM Special Interest Group on Information Retrieval, & ACM Special Interest Group on Hypertext, Hypermedia and Web, 2007; Valente & Fosados, 2006; Valente & Pumpuang, 2007).

The actual development of the platforms was executed by the graphic designer, the web developer, and me; with feedback loops with the participants. The evaluation of the VERB campaign recommended outsourcing to marketing experts (McKinnon, 2007). However, I recommend involving the students to the strongest extent possible, to increase project identification and to ensure that youth can run the components.

Collaboration and the participants' roles differed between the phases, as the students' ownership and responsibility was high in Phase 1, 2, and 4, but challenged in the action phase. As the plan could not be executed as intended, the question how we can implement the campaign in collaboration with youth is difficult to answer. The students' evaluation, regrets, and recommendations strengthened the concept of the planning phase; thus, confirmed findings of Phase 1 and 2, including the intended ownership and their leading of the campaign. Reasons for the missing student responsibility and self-driven actions were complex and diverse and could not be analysed and solved within

the mini-cycles of the action phase. The evaluation pointed at what worked and possible solutions for improvement, as outlined in Table 8.4.

Based on the success of the participatory methods of Phase 1, 2, and 4, more frequent use of formal focus groups – to detail campaign components but also to provide more formal reflections to the mini-cycles – should be used to increase participants’ meta learning and trigger responsibility and involvement (as indicated in Phase 4). All results are specific to the school and its culture; still, I see transferability to other schools in New Zealand or other countries. Interviewees could not estimate how this project might differ in another country, as none of them had abroad experiences. Based on my own experiences as teenager with the US-American and the German school system and society, and discussing my research with colleagues in the USA and Europe, I see potential for more self-driven student involvement and ownership. German teenagers could be more independent, outspoken, and accustomed to the concept of democracy or even activism and raising their voice (Sherrod, 2006), while US youth might not be as shy to stand out or speak up (as opposed to the “tall poppy syndrome” in New Zealand and the participants’ notion that they were not confident enough). Nonetheless, there are also New Zealand schools with a different focus, such as on “nurturing individuality, creativity and critical thinking” (Western Springs College, n.d.). I recommend testing this model in other settings where young people experience more independence and responsibility. Either a new campaign could be created using adjusted methods, or the already developed campaign components could be adjusted collaboratively to the specific microcosm. It could also be tested outside of school settings to avoid potential negative image transfer.

Meta learning from this project indicated that significant challenges exist with the youth target group, a notion supported by other youth focussed researchers (see Dold & Chapman, 2012; Morrison, Lombado, Biscope, & Skinner, 2004). A potential solution, also supported by the work of Ridgley et al. (n.d.) and Whitehead et al. (2003), is for the recruitment of students with specific skills or those who demonstrate a desire to learn more skills.

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Table 8.4: Learnings from this case study

What worked and was validated	Amendments targeting project organisation	Amendments concerning the participating students	Amendments concerning the participating school
<ul style="list-style-type: none"> • Collaboration with the youth target group in all parts of the project is essential. • 2-day design thinking workshop to formulate and plan the campaign aim and its components (first day to construct the status quo and aims, second day to plan the campaign components). • Four focus groups divided into girls and boys as well as Year levels to validate and add to the campaign plan. • The campaign plan including the foci, aims, planned actions, messages, ambassadors, and media platforms was good, but must be checked for feasibility. 	<ul style="list-style-type: none"> • Overall focus on collaboration and support: with participants, school representatives, and the community • Recruit steering group participants with the needed interest and skills schoolwide, using an advertisement. • Recruit skill-specific participants and/or teach the participants the needed skills. • Ensure that students witness the support of the school and from fellow students. • Include more reflection rounds to give participants the chance to change their behaviour. • Include more focus groups with new students throughout the implementation. • Create two groups of participants: a small steering group and a large group of executive participants. • To avoid the focus on one topic, it should be considered to go through one topic at a time or otherwise how to ensure the holistic and positive approach at all times. • Detail logistics and feasibility for the meetings, to make sure all participants can participate. • Plan and detail which steps of the development and implementation process the participants take and which are supported by media or marketing professionals. • Depending on the budget, collaboration with more marketing, media, or event professionals should be considered to increase the reach of the campaign, to ensure the action implementation, and give the campaign a more professional image (for participants and target group). 	<ul style="list-style-type: none"> • Participants need to commit to investing time and to taking responsibility. • Participants need to take on tasks and responsibility at an early stage and be involved in the component creation. • Recruit students with needed skills. • Encourage more reflections and enable growth of the students. • Students need to lead all communication platforms, choose, and create the content. • Ensure ethnic variety in the steering group. • Emphasise equality within the group, no matter what year level they belong to. 	<ul style="list-style-type: none"> • Ensure that the school acknowledges the importance of the project, also by prioritising and acknowledging students' roles and time commitments. • Express support to the participants, taking in consideration common cultural procedures. • Include a Deputy Principal, teacher(s), and possibly counsellor or nurse in the steering group, to facilitate easier implementation of campaign components. • Interdisciplinary collaboration within the school. • Collaborate more closely with school management to ensure action implementation and to ensure that the student voice is heard.

Overall, the most important learning from the process was the importance of collaboration and support at all levels, as elaborated below. This outcome is also strongly supported by the work of Dold and Chapman (2012), who advocated the need for recognition of youth capabilities, acceptance, and collaboration. Demanding school commitment and involvement could inhibit the school's agreement for participation. A

collaboratively developed and detailed agenda for the campaign and the meetings might be a useful logistical advancement and helps to keep time commitment at an acceptable degree.

8.3 Core Aim 3

What does a social marketing campaign for positive wellbeing developed by-youth-for-youth look like? While this campaign was individually developed for this school, its features are not school-specific and could be used elsewhere. I have also experienced interest from researchers, social marketers, and health practitioners from other countries, as aims and messages represent relevant issues in many western (and non-western) countries. However, I would recommend adjustments, especially if implemented collaboratively with a new target group.

The name of this campaign was HALT, an acronym for “Healthy Active Life Time”. The slogan was “It all starts with a vision”, encouraging youth to visualise their future and make the right choices when they are young. Figure 8.1 and Figure 8.2 display the campaign components.

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<p>Name</p> <p>HALT: Healthy Active Life Time</p>	<p>Slogan</p> <p>"It all starts with a vision."</p>	
<p>Full brand logo</p> 	<p>Eye logo</p> 	
<p>Media</p>		
<p>Plan:</p> <ul style="list-style-type: none"> • Internet: Facebook, website, YouTube, Twitter • Face to face (person) • School: newsletter/daily notices, assembly, our own newsletter, flyers, poster, school uniform • Clothing • Own events • TV: MTV, C4, Breakfast TV, Campbell live, TV 3 news, Close-up, The Ridges, NZ Got Talent, Shortland Street • Radio: Flava, Mai FM, The Edge, The Rock, ZM, Hauraki; best time on weekday going to/from school; Friday and Saturday nights 	<p>Actual implementation:</p> <ul style="list-style-type: none"> • Internet: Facebook, website, YouTube, Twitter • Face to face (person) • School: newsletter/daily notices, assembly, flyers, posters, stickers 	
<p>Website</p>		
<p>Tabs:</p> <p>Home – Lifestyle – News – Challenge – Ambassadors – Event calendar – About & Contact</p>		
		
<p>Social media</p>		
<p>Facebook</p> 	<p>Twitter</p> 	<p>YouTube</p> 

Figure 8.1: Campaign plan of name, logo, slogan, and media presence.

Ambassadors

Plan:

- Year 12 and 13 students talk to younger students (year 9) about experiences.
- Use role models who students look up to to promote healthy behaviour.
- Mix of student ambassadors and celebrity endorser.
- Specific selection of musicians, actors, athletes, media figures, and other famous figures

Actual implementation:

- Mix of student ambassadors and celebrity endorser.
- Student ambassadors: steering group members, prefects, head girl
- Celebrity endorsers: those who we could access through our own networks, mainly athletes.

Pose for ambassador campaign



“It all starts with a vision” campaign



Weekly challenges

- “Every day this week – smile at at least one person who you don’t know!”
- “Every day this week! Fit in a walk by parking as far away as you can or getting off the bus or train one stop early.”
- “Pick a funny movie to watch with a friend! Why? Laughter can release a lot of stress and tension that builds up throughout the week.”
- “Make a healthy meal for your family at least once this week.”

Figure 8.2: Campaign ambassadors, selected poster examples, and sample challenges

While the images in Figure 8.2 were only used for the online campaign, Figure 8.3 displays printed material, distributed at the school. Facebook had been the main medium for this campaign, whereas Twitter was useful to connect with other organisations. A website is generally needed to provide further information, but was not a relevant medium for this target group. YouTube could be more useful if more videos were

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produced. Facebook advertisements could be used more, depending on the budget, as they can establish a fan base and ensure online exposure. They might also give the campaign a more professional image. Posting pictures on the Facebook page had been most useful to attract the target group, especially if students can be tagged in the images. For all media, this project demonstrated the importance of the target group running the operation

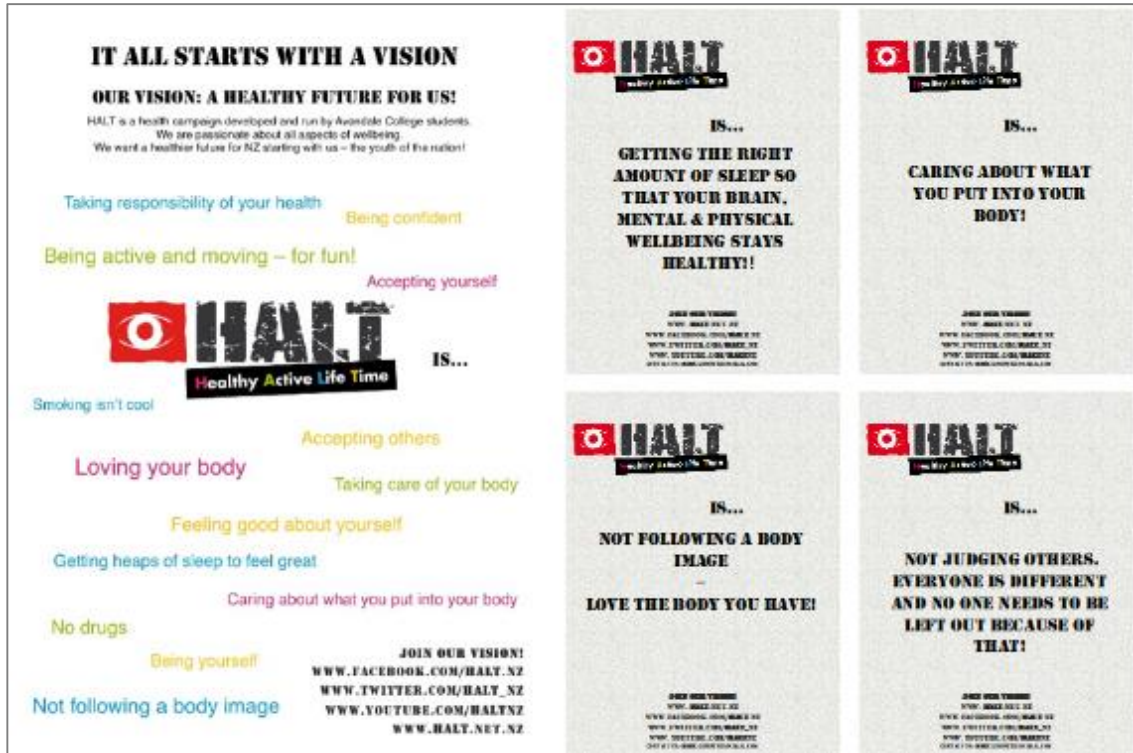


Figure 8.3: HALT flyer and examples of posters

While the campaign media were all developed, the campaign plan included specified actions and messages. Of the initial ambitious pool of ideas and plans for actions (see Appendix Q), only some were implemented, such as connecting with different organisations. Despite meeting with some and their high interest (e.g., Mental Health Foundation, In2It), no close collaboration developed. Instead of “flooding” the school with stickers, many were given out, which reached high awareness as reported in Phase 4. Weekly challenges were implemented, announced via online media, through the school newsletter, and if possible at assembly. The bigger challenge with prizes was announced but without any participants. Of the nutrition, sleep, and physical activity action ideas, the free physical activity options were announced via social media and the HALT website. None of the specific alcohol, drugs, smoking, sexual health ideas nor mental health planning, were implemented.

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Due to the strong support for the planning in all phases, including the corroboration in Phase 4, I conclude with its appropriateness. It needed further detailed planning, collaboration (students and staff), and commitments for implementation. As with the media, students need to be involved in all procedures. In this project, only I pursued action implementation. A petition to start school later was the most discussed in meetings and with the Deputy Principal.

Based on the students' decision, I executed the communication plan in terms of the platforms, taking in consideration the messages developed by the participants (see comprehensive list in Appendix R). Findings of Phase 3 and 4 indicated that the students' involvement is crucial in detailing the messages and running successful communications. Due to the positive approach, I predominantly tried to use positive messages, which I recorded being a challenge in the case of avoidance, such as "say no to cigarettes/drugs/alcohol". However, there had also been suggestions about "shocking" the target group out of unhealthy behaviour (which is also mentioned as technique by Thornley and Marsh, 2010). This should be discussed further with the target group, especially in relation to the risk of strengthening misperceived norms. Findings indicate the potential of communicating a more positive status quo to youth (e.g., positive survey results), aimed at correcting misperceived norms, as suggested and tested by other researchers, such as Graham, Tatterson, Robers, and Johnston (2004), Kenny (2013), and Kypri and Langley (2003).

In conclusion, all campaign components were planned well, but needed to be collaboratively discussed and worked on throughout the implementation, ideally with a strong steering group, including students and staff.

8.4 Core Aim 4

What effect does a social marketing campaign by-youth-for-youth have on the target group's physical and mental health attitudes and behaviours? The campaign survey, the interviews, and my observation have produced evidence of positive change in the target group, including change in health attitudes and behaviours. The pre and post survey analysis could not detect measurable effects on selected behaviour and attitudes of the target group, which could be attributed to the seven-month campaign implementation.

I analysed that the positive effect was especially high on the collaborative participants, due to their involvement. Among the extended target group, the campaign had primarily resulted in awareness of the campaign as well as health topics. I had experienced awareness to be high at the school due to exposure at full assemblies and in classrooms. Interviewees confirmed strong awareness and estimated it to have reached 80-90% of

the students, with only half of the students knowing what the campaign was about. According to survey results, 36.7%, stated to know HALT, which might have been interpreted as knowing it well.

Some students had reached the stage of knowledge and liking, which are the second and third stage in the process of marketing, following awareness (Kotler & Armstrong, 2013). Due to the “Facebook like”, some went from the first stage (awareness) to the third (liking), without knowing the campaign. The participants analysed that more exposure and communication was needed, especially through face-to-face communication.

Interviewees attributed results about awareness to the existence of the campaign, which they praised as the main achievement, but partly also mistook for the overall aim. With this focus, they limited the campaign’s chances to trigger change to the extent planned. More exposure and especially more support by and collaboration with the students and staff could increase positive impact on attitudes and behaviour.

In conclusion, there was evidence of change – mainly in the form of awareness, weaker in attitudes and behaviour. I am hesitant to make definite evaluative statements regarding the effect of a social marketing campaign by-youth-for-youth on the target group’s health attitudes and behaviours, because not all campaign characteristics were implemented as planned. Evidence from the evaluation phase suggests far greater potential of the original plan.

8.5 Conclusion and Implications

“How can a social marketing campaign by-youth-for-youth promote change in lifestyle attitudes and behaviours in a secondary school setting?” The *how* is the crux of the matter. The participants and I thought we knew *how* when making the plan for the campaign (Phase 1 and 2). Participants corroborated this *how* in the evaluation (Phase 4). However, because not all of the original planned features were implemented, we cannot confirm that the plan would produce the desired outcome.

I learnt what worked and what did not work and have analysed reasons for it. The evaluation provided in-depth insight and meta learning into action research with youth and health promotion with youth (social marketing in particular). This evidence, insightful thinking, practical implications, and outcomes are what I can contribute to the body of knowledge to advance thinking in these two relevant fields. In this section, I aim to show how the knowledge and meta learning could be transferred or extrapolated to other contexts, based on the strengths, weaknesses, and challenges of this particular project, relative to current knowledge.

All phases produced support for the democratic and participatory methodology. Each phase also contributed profound evidence for the need of a health promotion campaign for youth, which communicates a cool, positive, and healthy lifestyle. I learnt that the mere creation of the campaign was an important success to the target group and has generated awareness, which could trigger change of attitudes and behaviours. The potential is rated higher with the execution of the corroborated and supported action plan, especially in terms of collaboration and support as well as student voice.

8.5.1 Youth action research themes

In the analysis, I connected the findings to the work of Dold and Chapman (2012), who derived four themes about undertaking action research with youth. Their empowerment theme encompassed the notion of education. I confirm that empowerment is a benefit of the action research process and knowledge gain contributes to empowerment. I found that also participation and the resulting familiarisation with the topic can promote empowerment and, in fact, cause change.

Dold and Chapman's (2012) investment theme focussed on youth's participation, emphasising that participation leads to buy-in. I found a reciprocal effect: This research put strong emphasis on participation to reach buy-in, but it lacked buy-in to trigger participation (i.e., responsibility and ownership). For future youth action research, being aware of this potential vicious circle and identifying a place to break it may be important. The action research stakeholders in Dold and Chapman's (2012) analysis reported both positive and negative comments regarding the demands of responsibility and required cognitive level of the participants, which I can confirm.

I identified a potential contradiction between Dold and Chapman's (2012) investment theme and recognition theme. The investment theme noted that researchers needed to ensure that work is interesting and appropriate for the participants. However, recognising youth capabilities, respecting youth, and giving them the voice and leadership, could imply that it is their responsibility to ensure that the work is interesting and appropriate, that challenges are addressed, and that tasks are executed. I learnt that both of these concepts need to be refined, to avoid a vice versa restriction. I had planned to give participants full and sole leadership and not contest their ownership. This extent of autonomy might not have been appropriate or interesting. In fact, more support is needed as a sign of recognition and respect, as it can help to realise the action plan. Hence, the provision of more guidance and leadership may be necessary for action research with youth.

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Ridgley et al.'s (n.d.) guidelines for youth action research encompass the notions of letting the group lead, while providing guidance and structure, pushing the progress, and ensuring that students experience the results and success of their efforts. Youth leadership proved to be a challenge to obtain in this research project. Instead, I emphasise the need to adjust leadership as well as guidance, support, and infrastructure to the particular setting. This includes the assurance of involvement to be interesting, relevant, and engaging (Chen, Poland, & Skinner, 2007; Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.; Sussman, Sun, & Dent, 2006). The need for more support in terms of infrastructure contributes to Dold and Chapman's (2012) fourth theme, the barriers theme, which also concerns logistics of collaboration. From this present case study, I conclude that more structured meetings, steering, and collaboration, as well as a timely implementation need to be addressed. My experience was that youth tended to get tired of the project (or even doubt it) if the implementation or results take too long, as also indicated by Morrison et al. (2004). I agree with Morrison et al.'s (2004) advocated three months maximum duration between planning and implementing a project.

In addition to these adjustments, it is necessary to identify the needed provision of knowledge to inform a project. Participants can only plan within their familiar world and I learnt that they felt supported and inspired by the right amount of added expert knowledge (e.g., on health promotion or social marketing). During the design, I was careful not to influence the process, yet, witnessed how participants were planning within their scope, similar to what Dold and Chapman (2012) noted on the required cognitive level. The different influences on the participants during Phase 3 emphasised the need for exchange and provision of background knowledge.

To ensure professional social marketing, projects could consider more support from professionals, which the experts of Saatchi & Saatchi recommended in a personal meeting. Results of US research recommended working with the best of the best (McKinnon, 2007). This present study's campaign had impressed health promotion and social marketing researchers and stakeholders with its professional and comprehensive approach, especially as it had been developed on a low budget and by students (comparing it with big national or multi-national campaigns). Despite the praise for the campaign and the acknowledgement of necessary involvement, more collaboration with creative experts could have helped the realisation of the action plan. In that case, students need to remain involved as market insiders. Budget or funding questions furthermore need to be addressed.

For all above-mentioned themes and barriers, action research projects need mechanisms to identify and address them as they occur.

8.5.2 Participation, collaboration, support and their magnitude

Participation in the form of a collaborative partnership is a defining characteristic of action research (Cardno, 2003; Cardno & Piggot-Irvine, 1996; Greenwood, 2007; Heron & Reason, 2001; Peters & Robinson, 1984; Reason & Bradbury, 2007). It is furthermore highlighted as an important aspect in action research with youth (Ridgley et al., n.d.) and increases the potential of social marketing for youth (Thornley & Marsh, 2010). Participation is of special relevance for contemporary health promotion, which demands more collaboration and partnerships (Naidoo & Wills, 2009; World Health Organization, 1997). By the 1970s, the individual's responsibility to prevent disease and increase health was acknowledged, and the World Health Organization's agenda in 1977 included public participation and the social environment, with an emphasis on community (Naidoo & Wills, 2009). The World Health Organization sees the collective responsibility of society to promote health (Naidoo & Wills, 2009), for which supportive environments are important (recorded in the Ottawa Charter in 1986).

Partnership includes investment by the participants, who become co-researchers through the process of collaboration with the action researcher. The existing literature shows that engaging youth and giving them a voice leads to empowerment and buy-in (Chen, Poland, & Skinner, 2007; Coser, Tozer, van Borek, & Tzemis, 2014; Dold & Chapman, 2012; Morrison, Lombardo, Biscope, & Skinner, 2004; Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.). Participation and democracy were the pillars of this study design and applauded by those who learnt about the project (e.g., teachers, health promotion researchers, social marketers). However, the analysis of the course of events indicated that intended involvement, empowerment, and ownership are subject to influential factors and thusly cannot be guaranteed. Ownership, participation, and responsibility had also been a concern of other youth action researchers (Dold & Chapman, 2012; Wattar, Fanous, & Berliner, 2012). Referring to the Center for Excellence on Youth Engagement's definition of youth engagement (Ridgley et al., n.d.), our intervention struggled with the "meaningful participation and sustained involvement" (Ridgley et al., n.d., p. 6) in the action phase, when the participants did not invest time or derive pleasure from the participation. The establishment of participation is a goal in itself and can bear challenges or even a paradox of participation (Arieli, Friedman, & Agbaria, 2009; Ospina et al., 2004).

In addition to the collaboration with participants, cooperation with the private, public, and voluntary sector is also a key component (French, 2010). Collaboration should be multifaceted and include upstream, midstream, and downstream factors (e.g., from students to policy-makers; amongst peers; and from policy makers to the public; Andreasen, 2006; Carrigan & Dibb, 2013; Thornley & Marsh, 2010). Collaboration with

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authorities demonstrates and facilitates support and increases chances of implementation, as far as policy-change. Upstream collaboration and support are not only requirements for action research (Dold & Chapman, 2012), but are also highlighted for social marketing with youth (Thornley & Marsh, 2010), and to increase effectiveness of health promotion interventions in schools (World Health Organization, 2004, 2009b). It is recommended for health promotion in general, as well as social marketing in particular, to work across different sectors or disciplines (Bull, Bellew, Schöppe, & Bauman, 2004; Daugbjerg et al., 2009; Thornley & Marsh, 2010; World Health Organization, 1986). A multi-media approach is furthermore advised (Dixey, 2013; Thornley & Marsh, 2010).

The microcosm of one school was supposed to facilitate the multi-faceted, comprehensive approach, the use of different media, and collaboration with different sectors or hierarchical levels. The additional use of online media could have allowed reach beyond the school in a cost-effective way (Cugelman, 2010). This study's setting should have facilitated support and collaboration, avoiding larger-scale issues which social marketers face with fragmented approaches of governmental bodies and the occurring challenge of integrated inter-departmental or interagency solutions (Carrigan & Dibb, 2013). Yet, I found that despite the small scale, collaboration and communication between departments and with "policy-makers" were unavailable. It is not the mere verbal approval which counts, but officials' involvement is considered necessary to ensure respect of the student voice (Dold & Chapman, 2012; Morrison, Lombado, Biscope, & Skinner, 2004). In this present project, the verbal support had not been voiced to the participants or the teacher directly, but only to me. Just as the participants noticed that "it doesn't really matter how good your ideas are or what you want to do, it's about actually doing it," the same counted for school management support.

The absence of the intended official support and collaboration hints at Dold and Chapman's (2012) recognition theme. It was well into the action phase that the steering group acknowledged and addressed this issue. My independent analysis and writing cycles revealed the extent of the importance of collaboration and support. The participants' insecurity was rooted in the hierarchical system. Supporting the project and collaborating with the participants can bridge these insecurities, express the needed recognition, and increase the project's chances of success. Authorities must recognise and value youth involvement and ownership, respect and accept youth's capabilities and potential, and encourage responsibility (Dold & Chapman, 2012). This intervention would have benefited from an overarching collaborative steering group combining

students, teachers, nurse, counsellor, and school management – as planned in Phase 2 and confirmed in Phase 4.

I conclude that the above-described challenges arise with social marketing and health promotion in general, independent of scale. As challenges emerged at the transition into the action phase, this is a crucial time of identifying and addressing barriers. For prevention, all collaborators could clarify in Phase 2 how support and collaboration should be executed, along with “very honest conversation about roles, tasks, boundaries, authority and power in the context” (Ospina et al., 2004, p. 66). Consequently, different levels of participation generally need to be discussed, as outlined by Ferkins (2007). I agree that it is important to examine how much participation is appropriate in order not to overwhelm the students (Chen et al., 2007).

Involving authorities in the steering group would be a significant step to ensure support and collaboration. Apart from enabling students’ voices be heard, school management can facilitate the implementation of actions, more campaign exposure, and encourage students to take responsibility. Responsibility is not a theoretical concept, but needs to be practiced by giving trust. The fact that the participants in this research reported not being used to responsibility was a reason for them not to fulfil their roles. This issue is not exclusive to New Zealand youth; it has also been reported by youth participants in other countries – who also demanded support, and indeed reported the same issue of not knowing where to go to and how to implement their ideas (Wattar et al., 2012).

In conclusion, the discussion demonstrates evidence in support of the notion for closer collaboration for youth health promotion in general and social marketing in particular. In this study, collaboration was needed amongst the existing participants, with new participants (i.e., members of the target group), with school representatives and different departments (i.e., teachers, management members, art department, board of trustees members), with the tuck shop (or possibly the local shops in the community), and with other organisations. Translated to a larger system, these stakeholders represent the public, private, and voluntary sector. A supportive social network and community could have facilitated empowerment (French, 2010).

8.5.3 From collaboration to social capital

Evidence indicates that the public sector health promotion field does not have the “financial power” of competing industries (e.g., the fast food industry and its related promotion and advertising efforts) and this competition “is far from even” (Evans, 2008, p. 197). Next to the above-discussed collaboration with authorities to pave the road for change, another way of addressing this gap is by community mobilisation and social

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movements (Evans, 2008). Evidence supports the notion that community support, opinion leaders, peer educators, and role models can promote awareness and change of behaviours (Luke & Harris, 2007; Mertens, Saint-Charles, & Mergler, 2012; Valente, 2010), an idea captured by the notion of social capital (Chu, 2009).

As discussed in my literature review, social capital is produced in communities, as a collective social resource based on contact (i.e., invisible bonds), communication, sharing, co-operation, and trust from ongoing relationships (among people, but also organisations) for the good of the group rather than the benefit of the individual (Chu, 2009). In acknowledging social capital and peer influence in my research planning, I had intended increasing participant involvement (from eight design thinkers, over 32 focus groups members, to the whole school).

While Phase 1 and 2 underlined the strength of collaboration and communication, Phase 3 and 4 produced the learning that social capital or peer influence is complex to plan and individual personalities matter. It was important to select participants based on their interest, passion, and willingness to engage. I did not analyse leadership or community role of the participants. However, I argue that the most important trigger is buy-in, which comes with the identification with the campaign and is difficult to trigger.

To increase participants' identification and ownership, I learnt that they needed to experience the support for the project, its positive image, and appreciation or admiration for their work. With the lack of this experience, participants hesitated even with small contributions, such as sharing campaign information on their Facebook wall. Their lack of identification and support hindered the formation of a community and of social capital. Furthermore, the collaboration within the school, such as the involvement of more students and teachers or work on the project in different classes could have contributed to more social capital.

The outcomes of my study point at the potential of social capital, which would need greater use of social networks. This could have been facilitated by identifying opinion leaders through network analysis, collaborating with them, educating them, and training them for their roles, which may have overcome some of the issues of the implementation of the campaign. This outcome complements the work of Silva et al. (2007), Valente and Fosados (2006), and Valente and Pumpuang (2007), who considered that opinion leaders can be in a community, but also in a virtual world, such as a blogosphere.

It is a unique challenge to create a personal connection and community (Jogova et al., 2013). However, research indicates the existence of real and virtual communities which promote their own norms (Blanchard, 2008; Chu, 2009; Hagel, 1999). This concept expands to brand communities, which had been analysed in regards to commercial

brands (Devasagayam, Buff, Aurand, & Judson, 2010; Muniz Jr & O'Guinn, 2001). The outcomes of my study indicate that online media as well as social marketing and especially branding bear potential to contribute to new norms (i.e., one of the key aims of this project).

8.5.4 Addressing misperceptions

My meta learning during the analysis and writing cycles revealed the extent and impact of perceptions and misperceptions on two levels: campaign content and campaign image. The latter has major influence on participant involvement, while the former bears further health promoting potential, as I learnt when connecting my observations with existing literature.

Once I had recognised the prevalence and understood the concept of misperceptions among youth, I could trace the notion back to the qualitative (design thinking workshop and focus groups) and quantitative (baseline survey) issue construction. Quantitative data were not congruent with my expectations based on the qualitative data. At the time, I explained disparities with the fact that we had never discussed percentages, that we could not put a percentage on qualitative constructions, but also that survey respondents might have not been fully honest or remembered their behaviour correctly. I still acknowledge those reasons. Yet, I also recognise the role which misperceptions played in the issue construction.

Norms are perceived and do not reflect reality, while perceptions are worse than reality, stronger than reality, and influence one's behaviour or are used to excuse one's behaviour (Colman, 2009; Kypri & Langley, 2003; Perkins & Berkowitz, 1986; Rimal & Real, 2003; Ross, Greene, & House, 1977). Hence, after reaching the first step of awareness of misperceptions, the potential lies in addressing normative gaps and providing clarifications, as had been recorded in other health promotion with youth, mainly with alcohol use (Adams & Rust, 2006; Bailey, Kelley Christine Walter, 2000; Clasen & Brown, 1985; Graham, Tatterson, Robers, & Johnston, 2004; Kenny, 2013; Lederman & Stewart, 2005; Olds & Thombs, 2001; Perkins, 2007; Smith, Atkin, & Martell, 2006; Thombs, Dotterer, Olds, & Sharp, 2004; Thombs, Ray-Tomasek, Osborn, & Olds, 2005; Xenitidou & Edmonds, 2014).

This present study shows that perceived health norms led to a more negative and even exaggerated issue construction. Despite the fact that these misperceptions are stronger than reality, the gap could be decreased by communicating a more positive status quo. This additionally provides a solution to the challenge of addressing negative health behaviours with positive messages and avoiding "scare tactics", which could in return

normalise negative behaviour. Burchell et al. (2013) had analysed the social norm approach in social marketing. Recognising that the potential had been neglected and undervalued, they appealed to social marketers and researchers to give more practical, theoretical, and critical attention to the approach, which I underline (Burchell et al., 2013). In this project's context, an example for a social norm approach message could have been "did you know that xx% of your classmates think it's not cool to smoke?"

Decreasing misperceived normative gaps bears potential for the campaign execution (i.e., content and messages). It could also be used to enhance campaign image as well as participant involvement and ownership by addressing misperceptions of the support for and image of the campaign. For action research with youth as well as health promotion with youth, we need to be aware of prevalent misperceptions regarding the participants' involvement, the intervention, and its focus. In this case, I could communicate and emphasise the support the project had from fellow students, the school, and the community. I had experienced how all focus group students had liked the campaign, gave very positive feedback, and thought the campaign was "cool". Yet, the core participants had stated in Phase 1 as well as Phase 4 that health and health promotion had an uncool image. Despite hearing otherwise from me, their misperceived negative image was stronger and influenced their behaviour, which caused a withdrawal from the project. This insight demonstrates the challenge for health promotion with youth in general, as it emphasises the barrier which youth face in order to engage in a health promotion project.

I thus analysed that not only societal behaviour is influenced by the dominance of misperceived reality, but that the same counts for youth health promotion in general. The barrier needs to be acknowledged and can then be addressed or even used. The communicative potential lies in the social norms approach – for health promotion as well as youth collaboration and intervention implementation. It can nudge more positive health behaviours by narrowing the gap between misperceptions and reality. It can help to ensure a positive image for the project and provide participants with positive feedback and support, which could enhance their participation and identification with the project.

8.5.5 Social marketing

"Issues around social behaviour change are more complex than switching brands of toothpaste" (Carrigan & Dibb, 2013, p. 1384). The outcomes from this present study demonstrate the power of social marketing as a health promotion tool for youth – especially to create and increase awareness. These principles and components can benefit other health promotion interventions. I suggest the use of the social norms approach, as not yet tested extensively in social marketing (Burchell et al., 2013). More

specifically, components such as branding proved to be useful (Evans & Hastings, 2008), as well as the consideration of buyer-readiness stages (Kotler & Armstrong, 2013), or the 4 Ps of marketing (5 Ps of social marketing; Scott, 2005). I see potential to deepen the focus on these core principles within the field of health promotion. As Scott (2005) noted, the dimensions of social marketing are often limited to *promotion*, as they are with health *promotion*. However, also product (i.e., behaviour), price (i.e., non-monetary transaction costs), place (i.e., availability), and policy need to be acknowledged as central pillars (Scott, 2005).

Policy aims at upstream changes, which means that social marketing (and health promotion) needs to address policy-makers or ideally collaborate with them (Scott, 2005). In a guest editorial, Kotler (Carrigan & Dibb, 2013) noted that social marketing required an integrated approach addressing both upstream and downstream stakeholders simultaneously (stage 3 of four historical stages; see Andreasen, 2006; Carrigan & Dibb, 2013). He criticised that a mid-stream “attack” (i.e., peer-influence) and an upstream direction (focussing on market players which support an undesirable or the desirable behaviour) had been neglected. This project intended to work with both – creating positive peer influence as well as addressing organisations or institutions in the field. In the microcosm of this study, I experienced Kotler’s (in Carrigan & Dibb, 2013) concern about the challenges of upstream social marketing, because “it involves approaching a great number of organisations and motivating them to participate in often a ‘crusade’ to accomplish a large positive social purpose” (p. 1381). Components (competitors of the industry) are not only strong but have “a major financial interest in continuing their support of the undesirable behaviours” (in Carrigan & Dibb, 2013, p. 1381). I noticed these difficulties to an extent that up-stream marketing was out of reach, but still continuously noted to be necessary in all phases. I cannot emphasise enough how important mid-stream (peer-to-peer) as well as upstream (policy deciders, such as school officials) collaboration is.

This research connected with Kotler’s (in Carrigan & Dibb, 2013) analysis of the newest stage of social marketing, which focussed on the integration of social media, taking advantage of the new paths of influence and communication to reach specific target groups. Of the social media, Facebook is currently inevitable for all social marketing or health promotion projects. While traditional media remains important to reach mass audiences, this project substituted traditional media with school media and focussed on social media to test its potential. Norman still stated in 2012 that we do not know whether social media platforms ‘work’ as methods of promoting change; but we know that they provide support to people and inform them. We do not know if this information produces something other than passive activity on the topic (Norman, 2012).

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Youth use social media, Facebook in particular (Adcorp, 2013; Common Sense Media, 2012; comScore, 2012; Internen World Stats, 2015; The Nielsen Company, 2010, 2011; Weinberger, 2011), which therefore provides the potential to reach them (if used appropriately). It could represent the mass media which are expected to be able to influence health behaviours (Abroms & Maibach, 2008; Thornley & Marsh, 2010) and indeed has been successful in a number of projects (Guse et al., 2012; Woolley & Peterson, 2012), also being youth-driven.

While social media promise the chance for collaboration and interaction (Lefebvre, 2007), insight from the present action research project showed that it is not guaranteed, but must be triggered from within the target group. Neither is exposure guaranteed – unless paid advertisements are employed. Use of pictures, tagging members of the target group, and close collaboration with the target group, who commit to sharing and spreading content of the campaign, are additional measures which can increase exposure.

As noted by Neiger et al. (2012), social media in health promotion have the purpose of offering market insights, establishing a brand, creating brand awareness, disseminating critical information, expanding reach to more diverse audiences, and fostering public engagement and partnerships. Within this, the key performance indicators are “insights, exposure, reach, and engagement” (Neiger et al., 2012, p. 162). I attained insights, exposure, and reach within the school, including contributions from social media. Still, more engagement or partnerships would have made a significant difference (Raban & Rafaeli, 2007). Although the steering group of the intervention established a brand and disseminated information, the use of social media had not yet succeeded in building social capital by (Chu, 2009). These insights add to Kotler’s (in Carrigan & Dibb, 2013) reflection in 2013, when he noted that although the social marketing’s capacity was developing and deepening, untapped potential remains. The same is the case with untapped potential of social media in health promotion (Cugelman, 2010; Rimal, 2012). Based on my experience and interacting with the target group, I conclude that social media – or at least Facebook – should be a prerequisite for any health promotion project.

A final thought on social marketing belongs to awareness. Awareness has been analysed as a key success of the campaign, and while students had praised the awareness reached, it had not (yet) contributed to the aim of the project. However, branding and brand awareness play key roles in the marketing process (D.A. Aaker, 1996; Aaker, 1997; Keller, 1993, 1998, 2012). There is potential for longitudinal effect such as brand loyalty, as children as young as kindergarten age can recognise advertisements and brands (Guest, 1955; John, 1999). Health promotion has used this potential effectively (Allen, Vallone, Vargyas, & Heaton, 2009; Evans & Hastings, 2008; Evans, Price, & Blahut, 2005;

Huhman, Berkowitz et al., 2008; McKinnon, 2007; Pralea, 2011). This research confirms the importance and value of branding, brand personality, and brand awareness for health promotion – also for projects not focussing on social marketing tools.

8.5.6 Summary and practical recommendations

After having elaborated on the major conceptual implications established around collaboration, support, misperceptions, and social marketing, this section serves to add practical recommendations. In summary, a campaign needs to be planned precisely, implemented as planned, supported, it needs to consider general social marketing concepts, and use social media.

In the case of an implementation within a microcosm (such as a school), support is needed from school management (upstream) and students (midstream). This support needs to be communicated and emphasised towards youth participants and should furthermore be a support in the form of action or ideally collaboration in a joint steering group. I not only confirm the potential of social marketing and social media for health promotion, I also recommend that at least basic features of both should be acknowledged for any health promotion intervention. Taking the discussion with participants to a meta level (e.g., about their roles, the group's work, or course of the project) facilitates participants' meta learning and can trigger participation, responsibility, and ownership. Brief in-meeting reflections could be ritualised or formal reflection rounds could be implemented. This approach could furthermore help with the identification of misperceptions or any other issues which the participants see. Actions, but also participation and participants' roles, must be discussed to an extent that they are intended to be executed, not just as ideals.

I recommend including the target group as much as possible in all aspects of the campaign. Messages need to be detailed by them and they should operate all media channels to ensure optimal choice of topics and language. If employing more professionals (e.g., advertising agency), ongoing collaboration with the target group needs to be ensured. Participants should commit to their roles and support the campaign with their actions. If implemented in a school, I recommend that staff and students are in an executive steering group, with further support from staff of different disciplines and students of different ages and classes. To recruit participants, an advertisement represents a useful tool. This was also recommended by the Canadian Youth Action Guide (Morrison et al., 2004), which I would recommend as inspiration.

Youth (possibly other age groups as well), could lack the sense of responsibility for their roles and tasks or even for attending meetings. Contacting them frequently should be

considered, as the Youth Action Guide recommends: “Remind youth, remind them, and remind them again” (Morrison et al., 2004, p. 9). While bringing food to meetings (e.g., cut up fruit, vegetables, and dip) might sound trivial, it had a positive effect on the group atmosphere, as also noted by Morrison et al. (2004).

Based on the experiences and the findings from the interviews as well as the campaign survey, it was clear that a diversity of the steering group was an important component, considering gender, ages, ethnicities, but also different health attitudes (Morrison, Lombardo, Biscope, & Skinner, 2004; Ridgley, Lombardo, Morrison, Poland, & Skinner, n.d.). These should be communicated to avoid misperception (as in this project, students did not know that Pasifika students were involved).

This campaign, intervention and approach showed that we were on the right track. A brand for a healthy lifestyle is needed and youth are a fitting target group. Outcome from this research strongly supported the use of action research as methodology, social marketing as a concept, and social media as platforms. This particular setting served as a microcosm to test these components. In summary, collaboration, support, and open communication were revealed as the key factors for success.

8.6 Limitations and Future Research

Research in the real world (which action research is) bears the challenge of diverging from an original research plan, which is developed at an early stage by a researcher alone. This counts for the independent research cycle (i.e., planning and executing the research) as well as the core cycle (i.e., planning and executing an intervention). Differences in the research project from the research plan were of minor nature and could be adjusted due to the action research methodology. Not following all aspects of the action plan in the action phase complicated the testing of it. Although findings of Phase 1 and 2 had been validated throughout all phases and findings of Phase 4 indicated exactly the same suggestions, I can only emphasise the expected potential. I dealt with the limitations by addressing them very transparently and clearly throughout the relevant findings sections.

The researcher’s involvement and participation in the project is needed and to be expected in an action research study (Coghlan & Brannick, 2014). Positivists might see a limitation in the absence of the barrier between researchers and participants, in the involvement and subjectivity of the researchers, and the potential influences of their actions, words, or behaviours. Yet, the strength of a non-positivist study is that I can mention and analyse potential influential factors, instead of excluding them due to a

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targeted objectivity. By being explicit and detailing my role, behaviour, and thoughts I thus provided transparency for the comprehensive analysis (Coghlan & Brannick, 2014).

The fact that I had not been to a New Zealand school myself must be noted, although not necessarily being categorised as limitation. Schools in New Zealand are vastly different, such as in terms of school culture, priorities, or rules. I therefore cannot state to what degree attending school in New Zealand might have provided a deeper understanding or might have been an additional hurdle due to a misjudged familiarity. To address potential limitations, I frequently exchanged questions, ideas, and thoughts with the contact teacher, asked for her opinion and approval of the methods and the strategies. Being very familiar with the school and the school culture, she had backed up and supported the study design and each component and had not predicted any challenges. Hence, a deeper examination of this particular school, its school culture, its management personalities, its rules and regulations, its hierarchy, its philosophical standpoint, and governance might have helped in the design of the study and the project management. As the students and I only became aware of the extent of these factors' influence through the analysis, these potentials had not been considered, but should be in future studies. Deeper analysis of cultural factors could be considered for future projects, but were not in the scope of this study.

We as society and health promotion researchers currently not only have a lot to lose, but also a lot to gain. We have to test ways of stopping the influx of unhealthy attitudes and behaviours which have become normalised in society. New approaches and technology bears great potential to influence people's positive health behaviours, empower them with their wellbeing, give them ownership of their health, and help them to flourish. Building upon my above elaborated experiences and recommendations, I conclude that future health promotion research should:

- be created collaboratively with the target group;
- include support and collaboration with all stakeholders and policy-makers;
- consider social marketing concepts;
- employ social media; and
- accommodate mechanisms for the recognition of challenges (especially misperceptions) and for addressing them within the campaign.

A healthier future society should be the interest of us all and can only be achieved if we collaborate. Future research should test the above combination, which has not yet been exploited. Due to the strength of (misperceived) norms, the potential of addressing and working with misperceptions (e.g., social norms approach) should be tested in further research – and has been the 'Cinderella' of social marketing so far (Burchell et al., 2013). I would like to test the same model in different countries, as it provided evidence for great potential. We must know that we can and must do a lot better.

Chapter 9: References

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Appendices

Appendix A Ethics approval



MEMORANDUM

Auckland University of Technology Ethics Committee (AUTEC)

To: Scott Duncan
From: Rosemary Godbold, Executive Secretary, AUTEC
Date: 25 September 2012
Subject: Ethics Application Number 12/202 Using social marketing to promote a positive and healthy lifestyle to New Zealand youth.

Dear Scott

Thank you for providing written evidence as requested. I am pleased to advise that it satisfies the points raised by the Auckland University of Technology Ethics Committee (AUTEC) at their meeting on 13 August 2012 and I have approved your ethics application. This delegated approval is made in accordance with section 5.3.2.3 of AUTEC's *Applying for Ethics Approval: Guidelines and Procedures* and is subject to endorsement by AUTEC at its meeting on 8 October 2012.

Your ethics application is approved for a period of three years until 24 September 2015.

I advise that as part of the ethics approval process, you are required to submit the following to AUTEC:

- A brief annual progress report using form EA2, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. When necessary this form may also be used to request an extension of the approval at least one month prior to its expiry on 24 September 2015;
- A brief report on the status of the project using form EA3, which is available online through <http://www.aut.ac.nz/research/research-ethics/ethics>. This report is to be submitted either when the approval expires on 24 September 2015 or on completion of the project, whichever comes sooner;

It is a condition of approval that AUTEC is notified of any adverse events or if the research does not commence. AUTEC approval needs to be sought for any alteration to the research, including any alteration of or addition to any documents that are provided to participants. You are reminded that, as applicant, you are responsible for ensuring that research undertaken under this approval occurs within the parameters outlined in the approved application.

Please note that AUTEC grants ethical approval only. If you require management approval from an institution or organisation for your research, then you will need to make the arrangements necessary to obtain this.

To enable us to provide you with efficient service, we ask that you use the application number and study title [jn](#) all written and verbal correspondence with us. Should you have any further enquiries regarding this matter, you are welcome to contact me by email at ethics@aut.ac.nz or by telephone on 921 9999 at extension 6902. Alternatively you may contact your AUTEC Faculty Representative (a list with contact details may be found in the Ethics Knowledge Base at <http://www.aut.ac.nz/research/research-ethics/ethics>).

On behalf of AUTEC and myself, I wish you success with your research and look forward to reading about it in your reports.

Yours sincerely

Dr Rosemary Godbold
Executive Secretary
Auckland University of Technology Ethics Committee

Cc: Jule Kunkel jkunkel@aut.ac.nz

From the desk of ...
Dr Rosemary Godbold
Executive Secretary
AUTEC

Private Bag 92008, Auckland 1142
New Zealand
E-mail: ethics@aut.ac.nz

Tel: 64 9 921 9999
ext 6860
Fax: 64 9 921 9902
page 1 of 1

Appendix B School list with relevant information to select case study school

School	Decile	Ethnic composition	Extracted ethnic composition	School Roll
Avondale College	4	New Zealand European/Pākehā 24%, Māori 12%, Samoan 18%, Indian 11%, other Pacific 10%, Chinese 9%, other Asian 9%, other 7%	Pākehā 24%, Māori 12%, PI 28%, Indian 11%, Chinese 9% (Asian 18%)	2654
Massey High School	5	NZ European/Pākehā 40%, Māori 23%, Samoan 8%, Indian 4%, Chinese 2%, Cook Island Māori 2%, Tongan 2%, South East Asian 2%, Fijian 1%, Niue 1%, other Asian 5%, other European 4%, other Pacific 2%, other 4%	Pākehā 40%, Māori 23%, PI 16%, Indian 4%, Chinese 2% (Asian 9%)	2321
Onehunga High School	4	NZ European/Pākehā 27%, Māori 18%, Samoan 15%, Tongan 12%, Indian 7%, Cook Island Māori 5%, Niuean 5%, Fijian 2%, Chinese 1%, Middle Eastern 1%, Vietnamese 1%, other Asian 4%, other European 1%, other 1%	Pākehā 27%, PI 57%, Indian 7%, Asian 6%, Other 3%	1449
Selwyn College	4	NZ European/Pākehā 21%, Māori 18%, Middle Eastern 9%, Samoan 5%, South East Asian 5%, Taiwanese 5%, Tongan 5%, Cook Island Māori 4%, African 3%, Filipino 3%, British 1%, Indian 1%, Latin American 1%, Sri Lankan 1%, Other Asian 7%, Other European 5%, Other Pacific 4%, Other 2%	Pākehā 21%, Māori 18%, PI 18%, Indian 1%, Asian 7%	826
Henderson High School	4	NZ European 46%, Māori 23%, Samoan 8%, Cook Island Māori 3%, Indian 3%, Filipino 2%, Middle Eastern 2%, African 1%, Chinese 1%, other Pacific 5%, other European 3%, other Asian 2%, other 1%	Pākehā 46%, Māori 23%, PI 16%, Indian 3%, Chinese 1% (Asian 3%)	615
Edgewater College	4	NZ European/Pākehā 16%, Māori 17%, Samoan 16%, Tongan 10%, Indian 7%, Chinese 6%, Cook Island Māori, 5%, Fijian 4%, Filipino 4%, Middle Eastern 3%,	Pākehā 16%, Māori 17%, PI 38%, Indian 7%, Chinese 6%	904

School	Decile	Ethnic composition	Extracted ethnic composition	School Roll
		Niuean 3%, African 2%, Cambodian 1%, Japanese 1%, Sri Lankan 1%, Other Asian 1%, Other 3%		
Rutherford College	6	NZ European/Pākehā 41%, Māori 20%, Chinese 6%, Korean 5%, Samoan 5%, Indian 4%, African 2%, Cook Island Māori 2%, Fijian 2%, Middle Eastern 2%, other Asian 2%, other European 2%, other 7%	Pākehā 41%, Māori 20%, PI 9%, Chinese 6% (Asian 13%), Indian 4%	1393
Mt Albert Grammar School	7	NZ European/Pākehā 45%, Māori 14%, Pacific 19%, Asian 16%, other European 3%, other 3%	Pākehā 45%, Māori 14%, Pacific 19%, Asian 16%,	2527
Lynfield College	7	NZ European/Pākehā 33%, Māori 6%, Indian 21%, Chinese 11%, other Asian 7%, Samoan 6%, SE Asian 2%, Tongan 2%, Cook Island 1%, Fijian 1%, Niue 1%, other Pacific 1%, other 8%	Pākehā 33%, Māori 6%, PI 12%, Indian 21%, Chinese 11%	1869

Appendix C Ethnic distribution²

Ethnicity	New Zealand	Auckland Region	15-19 Year-Olds (New Zealand)
<i>European</i>	64.8%	53.7%	65.5%
<i>Māori</i>	14.0%	10.5%	20.3%
<i>Pasifika</i>	6.6%	13.6%	9.6%
<i>Asian</i>	8.8%	18.0%	11.1%
<i>Middle Eastern/ Latin American/ African</i>	0.9%	1.4%	1.2%
<i>New Zealander</i>	10.7%	7.6%	7.1%
<i>Total people stated</i>	95.8%	94.9%	
<i>Not Elsewhere Included</i>	4.2%	5.1%	4.2%

Appendix D Design thinking workshop agenda

Day 1:

1. Welcome and check-in
2. Warm-up exercise
3. What lies ahead: a design thinking workshop.
2-minute brainstorm aloud on what they expect (notes taken on whiteboard)
 - a. Key words of the workshop/explanation of action research:
social change, youth empowerment, change agents, democracy, collaboration, action
 - b. What we need as design thinkers:
empathy, integrative thinking, optimism, experimentalism, collaboration
 - c. Workshop rules:
made by participants, collected in 1-minute individual brainstorm on paper, collected
4. Rough explanation of topic based on proposed research project, without going in-depth:
My background and how I have identified content (health promotion based on lifestyle, joining wellbeing, physical health, 'cool'); target group (youth in New

² Based on the 2006 census, which was available at the time of recruitment. The 2011 census had been cancelled due to the Canterbury Earthquake.

Zealand); method (design thinking – involvement and empowerment); and tool (social marketing campaign) for my PhD research project.


5. Issue identification:
health and health lifestyle in school and society’.
- a. Physical health components:
 - Group discussion: “Describe health and health lifestyle of your school, society, other students”
 - 2-min brainstorm on paper: “What is physical health?” “What influences physical health?”
 - If not discussed already, ask participants to share their opinion on: physical activity (sport vs. NEAT Levine, 2004), nutrition, obesogenic environment, smoking, drinking, drugs, sleeping and sexual health.
- b. Mental health & wellbeing:
 - Group discussion: “Discuss the mental health status quo.” “What is mental health and wellbeing?” “What influences wellbeing?”
 - share idea and insights of positive psychology (PERMA), ask them to discuss the 5 winning ways of wellbeing and what that would be to them.
- c. Description of the ideal:
Creative and imaginative discussion of the ideal world.
- d. Identification of the gap
6. Ideas / brainstorm on possible solutions (introduction of social marketing)
 - One-minute brainstorm on paper followed by collection on the whiteboard and discussion of findings: Changing the norm. “How can we change the norm?” “How can we trigger awareness and intrinsic motivation?”
 - Introduce notion of social marketing
7. Recap meeting, recognition of success:
Head, Heart, Feet & Hands exercise
8. Check-out

Day 2:

1. Check-in
2. Warm-up
3. Recap previous day and recognise success
4. Discuss goal of the day and agenda:
development of social marketing campaign. Encourage participants to take over more, throughout the day ask them to keep track of findings on the whiteboard.
5. Brand development:
 - a. Develop brand features:
name, colour scheme, style of logo, slogan, and image. 10-minute individual brainstorm on paper, then presented to group and discussed to choose one of the developed brands or use the inspiration to develop a new one.
 - b. Communication platforms:
website, social media, in-school media, other
 - c. Any other public relations / marketing?
 - d. Core messages
 - e. Ambassadors
 - f. Actions

- g. Other components
- 6. Discuss evaluation of campaign
- 7. Recap and recognition of success of the meeting
- 8. Check-out

Appendix E Health survey and Campaign survey

QUESTIONNAIRE  Page 1

Year: **ID:** **Date:**

Thank you very much for participating. Remember that all of your answers are confidential, will not be shared with others and will not be connected to your name. You do not have to answer any questions that you do not feel comfortable answering!

We would like to start by asking you some general questions about you.

1. How old are you? (Please note: you CANNOT participate if you are under 16 years of age.)

16	17	18	19	over 19 years
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What sex are you?

male	female
<input type="checkbox"/>	<input type="checkbox"/>

3. To what ethnic group(s) do you belong to (you can check more than one option)?

New Zealand European/Pakeha	<input type="checkbox"/>
New Zealand Maori	<input type="checkbox"/>
Samoan	<input type="checkbox"/>
Cook Island Maori	<input type="checkbox"/>
Tongan	<input type="checkbox"/>
Miuean	<input type="checkbox"/>
Other Pacific	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Korean	<input type="checkbox"/>
Indian	<input type="checkbox"/>
Other Asian (e.g., Filipino, Japanese)	<input type="checkbox"/>
British/European	<input type="checkbox"/>
Australian	<input type="checkbox"/>
South African	<input type="checkbox"/>
Other	<input type="checkbox"/>
Prefer not to answer/don't know	<input type="checkbox"/>

Activities and nutrition

4. How often do you usually eat these meals?

	always	sometimes	hardly ever
breakfast	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lunch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dinner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. During the last 7 days, how often did you eat food from any of these places?

	not at all	1 to 3 times	4 to 6 times	once a day	2 or more times a day
a fast food place (e.g. McDonalds, KFC, Burger King, Subway, Pizza Hut)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other takeaways or fast-food shops (e.g. fish & chips, Chinese takeaways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
dairies, petrol stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the tuck shop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. During the last 7 days, how often did you eat or drink any of the following?

	not at all	1 to 3 times	4 to 6 times	once a day	2 or more times a day
chocolate, sweets or lollies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crisps, burger rings, twisties etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
meat pies, sausage rolls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
fizzy or soft drinks (e.g. Coke, Sprite, Fanta)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
diet or sugar-free fizzy drinks (e.g. Coke Zero)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
energy drinks (e.g. Red bull, V)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. During the last 7 days, how often did you eat or drink any of the following?

	less than once a day	once a day	twice a day	three or four times a day	five or more times a day
fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
potatoes, kumara, taro, etc	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vegetables (not including potatoes, kumara, taro)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. How much do you...

	not at all	a little	some	very much
care about eating healthy food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
care about staying fit and being physically active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Thinking about your weight, do you consider yourself...

very underweight	somewhat underweight	about the right weight	somewhat overweight	very overweight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. At this time how satisfied are you with your weight?

very happy	happy	okay	unhappy	very unhappy
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Are you trying to...

lose weight	stay the same weight	gain weight	I'm not trying to do anything about my weight
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Is physical activity, sport or exercise an important part of your life?

not really	sort of	definitely
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13. Why do you choose to do physical activity, sport or exercise? (You may choose as many as you want or none if you do not do physical activity, sport or exercise)

it's fun	it passes the time	I get to hang out with friends	I'm good at it	I like competing	I like winning	I have to (my parents or school make me)	to keep fit	another reason
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. In the last 7 days, how many times have you done any exercise or activity that makes you sweat or breathe hard, or gets your heart rate up (such as soccer or rugby, running, swimming laps, fast bicycling etc)?

0 days	1 day	2 days	3 days	4 days	5 days	6 days	7 days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. How do you usually travel TO school? (You can pick as many as you need.)

walking	driver of a car/van	passenger of a car/van	motorcycle/moped	bicycle	bus	train/rail	other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

16. How do you usually travel FROM school? (You can pick as many as you need.)

walking	driver of a car/van	passenger of a car/van	motorcycle/moped	bicycle	bus	train/rail	other
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. What time do you usually go to sleep ON WEEKDAYS?

before 9pm	9pm	9:30	10pm	10:30	11pm	11:30	12am	12:30	1am	1:30	2am	2:30	3am	3:30	after 4am
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

18. What time do you usually get up ON WEEKDAYS?

before 6am	6am	6:30	7am	7:30	8am	8:30	9am	9:30	10am	10:30	11am	11:30	12pm	12:30	1pm	1:30	after 2pm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. What time do you usually go to sleep ON WEEKENDS?

before 9pm	9pm	9:30	10pm	10:30	11pm	11:30	12am	12:30	1am	1:30	2am	2:30	3am	3:30	after 4am
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. What time do you usually get up ON WEEKENDS?

before 6am	6am	6:30	7am	7:30	8am	8:30	9am	9:30	10am	10:30	11am	11:30	12pm	12:30	1pm	1:30	after 2pm
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

21. Do you think you get enough sleep?

very little of the time	half of the time	most of the time	I get too much sleep
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. What is your usual energy level?

	very low	low	moderate	high	very high
in the morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
in the evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Wellbeing

23. All things considered, how satisfied are you with your life as a whole nowadays?

extremely dissatisfied										extremely satisfied											
0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Taking all things together, how happy would you say you are?

extremely unhappy										extremely happy											
0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Below are eight statements with which you may agree or disagree.

	strongly disagree	disagree	slightly disagree	neither agree nor disagree	slightly agree	agree	strongly agree
I lead a purposeful and meaningful life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My social relationships are supportive and rewarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am engaged and interested in my daily activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I actively contribute to the happiness and wellbeing of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am competent and capable in the activities that are important to me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am a good person and lead a good life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am optimistic about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People respect me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How confident are you in your ability to deal with stress, problems, or everyday challenges?

extremely un-confident										extremely confident											
0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. How confident are you in your ability to increase your own wellbeing (physical and mental wellness)?

extremely un-confident										extremely confident											
0	1	2	3	4	5	6	7	8	9	10	0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. How confident are you in showing your feelings to someone close to you?

extremely unconfident						extremely confident					
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

29. In dealing with stress, problems, or everyday challenges, to what extent do you have someone who you can learn from by watching them – like a role model?

not at all						a lot					
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

30. To what extent do you try to be different from your true self to fit in better or to be more popular?

not at all						a lot					
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Sexual health

Remember, you don't have to answer any questions if you do not want to.

31. Have you ever had sex? (If no, go to question 36)

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

32. How often do you or your partner use contraception (by this we mean protection against pregnancy)?

always	most of the time	sometimes	never	I only have sex with people of the same sex, so this question does not apply to me.	I would rather not say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How often do you (or your partner) use condoms as protection against sexually transmitted disease or infection?

always	most of the time	sometimes	never	I would rather not say
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. The last time you had sex, did you use condoms as protection against sexually transmitted disease or infection?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

35. To what extent do you have sex to fit in or because you feel like others expect it from you?

not at all						a lot					
0	1	2	3	4	5	6	7	8	9	10	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Cigarettes, alcohol and other drugs

All info you give us is confidential and will NOT be connected to your name or shared with anybody. You do not have to answer any of these questions if you wish not to.

36. Which of these...? (You may choose as many as you need)

	cigarettes, tobacco	alcohol (e.g. beer, wine, spirits, etc)	marijuana (e.g. cannabis, weed, pot, hash, grass, etc)	party pills and smokable products (e.g. dance pills, herbal highs) - do not include tobacco/cigarettes	other drugs that often cause a high or trip (e.g. acid, 'P', speed, ecstasy, homebake, etc)	none of these
do you think is okay for people your age to use regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your friends use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
do your parents or guardian use in your home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37. How often do you smoke cigarettes now?

never - I don't smoke	occasionally	once or twice a month	once or twice a week	most days	daily
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

38. During the past 4 weeks, about how often did you drink alcohol? (If not at all, go to question 0!)

not at all - I don't drink alcohol	not in the last 4 weeks	once in the last 4 weeks	two or three times in the last 4 weeks	about once a week	several times a week	most days
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

39. Why do you choose to drink alcohol? (You may choose as many as you need)

to relax	to get drunk	to have fun	to forget about things	because my friends do	to enjoy parties	to make me feel more confident	because I am bored	none of these
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

40. In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session - within 4 hours?

none at all	once in the past 4 weeks	two or three times in the past 4 weeks	every week	several times a week
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. In the last 4 weeks, about how often did you smoke marijuana?

not at all - I don't smoke marijuana	none in the past 4 weeks	once in the past 4 weeks	two or three times in the past 4 weeks	once a week	several times a week	every day	several times a day
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

42. Have you ever tried any other drugs such as party pills, acid, solvents, speed, ecstasy, etc.?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

43. How cool do you think it is to...

	extremely uncool										extremely cool		
	0	1	2	3	4	5	6	7	8	9	10		
drink alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
consume marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

44. To what extent do you do any of the following in order to fit in, or because others are doing it too?

	never										a lot		
	0	1	2	3	4	5	6	7	8	9	10		
drink alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoke cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
consume marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

45. To what extent do you think about the negative consequences of ...

	never										a lot		
	0	1	2	3	4	5	6	7	8	9	10		
drinking alcohol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
smoking cigarettes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
consuming marijuana?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Social marketing survey

46. Do you know any health promotion campaign?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

2.a. If yes: What is/are the name/s of the campaign/s?

.....

47. Do you know HALT?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

If no, you are finished with this questionnaire. Thank you very much for your participation!

If yes, we would like to ask you a few more questions on HALT.

48. Can you list 1-3 words that describe HALT?

.....

49. What is the slogan of HALT?

.....

50. Where have you heard about or seen HALT (you can choose more than one)?

From other students	Somewhere at school	On Facebook	On Twitter	On the radio	On TV	In the newspaper	Somewhere online	I don't remember	I've never seen or heard it
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

51. Have you...

	Yes	No
... liked HALT on Facebook?	<input type="checkbox"/>	<input type="checkbox"/>
... followed HALT on Twitter?	<input type="checkbox"/>	<input type="checkbox"/>
... visited HALT's Website?	<input type="checkbox"/>	<input type="checkbox"/>
... followed HALT at school?	<input type="checkbox"/>	<input type="checkbox"/>

52. Brand personality: Which personality traits do you agree describe HALT?

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
Cool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Desirable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interesting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Healthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Modern	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Process evaluation

53. What do you think about the campaign HALT?

	Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
I find HALT overall enjoyable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like that the campaign comes from fellow students.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I like the challenges.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information given in the campaign is useful.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The campaign motivates me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The campaign made me change my lifestyle.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Have you participated in any parts of the HALT campaign?

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

55. How has HALT influenced you?

.....

.....

.....

56. How can the HALT campaign be improved?

.....

.....

.....

Thank you for answering these questions. If these questions have been upsetting for you and you wish to talk with someone, you can talk to the school counsellor, health staff or Youthline (ph 0900 376633 or free txt 234).

Appendix F Organisational timeline

<p>2012</p> <p>End of August:</p> <ul style="list-style-type: none">- Potential school analysis- Contact with research consultant- Contact with preferred intervention school <p>September:</p> <ul style="list-style-type: none">- Meeting with preferred intervention school- Approval from intervention school- Design thinking workshop <p>October:</p> <ul style="list-style-type: none">- Creation of campaign components- Campaign approval and adjustments by design thinkers <p>November:</p> <ul style="list-style-type: none">- Focus groups with adjustments and approval <p>December – March 2013</p> <ul style="list-style-type: none">- Campaign adjustments & first steering group meetings <p>March</p> <ul style="list-style-type: none">- Baseline survey- Campaign launch <p>March – October</p> <ul style="list-style-type: none">- Running of campaign & steering group meetings <p>October – November</p> <ul style="list-style-type: none">- Reflection interviews*

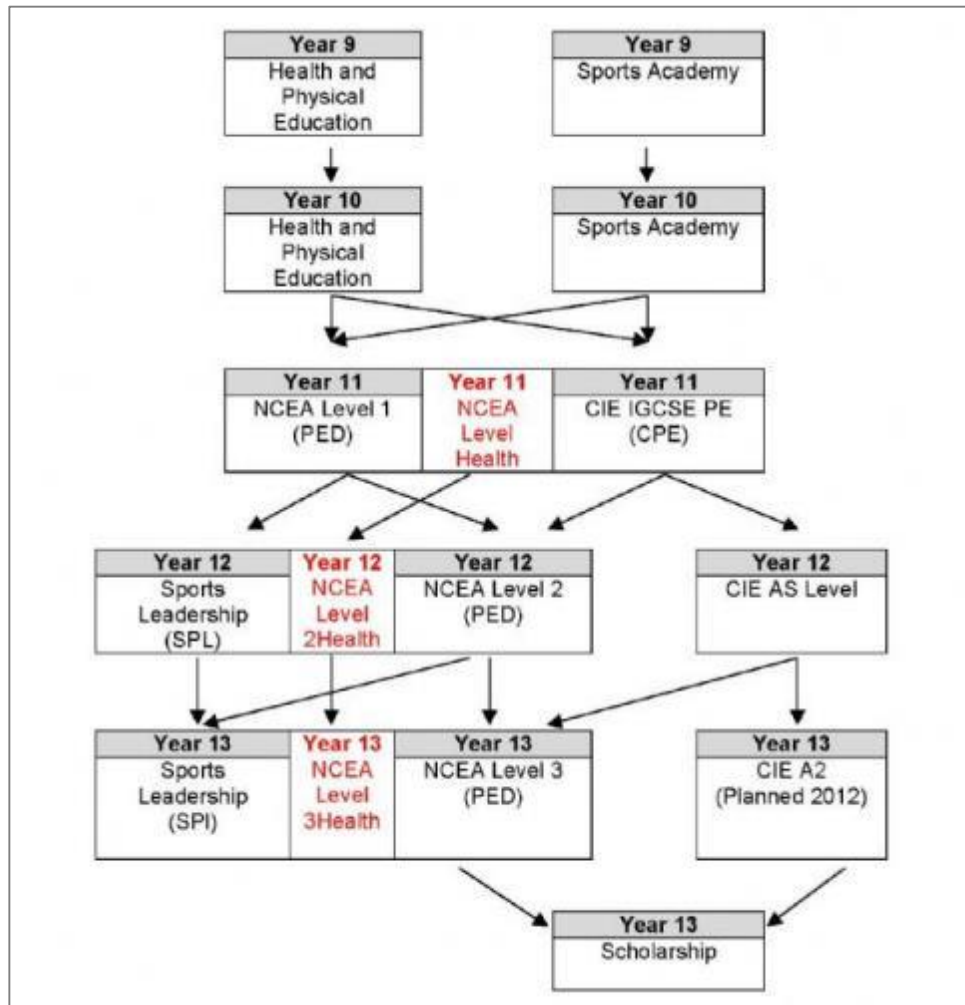
Appendix G Ethics timeline

<ul style="list-style-type: none">- 31.07.2012: Submission of Ethics application for the research project, the design thinking workshop, and the focus groups- 20.08.2012: Provisional ethics approval- 25.09.2012: Final ethics approval- 27.11.2012: Submission of Ethics amendments for the survey- 19.12.2012: Ethics approval for survey- 18.09.2013: Ethics amendment to add interviews to the evaluation phase- 26.09.2013: Ethics amendments approved

Appendix H Ethnicities of Avondale college students in 2012 according to the Avondale College Education Review (Education Review Office, 2013)

Ethnicity	Percentage
<i>NZ European/Pākehā</i>	22%
<i>Māori</i>	12%
<i>Samoaan</i>	16%
<i>Indian</i>	11%
<i>Chinese</i>	8%
<i>African</i>	4%
<i>Niue</i>	4%
<i>Tongan</i>	4%
<i>Cook Island Māori</i>	3%
<i>South East Asian</i>	3%
<i>Fijian</i>	2%
<i>Middle Eastern</i>	2%
<i>Other Asian</i>	5%
<i>Other European</i>	2%
<i>Other Pacific</i>	1%
<i>Other</i>	1%

Appendix I Learning Pathways for Physical Education and Health (Avondale College, n.d.-c)



Appendix J Workshop rules for the design thinking workshop as developed by the participants

- Everybody has the right to share their opinion.
- Listen to others.
- Respect others.
- Give your honest opinion.
- Get involved.
- Wear your nametag. (said jokingly)
- Stay on task.
- Everybody's equal.
- Nobody is wrong with what they say.
- Value everyone's ideas.
- No inappropriate language.
- Group agreements. (One student suggested that they should all agree on things. When I asked what would happen if they didn't agree. So it was noted that they would try to agree.)

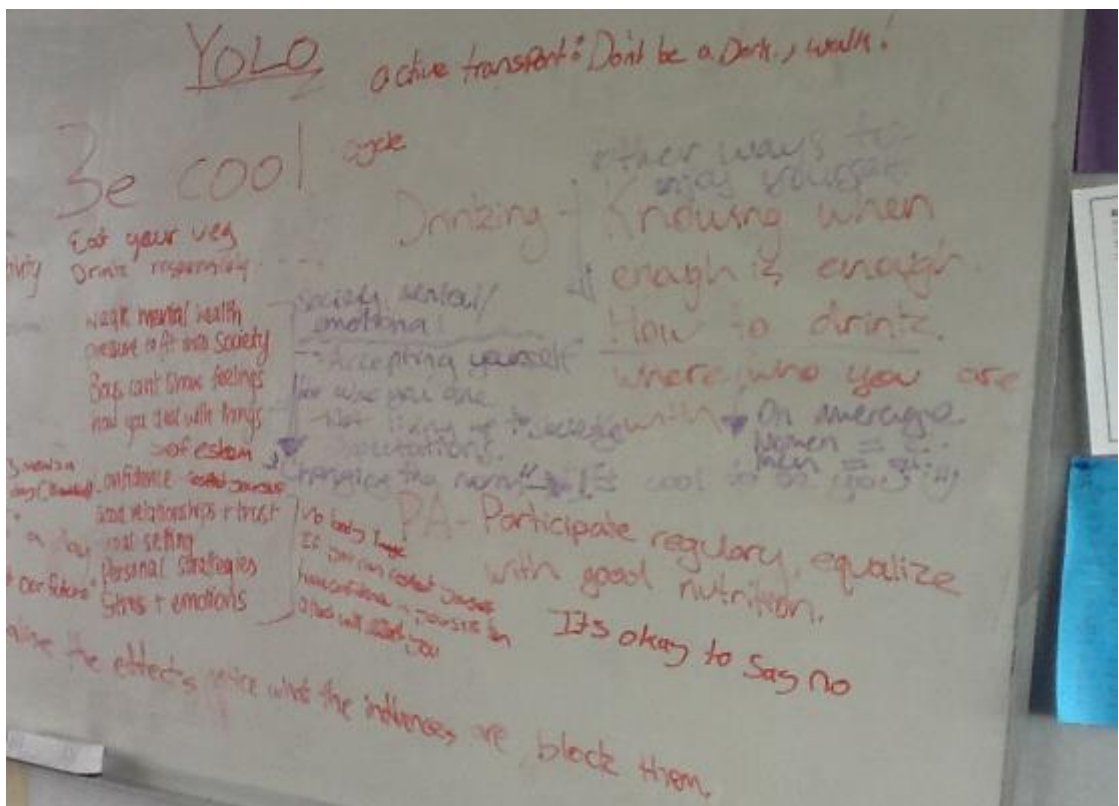
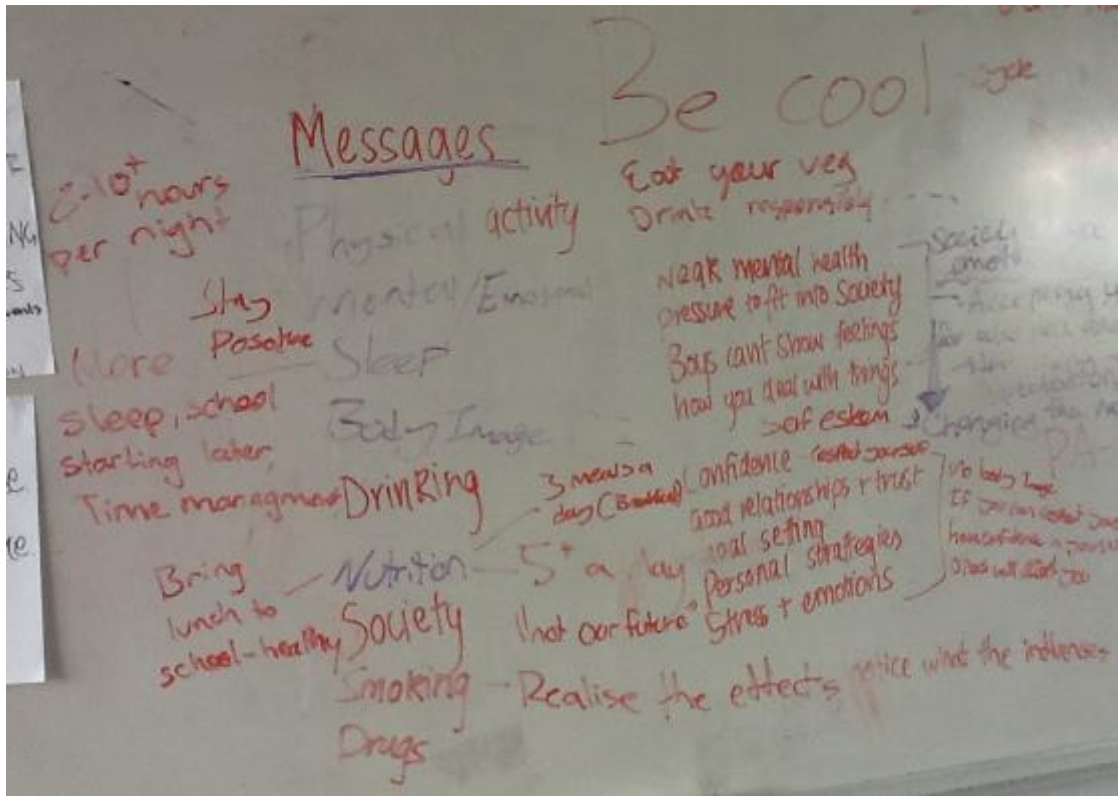
Appendix K The design thinkers' "ideal world", which could indeed be unrealistic.

- **Financial:**
Various health issues were traced back to economic reasons. The participants consequently formulated ideals to address and resolve those issues. They suggested that funding for sports (e.g., be in sports teams) should be provided to ensure that money would not stop children of poorer families from being physically active. Health clinics and health services should obtain more funding to reduce waiting times and enable more people to see health specialists. While fruit and vegetables should be generally cheaper, their school should raise the price of unhealthy food and decrease the price of healthy food (i.e., fat and sugar tax). The government should prioritise health and provide economic resources.
- **Laws and regulations:**
The participants noted that the government should install further laws and regulations for a healthier society and should also collect the population's issues and opinions (e.g., on a yearly basis) and discuss in parliament. Equality in society needed to be addressed. The age of buying alcohol should be raised to 25 years.
- **Media:**
In their ideal world, media delivered more knowledge on health via campaigns.
- **School:**
Apart from the above mentioned ideals for the tuck shop, the participants saw the need for better health education, for school to start later (i.e., at 10am) to enable a healthier sleeping pattern, and to have a vending machine with fruit.
- **Society and individual level:**
The participants pleaded for more support groups to back up health advertisements. The ideal was to enable more active transport instead of public sedentary transport (such as a walking school bus). There should not be any more fast food outlets. The ideal would include more tolerance and acceptance amongst students (e.g., of others' appearances; toleration of all body images). They furthermore idealised responsible drinking, that smoking had never even been invented, and that there were more role models, promoting "things that we need to do to keep healthy".

Appendix L List of the goals for the intervention, collected at beginning of Day 2 of the design thinking workshop

- Provide knowledge to community and school.
- Request more healthy food choices in community. Less fast food attention, not advertised. Balance between fast food and healthy food.
- Less fast food outlets around the school.
- Lower costs for healthy food.
- School tuck shop needs to provide more healthy food.
- More media advertising on physical activity; eating and cooking healthy.
- Advertise the effects of drugs and alcohol.
- Change the image of being cool. There is no need to fit in with smoking or drinking. Drinking is not cool or the norm. People should become honest with themselves.
- More people being physically active – more active transport.
- More self-respect and self-esteem – less bullying.
- More students involved in helping peers.
- Provide more role models for teenagers.
- Youth health council in schools.

Appendix M Whiteboard collection of the messages for the campaign



Appendix N Campaign messages from the design thinking students

- Yolo – you only live once, so be responsible with it
- Be cool
- Physical Activity
 - Participate regularly, combine with good nutrition
 - Active transport: Don't be a dork, walk!
- Sleep
 - 8-10+ hours per night
 - More sleep, school to start later
 - Time management
- Body image
- Drinking
 - Knowing when enough is enough, how to drink, where, who you are with
 - Drink responsibly
 - It's ok to say no!
- Nutrition
 - Bring healthy lunch to school
 - 5+ a day
 - Eat your veg
 - 3 meals a day – don't skip breakfast
- Society
- Smoking
 - Smoking “not our future”
 - Realise the effects, notice what the influences are and block them
- It's ok to say no!
- Drugs
- Society, mental / emotional
 - Body image (love your body / acceptance)
 - Accepting yourself for who you are. Not living up to society's expectations.
 - If you can respect yourself, then others will respect you.
 - It's cool to be you!
- Changing the norm of:
 - Weak mental health
 - Pressure to fit into society
 - Boys can't show feelings
 - How to deal with issues
 - Self esteem
- Confidence – respect yourself
- Good relationships and trust
- Goal setting
- Personal strategies to deal with stress and emotions

Appendix O First list of action ideas by the design thinkers

- Fun day / health day (e.g., dress as vegetable/fruit)
- Mufti
- School ball
- Public speaking / outburst speaking (e.g., yell out HALT at assembly)
- Flash mob
- Flood school with stickers/posters/flyers (get school on board)
- Strike (joke about one member doing a hunger strike)
- Lock / block tuck shop
- Fruit day – 1 per week or month
- Jump jam or other physical activity instead of form class – whole school on field
- Counter marketing – school tuck shop: replace their logo with our logo
- Presentation/seminars/support groups for students at lunchtime (separate for boys and girls for different topics)
- Be present at external events, such as career evening
- Connect with community and social events, be present
- Weekly/monthly/daily schoolwide challenges
- Collaboration with food technology department – new standard with which they work, (e.g., “brand” a meal/dish)
- Fund-raising was named but added the notion that techniques like bake-sales often do not raise awareness but only get people coming for the food; and there is no need to raise money

Appendix P Collection of sexual health opinions and messages by the four different focus groups

Year 13 boys:

- “Don’t turn into them.”
- “You just see all these girls wearing short skirts . . . no jumpers, nothing covering them, a lot of cleavage. They look like they don’t have respect for themselves, they just wing themselves on the show, like they’re trophies.”
- “It’s basically just the American media that’s done that, like the whole LA looks sort of thing.”
- “You don’t have to do that to fit in, you don’t have to be like that to get people’s acceptance. You can still enjoy your life and have fun as youth or young adult without sleeping around and doing all that sort of stuff.”
- “Maybe some people have sex and stuff because they enjoy it and they want to feel close to the person they are doing it with, but there are other people who do it just to count numbers, you know, it’s just a numbers game for them.”
- Idea for similar approach to anti-smoking campaign – shocking people out of it: if you mock around with sex, if you are not careful and smart about it, you can do damage to yourself and to others.

Year 13 girls:

- “Wait till later on in life, ‘cause you’ve got lots of time for that stuff”, “know what you are doing”, “school, good job, then...”
- “Protect yourself” – “Because you can’t really stop people from doing what they want to. It’s a choice that they make, they just gotta be wise about it.”
- “Just be aware... of how difficult and hard it is. ‘Cause it’s not easy.”

Year 12 boys:

- “Protection”
- “Having sex, it’s cool, but the consequences kinda outrun the positives, maybe if you have a baby, or if anything happens” – “you’re trapped for life”
- “There are so many teenagers giving birth, trying to reduce that”
- “Some people do it when they drink and stuff, like wasted, they have more chances of doing it than when they are sober.”
- “It can create bad memories.”

Year 12 girls:

- “Don’t rush.”
- “Take your time.”
- “Keep it private, you don’t need to talk about it.”
- “It’s not cool, but it’s not not cool either. It’s not something you do just so you can share it.” – “It’s an intimate thing. Not everyone needs to know.”

Appendix Q Comprehensive list of participants’ initial ideas and plans for actions

- General necessity:
 - Connect with other organisations.
 - Establish coolness of healthy lifestyle.
- Action ideas to get attention:

- Fund-raising / mufti – only at a stage when we need money as it wouldn't raise awareness much.
- Fun day / health day (idea: dress as vegetable/fruit).
- School ball.
- Public speaking – outburst speaking (e.g., at assembly yell out HALT).
- Flash mob.
- Flood school with stickers/posters/flyers (get school on board).
- Lock / block tuck shop.
- Counter marketing – school tuck shop: replace their logo with our logo.
- Presentation/seminars/support groups for students at lunch time (separate for boys and girls for different topics).
- External events (e.g., careers evening).
- Connect with community and social events.
- Weekly/monthly/daily schoolwide challenges (e.g., breakdance routine, post on YouTube, with prize to win). Put challenges in school notices?
- Cooperation with food technology department – standard with which they work (e.g., “brand” a meal/dish, Year 9 students only).
- Nutrition:
 - Provide more education on healthy eating.
 - Make healthy eating cool.
 - Healthy food or fruit day at canteen (per week).
 - Advocate salad bar at school.
 - Ask for compulsory healthy cooking class.
 - Advocate healthy choices at tuck shop, e.g. fruit day.
 - Free fruit, but make sure it is not thrown around (cut up? in a juice?).
 - Advocate making healthy food cheaper – at school and in community, esp. for people who need it.
 - Appeal to companies to implement CSR programs to support communities – teach people how to grow their own produce.
 - Demand tax on fat and sugar.
- Physical activity:
 - Promote girls not having to wear skirts.
 - Jump jam with whole school on field – instead of a form class.
 - Negotiate more active breaks / jump jam at school.
 - Plead to media to consider negative publicity on safety.
 - Plead for physical activity class in every year, which enables movement.
 - Promote free physical activity options in the community.
- Sleep:
 - Plead for school to start later.
- Alcohol / drugs / smoking:
 - Plead to media to stop glamourising drugs, smoking, and drinking in the media.
 - Plead to raise tax on alcohol.
 - Possibly plead to government to raise drinking age – also for drinking, not just buying – and legal consequences. (Different viewpoints in design thinking workshop and focus groups.)
 - Plead for more controls not to sell cigarettes to minors.
 - Plead to teachers to become role models and not smoke.
 - Plead for higher age for smoking and legal consequences.
 - Plead for rehabilitation accessibility in community and at school.
- Sexual health:
 - Ask school for parenting classes
- Mental health:
 - Year 12 and 13 students should talk to younger students (year 9) about experiences, creating role models.
 - Plead to media to promote different body shapes and stop glamourising anorexia.
 - Changing the norm of:

- Weak mental health
- Pressure to fit into society
- Boys can't show feelings
- How to deal with issues
- Summary of pleads to government:
 - To prioritise health.
 - To make healthy food cheaper than unhealthy food (subsidise fruit and vegetables, put tax on sugar and fat).
 - To make healthy food more convenient (available and cheaper) than junk food.
 - For system to cover health costs and provide more facilities (e.g., over tax or taken out of salary).
 - To control amount of fast food outlets.
 - To provide resources.
 - To listen to society and practice democracy: collect issues and opinions (e.g., yearly basis).
 - Provide more education (e.g., mandatory health class)
 - Start secondary school later
 - Time limits (slot) when alcohol or cigarettes can be sold at bars.

Appendix R Comprehensive collection of campaign messages

- Main message:
 - Your choice influences your health – now and as you get older.
 - Yolo – you only live once, so be responsible with it.
 - Be cool, live a healthy lifestyle.
 - Communicate messages of other organisations.
- Society:
 - Promote a new norm: healthy lifestyle. Include reasons in the campaign, providing knowledge and values.
 - Provide healthy role models.
 - Make healthy lifestyles override unhealthy lifestyles.
 - Promote responsibility of your own and others' health.
- Physical activity:
 - Move for fun! (Not for a body image.)
 - It's cool to be physically active.
 - Participate regularly, combine with good nutrition.
 - Promote active transport as cool (e.g., "Don't be a dork, walk!")
 - Promote safe environment for active transport.
 - Promote more movement and less sedentary / screen time.
 - Promote free physical activity options.
 - Do regular physical activity and balance with healthy nutrition.
- Nutrition:
 - Eat breakfast.
 - Healthy eating is cool.
 - Bring healthy lunch to school or buy healthy lunch.
 - 5+ a day.
 - Eat your veg.
 - Messages on healthy eating.
 - Bring lunch or buy healthy food.
- Sleep:
 - Sleep more to have more energy.
 - 8-10+ hours per night.
 - More sleep – school must start later.
 - Advocate time management.
- Smoking, drugs, and alcohol:

- Stop glamourising drugs, smoking, and drinking in the media.
- Include brutal images about effects of drugs, alcohol, and smoking.
- Promote strength and easiness to say no and resist group pressure.
- Make group pressure uncool.
- Provide more knowledge on effects of smoking.
- “Smoking not our future”.
- Smoking is uncool.
- Make a choice not to smoke.
- Realise the effects, notice what the influences are and block them.
- Teach how to drink: Knowing when enough is enough, where to drink, and with whom.
- Drink responsibly.
- Raise awareness for different consequences of drinking (including violence, or “bad things” happening). Avoid the consequences: Protect yourself and others. Like in prostate cancer ad, promote doing it for the people close to you.
- It’s ok to say no!
- It’s cool to say no and to know when to stop – it’s uncool to overdo it and get wasted.
- Become drug-free school.
- No need to take drugs.
- Sexual health
 - Protect yourself.
 - It’s a choice you make, be wise about it.
 - Don’t rush. / Take your time.
 - Wait until later on in life, because you’ve got lots of time for that stuff.
 - Know what you are doing.
 - Don’t turn into them.
 - Have respect for yourself.
 - You don’t have to have sex to fit in or to get people’s acceptance. You can enjoy your life and have fun as young adult without sleeping around.
 - Sex is not a numbers game.
 - Similar approach to anti-smoking campaign – shocking people out of it: this is what happens if you mock around with sex and this is what will happen if you are not careful. If you are not smart about it, you can do some damage to yourself and to others.
 - Having sex can be cool, but the consequences outrun the positives – you could have a baby, or worse.
 - Don’t have sex when you drink. It can create bad memories.
 - Sex is not something you do just so you can share it. It’s an intimate thing.
- Mental health
 - Body image: accept and love your body. Don’t follow a body image.
 - Promote different body shapes: ads with different images.
 - Self-esteem: accept, love, and respect yourself for who you are. Show confidence in how you are. Don’t live up to society’s expectations. No need to fit in. Put yourself first. (E.g., ‘be yourself’, ‘accept yourself’, don’t be influenced by society’).
 - Accept/respect yourself and others will accept/respect you.
 - Have good relationships and trust.
 - Set goals.
 - Teach how to accept and love yourself.
 - It’s cool to be you!
 - Don’t judge others.
 - Boys can show feelings.
 - Learn to be emotionally stable and to deal with stress.
 - Teach youth strategies how to deal with stress, problems, or emotions – provide role models who they can learn from.

- Understand what influences you positively and negatively. Strengthen the positive influences.

Appendix S Survey results from the baseline and follow-up survey, administered in March and October 2013

Demographic information	Before		After	
	Frequency	Valid Percent	Frequency	Valid Percent
School Year				
12	342	49.6	259	50.9
13	347	50.4	250	49.1
Age	Frequency	Valid Percent	Frequency	Valid Percent
16	369	53.1	106	21.2
17	299	43	250	50.1
18	23	3.3	135	27.1
19	2	0.3	7	1.4
Over 19	2	0.3	1	0.2
Gender	Frequency	Valid Percent	Frequency	Valid Percent
Male	354	51.2	244	50.9
Female	338	48.8	235	49.1
Ethnic Group	Frequency	Valid Percent	Frequency	Valid Percent
Māori	69	10	44	9.5
Pasifika	194	28	137	29.5
Asian	204	29.4	130	28
Other	80	11.5	45	9.7
European/Pākehā	146	21.1	109	23.4

Nutrition, physical activity, and weight	Before		After	
	Frequency	Valid Percent	Frequency	Valid Percent
How often do you eat breakfast?				
Always	351	50.4	239	51.5
Sometimes	237	34	153	33
Hardly ever	109	15.6	72	15.5
How often do you eat lunch?	Frequency	Valid Percent	Frequency	Valid Percent
Always	442	63.7	285	62.5
Sometimes	217	31.3	143	31.4
Hardly ever	35	5	28	6.1
	Frequency	Valid Percent	Frequency	Valid Percent
Always	604	87.2	390	85.5
Sometimes	83	12	60	13.2
Hardly ever	6	0.9	6	1.3

During the last 7 days, how often did you eat fast food?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	259	37.6	168	36.9
1 to 3 times	378	54.9	246	54.1
4 to 6 times	26	3.8	19	4.2
Once a day	22	3.2	18	4
2 or more times a day	3	0.4	4	0.9
During the last 7 days, how often did you eat takeaways?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	326	47.7	215	47.9
1 to 3 times	304	44.5	186	41.4
4 to 6 times	31	4.5	29	6.5
Once a day	16	2.3	14	3.1
2 or more times a day	6	0.9	5	1.1
During the last 7 days, how often did you eat food form a dairy?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	324	48.3	212	47.5
1 to 3 times	253	37.7	178	39.9
4 to 6 times	54	8	31	7
Once a day	29	4.3	21	4.7
2 or more times a day	11	1.6	4	0.9
During the last 7 days, how often did you eat food from the tuck shop?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	445	65.9	261	58.5
1 to 3 times	164	24.3	138	30.9
4 to 6 times	37	5.5	27	6.1
Once a day	20	3	14	3.1
2 or more times a day	9	1.3	6	1.3
During the last 7 days, how often did you eat chocolate, sweets, or lollies?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	119	17.2	84	18.3
1 to 3 times	380	55.1	258	56.2
4 to 6 times	106	15.4	75	16.3
Once a day	49	7.1	26	5.7
2 or more times a day	36	5.2	16	3.5
During the last 7 days, how often did you eat crisps etc.?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	280	41.4	168	37
1 to 3 times	281	41.5	199	43.8
4 to 6 times	59	8.7	51	11.2
Once a day	41	6.1	28	6.2
2 or more times a day	16	2.4	8	1.8
During the last 7 days, how often did you eat meat pies, sausage rolls?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	337	49.9	244	54.6

1 to 3 times	255	37.8	153	34.2
4 to 6 times	43	6.4	29	6.5
Once a day	31	4.6	16	3.6
2 or more times a day	9	1.3	5	1.1
During the last 7 days, how often did you drink fizzy drinks?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	204	30	140	31
1 to 3 times	324	47.7	207	45.9
4 to 6 times	82	12.1	60	13.3
Once a day	41	6	31	6.9
2 or more times a day	28	4.1	13	2.9
During the last 7 days, how often did you drink diet drinks?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	420	61.9	271	59.7
1 to 3 times	180	26.5	125	27.5
4 to 6 times	38	5.6	34	7.5
Once a day	27	4	16	3.5
2 or more times a day	14	2.1	8	1.8
During the last 7 days, how often did you drink energy drinks?	Frequency	Valid Percent	Frequency	Valid Percent
Not at all	430	63	267	58.4
1 to 3 times	164	24	132	28.9
4 to 6 times	46	6.7	36	7.9
Once a day	29	4.2	13	2.8
2 or more times a day	14	2	9	2
During the last 7 days, how often did you eat fruit?	Frequency	Valid Percent	Frequency	Valid Percent
Less than once a day	109	15.9	93	20.4
Once a day	215	31.3	136	29.8
Twice a day	185	26.9	132	28.9
Three or four times a day	123	17.9	65	14.2
Five or more times a day	55	8	31	6.8
During the last 7 days, how often did you eat potatoe, kumera etc.?	Frequency	Valid Percent	Frequency	Valid Percent
Less than once a day	254	37.2	150	33.3
Once a day	281	41.1	189	41.9
Twice a day	91	13.3	69	15.3
Three or four times a day	38	5.6	28	6.2
Five or more times a day	19	2.8	15	3.3
During the last 7 days, how often did you eat vegetables?	Frequency	Valid Percent	Frequency	Valid Percent
Less than once a day	94	13.9	51	11.3
Once a day	275	40.6	196	43.3
Twice a day	167	24.6	108	23.8
Three or four times a day	93	13.7	63	13.9
Five or more times a day	49	7.2	35	7.7

During the last 7 days, how often did you drink water?	Frequency	Valid Percent	Frequency	Valid Percent
Less than once a day	20	2.9	17	3.7
Once a day	44	6.5	47	10.3
Twice a day	68	10	50	11
Three or four times a day	189	27.8	135	29.6
Five or more times a day	360	52.9	207	45.4
How much do you care about eating healthy food?	Frequency	Valid Percent	Frequency	Valid Percent
not at all	28	4.1	27	6
a little	132	19.2	73	16.1
some	311	45.3	193	42.6
very much	216	31.4	160	35.3
How much do you care about staying fit and being active?	Frequency	Valid Percent	Frequency	Valid Percent
not at all	23	3.4	18	4
a little	111	16.3	69	15.3
some	232	34	156	34.6
very much	316	46.3	208	46.1
Thinking about your weight, what do you consider yourself?	Frequency	Valid Percent	Frequency	Valid Percent
very underweight	16	2.3	5	1.1
somewhat underweight	83	12.1	58	12.7
about the right weight	368	53.5	259	56.6
somewhat overweight	193	28.1	118	25.8
very overweight	28	4.1	18	3.9
At this time how satisfied are you with your weight?	Frequency	Valid Percent	Frequency	Valid Percent
very happy	61	8.9	39	8.5
happy	145	21.1	90	19.6
okay	333	48.5	243	52.8
unhappy	104	15.1	71	15.4
very unhappy	44	6.4	17	3.7
Are you trying to change anything about your weight?	Frequency	Valid Percent	Frequency	Valid Percent
lose weight	311	45.5	193	42
stay the same weight	126	18.4	94	20.5
gain weight	135	19.7	91	19.8
I'm not trying to do anything about my weight	112	16.4	81	17.6
Is physical activity, sport or exercise an important part of your life?	Frequency	Valid Percent	Frequency	Valid Percent
not really	106	15.4	65	14.2
sort of	223	32.4	175	38.1
definitely	360	52.2	219	47.7

Why do you choose to do physical activity, sport or exercise?	Frequency	Valid Percent	Frequency	Valid Percent
It's fun	436	66.3	292	65.9
It passes time	149	22.6	95	21.4
I get to hang out with friends	250	38	172	38.8
I'm good at it	213	32.4	117	26.4
I like competing	218	33.1	132	29.8
I like winning	153	23.3	93	21
I have to (my parents or school make me)	29	4.4	17	3.8
To keep fit	416	63.2	239	54
Another reason	80	12.2	37	8.4
In the last 7 days, how many times have you done any exercise or activity that makes you sweat or breathe hard, or gets your heart rate up?	Frequency	Valid Percent	Frequency	Valid Percent
0	72	10.7	55	12.2
1	74	11	52	11.6
2	91	13.6	75	16.7
3	118	17.6	93	20.7
4	92	13.7	68	15.1
5	94	14	38	8.4
6	48	7.2	16	3.6
7	81	12.1	53	11.8
Transport to school	Frequency	Valid Percent	Frequency	Valid Percent
Walk or cycle at least partly	360	52.7	214	41.6
Cycle or walk exclusive	191	28	119	23.2
Only walk	187	27.4	113	22
Cycle at least partly	8	1.2	8	1.6
Only cycle	4	0.6	6	1.2
Transport from school	Frequency	Valid Percent	Frequency	Valid Percent
Walk or cycle at least partly	380	55.7	224	49.2
Cycle or walk exclusive	212	31.1	134	29.5
Only walk	207	30.4	128	28.1
Cycle at least partly	8	1.2	8	1.8
Only cycle	4	0.6	6	1.3

Sleep behaviour	Before		After	
	Frequency	Valid Percent	Frequency	Valid Percent
Bedtime on weekday				
Before midnight	507	74.2	331	72.7
After midnight	176	25.8	124	27.3
Weekday: sleep duration	Frequency	Valid Percent	Frequency	Valid Percent
Less than 8 hours	283	41.7	176	38.9
8 or more hours	396	58.3	277	61.1

Less than 8.5 hours	391	57.6	257	56.7
8.5 or more hours	288	42.4	196	43.3
Less than 9 hours	524	77.2	337	74.4
9 or more hours	155	22.8	116	25.6
Bedtime on weekend	Frequency	Valid Percent	Frequency	Valid Percent
Before midnight	246	36.4	159	35.2
After midnight	430	63.6	293	64.8
Weekend: sleep duration	Frequency	Valid Percent	Frequency	Valid Percent
Less than 8 hours	114	17	73	16.3
8 or more hours	558	83	375	83.7
Less than 8.5 hours	178	26.5	104	23.2
8.5 or more hours	494	73.5	344	76.8
Less than 9 hours	252	37.5	164	36.6
9 or more hours	420	62.5	284	63.4

Perceived sleep assessment	Before		After	
Do you think you get enough sleep?	Frequency	Valid Percent	Frequency	Valid Percent
very little of the time	123	18.1	61	13.5
half of the time	323	47.6	234	51.8
most of the time	222	32.7	144	31.9
I get too much sleep	10	1.5	13	2.9
What is your usual energy level in the morning?	Frequency	Valid Percent	Frequency	Valid Percent
very low	58	8.6	34	7.5
low	177	26.2	87	19.2
moderate	316	46.8	250	55.3
high	93	13.8	60	13.3
very high	31	4.6	21	4.6
What is your usual energy level in the evening?	Frequency	Valid Percent	Frequency	Valid Percent
very low	28	4.2	14	3.2
low	87	13	55	12.6
moderate	284	42.6	207	47.6
high	194	29.1	111	25.5
very high	74	11.1	48	11

Wellbeing/happiness	Before		After	
All things considered, how satisfied are you with your life as a	Frequency	Valid Percent	Frequency	Valid Percent

whole nowadays? (0-10 dissatisfied to satisfied)					
0	6	0.9		4	0.9
1	5	0.8		4	0.9
2	8	1.2		7	1.6
3	22	3.3		18	4
4	39	5.9		24	5.4
5	129	19.4		83	18.6
6	86	12.9		50	11.2
7	132	19.8		92	20.6
8	135	20.3		84	18.8
9	52	7.8		32	7.2
10	52	7.8		49	11
Taking all things together, how happy would you say you are? (0-10 unhappy to happy)	Frequency	Valid Percent		Frequency	Valid Percent
0	7	1		1	0.2
1	3	0.4		3	0.7
2	15	2.2		6	1.4
3	26	3.9		16	3.6
4	32	4.8		21	4.7
5	89	13.3		63	14.2
6	75	11.2		55	12.4
7	126	18.8		86	19.4
8	158	23.6		88	19.8
9	70	10.5		50	11.3
10	68	10.2		55	12.4
Flourishing score (8-56)	Frequency	Valid Percent	Score After	Frequency	Valid Percent
8	2	0.3	8	2	0.5
13	1	0.2	12	1	0.2
15	3	0.5	14	1	0.2
16	2	0.3	15	2	0.5
17	1	0.2	16	1	0.2
18	2	0.3	18	1	0.2
19	1	0.2	19	2	0.5
20	1	0.2	21	3	0.7
21	1	0.2	22	1	0.2
22	4	0.6	24	4	1
23	1	0.2	26	1	0.2
24	7	1.1	27	3	0.7
26	3	0.5	29	5	1.2
27	2	0.3	30	7	1.7
28	4	0.6	31	4	1
29	6	1	32	27	6.5
30	6	1	33	5	1.2
31	14	2.2	34	11	2.7
32	24	3.8	35	7	1.7
33	13	2.1	36	4	1
34	5	0.8	37	8	1.9
35	12	1.9	38	14	3.4

36	18	2.9	39	17	4.1
37	16	2.6	40	16	3.9
38	14	2.2	41	14	3.4
39	23	3.7	42	16	3.9
40	34	5.4	43	16	3.9
41	20	3.2	44	12	2.9
42	13	2.1	45	18	4.4
43	33	5.3	46	23	5.6
44	30	4.8	47	29	7
45	32	5.1	48	45	10.9
46	29	4.6	49	18	4.4
47	43	6.9	50	11	2.7
48	57	9.1	51	12	2.9
49	35	5.6	52	10	2.4
50	30	4.8	53	6	1.5
51	19	3	54	8	1.9
52	14	2.2	55	6	1.5
53	13	2.1	56	22	5.3
54	11	1.8			
55	11	1.8			
56	15	2.4			
How confident are you in your ability to deal with stress, problems, or everyday challenges? (0-10 unconfident to confident)	Frequency	Valid Percent		Frequency	Valid Percent
0	10	1.5		3	0.7
1	16	2.4		4	0.9
2	8	1.2		9	2.1
3	32	4.8		20	4.6
4	44	6.6		26	6
5	107	16		86	19.8
6	101	15.1		60	13.8
7	127	19		99	22.8
8	120	18		58	13.3
9	55	8.2		24	5.5
10	48	7.2		46	10.6
How confident are you in your ability to increase your own wellbeing (physical and mental wellness)? (0-10 unconfident to confident)	Frequency	Valid Percent		Frequency	Valid Percent
0	7	1.1		1	0.2
1	4	0.6		1	0.2
2	11	1.7		2	0.5
3	18	2.7		11	2.5
4	30	4.5		23	5.3
5	109	16.5		76	17.6
6	85	12.9		57	13.2

7	137	20.7		98	22.6
8	140	21.2		90	20.8
9	51	7.7		27	6.2
10	69	10.4		47	10.9
How confident are you in showing your feelings to someone close to you? (0-10 unconfident to confident)					
	Frequency	Valid Percent		Frequency	Valid Percent
0	29	4.4		6	1.4
1	14	2.1		3	0.7
2	22	3.3		10	2.3
3	37	5.6		24	5.5
4	50	7.5		33	7.6
5	78	11.8		74	17.1
6	68	10.3		46	10.6
7	83	12.5		64	14.7
8	101	15.2		73	16.8
9	77	11.6		40	9.2
10	104	15.7		61	14.1
In dealing with stress, problems, or everyday challenges, to what extent do you have someone who you can learn from by watching them – like a role model? (0-10 not at all to a lot)					
	Frequency	Valid Percent		Frequency	Valid Percent
0	32	5		10	2.3
1	7	1.1		6	1.4
2	22	3.4		6	1.4
3	35	5.5		21	4.9
4	34	5.3		29	6.8
5	131	20.4		104	24.3
6	81	12.6		60	14
7	85	13.3		69	16.1
8	105	16.4		58	13.6
9	42	6.6		19	4.4
10	67	10.5		46	10.7
To what extent do you try to be different from your true self to fit in better or to be more popular? (0-10 not at all to a lot)					
	Frequency	Valid Percent		Frequency	Valid Percent
0	104	16.3		80	18.9
1	58	9.1		28	6.6
2	51	8		29	6.9
3	73	11.4		40	9.5
4	48	7.5		33	7.8
5	134	21		90	21.3
6	55	8.6		42	9.9

7	54	8.5		34	8
8	37	5.8		24	5.7
9	9	1.4		9	2.1
10	15	2.4		14	3.3

Sexual health	Before			After	
Have you ever had sex?	Frequency	Valid Percent		Frequency	Valid Percent
Yes	176	30.1		111	30.4
No	409	69.9		254	69.6
How often do you or your partner use contraception (by this we mean protection against pregnancy)?	Frequency	Valid Percent		Frequency	Valid Percent
always	64	37.4		44	41.1
most of the time	24	14		20	18.7
sometimes	34	19.9		23	21.5
never	14	8.2		10	9.3
I only have sex with people of the same sex, so this question does not apply to me.	5	2.9		3	2.8
I would rather not say	30	17.5		7	6.5
How often do you (or your partner) use condoms as protection against sexually transmitted disease or infection?	Frequency	Valid Percent		Frequency	Valid Percent
always	65	38.7		42	38.5
most of the time	29	17.3		22	20.2
sometimes	30	17.9		27	24.8
never	24	14.3		10	9.2
I would rather not say	20	11.9		8	7.3
The last time you had sex, did you use condoms as protection against sexually transmitted disease or infection?	Frequency	Valid Percent		Frequency	Valid Percent
Yes	104	62.7		68	61.8
No	62	37.3		42	38.2
To what extent do you have sex to fit in or because you feel like others expect it from you? (0-10 not at all to a lot)	Frequency	Valid Percent		Frequency	Valid Percent
0	90	54.9		59	52.7
1	7	4.3		10	8.9
2	9	5.5		4	3.6
3	7	4.3		6	5.4
4	8	4.9		7	6.3
5	17	10.4		10	8.9

6	3	1.8		4	3.6
7	6	3.7		5	4.5
8	8	4.9		2	1.8
9	2	1.2		0	0
10	7	4.3		5	4.5

Drugs, smoking, alcohol	Before		After	
Which of these do you think is okay for people your age to use regularly?	Frequency	Valid Percent	Frequency	Valid Percent
Cigarettes, tobacco	57	12.7	38	13.2
Alcohol (e.g., beer, wine, spirits, etc.)	155	28.4	95	27.6
Marijuana (e.g., cannabis, weed, pot, hash, grass, etc)	79	16.8	42	14.4
Party pills and smokable products (e.g., dance pills, herbal highs) - do not include tobacco/cigarettes	14	3.5	9	3.5
Other drugs that often cause a high or trip (e.g., acid, 'P', speed, ecstasy, homebake, etc)	15	3.7	5	2
None of these	391	66.6	249	66.9
Which of these do your friends use?	Frequency	Valid Percent	Frequency	Valid Percent
Cigarettes, tobacco	237	51.7	144	49
Alcohol (e.g., beer, wine, spirits, etc.)	316	58.8	188	55.6
Marijuana (e.g., cannabis, weed, pot, hash, grass, etc.)	240	52.1	146	49.3
Party pills and smokable products (e.g., dance pills, herbal highs) - do not include tobacco/cigarettes	88	28.5	60	28.6
Other drugs that often cause a high or trip (e.g., acid, 'P', speed, ecstasy, homebake, etc.)	76	25.6	37	19.8
None of these	221	38	150	40.3
Which one of these do your parents or guardian use in your home?	Frequency	Valid Percent	Frequency	Valid Percent
Cigarettes, tobacco	127	30.2	73	26.8
Alcohol (e.g., beer, wine, spirits, etc.)	216	42.4	119	37.4
Marijuana (e.g., cannabis, weed, pot, hash, grass, etc.)	24	7.6	18	8.3
Party pills and smokable products (e.g., dance pills,	7	2.3	4	2

herbal highs) - do not include tobacco/cigarettes				
Other drugs that often cause a high or trip (e.g., acid, 'P', speed, ecstasy, homebake, etc.)	1	0.3	5	2.5
None of these	293	51	199	55.4
How often do you smoke cigarettes now?	Frequency	Valid Percent	Frequency	Valid Percent
never - I don't smoke	512	85.8	337	85.3
occasionally	38	6.4	23	5.8
once or twice a month	11	1.8	10	2.5
once or twice a week	12	2	7	1.8
most days	9	1.5	5	1.3
daily	15	2.5	13	3.3
During the past 4 weeks, about how often did you drink alcohol?	Frequency	Valid Percent	Frequency	Valid Percent
not at all - I don't drink alcohol	317	55.9	208	53.2
not in the last 4 weeks	59	10.4	52	13.3
once in the last 4 weeks	73	12.9	43	11
two or three times in the last 4 weeks	58	10.2	44	11.3
about once a week	47	8.3	35	9
several times a week	5	0.9	3	0.8
most days	8	1.4	6	1.5
Why do you choose to drink alcohol? (Multiple answers possible)	Frequency	Valid Percent	Frequency	Valid Percent
To relax	81	71.7	59	71.1
To get drunk	47	59.5	27	52.9
To have fun	150	82.4	101	80.8
To forget about things	44	57.9	18	42.9
Because my friends do	26	44.8	20	45.5
To enjoy parties	95	74.8	57	70.4
To make me feel more confident	33	50.8	30	55.6
Because I am bored	33	50.8	21	46.7
None of these	32	13	24	13.6
In the past 4 weeks, how many times did you have 5 or more alcoholic drinks in one session - within 4 hours?	Frequency	Valid Percent	Frequency	Valid Percent
none at all	434	77.6	302	78.9
once	58	10.4	40	10.4
two or three times	45	8.1	23	6
every week	13	2.3	16	4.2
several times a week	9	1.6	2	0.5

In the last 4 weeks, about how often did you smoke marijuana?	Frequency	Valid Percent		Frequency	Valid Percent
I don't smoke marijuana	493	84.4		276	80
none in the past 4 weeks	34	5.8		24	7
once	19	3.3		13	3.8
two or three times	13	2.2		15	4.3
once a week	9	1.5		11	3.2
several times a week	6	1		3	0.9
every day	2	0.3		3	0.9
several times a day	8	1.4			
Have you ever tried any other drugs such as party pills, acid, solvents, speed, ecstasy, etc.?	Frequency	Valid Percent		Frequency	Valid Percent
Yes	40	6.8		61	6.4
No	549	93.2		890	93.6
How cool do you think it is to drink alcohol?	Frequency	Valid Percent		Frequency	Valid Percent
0	254	42.8		150	41.2
1	37	6.2		31	8.5
2	39	6.6		17	4.7
3	26	4.4		31	8.5
4	45	7.6		21	5.8
5	131	22.1		82	22.5
6	12	2		8	2.2
7	20	3.4		9	2.5
8	12	2		4	1.1
9	1	0.2		2	0.5
10	16	2.7		9	2.5
How cool do you think it is to smoke cigarettes?					
0	429	72.6		231	64
1	40	6.8		31	8.6
2	20	3.4		23	6.4
3	20	3.4		24	6.6
4	14	2.4		6	1.7
5	46	7.8		34	9.4
6	4	0.7		2	0.6
7	4	0.7		1	0.3
8	4	0.7		2	0.6
9	1	0.2		7	1.9
10	9	1.5			
How cool do you think it is to consume marijuana?					
0	389	65.8		220	60.9
1	39	6.6		29	8
2	29	4.9		21	5.8
3	21	3.6		20	5.5
4	15	2.5		13	3.6
5	64	10.8		42	11.6
6	4	0.7		3	0.8

7	8	1.4		2	0.6
8	3	0.5		1	0.3
9	4	0.7		1	0.3
10	15	2.5		9	2.5
To what extent do you drink alcohol in order to fit in, or because others are doing it too?					
0	420	72		248	69.7
1	31	5.3		14	3.9
2	21	3.6		19	5.3
3	25	4.3		22	6.2
4	17	2.9		6	1.7
5	38	6.5		31	8.7
6	10	1.7		3	0.8
7	6	1		2	0.6
8	5	0.9		6	1.7
9	1	0.2		2	0.6
10	9	1.5		3	0.8
To what extent do you smoke in order to fit in, or because others are doing it too?					
0	503	86.6		292	82.3
1	16	2.8		9	2.5
2	12	2.1		8	2.3
3	6	1		10	2.8
4	7	1.2		4	1.1
5	22	3.8		17	4.8
6	2	0.3		6	1.7
7	1	0.2		1	0.3
8	3	0.5		4	1.1
9	2	0.3		2	0.6
10	7	1.2		2	0.6
To what extent do you consume marijuana in order to fit in, or because others are doing it too?					
0	502	86.9		288	81.1
1	14	2.4		10	2.8
2	12	2.1		11	3.1
3	6	1		12	3.4
4	7	1.2		4	1.1
5	22	3.8		15	4.2
6	3	0.5		2	0.6
7	2	0.3		3	0.8
8	1	0.2		4	1.1
9	1	0.2		3	0.8
10	8	1.4		3	0.8
To what extent do you think about negative consequences of alcohol?					

0	129	22.5		91	26.1
1	12	2.1		8	2.3
2	21	3.7		13	3.7
3	24	4.2		15	4.3
4	25	4.4		19	5.4
5	99	17.2		52	14.9
6	30	5.2		23	6.6
7	46	8		23	6.6
8	40	7		31	8.9
9	16	2.8		8	2.3
10	132	23		66	18.9
To what extent do you think about negative consequences of cigarettes?					
0	139	24.4		96	27.7
1	6	1.1		7	2
2	12	2.1		6	1.7
3	17	3		7	2
4	14	2.5		8	2.3
5	69	12.1		39	11.3
6	17	3		18	5.2
7	25	4.4		22	6.4
8	38	6.7		24	6.9
9	28	4.9		17	4.9
10	205	36		102	29.5
To what extent do you think about negative consequences of Marijuana?					
0	152	26.8		104	30.1
1	11	1.9		9	2.6
2	18	3.2		9	2.6
3	14	2.5		16	4.6
4	21	3.7		7	2
5	73	12.9		38	11
6	13	2.3		16	4.6
7	26	4.6		26	7.5
8	23	4		19	5.5
9	28	4.9		13	3.8
10	189	33.3		88	25.5

Campaign awareness		
Do you know any health promotion campaign?	Frequency	Valid Percent
Yes	65	15
No	367	85
Prompted: Do you know HALT		
	Frequency	Valid Percent
Yes	161	36.7
No	278	63.3
Unprompted: What is/are the name/s of the campaign/s?		
	Frequency	Valid Percent
HALT	46	76.7
Anything else	14	23.3

Brand associations	
Can you list 1-3 words that describe HALT?	Frequency
-	6
?	1
??	1
Achieving	1
Active	1
Anyways!	1
Boring, pointless, economic failure	1
CBF [can't be fucked]	1
Cool as	1
Cooperation	1
crisp	1
Crispy	1
Crispy, Healthy	1
Crispy, Juicy	1
Crispy, random, unsuccessful	1
Different, eye opening	1
Different, new, unknown	1
Don't know	1
Don't know, just heard at assembly	1
Dunno	1
Fitness, living healthy	1
Fun, motivates	1
good	1
health	1
Health	1
Health active lifestyle	1
health learning, being healthy	1
Health, activity	1
Health, being active, good choices	1
Health, happiness, wellbeing	1
Health, physical wellbeing, being yourself, fit	1
Health, wellbeing, knowledge	1
Healthy	2
Healthy active campaign	1
Healthy active life	1
Healthy Active Life	1
Healthy active lifestyle	3
Healthy active lifestyle! Lol.	1
Healthy active lifetime	3
Healthy Active Lifetime	1
HEALTHY ACTIVE LIFETIME	1
Healthy active living time	1
Healthy eating	1
Healthy Fun Energetic	1
Healthy lifestyle	2
Healthy lifestyle active	1
Healthy lifestyle carefree	1
Healthy lifestyle choices	1
Healthy living lifestyle	1
Healthy living, exercise, believing yourself	1
Healthy, active, lifestyle	1
Healthy, active, time-management skills	1

Healthy, fit, active	1
Healthy, fit, good	1
Healthy, lifestyle, fitness	1
healthy, self-motivated	1
helpful, encouraging	1
Helping young kids with a healthy lifestyle	1
I don't know	1
I don't know.	1
I don't know.	1
I know the name, but that's about it.	1
Interesting, inspiring, cool	1
It all starts with a vision - living a healthy lifestyle	1
It starts from a vision	1
It's all good.	1
Learning? idk	1
Life Healthy Active	1
Lifestyle, healthy, helpful	1
Living a healthy lifestyle	1
Living healthy lifestyles	1
Loving, health, halt	1
low key, helpful, healthy	1
Motivating	1
no	1
No	6
No I can't	1
No, I can't	1
Nope	1
One vision	1
Overly optimistic	1
Physical activity, health	1
Promoting health	1
proud	1
Social, healthy	1
Stop	1
Stop. Think. Healthy.	1
They came to our school	1
Too many stickers	1
useless, poorly-organised, ineffective	1
Very useful for our youth.	1
vision, life, healthy lifestyle	1
Youth campaign?	1
Youth, Healthy, Well-being	1

Brand knowledge / personality	Frequency	Valid percent
What is the slogan of HALT?		
Blank even though knowing HALT	71	0.44
Not sure, question mark, or -	39	0.24
Close to healthy active lifetime	19	0.12
healthy active lifetime	15	0.09
Slogan (vision)	6	0.04
Guessing something else	4	0.02
Pose (hand)	4	0.02
Logo (eye)	3	0.02
N.A.	1	0.01

Where have you heard about or seen HALT?	Frequency	Valid percent
From other students	58	34.9
At school	148	89.2
On Facebook	41	24.7
On twitter	3	1.8
On the radio	2	1.2
On TV	2	1.2
In the newspaper	2	1.2
Somewhere online	7	4.2
Don't remember	4	2.4
Never heard about it	1	0.6
Have you...	Frequency	Valid percent
...liked HALT on Facebook	58	33.7
...followed HALT on Twitter	5	3.1
...visited the HALT website	27	16.6
...followed HALT at school	36	22.1
Brand personality: which personality traits do you agree describe HALT? Cool?	Frequency	Valid percent
Strongly disagree	13	9.5
Disagree	8	5.8
Slightly disagree	11	8
Neither agree nor disagree	51	37.2
Slightly agree	29	21.2
Agree	16	11.7
strongly agree	9	6.6
Brand personality: which personality traits do you agree describe HALT? Desirable?	Frequency	Valid percent
Strongly disagree	11	8.3
Disagree	9	6.8
Slightly disagree	9	6.8
Neither agree nor disagree	53	39.8
Slightly agree	24	18
Agree	21	15.8
strongly agree	6	4.5
Brand personality: which personality traits do you agree describe HALT? Inspiring?	Frequency	Valid percent
Strongly disagree	10	7.4
Disagree	8	5.9
Slightly disagree	6	4.4
Neither agree nor disagree	45	33.3
Slightly agree	25	18.5
Agree	31	23
strongly agree	10	7.4
Brand personality: which personality traits do you agree describe HALT? Interesting?	Frequency	Valid percent
Strongly disagree	10	7.6
Disagree	13	9.9
Slightly disagree	4	3.1
Neither agree nor disagree	46	35.1
Slightly agree	22	16.8

Agree	27	20.6
strongly agree	9	6.9
Brand personality: which personality traits do you agree describe HALT? Boring?		
	Frequency	Valid percent
Strongly disagree	15	11.3
Disagree	11	8.3
Slightly disagree	13	9.8
Neither agree nor disagree	52	39.1
Slightly agree	17	12.8
Agree	17	12.8
strongly agree	8	6
Brand personality: which personality traits do you agree describe HALT? Healthy?		
	Frequency	Valid percent
Strongly disagree	8	6
Disagree	4	3
Slightly disagree	1	0.7
Neither agree nor disagree	36	26.9
Slightly agree	22	16.4
Agree	42	31.3
strongly agree	21	15.7
Brand personality: which personality traits do you agree describe HALT? Modern?		
	Frequency	Valid percent
Strongly disagree	9	6.7
Disagree	3	2.2
Slightly disagree	2	1.5
Neither agree nor disagree	51	37.8
Slightly agree	32	23.7
Agree	28	20.7
strongly agree	10	7.4
I find HALT overall enjoyable.		
	Frequency	Valid percent
Strongly disagree	16	12
Disagree	11	8.3
Slightly disagree	9	6.8
Neither agree nor disagree	54	40.6
Slightly agree	25	18.8
Agree	11	8.3
strongly agree	7	5.3
I like that the campaign comes from fellow students.		
	Frequency	Valid percent
Strongly disagree	12	9
Disagree	6	4.5
Slightly disagree	4	3
Neither agree nor disagree	48	36.1
Slightly agree	29	21.8
Agree	23	17.3
strongly agree	11	8.3
Total	133	100
I like the challenges.		
	Frequency	Valid percent
Strongly disagree	13	9.8
Disagree	7	5.3

Slightly disagree	4	3
Neither agree nor disagree	72	54.1
Slightly agree	15	11.3
Agree	12	9
strongly agree	10	7.5
The information given in the campaign is useful.	Frequency	Valid percent
Strongly disagree	14	10.5
Disagree	6	4.5
Slightly disagree	6	4.5
Neither agree nor disagree	54	40.6
Slightly agree	27	20.3
Agree	12	9
strongly agree	14	10.5
The campaign motivates me.	Frequency	Valid percent
Strongly disagree	17	12.8
Disagree	9	6.8
Slightly disagree	8	6
Neither agree nor disagree	56	42.1
Slightly agree	24	18
Agree	10	7.5
strongly agree	9	6.8
The campaign made me change my lifestyle.	Frequency	Valid percent
Strongly disagree	24	18
Disagree	19	14.3
Slightly disagree	6	4.5
Neither agree nor disagree	52	39.1
Slightly agree	15	11.3
Agree	9	6.8
strongly agree	8	6
Have you participated in any parts of the HALT campaign?	Frequency	Valid percent
Yes	13	9.5
No	124	90.5

Campaign effect	
How has HALT influenced you?	Frequency
Change health lifestyles	1
Even though I didn't participate it taught me to challenge myself every day.	1
HALT has influenced me as I am now eating healthier and going to the gym. HALT make me want a better lifestyle.	1
hasn't	1
Hasn't	1
Healthy exercise	1
Healthy life styles	1
Helped make me more active.	1
Honestly it has not had very influential affect on me except just thinking more about physical health.	1
I don't know	1
It has made me think about being healthy.	1

It has totally influenced my life and I respect people who live a Halt way of life.	1
It hasn't	11
It hasn't influenced yet.	1
It hasn't really	2
It hasn't.	4
It makes me sad that people are ignorant.	1
It's interesting	1
Just informed some things.	1
Made me re-think eating choices that help benefit my health and sporting career.	1
Made me realise how I can be more healthy and the impact health has on youth - NEGATIVE.	1
Made me think about the way I am living and what I am consuming.	1
Made me think that we should take action to live a healthier life.	1
Makes me think more about my lifestyle choices and the things (food & drink) I put into my body.	1
N/A	1
No	4
NO!	1
None	1
Nope	1
Not	1
not at all	1
Not at all	3
Not by much, needs to be more developed.	1
Not much, aye.	1
The stickers are cool	1
They haven't	1
To change my body and consume healthier foods	1
To continue to keep healthy throughout my lifetime and to spread my knowledge.	1
To live a healthy life, + my own life.	1
To live a healthy lifestyle and to make the right and healthy choices which can affect your future.	1
Wanting to consider my lifestyle	1

Campaign suggestions	
How can the HALT campaign be improved?	Frequency
-	15
By relating to the students. - Be funny. - Involve the students more.	1
?	6
???	1
Action, be more noticed around school, louder voice.	1
Actually define what HALT is.	1
Appeal to wider audience	1
Be more relateable	1
Better advertising	1
By getting more students involved in the campaign.	1
By involving [???] more trouble students to join.	1
By telling people what it's all about.	1
Cooler activities	1
Could be more better at advertisements.	1

Don't know	1
Everything.	1
explain more of what it is, promotes, what involves. MAKE IT EXCITING!	1
Get other students around school to participate, not just a handful	1
get replaced	1
Get students to talk in assembly (Blake)	1
have more activities and things	1
I don't not know. Sorry.	1
I don't know	1
I have no idea.	1
I think the idea needs to be clarified and presented by students more. More interactive activity to start becoming known.	1
If it was explained properly.	1
If it was promoted better and more events to promote it.	1
In having more islanders involved	1
Involve more people in their campaign. Release more videos and comparing pictures of people following HALT before and after to inspire others to follow too.	1
It can't. It's a fail. It's economically deprived, there is no money in healthy humans.	1
It is not very widely known so advertise it more.	1
It should be clearer and more interesting.	1
MAKE IT INTERESTING! Has a bad image already, isn't taken seriously, has potential.	1
Maybe by not looking like illuminaties with the eye on the palm at the hands.	1
More bitches and hoes yo	1
More events at school, nut just assembly talks.	1
more info	1
More knowledge on how to get involved	1
More people on board, or more inspired people	1
More people to join	1
more publicity	1
N/A	1
No	1
NO!	1
Nope	1
Not sure	1
Not sure, maybe change our approach about it.	1
Not very sure	1
Promotion - facebook, the community. It has to be a [...] a thing, from HALT and the students, students should take their time to understand HALT.	1
Reach out to students better, have more speakers - different ethnicities (Pasifika people)	1
The HALT campaign needs to have interesting and interactive activities and events that bring more people to the campaign. The campaign needs to be more promoted by the students at the school.	1
They need to better promote it to the students because I know lots like me who have heard of it but have really no clue about what it does.	1
Through social media. Workshops?	1
To be more relatable to students, to not try hard	1
To try not be hip	1

