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Can Media Campaigns Increase Participation in Premarital Education? The Case of the Utah Healthy Marriages Initiative

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An increase in public funding for marriage and relationship education is boosting the availability of these services for lower-income couples. This study examines whether a 5-year media campaign embedded in the Utah Healthy Marriages Initiative increased awareness of the Initiative and participation in premarital education. A baseline survey of young adults in Utah, ages 18 to 29, at the launch of the 5-year multimedia campaign was conducted in 2008 and then repeated with an independent cohort in 2013 to assess population change over time. Participants married less than 5 years in 2013 were two to three times more likely to be aware of Stronger-Marriage.org and the services it promotes compared with their peers in 2008. In addition, the percentage of persons who participated in premarital education increased from 32% to 39%, but this apparent increase faded away when controls for age and education were included. However, further tests revealed a near significant year-by-education interaction and a trend for year-by-ethnicity interaction, with trends for greater odds of participation only among less-educated participants and non-European American participants, suggesting the campaign’s effectiveness in reaching more at-risk populations.

KEYWORDS social marketing, media campaign, premarital education

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INTRODUCTION

Over the past decade, there has been a substantial increase in state and federal funding of marriage and relationship education (MRE). Hawkins (2013) documents nearly $800 million in state and federal funding for various healthy marriages and relationships initiatives (HMRIs) and MRE programs between 2000 and 2012. The stated purpose of these funds is to support educational services that help individuals and couples form and sustain healthy relationships and enduring marriages. These initiatives and programs generally have targeted lower income individuals who are at significantly greater risk of family instability (Cherlin, 2009; Wilcox, 2010). Funds support a wide range of educational services to diverse audiences in differing circumstances. Funds also can be used to support media campaigns to promote greater participation in these services, and a substantial number of HMRIs have invested in such campaigns. (See Hawkins, 2013, especially Chapter 7, for some illustrations). This study is the first to report on whether HMRI media campaigns can increase the number of individuals participating in formal MRE services. Specifically, we investigate whether a 5-year multimedia campaign targeted to young adults (ages 18 to 29) in Utah as part of the Utah Healthy Marriages Initiative (UTHMI) increased awareness of and participation in formal premarital education.

The earliest known efforts at formal premarital education date back to the 1930s. For instance, the Philadelphia Marriage Council offered a formal program to engaged couples to help them anticipate and deal with common problems and challenges of newlyweds (Stahmann & Salts, 1993). Churches have played a dominant role in providing formal premarital education in the United States (Wilmoth & Smyser, 2012). Family scholars became interested in developing and evaluating the effectiveness of nonreligious premarital and marital enrichment programs in the 1980s (Markman & Floyd, 1980).

Recent meta-analytic studies have documented that MRE generally (Blanchard, Hawkins, Baldwin, & Fawcett, 2009; Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Hawkins, Stanley, Blanchard, & Albright, 2012) and formal premarital education specifically (Fawcett, Hawkins, Blanchard, & Carroll, 2010) can improve relationship skills, although the evidence for whether these programs are helping lower-income, unmarried couples is mixed (Hawkins, 2013; Hawkins & Fackrell, 2010; Hawkins & Ooms, 2012). Still, there is emerging, early evidence that funding of these kinds of MRE services is associated with small but significant increases in the proportion of children growing up in two-parent families and decreases in child poverty (Hawkins, Amato, & Kinghorn, 2013).
Media Campaigns and Family Life Education

MRE efficacy is only one part of the intervention evaluation equation; the reach of these kinds of programs is just as important. From a public health perspective, even substantial intervention effectiveness is limited without significant community reach (Flay et al., 2005). Previous research suggests that perhaps between 30% and 40% of couples invest in some kind of premarital education (National Fatherhood Initiative, 2005; Stanley, Amato, Johnson, & Markman, 2006), although the quality of much of that education is questionable (Higginbotham, Miller, & Niehuis, 2009). Moreover, disadvantaged couples at greater risk for marital dissolution appear less likely to participate (Doss, Rhoades, Stanley, Markman, & Johnson, 2009; Stanley et al.). However, couples who attend MRE report greater intrapersonal and interpersonal needs in their relationships compared with nonparticipants who were invited to attend (Morris, McMillan, Duncan, & Larson, 2011). And it appears that the number of disadvantaged and distressed couples participating in MRE is growing substantially (Bradford, Hawkins, & Acker, in press; Hawkins, 2013; Hawkins & Ooms, 2012).

Increased public funding along with more media campaigns promoting the use of MRE services may be playing a role in this growth. But we are not aware of any studies testing whether media campaigns are increasing the number of individuals and couples investing in MRE. More generally, there is little research documenting the impact of media campaigns on participation in family life education services in general. Thus, practitioners, scholars, and policy makers who fund these campaigns are still acting on faith that these campaigns are good investments that significantly increase participation in educational services.

Generally, social marketing campaigns raise awareness of specific issues in media consumers’ minds, suggest how important an issue is (and thereby help to set the public agenda), reinforce already-held attitudes, debunk myths, provide positive behavioral alternatives, and prompt simple actions (Evans, 2008; McCall, 1982; Office of Cancer Communications, National Cancer Institute, 2002). Evans argues that, like commercial marketers, social marketers “create value for target audiences… by creating positive associations with health behaviors and encouraging their adoption and maintenance” (p. 182). Social marketers also attempt to “brand,” or build positive associations and loyalty between consumers and services. And social marketers are adept at identifying attitudes and beliefs that support or inhibit intended behavior change and massaging messages to address them.

On their own, media campaigns may not create or sustain behavioral change, but campaigns often point consumers to additional helpful resources
that can support change, such as an educational intervention (Freimuth & Quinn, 2004). People can learn directly from campaign messages, either immediately or by storing the information that will be more relevant at a later time. But campaigns also can impact attitudes and behaviors indirectly by social diffusion—that is, messages that stimulate discussion among peers and associates. Campaign messages can also stimulate organizational and institutional shifts in programs or policies that impact the desired target audience of the campaign (Freimuth & Quinn).

A generation of research now is documenting the ability of social marketing campaigns to impact attitudes and behavior (for summaries, see Evans, 2008; Hornik, 2002). While the impact often is small, when diffused across a large population, the population effects can be substantial. Media campaigns are often considered universal prevention, targeted to a large and broad audience at all levels of risk, with very low costs per individual reached. For instance, the sustained American Legacy Foundation’s “truth” antismoking campaign has shown significant population-level effects. A study documented a decline in youth smoking from 25% to 18% in a short span of time, with the “truth” media campaign accounting for about one quarter of that decline (Farrelly et al., 2005). Successful media campaigns have also helped to reduce unhealthy eating behaviors in children (Evans, 2008). The Parents Speak Up National Media Campaign was designed to help parents talk early and often to their teens about delaying the onset of sex. An evaluation study showed that parents who viewed and heard campaign messages talked more with their teens about sex and sexual responsibility than parents who did not view and hear the messages (Evans, Davis, & Zhang, 2008).

Of course, campaign effects often are not uniform across various demographic groups. Ecological theory sensitizes us to how features of external systems, such as the media, impact human development and family functioning in complex and interactive ways, and that even simple demographic “social addresses,” such as education or class, can alter the way these external systems impact human development and behavior (Bronfenbrenner, 1996).

But will the positive potential of media campaigns documented in public health domains generalize to family life education and, specifically, participation in premarital education? Using a series of random digit dialing surveys of young adults in Utah, this study examines whether a 5-year, state-funded media campaign embedded in the Utah Healthy Marriages Initiative (UTHMI) increased awareness of and participation in premarital education. Moreover, we examine whether the campaign was effective at promoting awareness and participation among populations who struggle more to form and sustain healthy marriages. Because our focus here is on promoting the use of premarital education rather than other types of MRE, such as youth relationship literacy or marriage enrichment, this study draws on responses from young,
married adults who were recently in a position to consider participating in formal premarital education.

**The Utah Healthy Marriages Initiative Media Campaign**

UTHMI activities have been funded by a combination of federal healthy marriage demonstration grants and a state policy decision to set aside 1% of federal Temporary Assistance for Needy Families (TANF) block-grant funds to Utah to support preventative MRE services (Hawkins, 2013). These funds have totaled nearly $10 million between 2000 and 2013. The initiative supports programs such as *How to Avoid Falling for a Jerk (or Jerkette)* (Van Epp, 2008), targeted primarily to dating individuals, and *Smart Steps* for couples forming stepfamilies (Adler-Baeder, 2007). In addition, funds are distributed through 19 county Cooperative Extension System offices, where the local family life education specialists promote a variety of MRE classes and events (Bradford, Higginbotham, & Skogrand, 2014), including formal premarital education programs.

To help make Utahns more aware of the MRE services available to them, the Utah Marriage Commission, an appointed group of experts who advise the UTHMI, decided in 2008 to fund a media campaign that would pique interest in services and drive people to the UTHMI website where more MRE information was available, including a calendar of specific classes throughout the state. The UTHMI contracted for 5 years with a leading social marketing firm to execute this campaign, at a cost of about $1.6 million. The campaign was focused on 18- to 29-year-olds with a strong (but not exclusive) emphasis on promoting increased use of premarital education services in order to help couples begin their marriages with a stronger foundation of good decision-making, knowledge, and relationships skills. The social marketing firm conducted preliminary market research—primarily a series of focus groups and qualitative interviews—with key target population segments on their attitudes about marriage, divorce, and marriage and relationship education. They then used these preliminary data to develop creative ad strategies for television, print, Internet, and other venues, including bridal fairs. Television and radio messages ran in primetime. The campaign also helped develop a presence of the UTHMI on Facebook and Twitter.

Media messages generally had both a substantive message and an action point. The substantive message was focused on the most common concern that surfaced in the preliminary focus groups. Young adults had very positive feelings toward marriage, but they were anxious about their abilities to make the transition from a “me” to a “we.” That is, they understood that marriage demanded a less self-centered perspective in life in favor of a perspective that made the marital relationship and the couple paramount,
but they had some worries about making those expected changes. So the campaign built ads around educational resources that could help couples go from “me” to “we.” In addition, the action point of each ad encouraged viewers to go to the UTHMI website (StrongerMarriage.org) to learn more about nearby MRE classes and resources. (To see some media campaign ads, go to: http://StrongerMarriage.org/htm/tv-spots).

The media campaign resulted in substantially increased traffic to the UTHMI website. Reports indicated that in the first 3 years of the campaign, ads were seen an estimated 33 million times by the targeted demographic of young adults. In addition, the campaign placed nearly 10 million online paid search banner ads, producing more than 17,000 clicks on the ads with an average visit to the website of 3 minutes. Given that the website was designed so that users could find a list of local MRE classes within seconds and that users did not register for programs directly on the website, an average visit of 3 minutes was likely adequate to support the targeted behavior of learning about available educational resources. Media campaign activity was roughly equivalent each year.

Research Hypotheses and Question

Two straightforward hypotheses focused our analyses for this study:

H1: Awareness of the UTHMI and its website will increase significantly over the course of the media campaign among young married adults.

H2: Participation in formal premarital education will increase over the course of the media campaign among young married adults.

In addition, along with these hypotheses, we examine whether awareness and participation increased for more at-risk populations, specifically less-educated, lower-income, and non–European American young married adults.

METHOD

Procedures and Sample

The social marketing firm used random digit dialing to contact and conduct brief (8 to 10 minutes) phone interviews with Utahns in 2008 (just before the media campaign began) and again in 2013 (just after the end of the campaign). Respondents in the targeted age range (ages 18 to 29) were screened as to whether they were married, in a serious relationship, or were highly likely to marry in the next 2 years; unmarried respondents not anticipating the possibility of marriage were not surveyed. Because a primary
TABLE 1 Sample Demographics, Awareness, and Participation, by Year

<table>
<thead>
<tr>
<th>Variable</th>
<th>2008</th>
<th>2013</th>
<th>$p$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity: n (%) European American</td>
<td>208 (91.2%)</td>
<td>328 (91.9%)</td>
<td>$\chi^2 = 0.08$</td>
</tr>
<tr>
<td>Age*</td>
<td>3.04 (0.72)</td>
<td>3.39 (0.71)</td>
<td>$t = −7.74$</td>
</tr>
<tr>
<td>Income†: M (SD)</td>
<td>2.38 (0.88)</td>
<td>2.49 (1.09)</td>
<td>$t = −1.29$</td>
</tr>
<tr>
<td>Education‡: M (SD)</td>
<td>2.04 (0.78)</td>
<td>2.47 (0.89)</td>
<td>$t = −6.03$</td>
</tr>
<tr>
<td>Awareness: n (%) aware</td>
<td>39 (16.9%)</td>
<td>138 (37.9%)</td>
<td>$\chi^2 = 29.90$</td>
</tr>
<tr>
<td>Participation§: n (%) participating</td>
<td>69 (31.9%)</td>
<td>135 (39.4%)</td>
<td>$\chi^2 = 3.14$</td>
</tr>
</tbody>
</table>

Notes. * Age: 1 = 18 to 19, 2 = 20 to 22, 3 = 23 to 25, 4 = 26 to 29.
† Income: 1 = less than $25,000, 2 = $25,000 to $44,999, 3 = $45,000 to $74,999, 4 = $75,000 to $100,000, 5 = more than $100,000.
‡ Education: 1 = high school graduate or less, 2 = currently attending college or attended college 1 to 3 years, 3 = graduated from a 4-year college, 4 = postgraduate study or degree.
§ Excludes persons reporting participation only after marriage.

objective of the UTHMI is to help couples form a healthy marriage, this study compared cohorts of married persons on awareness of and participation in MRE programs prior to being married. These cohorts were assessed before (2008) and after (2013) the campaign to examine the impact of the media campaign. Of the 416 participants surveyed in 2008, 231 were married. In 2013, funds permitted a larger sample ($n = 801$), of whom 448 were married. Given that the media campaign cannot be expected to increase participation in premarital education among persons who were married when the campaign began in 2008, we excluded 84 persons (19%) in the 2013 sample who reported being married more than 5 years, resulting in 364 persons in this year. Survey margins of error were about 5% for the 2008, and about 3.5% for the 2013 survey. Because cohabitation status was not assessed at both years, we did not examine campaign effects on cohabiting individuals.

Table 1 provides sample details. The modal respondent was White (90%), about 24 years old, and currently attending college with an income between $25,000 and $45,000. About 75% of respondents were Mormon (the most common religion in Utah); 12% reported no religious affiliation.

Measures

Demographics

Relationship status, ethnicity, age, income, and education were assessed each survey year. Relationship status was assessed by asking participants whether they were married (yes/no). Length of marriage was assessed by asking married participants if they had been married: 0 to 2, 3 to 5, 6 or 7, or 7 or more years. To assess ethnicity, participants were asked to identify their ethnic or cultural background (eventually coded as European American—about 90%—or non–European American—mostly Hispanic). Participants indicated
their age by selecting one of the following categories: 1 = 18 to 19, 2 = 20 to 22, 3 = 23 to 25, 4 = 26 to 29. Income and education were assessed by asking participants to identify the range that best described their annual household income (1 = less than $25,000, 2 = $25,000 to $44,999, 3 = $45,000 to $74,999, 4 = $75,000 to $100,000, 5 = more than $100,000), and to identify the highest level of education attained to date (1 = high school graduate or less, 2 = currently attending college or attended college 1 to 3 years, 3 = graduated from a 4-year college, 4 = postgraduate study or degree).

AWARENESS OF UTHMI/STRONGERMARRIAGE.ORG

Survey respondents in the 2008 baseline sample and those in 2013 were asked (yes/no): “Have you ever heard of StrongerMarriage.org or the Utah Commission on Marriage?” (“StrongerMarriage.org” was the primary branding term of the UTHMI for the general public).

PARTICIPATION IN MRE

Survey respondents at baseline and 2013 were asked (yes/no): “Have you participated in any kind of formal premarital education or marriage strengthening program?” (Participation could include any formal educational program, not just those directly supported by the UTHMI). Prior to asking this question, interviewers defined premarital education as “more than, for example, a series of informal conversations with a clergy member. Pre-marital or marriage education refers to a formal, structured program, therapy, or course, usually for engaged or seriously dating couples, carefully designed to promote stronger marriage relationships.” Participants who responded yes to this item were asked when they had participated: during dating, but before getting engaged; after getting engaged, but before marriage; after getting married; or both before and after marriage. Respondents participating in some kind of relationship education only after being married ($n = 14$ and $n = 20$ in the 2008 and 2013 cohorts, respectively) were not included in analyses for this study, resulting in 217 and 344 persons available for analyses in the 2008 and 2013 cohorts, and 561 persons total.

Plan for Analyses

First, exploratory analyses, using $\chi^2$ tests, assessed whether the proportion of persons aware of StrongerMarriage.org, and the proportion of persons participating in MRE changed in 2013 relative to 2008. In addition, exploratory $\chi^2$ and $t$-tests were also used to assess whether participants at different survey years differed on ethnicity, age, income, and education. Demographic
variables that differed by survey year (i.e., age and education) were included in logistic regression models used to test the association between survey year and awareness or participation, controlling for small changes across survey years in these factors. Results of these analyses included Wald $\chi^2$ statistics to test each predictor. To interpret each predictor, odds ratios (ORs) were provided, which indicate the percent change in the odds of participation or awareness associated with each 1-unit change in the predictor variables. For the main predictor variable, survey year, 2008 was used as the reference category. Age, income, and education were centered, so that their odds ratios indicated the percent change in odds associated with each standardized unit change. Interactions between year and ethnicity, age, income, and education were also conducted.

**FINDINGS**

**Hypothesis 1: Increased Awareness**

Exploratory analyses revealed a significant increase over the course of the media campaign in the proportion of Utah young married adults who were aware of the UTHMI or its website, StrongerMarriage.org (see Table 1). These analyses indicated that awareness increased from nearly 17% at baseline to nearly 38% in 2013, when the campaign ended [$\chi^2(2) = 29.9, p < .001$]. However, there were small increases across survey waves in age (2008: $M = 3.05, SD = 0.72$; 2013: $M = 3.39, SD = 0.71$; $t = -5.68, p < .001$) and education (2008: $M = 2.04, SD = 0.78$; 2013: $M = 2.47, SD = 0.89$; $t = -6.03, p < .001$). (See Table 1 footnotes for clarification of scale value). Ethnicity and income did not differ across time. Because demographic changes were observed in the independent sample waves, logistic regression models were conducted, in which awareness was regressed by year, controlling for centered age and education (see Table 2). These models revealed that married young adults...
in 2013 were three times more likely to be aware of StrongerMarriage.org compared with their peers in 2008 when year was entered into the model by itself ($OR = 3.01$, 95% CI: 2.01 to 4.50), as well as two-and-a-half times more likely when entered with centered age and education ($OR = 2.59$, 95% CI: 1.69 to 3.96). In this model, age was not significant ($OR = 1.12$, 95% CI: 0.92 to 1.37), while education was significantly associated with increased awareness ($OR = 1.28$, 95% CI: 1.06 to 1.56). Interaction terms were not significant (year-by-ethnicity: $p = .28$; year-by-age: $p = .35$; year-by-income: $p = .74$; and year-by-education: $p = .68$).

Hypothesis 2: Increased Participation

An exploratory analysis revealed a trend for an increase over the course of the media campaign in the proportion of married young adults who had participated in formal premarital education (see Table 1). Participation increased from 32% at baseline to 39% in 2013 [$\chi^2(2) = 3.14$, $p = .076$]. Because of the minor demographic differences in the independent sample waves, however, logistic regression analyses were conducted to assess whether these demographic differences could account for changes in reported participation (Table 2). Results indicated a trend ($p = .077$); married young adults in 2013 were 38% more likely to have participated in premarital education when year was entered by itself ($OR = 1.38$, 95% CI: 0.97 to 1.98). With centered age and education entered into the model, the difference between baseline and 2013 was not significant ($OR = 1.18$, 95% CI: 0.81 to 1.73). However, when interaction terms were added to this model, they revealed a near significant year-by-education interaction for participation ($p = .051$). (Power analyses indicated 80% power to detect a false null hypothesis in this analysis). Given this finding, and the importance of assessing campaign effects among at-risk populations, models were stratified by education (see Table 3, Panel A). Though year was not associated with participation among any education group, subjects with only a high school education were two-and-a-half times more likely to have participated in premarital education in 2013 compared with baseline ($OR = 2.49$, 95% CI: 0.76 to 8.16), although this association did not quite reach statistical significance ($p = .13$). In contrast, among those with higher levels of education there was no greater likelihood of participation in 2013. Similarly, there was a trend for year-by-ethnicity interaction ($p = .087$). Again, given the importance of assessing campaign effects among more at-risk populations, models were stratified by ethnicity (Table 3, Panel B). These analyses revealed that year was not related to participation among European Americans ($OR = 1.03$, 95% CI: 0.69 to 1.54), but a statistical trend ($p = .056$) was found for non–European Americans (mostly Hispanics), who were more than four times more likely to have participated in premarital education in 2013 compared with their 2008 peers ($OR = 4.38$, 2013).
**TABLE 3** Logistic Regression Models for Participation, Stratified by Education, Ethnicity

**Panel A: Education**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Education Level</th>
<th>OR (95% CI)</th>
<th>OR (95% CI)</th>
<th>OR (95% CI)</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year**: 2013</td>
<td>High school*</td>
<td>2.49 (0.76–8.16)</td>
<td>1.06 (0.63–1.81)</td>
<td>1.42 (0.70–2.87)</td>
<td>0.34 (0.06–2.15)</td>
</tr>
<tr>
<td>Age</td>
<td>Some college†</td>
<td>0.86 (0.52–1.42)</td>
<td>0.94 (0.72–1.22)</td>
<td>0.88 (0.61–1.27)</td>
<td>0.69 (0.29–1.65)</td>
</tr>
</tbody>
</table>

**Panel B: Ethnicity**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Ethnicity</th>
<th>OR (95% CI)</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Year**: 2013</td>
<td>European-American</td>
<td>1.03 (0.69–1.54)</td>
<td>4.38 (0.96–19.92)</td>
</tr>
<tr>
<td>Age</td>
<td>Non–European-American</td>
<td>0.92 (0.76–1.12)</td>
<td>0.57 (0.27–1.23)</td>
</tr>
<tr>
<td>Education</td>
<td>Non–European-American</td>
<td>1.52 (1.25–1.86)</td>
<td>1.69 (0.75–3.81)</td>
</tr>
</tbody>
</table>

**Notes.**
* High school graduate or less.
† Currently attending college or attended college 1 to 3 years.
‡ Graduated from a 4 year college.
§ Postgraduate study or degree.
¶ The 95% confidence interval.

95% CI: 0.96 to 19.92). Interactions of year with age and income were not significant (age: \( p = .14 \); income: \( p = .44 \)).

**DISCUSSION**

This study is the first known evaluation of a media campaign to promote awareness of and participation in premarital education. Since 2000, the federal government has spent nearly $800 million on MRE programs (Hawkins, 2013). Some programs have been promoted with social marketing efforts, but the utility of MRE media campaigns has not been empirically tested. The findings of this study suggest a well-designed media campaign may help raise awareness of premarital education programs. More significantly, this study documents that media campaigns may increase participation in premarital education, at least for more at-risk populations (i.e., less-educated and non–European Americans) who may benefit the most from MRE. The UTHMRI campaign did not specifically target any racial/ethnic or educational groups. But more at-risk groups are substantially less likely to be aware of premarital education services. Thus, the campaign likely was effective simply by making less-aware groups more aware of services. Many MRE programs now are targeting individuals at greater risk for family instability. If the goal of policymakers and funders is to reach the people who may benefit the
most from MRE, then funding for media campaigns may be a viable means to that end.

In and of themselves, these findings represent a novel contribution to the MRE field. Yet, by being consistent with results from other media campaigns (e.g., antismoking, antiobesity), they suggest MRE may not be particularly novel or different from other social marketing initiatives attempting to educate targeted groups and influence human behavior. Just as media campaigns have been shown to facilitate positive changes in a wide range of health-related areas (e.g., physical activity; Bauman, Bellew, Owen, & Vita, 2001), using many of the same types of interventions (e.g., television, print-media, advertising, community-level support programs), the UTHMI media campaign led to increases in desired outcomes of awareness of the state-supported educational initiative and participation in premarital education among at-risk young adults who married. Because of the similarities in interventions and outcomes, directors of MRE initiatives may benefit from gleaning best practices from other types of established campaigns when considering how best to promote their MRE programs.

Our experience and results share several characteristics with other successful campaigns (e.g., Truth about Smoking). First, these campaigns were well-funded. In the case of the UTHMI, approximately $1.6 million was spent to retain a professional advertising firm and execute the 5-year, large-scale media campaign. This budget allowed for both large- and small-scale advertising. It also allowed for social media, traditional, and nontraditional marketing venues (e.g., booths at bridal fairs). The feasibility and practicality of regional or community initiatives to execute a comparable media campaign will have to be determined at the local level; however, it is plausible that our results may not be replicable with less-intense approaches. Evidence from other media campaigns suggests there is a dose–response relationship between media exposure and outcomes (Emery et al., 2012; Farrelly et al., 2005). The effectiveness of MRE campaigns in smaller targeted areas (e.g., rural communities) and with smaller budgets remain important questions for future inquiry.

Second, successful campaigns have input from the target audience. In Florida’s “truth” campaign to reduce the initiation of smoking among teens, the developers involved youth directly in the process (Sly, Hopkins, Trapido, & Ray, 2001). Likewise, the UTHMI conducted preliminary research and focus groups with adults ages 18–29. Their involvement played an important role in the ultimate content, venues, and tone of the campaign.

Beyond media campaign budgeting and planning, our findings raise additional questions for the MRE field. The evaluation of MRE media campaigns can take multiple angles and can serve multiple purposes. Our study focused specifically on awareness and participation rates. However, future evaluation could help identify what aspects of the media campaign were the most powerful in terms of accounting for variance in desired outcomes. For
example, the UTHMI utilized ads on television, billboards, blogs, Facebook, newspapers, radio, search engines, and printed materials distributed at bridal fairs and county clerk offices. Additional studies, with larger and more diverse samples, could help the field understand which components of MRE media campaigns are most effective for different segments of the population. Such analyses would allow for more strategic media campaigns that would help providers and their funders maximize the return on investment.

Implications

The findings of our study have implications for policy makers and concerned taxpayers. Funding MRE, as policy and legislation, is driven by the public costs of family instability, which is estimated at $112 billion per year in the United States, including $276 million a year in Utah (Scafidi, 2008). Another study estimated the cost of divorce in Texas to be more than $3 billion annually (Schramm et al., 2013). The early research on the effectiveness of publically funded MRE for at-risk couples is mixed and modest, in some studies showing increases in relationship quality and stability but not in others (Hawkins, 2013). Recruiting at-risk groups to invest in MRE services has been a challenge (Hawkins & Ooms, 2012). If MRE does prove effective and it can help prevent even 1% of family fragmentation, the result could be $1.2 billion annual savings nationally, including nearly $28 million in Utah (Scafidi, 2008). Consequently, if MRE continues to be funded by federal and state governments, media campaigns may be a means to achieve the desired end of participation in programs that teach healthy relationship skills and enhance family stability. The results presented here suggest that a targeted, well-funded, professionally conducted media campaign may increase participation in MRE among at-risk individuals.

Limitations and Conclusion

The current study reported on awareness of and participation in premarital education. It did not address whether or how the UTHMI media campaign was effective in actually aiding marriages. Other research, however, suggests the potential of premarital education programs to strengthen marital relationships (Fawcett et al., 2010). Also, our focus in this study was limited to premarital education and did not address education for cohabiting couples, which is becoming an important area of inquiry in the field (Doss et al., 2009; Rhoades, Stanley, & Markman, 2009; Wood, McConnell, Moore, Clarkwest, & Hsueh, 2012). Unfortunately, the relatively small numbers of cohabiting individuals in our sample and the inconsistent assessment of cohabitation status did not lend itself to a specific focus on these couples nor a
comparison of whether there were differential impacts by premarital co-
habitation status. The ability of social marketing to increase participation of 
cohabiting couples in MRE remains an important question for future research. 
Cohabiting couples may believe that living together itself is effective prepara-
tion for marriage, even though research suggests that many cohabiters tend 
to slide into marriage rather than make a calculated decision (Rhoades et al., 

The generalizability of our study is further limited by the lack of experi-
mental design, the demographics of our sample, and statistical trends that 
did not reach the conventional level of statistical significance. The sample 
was from Utah, which compared with the rest of the United States, tends to 
have a population that marries at earlier ages and has fewer nonmarital births 
(Heaton, Hirschi, & Chadwick, 1996; Martin, Hamilton, Ventura, Osterman, 
& Mathews, 2013). We also focused on married couples ages 18 to 29 who 
participated in premarital education and were unable to test differences by 
timing of their participation (e.g., early or later in the relationship).

Notwithstanding these limitations, the study is the first to attempt to 
document the impact of a MRE media campaign. The findings can serve as a 
springboard for future studies of MRE campaigns that serve different popula-
tions (e.g., teens), operate in other states, and function with smaller budgets. 
Future research is also needed to assess potential cost savings. Awareness 
of and participation in MRE does not necessarily equal participants’ course 
completion nor their application of new knowledge or skills. Cost savings to 
taxpayers will be realized only if the programs that respondents participate 
in are effective in reducing family fragmentation and increasing relationship 
quality. Careful cost-benefit analysis studies are needed to answer this ques-
tion definitively as well as cost-per-unit analyses for the different aspects of 
media campaigns.

In conclusion, our findings are consistent with the results from other 
public health social marketing campaigns in that a well-funded campaign 
may have the ability to increase awareness and participation, albeit more 
for at-risk groups than others. Quality media campaigns are costly and need 
a long-term commitment, hence the value of public funding. Yet the high 
public (and private) costs of family instability, along with the emerging ev-
idence that MRE may help strengthen romantic relationships, suggest that 
public investments in media campaigns that produce even modest increases 
in MRE participation may help pay for themselves.

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