



© Australian Research Centre in Sex, Health & Society, La Trobe University

Australian Research Centre in Sex, Health & Society (ARCSHS)

1<sup>st</sup> Floor, 215 Franklin Street,

Melbourne 3000,

Australia

Tel (03) 9285 5382

Fax (03) 9285 5220

Email: [arcshs@latrobe.edu.au](mailto:arcshs@latrobe.edu.au)

Website: [www.latrobe.edu.au/arcshs](http://www.latrobe.edu.au/arcshs)

The 4th National Survey of Australian Secondary Students was funded by the Commonwealth Department of Health and Ageing.

Suggested citation:

Smith A, Agius P, Mitchell A, Barrett C, Pitts M. 2009. Secondary Students and Sexual Health 2008, Monograph Series No. 70, Melbourne: Australian Research Centre in Sex, Health & Society, La Trobe University.

# ACKNOWLEDGMENTS

We would like to express our appreciation to the many people who made this survey possible, including those who advocated strongly for it to continue in 2008. Nona Cameron worked tirelessly to liaise with schools and administer the data collection. She was ably assisted by Jennifer Blackman, Melanie Hales and Nancy Yin. Thanks also to Jennifer Webb design for the design of the questionnaire and final report.

We very much appreciate the work done by individual schools which participated, as well as the consideration given to the survey in many schools which were not able to participate this time. The teachers who supervised the survey administration, the school leaders who supported it and the parents who gave their consent are all a critical part of making this report possible.

Members of the National Schools Network representing state and territory education departments and Catholic and Independent school systems gave us invaluable advice and support through the survey development and the ethics process. We make particular mention of Rosemary Davis and Maria Marriner who have strongly supported this survey since its inception, and also to Sally Cockburn for her ongoing support of this work.

Finally we would like to thank the Commonwealth Department of Health and Ageing for their continued support of this valuable research, and the many young people all over Australia who generously shared their experiences with us. We hardly need to say that they, most of all, make this work possible.



# TABLE OF CONTENTS

<b>Chapter 1: Executive Summary</b>	<b>1</b>
Knowledge	1
Behaviour	1
Health	2
<b>Chapter 2: Introduction</b>	<b>4</b>
<b>Chapter 3: Methodology and Sample</b>	<b>6</b>
Questionnaire	6
Sampling method and participation rates	6
Survey administration	7
Data management and analysis	7
Demographic characteristics of the sample	8
Limitations of the survey	10
<b>Chapter 4: Knowledge</b>	<b>12</b>
Now	13
Knowledge about HIV transmission	13
Knowledge about STI transmission	15
Knowledge about hepatitis	16
2002 and 2008 study comparisons	18
New information	19
Knowledge about HPV	19
Knowledge about cervical cancer	23
<b>Chapter 5: Sexual Behaviour, Beliefs and Perceptions</b>	<b>25</b>
Now	26
Sexual experience	26
Sexual attraction	27
Sexual activity in the past year	28
Number of sexual partners in previous year	28
Oral sex	28
Condom use in the past year	30



# CHAPTER 1. EXECUTIVE SUMMARY

The Fourth National Survey of Secondary Students and Sexual Health involved nearly 3,000 Year 10 and Year 12 students from more than 100 secondary schools from the Government, Catholic and Independent school systems and from every jurisdiction in Australia.

The key findings are arranged under the key themes of knowledge, behaviour and health.

## Knowledge

- HIV knowledge remains relatively high and comparable to the levels found in 2002.
- There has been a marked improvement in student sexually transmissible infection (STI) knowledge between 2002 and 2008 studies. Despite this, in some areas student STI knowledge remains relatively poor.
- Despite generally poor student knowledge of chlamydia, knowledge of this infection has nonetheless improved significantly since 2002.
- Hepatitis A, B and C knowledge remains relatively poor, but there has nonetheless been some improvement in student knowledge regarding hepatitis B and C.
- Human papillomavirus (HPV) knowledge was measured for the first time in 2008 and student knowledge of this sexually transmissible infection was very poor. In most cases more than half the sample reported being unsure of correct answers to HPV knowledge questions.
- Cervical cancer knowledge was measured for the first time in the 2008 study and knowledge was generally poor.
- There were no gender differences in students HIV knowledge, however young women demonstrated better knowledge generally in terms of STIs, HPV, cervical cancer and hepatitis compared with young men.

## Behaviour

- The majority of students (78%) have experienced some form of sexual activity.
- Over one quarter of year 10 students and just over half of year 12 students had experienced sexual intercourse.
- The proportion of students who had experienced sexual intercourse has increased between 2002 and 2008 surveys. In 2002 35% of students reported having sexual intercourse with this proportion increasing to 40% in 2008.
- Student condom use has remained stable between 2002 and 2008 surveys. In 2008 most students (69%) reported using a condom the last time they had sex and half the sample of sexually active students always used a condom when they had sex in the previous year.

- A considerable proportion of sexually active students have sex with three or more people in a year, and this proportion had increased significantly in 2008. Between 2002 and 2008 surveys the proportion of students reporting three or more sexual partners increased from 20% to 30%.
- Just under half the students surveyed had experienced oral sex.
- Although most of those students reported having oral sex with one partner in the previous year, a considerable proportion (28%) had oral sex with 3 or more people. This proportion had increased appreciably since the 2002 study (19%).
- For young women, experience of unwanted sex has increased significantly between 2002 and 2008 surveys. In 2002 28% of young women reported ever having unwanted sex and in 2008 this figure had increased to 38%.
- Almost 1 in 10 students surveyed reported their most recent sexual encounter was with someone of the same sex. For young men, the likelihood of having a same sex encounter at the most recent sexual experience had increased from 2% in 2002 to 8% in 2008.
- Most students report positive feelings after having sex, however for young women there is some evidence of a decline in more positive feelings between 2002 and 2008 surveys.
- Between 2002 and 2008, there has been an increase in student confidence with respect to talking with their parents about sex and sexual health related matters.
- Fewer students in the 2008 survey reported using no contraception the last time they had sex. Use of the birth control pill (37% vs. 50%) and morning after pill (4% vs. 8%) increased between 2002 and 2008.

## Health

- The majority of students rate their general health as good.
- Almost one quarter of the sample reported smoking marijuana and a significant minority of students (12%) had used the drug on several occasions in the past year.
- Although there has been a reduction in experience of alcohol consumption overall between 2002 and 2008, students continue to drink considerable amounts of alcohol. Although most students (38%) drank alcohol once a month or less, 21% reported drinking either weekly or more frequently. Young women in year 12 reported higher rates of binge drinking in 2008 compared to 2002. In 2002 approximately two thirds of young women in year 12 reported drinking three or more drinks on any one occasion – this figure had increased considerably to 84% in 2008.
- Few students have been diagnosed with an STI (3%) or hepatitis (1%).



- Between 2002 and 2008, more students reported hepatitis A and B vaccinations. However, students continue to be uncertain about hepatitis vaccination, with many unsure if they have been vaccinated for hepatitis A (55%) and hepatitis B (33%).
- A considerable proportion of students incorrectly report vaccinations for hepatitis C, and this figure has increased significantly since 2002. In 2002 almost one quarter of the sample incorrectly thought they had been vaccinated for hepatitis C and this figure had increased significantly to 41% in 2008.
- Few students (2%) have injected drugs.
- Less than 1 in 10 students believed they were at risk of infection with HIV/AIDS, an STI, hepatitis B or hepatitis C. Students who were sexually active, had more sexual partners and who were attracted to people of the same sex were more likely to believe they were at risk of infection with HIV/AIDS and STIs.
- Not using a condom during sex was only associated with increased perceived risk of infection with HIV/AIDS and STIs where a student's sexual partner was someone they had met for the first time.
- Most students (88%) had sought information regarding sexual health. Students most commonly sought information from their mothers (56%), female friends (55%), the school sexual health program (49%) and pamphlets (44%). Despite not being used as frequently by students, doctors (39%) were the most trusted source of information on sexual health.

# CHAPTER 2: INTRODUCTION

This is the fourth time that the survey of Secondary Students and Sexual Health has been conducted in Australia. In 1992, when the first of this series of surveys was conducted, it was not clear that Australia would escape a generalised HIV epidemic – one that would become established in the general community. As it turns out, HIV remains largely restricted to the gay community and those people who inject illicit drugs. At the time however, concern about HIV-related knowledge, attitudes and practices was the driving force for the survey construction and choice of items to be included and is reflected in the focus on sexual behaviours and condom use.<sup>1</sup>

By the time of the second survey in 1997, the focus had shifted slightly. It was clear that a generalised HIV epidemic was unlikely but that there were a range of other issues related to sexual health and blood borne viruses, especially hepatitis C, that were of concern. This context prompted the inclusion of items around contraception and knowledge of hepatitis transmission.<sup>2,3</sup> That survey also afforded the opportunity to include, for the first time in a national survey, a question about sexual attraction which allowed us to identify same-sex attracted young people as a population with particular health needs.<sup>4</sup>

The third iteration of the survey tapped into other concerns. In particular, available evidence suggested that the age of first sexual experience had been declining for some decades<sup>5</sup> as had been reflected in the previous surveys.<sup>6</sup> One of the emerging issues was the apparent increase in oral sex that was occurring outside the context of a sexual encounter involving sexual intercourse.<sup>5,6</sup> As was the case in the 1997 survey, contraceptive use was explored once more and the range of topics extended to include pregnancy.<sup>7</sup>

The present survey, as with the previous iterations, reflects two competing forces: the need to ask the same questions in each survey in order to be able to make inferences about how young people are changing with the passing of time; and, a desire to include as much as possible that reflects current concerns. Some concerns persist, such as the place and meaning of oral sex for young people.<sup>8</sup> Also present are items pertaining to knowledge of HIV, sexually transmissible infections and hepatitis, and, for the first time, knowledge of human papillomavirus (HPV) and cervical cancer reflecting the introduction of mass vaccination campaigns against HPV.<sup>9</sup>

Continuing themes include young people's sexual behaviour and condom use<sup>10</sup> and the apparent increase in sexual partner numbers.<sup>10</sup> Particular concerns exist around drug and alcohol use<sup>11-16</sup>, most particularly around the nexus between alcohol and drug use and unwanted sexual activity.<sup>10, 11, 15, 16</sup>

The data collected in previous surveys has been widely used throughout Australia to inform educational policy and practice in the sexual health areas and by health departments to plan interventions for young people. Many sexual health and youth health services draw on these data for evidence-based service planning and opportunistic health promotion. The 1997 study informed the development of the national policy framework Talking Sexual Health, and the supporting classroom resources, professional development manual and parents' guide. More recently, following the release of the 2002 data, states and territories have produced a range of curricula and resources to support best practice programs in schools and a whole school approach to promoting positive sexual health.

The release of these data frequently gives rise to publicity around the more negative aspects of the findings and to community concern arising from them. It is therefore important to note that young



# CHAPTER 3: METHODOLOGY AND SAMPLE

## Questionnaire

The 2008 questionnaire included a number of the questions asked in the 2002 survey for comparative purposes, but also included new items pertaining to knowledge of HPV and cervical cancer, vaccination status for cervical cancer and marijuana use.

The 2008 questionnaire comprised seven sections. Section A covered demographics and student background and section B comprised items measuring student HIV/AIDS knowledge and perceived risk of HIV infection. Section C comprised items relating to perceptions of peer condom use, sexual attraction, confidence in talking to parents/guardians about a range of sexual matters and whether the student had experienced sex. Section D of the questionnaire consisted of questions covering students' sexual behaviour and experience of sex (both in terms of the previous 12 months and the most recent sexual encounter), contraceptive use and sexually transmissible infection (STI) diagnoses.

Section E of the questionnaire included questions addressing alcohol, marijuana and injecting drug use, while section F addressed students' general health. The final section, G, comprised a set of true/false knowledge questions relating to STIs, blood borne viruses, HPV and cervical cancer, items pertaining to perceived risk of STI and blood borne virus infection, hepatitis and cervical cancer vaccination and sources of information used and trusted by students with respect to sexual health.

Responses to questions C4 (Have you ever had sex?) and the age at first experience of sex with and without a condom (items on D1), were used to establish whether students had experienced sexual intercourse and formed the basis for the sexually active subgroup in analyses (see Appendix).

The questionnaire used in this study is included in the Appendix.

## Sampling method and participation rates

This study used a representative random sample based on Australian Bureau of Statistics data on the school population. A two-stage sampling method was used. In the first stage, schools were randomly selected with a probability proportional to the size of the target population. The smaller States/Territories were over-sampled to improve the precision of the results derived for those States/Territories. In the 2002 study, a pool of demographically matched replacement schools was also selected to account for school non participation. For the 2008 study, in order to improve the efficiency of the field phase of the study, the replacement pool approach was not used and, alternatively, a larger original sample was approached given the expectation of a certain rate of school non-participation. Due to lower than expected school participation rates in the early stages of the sampling phase, a second sample was drawn in order to meet sample size requirements of the study. The total number of schools surveyed is outlined in Table 3.1.

In the second stage of sampling, two classes each of Year 10 and Year 12 students were randomly selected from all classes at each year level. Where a class size was less than 20 an additional class at that year level was randomly selected. In some cases, school structuring of classes was such that

random selection of mutually exclusive class units could not be achieved. In these instances, students from each year level were selected at random from de-identified student lists.

The overall response or participation rate of schools was 26% which is significantly lower than the rate achieved in 1997 (68%) and 2002 studies (54%), and of the total sample of schools almost two in every five schools approached failed to provide a formal response to the invitation to participate. The achieved sample size and response rates for each State and Territory are detailed in Table 3.1.

The survey results have been weighted in the data analyses to correct for over-sampling in the sample design and for differential response rates across States/Territories and year level. Also, data were stratified by State/Territory for analysis. Although data were sampled proportionally in each state/territory and school sector, stratum weights were derived using total school enrolments by state/territory only in order maintain consistent sample methodology with the 2002 survey.

### **Survey administration**

School principals were sent a letter inviting their school to participate and asking them to nominate a school contact person. The contact letter contained a description of the survey and its background, and processes involved in its administration. The school contact person, generally, was either a teacher, a deputy principal or a school nurse. Once agreement was gained from individual schools, research staff sent survey information packs including questionnaires, parent/student consent pro-forma and instructions for conducting the survey. School contacts arranged for consent letters to be sent home to parents, permission slips to be returned, and established the time and place for the survey.

Survey administration was undertaken by the school contact at each school. To protect confidentiality of the students, the survey was designed to be completed under exam conditions. Where possible, students were seated at separate desks and asked not to talk or discuss the questionnaire while completing the survey. Students were made aware that they could withdraw from the survey at any time should they wish. Students were requested not to put identifying information on their questionnaires and were supplied a blank sealable envelope in which to place the completed questionnaires.

On completion of the survey, students were provided with an information sheet showing correct answers to true/false STI, HIV/AIDS, HPV, cervical cancer and hepatitis knowledge questions asked in the survey. Students were also given a pocket sized card containing referral telephone numbers for the relevant state Sexual Health Centre, Kids Help and Life Lines.

### **Data management and analysis**

The data were entered manually and the entire data set was verified. Microsoft Access 2003 was used to develop a relational database to manage data relating to the school sample and information required for efficient administration of the survey. Coding of open-ended data and general data cleaning was





weighting applied to 2008 data took into account the year level composition (10 and 12) of the national school population, and therefore all statistical analyses reported are corrected for the achieved sample bias in year level.

**Table 3.1. Sample size and participation rate in each State and Territory.**

State	Total number of schools	Achieved sample Size	Response rate (%)
ACT	5	110	33.3
NSW	33	890	31.7
NT	5	57	45.5
QLD	18	413	20.2
SA	9	229	18.0
TAS	6	249	37.5
VIC	20	449	20.8
WA	9	529	30.0
Total	105	2926	25.5

**Table 3.2 Gender and year level composition: 1992, 1997, 2002 and 2008 samples (%).**

	Year 10				Year 12				Total			
	1992	1997	2002	2008	1992	1997	2002	2008	1992	1997	2002	2008
Males	45	46	46	39	43	43	44	29	44	44	45	38
Females	55	54	54	61	57	57	56	71	56	56	55	62
Total	52	50	58	83	48	50	42	17				
Total Males	412	815	632	958	353	755	445	142	765	1570	1077	1100
Total Females	499	969	746	1472	477	1011	565	354	976	1980	1311	1826
Total	911	1784	1378	2430	830	1766	1010	496	1741	3550	2388	2926

**Table 3.3 Students and parents' country of birth (%).**

Country		Student	Mother	Father
Australia	Male	89.0	71.1	70.0
	Female	90.0	76.4	75.4
	Total	89.7	74.6	73.5
New Zealand	Male	0.9	1.4	1.8
	Female	1.0	2.0	1.9
	Total	1.0	1.8	1.9

continued...







# CHAPTER 4: KNOWLEDGE

## *Key findings*

- HIV knowledge remains relatively high and comparable to the levels found in 2002.
- There has been a marked improvement in student STI knowledge between 2002 and 2008 studies. Despite this, in some areas student STI knowledge remains relatively poor.
- Despite generally poor student knowledge of chlamydia, knowledge of this infection has nonetheless improved significantly since 2002.
- Hepatitis A, B and C knowledge remains relatively poor, but there has nonetheless been some improvement in student knowledge regarding hepatitis B and C.
- HPV knowledge was measured for the first time in 2008 and student knowledge of this sexually transmissible infection was very poor. In most cases more than half the sample reported being ‘unsure’ of correct answers to HPV knowledge questions.
- Cervical cancer knowledge was measured for the first time in the 2008 study and knowledge was generally poor.
- There were no gender differences in students HIV knowledge, however young women demonstrated better knowledge generally in terms of STIs, HPV, cervical cancer and hepatitis compared with young men.

## Now

### Knowledge about HIV transmission

Table 4.1 shows the percentage of students who provided correct answers to HIV knowledge items. The vast majority of students knew that HIV could be transmitted by sharing needles (96%), that a woman could get HIV from having sex with a man (97%) and conversely that a man could get HIV from having sex with a HIV positive woman (93%), that hugging a HIV positive person could not transmit the virus (98%), that men could get HIV from having sex with HIV positive men (88%), that the contraceptive pill offers no protection against HIV for women (93%) and that a pregnant woman with HIV could pass on the infection to her baby (82%). Similarly, most students were aware that using condoms during sex offered some protection from HIV (88%), that someone who looked healthy could still pass on HIV infection (83%) and that coughing or sneezing could not transmit HIV (81%). As was the case in the 2002 survey, poorest knowledge of HIV was related to the spread of the virus by mosquitoes with only a small proportion of the sample (36%) aware that the virus cannot be transmitted in this way.

Student scores on each of the HIV knowledge questions were aggregated to form a composite knowledge scale, with scale scores ranging from 0 to 11 and the higher the scale score the better the knowledge (Table 4.2). Although students in year 12 (mean = 9.5) and female students (mean = 9.4) had higher average HIV knowledge scores than students in year 10 (mean = 9.2) and male students (mean = 9.3) respectively, the differences here were small and not statistically significant.

**Table 4.1 Students answering HIV transmission knowledge items correctly (%).**

Knowledge Item		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
1. Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?	Males	96.4	93.6	98.8	99.0	97.5	95.7
	Females	96.1	93.6	98.9	98.0	97.3	95.6
	Total	96.3	98.3	98.9	98.3	97.4	95.6
2. Could a woman get HIV (the AIDS virus) through having sex with a man?	Males	94.3	96.0	95.7	98.8	94.9	97.1
	Females	96.0	97.0	95.5	97.8	95.8	97.4
	Total	95.2	98.1	95.6	98.1	95.4	97.3
3. If someone with HIV coughs or sneezes near other people, could they get the virus?	Males	82.2	78.1	87.0	90.0	84.2	82.8
	Females	86.7	79.0	92.1	81.3	89.0	80.0
	Total	84.7	84.1	89.9	84.1	86.9	81.0
4. Could a man get HIV through having sex with a man?	Males	85.7	88.0	92.3	95.3	88.4	90.8
	Females	83.1	79.9	91.3	92.9	86.5	85.8
	Total	84.2	82.9	91.7	93.6	87.4	87.6

continued...



## Knowledge about STI transmission

In the 2002 survey, student knowledge of STIs was inconsistent and despite varying degrees of knowledge also being evident in the 2008 survey, nonetheless there has been improvement in certain domains of STI knowledge (Table 4.3). Highest levels of student knowledge regarding STIs were demonstrated with regard to the potentially asymptomatic nature of many infections and the poorest knowledge exhibited with regards to chlamydia and the transmission of gonorrhoea and genital warts. The overwhelming majority of students knew that both men (91%) and women (90%) could still pass on a sexually transmissible infection without having any obvious symptoms, and a larger majority also knew that HIV was an infection not confined to gay men and injecting drug users only (84%). Fewer students were aware that always using condoms does not offer complete protection from all STIs (76%), that apart from HIV not all STIs could be cured (60%), that cold sores and genital herpes can be caused by the same virus (60%), that chlamydia can lead to sterility amongst women (55%), that oral sex can transmit gonorrhoea (55%) and that genital warts are spread by skin to skin contact not simply through having intercourse (54%). A minority of students were aware that chlamydia affects both men and women (47%) and that once a person has genital herpes they will always have the virus (47%).

An aggregate STI knowledge scale score was calculated for students using their responses to knowledge items (Table 4.4). The scale ranges from zero to 11, with a score of 11 indicating that the student had answered all knowledge questions correctly. On average, most students answered more STI knowledge questions correctly than incorrectly (mean = 7.2), with young women in both years demonstrating higher mean knowledge than young men. Young women in year 12 reported the highest mean knowledge as measured by the STI scale.

**Table 4.3 Students giving correct answers to STI knowledge questions (%).**

Knowledge Item		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
1. A man can have a sexually transmissible infection without any obvious symptoms.	Males	69.4	88.4	81.4	89.5	74.6	88.9
	Females	82.7	89.9	87.7	95.0	84.8	92.2
	Total	77.0	89.3	85.0	93.3	80.4	91.0
2. A woman can have a sexually transmissible infection without any obvious symptoms.	Males	69.7	87.7	80.1	87.4	74.1	87.6
	Females	83.9	89.5	89.8	94.8	86.4	91.9
	Total	77.7	88.8	85.6	92.4	81.1	90.4
3. Apart from HIV, all sexually transmissible infections can be cured.	Males	52.6	58.9	61.9	56.1	56.5	57.7
	Females	61.2	58.5	71.3	65.0	65.5	61.5
	Total	57.5	58.7	67.3	62.1	61.6	60.2
4. Chlamydia is a sexually transmissible infection that affects only women.	Males	13.7	38.1	17.2	39.6	15.2	38.7
	Females	15.6	44.6	28.6	60.9	21.1	52.1
	Total	14.8	42.2	23.7	54.1	18.5	47.4

continued...



udes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context  
 s health promotion programs knowledge attitudes pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social  
 ol based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion pro  
 chool and drug use sources of information school based programs health promotion programs sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based prog  
 ontrception health status alcohol and drug use sources of information school based programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of informati  
 ext pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes pregnancy and contraception health status alcohol and drug use sources of  
 social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraceptio  
 rams knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour  
 school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use school based programs health promotion programs knowledge at  
 r and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes pregnancy and contraception health status alcohol and drug use  
 ontrception alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use source  
 rams knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social cont  
 on programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour  
 and drug use sources of information school based programs health promotion programs knowledge attitudes pregnancy and contraception alcohol and drug use sources of information school based prog  
 ontrception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and  
 ludes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs knowledge attitudes sexual behaviour and social context pregnancy and contraception  
 rams knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs knowledge attitudes sexual behaviour and social context pregnan  
 nancy and contraception health status sources of information health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information sch  
 health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources  
 r and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contr

**Table 4.3 continued**

Knowledge Item		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
5. Chlamydia can lead to sterility among women.	Males	23.7	50.7	30.1	50.0	26.4	50.4
	Females	37.8	54.0	49.7	63.2	42.9	58.2
	Total	31.7	52.7	41.3	58.9	35.8	55.4
6. Once a person has caught genital herpes, then they will always have the virus.	Males	41.6	38.7	37.0	34.0	39.7	36.8
	Females	53.5	46.2	66.2	61.3	58.9	53.1
	Total	48.4	43.4	53.6	52.4	50.6	47.3
7. People who always use condoms are safe from all STIs.	Males	69.4	76.0	80.7	80.8	74.2	78.0
	Females	74.4	74.0	82.7	75.6	77.9	74.7
	Total	72.2	74.8	81.9	77.3	76.3	75.9
8. Gonorrhoea can be transmitted during oral sex.	Males	34.2	54.6	41.4	58.2	37.3	56.1
	Females	41.7	51.7	46.5	57.7	43.7	54.4
	Total	38.5	52.8	44.3	57.8	40.9	55.0
9. Genital warts can only be spread by intercourse.	Males	29.0	45.1	37.0	50.4	32.4	47.2
	Females	45.2	50.9	55.4	65.3	49.6	57.4
	Total	38.2	48.7	47.5	60.5	42.1	53.9
10. HIV only infects gay men and injecting drug users.	Males	73.1	78.2	86.9	81.0	78.9	79.3
	Females	85.4	82.5	91.7	90.1	88.1	86.0
	Total	80.1	80.9	89.6	87.1	84.1	83.6
11. Cold sores and genital herpes can be caused by the same virus.	Males	35.2	53.8	41.4	43.9	37.8	49.8
	Females	51.3	61.1	55.2	70.4	52.9	65.3
	Total	44.3	58.3	49.2	61.8	46.4	59.8

**Table 4.4 Students' mean STI knowledge score.**

	Year 10		Year 12		Total	
	2002	2008	2002	2008	2002	2008
Males	5.1	6.7	5.9	6.7	5.5	6.7
Females	6.3	7.0	7.3	8.0	6.7	7.5
Total	5.8	6.9	6.7	7.6	6.2	7.2

### Knowledge about hepatitis

Compared to student knowledge regarding STIs and HIV, knowledge of hepatitis was relatively poor (Table 4.5). As was the case in the 2002 survey, a large proportion of students (89%) were not aware that they could not be vaccinated against hepatitis C (just under half the sample (45%) thought they had

received such a vaccination). Just under a third of the sample knew that hepatitis C could be transmitted by sharing razors and toothbrushes and over half (55%) incorrectly believed all people with the disease could be cured. More than half of the students (57%) also knew that hepatitis C can be transmitted from tattooing and body piercing, that hepatitis B can be sexually transmitted (59%), that hepatitis C can have long term health effects (56%) and that it is possible to be vaccinated for hepatitis A (56%).

Students were most knowledgeable in relation to hepatitis B vaccination and the risk injecting drugs poses in terms of hepatitis C infection. Of the students surveyed, almost three quarters knew that people that inject drugs are at greater risk of hepatitis C infection and that a vaccination does exist for hepatitis B.

There were some gender differences in hepatitis knowledge, with young women generally demonstrating better knowledge than young men. Young women were significantly more likely to know that vaccinations exist for both hepatitis A and B, and that in most cases people suffering from hepatitis C cannot be cured. Conversely, young men exhibited better knowledge on only one hepatitis knowledge item: they were more likely than young women to know that sharing razors and toothbrushes could spread hepatitis C.

As was the case for HIV and STIs, student responses to hepatitis knowledge items were scaled with scores ranging from zero to 9 and a higher score indicating better hepatitis knowledge (Table 4.6). Students exhibited a mean knowledge score of 4.6 on the hepatitis scale. There were no significant differences in mean hepatitis knowledge by year level or gender.

**Table 4.5 Students giving correct responses to statements about hepatitis (%).**

Knowledge Item		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
1. Hepatitis C has no long term effects on your health.	Males	49.7	53.9	52.6	52.3	50.9	53.3
	Females	54.3	51.7	59.0	65.0	56.3	57.8
	Total	52.3	52.5	56.3	60.9	54.0	56.2
2. It is possible to be vaccinated against hepatitis A.	Males	46.9	51.2	53.9	50.4	49.9	50.9
	Females	57.4	60.4	54.8	56.3	56.3	58.5
	Total	52.9	57.0	54.4	54.4	53.5	55.8
3. It is possible to be vaccinated against hepatitis B.	Males	59.8	64.6	59.4	63.0	59.6	64.0
	Females	74.4	78.9	70.1	74.2	72.6	76.8
	Total	68.1	73.5	65.5	70.6	67.0	72.3
4. It is possible to be vaccinated against hepatitis C.	Males	10.1	11.8	16.7	9.6	12.9	10.9
	Females	11.1	11.5	15.0	7.5	12.8	9.7
	Total	10.7	11.6	15.8	8.2	12.8	10.1

continued...





not get HIV from a HIV positive person who was coughing or sneezing (87% vs. 81%) and that HIV could be transmitted through sharing needles when injecting drugs (97% vs. 96%).

Like student knowledge of HIV/AIDS, student awareness of STIs has improved between 2002 and 2008 surveys. Using the aggregated STI knowledge scale which ranges from zero to 11 and where a higher score indicates more correct responses to STIs questions, students surveyed in 2008 (mean = 7.1) demonstrated, on average, significantly better knowledge than those in 2002 (mean = 6.2). In particular, student's knowledge of chlamydia has improved markedly between 2002 and 2008. Students surveyed in 2008 were significantly more likely to know that chlamydia was an STI that affects both men and women (19% vs. 47%) and that the infection can lead to sterility for women (36% vs. 55%). Other areas where student's knowledge of STIs had improved between 2002 and 2008 surveys were the potentially asymptomatic nature of STIs for both men and women, oral sex as a sexual activity that can lead to gonorrhoea, transmission of genital warts and that cold sores and genital herpes can be caused by the same virus.

In comparison with student awareness of HIV/AIDS and STIs, hepatitis knowledge remained relatively poor in the 2008 survey. However, despite the relatively low levels of student awareness, knowledge of this disease had not declined overall and in some areas, as measured by knowledge items, actually improved since the 2002 study. Students in 2008 were more aware that hepatitis C could be transmitted through tattooing and body piercing (52% vs. 57%), that it was possible to be vaccinated against hepatitis B (67% vs. 72%) and that the virus could be transmitted sexually (41% vs. 59%).

## **New information**

### **Knowledge about HPV**

Knowledge questions regarding the human papillomavirus (HPV) were asked for the first time in the 2008 survey. Across most of the HPV items, student knowledge of HPV was poor with, in most cases, the majority of students stating they were unsure of the correct answers to knowledge items (Table 4.7). Students exhibited better knowledge of HPV in terms of the how the virus is spread by sexual contact (49%), that the risk of transmission is reduced by condom use during sex (56%) and that vaccine for HPV does not have the effect of giving the person the virus (45%). Poorest knowledge was evident with respect to students not being aware that HPV cannot be transmitted via blood transfusions (5%), that the virus does not just affect or mainly affect women (11%) and that HPV is the virus that is associated with genital warts (14%). On most of the HPV knowledge items, young women demonstrated better knowledge than young men.

Students' answers to HPV knowledge questions were aggregated to form a knowledge scale ranging from 0 to 17 — the more HPV questions a student answered correctly the higher their score on the scale (Table 4.8). Students' mean HPV knowledge was poor, with students answering only 4 of 17 questions correctly, on average. Young women (mean = 5.3) had significantly higher mean HPV knowledge than young men (mean = 2.8), but there were no differences by year level.







**Table 4.8 Students' mean HPV knowledge score: 2008.**

	Year 10	Year 12	Total
Males	2.9	2.7	2.8
Females	5.1	5.5	5.3
Total	4.2	4.4	4.3

### Knowledge about cervical cancer

Students were asked about their knowledge of cervical cancer for the first time in the 2008 study. Student knowledge of cervical cancer was generally poor. For 5 of the 6 knowledge items less than half the sample gave correct answers to cervical cancer questions (Table 4.9). Few students were aware that smoking (24%) and early age of first intercourse (36%), but not excessive binge drinking (40%) or having multiple pregnancies (22%) increased the risk of cervical cancer. Slightly more students knew that having many sexual partners (68%) could lead to an increased risk of developing cervical cancer, but that the early onset of puberty (45%) did not increase the risk. There were marked differences in cervical cancer knowledge by gender, with, as might be expected, young women generally demonstrating better knowledge than young men. Young female students were significantly more likely than young men to know that binge drinking (50% vs. 24%), reaching puberty early (53% vs. 32%) and having numerous pregnancies (28% vs. 11%) were not factors that increased the risk of cervical cancer. Young women were also significantly more likely to be aware that higher levels of sexual activity increased the risk of cervical cancer (76% vs. 56%). Despite demonstrating generally poorer levels of cervical cancer knowledge, young men were more likely than young women to know that smoking increases the risk of cervical cancer (33% vs. 19%). There were no differences in cervical cancer knowledge by year level.

Student answers to the six cervical cancer knowledge items were aggregated to form a composite scale, with a score of zero indicating a student had answered no items correctly and a score of 6 indicating all items were answered correctly (Table 4.10). Students' mean cervical cancer knowledge score was 2.3, indicating that students answered less than half of the items correctly on average. Young women (mean = 2.6) demonstrated better mean cervical cancer knowledge than young men (mean = 1.9) to the extent that young women in year 10 reported higher mean knowledge than young men in year 12. There were no differences in mean cervical cancer knowledge by year level.





# CHAPTER 5: SEXUAL BEHAVIOUR, BELIEFS AND PERCEPTIONS

## *Key findings*

- The majority of students have experienced some form of sexual activity.
- Over one quarter of year 10 students and just over half of year 12 students had experienced sexual intercourse.
- The proportion of students who had experienced sexual intercourse has increased between 2002 and 2008 surveys.
- Student condom use has remained stable between 2002 and 2008 surveys.
- A considerable proportion of sexually active students have sex with three or more people in a year, and this proportion had increased significantly in 2008.
- For young women, experience of unwanted sex has increased significantly between 2002 and 2008 surveys.
- Almost 1 in 10 students surveyed reported their most recent sexual encounter was with someone of the same sex. For young men, the likelihood of having a same sex encounter at the most recent sexual experience had increased since 2002.
- Most students report positive feelings after having sex, however for young women there is some evidence of a decline in more positive feelings between 2002 and 2008 surveys.
- Between 2002 and 2008, there has been an increase in student confidence with respect to talking with their parents about sex and sexual health related matters.
- Fewer students in the 2008 survey reported using no contraception the last time they had sex. Use of the birth control pill and morning after pill increased between 2002 and 2008.









(2 or more) oral sex partners (42%). As was the case with sexual intercourse, more young men (43%) than young women (21%) had oral sex with 3 or more people in the past year, with young men in year 12 reporting the highest rate (51%) of multiple partner (3 or more people) oral sex.

**Table 5.5 Students who have ever had oral sex: number of people they have had oral sex with in the previous year (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	I have not had oral sex in the past year	15.5	5.6	12.6	17.0	14.1	11.3
	1 person	37.6	45.8	53.7	21.0	45.7	33.4
	2 people	18.4	14.5	13.9	10.8	16.1	12.7
	3 or more people	28.5	34.0	19.8	51.1	24.1	42.6
		N=232	N=189	N=230	N=190	N=462	N=379
Females	I have not had oral sex in the past year	6.1	8.0	14.2	4.7	10.5	6.0
	1 person	50.4	46.5	57.0	64.8	54.1	57.5
	2 people	20.8	19.9	19.2	12.3	19.9	15.3
	3 or more people	22.7	25.6	9.6	18.2	15.5	21.1
		N=271	N=341	N=329	N=520	N=600	N=861
Totals	I have not had oral sex in the past year	10.5	7.2	13.5	8.0	12.1	7.6
	1 person	44.5	46.2	55.7	53.1	50.4	50.1
	2 people	19.7	18.0	17.0	11.9	18.3	14.5
	3 or more people	25.3	28.6	13.8	27.0	19.2	27.7
		N=503	N=530	N=559	N=710	N=1061	N=1240

Fewer students (88%) reported having oral sex but not intercourse in the past year (Table 5.6). The majority of students surveyed (56%) had experienced oral sex but not intercourse with one person in the previous year. Students were also less likely to have oral sex but not intercourse with multiple partners, with 37% of those in year 10 and 28% of year 12 students reporting that they had oral sex exclusively with 2 or more people. Young men (28%) were more likely than young women (12%) to have had oral sex but not intercourse in the past year with 3 or more people. As was the case with the general measure of oral sex partner activity, young men in year 12 (32%) reported having oral sex but not intercourse with 3 or more people in the past year most often.



**Table 5.7 Sexually active students' reported condom use in the previous year (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	Always used condoms	69.6	66.1	52.2	50.7	59.7	60.8
	Sometimes used condoms	24.1	27.0	36.8	40.7	31.3	34.9
	Never used condoms	6.3	6.9	11.0	8.6	9.0	4.3
		N=149	N=162	N=195	N=270	N=344	N=340
Females	Always used condoms	62.8	56.0	34	43.7	46.1	46.1
	Sometimes used condoms	31.5	42.1	54.5	48.5	44.8	45.8
	Never used condoms	5.7	1.9	11.5	7.8	9.1	8.1
		N=182	N=179	N=250	N=519	N=432	N=789
Totals	Always used condoms	65.8	56.5	42	46.8	52.1	50.5
	Sometimes used condoms	28.2	35.6	46.7	46.9	38.9	42.6
	Never used condoms	5.9	8.0	11.3	6.3	9.0	6.9
		N=331	N=432	N=445	N=698	N=776	N=1130

*Unwanted sex*

Just under one third of the sample reported ever having experienced unwanted sex (Table 5.8). Young women were more likely than young men to have experienced sex when they did not want to (38% vs. 19%). There were no differences in rates of unwanted sex by year level. Students cited being too drunk (17%) or pressure from their partner (18%) as the most common reasons for having sex when they did not want to (Table 5.9).

**Table 5.8 Sexually active students who have ever had unwanted sex (%).**

	Year 10		Year 12		Total	
	2002	2008	2002	2008	2002	2008
Males	22.6	20.5	23.8	16.7	23.3	18.6
Females	30.2	34.3	26.6	39.7	28.1	37.8
Total	26.7	29.2	25.4	33.8	25.9	32.0
Total Males	156	164	203	180	359	344
Total Females	185	280	254	523	439	802
Total	341	444	456	702	798	1146





## The most recent sexual encounter

Students were asked as series of questions relating directly to the last time they had sex.

For the majority of sexually active students (60%), their most recent sexual encounter was with their current steady girlfriend or boyfriend with a smaller proportion (28%) reporting their last sexual partner was someone they had known for a while but not had sex with before (Table 5.11). Approximately 1 in 10 students had sex with someone they had not met before the last time they had sex. There were gender differences in students' relationship to their last sexual partner. Young men were more likely to have sex with someone they had not met before (21% vs. 8%) but less likely than young women to have sex with a current steady girlfriend or boyfriend (42% vs. 68%) the last time they had sex. There were no differences in the relationship of students' last sex partner across year level.

**Table 5.11 Sexually active students' relationship to their most recent sexual partner (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	Someone you had met for the first time	24.8	17.2	12.8	24.8	18.1	21.4
	Someone you had known for while but had not had sex with before	35.7	30.9	24.4	41.9	29.4	37.0
	Your current steady girlfriend/boyfriend	39.5	51.9	62.8	33.4	52.5	41.7
		N=146	N=134	N=185	N=166	N=331	N=300
Females	Someone you had met for the first time	6.4	8.2	3.3	8.0	4.6	8.1
	Someone you had known for while but had not had sex with before	33.6	24.6	14.2	23.6	22.4	23.9
	Your current steady girlfriend/boyfriend	60.0	67.2	82.5	68.4	73.0	68.0
		N=167	N=226	N=229	N=458	N=396	N=684
Totals	Someone you had met for the first time	15.0	11.5	7.6	12.5	10.8	12.1
	Someone you had known for while but had not had sex with before	34.6	27.0	18.7	28.4	25.5	27.9
	Your current steady girlfriend/boyfriend	50.4	61.5	73.7	59.1	63.7	60.0
		N=313	N=360	N=414	N=624	N=727	N=984

## Age of partner

As was the case in the 2002 survey, there were clear differences in the age of students' last sex partner by gender and by year level, with the pattern typically being students in year 12 and female students reporting older sexual partners (Table 5.12). Young men in year 10 were most likely to have last sex partners aged less than 16 years (43%) and the least likely to have partners aged 18 to 19 years (3%). Conversely, half this proportion of young women in year 10 (22%) reported their last sex partner was less than 16 years but a far greater proportion had sex the last time with a partner aged 18 to 19 years (22%). Over two-thirds of young men in year 12 reported sexual partners at last sex aged between 16 and 17 years and a considerable proportion (22%) also reported having sex with someone aged 18 years or older. Young women in year 12 reported having the oldest partners at their last sexual encounter with the majority (68%) having sex with someone aged 18 years or older.





**Table 5.13 The gender of sexually active students' most recent sexual partner (%).**

Partner	Year 10		Year 12		Total		
	2002	2008	2002	2008	2002	2008	
Males	Male	0.7	7.4	2.3	7.9	1.6	7.7
	Female	99.3	92.6	97.7	92.1	98.4	92.3
		N=159	N=168	N=209	N=183	N=368	N=350
Females	Male	98.4	96.3	96.6	96.3	97.3	96.3
	Female	1.6	3.7	3.4	3.7	2.7	3.7
		N=185	N=283	N=259	N=526	N=443	N=809

*Sex-related issues discussed*

Before they had sex, students were most likely to discuss using a condom (70%), avoiding pregnancy (56%) and how to gain sexual pleasure without having intercourse (34%) (Table 5.14). Less frequently discussed by students before they had sex was how to avoid becoming infected by HIV (17%) and STIs (20%). Compared to their year 12 counterparts, year 10 students were significantly more likely to discuss with their last sex partner avoiding HIV (22% vs. 13%) and STIs (26% vs. 16%) and a greater proportion also discussed using a condom (75% vs. 67%) although this difference was not significant. Young women were more likely than young men to report discussing pregnancy with their partner the last time they had sex (49% vs. 34%).

**Table 5.14 Sexually active students who discussed sex related issues during the last sexual encounter (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Avoiding pregnancy	Males	36.3	44.4	29.7	23.1	32.6	33.6
	Females	50.8	47.8	52.4	49.3	51.7	48.8
	Total	44.1	46.6	42.3	42.8	43.1	55.7
Avoiding HIV infection	Males	28.4	23.7	17.0	11.4	22.0	17.4
	Females	25.0	20.8	21.4	13.9	23.0	16.4
	Total	26.6	21.9	19.5	13.3	22.5	16.7
Avoiding other STIs	Males	28.9	25.6	17.2	10.7	22.3	17.9
	Females	29.2	26.6	21.4	18.1	24.6	21.1
	Total	29.0	26.2	19.5	16.2	23.6	20.2
Sexual pleasure without intercourse	Males	34.3	40.8	28.3	21.0	30.9	30.7
	Females	43.8	35.0	34.6	34.6	38.5	34.7
	Total	39.4	37.1	31.8	31.2	35.0	33.5

continued...



### Condom use

The majority of students (69%) reported that when they had sex the last time a condom was available (Table 5.16). Young men (77%) were more likely to report a condom was available at the last sexual encounter compared to young women (65%), and year 10 students more than year 12 students although the difference here was not statistically significant.

**Table 5.16 Sexually active students reporting a condom was available at the most recent sexual encounter (%).**

	Year 10		Year 12		Total	
	2002	2008	2002	2008	2002	2008
Males	76.2	76.1	73.2	78.0	74.5	77.1
Females	79.5	69.4	64.9	62.6	71.0	65.0
Total	77.9	71.9	68.6	66.6	72.6	68.7
Total Males	160	167	207	183	366	350
Total Females	186	284	261	523	447	807
Total	346	451	468	706	814	1157

As Table 5.17 shows, slightly fewer students reported that a condom was actually used at the last sexual encounter (64%). Year 10 students (70%) were more likely than those in year 12 (61%) and young men (74%) more likely than female students (60%) to report using a condom the last time they had sex. Students who reported not using a condom at their last sexual encounter were presented with a set of reasons to account for their non-use and these are shown in Table 5.18. Being unprepared and not expecting sex ('it just happened', 39%), trusting a partner (31%) and knowing a partner's sexual history (27%) were the most common reasons stated for failing to use a condom at the last sexual encounter. Young women were significantly more likely to offer both trusting their partner (39% vs. 6%) and knowing their partners sexual history (31% vs. 14%) as reasons why a condom was not used the last time they had sex.

**Table 5.17 Sexually active students reporting that a condom was used at the most recent sexual encounter (%).**

	Year 10		Year 12		Total	
	2002	2008	2002	2008	2002	2008
Males	76.4	76.4	72.3	70.9	74.1	73.5
Females	69.0	65.4	49.8	57.5	57.8	60.2
Total	72.4	69.5	59.7	60.8	65.1	64.2
Total Males	157	166	206	177	362	343
Total Females	186	283	262	529	448	812
Total	343	449	467	706	810	1155



**Table 5.19 Sexually active students who were drunk or high the last time they had sex (%).**

	Year 10		Year 12		Total	
	2002	2008	2002	2008	2002	2008
Males	29.9	23.8	27.3	42.7	28.4	33.7
Females	23.1	17.9	14.2	21.4	17.9	20.2
Total	26.3	20.1	20.0	26.9	22.7	24.2
Total Males	157	167	205	183	363	349
Total Females	186	284	259	530	445	813
Total	344	450	464	712	808	1163

*Unwanted sex*

Generally, most students wanted to have sex at their last sexual encounter (Table 5.20). Eight percent of sexually active students reported unwanted sex at their last sexual encounter, with young women in year 12 experiencing unwanted sex most often. More female students (9%) reported unwanted sex compared with male students (6%), but this difference was not statistically significant.

**Table 5.20 Students who wanted to have sex the last time they had sex (%).**

	Year 10		Year 12		Total	
	2002	2008	2002	2008	2002	2008
Males	97.2	94.6	96.5	93.5	96.8	94.1
Females	89.2	89.5	96.9	92.0	93.6	91.1
Total	92.9	91.4	96.7	92.4	95.1	92.0
Total Males	158	167	205	177	363	343
Total Females	186	281	254	523	440	805
Total	344	448	459	700	803	1148

*Feelings after sex*

Generally students expressed positive feelings after their last sexual encounter (Table 5.21). More than one third of sexually active students reported that they felt ‘extremely’ good (40%), happy (42%), fantastic (38%) or loved (36%) after their last sexual encounter. Similarly, students were less likely to endorse the items conveying negative feelings after the last sexual encounter. Relatively small proportions of students reported feeling ‘extremely’ used (9%), regretful (7%), worried (7%), upset (4%) or guilty (3%) the last time they had sex. Young women were less likely than young men to express consistent positive sentiment after sex. Female students were less likely to report feeling ‘not at all’ upset (76% vs. 85%) and used (72% vs. 81%) after their last sexual encounter and although were also









## Peer sexual behaviour

Students were asked questions regarding their peers' sexual behaviour (Table 5.23). As was the case in the 2002 survey, almost three quarters of students surveyed believed that either most or all young people their own age use condoms when they have sex. When this estimate of peer condom use is compared to actual reported use (64% used a condom at the last sexual encounter and 51% used a condom always in the previous year), student perception regarding condom use is somewhat higher than actual practice. This finding was also evident in the 2002 study.

**Table 5.23 Students' beliefs about their peers' condom use (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	I don't think they have sex	6.7	6.8	2.9	1.0	5.1	4.5
	None use condoms	0.7	1.4	1.1	0.9	0.9	1.2
	A few do	12.3	11.8	10.4	6.8	11.5	9.8
	About half do	12.7	9.5	7.8	10.3	10.6	9.8
	Most of them do	59.3	64.9	72.0	77.6	64.7	69.9
	All of them do	8.3	5.7	5.8	3.5	7.2	4.8
		N=596	N=621	N=431	N=411	N=1027	N=1032
Females	I don't think they have sex	5.1	3.4	1.1	0.1	3.4	1.9
	None use condoms	0.4	0.6	0.0	0.3	0.2	0.4
	A few do	12.1	12.9	9.5	10.9	11.0	12.0
	About half do	10.9	13.6	20.5	19.0	15.0	16.1
	Most of them do	65.0	65.7	65.2	68.5	65.1	67.0
	All of them do	6.5	3.7	3.7	1.2	5.3	2.6
		N=772	N=1032	N=572	N=858	N=1344	N=1890
Totals	I don't think they have sex	5.8	4.7	1.9	0.4	4.1	2.8
	None use condoms	0.5	0.9	0.5	0.5	0.5	0.7
	A few do	12.2	12.5	9.9	9.6	11.2	11.2
	About half do	11.7	12.1	15.0	16.2	13.1	13.8
	Most of them do	62.5	65.4	68.1	71.4	64.9	68.0
	All of them do	7.3	4.5	4.6	2.0	6.1	3.4
		N=1368	N=1654	N=1003	N=1269	N=2371	N=2922

When students were asked who they thought mostly suggests using a condom during sex, most thought that either young women (42%) or young women and young men together (40%) suggest condom use (Table 5.24). Few students (10%) believed that young men alone take responsibility for suggesting condom use during sex. There was some variation in reporting by gender, with young men (17%) more likely than young women (6%) to believe that boys alone were responsible for suggesting condom use during sex.



**Table 5.25 Students' confidence in talking to parents about sex related matters (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
<b>Talking about sex</b>							
Males	Very confident to confident	38.5	45.4	39.3	47.3	38.8	46.2
	A little confident to not at all confident	61.5	54.6	60.7	52.7	61.2	53.8
		N=596	N=621	N=436	N=411	N=1032	N=1032
Females	Very confident to confident	41.0	41.1	45.1	55.0	42.7	47.4
	A little confident to not at all confident	59.0	58.9	54.9	45.0	57.3	52.6
		N=777	N=1032	N=571	N=858	N=1348	N=1890
Totals	Very confident to confident	39.9	42.7	42.6	52.5	41.0	47.0
	A little confident to not at all confident	60.1	57.3	57.4	47.5	59.0	53.0
		N=1373	N=1653	N=1006	N=1269	N=2380	N=2922
<b>Talking about contraception</b>							
Males	Very confident to confident	37.8	46.8	39.1	52.4	38.3	49.0
	A little confident to not at all confident	62.2	53.2	60.9	47.6	61.7	51.0
		N=593	N=621	N=436	N=411	N=1029	N=1031
Females	Very confident to confident	43.3	42.8	49.8	66.5	46.0	53.6
	A little confident to not at all confident	56.7	57.2	50.2	33.5	54.0	46.4
		N=777	N=1032	N=570	N=858	N=1346	N=1890
Totals	Very confident to confident	40.9	44.3	45.1	62.0	42.7	52.0
	A little confident to not at all confident	59.1	55.7	54.9	38.0	57.3	48.0
		N=1370	N=1652	N=1005	N=1269	N=2375	N=2921
<b>Talking about HIV/AIDS and other STIs</b>							
Males	Very confident to confident	36.6	50.9	42.4	56.2	39.0	53.0
	A little confident to not at all confident	63.4	49.1	57.6	43.8	61.0	47.0
		N=595	N=621	N=434	N=411	N=1029	N=1032
Females	Very confident to confident	45.0	51.5	50.2	66.5	47.2	58.3
	A little confident to not at all confident	55.0	48.5	49.8	33.5	52.8	41.7
		N=777	N=1031	N=570	N=846	N=1347	N=1877
Totals	Very confident to confident	41.3	51.3	46.8	63.2	43.7	56.4
	A little confident to not at all confident	58.7	48.7	53.2	36.8	56.3	43.6
		N=1372	N=1652	N=1004	N=1256	N=2375	N=2909

### 2008 and 2002 comparison

Although a greater proportion of students had experienced sex in 2008 (40%) compared with those surveyed in 2002 (35%), this difference was not statistically significant. The proportion of students reporting sexual intercourse ever without a condom had also increased (33% vs. 40%), although the







# CHAPTER 6: HEALTH STATUS

## *Key findings*

- The majority of students rate their general health as good.
- Almost one quarter of the sample reported smoking marijuana, and a significant minority of students had used the drug on several occasions in the past year.
- Although there has been a reduction in experience of alcohol consumption overall between 2002 and 2008, students continue to drink considerable amounts of alcohol. Young women in year 12 reported higher rates of binge drinking in 2008 compared to 2002.
- Few students have been diagnosed with an STI or hepatitis.
- Between 2002 and 2008, more students reported hepatitis A and B vaccinations. However, students continue to be uncertain about hepatitis vaccination, with many unsure if they have been vaccinated against hepatitis A and B.
- A considerable proportion of students incorrectly report vaccinations for hepatitis C, and this figure has increased significantly since 2002.
- Few students have injected drugs.
- Less than 1 in 10 students believed they were at risk of infection with HIV/AIDS, an STI, hepatitis B or hepatitis C. Students who were sexually active, had more sexual partners and who were attracted to people of the same sex were more likely to believe they were at risk of infection with HIV/AIDS and STIs.
- Not using a condom during sex was only associated with increased perceived risk of infection with HIV/AIDS and STIs where a student's sexual partner was someone they had met for the first time.
- Most students had sought information regarding sexual health. Students most commonly sought information from their mothers, female friends, the school sexual health program and pamphlets. Despite not being used as frequently by students, doctors were the most trusted source of information on sexual health.

## Now

### General Health

Students were asked to rate their general health in the past year using the 5-point SF-36 single item summary measure – students could rate their health as either ‘poor’, ‘fair’, ‘good’, ‘very good’ or ‘excellent’. The self-reported general health of students was generally high, with the majority of the sample (90%) rating their health as either ‘good’ or better (Table 6.1). This figure is marginally lower than the self-assessed general health estimate for 15-24 year olds in the Australian population (94%).<sup>19</sup>

**Table 6.1 Students’ self reported general health (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	Poor	1.5	0.6	0.3	0.0	0.9	0.4
	Fair	7.0	5.4	5.5	12.6	6.4	8.3
	Good	23.4	22.2	24.6	22.4	23.9	22.2
	Very good	38.7	41.6	46.1	44.6	41.8	42.8
	Excellent	29.4	30.2	23.5	20.5	27.0	26.3
		N=596	N=618	N=435	N=411	N=1031	N=1029
Females	Poor	0.4	1.6	0.2	0.3	0.3	1.0
	Fair	9.1	9.2	8.4	8.4	8.8	8.9
	Good	36.9	30.6	40.1	32.1	38.2	31.3
	Very good	39.5	39.2	43.8	45.2	41.3	41.9
	Excellent	14.1	19.3	7.6	14.0	11.4	16.9
		N=777	N=1029	N=571	N=858	N=1348	N=1887
Totals	Poor	0.8	1.3	0.2	0.2	0.6	0.8
	Fair	8.2	7.8	7.1	9.8	7.8	8.7
	Good	31.0	27.4	33.4	28.9	32.0	28.1
	Very good	39.2	40.1	44.8	45.0	41.5	42.2
	Excellent	20.8	23.4	14.5	16.1	18.1	20.2
		N=1373	N=1646	N=1006	N=1269	N=2379	N=2916

### Sexually transmissible infections and blood-borne viruses

Few students reported being diagnosed with either an STI or hepatitis. In terms of STIs, only 3% of sexually active students had ever been diagnosed with an STI (Table 6.2). Of the STIs that were reported the most common were chlamydia (n = 18), genital herpes (n=2) and pubic lice (crabs) (n=2).









**Table 6.6 Students reporting they were likely or very likely to become infected with HIV/AIDS, STIs or hepatitis (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
STIs	Males	6.2	4.6	5.1	5.3	5.7	4.9
	Females	5.8	6.8	6.7	10.7	6.2	8.6
	Total	6.0	6.0	6.0	8.9	6.0	7.3
	Total Males	586	617	432	403	1019	1020
	Total Females	773	1025	572	837	1345	1861
	Total	1359	1642	1004	1240	2363	2882
HIV	Males	5.7	5.2	5.1	6.8	5.5	5.9
	Females	6.1	8.2	5.3	2.8	5.8	5.8
	Total	6.0	7.1	5.2	4.1	5.7	5.8
	Total Males	358	621	246	405	604	1026
	Total Females	528	1028	400	846	929	1873
	Total	887	1649	646	1250	1532	2899
Hepatitis B	Males	3.2	1.9	3.8	1.5	3.4	1.8
	Females	3.7	3.3	2.7	3.8	3.3	3.5
	Total	3.5	2.7	3.1	3.0	3.3	2.9
	Total Males	584	616	432	402	1017	1018
	Total Females	767	1022	571	848	1337	1870
	Total	1351	1638	1003	1251	2354	2887
Hepatitis C	Males	2.9	1.7	3.5	1.5	3.2	1.6
	Females	4.9	2.9	2.9	2.2	4.0	2.6
	Total	4.0	2.5	3.2	2.0	3.7	2.3
	Total Males	586	612	432	402	1019	1014
	Total Females	770	1021	571	848	1341	1869
	Total	1356	1633	1003	1251	2359	2883

There were several factors that were associated with the risk perception of students. As you might expect, students who were sexually active were more likely to believe they were at increased risk of becoming infected with an STI (12% vs. 4%), although this relationship, interestingly, was significant for young women only. Similarly, being sexually active also increased students' perceived risk of infection with HIV/AIDS (8% vs. 4%). Students also associated higher numbers of sexual partners with increased risk of infection. Sexually active students who reported 3 or more sexual partners in the past year were more likely than those with fewer sexual partners to feel they were at greater risk of becoming infected with HIV/AIDS (15% vs. 5%) and STIs (26% vs. 6%).





udes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context  
 s health promotion programs knowledge attitudes pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social  
 ool based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion pro  
 chool and drug use sources of information school based programs health promotion programs knowledge attitudes pregnancy and contraception health status alcohol and drug use sources of information school based progr  
 ontrapection health status alcohol and drug use sources of information school based programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of informati  
 ext pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes pregnancy and contraception health status alcohol and drug use sources of  
 ocial context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes pregnancy and contraception health status alcohol and contraceptio  
 rams knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour  
 chool based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use school based programs health promotion programs knowledge at  
 urses of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based progr  
 on programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information health promotion programs knowledge attitudes sexual behaviour and social cont  
 r and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contra  
 and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based progr  
 rams knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs knowledge attitudes sexual behaviour and social context pregnan  
 ncy and contraception health status sources of information health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources of information sch  
 health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contraception health status alcohol and drug use sources  
 r and social context pregnancy and contraception health status alcohol and drug use sources of information school based programs health promotion programs knowledge attitudes sexual behaviour and social context pregnancy and contra

In addition to frequency and quantity of alcohol consumption, a measure of binge drinking was included in the 2008 survey. The measure is gender specific and is based on the National Health and Medical Research Council guidelines regarding binge drinking.<sup>20</sup> Female students were asked to report the number times they consumed 3 or more alcoholic drinks on any one occasion in the past two weeks, while male students were asked to record the number times they drank 5 or more alcoholic drinks on any one time in the past fortnight (Table 6.9). The majority of students surveyed in 2008 engaged in binge drinking, with 57% of young men and 68% of young women reporting at least one binge drinking episode in the past fortnight. Of some concern was the large number of students who reported binge drinking on 3 or more occasions. In the two weeks prior to being surveyed, 44% of young women and 39% of young men had engaged in 3 or more binge drinking episodes. Both young men (71%) and young women (84%) in year 12 were more likely to report an episode of binge drinking in the past two weeks than young men (47%) and young women (54%) in year 10.

**Table 6.9 Number of binge drinking episodes over the last two weeks (%).**

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	None	48.5	52.6	37.6	28.7	43.9	43.0
	Once	12.0	10.2	17.7	6.4	14.4	8.7
	Twice	10.4	8.2	7.7	11.4	9.3	9.5
	Three or more times	29.1	29.1	37	53.5	32.4	38.8
		N=592	N=619	N=435	N=411	N=1026	N=1031
Females	None	46.3	45.8	35.2	16.3	41.6	32.4
	Once	19.5	13.6	16.8	11.0	18.3	12.4
	Twice	12.1	9.3	20.6	12.8	15.7	10.9
	Three or more times	22.1	31.3	27.4	60.0	24.4	44.4
		N=772	N=1030	N=571	N=857	N=1343	N=1887

Very few students had ever injected drugs (Table 6.10). Of the sample overall, 2% of students had ever injected drugs, with the same proportion reporting they had injected in the past 12 months. Young men in year 12 reported the highest rate of injecting both in terms of ever and the past 12 months.

**Table 6.10 Students reporting that they have ever injected drugs (%).**

	Year 10		Year 12		Total	
	2002	2008	2002	2008	2002	2008
Males	1.4	1.7	2.1	4.5	1.7	2.8
Females	0.8	1.4	0.4	0.9	0.6	1.2
Total	1.0	1.5	1.1	2.0	1.1	1.7
Total Males	594	619	436	411	1030	1030
Total Females	771	1030	573	857	1344	1887
Total	1365	1649	1009	1269	2375	2917

### *Sources of information*

Students were asked to list the sources they used for information regarding sexual health and were also asked to rate the level of trust associated with the source. Table 6.11 shows the sources used by students for information about sexual health. Most students (88%) reported seeking information regarding sexual health at some stage. Students most commonly consulted either their mother (56%) or a female friend (55%), used the school sexual health program (49%) or pamphlets (44%) for information on sexual health. Doctors (39%) were also nominated as a fairly common source of information for sexual health, but student use here did not equate with the level of trust (73% - the most trusted of any source) attributed to the information they provide. Community health services (47% vs. 14%), school counsellors (39% vs. 16%) and school nurses (38% vs. 16%) were also sources of information on sexual health trusted by students but rarely used. Conversely, students were more likely to use both web sites (36%) and the media (35%) for information on sexual health than they were to actually trust the material provided by these sources (web sites – 25%, media – 22%).





**Table 6.11 continued**

		Year 10		Year 12		Total	
		Used	Trusted	Used	Trusted	Used	Trusted
Total	Doctor	28.4	69.5	51.7	78.2	39.0	73.3
	Community Health Service	13.1	49.8	14.5	42.3	13.7	46.5
	School Program	44.6	52.3	53.6	43.9	48.7	48.6
	School counsellor	12.4	41.3	19.2	35.1	15.5	38.5
	School nurse	13.7	40.9	17.8	33.8	15.6	37.8
	Teacher	30.0	41.2	27.2	35.4	28.7	38.7
	Other community worker	11.5	24.8	10.5	14.6	11.1	20.3
	Youth worker	10.9	29.4	10.7	20.7	10.8	25.6
	Media	30.4	23.3	39.7	20.8	34.6	22.2
	Pamphlets	40.7	41.7	48.2	46.7	44.1	43.9
	Internet web sites	34.3	27.7	37.5	20.6	35.8	24.6
	Internet chat rooms	12.3	15.3	10.1	10.3	11.3	13.1
	Mother	47.8	67.2	65.9	70.4	56.0	68.6
	Father	26.8	51.4	36.1	43.4	31.1	47.9
	Other relative	23.6	42.0	26.2	37.8	24.8	40.1
	Female friend	48.5	57.9	61.5	55.3	54.5	56.8
	Male friend	31.4	40.1	37.9	34.6	34.3	37.7
	Older brother	12.8	28.2	13.8	15.3	13.3	22.5
Older sister	17.6	34.5	18.7	25.4	18.1	30.5	
Other	8.9	14.9	8.5	10.4	8.7	12.9	
Never sought advice	16.3	12.6	6.1	6.0	11.6	9.7	

There were some gender and year level patterns to student use of information sources for sexual health. Compared to young male students, young women were more likely to consult their doctor (44% vs. 30%), their mother (62% vs. 44%) and female friends (63% vs. 38%) for sexual health information. In contrast, young men typically were more likely than young women to confide in either their father (40% vs. 27%) or a male friend (41% vs. 31%) for advice regarding sexual health. Generally, it was more common for young women (91%) to seek advice regarding sexual health than it was for young men (82%). Year 12 students were generally more likely to seek advice for matters relating to sexual health than those in year 10. Compared to their year 10 counterparts, students in year 12 were more likely to consult a doctor (52% vs. 28%), their mother (66% vs. 48%) or confide in a female friend (62% vs. 49%) for information on sexual health.

### 2008 and 2002 comparison

Although students in 2008 were less likely to have ever consumed alcohol and drink large amounts of alcohol when they did drink, there was an increase in the incidence of binge drinking for young women in year 12 between 2002 and 2008 surveys.





# CHAPTER 7: CONCLUSION

A singular feature of the findings of this survey is the complex nature of change we observe. More young people are sexually active and some of those are having sexual intercourse with more partners than was the case for their counterparts in 2002. Similarly with oral sex, more young people have engaged in it and the proportion of those who had oral sex with three or more people in the previous year has increased markedly from what was reported in 2002. We know that there has been a marked increase in participants reporting that they had unwanted sex at some time and that the role of alcohol in unwanted sex is becoming increasingly prominent. Apparently perversely, the survey indicates that the number of non-drinkers has increased since 2002 at the same time as the number of young people reporting binge drinking on three or more occasions in the previous two weeks has also increased. The patterning of behaviour change based on gender and year level that was apparent in the previous three surveys seems to be breaking down, indicating what might be not only an increase in the rate of change but an increase in diversity of the patterns of change we observe.

This is in a context in which knowledge about HIV is high but stable, knowledge of STIs and hepatitis is poor but improving and knowledge of HPV and cervical cancer alarmingly low. It is possibly telling that a survey initially focussed on HIV now includes STIs, hepatitis, HPV and cervical cancer. It also includes alcohol and drug use, health and well-being, contraception and unwanted sex. With each iteration of the survey, those things that have fallen under the rubric of secondary student's sexual health have increased in number and diversified in kind. This is a positive outcome to the extent that young people's sexual health has been better understood. It is a negative thing to the extent that the proliferation of issues that fall somewhere in secondary student's sexual health instead acts to shield the more key elements of their sexual health from view. In this case the focus on deficits, potential problems and unwanted outcomes obscures from the reader too readily the fact that most young people in the survey were in good to excellent health, were adequately informed about most of the key issues and were experiencing good sexual health regardless of whether they were sexually active or not.

It may now be time to call a halt to the expansion of items that fall under the rubric of secondary students' sexual health and instead focus on what it means to live a good sexual life.

# REFERENCES

1. Dunne MP, Donald M, Lucke J, Nilsson R, Ballard R, Raphael B. Age-related increase in sexual behaviours and decrease in regular condom use among adolescents in Australia. *Int J STD AIDS*. Jan-Feb 1994;5(1):41-47.
2. Lindsay J, Smith AM, Rosenthal DA. Conflicting advice? Australian adolescents' use of condoms or the pill. *Fam Plann Perspect*. Jul-Aug 1999;31(4):190-194.
3. Lindsay J, Smith AM, Rosenthal DA. Uncertain knowledge: a national survey of high school students' knowledge and beliefs about hepatitis C. *Aust N Z J Public Health*. Apr 1999;23(2):135-139.
4. Smith AM, Lindsay J, Rosenthal DA. Same-sex attraction, drug injection and binge drinking among Australian adolescents. *Aust N Z J Public Health*. Dec 1999;23(6):643-646.
5. Rissel CE, Richters J, Grulich AE, de Visser RO, Smith AM. Sex in Australia: first experiences of vaginal intercourse and oral sex among a representative sample of adults. *Aust N Z J Public Health*. 2003;27(2):131-137.
6. Agius PA, Dyson S, Pitts MK, Mitchell A, Smith AM. Two steps forward and one step back? Australian secondary students' sexual health knowledge and behaviors 1992-2002. *J Adolesc Health*. Mar 2006;38(3):247-252.
7. Agius P, Pitts MK, Dyson S, Mitchell AM, Smith AM. Pregnancy and contraceptive use in a national representative sample of Australian secondary school students. *Aust N Z J Public Health*. Dec 2006;30(6):555-557.
8. Pitts M, Smith A. Understanding oral sex. *Sex Health*. Dec 2008;5(4):315-316.
9. Roughead EE, Gilbert AL, Vitry AI. The Australian funding debate on quadrivalent HPV vaccine: a case study for the national pharmaceutical policy. *Health Policy*. Dec 2008;88(2-3):250-257.
10. Kang M, Skinner R, Foran T. Sex, contraception and health. *Aust Fam Physician*. Aug 2007;36(8):594-600.
11. Bonomo Y, Coffey C, Wolfe R, Lynskey M, Bowes G, Patton G. Adverse outcomes of alcohol use in adolescents. *Addiction*. Oct 2001;96(10):1485-1496.
12. Donovan K, Donovan R, Howat P, Weller N. Magazine alcohol advertising compliance with the Australian Alcoholic Beverages Advertising Code. *Drug Alcohol Rev*. Jan 2007;26(1):73-81.
13. Milne B, Bell J, Lampropoulos B, Towns S. Alcohol, drugs and Australian young people. *Int J Adolesc Med Health*. Jul-Sep 2007;19(3):245-253.
14. Turner C, Russell A, Brown W. Prevalence of illicit drug use in young Australian women, patterns of use and associated risk factors. *Addiction*. Oct 2003;98(10):1419-1426.
15. Zimmer-Gembeck MJ, Collins WA. Gender, mature appearance, alcohol use, and dating as correlates of sexual partner accumulation from ages 16-26 years. *J Adolesc Health*. Jun 2008;42(6):564-572.







# APPENDIX: THE QUESTIONNAIRE AND INFORMATION SHEET

## 4<sup>th</sup> National Survey of Australian Secondary Students

### Sexual Health

This questionnaire is anonymous and your responses confidential. Your honest response to questions is important. When completed please place the questionnaire in the envelope provided and seal the envelope ensuring confidentiality.



ANSWER EACH QUESTION BY TICKING  **ONE** RESPONSE OR SCALE ITEM YOU AGREE WITH OR THINK MOST APPROPRIATE

**For example...**

- A** Which year are you in at school? ..... Year 10 .....  <sub>1</sub>  
Year 12 .....  <sub>2</sub>

SOMETIMES YOU WILL BE ASKED TO TICK **MORE** THAN ONE

**For example...**

- B** What types of movies do you like to watch?  as many as you like to watch
- Comedy .....  <sub>1</sub>  
Romance .....  <sub>1</sub>  
Horror/Thriller .....  <sub>1</sub>  
Science Fiction .....  <sub>1</sub>  
Other type of movie [please specify]  
.....  <sub>1</sub>

# SECTION A

This section asks you about yourself, where you were born, and your family.

**A1.** Are you? ..... Male ..... [ ]<sub>1</sub>  
Female ..... [ ]<sub>2</sub>

**A2.** How old are you? ..... years old

**A3.** Which year are you in at school? ..... Year 10 ..... [ ]<sub>1</sub>  
Year 12 ..... [ ]<sub>2</sub>

**A4.** Were you born in Australia? ..... Yes ..... [ ]<sub>1</sub>  
No ..... [ ]<sub>2</sub>

If you were not born in Australia, please specify where? .....

**A5.** If you were not born in Australia, how long have you lived here? ..... years

**A6.** Are you of Aboriginal or Torres Strait Islander origin? ..... No ..... [ ]<sub>1</sub>  
If you are both of Aboriginal and Torres Strait Islander origin, please tick both below  
Yes, Aboriginal ..... [ ]<sub>2</sub>  
Yes, Torres Strait  
Islander ..... [ ]<sub>3</sub>

---

**A7.** In which country was your mother born?..... \_\_\_\_\_

**A8.** In which country was your father born?..... \_\_\_\_\_

**A9.** Is English the main language spoken at home?..... Yes..... [ ]<sub>1</sub>  
No..... [ ]<sub>2</sub>

If NO, please specify the main language spoken at home ..... \_\_\_\_\_

# SECTION B

This section asks you what you know about HIV/AIDS.

**A person can get some infections by having sex. These infections are called STIs (Sexually Transmissible Infections). HIV is one type of STI. Sometimes HIV is called the AIDS virus.**

Please ✓ one box for each question.

	Yes	No	I'm not sure
<b>B1.</b> Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
<b>B2.</b> Could a woman get HIV (the AIDS virus) through having sex with a man?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
<b>B3.</b> If someone with HIV coughs or sneezes near other people, could they get the virus?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
<b>B4.</b> Could a man get HIV through having sex with a man?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
<b>B5.</b> Could a person get HIV from mosquitoes?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
<b>B6.</b> If a woman with HIV is pregnant, could her baby become infected with HIV?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>



Please ✓ one box for each question.

- |   | Yes                          | No                                  | I'm not sure                   |
|---|------------------------------|-------------------------------------|--------------------------------|
| <b>B7.</b> Could a person get HIV by hugging someone who has it? .....                              | [ ] <sub>1</sub>             | [ ] <sub>2</sub>                    | [ ] <sub>3</sub>               |
| <b>B8.</b> Does the pill (birth control) protect a woman from HIV infection?.....                   | [ ] <sub>1</sub>             | [ ] <sub>2</sub>                    | [ ] <sub>3</sub>               |
| <b>B9.</b> Could a man get HIV through having sex with a woman?.....                                | [ ] <sub>1</sub>             | [ ] <sub>2</sub>                    | [ ] <sub>3</sub>               |
| <b>B10.</b> If condoms are used during sex does this help to protect people from getting HIV? ..... | [ ] <sub>1</sub>             | [ ] <sub>2</sub>                    | [ ] <sub>3</sub>               |
| <b>B11.</b> Could someone who looks very healthy pass on HIV infection?.....                        | [ ] <sub>1</sub>             | [ ] <sub>2</sub>                    | [ ] <sub>3</sub>               |
| <b>B12.</b> How likely do you think you are personally to get HIV infection?.....                   | Never..... [ ] <sub>1</sub>  | Very unlikely..... [ ] <sub>2</sub> | Unlikely..... [ ] <sub>3</sub> |
|   | Likely..... [ ] <sub>4</sub> | Very likely..... [ ] <sub>5</sub>   |                                |

# SECTION C

This section asks you about sexual behaviour and feelings.

Please ✓ one box for each question.

- C1.** Do you think that people about the same age as you mostly use condoms if they have sex?
- |                                   |       |
|-----------------------------------|-------|
| I don't think they have sex ..... | [ ] 1 |
| None use condoms .....            | [ ] 2 |
| A few do .....                    | [ ] 3 |
| About half do .....               | [ ] 4 |
| Most of them do .....             | [ ] 5 |
| All of them do .....              | [ ] 6 |
- C2.** For those young people who use condoms when having sex, who do you think mostly suggests using a condom?
- |                    |       |
|--------------------|-------|
| Boys .....         | [ ] 1 |
| Girls .....        | [ ] 2 |
| Both .....         | [ ] 3 |
| I don't know ..... | [ ] 4 |
- C3.** Which of these statements best describes your sexual feelings at the moment?
- |   |       |
|---|-------|
| I am attracted only to people of the opposite sex ..... | [ ] 1 |
| I am attracted to people of both sexes .....            | [ ] 2 |
| I am attracted only to people of my own sex .....       | [ ] 3 |
| Not sure .....  | [ ] 4 |
- C4.** Have you ever had sex? .....
- |           |       |
|-----------|-------|
| Yes ..... | [ ] 1 |
| No .....  | [ ] 2 |

**C5.** How confident are you that you could talk to one of your parents, or an adult who looks after you, about HIV and other Sexually Transmissible Infections (STIs)?

Very confident ..... [ ] 1  
Confident ..... [ ] 2  
A little confident ..... [ ] 3  
Not very confident ..... [ ] 4  
Not at all confident ..... [ ] 5

**C6.** How confident are you that you could talk to one of your parents, or an adult who looks after you, about decisions concerning contraception?

Very confident ..... [ ] 1  
Confident ..... [ ] 2  
A little confident ..... [ ] 3  
Not very confident ..... [ ] 4  
Not at all confident ..... [ ] 5

**C7.** How confident are you that you could talk to one of your parents, or an adult who looks after you, about sex?

Very confident ..... [ ] 1  
Confident ..... [ ] 2  
A little confident ..... [ ] 3  
Not very confident ..... [ ] 4  
Not at all confident ..... [ ] 5

# SECTION D

This section asks you about your personal experiences of sex.  
Some people your age have had sex and other people have not.

**D1.** How old were you when you first had an experience of...  
Please  one age box for each type of experience.

	Under 13	13	14	15	16	17	18 or older	Never
Deep kissing?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	[ ] <sub>4</sub>	[ ] <sub>5</sub>	[ ] <sub>6</sub>	[ ] <sub>7</sub>	[ ] <sub>8</sub>
Touching a partner's genitals with your hands?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	[ ] <sub>4</sub>	[ ] <sub>5</sub>	[ ] <sub>6</sub>	[ ] <sub>7</sub>	[ ] <sub>8</sub>
Being touched on your genitals by a partner's hand?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	[ ] <sub>4</sub>	[ ] <sub>5</sub>	[ ] <sub>6</sub>	[ ] <sub>7</sub>	[ ] <sub>8</sub>
Giving oral sex?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	[ ] <sub>4</sub>	[ ] <sub>5</sub>	[ ] <sub>6</sub>	[ ] <sub>7</sub>	[ ] <sub>8</sub>
Intercourse without a condom?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	[ ] <sub>4</sub>	[ ] <sub>5</sub>	[ ] <sub>6</sub>	[ ] <sub>7</sub>	[ ] <sub>8</sub>
Intercourse with a condom?.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>	[ ] <sub>4</sub>	[ ] <sub>5</sub>	[ ] <sub>6</sub>	[ ] <sub>7</sub>	[ ] <sub>8</sub>

Please  one box for each question.

**D2.** Over the last year with how many people have you had oral sex?

I have not had oral sex in the past year.....	[ ] <sub>1</sub>
1 person.....	[ ] <sub>2</sub>
2 people.....	[ ] <sub>3</sub>
3 people.....	[ ] <sub>4</sub>
4 people.....	[ ] <sub>5</sub>
5 to 10 people.....	[ ] <sub>6</sub>
11 or more people.....	[ ] <sub>7</sub>

- D3.** Over the last year with how many people have you had oral sex but NOT intercourse?
- I have not had oral sex in the past year ..... [ ] 1
  - 1 person ..... [ ] 2
  - 2 people ..... [ ] 3
  - 3 people ..... [ ] 4
  - 4 people ..... [ ] 5
  - 5 to 10 people ..... [ ] 6
  - 11 or more people ..... [ ] 7

- D4.** Over the last year with how many people have you had intercourse?
- I have not had intercourse in the past year ..... [ ] 1
  - 1 person ..... [ ] 2
  - 2 people ..... [ ] 3
  - 3 people ..... [ ] 4
  - 4 people ..... [ ] 5
  - 5 to 10 people ..... [ ] 6
  - 11 or more people ..... [ ] 7

- D5.** Have you ever had sex when you didn't want to? ..... No ..... [ ] 1
- If YES, ✓ as many as you think apply
- Yes, because I was too drunk at the time ..... [ ] 1
  - Yes, because I was too high at the time ..... [ ] 1
  - Yes, because my partner thought I should ..... [ ] 1
  - Yes, because my friends thought I should ..... [ ] 1

- D6.** When you had sex with people in the last year, how often were condoms used?
- I didn't have sex ..... [ ] 1
  - Always used condoms ..... [ ] 2
  - Sometimes used condoms ..... [ ] 3
  - Never used condoms ..... [ ] 4

- D7.** Have you ever been diagnosed with a sexually transmissible infection (STI)? ..... Yes ..... [ ] 1  
 No ..... [ ] 2
- If YES, which STI(s)? \_\_\_\_\_

The following questions are about the last time you had sex. Think back to the last time you had sex.

- D8.** Was the last person you had sex with...
- Someone you had just met for the first time? ..... [ ] 1
  - Someone you had known for a while, but had not had sex with before? ..... [ ] 2
  - Someone you had known for a while and had had sex with before, but not your current girlfriend/boyfriend? ..... [ ] 3
  - Your current girlfriend/boyfriend? ..... [ ] 4
  - I have never had sex ..... [ ] 5

- D9.** Was the last person you had sex with...
- Male? ..... [ ] 1
  - Female? ..... [ ] 2
  - I have never had sex ..... [ ] 3

- D10.** How old was the last person you had sex with?
- under 16 years old ..... [ ] 1
  - 16-17 years old ..... [ ] 2
  - 18-19 years old ..... [ ] 3
  - 20-24 years old ..... [ ] 4
  - 25-29 years old ..... [ ] 5
  - 30 years of age or older ..... [ ] 6
  - Not sure ..... [ ] 7
  - I have never had sex ..... [ ] 8

- D11.** When did you last have sex with this person?
- In the last week ..... [ ] 1
  - 1-3 weeks ago ..... [ ] 2
  - 1-3 months ago ..... [ ] 3
  - 4-6 months ago ..... [ ] 4
  - 7-12 months ago ..... [ ] 5
  - Over 12 months ago ..... [ ] 6
  - I have never had sex ..... [ ] 7



**D12.** The last time you had sex, where did this take place?

- My house ..... [ ] 1
- My girl/boy friend's house ..... [ ] 2
- A friend's house ..... [ ] 3
- Outside (e.g. In the park or on the beach) ..... [ ] 4
- In a car ..... [ ] 5
- Another place - please specify \_\_\_\_\_ ..... [ ] 6
- I have never had sex ..... [ ] 7

**D13.** Think back to the last time you had sex. BEFORE you had sex, did you talk to this person about...

- a) Avoiding pregnancy? ..... Yes ..... [ ] 1  
No ..... [ ] 2
- b) Avoiding HIV infection? ..... Yes ..... [ ] 1  
No ..... [ ] 2
- c) Avoiding other sexually transmissible infections? ..... Yes ..... [ ] 1  
No ..... [ ] 2
- d) How to get sexual pleasure without intercourse? ..... Yes ..... [ ] 1  
No ..... [ ] 2
- e) Using a condom? ..... Yes ..... [ ] 1  
No ..... [ ] 2
- F) I have never had sex ..... [ ]

**D14.** Did you or the person you had sex with have a condom the last time you had sex?

- Yes ..... [ ] 1
- No ..... [ ] 2
- I have never had sex ..... [ ] 3

**D15.** Was a condom used the last time you had sex? ..... Yes ..... [ ]<sub>1</sub>  
 No ..... [ ]<sub>2</sub>  
 I have never had sex ..... [ ]<sub>3</sub>

**If a condom was NOT used, why?**

Please ✓ as many reasons as you think apply.

I don't like them ..... [ ]<sub>1</sub>  
 My partner doesn't like them ..... [ ]<sub>1</sub>  
 I trust my partner ..... [ ]<sub>1</sub>  
 It just happened ..... [ ]<sub>1</sub>  
 We both have been tested for HIV/STIs ..... [ ]<sub>1</sub>  
 Too embarrassed ..... [ ]<sub>1</sub>  
 I know my partner's sexual history ..... [ ]<sub>1</sub>  
 It is not my responsibility ..... [ ]<sub>1</sub>  
 Other - please specify \_\_\_\_\_ [ ]<sub>1</sub>  
 I have never had sex ..... [ ]<sub>1</sub>

**D16.** Were you drunk or high last time you had sex? ..... Yes ..... [ ]<sub>1</sub>  
 No ..... [ ]<sub>2</sub>  
 I have never had sex ..... [ ]<sub>3</sub>

**D17.** The last time you had sex did you want to have sex? ..... Yes ..... [ ]<sub>1</sub>  
 No ..... [ ]<sub>2</sub>  
 I have never had sex ..... [ ]<sub>3</sub>

**D18.** After the last time you had sex, to what extent did you feel?

Please ✓ one box to rate each feeling.

Not at all → Extremely

Good ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Upset ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Guilty ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Happy ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Used ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Fantastic ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Worried ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Loved ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Regretful ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub> [ ]<sub>4</sub> [ ]<sub>5</sub>  
 Other feeling(s) - please specify \_\_\_\_\_ [ ]<sub>1</sub>  
 I have never had sex ..... [ ]<sub>1</sub>

**D19.** The last time you had sex which, if any, forms of contraception did you or the person you had sex with use?

Please  as many you think apply.

- |                                |     |   |
|--------------------------------|-----|---|
| The pill .....                 | [ ] | 1 |
| IUD (Intrauterine Device)..... | [ ] | 1 |
| Diaphragm .....                | [ ] | 1 |
| The morning after pill .....   | [ ] | 1 |
| Withdrawal .....               | [ ] | 1 |
| Rhythm method .....            | [ ] | 1 |
| Condom .....                   | [ ] | 1 |
| None .....                     | [ ] | 1 |
| Other - please specify .....   | [ ] | 1 |
| I have never had sex .....     | [ ] | 1 |

**D20.** Have you ever had sex that resulted in a pregnancy? .....

Yes .....	[ ]	1
No .....	[ ]	2
Don't know .....	[ ]	3

# SECTION 1

This section asks you about drinking and drug taking

Please ✓ one box for each question.  
Think back over the last TWO WEEKS.

**E1.** How often do you have an alcoholic drink?

- |                              |       |
|------------------------------|-------|
| Never drink alcohol .....    | [ ] 1 |
| Less than once a month ..... | [ ] 2 |
| About 1 day a month .....    | [ ] 3 |
| 2 to 3 days a month .....    | [ ] 4 |
| About 1 day a week .....     | [ ] 5 |
| 2-3 days a week .....        | [ ] 6 |
| 4-6 days a week .....        | [ ] 7 |
| Every day .....              | [ ] 8 |

**E2.** On a day that you have an alcoholic drink, how many standard drinks do you usually have?  
(a standard drink is a small glass of wine or middy of beer, a nip of spirits or a mixed drink)

- |                           |       |
|---------------------------|-------|
| Never drink alcohol ..... | [ ] 1 |
| 1-2 drinks .....          | [ ] 2 |
| 3-4 drinks .....          | [ ] 3 |
| 5-6 drinks .....          | [ ] 4 |
| 7-8 drinks .....          | [ ] 5 |
| 9-12 drinks .....         | [ ] 6 |
| 13 or more drinks .....   | [ ] 7 |

Please ✓ one box for each question.  
Think back over the last TWO WEEKS

**E3.** How many times have you had three or more alcoholic drinks on any one occasion?

- None ..... [ ] 1
- Once ..... [ ] 2
- Twice ..... [ ] 3
- 3–6 times ..... [ ] 4
- 7–9 times ..... [ ] 5
- 10 or more times ..... [ ] 6

**E4.** How many times have you had five or more alcoholic drinks on any one occasion?

- None ..... [ ] 1
- Once ..... [ ] 2
- Twice ..... [ ] 3
- 3–6 times ..... [ ] 4
- 7–9 times ..... [ ] 5
- 10 or more times ..... [ ] 6

**E5.** How many times, if ever, have you smoked or used marijuana/cannabis (grass, hash, dope weed, mull, ganga, pot, a bong, a joint) in the last year?

- None ..... [ ] 1
- Once or twice ..... [ ] 2
- 3–5 times ..... [ ] 3
- 6–9 times ..... [ ] 4
- 10–19 times ..... [ ] 5
- 20–39 times ..... [ ] 6
- 40 or more times ..... [ ] 7

These next questions are about using needles for non-medical purposes.

**E6.** Have you ever injected drugs (e.g. speed, steroids)? ..... Yes ..... [ ] 1  
No ..... [ ] 2

**E7.** During the past 12 months, have you injected drugs? ..... Yes ..... [ ] 1  
No ..... [ ] 2  
I have never injected drugs ..... [ ] 3

# SECTION F

This section asks you about you and your body

**F1.** In general, would you say your health is?

Please  only one box.

- |                 |   |     |
|-----------------|---|-----|
| Poor .....      | [ | ] 1 |
| Fair .....      | [ | ] 2 |
| Good .....      | [ | ] 3 |
| Very good ..... | [ | ] 4 |
| Excellent ..... | [ | ] 5 |



# SECTION G

This section asks you what you know about hepatitis and sexually transmissible infections.

- G1.** The following are statements about sexually transmissible infections (STIs) and hepatitis. There are many infections that are sexually transmitted. Some of them are very rare, while others are common. Please  a box for each question to show whether you think the statement is true or false

	True	False	Don't know
a. A man can have a sexually transmissible infection without any obvious symptoms. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
b. A woman can have a sexually transmissible infection without any obvious symptoms. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
c. Apart from HIV, all sexually transmissible infections can be cured. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
d. Chlamydia is a sexually transmissible infection that affects only women. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
e. Chlamydia can lead to sterility among women. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
f. Hepatitis C has no long-term effects on your health. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
g. Once a person has caught genital herpes, then they will always have the virus. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
h. People who always use condoms are safe from all STIs. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
i. It is possible to be vaccinated against hepatitis A. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
j. It is possible to be vaccinated against hepatitis B. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
k. It is possible to be vaccinated against hepatitis C. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
l. People who have injected drugs are not at risk for hepatitis C. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
m. Hepatitis C can be transmitted by tattooing and body piercing. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
n. Hepatitis B can be transmitted sexually. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
o. Gonorrhoea can be transmitted during oral sex. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
p. Genital warts can only be spread by intercourse. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
q. HIV only infects gay men and injecting drug users. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
r. Cold sores and genital herpes can be caused by the same virus. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
s. All people who have hepatitis C can be cured. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
t. Hepatitis C can be transmitted by sharing razors or toothbrushes. ....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>

The following questions are about your personal experiences.

**G2.** How likely do you think you are personally to get any STI? ..... Never ..... [ ]<sub>1</sub>  
 Very unlikely ..... [ ]<sub>2</sub>  
 Unlikely ..... [ ]<sub>3</sub>  
 Likely ..... [ ]<sub>4</sub>  
 Very likely ..... [ ]<sub>5</sub>

**G3.** How likely do you think you are personally to get hepatitis B? ..... Never ..... [ ]<sub>1</sub>  
 Very unlikely ..... [ ]<sub>2</sub>  
 Unlikely ..... [ ]<sub>3</sub>  
 Likely ..... [ ]<sub>4</sub>  
 Very likely ..... [ ]<sub>5</sub>

**G4.** How likely do you think you are personally to get hepatitis C? ..... Never ..... [ ]<sub>1</sub>  
 Very unlikely ..... [ ]<sub>2</sub>  
 Unlikely ..... [ ]<sub>3</sub>  
 Likely ..... [ ]<sub>4</sub>  
 Very likely ..... [ ]<sub>5</sub>

**G5.** Have you ever been vaccinated against hepatitis A? ..... Yes [ ]<sub>1</sub> No [ ]<sub>2</sub> Don't Know [ ]<sub>3</sub>

**G6.** Have you ever been vaccinated against hepatitis B? ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub>

**G7.** Have you ever been vaccinated against hepatitis C? ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub>

**G8.** Have you ever been diagnosed with hepatitis? ..... [ ]<sub>1</sub> [ ]<sub>2</sub> [ ]<sub>3</sub>

If Yes, was it?

Hepatitis A ..... [ ]<sub>1</sub>

Hepatitis B ..... [ ]<sub>1</sub>

Hepatitis C ..... [ ]<sub>1</sub>

Don't Know ..... [ ]<sub>1</sub>

**G9.** Have you ever had an HIV antibody test  
 (The test that tells whether a person is infected with HIV)? ..... Yes ..... [ ]<sub>1</sub>  
 No ..... [ ]<sub>2</sub>

If you have had an HIV test, how long ago was it?

\_\_\_\_\_ Yrs \_\_\_\_\_ months

The questions in the next section are about the human papilloma virus, which is also known as HPV. Please ✓ a box for each question to show whether you think the answer is yes, no or if you don't know.

- |             |  | Yes              | No               | Don't Know       |
|-------------|--|------------------|------------------|------------------|
| <b>G10.</b> | Have you heard of the HPV virus? .....                             | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
| <b>G11.</b> | HPV affects: .....   |                  |                  |                  |
|             | a. Only or mainly men. ....  | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | b. Only or mainly women. ....                                      | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | c. Both men and women. ....  | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
| <b>G12.</b> | HPV is the virus that causes genital warts. ....                   | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
| <b>G13.</b> | HPV is an infection associated with cervical cancer in women. .... | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
| <b>G14.</b> | Have you ever discussed HPV with your friends? .....               | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |

- |             |   | Yes              | No               | Don't Know       |
|-------------|---|------------------|------------------|------------------|
| <b>G15.</b> | A person can get infected with HPV from:  |                  |                  |                  |
|             | a. Sexual contact. ....   | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | b. Genital skin to genital skin contact. ....   | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | c. Skin to skin contact e.g. fingers/feet. ....   | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | d. Blood transfusions. ....   | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | e. Toilet seats. ....   | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
| <b>G16.</b> | Do you think: .....   |                  |                  |                  |
|             | a. Using condoms when you have sex gives complete protection against HPV? .....               | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | b. You can tell if you have HPV? .....  | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | c. Being infected with HPV always leads to cervical cancer? .....                             | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | d. Vaccinating young people against HPV would encourage them to become sexually active? ..... | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | e. The vaccination won't work if a person is already sexually active? .....                   | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | f. The vaccine gives you HPV? .....   | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | g. My GP can give me the vaccine free of charge? .....  | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |
|             | h. If a woman has had the vaccination she also needs to have regular Pap tests? .....         | [ ] <sub>1</sub> | [ ] <sub>2</sub> | [ ] <sub>3</sub> |

- G17a.** Have you been vaccinated against cervical cancer? .....
- |                                  |                  |
|----------------------------------|------------------|
| Yes .....                        | [ ] <sub>1</sub> |
| No .....                         | [ ] <sub>2</sub> |
| Don't know .....                 | [ ] <sub>3</sub> |
| If so when? Month _____ Yr _____ |                  |

**G17b.** If not — I would want to be vaccinated against cervical cancer. .... Yes ..... [ ]<sub>1</sub>  
 No ..... [ ]<sub>2</sub>  
 Don't know ..... [ ]<sub>3</sub>

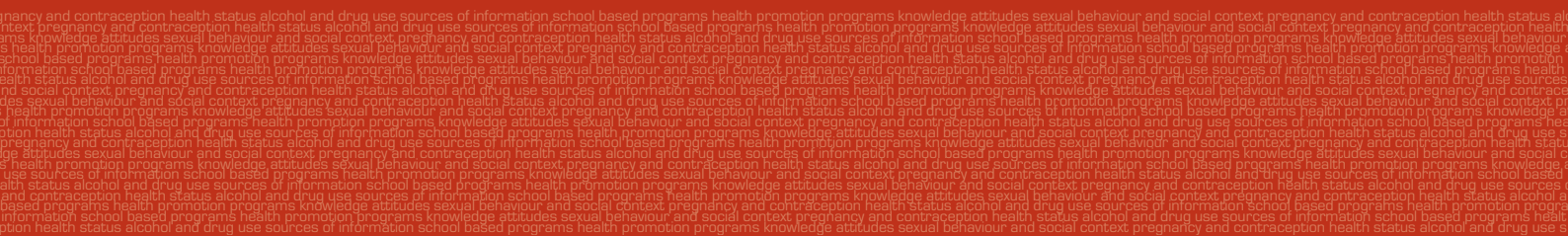
**G18.** Which of these increases the risk of cervical cancer?

	Yes	No	Don't know
a. Smoking.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
b. Binge drinking.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
c. Many sexual partners.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
d. Early age of first sexual intercourse.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
e. Early puberty.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>
f. Many pregnancies.....	[ ] <sub>1</sub>	[ ] <sub>2</sub>	[ ] <sub>3</sub>

**G19.** Please mark ✓ all of the sources of information below that you have ever used for advice about sexual health, and whether you trust that source.

Source	Used	Trust
a. Doctor.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
b. Community Health Service.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
c. School Program.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
d. School counsellor.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
e. School nurse.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
f. Teacher.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
g. Other community member.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
h. Youth worker.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
i. Media.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
j. Pamphlets.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
k. Internet web sites.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
l. Internet chat rooms.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
m. Mother.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
n. Father.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
o. Other relative.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
p. Female friend.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
q. Male friend.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
r. Older brother.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
s. Older sister.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
t. Other.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>
u. Never sought advice.....	[ ] <sub>1</sub>	[ ] <sub>1</sub>

Other source of information – please specify \_\_\_\_\_



You have now completed the questionnaire.  
Please put it in the envelope provided and  
then seal the envelope.

**THANK YOU**



## Answers to Survey Questions and Debriefing Sheet

### 2008 National Survey of Secondary Students and Sexual Health

This leaflet provides answers to the knowledge questions you were asked in the questionnaire.

#### Statements about HIV (the AIDS virus)

- 1 A person can get HIV by sharing a needle and syringe with someone when injecting drugs.
- 2 A woman can get HIV through having sex with a man.
- 3 If someone with HIV coughs or sneezes near someone else they can not get the AIDS virus.
- 4 A man can get HIV through having sex with a man.
- 5 A person can not get HIV from mosquitoes.
- 6 A woman with HIV who is pregnant could infect her baby with HIV.
- 7 A person can not get HIV by hugging someone who has it.
- 8 The pill (birth control) does not protect a woman from HIV infection.
- 9 A man can get HIV through having sex with a woman.
- 10 If condoms are used during sex this helps to protect people from getting HIV.
- 11 Someone who looks very healthy can pass on HIV infection.

#### Statements about Sexually Transmissible Infections (STIs) and hepatitis

- 12 Both women and men can have an STI without any obvious symptoms.
- 13 There are a number of STIs that cannot be cured.
- 14 Chlamydia is an STI that affects women and men.
- 15 Chlamydia can lead to sterility among women.
- 16 Hepatitis C has long-term effects on your health.
- 17 Once a person has caught genital herpes, then they will always have the virus.
- 18 People who always use condoms are not safe from all STIs.
- 19 There is a vaccine for hepatitis A.
- 20 There is a vaccine for hepatitis B.
- 21 There is no vaccine for hepatitis C.
- 22 People who have injected drugs are at risk for hepatitis C.
- 23 Hepatitis C can be transmitted by tattooing and body piercing.
- 24 Hepatitis B can be transmitted sexually.
- 25 Gonorrhoea can be transmitted during oral sex.
- 26 Genital warts are spread by skin to skin contact.
- 27 HIV does not only infect gay men and injecting drug users.
- 28 Cold sores and genital herpes can be caused by the same virus.
- 29 Not all people who have hepatitis C can be cured.
- 30 Hepatitis C can be transmitted by sharing razors or toothbrushes.

## Statements about HPV and Cervical Cancer (Human Papilloma Virus)

- 31 HPV affects both men and women.
- 32 A person can get infected with HPV from sexual contact.
- 33 A person can get infected with HPV from genital skin to genital skin contact.
- 34 HPV is spread from genital skin contact during sexual activity.
- 35 A person can not get infected with HPV from blood transfusions or toilet seats.
- 36 Using condoms when you have sex does not give complete protection against HPV.
- 37 You may be able to tell you have HPV, but most people get HPV without genital warts.
- 38 Most women who have HPV will never develop cervical cancer. There are many different kinds of HPV infections. Some increase the risk of getting cervical cancer.
- 39 The HPV vaccine works best if it is given before someone becomes sexually active, so it is important for women to have the vaccine when they are young.
- 40 It is usually best to have the HPV vaccine up to around the age of 30.
- 41 The HPV vaccine does not give you HPV.
- 42 My GP can give me the HPV vaccine free of charge.
- 43 If a woman has had the HPV vaccination she also needs to have regular Pap tests.
- 44 Smoking increases the risk of cervical cancer.
- 45 Binge drinking does not increase the risk of cervical cancer.
- 46 Having many sexual partners increases the risk of cervical cancer.
- 47 Early age of first sexual intercourse increases the risk of cervical cancer.
- 48 Early puberty does not increase the risk of cervical cancer.
- 49 Many pregnancies do not increase the risk of cervical cancer.

If you have any further queries or seek more information there are Sexual Health Centres in each State and Territory who would be happy to respond to any enquiries. The telephone number of these centres is provided on the student information card provided with this leaflet.



