

3rd

Summary of findings from the 3rd National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health.

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Secondary Students and Sexual Health 2002

ABOUT THE STUDY

The National Survey of Secondary Students and Sexual Health has been conducted every five years throughout Australia since 1992. This, the third survey, involved 2388 young people (55% young women) from Years 10 and 12 in all States and Territories. For the first time students from both the Catholic and Independent school systems have been included in the survey. The surveys are designed to inform educational policy and practice within the domain of sexual health and blood borne viruses.

THE RESULTS

Knowledge

HIV

The level of knowledge about HIV transmission is generally good. However, the small decline in a number of knowledge items identified in 1997 has now become a general decline in knowledge about HIV transmission. More than 10% of students did not know that HIV can be transmitted during sex between men; nearly 25% did not know that a pregnant HIV positive woman could pass on HIV to her baby; and more than 15% did not know that someone who looks healthy could pass on an HIV infection.

SEXUALLY TRANSMITTED INFECTIONS (STIS)

Knowledge about STIs remains poor but has improved somewhat in the past five years, as has knowledge about Hepatitis A, B and C. Lack of knowledge about the most common infections, including chlamydia, gonorrhoea, herpes simplex virus and genital warts, is most concerning.

Attitudes

Attitudes towards people with HIV are generally positive, as they were in previous surveys; similarly, attitudes towards people infected with Hepatitis C were positive. However, attitudes towards injecting drug users and injecting drug use are generally negative.

Young people hold generally positive attitudes towards friendship with gay and lesbian peers, although this is more pronounced among young women than young men.

ORDERING THE FULL REPORT

Copies of the full report are available at no cost from ARCSHS.



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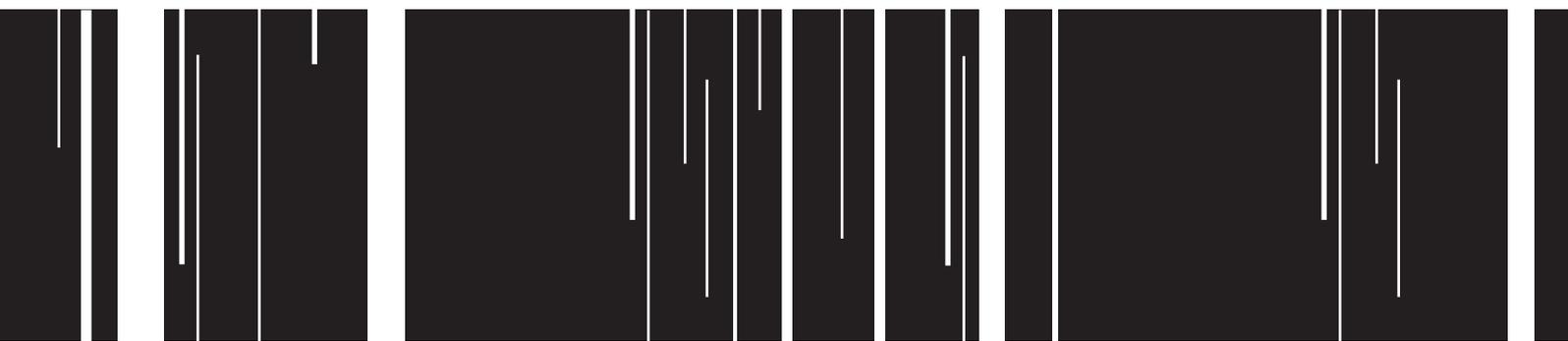
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Sexual behaviour and social context

The majority of young people in Years 10 and 12 are sexually active in some way and this has increased over the last decade. The types of sexual activity reported include deep kissing (80%); genital touching (or being touched) (67%); and giving or receiving oral sex (45.5%). Vaginal intercourse was reported by approximately 25% of students in Year 10 and just over half of those in Year 12.

Rates of condom use have remained steady over time. Overall, 60% of young men always used condoms and a further 31% sometimes did. Of the young women, 46% always used condoms and 44% sometimes did. At their last sexual encounter 73% of sexually active students reported having a condom available, while only 65% used a condom. Condom use was higher in Year 10 than in Year 12, and young men in Year 10 reported the highest rates of condom use at their most recent sexual encounter.

Young men in Year 10 were most likely to report three or more sexual partners in the previous year. Among the students who were sexually active, approximately one in three young men in Year 10 reported three or more sexual partners in the previous year. In contrast, the proportion of young men and young women in Year 12 reporting three or more partners in the previous year has nearly halved since 1992.

Just over a quarter (25.9%) of all sexually active students report that they have had unwanted sex at some time in their lives. The most common reasons cited for having engaged in unwanted sex were being too drunk (15.9%) and pressure from a sexual partner (12.6%).

In relation to the most recent sexual encounter, 22.7% indicated that they were drunk or high at

the time. However, the majority of students reported overwhelmingly positive feelings in relation to their most recent sexual encounter.

Approximately 2% of the most recent sexual encounters were same sex encounters. In all, some 3.3% of young men and 6.7% of young women report being attracted to their own sex, with an additional 1.3% of young men and 2.1% of young women being unsure.

Young people report high levels of confidence in their ability to say no to unwanted sex and to convince a partner to use condoms. They are far less confident in their ability to discuss matters related to sexuality, including contraception, with their parents.

Pregnancy and contraception

One student in twenty (6%) reported having had sex that resulted in a pregnancy and a further 7.5% were uncertain as to whether this was the case or not. The use of condoms and other forms of contraception is common, with 65.8% of sexually active young people in Year 10 reporting that they always used condoms. This was lower among Year 12 students (51.8%) and this may be accounted for by higher rates of use of the oral contraceptive pill by young women in this group. In relation to the most recent sexual encounter, 72.4% of young people in Year 10 and 56.6% of those in Year 12 reported using a condom.

Condoms appear to be primarily used for contraception rather than STI prevention. At their last sexual encounter 10% of students reported using withdrawal for contraception.



Health status

Young people report their health status as generally good. Young men were somewhat more likely than young women to report good health. In relation to STIs and blood-borne viruses, very few students report having been diagnosed with either: 3.5% of sexually active students had been diagnosed with an STI and 0.6% of all students had been diagnosed with Hepatitis A, B or C, with an additional 0.9% being unsure of the type with which they had been diagnosed.

A significant minority of young people are uncertain as to whether they have been vaccinated against Hepatitis A and B, which is consistent with the finding of poor knowledge about Hepatitis generally. About a quarter of all students mistakenly believed they had been vaccinated against Hepatitis C. Fewer than 10% of students believed that they were likely, or very likely, to become infected with Hepatitis B, Hepatitis C, an STI or HIV.

Alcohol and drug use

Alcohol use and binge drinking have increased since 1992. For Year 10 students the rate has increased from 79% in 1997 to 85% in 2002, and for Year 12 students, from 88% in 1997 to 94% in 2002. Both the 1997 and 2002 surveys found that when they drank, students consumed large amounts of alcohol. Binge drinking was more common in Year 12 students than Year 10 students; however Year 10 students showed higher rates of increase in the amount of alcohol they drank on any one occasion. The alcohol use patterns of young men and young women are becoming increasingly similar. In 1997, 53% of young women in Year 10 were binge drinking and this figure had increased to 65% in 2002. Injecting drug use remains rare.

Piercing and tattooing

Body transformation practices such as tattooing and piercing are very common. It was pleasing to see that most of these practices are undertaken in controlled settings, nevertheless the opportunity for unsafe practices is clearly present in a small number of cases.

Sources of information

Members of the school community, along with parents, friends and siblings, are important sources of advice regarding HIV, STIs and contraception. It is clear that school programs continue to be highly valued as an information source for young people. They have become the source of information most used by young people. While the use of the Internet is nearly universal, young people are appropriately dubious of the quality of internet-based information regarding sexuality or sexual health.

KEY IMPLICATIONS FOR POLICY AND PRACTICE

School Based Programs

The emergence of school programs as a widely used source of information on sexual health issues is both a recognition of the excellent work done in this area by teachers throughout Australia and a clear mandate for continuing and extending this work.

All states and territories should provide universal school-based sexual health programs that are comprehensive, developmentally appropriate, and designed in ways which realistically reflect the behaviour and information needs of students. While knowledge about STIs and sexual health is an important and a necessary precursor to safe behavior, knowledge needs to be presented in a social context which makes it relevant to the lives of young people. All programs should be inclusive in their provision of information about safe sex and relationships for all young people, including those who are same sex attracted.

The findings of this survey demonstrate that more young people are becoming sexually active, and at a younger age. In this context consideration needs to be given to providing education programs at an earlier age, beginning with programs in primary schools. It is also important that programs are realistic in ensuring that the way that sex is defined and addressed matches the sexual experiences and understandings of young people. The emergence of oral sex as a common practice requires recognition and greater emphasis on the transmission risks associated with oral sex may be required.

Gender differences clearly emerge from this study and indicate that, at times, gender specific programs may be needed to ensure that both young men and young women have the knowledge and understanding required to make sound decisions to help minimise their risks. An approach which places health information in the broader context of the social interactions between young men and young women, and which assists them to appreciate and deconstruct the strictures of gender expectations, is also relevant.

The way in which alcohol and drug use impacts on condom use, the uptake of safe sex practices and the experience of unwanted sex requires further investigation and action.

These links need to be reiterated and addressed in both drug prevention and sexual health programs, which in turn need to be brought together within a social model of health. The impact of marketing of particular kinds of alcoholic drinks to young people also warrants further investigation.

Health Promotion Programs

While schools are an important site for sexual health and drug and alcohol education programs for young people, health services and health planners also have a role to play in supporting the work of schools. Health services and health promotion programs should, where possible, work in partnership with schools to ensure that sound programs are implemented and that young people are assisted to access health services. As the young women in Year 12 have the highest reported rates of STI diagnosis, probably as a result of health service use for obtaining prescribed contraception, such a move could be expected to increase screening, diagnosis and treatment rates. In conjunction with this, it is also important that health services adopt policies and programs which make them more user-friendly and welcoming to young people who are inexperienced in accessing sexual health services.

The continuing levels of condom use and other contraceptive use are indicative that health promotion messages for young people, school programs and improved condom availability can contribute to behaviour change. Young people can make good decisions about their sexual health if policies, programs and services are available to help them do so.

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Most importantly we would like to thank the committed teachers in all states and territories who organised and administered the survey in their school and the young people throughout Australia who participated in the survey.

PRESENTATION OF THESE DATA

Overhead slides and a powerpoint presentation of these data may be downloaded from:

www.latrobe.edu.au/cleu/