



*National HIV/AIDS
Strategy*

**National HIV/AIDS
Evaluation**

**1992 HIV Risk and
Sexual Behaviour
Survey in
Australian
Secondary Schools**

Final Report

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**DEPARTMENT OF
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Department of Health, Housing and Community Services

**1992 HIV Risk and Sexual
Behaviour Survey in
Australian Secondary Schools**

Final Report

by

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SUMMARY

This report describes the findings of a survey of knowledge, beliefs, attitudes and behaviours relevant to the sexual health of young people in Australia. Students from 312 classes in 72 randomly selected state secondary schools in 7 states and territories were approached and 4,589 students participated.

It is clear, from the students reports of their own behaviour, that sex is an important part of their lives. Most students now leave school at year 12 and by that time, nearly 50% have had sexual intercourse and a further 30% have had other intimate sexual experiences such as kissing and petting. Approximately one in every four young people are sexually active by the age of 15 and one in every nine say they have had sex before the end of year 8.

Education about the ways in which the Human Immunodeficiency Virus (HIV) is transmitted has succeeded to some extent: the great majority of students recognise the major risk behaviours. However, basic knowledge of the names and symptoms of other sexually transmissible diseases (STD) is quite poor. For instance, the majority of sexually active youth apparently are unaware of Chlamydial infection, which is one of the most common STDs in the western world. More than 90% of young people believe it unlikely that they will ever become infected with HIV and more than 85% believe that they are not vulnerable to other STDs.

Efforts by this society to improve the accessibility and acceptability of condoms may be having a positive effect. Most females and males in years 10, 11 and 12 reported having a condom available last time they had intercourse. More than 70% of males and 50% of females said that a condom was used on the most recent occasion and more than half of all males said that they always use condoms. However, older students appear to be less likely to use condoms, with the decline being most significant among females.

As with other health-related behaviours, the use of condoms is associated with normative beliefs. It also seems clear that young people who talk to their partner(s) about sexual health are more likely to use condoms. Of interest were findings that condom use was not associated with ethnicity. There appears to be no association between young peoples' condom use and their number of sexual partners and they are equally likely to use condoms with steady or casual partners. Young people who do not use condoms are more likely to believe that they are at risk of STDs and are more likely to have had clinical tests for STDs than those who report that they do use condoms.

The study provides some insight into the social context of sex among young people. Within the limits of a necessarily brief quantitative survey, information was obtained on students' attitudes toward people living with HIV/AIDS, peer norms for sexual behaviour, their confidence in making decisions for safer sex and their communication with others about sex and its relationships to health. We were able to examine statistical associations between these various factors and draw some conclusions. However, deep understanding of the social, educational and psychological contexts of adolescents' sexuality requires further research using qualitative methods.

There is one other clear conclusion. Although research into sex is sensitive, when developed and conducted in close consultation with school communities and when parents and students are offered informed, voluntary consent, it is accepted by the great majority of people involved. More than 85% of the schools approached gave permission and, in about two-thirds of cases, this included approval by the school parents' councils. When students returned consent letters, nearly 90% of parents gave permission. In addition, 96% of the students were willing to participate. Only rarely were complaints made to school principals and none of the state education authorities encountered any significant negative reaction from the general community.

Further school-based survey research is warranted in the years ahead to enable comparison with this study and to improve upon some of its limitations. Experience with repeated anonymous surveys of students' drug use, nutrition, exercise and other health-related behaviours has been useful in evaluating health promotion in Australia. Future research into sexual behaviour, knowledge and attitudes is likely to be widely accepted by the community and may help to determine the success or failure of efforts to improve the sexual health of young people.

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I. INTRODUCTION

Previous research into the sexual behaviour of young people

Relatively little research has been done into the sexual behaviours of Australian adolescents (Rollins, 1989). The largest school-based studies have been conducted in Canada in 1987 (King, Beazley, Warren, et. al, 1988) and the USA in 1986-87 (Remafedi, Reznick, Blum and Harris, 1992) and 1990 (Kann, Anderson, Holtzman et. al., 1991), with several smaller studies in the UK (Fife-Schaw and Breakwell, 1992) and Nordic countries (Kraft, 1991; Goldman and Goldman, 1988). While specific estimates vary, the general trends in these countries are for a median age at first intercourse of between 17 and 18 years.

In Australia in the mid-1980s, Cubis, Raphael and colleagues (1985, 1988) surveyed 2,150 students in 23 schools in the Hunter region of NSW and found that at age 14, 23% of males and 18% of females had experienced sexual intercourse. This increased to 42% of males and 28% of females at age 16 and, by age 18, to 62% and 64% respectively. A small survey of 255 students in two NSW schools (Weisberg, North and Buxton, 1992) found that 28% of year 9 students (mean age 14.6 years) had had sexual intercourse. Among post-secondary education students aged 17-21, at least 60% report experience of sexual intercourse (Turtle, Ford, Habgood et. al., 1989; Crawford, Turtle and Kippax, 1990; Moore and Rosenthal, 1991; Rosenthal, Moore and Buzwell, 1991).

While birth control (particularly the use of oral contraceptives) tends to increase with age during adolescence (Cubis, 1992) and has increased significantly since the early 1970s resulting in reduced rates of teenage pregnancy (Condon, 1992), there is little information on the use of condoms by adolescents in Australia. In British and US surveys, older adolescents and females are less likely to say that a condom was used during the most recent occasion of intercourse (Fife-Schaw and Breakwell, 1992; Kann et. al, 1991).

Of a small sample of 71 sexually active year 9 students in Australia, 42% always and 36% sometimes used condoms (Weisberg et. al., 1992). Among post-secondary students (Turtle et. al., 1989; Moore and Rosenthal, 1991) between 70-80% say that they have used a condom at least once, though use does not appear to be consistent. Household surveys of 16-24 year old people have found that only 33-39% used a condom in the past six months (Department of Health, Housing and Community Services, 1991) and only 24% of multi-partner heterosexuals aged 15-35 years say that they always use condoms with new partners (Chapman, Stoker, Ward, et. al., 1990). Existing research does not provide a clear description of the prevalence of condom use by youth, particularly by those under the age of 16.

Previous research into knowledge about HIV/AIDS and other STD

Knowledge of HIV transmission is a necessary, if not sufficient, condition for behaviour change. It is an important foundation upon which skills that do influence behaviour can be developed. For example, Ross, Caudle and Taylor (1991) found that 'social assertiveness' to reduce the risk of HIV was associated with AIDS knowledge and education. Studies with young Australians (mostly students in post-secondary education) indicate that they have good knowledge of how HIV/AIDS can and cannot be transmitted (Crawford et. al., 1990; Turtle et. al., 1989; Wyn, 1992). However, a few studies suggest that young peoples' knowledge of the names, symptoms and modes of transmission of other STD is quite poor (Wyatt, Tupper and Reberger, 1990; Wright, Gabb and Ryan, 1991).

A primary aim of this study was to provide baseline information on Australian students' knowledge of HIV/AIDS and other STD and to describe some of their beliefs and attitudes about sex and HIV/AIDS. We also estimated the prevalence of sexual intercourse and age of first sexual experiences. Questions were asked about some indicators of risk of exposure to STD (such as the number of sexual partners in one year and the use of condoms).

The project offered the opportunity to assess a range of factors thought to be associated with knowledge and behaviour. It is clear that social norms, self-confidence, ease of communication about sexual issues and various demographic factors influence sexual behaviour and behaviour change. These issues are reviewed in detail elsewhere (Gallois, Kashima, Terry et. al., 1992; Crawford et. al., 1990; Moore and Rosenthal, 1991). While we could not use this study to analyse

a comprehensive range of psychological and social issues (and hence to build strong, statistical predictive models and health behaviour theory), we were able to include enough measures to test various ideas about factors which may be important in a school education context.

2. CONSULTATION DURING SURVEY DEVELOPMENT

Shortly after the National Centre for HIV Social Research (NCHSR) was established in late 1990, the Queensland Education Department approached the Centre's Director with the idea of conducting a survey of youth in Queensland schools. Subsequently, NCHSR staff reviewed research in this field, examining various quantitative survey designs, instruments and procedures. The Centre's management committee then gave approval to go ahead with survey development.

The NCHSR group met with participants at the first National HIV/AIDS school educators conference in Coolangatta on 29-31 July, 1991 and floated the idea of a national study. There was a great deal of support from representatives from the states and territories. The Department of Health, Housing and Community Services then commissioned the NCHSR to carry out the survey as part of the evaluation of the HIV/AIDS national strategy.

After more work to refine the question set, the NCHSR sponsored a meeting of 24 academic, government and HIV/AIDS community workers to consider the question set which would be used in a pilot study. This group critically examined each question in turn and strengths and weaknesses of the questionnaire were highlighted. A lengthy set of recommendations about refinements, exclusions and inclusions were made.

In addition to the two formal consultations, the research team from NCHSR worked closely with a number of groups and individuals to refine this survey.

In particular, the team worked with two networks of people, viz;

- a) An education curriculum group, which had members from each state and territory departments of education and federal health and education authorities.
- b) A scientific advisory group, which had members from universities, health departments and the Australian Federation of AIDS Organisations with experience in HIV/AIDS research and programs.

Directors-General of school education were asked to give approval for the NCHSR team to approach schools. Research and evaluation committees in each state/territory were asked to critically review the survey proposal and to report to Directors-General. The research was regarded as sensitive and it was the first time in most states that any group had proposed to conduct a survey of this type. The review process helped to refine the school contact and administration procedures and the questionnaire. Approval was finally granted in 7 of the 8 states and territories. In addition, two state parents' councils (both in South Australia) carefully reviewed the questionnaire content.

In most states, it was considered that questions about homosexual relationships or about oral, vaginal and anal intercourse may be too sensitive to include in a schools survey. This view apparently is shared by authorities throughout the world. Only one published schools study which covered one state in the USA (Remafedi et. al, 1992) has asked questions about homosexuality. The questionnaire did not specify actual sexual practices and the researchers were required to remove the questions by authorities governing 15% of the sample. The data reported by Remafedi et. al. (1992) were collected six years ago and since that time no published studies drawn from representative samples have asked direct questions of students about sexual orientation.

Despite this limitation, the present survey asked questions about sexual experiences which were inclusive of different sexual orientations. Care was taken to ensure that all questions could be answered without reference to the gender of the respondent's sexual partner.

Table 1 summarises the sample design in each participating state and territory, showing which states and territories approved research with students in each school year level.

Table 1: Final sample design by year by state.

STATE	Tas	VIC	SA	Qld	ACT	NT	WA	NSW
YR 7	*	*	-	-	No	-	-	No
YR 8	*	*	*	*	*	*	No	No
YR 9	*	*	*	*	*	*	No	No
YR 10	*	*	*	*	*	*	*	No
YR 11	*	*	*	*	*	*	*	No
YR 12	*	*	*	*	*	*	*	No

The protocol for the survey was reviewed by the University of Queensland Human Experimentation Ethics Committee. This committee raised a number of issues regarding the potential sensitivity of the survey. While some sensitivity was unavoidable, the committee made approval contingent upon two procedural factors.

First was the requirement to have active, signed, informed consent from both parents/guardians and students (under the age of 18 years). Second, it was felt that there should be some protection of the privacy of students who were not given parental consent. It was argued that students not given consent could be potentially ridiculed or stigmatised by other students. This could arise if students without parental consent were separated from the remainder of the class in a public way. It was requested that, across all students in a class, a proportion of the group (one in five) were to be randomly selected out of the group, whether or not they were given consent. Hence, non-participating students (on the surface at least) could not be distinguished in terms of parental approval decisions. Sample selection procedures were altered to incorporate this requirement.

3. RESEARCH METHOD

3.1 PILOT STUDY

A pilot study was conducted in two South Australian secondary schools (one rural, one urban) on March 31/April 1, 1992 with the following aims;

- a) To check that procedures for contacting schools, obtaining parental and student consent, working with school teachers and administering the questionnaire were appropriate and successful.
- b) To examine strengths and weakness of the questionnaires and to amend them where necessary.
- c) To conduct focus groups with students to assess the readability, acceptability and meaning of the sets of questions.

Adequacy of Procedures

The pilot survey was completed with 156 students from 10 classes (five at each school). In general, it ran very smoothly, achieving an overall participation rate of 65%. Most of the procedures were successfully tested and found to work well in schools. Where necessary, minor revisions were made to the procedures manuals. There were no complaints to principals from parents or students. The pilot testing established that there were minimal problems with readability and that individual item non-response rates rarely exceeded 2%.

Outcomes from focus group work

Nine focus groups of 5 - 6 students each were held shortly after the questionnaires were completed. Each of these sessions took approx 15 - 20 minutes. The groups went through the questionnaire and discussed any reading difficulties and problems with interpretation. Several amendments were subsequently made. In general, the students raised few difficulties with understanding the questions and most thought that the issues raised were not too sensitive for people of their ages. We were particularly interested to determine, for both young and older groups, how the question "Have you ever had sex?" was understood. All groups agreed that, in this questionnaire, "have sex" meant to

have sexual intercourse, primarily vaginal penetration. Several groups made the point that “sex” could include other forms of erotic behaviour, including anal sex and oral sex, or sex without penetration, though it was felt that most of their peers would answer the questions with reference to vaginal intercourse.

3.2 SAMPLING METHOD FOR THE FULL SURVEY

Sample selection

Permission to conduct this research was gained from government education authorities in all states and territories, except New South Wales. Hence the sample is drawn from states which represent approximately 65% of the national population in government secondary schools (Australian Bureau of Statistics, 1990). The Department of School Education in NSW has since expressed a willingness to participate in a modified version of this survey in the future.

A two-stage sampling method was employed and was based on 1990 and 1991 Australian Bureau of Statistics data. Random selection was carried out by Dr Malcolm Rosier, from the Centre for Adolescent Health, Parkville, Melbourne. Schools were drawn at the first stage of sampling from complete lists of schools in each state sector, with probability of selection proportional to size. For QLD and SA the measure used was the mean enrolment for the five secondary school year levels (i.e. 8 - 12). For VIC, it was the mean enrolment for the six secondary school year levels (i.e. 7 - 12). In WA only years 10 - 12 were surveyed so a set of schools was selected using the mean enrolment for only these 3 year levels. In TAS and the two territories most of the secondary students in years 11 - 12 are in separate Matriculation Colleges or Senior Secondary Schools. Subsequently, in TAS the mean enrolment for one set of schools was used to draw a sample for years 7 - 10 and the mean enrolment for a second set was used to draw a sample of schools for the years 11 - 12. Likewise in the territories one set of schools was drawn from years 8 - 10 and a second set from years 11 - 12.

An equivalent list of schools was drawn for each state/territory to replace those schools that refused to participate. Eleven out of 74 schools (14.9%) refused to participate and these were successfully replaced on all but two occasions. The final sample included 312 classes from 72 state secondary schools.

Students were drawn at the second stage of sampling. A target for each school was set at one intact class of not less than 20 students per year level. Classes were selected randomly from school records and where the selected class was less than 20, a further class at that level was randomly selected.

Sample Weighting

The distribution of selected schools by state/territory is shown in Table 2. While more schools were selected in the larger states, the sample contains proportionally more schools from the smaller states and territories. In addition, the participation rates varied between states and school year levels. A weighting procedure was applied to compensate for sample disproportionality and variable response rates (Kish, 1965).

Stratum weights were calculated for each year level in each state sector. This weight was derived from the product of 1) the achieved sample size/the total state secondary school population and 2) the population for each stratum/the achieved sample size.

Subject participation

A sample of 4,594 students in years 7 to 12 participated. Using an active consent procedure, which required signed permission from a parent/guardian and the student, we found that 24.6% of the students did not return the permission slip to school. Of those who did, 89.7% of parents gave approval for their child's participation and, of students given parental approval, 96.3% agreed to participate. However, of those students who initially consented, 9.2% were either absent or otherwise unavailable on the day of the survey. The true participation rate was 59.3% of the target sample. Females (65.0%) were more likely to participate than males (53.0%).

Table 2: Sample size and participation rate in each state and territory.

State	Year Levels	Pop'n#	No. of Schools	Sample Size	Participation Rate (%)
VIC	7 - 12	227942	20	1435	50.9
QLD	8 - 12	143221	13	1017	58.2
WA	10 - 12*	41826	8	450	81.7
SA	8 - 12	63317	8	552	64.8
TAS	7 - 12	27609	8 ^{&}	475	66.3
ACT	8 - 12**	15242	8 ^{&}	331	60.4
NT	8 - 12	7776	7 ^{&}	329	56.8

Note: # Australian Bureau of Statistics, 1990

* No approval to survey students in years 8 & 9

** No approval to survey students in year 7

[&] Includes separate junior high schools and secondary colleges. Notional school numbers are 5 in each state/territory.

Survey procedure

The study was conducted between May and September, 1992. Students were surveyed in class groups in single sessions lasting approximately 35 minutes. To protect confidentiality and to ensure standard administration procedures, anonymous questionnaires were administered by research staff, where possible the class teachers were not present and students were seated at separate desks placed 1.5 metres apart.

A detailed description of survey administration procedures within schools (including consent letters, sample participation recording forms and instruction to administrators) is available from the authors.

The questionnaires

The major sections of the questionnaire were: demographics, knowledge of HIV transmission modes, knowledge of other sexually transmitted diseases, peer norms for sexual behaviour, confidence in decision making, sexual behaviour and communication regarding sex, HIV and STD. The questionnaire content has been described in more detail in a background paper (Dunne, Nilsson, Lucke, Donald and Greig, 1992).

Two versions of the questionnaire were developed: one for junior secondary years (7-9) and the other for senior years (10-12). The primary differences related to questions about personal sexual behaviour. The senior questionnaire asked respondents about past sexual experiences, the age at first sexual experiences, number of partners in the past year, usual condom use and those students who stated that they had had sex' were asked 6 questions about their most recent sexual encounter. This section in the junior questionnaire only asked respondents about present and past steady relationships and if they had ever had sex.

In some states education authorities required that alterations be made to the questionnaires. The senior questionnaire was identical in each state except for WA where one item (see item 4, Table 7) in the HIV Knowledge Section and the follow up questions in the Attitudes Section (see section 4.1.6) were removed. More extensive modifications were required for the junior questionnaire. The sexual behaviour section was included in only three states (VIC, SA and ACT) and the peer norms section was removed in QLD.

3.3. DATA MANAGEMENT

As the questionnaires were received at the National Centre for HIV Social Research, they were marked with a subject identification number and participation rates calculated for each class. At this stage the questionnaires were separated from any school or class identification.

Data were entered manually, with routine 20% checking of errors in entry for closed ended responses. Analyses were conducted using SPSS Version 4.0. Open ended responses were coded by trained research staff. The system for coding the symptoms of STDs was developed on the basis of

the National Health and Medical Research Council's Handbook on Sexually Transmitted Diseases (1990). Inter-rater reliability checks were conducted on a 5% random sample of all responses to the open-ended questions. Inter-rater reliabilities are shown in Table 4.3.

Table 3: Inter-rater reliabilities for open-ended response coding.

QUESTION	INTER-RATE RELIABILITY
Names of STDs known	96.61%
Symptoms of STDs known	89.33%
Personal strategies for avoiding HIV	87.65%
Reasons for not using a condom	89.29%

3.4 DATA QUALITY

The quality of the data achieved in this survey was surprisingly high for such a large study. Only three questionnaires were unusable because of clearly facetious answers and two blank questionnaires were returned. The final total sample was 4,572 students. Seventeen students aged between 21-44 years were excluded from the analysis.

The amount of missing data was minimal. For any individual question, there were rarely more than 3% of participants who did not return an answer. The highest rate of missing data for the questionnaire was for the question asking whether the respondent was a Torres Strait Islander. Only 3.9% of junior respondents and 3.5% of senior respondents did not provide an answer to this question.

4. RESULTS

The results of the survey are reported in two sections. Section 4.1 presents the basic trends only, and addresses each question of the questionnaire. Section 4.2 presents cross tabulations for a selection of the variables in terms of gender, sexual experience and condom use.

4.1 BASIC TRENDS

4.1.1 Demographic Characteristics of the Sample

Students were asked to give information on gender, age, year in school and ethnicity. Table 4 shows the number of males and females in each year level and the average age of each group. Unless otherwise specified, all percentages shown in tables and figures in Section 4.1 are based on these numbers.

Table 4: Number and mean age (years:months) of males and females at each year level

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12	TOTAL
MALES (N)	150	394	336	406	385	353	2024
(Mean age)	(12:8)	(13:5)	(14:5)	(15:4)	(16:6)	(17:7)	
FEMALES (N)	158	427	451	505	530	477	2548
(Mean age)	(12:6)	(13:4)	(14:4)	(15:4)	(16:4)	(17:5)	
TOTAL	308	821	787	911	915	830	4572

Using Australian Bureau of Statistics criteria from the 1991 census, schools were classified according to locality. Overall, 18.4% of the sample came from rural areas (from a town with a population of less than 25,000 people) and the remainder of the sample was from urban areas. The ethnic composition of the sample is shown in Table 5. The majority of students were born in Australia and lived with families that spoke only English at home. Less than 2% of the sample were from Aboriginal or Torres Strait Islander backgrounds.

Table 5: Ethnicity of Sample.

Country of Birth	STUDENT	MOTHER	FATHER
Australia			
MALES(%)	87.3	67.5	64.1
FEMALES(%)	88.7	69.4	65.9
New Zealand			
MALES(%)	1.6	1.9	1.5
FEMALES(%)	2.0	1.9	2.2
United Kingdom			
MALES(%)	2.3	9.8	10.4
FEMALES(%)	2.2	9.6	9.8
Other Europe			
MALES(%)	2.2	11.8	14.6
FEMALES(%)	1.7	10.4	13.8
Vietnam			
MALES(%)	1.9	1.9	1.7
FEMALES(%)	1.1	1.1	1.1
Other Asia			
MALES(%)	3.0	4.8	4.7
FEMALES(%)	3.3	5.6	5.2
America			
MALES(%)	0.5	0.9	0.9
FEMALES(%)	0.5	0.6	1.0
Africa			
MALES(%)	1.4	1.6	1.8
FEMALES(%)	0.6	1.0	1.0
Aboriginal			
MALES(%)	1.0		
FEMALES(%)	1.5		
Torres Strait Islander			
MALES(%)	0.4		
FEMALES(%)	0.8		
Language Spoken at Home			
English Speaking Only			
MALES(%)	87.4		
FEMALES(%)	88.6		
Non-English Speaking			
MALES(%)	12.6		
FEMALES(%)	11.4		

4.1.2 Knowledge of HIV Transmission

Knowledge of HIV transmission was assessed using 12 questions. Students were required to respond “Yes”, “No” or “I’m not sure” to each question. Table 6 shows the percentage of students by year level who answered each of the HIV knowledge items correctly. Item 4 is ambiguous. A person is not completely safe from HIV if they have sex only with one steady partner if they are engaging in another risk behaviour, e.g. sharing needles to inject drugs. However, monogamy is one method for reducing the risk of becoming infected with HIV and it is possible that students who were familiar with this message would have answered ‘yes’ to this question.

Table 6 does not show percentages separately for each gender because there were negligible differences between males and females. Overall, as would be expected, the percentage of students who answered each item correctly increased from year 7 to year 12. More than 90% of year 12 students answered correctly in the case of every question except Item 6 (Could a person get HIV from mosquitoes?). This appears to be the area of most uncertainty at each year level. Also poorly answered by younger students was the question regarding male to male sex (Item 5). This may reflect a lack of awareness that homosexual contact occurs. Over 90% of students in each year level

knew that HIV is spread by needle sharing (Item 1) and that it is not spread by hugging (Item 8). The majority of students were aware of the risks associated with sex between a male and a female (Items 2 and 10).

Each correct answer was given a score of one and the scores were summed for each respondent, thus providing a knowledge of HIV transmission scale score. Item 4 was excluded because of its ambiguity. Therefore, possible knowledge of HIV transmission scores ranged from 0 to 11. Table 7 shows the mean knowledge score for males and females at each year level. Students had very good recognition of the major routes of HIV transmission, especially in years 11 and 12, and gender differences were minimal.

Table 6: Percentage of students who answered each of the HIV transmission knowledge items correctly.

KNOWLEDGE ITEM	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
1. Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?	91.6	93.9	96.8	98.1	99.1	99.3
2. Could a woman get HIV (the AIDS virus) through having sex with a man?	87.8	92.2	94.0	96.2	97.7	98.3
3. If someone with HIV coughs or sneezes near other people, could they get the virus?	72.7	80.9	88.8	88.1	94.1	94.9
4. Is a person completely safe from HIV if they have sex only with one steady partner?*	61.3	69.7	73.8	77.9	80.8	85.7
5. Could a man get HIV through having sex with a man?	54.0	63.0	78.4	85.1	92.3	96.1
6. Could a person get HIV from mosquitoes?	45.8	47.5	50.6	60.8	62.0	64.1
7. If a woman with HIV is pregnant, could her baby become infected with HIV?	64.7	69.2	80.3	84.1	89.6	91.0
8. Could a person get HIV by hugging someone who has it?	90.8	95.4	96.8	98.3	99.1	99.1
9. Does the pill (birth control) protect a woman from HIV infection?	55.5	67.2	80.0	85.1	90.3	93.1
10. Could a man get HIV through having sex with a woman?	83.5	88.2	90.4	92.7	94.7	94.1
11. If condoms are used during sex does this help to protect people from getting HIV?	85.6	88.0	91.7	91.6	96.9	97.3
12. Could someone who looks very healthy pass on HIV infection?	71.7	78.2	83.1	86.7	88.4	93.5

* This question is ambiguous, NO taken to be correct answer

Table 7: Mean knowledge score for males and females

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES(X)	8.3	8.8	9.2	9.6	10.0	10.2
FEMALES (X)	7.7	8.5	9.4	9.7	10.1	10.2

4.1.3. Knowledge of other STDs

Students were asked whether they knew the names of any STDs (other than HIV) and whether they knew any symptoms (problems, changes) that might occur if a person had an STD. They were asked to write down as many names and symptoms of STDs as they could.

Figure 1 shows the percentage of males and females at each year level who were able to write down three or more names of STDs. The increase from year 7 to year 12 was notable. Male students were less likely to be able to name three or more STDs than were female students.

Figure 1: Percentage of males and females who knew three or more names of STDs

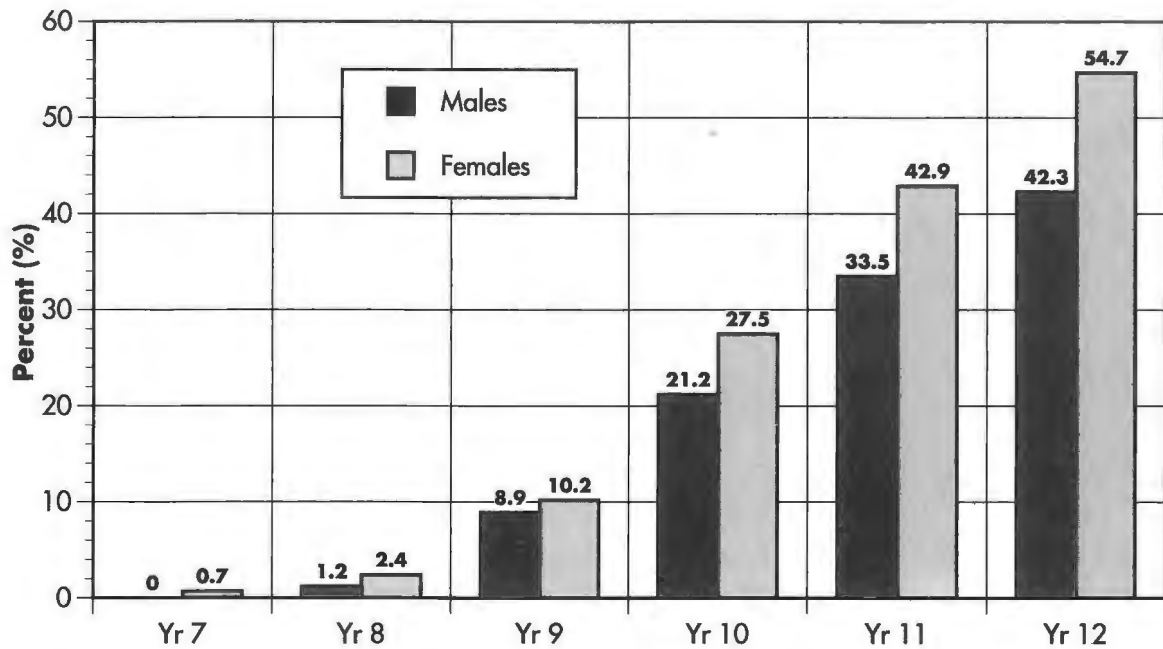


Table 8 shows the STDs that the students wrote down and the percentage of males and females who were able to name each disease. At all grouped year levels *herpes* was the most commonly named STD with *hepatitis* being second for years 7/8 group and *gonorrhoea* being second for the years 9/10 group, and years 11/12 group. Gender differences were obvious in the higher years with female students being more likely than male students to name *Chlamydia*, *thrush* and *genital warts*. Specifically of concern was the low knowledge of Chlamydial infection among adolescents. Although one of the most common STDs in the western world (Keim, Woodard & Anderson, 1992; Centers for Disease Control, 1985), very few students were able to name it.

Table 8: Percentage of males and females by grouped years by names of STD's known.

(Students could write down as many STDs as they wanted)				
STD		YR 7 & 8	YR 9 & 10	YR 11 & 12
Chlamydia, NGU	MALES (%)	0.2	1.3	5.3
	FEMALES (%)	0.3	7.6	19.3
Gonorrhoea	MALES (%)	0.9	18.3	43.3
	FEMALES (%)	1.9	17.9	46.3
Herpes	MALES (%)	7.8	26.6	45.1
	FEMALES (%)	6.6	30.1	49.0
Syphilis	MALES (%)	0.3	9.2	32.3
	FEMALES (%)	1.2	11.5	33.3
Hepatitis	MALES (%)	6.4	13.5	16.1
	FEMALES (%)	4.1	8.8	15.2
PID	MALES (%)	0.0	0.7	0.6
	FEMALES (%)	0.0	1.4	3.0
Scabies, Pubic lice	MALES (%)	1.0	3.2	5.2
	FEMALES (%)	1.6	2.6	5.6
Urethritis, NSU	MALES (%)	0.0	0.7	0.0
	FEMALES (%)	0.0	0.9	0.9
Thrush, Candidiasis	MALES (%)	0.6	4.5	7.1
	FEMALES (%)	1.6	11.5	20.6
Less Commonly known STDs e.g. Chancroid, Donovanosis	MALES (%)	0.0	0.0	0.1
	FEMALES (%)	0.0	0.4	0.8
Genital warts, HPV	MALES (%)	1.7	9.1	19.0
	FEMALES (%)	1.8	17.7	29.3
Crabs	MALES (%)	2.2	9.9	18.9
	FEMALES (%)	2.6	10.3	16.6
Pox	MALES (%)	0.5	0.7	1.1
	FEMALES (%)	0.3	0.6	0.3
The clap	MALES (%)	0.3	0.8	4.7
	FEMALES (%)	0.2	0.8	3.0

Figure 2 shows the percentage of males and females at each year level who could write down three or more symptoms of STDs. These proportions show similar year level and gender patterns as those for knowledge of names of STDs. However, the percentages are lower overall

Figure 2: Percentage of males and females who knew three or more symptoms of STDs

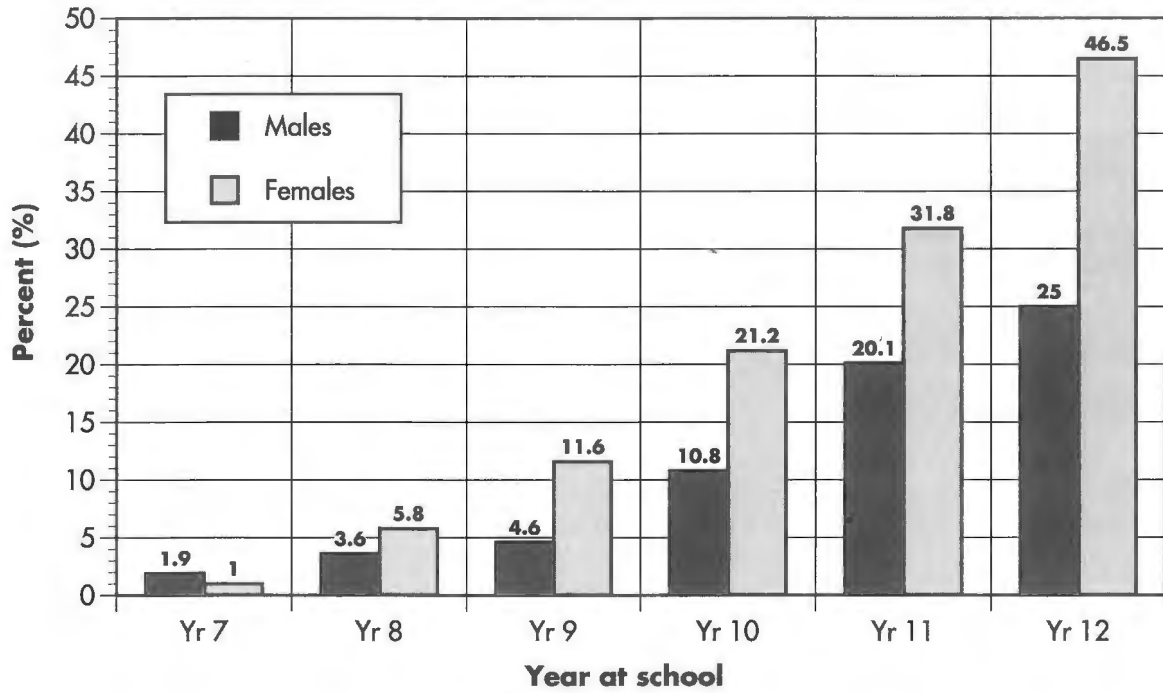


Table 9 shows the symptoms of STDs that the students wrote down and the percentage of males and females who knew each symptom. The most common symptom of STDs known by the years 7/8 group was coded as *general malaise*. This term included responses such as “feeling ill”, “weakness”, “tiredness”, “feeling off colour” or “not well”. *Weight or appetite loss* was the second most common symptom mentioned by this group. The results for the middle group (years 9/10) reflected the knowledge difference between males and females. Males were most likely to give *general malaise* symptoms whereas the most common symptom mentioned by females was *itchiness or irritation*. In the year 11/12 group the most common symptoms for both males and females were *itchiness or irritation*, *lesions* (including sores, blisters, ulcers) and *discharge*. It is noteworthy that knowledge of STD symptoms appeared to become more sophisticated with age. Younger students mentioned symptoms more characteristic of HIV/AIDS, such as immune system problems, weight or appetite loss and general malaise, whereas older students mentioned problems such as itchiness and lesions which are symptoms of more prevalent STDs. This finding might also highlight the prominence of HIV/AIDS rather than general STDs in the media and education campaigns.

Table 9: Percentage of males and females by grouped years by type of STD symptoms known. (Students could write down as many symptoms as they wanted)

SYMPTOM		YR 7 & 8	YR 9 & 10	YR 11 & 12
General Malaise ¹	MALES (%)	7.9	8.5	8.0
	FEMALES (%)	10.1	11.7	12.6
Immune system problems	MALES (%)	1.8	4.7	4.1
	FEMALES (%)	2.1	4.1	4.8
Pain/Discomfort /Burning	MALES (%)	1.5	3.0	9.6
	FEMALES (%)	1.1	5.4	14.1
Pain/Difficulty urinating	MALES (%)	1.3	4.6	12.2
	FEMALES (%)	0.7	8.1	16.8
Tingling/Itchiness /Irritation	MALES (%)	0.7	4.7	14.2
	FEMALES (%)	1.9	12.5	26.5
Lesion: Sore/Blister /Ulcer	MALES (%)	2.2	6.3	14.7
	FEMALES (%)	0.8	8.6	18.0
Growth/Lump/Warts	MALES (%)	0.8	5.4	12.2
	FEMALES (%)	1.7	6.8	15.3
Inflammation/Reddening /Rash	MALES (%)	0.7	4.3	12.9
	FEMALES (%)	0.7	7.9	17.7
Discharge	MALES (%)	0.2	3.5	13.4
	FEMALES (%)	1.1	8.6	26.0
Weight loss/Appetite loss	MALES (%)	3.5	4.3	4.7
	FEMALES (%)	3.4	5.0	5.5

¹ General malaise refers to responses such as “feeling ill”, “weakness”, “tiredness”, “not well”

4.1.4 Perception of Risk of HIV and other STDs

In two separate questions, students were asked whether they felt personally at risk of HIV and of other STDs. Older students who said they thought they would never, or were very unlikely or unlikely to get HIV or an STD were asked to indicate reasons for their answer. Table 10 shows the percentage of students at each year level who thought they were likely/very likely to get an STD. A minority of both males and females at each year level perceived themselves to be at risk of getting an STD.

Table 10: Percentage of males and females who thought they were likely/very likely to get an STD

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)	12.7	12.0	12.1	11.5	15.0	11.4
FEMALES (%)	12.2	12.2	11.8	15.3	12.7	14.9

Table 11 shows the reasons students chose to explain why they thought they were not at risk of getting an STD. Only students from years 10, 11 and 12 were asked to choose reasons. The most common reasons for low risk given concerned the following: not sharing needles and syringes to inject drugs, not injecting drugs, using a condom when having sex and abstaining from sex. Males were more likely to say they would avoid people who might have an STD, but males and females were equally likely to say that they were at low risk because they trusted their partner. This pattern of results indicates that students were able to identify risk behaviours associated with STDs. Encouragingly, reasons such as “I am too young to get an STD” and “The STD problem is not as bad as some people think” were not popular. The usefulness of these results is limited. For example, it is not likely that all of the students who selected the option “I don’t share needles and syringes to inject drugs” use drugs but do not share needles. These reasons would be better assessed by interview which would enable more complex exploration of the issues.

Table 11: Percentage of males and females by reasons for perception of low risk of STDs. (Students could mark as many reasons as they wanted)

		YR 10	YR 11	YR 12
The problem is not as bad as some people think	MALES (%)	2.6	1.3	0.9
	FEMALES (%)	0.3	0.6	0.1
I keep away from people who I think might have an STD	MALES (%)	12.7	12.1	13.5
	FEMALES (%)	5.3	5.5	6.7
I'm too young to get an STD	MALES (%)	5.1	0.9	0.6
	FEMALES (%)	2.9	2.3	1.1
I don't share needles and syringes to inject drugs	MALES (%)	58.1	56.7	56.1
	FEMALES (%)	54.9	53.4	50.4
I have never had sex	MALES (%)	44.5	42.4	30.8
	FEMALES (%)	60.3	49.9	40.7
I trust my partner	MALES (%)	14.4	13.6	22.0
	FEMALES (%)	10.3	17.3	21.4
I will always use a condom when having sex	MALES (%)	57.8	61.7	55.3
	FEMALES (%)	51.2	56.8	54.2
I don't inject drugs	MALES (%)	62.1	62.2	57.4
	FEMALES (%)	59.8	59.6	56.5

Table 12 shows the percentage of students at each year level who thought they were likely/very likely to be infected with HIV. Most of the students did not think they were likely ever to be infected with HIV. Overall, the percentage of students at each year level who perceived themselves to be at risk of HIV was lower than the percentage of students at each year level who perceived themselves to be at risk of an STD (see Table 10).

Table 12: Percentage of males and females who thought they were likely/very likely ever to be infected with HIV.

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)	12.8	9.3	6.9	8.1	9.3	4.7
FEMALES (%)	6.6	8.3	9.2	11.7	7.0	9.5

The most common reasons students chose to explain why they thought they were at low risk of being infected with HIV (Table 13) were the same reasons students were most likely to choose to explain why they perceived themselves to be at low risk of STDs.

Table 13: Percentage of males and females by reasons for perception of low risk of HIV. (Students could mark as many as they wanted)

		YR 10	YR 11	YR 12
The problem is not as bad as some people think	MALES (%)	2.1	0.9	1.6
	FEMALES (%)	0.1	0.1	0.3
I keep away from people who I think might have HIV	MALES (%)	14.6	12.5	14.6
	FEMALES (%)	4.5	7.1	6.9
I'm too young to get HIV	MALES (%)	5.5	0.4	1.0
	FEMALES (%)	3.2	1.5	0.9
I don't share needles and syringes to inject drugs	MALES (%)	64.7	63.3	67.3
	FEMALES (%)	62.9	61.8	59.2
I have never had sex	MALES (%)	46.2	42.1	31.1
	FEMALES (%)	60.0	50.4	40.5
I trust my partner	MALES (%)	15.0	16.0	26.5
	FEMALES (%)	12.3	19.9	24.7
I will always use a condom when having sex	MALES (%)	64.2	64.4	61.0
	FEMALES (%)	53.9	62.8	59.2
I don't inject drugs	MALES (%)	67.8	71.0	67.3
	FEMALES (%)	67.2	67.5	65.3

4.1.5 Strategies for Avoiding Infection with HIV

Students were asked to write down what they personally could do to avoid becoming infected with HIV. Their open-ended responses were coded into a number of categories. These categories are shown in Table 14 along with the percentage of males and females in each year level who mentioned each strategy. Table 15 shows typical responses for each strategy.

Table 14: Percentage of males and females by strategies for avoiding infection with HIV.

STRATEGIES		YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
Use a condom	MALES (%)	62.6	67.5	69.3	70.5	68.2	66.6
	FEMALES (%)	47.3	55.2	60.2	67.7	65.6	65.1
Safe sex (unspecified)	MALES (%)	4.2	5.2	10.0	6.0	9.6	14.1
	FEMALES (%)	7.2	11.3	14.4	12.0	14.8	15.8
Other forms of safe sex	MALES (%)	0.0	0.1	0.0	0.0	0.6	0.1
	FEMALES (%)	0.0	0.1	0.1	0.0	0.2	0.0
Decrease sexual risk (other than above)	MALES (%)	6.6	12.4	16.3	14.7	24.8	22.6
	FEMALES (%)	19.6	19.7	25.7	24.2	27.7	35.1
Monogamy	MALES (%)	1.9	4.3	3.6	6.5	8.3	11.8
	FEMALES (%)	1.7	3.0	5.9	5.0	10.5	11.2
Abstinence	MALES (%)	8.0	4.1	4.4	5.8	6.6	4.9
	FEMALES (%)	9.6	6.9	10.2	7.2	7.2	7.3
Not sharing needles	MALES (%)	14.1	14.3	21.3	26.4	23.8	23.6
	FEMALES (%)	7.2	19.3	22.0	33.7	33.1	32.0
Not using IV drugs	MALES (%)	4.5	4.1	3.4	10.7	11.7	13.2
	FEMALES (%)	4.0	3.7	7.6	12.8	14.1	16.4
HIV antibody test	MALES (%)	10.0	7.2	11.6	11.9	12.6	13.1
	FEMALES (%)	16.5	19.1	21.4	20.8	23.0	26.9
Avoid people who might have HIV	MALES (%)	0.8	0.7	0.4	3.2	1.6	1.2
	FEMALES (%)	1.8	1.4	1.0	1.0	0.5	1.1

Table 15: Typical responses for each strategy given for avoiding infection with HIV.

STRATEGIES	TYPICAL RESPONSE
Use a condom	"By insisting that whoever I have sex with uses a condom"
Safe sex (unspecified)	"That I should ... always use protection when having sex"
Other forms of safe sex	"Agreeing to have sex with one another non-intercourse activities - (kissing, fondling, etc.)"
Decrease sexual risk (other than above)	"Don't screw around"
Monogamy	"Limit myself to having only one sexual partner"
Abstinence	"Wait until I get married to have sex"
Not sharing needles	"Don't share needles with anyone"
Not using IV drugs	"That I should never inject drugs"
HIV antibody test	"Have tests before sex"
Avoid people who might have HIV	"You could make sure anyone you know who has it, to keep away from them"

4.1.6 Discrimination Towards People Living with HIV/AIDS

Students were asked to rate their degree of agreement with four statements regarding attitudes toward people who are living with HIV/AIDS. This was followed by some specific questions about whether fear of HIV would ever stop them from mixing socially with various groups of people.

Tables 16 to 19 present the percentage of males and females at each year level who strongly agreed/agreed, were not sure or strongly disagreed/disagreed with each of four statements. Overall, females appeared to have less discriminatory attitudes towards people living with HIV/AIDS.

Table 16: Percentage of males and females by degree of agreement with the statement: "I would stop being friends with someone if that person got HIV"

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Strongly agree/Agree	8.4	8.2	4.9	9.2	4.8	4.5
Not sure	30.7	21.0	26.6	27.8	21.7	27.1
Strongly disagree/Disagree	60.9	70.8	68.6	63.0	73.5	68.4
FEMALES (%)						
Strongly agree/Agree	3.6	4.3	2.6	1.5	1.6	1.4
Not sure	20.9	20.5	14.6	11.2	8.8	7.2
Strongly disagree/Disagree	75.5	75.2	82.8	87.4	89.6	91.4

Table 17: Percentage of males and females by degree of agreement with the statement: “Young people who have HIV should be allowed to stay at school”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Strongly agree/Agree	60.0	60.6	68.9	60.4	71.5	65.3
Not sure	24.6	18.2	17.2	19.6	15.2	22.3
Strongly disagree/Disagree	15.4	15.1	13.8	20.0	13.3	12.4
FEMALES (%)						
Strongly agree/Agree	64.5	64.3	74.8	72.5	76.4	74.7
Not sure	15.1	22.5	14.9	18.3	15.6	17.9
Strongly disagree/Disagree	20.4	13.2	10.3	9.2	8.0	7.4

Table 18: Percentage of males and females by degree of agreement with the statement: “People with HIV have only themselves to blame”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Strongly agree/Agree	31.7	26.0	26.9	23.8	20.6	17.8
Not sure	24.8	17.4	18.0	19.0	15.1	15.2
Strongly disagree/Disagree	43.5	56.7	55.0	57.2	64.3	67.0
FEMALES (%)						
Strongly agree/Agree	23.5	17.0	15.7	13.1	13.0	9.2
Not sure	22.9	26.0	23.7	23.8	19.3	15.6
Strongly disagree/Disagree	53.6	57.0	60.7	63.1	67.7	75.3

Table 19: Percentage of males and females by degree of agreement with the statement: “People who have HIV should be allowed to work with young people”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Strongly agree/Agree	52.7	51.1	58.4	49.5	60.6	54.0
Not sure	29.3	31.6	28.5	35.3	27.3	34.0
Strongly disagree/Disagree	18.0	17.3	13.1	15.3	12.1	12.0
FEMALES (%)						
Strongly agree/Agree	43.8	53.7	60.4	60.8	65.0	62.8
Not sure	33.9	34.7	30.0	30.6	28.4	28.2
Strongly disagree/Disagree	22.3	11.6	9.6	8.6	6.6	9.0

Another measure of discrimination was derived from answers to the following question: “Do you think you would stop mixing socially (eg going to parties) with any of the following people, now or in the future, because you think they might have HIV?” Answers were given as Yes, No or Not sure. The “Types” of people referred to in the question are shown in Table 20, along with the percentage of “yes” responses for males and females. Data are derived from year 10, 11 and 12 students in all participating states except Western Australia.

Several trends are clear from these data. First, males are three times more likely than females to say they would avoid mixing with homosexual men and more than twice as likely as females to avoid mixing with bisexual men. In both cases, a majority of males endorse this type of attitude. A gender difference is also apparent with regard to willingness to mix with sex workers. Among females, reluctance to mix with female (30.0%) and male (29.9%) prostitutes was equivalent. However, male students were much more likely to say they would avoid mixing with male prostitutes (61.3%) than female prostitutes (40.1%) as a strategy to avoid HIV. Overall, males were more likely than females to say they would avoid all categories of people if they thought they might have HIV.

Another trend is for this avoidance attitude to be less prevalent in senior years. While some differences were slight, Year 10 students were more likely than those in years 11 and 12 to say they would avoid people from other countries, heterosexual, homosexual and bisexual men and women, blood transfusion recipients, health workers and drug users. The only exception to this trend was for both males and (particularly) females in senior years to say they would avoid mixing with male and female sex workers. One problem in interpreting these trends is that the question does not clearly distinguish between attitudes toward various population groups and an attitude to the HIV. However, Kippax (personal communication) has suggested that attitudes toward people and virus are not separate and this question is a sensitive and reliable indicator of discriminatory social attitudes.

Table 20: Percentage of males and females who reported that they would stop mixing with the following people, now or in the future, because they thought that they might have HIV

		YR 10	YR 11	YR 12
People from countries where there is a lot of AIDS	MALES (%)	18.6	13.7	8.6
	FEMALES (%)	8.9	6.2	6.4
Homosexual men (ga'ys)	MALES (%)	68.1	62.3	61.1
	FEMALES (%)	20.1	19.1	19.8
Homosexual women (lesbians)	MALES (%)	42.1	33.7	30.7
	FEMALES (%)	28.2	26.3	26.1
Bisexual men (men who have sex with both men and women)	MALES (%)	53.5	52.2	53.4
	FEMALES (%)	24.2	20.9	21.5
Bisexual women (women who have sex with both men and women)	MALES (%)	43.1	28.9	33.5
	FEMALES (%)	26.2	22.7	23.0
Heterosexual men (men who have sex with women)	MALES (%)	11.9	7.4	6.9
	FEMALES (%)	5.7	5.0	3.0
Heterosexual women (women who have sex with men)	MALES (%)	11.5	6.4	5.4
	FEMALES (%)	5.2	3.9	2.7
Female prostitutes	MALES (%)	38.8	41.5	40.0
	FEMALES (%)	25.5	30.9	33.6
Male prostitutes	MALES (%)	60.1	61.1	62.9
	FEMALES (%)	27.5	28.9	33.4
People who have blood transfusions	MALES (%)	15.7	8.9	6.8
	FEMALES (%)	6.8	3.9	3.1
People who inject drugs	MALES (%)	61.4	57.8	49.4
	FEMALES (%)	40.2	37.9	35.9
People who care for those infected with HIV (e.g doctors, nurses and other health care workers)	MALES (%)	9.1	3.2	4.9
	FEMALES (%)	3.1	1.7	1.4

4.1.7 Proportion of Students Knowing Someone Living with HIV/AIDS

Students were asked whether they knew anyone living with HIV/AIDS. Table 21 shows their responses by gender and year level. The majority of students did not know anyone living with HIV/AIDS. The proportion of students who knew “someone else” living with HIV/AIDS was somewhat high and may include famous people identified in the media who are living with HIV/AIDS. Written remarks from the respondents provided evidence of this.

Table 21: Percentage of males and females by knowledge of someone with HIV/AIDS

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
No one	93.4	89.5	91.3	92.5	88.2	88.3
A relative	0.8	1.5	0.7	1.0	1.5	1.0
A friend	0.8	2.8	2.2	1.2	3.1	2.6
Someone else	5.0	6.2	5.8	5.3	7.2	8.1
FEMALES (%)						
No one	90.2	89.6	89.2	90.2	85.3	87.1
A relative	1.8	1.3	0.7	0.8	0.6	1.3
A friend	2.5	2.7	3.7	3.3	4.8	3.1
Someone else	5.5	6.4	6.4	5.7	9.3	8.5

4.1.8 Testing Patterns for HIV and other STDs

Students were asked whether they had ever been to a doctor because they were worried they might have an STD and whether they had ever had an HIV antibody test.

Table 22 shows the percentages of all students in years 10, 11 and 12 who had been to the doctor about an STD. These percentages were very low. However, they represent the proportion of the whole sample of students in these years, many of whom had not yet had sex. Figure 10 in Section 4.2 shows the percentage of non-virgin males and females who had been to the doctor because they were worried they might have an STD.

Table 22: Percentage of males and females who had been to a doctor because they were worried they might have an STD

	YR 10	YR 11	YR 12
MALES (%)	1.5	3.8	4.5
FEMALES (%)	3.4	5.9	6.2

Table 23 shows the percentage of students who reported that they had had an HIV antibody test. As discussed above these figures represent a proportion of the total number of students in years 10, 11 and 12. Figure 11 in Section 4.2 shows the percentage of non-virgin males and females who reported that they had had an HIV antibody test.

Table 23: Percentage of males and females who had had an HIV antibody test

	YR 10	YR 11	YR 12
MALES (%)	2.2	4.1	5.5
FEMALES (%)	1.9	4.3	3.2

Of those students who reported that they had had an HIV antibody test, the mean number of months since the most recent test is shown in Table 24. The number of these students who had had more than one HIV antibody test is shown in Table 25.

Table 24: Mean number of months for males and females since having an HIV antibody test

	YR 10	YR 11	YR 12
MALES (months)	(N=9) 11.0	(N=16) 12.5	(N=19) 14.6
FEMALES (months)	(N=9) 21.1	(N=23) 12.4	(N=15) 33.4

Table 25: Number of males and females who had had more than one HIV antibody test

	YR 10	YR 11	YR 12
MALES (N)	1	3	4
FEMALES (N)	1	1	4

4.1.9 Beliefs about Peers' Sexual Behaviour

Students were asked about their perception of the behaviour of people the same age as themselves. Specifically, they were asked whether boys and girls their age had sex, at what age most boys and girls had sex for the first time, whether boys and girls their age in a relationship sometimes had sex with other people, whether boys and girls their age mostly used condoms and who suggested using a condom.

Tables 26 and 27 show the percentage of males and females who thought none/very few versus half to all students their age had had sex. The percentage of both males and females who thought that half to all of their peers had had sex increased from year 7 to year 12 as actual sexual involvement would be expected to increase.

Table 26: Percentage of males and females by response to the question: "How many boys your age do you think have had sex?"

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
None/very few	88.6	85.7	76.4	61.9	43.2	24.8
Half to all	11.4	14.3	23.6	38.1	56.8	75.2
FEMALES (%)						
None/very few	89.2	83.8	68.1	48.5	22.5	15.8
Half to all	10.8	16.2	31.9	51.5	77.5	84.2

Table 27: Percentage of males and females by response to the question: "How many girls your age do you think have had sex?"

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
None/very few	85.4	83.2	71.2	65.9	43.1	26.4
Half to all	14.6	16.8	28.8	34.1	56.9	73.6
FEMALES (%)						
None/very few	88.9	83.6	66.9	53.3	26.5	20.6
Half to all	11.1	16.4	33.1	46.7	73.5	79.4

Tables 28 and 29 show the percentage of males and females who selected each age as the time most people started to have sex. Overall, 57.8% of females and 42.2% of males thought that boys started to have sex before they were 16 years old. Almost 54% of females and 46.4% of males thought that girls started to have sex before they were 16 years old. The majority of both males and females thought that most boys and girls started to have sex before they were 17 years of age.

Table 28: Percentage of males and females by response to the question: “At what age do you think most boys start having sex?”

MALE		
Under 13 years		1.3
13 years		4.6
14 years		12.0
15 years		24.3
16 years		32.4
17 years		14.4
18 years and over		11.0
FEMALE		
Under 13 years		0.8
13 years		6.1
14 years		17.7
15 years		33.2
16 years		26.7
17 years		9.5
18 years and over		6.0

Table 29: Percentage of males and females by response to the question: “At what age do you think most girls start having sex?”

MALE		
Under 13 years		1.3
13 years		5.1
14 years		13.8
15 years		26.2
16 years		29.8
17 years		13.5
18 years and over		10.2
FEMALE		
Under 13 years		0.8
13 years		6.2
14 years		16.7
15 years		29.9
16 years		29.6
17 years		10.1
18 years and over		6.7

Tables 30 and 31 show the percentage of males and females who thought that none/very few versus half to all boys and girls who had a steady partner sometimes had sex with others. The majority of both males and females thought that none/very few of both boys and girls who had a steady partner sometimes had sex with others. This indicates that most students believed that their peers had monogamous, or at least serially monogamous relationships.

Table 30: Percentage of males and females by response to the question: “Do you think that boys your age who have a steady partner sometimes have sex with others?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
They don't have sex	42.8	38.5	17.8	9.9	5.0	0.6
None/very few	51.5	57.5	76.0	82.1	87.4	88.5
Half to all	5.7	4.0	6.2	8.0	7.6	10.9
FEMALES (%)						
They don't have sex	46.6	30.3	11.7	6.0	2.6	0.6
None/very few	48.6	65.2	82.7	85.7	85.7	90.0
Half to all	4.7	4.5	5.5	8.3	11.7	9.4

Table 31: Percentage of males and females by response to the question: “Do you think that girls your age who have a steady partner sometimes have sex with others?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
They don't have sex	45.4	35.9	17.4	8.4	5.3	0.9
None/very few	51.1	59.3	76.4	85.2	85.4	90.4
Half to all	3.4	4.9	6.2	6.4	9.3	8.7
FEMALES (%)						
They don't have sex	46.2	31.0	9.6	4.6	1.7	1.6
None/very few	49.1	63.8	86.2	91.5	93.7	94.8
Half to all	4.7	5.1	4.2	3.8	4.5	3.6

Table 32 presents the percentage of males and females who thought that none/a few versus half to all people their age mostly used condoms if they had sex. The majority of both males and females thought that half to all people their age mostly used condoms if they had sex.

Table 32: Percentage of males and females by response to the question: “Do you think that people about the same age as you mostly use condoms if they have sex?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
They don't have sex	38.0	32.3	13.7	6.4	2.7	0.4
None/a few	31.6	25.0	27.4	28.1	18.7	15.1
Half to all	30.4	42.7	58.9	65.5	78.6	84.5
FEMALES (%)						
They don't have sex	42.2	26.4	10.1	3.8	1.2	0.9
None/a few	33.9	24.3	26.6	26.9	16.4	20.7
Half to all	24.0	49.3	63.3	69.2	82.4	78.5

Table 33 shows who students thought mostly suggested using a condom. The majority of students thought that either girls or both partners suggested condoms.

Table 33: Percentage of males and females response to the question: “For those young people who use condoms when having sex, who do you think mostly suggests using a condom?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Boys	19.1	19.2	8.2	4.8	4.8	6.5
Girls	33.1	31.3	40.6	39.2	32.8	30.8
Both	37.0	37.8	39.9	47.4	51.5	51.6
Don't know	10.7	11.7	12.4	8.7	10.9	11.2
FEMALES (%)						
Boys	9.6	6.1	3.0	2.1	1.3	2.1
Girls	54.3	58.9	53.3	52.5	46.4	43.6
Both	27.1	25.0	33.5	33.9	40.8	43.0
Don't know	9.0	10.0	10.2	11.4	11.6	11.3

4.1.10 Confidence in Communication about Sex

Students were asked to imagine a situation where they had to make a decision about an HIV risk behaviour (e.g. whether to have sexual intercourse before they felt ready, or intercourse without a condom). They then rated on a five point scale how confident they were about negotiating the most responsible (healthy) outcomes. Students were also asked about their confidence in talking to their parent/guardian and people their own age about sex.

Tables 34 to 36 show that the majority of students were confident/very confident that they could negotiate the most responsible outcome in each scenario. The number of students who chose the “I would never be in this situation” option confuses the interpretation of these results because it is not possible to assess the confidence of these students. It is also not possible to ascertain which part of the situation they thought they would never be in or the reasons for their answers. For example, they may not be allowed to go out, or some young people may not be able to imagine a situation where they would refuse to have sex.

Table 34: Percentage of males and females by degree of confidence in the following situation: “Imagine that you are going out with someone. He/She wants to have sex, but you don’t want to. How confident are you that you could say no?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
I would never be in this situation	12.2	12.9	8.7	10.5	9.1	10.2
Very confident to Confident	51.7	53.2	58.5	57.5	63.1	61.3
A little confident to Not at all confident	36.1	33.9	32.8	32.0	27.7	28.5
FEMALES (%)						
I would never be in this situation	11.2	6.2	3.6	3.0	2.6	3.1
Very confident to Confident	65.6	71.7	76.3	81.1	83.6	83.5
A little confident to Not at all confident	23.2	22.1	20.1	15.9	13.9	13.4

Table 35: Percentage of males and females by degree of confidence in the following situation: “Imagine that you and your boyfriend/girlfriend have decided to have sex. How confident are you that you could persuade him/her to the use of a condom?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
I would never be in this situation	10.1	6.7	3.6	4.9	2.9	2.0
Very confident to Confident	71.1	79.0	84.7	87.0	84.5	88.6
A little confident to Not at all confident	18.8	14.2	11.7	8.0	12.6	9.4
FEMALES (%)						
I would never be in this situation	11.1	7.2	5.8	4.3	2.7	3.7
Very confident to Confident	70.1	76.0	80.1	85.7	88.1	89.5
A little confident to Not at all confident	18.8	16.8	14.1	10.0	9.3	6.8

Table 36: Percentage of males and females by degree of confidence in the following situation: “Imagine that you have met someone new and you both decide to have sex. You want to use a condom, but he/she refuses. How confident are you that you could persuade him/her to agree to the use of a condom?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
I would never be in this situation	11.3	9.0	7.5	9.0	5.6	7.2
Very confident to Confident	67.8	67.3	72.5	71.0	75.4	77.6
A little confident to Not at all confident	20.9	23.5	20.0	20.0	18.9	15.2
FEMALES (%)						
I would never be in this situation	20.2	12.2	11.3	8.1	8.8	10.1
Very confident to Confident	61.9	69.4	69.6	69.2	76.2	75.6
A little confident to Not at all confident	17.9	18.4	19.1	22.7	14.9	14.4

Tables 37 to 39 show that both males and females were more confident that they could talk to people their own age than to their parents/guardian. Overall, more females than males were confident in talking to people their own age and their parents/guardian.

Table 37: Percentage of males and females by degree of confidence in the following situation: “How confident are you that you could talk to one of your parents, or an adult that looks after you about sex?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Very confident to Confident	34.8	45.6	43.0	36.2	36.4	34.0
A little confident to Not at all confident	65.2	54.4	57.0	63.8	63.6	66.0
FEMALES (%)						
Very confident to Confident	49.0	46.3	49.2	43.2	47.1	44.3
A little confident to Not at all confident	51.0	53.7	50.8	56.8	52.9	55.7

Table 38: Percentage of males and females by degree of confidence in the following situation: “How confident are you that you could talk to people your own age about sex?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Very confident to Confident	58.0	68.0	69.9	72.3	72.1	82.7
A little confident to Not at all confident	42.0	32.0	30.1	27.7	27.9	17.3
FEMALES (%)						
Very confident to Confident	68.0	74.7	82.9	83.9	89.4	87.0
A little confident to Not at all confident	32.0	25.3	17.1	16.1	10.6	13.0

Table 39: Percentage of males and females by degree of confidence in the following situation: “How confident are you that you could talk to one of your parents, or an adult that looks after you about HIV and other STDs?”

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Very confident to Confident	46.9	56.7	54.4	51.5	53.7	54.1
A little confident to Not at all confident	53.1	43.3	45.6	48.5	46.3	45.9
FEMALES (%)						
Very confident to Confident	57.4	59.8	64.6	59.5	64.6	64.6
A little confident to Not at all confident	42.6	40.2	35.4	40.5	35.4	35.4

4.1.11 Sexual Behaviour

Students were asked whether or not they ‘had ever had sex’. Those in years 10, 11 and 12 were also asked about age of first sexual experiences, number of partners in the past year, regularity of condom use and alcohol/drug consumption prior to sex. They were also asked to think back to the last time they had sex and to answer questions about condom use, communication about sexual health matters with the partner and the pre-existing relationship they had with the person.

Relationships

Table 40 and 41 show the percentage of students who reported that they had a current or past boyfriend or girlfriend.

Table 40: Percentage of males and females who reported that they currently had a steady boyfriend/girlfriend.

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)	27.7	19.9	20.9	26.9	17.2	27.8
FEMALES (%)	22.1	18.5	24.8	24.5	35.3	39.6

Table 41: Percentage of males and females who reported that they had had a steady boyfriend/girlfriend in the past.

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)	61.8	66.2	67.8	71.7	71.1	68.2
FEMALES (%)	56.6	47.9	60.9	59.2	72.6	69.4

Sexual Experiences

Tables 42 and 43 show that the majority of students had experienced passionate kissing at some time and to a lesser extent sexual touching.

Table 42: Percentage of males and females who reported that they had never had an experience of kissing passionately on the mouth.

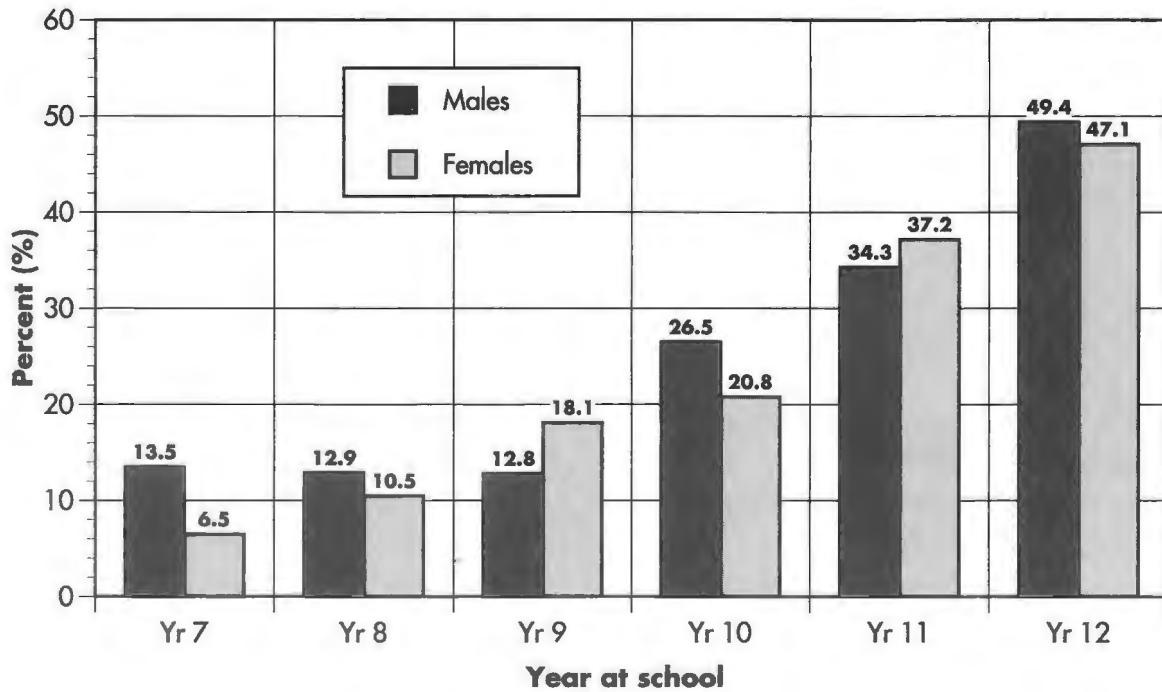
	YR 10	YR 11	YR 12
MALES (%)	25.7	18.2	16.5
FEMALES (%)	26.9	16.2	9.9

Table 43: Percentage of males and females who reported that they had never had an experience of sexual touching.

	YR 10	YR 11	YR 12
MALES (%)	37.8	30.8	22.5
FEMALES (%)	42.7	27.5	19.4

Figure 3 shows the percentage of students who reported that they had had sex. By year 10 around 1 in 4 students had had sex and this figure increased to almost 1 in 2 in year 12. The figure for year 7 students may be somewhat unreliable given the small sample sizes.

Figure 3: Percentage of males and females who reported that they had had sex.



Number of Sexual Partners

Table 44 shows that the majority of students had had only one partner in the last year. However, nearly 1 in 3 year 12 males and nearly 1 in 5 year 12 females reported having had sex with three or more partners in the last year.

Table 44: Percentage of non-virgin males and females by Number of partners in the last year.

	YR 10	YR 11	YR 12
MALES (%)			
1 partner	50.1	53.5	52.6
2 partners	25.6	18.1	17.5
3 or more partners	24.3	28.4	29.9
FEMALES (%)			
1 partner	60.7	63.5	61.3
2 partners	15.0	18.9	20.5
3 or more partners	24.3	17.6	18.2

Alcohol and Drugs

Figure 4 shows that a large proportion of students had had sex when they didn't want to because they were too drunk or high at the time. These figures may also include those who hadn't actually planned to have sex but did because they were affected by alcohol or drugs.

Figure 4: Percentage of non-virgin males and females who had had sex when they didn't want to because they were too drunk or high at the time.

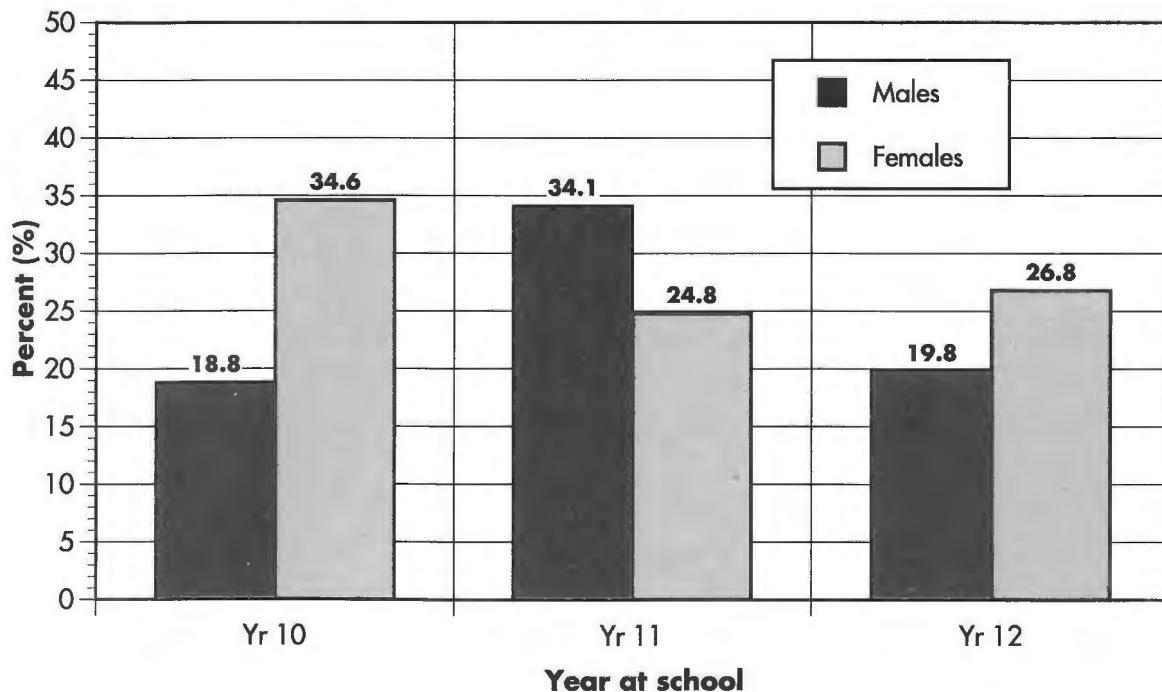


Table 45 shows that males were more likely than females to have been drunk or high the last time they had sex. Around a quarter of the sexually experienced year 11 and 12 males reported that they were drunk or high the last time they had sex.

Table 45: Percentage of non-virgin males and females who reported that they were drunk or high the last time they had sex.

	YR 10	YR 11	YR 12
MALES (%)	16.2	25.4	26.3
FEMALES (%)	15.8	17.1	16.6

Type of Partner

Table 46 shows that females were most likely to report having sex last time with their current steady boyfriend/girlfriend. Males were more likely than females to have had sex with someone they had known for a while but not had sex with before. In years 11 and 12, males were more likely than females to report having had sex with someone they had just met for the first time. Some students reported having sex with an “other” person and indicated that this person had been a relative or stranger. However, the question was not designed to estimate prevalence of incest or sexual abuse.

Table 46: Percentage of non-virgin males and females by relationship with their last sexual partner.

RELATIONSHIP		YR 10	YR 11	YR 12
Someone they had just met for the first time	MALES (%)	7.3	16.5	14.4
	FEMALES (%)	11.2	5.0	3.2
Someone they had known for a while but had not had sex with before	MALES (%)	47.4	40.6	36.8
	FEMALES (%)	25.2	19.6	19.9
Their current steady boyfriend or girlfriend	MALES (%)	42.8	39.2	42.2
	FEMALES (%)	57.0	67.6	68.9
Other	MALES (%)	2.5	3.8	6.4
	FEMALES (%)	6.1	7.8	8.0

Feelings

Table 47 indicates that the majority of students felt good and/or happy after the last time they had sex. Females were more likely to feel bad and/or used.

Table 47: Percentage of non-virgin males and females level by how they reported feeling after the last time they had sex. (Students could mark as many feelings as they wanted)

FEELINGS		YR 10	YR 11	YR 12
Good	MALES (%)	57.9	65.7	68.8
	FEMALES (%)	51.5	58.1	59.0
Bad	MALES (%)	2.2	1.1	2.8
	FEMALES (%)	10.1	4.4	9.2
O.K.	MALES (%)	25.1	17.1	18.6
	FEMALES (%)	23.4	19.2	15.1
Used	MALES (%)	0.7	0.6	2.6
	FEMALES (%)	16.6	8.1	11.5
Guilty	MALES (%)	14.2	12.0	9.7
	FEMALES (%)	17.1	12.4	11.7
Happy	MALES (%)	39.7	43.3	37.5
	FEMALES (%)	43.5	49.7	43.5
Other	MALES (%)	17.4	15.1	16.3
	FEMALES (%)	14.4	14.7	18.9

Communication with Partner about Sexual Issues

Table 48 shows that the majority of students talked to their partner about using a condom last time they had sex. The issue least likely to be talked about by the students was avoiding HIV and/or STD infection.

Table 48: Percentage of non-virgin males and females who reported talking to their partner about certain issues the last time they had sex.

ISSUES		YR 10	YR 11	YR 12
Avoiding pregnancy	MALES (%)	53.9	37.8	47.6
	FEMALES (%)	58.0	54.4	55.1
Avoiding HIV infection	MALES (%)	40.3	29.5	24.8
	FEMALES (%)	24.6	19.1	17.0
Avoiding STD infection	MALES (%)	32.0	24.0	21.2
	FEMALES (%)	25.2	19.2	15.7
Getting sexual pleasure without intercourse	MALES (%)	24.3	30.2	30.0
	FEMALES (%)	22.4	40.6	33.6
Using a condom	MALES (%)	73.6	64.6	64.9
	FEMALES (%)	69.5	64.9	57.2

Condom Use

Table 49 shows the self reported usual condom use of students during the past year. Males were more likely than females to report that a condom was always used. Specifically, more than 1 in 10 males and almost 1 in 7 females reported that a condom was never used. However a significant proportion of males, especially in year 10, reported always using a condom.

Table 49: Percentage of non-virgin males and females by usual condom use in the last year.

	YR 10	YR 11	YR 12
MALES (%)			
Never	11.6	11.1	13.6
Sometimes	15.6	23.8	14.4
Often	12.5	11.2	18.4
Always	60.3	53.9	53.6
FEMALES (%)			
Never	15.4	15.9	16.2
Sometimes	20.5	24.1	26.8
Often	24.3	18.1	29.2
Always	39.8	41.9	27.7

Table 50 shows that for the majority of students alcohol and drugs did not appear to affect their ability to carry out a decision to use a condom. However there were around 20% of students who had ended up not using a condom because of alcohol or drug use.

Table 50: Percentage of non-virgin males and females by response to the question: "Have you ever ended up not using a condom (even though you had one with you) because you were too drunk or high at the time?"

	YR 10	YR 11	YR 12
MALES (%)			
Yes	14.4	23.5	16.9
No	85.3	75.4	81.5
Never wanted to use a condom	0.3	1.1	1.6
FEMALES (%)			
Yes	23.1	19.1	19.2
No	74.7	78.6	78.1
Never wanted to use a condom	2.2	2.4	2.6

Tables 51 and 52 present percentages of only those students who had had sex. It is encouraging to note that only a minority of sexually active students had never used a condom.

Table 51: Percentage of non-virgin males and females who reported that they had never had sex without a condom.

	YR 10	YR 11	YR 12
MALES (%)	52.5	45.6	44.8
FEMALES (%)	32.0	36.5	24.3

Table 52: Percentage of non-virgin males and females who reported that they had never had sex with a condom.

	YR 10	YR 11	YR 12
MALES (%)	12.0	9.3	12.4
FEMALES (%)	17.0	6.6	10.1

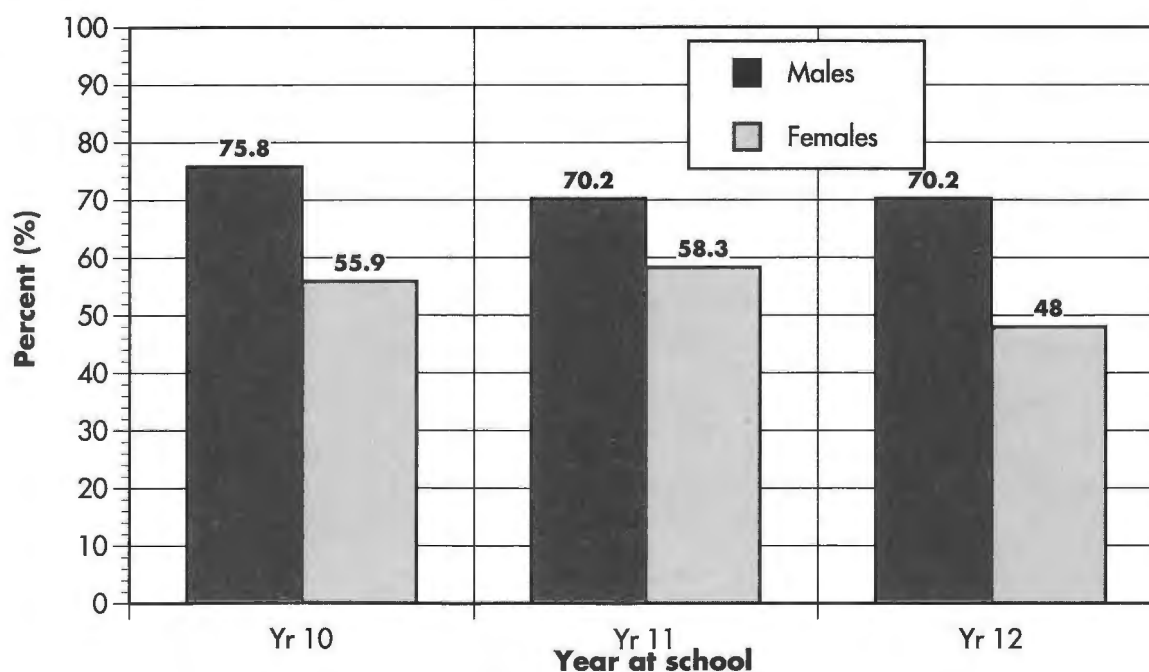
Table 53 and Figure 5 show the percentage of sexually experienced students who had a condom with them and who actually used a condom last time they had sex. Table 51 shows that the majority of sexually experienced students (males somewhat more than females) had access to a condom the last time they had sex.

Table 53: Percentage of non-virgin males and females who reported that a condom was available the last time they had sex.

	YR 10	YR 11	YR 12
MALES (%)	80.3	80.9	73.8
FEMALES (%)	70.1	64.1	61.2

Figure 5 shows that around 7 out of 10 males used a condom last time they had sex. Females were less likely to have used a condom last time. Only around 5 out of 10 female students reported that a condom was used the last time they had sex.

Figure 5: Percentage of non-virgin males and females who reported that a condom was used the last time they had sex.



Students who said that a condom was not used last time they had sex were asked to write down the reason(s) for this. The students' responses to this question were coded into a number of categories. These response categories and the percentages of students who gave each response are shown in Table 54. Table 55 shows responses which are typical of answers coded into each response category. The most common reason for not using a condom given by females was that they were using the oral contraceptive pill. Males also commonly mentioned that their partner was on the pill although the most common reason given by males was that they didn't have a condom with them at the time or couldn't get one. Females also mentioned not having a condom with them, trust of their partner and long term relationships.

Table 54: Percentage of non-virgin males and females who reported not using a condom last time by reasons for not using a condom last time. (Students could write down as many reasons as they wanted).

REASONS		
Trust/steady or long term relationship	MALES (%)	8.1
	FEMALES (%)	19.0
On the pill	MALES (%)	17.7
	FEMALES (%)	26.2
Other methods of pregnancy control used	MALES (%)	3.2
	FEMALES (%)	6.1
Too drunk or high to think about it	MALES (%)	5.8
	FEMALES (%)	3.8
Too turned on to think about it	MALES (%)	1.9
	FEMALES (%)	1.3
Tested/checked for HIV/STD's	MALES (%)	4.4
	FEMALES (%)	7.7
Partner didn't want to	MALES (%)	1.2
	FEMALES (%)	1.1
I don't like them/Doesn't feel as good	MALES (%)	11.5
	FEMALES (%)	3.6
We don't like them	MALES (%)	2.2
	FEMALES (%)	5.7
Didn't have one/Couldn't get one	MALES (%)	24.6
	FEMALES (%)	19.0
Don't Know/Just happened /Forget/Didn't think	MALES (%)	12.4
	FEMALES (%)	15.2
Perceived low risk/First or one of a few partners	MALES (%)	13.2
	FEMALES (%)	14.8
No control over situation	MALES (%)	0.0
	FEMALES (%)	4.1
Other Reason	MALES (%)	8.8
	FEMALES (%)	8.9
No answer	MALES (%)	8.8
	FEMALES (%)	3.6

Table 55: Typical responses for each reason given for not using a condom

REASONS	TYPICAL RESPONSE
Trust/steady or long term relationship	"Because I trust my partner and have been with him for a long time"
On the pill	"My girlfriend is on the pill and I deemed that there was no risk ... of getting her pregnant"
Other methods of pregnancy control used	"We use the pull out method"
Too drunk or high to think about it	"I was stoned and I did not care; He was drunk and he did not care"
Too turned on to think about it	"It was the thrill of the moment, never thought about it"
Tested/checked for HIV/STD's	"My partner and I have both been tested for HIV and STDs"
Partner didn't want to	"My boyfriend is more stimulated without one"
I don't like them/Doesn't feel as good	"I don't like to wear them"
We don't like them	"Because they hurt me and my boyfriend says it isn't as pleasurable"
Didn't have one/Couldn't get one	"Because we ran out and I didn't have any money and neither did my boyfriend"
Don't Know/Just happened /Forget/Didn't think	"Just didn't worry about it; I forgot I suppose"
Perceived low risk/First or one of a few partners	"Girl ... supposedly pretty clean"
No control over situation	"Because I was raped"
Other Reason	"I was sort of out of place because my friends had sex and I was peer pressured"

4.1.12 Preferred Sources of Information

Students were asked to nominate who it is they talk to about sex, HIV/AIDS and STDs. They were then asked what they would do to learn more about these issues. Tables 56 and 57 show that the students talked to similar people about sex, HIV and other STDs. Female students were most likely to have spoken to their female friend(s) and mothers. Male students were most likely to have spoken to a male friend, a female friend and their mother.

Table 56: Percentage of males and females by response to the question: “Have you talked about sex with ...?”

PERSON		YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
Your mother (or female guardian)	MALES (%)	46.0	50.0	50.5	45.8	51.7	53.3
	FEMALES (%)	71.8	65.0	67.8	66.2	72.0	72.6
Your father (or male guardian)	MALES (%)	37.5	40.9	43.8	38.6	37.5	40.6
	FEMALES (%)	20.4	18.0	25.1	23.3	25.1	29.5
Your steady boyfriend or girlfriend	MALES (%)	18.6	22.7	27.8	40.0	42.6	52.3
	FEMALES (%)	17.3	16.8	31.1	36.8	53.1	62.6
A friend's parent	MALES (%)	5.6	7.5	9.6	12.8	11.9	13.8
	FEMALES (%)	11.0	10.8	19.5	22.1	24.6	28.1
A male friend	MALES (%)	48.9	53.2	62.1	67.5	75.0	79.0
	FEMALES (%)	17.6	20.8	40.5	51.1	60.8	69.2
A female friend	MALES (%)	20.5	32.5	38.4	51.2	58.1	64.5
	FEMALES (%)	68.0	73.7	85.8	89.7	93.4	93.2
Your brother or sister?	MALES (%)	26.2	31.8	33.9	31.0	38.7	36.7
	FEMALES (%)	34.8	33.4	46.3	36.3	45.7	48.0
Other relative (e.g. cousin, uncle)	MALES (%)	19.5	23.1	24.7	27.0	28.8	24.1
	FEMALES (%)	27.1	25.3	34.1	32.3	31.6	36.2
A doctor	MALES (%)	13.1	6.1	9.7	6.7	4.7	9.5
	FEMALES (%)	8.4	5.0	6.1	14.9	20.3	27.8
A school teacher in a class group	MALES (%)	19.9	32.7	38.6	42.5	43.4	37.1
	FEMALES (%)	26.9	47.1	51.9	54.0	52.3	45.6
A school teacher in private	MALES (%)	5.3	4.7	4.4	3.1	2.2	3.6
	FEMALES (%)	8.3	3.9	5.0	4.7	4.7	6.1
Minister or religious group	MALES (%)	2.7	3.9	3.2	3.1	2.0	5.5
	FEMALES (%)	0.7	2.6	4.7	4.1	5.6	7.2
No one	MALES (%)	17.0	15.8	11.2	10.6	6.1	5.9
	FEMALES (%)	14.1	12.9	5.5	4.7	4.0	4.0
Other	MALES (%)	4.2	4.4	6.0	4.5	3.8	3.5
	FEMALES (%)	6.6	10.7	7.5	4.2	4.5	4.3

Significant proportions of students had spoken to their boyfriend or girlfriend about sex. These percentages increased with age and thus sexual experience. Students reported that they had also spoken with school teachers in a class group about sex and HIV and other STDs. Very few students had not spoken to anyone.

Table 57: Percentage of males and females by response to the question: “Have you talked about HIV and other STDs with ...?”

PERSON		YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
Your mother (or female guardian)	MALES (%)	53.5	52.0	51.9	48.4	51.4	50.9
	FEMALES (%)	62.6	59.0	64.4	62.2	67.6	63.8
Your father (or male guardian)	MALES (%)	37.4	40.2	43.7	38.7	34.4	36.3
	FEMALES (%)	23.7	22.1	27.6	26.2	30.0	31.9
Your steady boyfriend or girlfriend	MALES (%)	16.9	18.1	16.0	23.3	31.2	36.4
	FEMALES (%)	11.1	11.2	23.4	23.8	38.1	43.6
A friend's parent	MALES (%)	9.5	7.7	8.9	9.1	12.0	11.5
	FEMALES (%)	6.7	9.3	15.3	17.1	19.7	19.6
A male friend	MALES (%)	33.2	41.2	46.7	53.6	63.2	66.1
	FEMALES (%)	15.5	16.9	34.6	42.6	48.7	54.8
A female friend	MALES (%)	21.7	27.8	29.9	40.6	46.7	51.1
	FEMALES (%)	57.8	60.9	76.3	78.3	82.8	83.3
Your brother or sister?	MALES (%)	24.5	24.1	30.8	24.0	30.4	26.9
	FEMALES (%)	26.5	29.0	37.7	29.7	36.9	39.6
Other relative (e.g. cousin, uncle)	MALES (%)	17.7	16.3	17.8	18.9	20.4	16.7
	FEMALES (%)	22.8	21.3	28.8	26.0	24.7	25.8
A doctor	MALES (%)	17.7	7.1	12.6	8.5	7.9	9.0
	FEMALES (%)	4.9	5.5	7.7	12.1	15.9	19.6
A school teacher in a class group	MALES (%)	22.2	33.3	40.1	48.5	54.9	46.5
	FEMALES (%)	25.4	42.8	52.4	61.8	58.2	55.7
A school teacher in private	MALES (%)	5.3	3.4	5.0	2.2	3.4	3.4
	FEMALES (%)	5.1	1.8	3.2	3.6	2.4	4.0
Minister or religious group	MALES (%)	3.4	3.6	3.4	1.9	1.5	4.8
	FEMALES (%)	2.2	2.3	3.2	2.9	4.0	5.4
No one	MALES (%)	15.4	17.0	13.1	10.0	8.1	6.7
	FEMALES (%)	9.4	15.0	8.3	5.4	5.2	3.8
Other	MALES (%)	0.8	2.7	2.0	1.8	2.2	2.2
	FEMALES (%)	2.9	6.3	5.7	1.8	2.6	2.8

Tables 58 and 59 address the places and people that students would go to if they wanted to learn more about HIV and other STDs. Students were most likely to say that they would talk to a doctor although very few students had actually talked to a doctor about HIV and other STDs (Table 57). Male and female friends, steady boyfriends/girlfriends and mothers were also rated by large proportions of students as people they would talk to if they wanted to learn more about HIV and other STDs.

Table 58: Percentage of males and females by response to the question: “If you were personally worried about HIV or other STDs and wanted to learn more, who would you talk to...?”

PERSON		YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
Your mother (or female guardian)	MALES (%)	78.9	81.2	81.6	65.9	67.6	63.2
	FEMALES (%)	91.6	89.7	85.3	80.7	77.2	69.0
Your father (or male guardian)	MALES (%)	68.6	75.7	74.4	57.5	58.8	52.8
	FEMALES (%)	53.6	62.3	49.4	42.1	40.9	39.1
Your steady boyfriend or girlfriend	MALES (%)	57.1	60.4	62.3	63.5	68.7	70.9
	FEMALES (%)	49.9	55.6	69.6	68.8	76.0	73.2
A friend's parent	MALES (%)	31.0	29.0	26.0	26.0	25.1	27.7
	FEMALES (%)	32.7	32.0	42.1	40.6	37.5	39.4
A male friend	MALES (%)	56.8	63.7	71.4	63.5	71.2	71.2
	FEMALES (%)	37.5	41.5	56.1	59.8	67.8	63.7
A female friend	MALES (%)	42.8	52.8	66.0	60.0	65.4	67.1
	FEMALES (%)	78.3	84.1	91.7	92.1	89.5	87.6
Your brother or sister?	MALES (%)	45.4	46.0	50.1	39.0	43.5	42.4
	FEMALES (%)	52.8	51.1	54.9	52.6	52.2	52.4
Other relative (e.g. cousin, uncle)	MALES (%)	37.4	44.9	45.9	35.8	36.7	34.8
	FEMALES (%)	48.9	49.0	52.4	43.7	42.4	43.7
A doctor	MALES (%)	56.8	63.1	74.8	73.9	75.8	85.7
	FEMALES (%)	67.6	61.2	71.4	73.8	84.1	86.4
A school teacher in a class group	MALES (%)	31.4	39.8	41.1	39.1	42.9	35.5
	FEMALES (%)	39.5	36.5	45.2	43.1	46.3	46.7
Minister or religious group	MALES (%)	15.9	15.8	16.8	16.9	13.0	12.9
	FEMALES (%)	11.4	9.4	14.2	11.6	9.5	12.8
No one	MALES (%)	16.2	15.8	15.8	11.5	10.3	9.0
	FEMALES (%)	16.5	14.8	10.3	7.4	7.5	5.5
Other	MALES (%)	4.7	4.5	4.0	2.6	4.6	4.4
	FEMALES (%)	5.2	6.0	5.4	3.6	5.4	7.8

Table 59 indicates that students favour reading material as sources of information about HIV or STDs. Female students appeared to be more likely than males to go to a clinic such as Family Planning, an STD clinic or health clinic.

Table 59: Percentage of males and females by response to the question: "If you wanted to learn more about HIV or STDs would you ...?"

PERSON		YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
Look in a book or magazine	MALES (%)	75.3	79.9	83.9	85.4	88.4	92.4
	FEMALES (%)	85.7	87.1	90.8	92.2	92.6	92.3
Read a special pamphlet	MALES (%)	80.8	83.2	88.6	89.6	93.3	95.9
	FEMALES (%)	87.1	90.1	94.0	96.1	97.0	97.2
Listen to the radio	MALES (%)	42.1	41.0	41.9	44.6	46.1	51.3
	FEMALES (%)	38.1	47.4	47.3	44.8	47.2	52.3
Go to a family planning clinic	MALES (%)	36.6	31.3	37.0	43.7	46.7	46.9
	FEMALES (%)	38.0	37.3	43.6	60.2	69.7	71.9
Go to an STD clinic	MALES (%)	54.3	50.0	52.5	61.8	58.4	61.9
	FEMALES (%)	50.6	52.5	56.3	65.4	73.6	74.9
Watch television	MALES (%)	62.1	72.2	72.4	71.4	77.1	74.5
	FEMALES (%)	74.8	70.9	74.3	74.9	72.7	72.8
Go to an AIDS Council	MALES (%)	53.1	50.0	53.1	57.9	55.4	60.1
	FEMALES (%)	47.3	52.3	52.3	59.2	69.4	67.7
Go to a health clinic	MALES (%)	54.6	52.9	55.4	64.8	61.5	65.4
	FEMALES (%)	61.9	59.5	61.2	70.7	80.2	80.2
Call an AIDS information telephone service	MALES (%)	55.7	67.7	68.9	72.3	72.9	76.5
	FEMALES (%)	64.9	69.1	73.4	71.3	76.4	77.4
Other	MALES (%)	3.4	7.1	7.9	5.8	4.7	4.3
	FEMALES (%)	11.7	11.7	12.6	8.0	7.9	7.0

4.2 ASSOCIATIONS

4.2.1 Sexual Intercourse and Demographics

Overall, 482 (28.5%) of the males and 606 (28.2%) of the females reported that they were non-virgins. When the students in each year level are separated into virgin and non-virgin groups (see Table 59), the number of subjects in each cell is small, particularly for years 7 to 9. In the following analysis, all statistical tests were conducted only on the data from students in years 10, 11 and 12. The results of Chi-Square tests are not given in detail. Where significant associations are referred to, the confidence intervals for the bivariate associations do not straddle 1.

Table 59: Number of males and females by sexual intercourse.

		YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES	Non-Virgins	17	30	26	106	131	172
	Virgins	111	201	180	293	251	176
FEMALES	Non-Virgins	9	27	46	104	197	224
	Virgins	131	227	210	397	332	251

There was no significant difference between males with a Non-English Speaking Background (NESB) and English speaking males but there was a difference between NESB females and English speaking females. Figure 6 shows that English speaking females were more likely to be non-virgins. There was no difference between females from rural areas and females from urban areas but there was a difference for the males. Urban males were more likely than rural males to be non-virgins (see Figure 7).

Figure 6: Percentage of students who were non-virgins: English and Non-English Speaking Backgrounds.

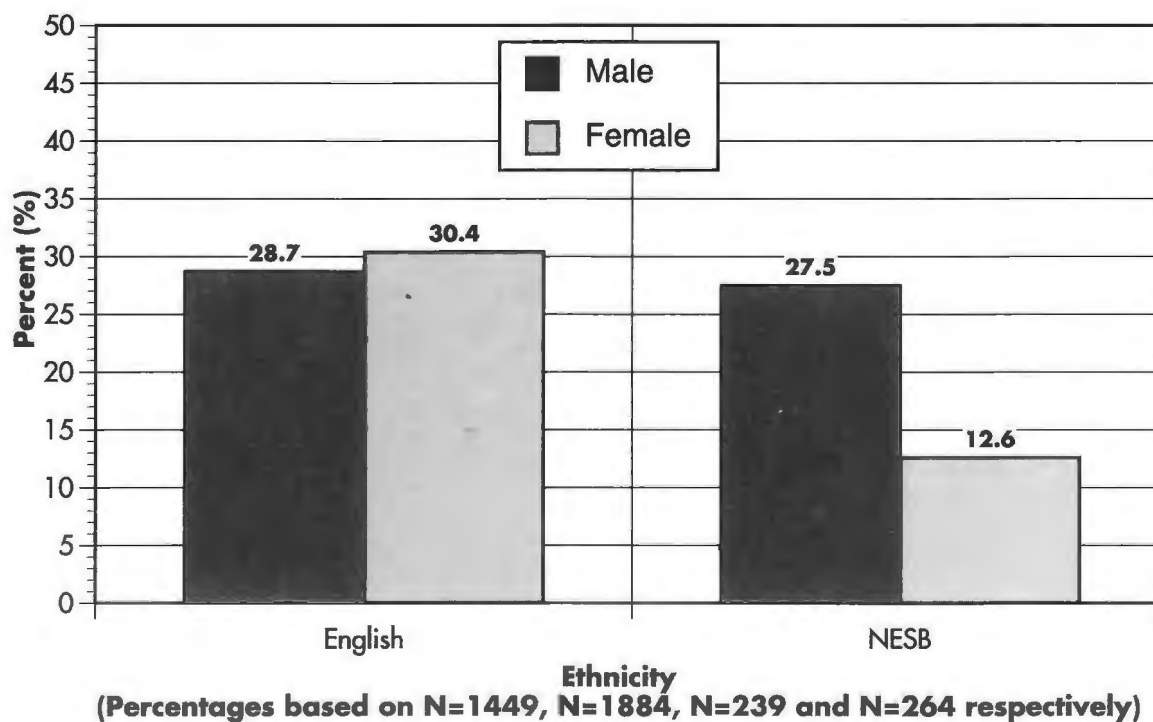
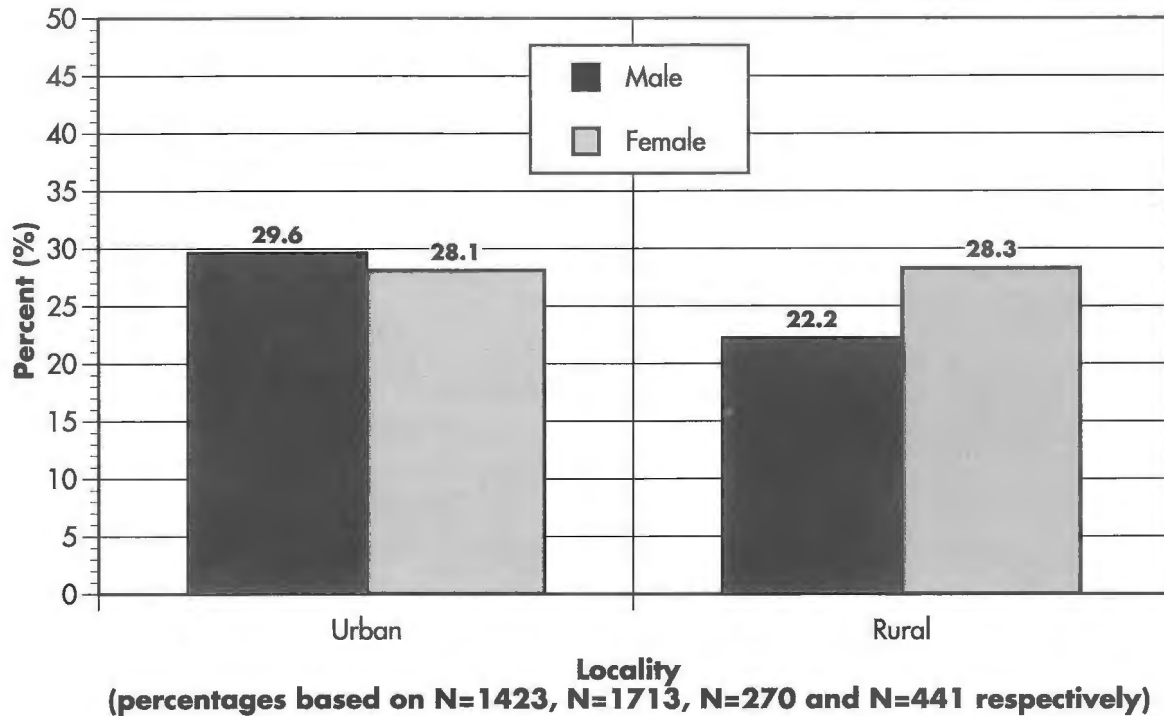


Figure 7: Percentage of students who were non-virgins: Rural and urban areas.



4.2.2 Sexual Intercourse and Knowledge of STDs

In general, Table 60 shows that those males and females who were non-virgins had higher knowledge of names of STDs than those who had not had sex. This association was significant for males in years 11 and 12 and females in years 10, 11 and 12. This finding is not so clear for knowledge of symptoms of STDs. Table 61 shows that non-virgin females in years 11 and 12 knew significantly more symptoms than those who were virgins, but there were no significant associations for males.

Table 60: Percentage of students who could name more than 2 STDs.

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Non-Virgins	0.0	0.0	7.7	25.0	40.7	48.0
Virgins	0.0	1.6	8.5	20.1	30.2	36.2
FEMALES (%)						
Non-Virgins	0.0	5.1	13.9	38.9	56.8	63.6
Virgins	0.9	2.5	11.7	24.6	34.7	46.9

Table 61: Percentage of students who could name more than 2 STD symptoms.

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Non-Virgins	6.7	4.6	6.5	8.4	18.7	27.9
Virgins	1.0	3.8	3.1	12.0	20.7	21.9
FEMALES (%)						
Non-Virgins	12.5	0.0	9.7	27.6	37.0	54.7
Virgins	0.0	5.8	12.7	19.8	28.6	39.6

4.2.3 Sexual Intercourse and Perception of Risk for STDs and HIV

Figure 8 and Figure 9 show that students who were non-virgins correctly perceived themselves to be at greater risk for STDs and HIV than did students who were virgins. The percentages of males and females who considered themselves to be likely/very likely to get HIV were substantially higher than the actual figures for infection with HIV among Australian adolescents. Even among those 13 to 19 year olds who have had HIV antibody tests, the community prevalence is 1.4/1000 tests for males and 0.0/1000 tests for females (Gertig, Stevenson and Crofts, 1993). It is also interesting that, although sexually experienced females perceive a greater risk of infection with other STD than with HIV, the perceived difference in risk bears little relationship to the actual difference in prevalence between HIV and, for example, Chlamydia Trachomatis or Human Papilloma Virus infection.

Figure 8: Percentage of students who believe that they were likely/very likely to get an STD.

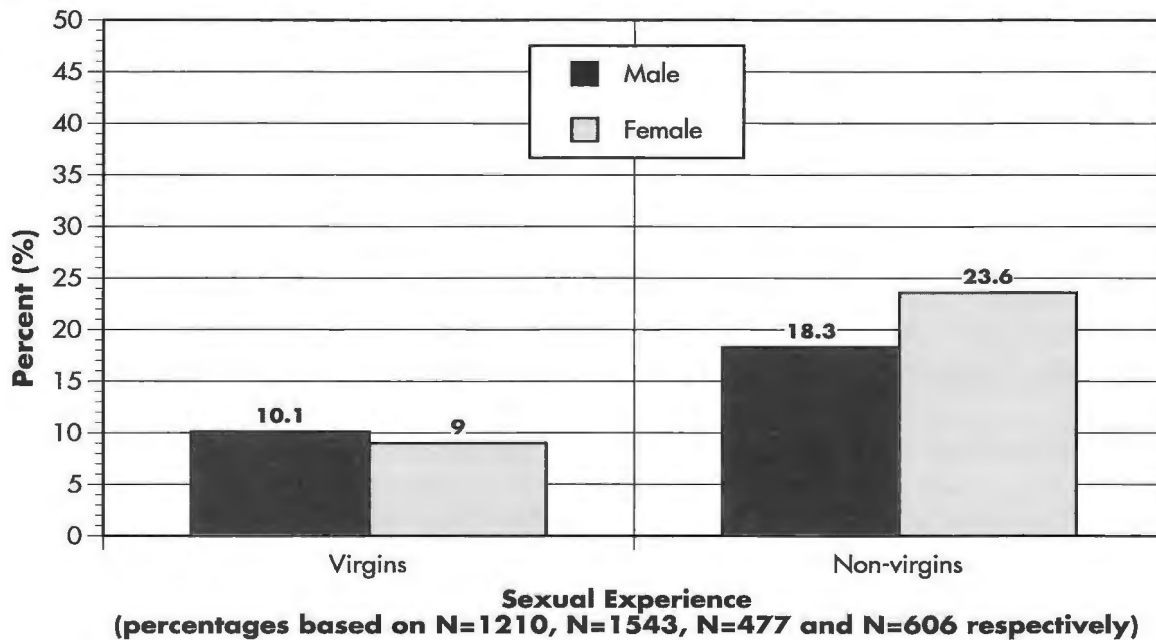
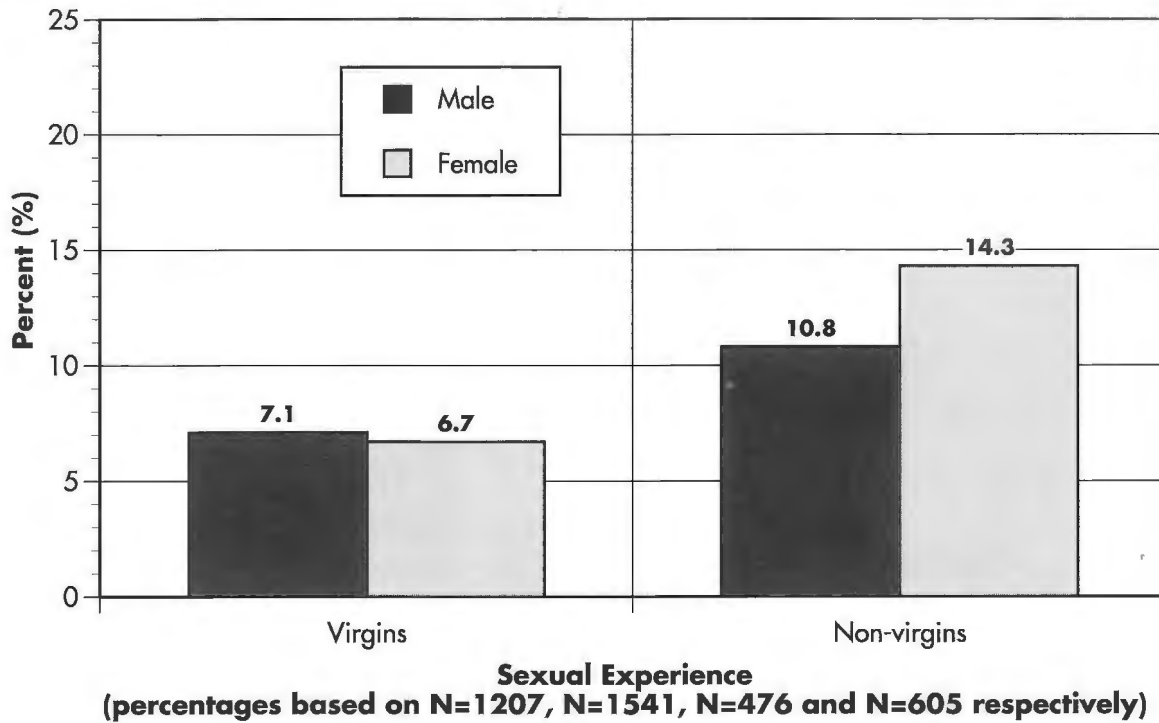


Figure 9: Percentage of students who believed they were likely/very likely to get HIV infection.



4.2.4 Sexual Intercourse and Testing Patterns for HIV and other STDs

Significantly more of those students who reported that they were non-virgins had at some time been to a doctor because they were worried that they may have an STD (see Figure 10). Accordingly, more of the non-virgins had had an HIV test (see Figure 11). There was also a significant association for both males and females between those who had been to a doctor about an STD and those who had had an HIV antibody test.

Figure 10: Percentage of students who have been to a doctor because they were worried that they may have an STD.

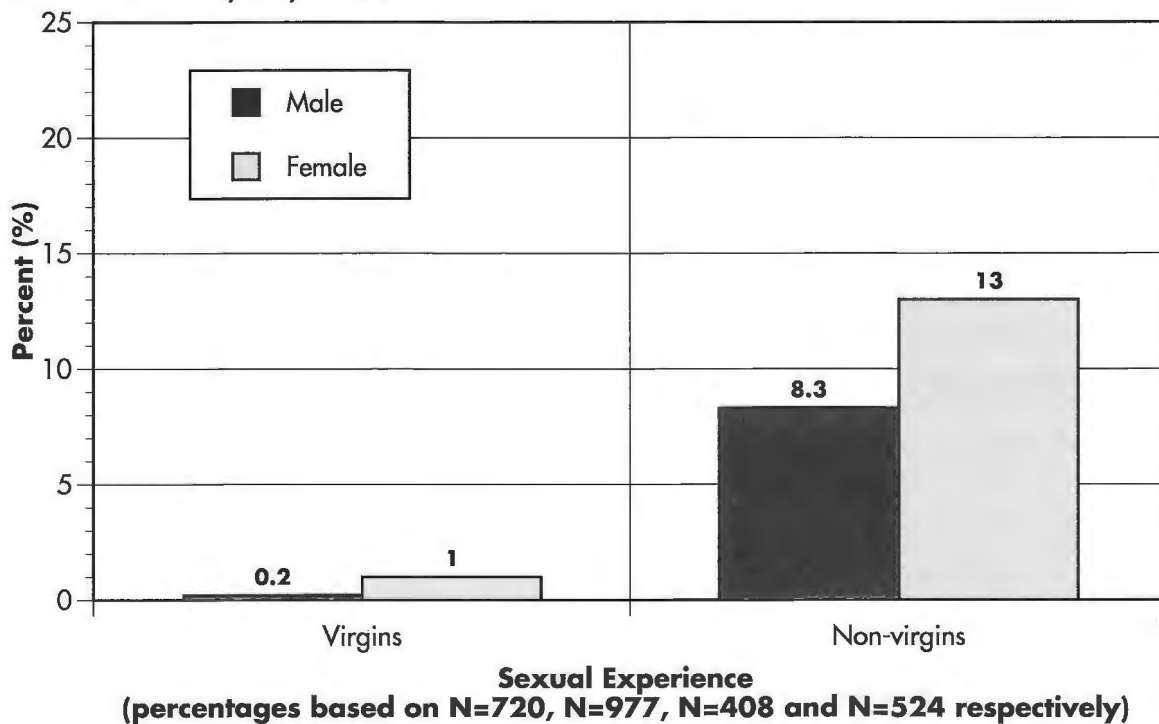
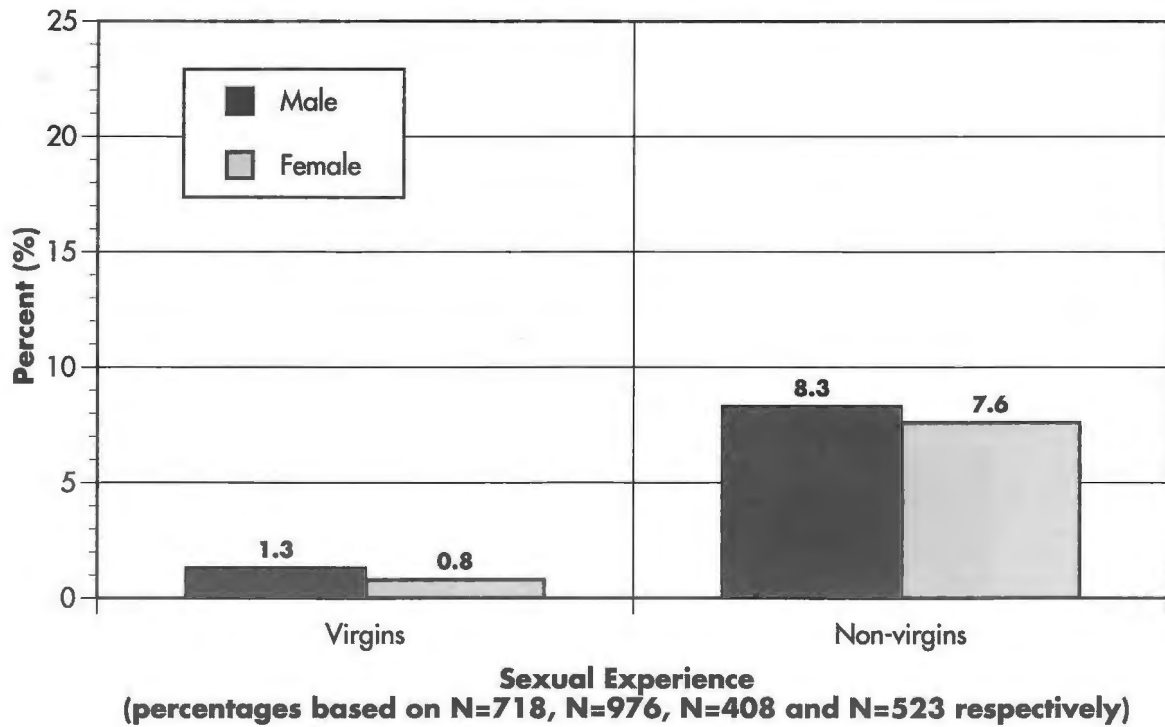


Figure 11: Percentage of students who have had an HIV test .



4.2.5 Sexual Intercourse and Beliefs about Peers' Sexual Behaviour

Tables 62 and 63 show that students who had had sex were likely to believe that half to all of their peers had had sex than were those students who were virgins. This finding is consistent even across genders. That is, more non-virgin than virgin females believed that their male peers were likely to have had sex and more of the non-virgin than the virgin males believed that their female peers were likely to have had sex. The peer belief associations are strong across all years for both males and females. This finding is consistent with what is widely known about the strong influence that beliefs about peers have on an adolescent's own behaviour.

Table 62: Percentage of students who believed that half to all of the boys their age have had sex .

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Non-Virgins	26.7	40.3	48.6	65.2	79.7	88.4
Virgins	9.4	9.3	18.5	28.7	44.1	61.7
FEMALES (%)						
Non-Virgins	50.0	25.7	51.7	76.3	86.3	91.9
Virgins	8.0	13.6	24.7	44.6	72.3	77.1

Table 63: Percentage of students who believed that half to all of the girls their age have had sex .

	YR 7	YR 8	YR 9	YR 10	YR 11	YR 12
MALES (%)						
Non-Virgins	35.7	40.3	64.4	55.8	76.4	79.9
Virgins	12.5	12.6	22.9	26.5	45.9	66.7
FEMALES (%)						
Non-Virgins	50.0	34.7	63.1	74.7	88.3	89.4
Virgins	8.0	12.5	23.4	39.3	64.8	70.8

4.2.6 Condom Use and Demographics

Cross tabulations were also conducted on a selection of variables, by whether or not the respondents used a condom the last time that they had sex. This information was collected in the senior questionnaire (year 10 to year 12) only and is obviously available for only those students who were non-virgins. Data were available for 400 males and 509 females. 28.5% of these males compared with 46.6% of these females reported that a condom was not used during their most recent sexual intercourse. Females were significantly less likely than males to report that a condom was used the last time they had sex (see Table 64).

Table 64: Number and Percentage of students by whether or not a condom was used last time.

	Non-users	Users
MALES N(%)	114(28.5)	286(71.5)
FEMALES N(%)	237(46.6)	272(53.4)

Figure 12 shows that ethnicity, measured by language spoken at home, is not associated with the use of condoms. One of the most notable associations in the data was the finding that rural males were more likely to use condoms than urban males (see Figure 13). However, the finding should be interpreted cautiously because there were so few sexually active rural males (N=49).

Figure 12: Percentage of students who used a condom last time they had sex: English and non-English speaking background.

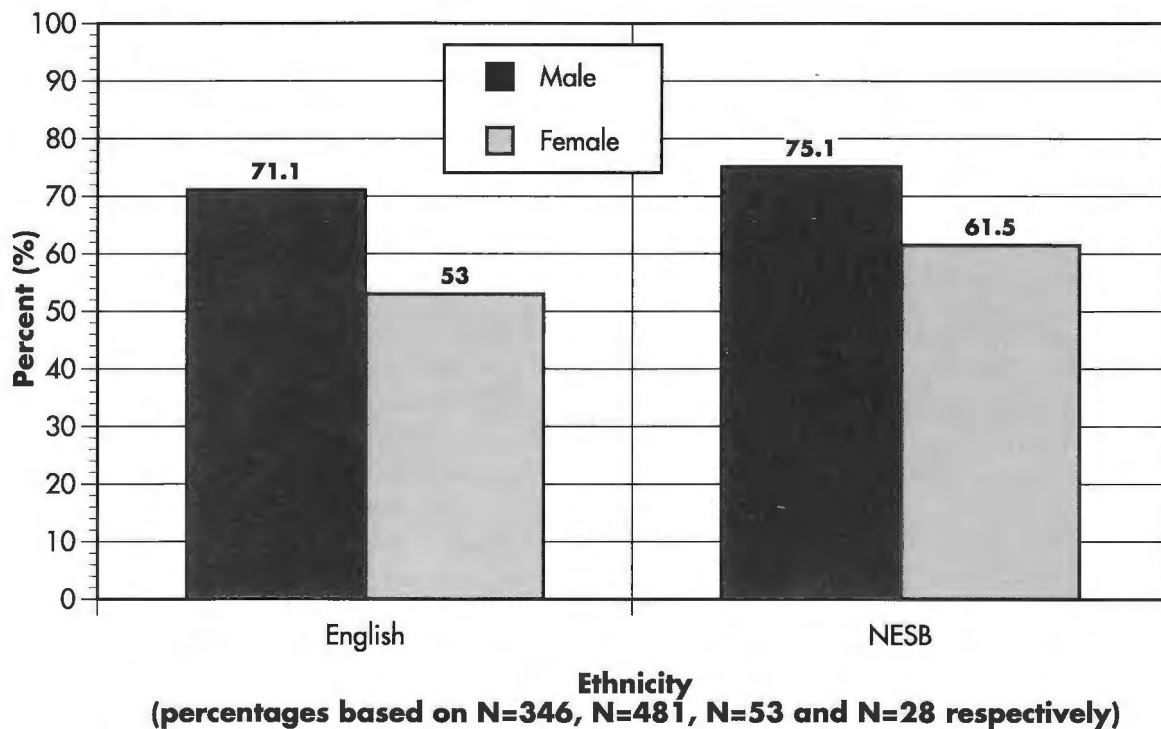
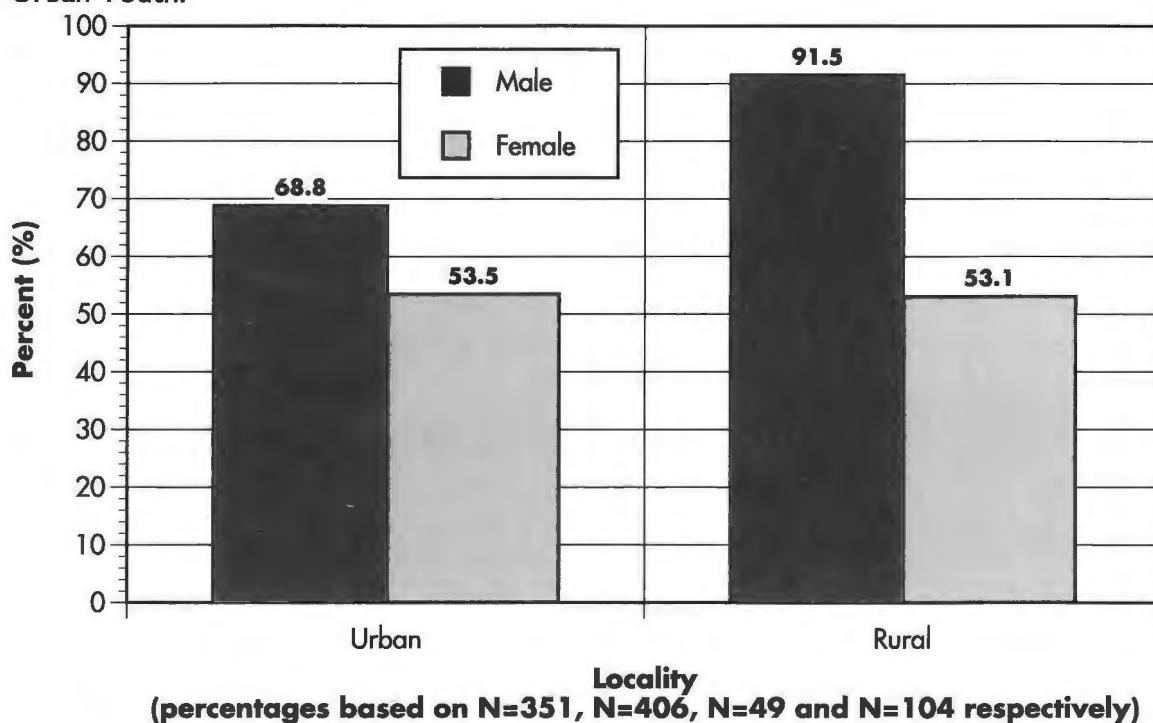


Figure 13: Percentage of students who used a condom last time they had sex: Rural and Urban Youth.



4.2.7 Condom Use and Perception of Risk for STDs and HIV

Unless otherwise specified the percentages in the remainder of this section are derived from the N-values shown in Table 64.

Table 65 and Table 66 show that students who reported that a condom was not used last time they had sex correctly perceived themselves to be at greater risk of getting an STD or HIV than those students who reported that a condom was used. It is notable though, that approximately 70% of those who did not use a condom believed that they were not at risk of an STD and more than 80% believed that they were not at risk of becoming infected with HIV.

Table 65: Percentage of students who believed that they were likely/very likely to get an STD by condom use last time.

	Non-users	Users
MALES (%)	26.3	14.0
FEMALES (%)	30.9	18.3

Table 66: Percentage of students who believed that they were likely/very likely to get HIV by condom use last time.

	Non-users	Users
MALES (%)	17.4	5.7
FEMALES (%)	17.5	11.4

4.2.8 Condom Use and Beliefs about Peers' Condom Use

Table 67 shows that males and females who believed that more of their peers do not use condoms were more likely to not use condoms themselves. This strong association again illustrates the strength of adolescent peer influences.

Table 67: Percentage of students who believed that half to all of the people their own age mostly use condoms if they have sex by condom use last time.

	Non-users	Users
MALES (%)	71.8	88.6
FEMALES (%)	68.8	86.2

4.2.9 Gender, Condom Use and Number of Partners

Table 68 shows the percentages for males and females in relation to number of partners. There was a significant difference between males and females. Males were more likely than females to have had 2 or more partners in the last year. A high number of sexual partners is believed to increase the risk of becoming infected with HIV and other STDs, in view of this it appears that males are at greater risk than females.

However, as previously demonstrated males were more likely to use condoms than females. There was no significant association between condom use and number of sexual partners in the last year. The percentages in Table 69 suggest a trend for females who were non-users to be more likely than female users to have had multiple partners, but the trend is not significant.

Table 68: Percentage of students who had either more or less than 2 partners in the last year.

	More than 2	Less than 2
MALES (%)	43.7	56.3
FEMALES (%)	36.3	63.7

Table 69: Percentage of students who had 2 or more partners in the last year by condom use last time.

	Non-users	Users
MALES (%)	46.8	42.6
FEMALES (%)	40.3	33.1

4.2.10 Gender, Condom Use and Type of Partner

Table 70 shows that males were more likely than females to report that their last sexual partner was someone other than their steady boyfriend/girlfriend. However, as Table 71 indicates, there was no association between condom use and type of partner last time.

Table 70: Percentage of students who had sex with either their boyfriend/girlfriend or someone else last time.

	Someone Else	Boyfriend/Girlfriend
MALES (%)	58.5	41.5
FEMALES (%)	33.9	66.1

Table 71: Percentage of students who had sex with someone other than their boyfriend/girlfriend by condom use last time.

	Non-users	Users
MALES (%)	59.4	57.9
FEMALES (%)	32.3	34.6

4.2.11 Gender, Condom Use and Alcohol/Drug Use

Males were more likely than females to report that they were drunk or high the last time that they had sex. However, as Table 72 suggests, alcohol and drug use are not associated with condom use. These percentages are responses to the question “Were you drunk or high last time you had sex?” It is possible that this measure is not sensitive enough to show an association between alcohol/drugs and condom use. It may be better to ask students whether they had been drinking alcohol or using drugs last time they had sex and perhaps to obtain a measure of the quantity of alcohol consumed and the variety of drug(s) used.

Table 71: Percentage of students who were either drunk/high or were not drunk/high last time they had sex.

	Yes	No
MALES (%)	23.4	76.6
FEMALES (%)	16.6	83.4

Table 72: Percentage of students who were drunk/high by condom use last time.

	Non-users	Users
MALES (%)	24.8	23.1
FEMALES (%)	17.3	15.9

4.2.12 Condom Use and Issues Talked About with Partner

Tables 73 to 77 show that those males and females who talked to their partner about various issues relating to sex were more likely to report that a condom was used last time they had sex. The strongest of these associations was that those males and females who talked to their partner about using a condom last time were more likely to report that a condom was used. All five associations were significant for the females. However for the males, only three of the associations were significant. That is, for males talking about avoiding STDs, infection with HIV and using a condom were significantly associated with using a condom, however, talking about avoiding pregnancy and getting sexual pleasure without intercourse were not associated with condom use.

Table 73: Percentage of students who talked to their partner about avoiding pregnancy by condom use last time.

	Non-users	Users
MALES (%)	49.7	61.3
FEMALES (%)	38.0	48.8

Table 74: Percentage of students who talked to their partner about avoiding infection with HIV by condom use last time.

	Non-users	Users
MALES (%)	16.4	35.6
FEMALES (%)	9.5	27.8

Table 75: Percentage of students who talked to their partner about avoiding other STD infections by condom use last time.

	Non-users	Users
MALES (%)	13.4	29.2
FEMALES (%)	10.6	26.1

Table 76: Percentage of students who talked to their partner about how to get sexual pleasure without intercourse by condom use last time.

	Non-users	Users
MALES (%)	24.4	30.2
FEMALES (%)	29.1	38.4

Table 77: Percentage of students who talked to their partner about using a condom by condom use last time.

	Non-users	Users
MALES (%)	26.8	82.5
FEMALES (%)	32.4	89.8

5. DISCUSSION

One of the great truths about social survey research is that you should expect to have commonsense confirmed. Some of the findings of this study agree with what young people and adults already know. Many adolescents are sexually active, the majority talk about sex with their friends, an individual's "health-related behaviours" are influenced by their peers and most young people do not feel vulnerable to diseases, particularly those associated with personal, pleasurable behaviours. In these respects, the results are not surprising.

However, this study does provide some new insights. Prior to this survey there were no representative Australian data on the extent to which sexually active school-aged adolescents use condoms, the ages at which they first experience intercourse or the frequency of sexual partner change. There was also little information on gender and age differences in knowledge of STD other than HIV infection or on adolescents' beliefs about who should take primary responsibility for 'safer sex' within a partnership. This study offers some suggestions about reasons why young people do, or do not, take precautions during sex and reveals some surprising differences between young people and adults.

It provides a cross-sectional view of a random, representative group of young people in government schools in seven states and territories in 1992. In this discussion, we can say little about change in behaviour over time, though where possible, some comparisons are made to earlier Australian data. In addition, some comparisons are made with recent studies in other western nations.

Knowledge of HIV transmission and names and symptoms of other STD

It is clear that most young people in Australia can recognise behaviours which place a person at risk for HIV infection. Scores on the "knowledge test" about modes of transmission were very high even in the first two years of secondary school. Further, when asked why they perceived their own risk to be low and what "safe sex" means, the students consistently related infection risks to specific behaviours, suggesting that using condoms, avoiding needle sharing or having HIV antibody tests before having sex with a new partner may reduce risk.

Although beliefs about ways of avoiding other STD were similar to those for preventing HIV infection, in general, adolescents' ability to recall the names of other STD is poor. This is most notable for "Chlamydia" infection - just 5.3% of males and 19.3% of females in years 11 and 12 named this common STD. Younger students could name very few specific symptoms of STD. Among year 9 and 10 students, for example, the most commonly known symptom was "tingling/itchiness/irritation", but this was mentioned by just one in eight females. The most noticeable trend for the measures of STD knowledge was for significantly poorer understanding by males in comparison to females from years 9 to 12. In general, the findings confirm trends in earlier Australian studies (Wright et. al., 1991; Wyatt et. al., 1990; Wyn, 1992).

Attitudes toward people living with HIV/AIDS

Fewer than three percent of students reported that they knew someone, personally, who had HIV infection or AIDS. These figures seem high in comparison to the epidemiology of HIV in this country (i.e. less than 1/1000 people), though many may have met HIV+ educators from community organisations during school health programs. A further seven percent said they knew someone else and often these were people prominent in the media, such as "Magic" Johnson.

Students' attitudes were assessed to a limited extent. The great majority did not express discriminatory attitudes toward a hypothetical HIV+ classmate or youth worker and few said that HIV+ people "have only themselves to blame". Females were significantly less discriminatory than males and attitudes tended to be more positive in the senior years. It is notable, though, that up to one third of all students were 'not sure' or disagreed that a HIV+ student should be allowed to stay in school.

A second measure of attitudes revealed that young men were considerably more likely than young women to say they would avoid mixing with people they thought might have HIV infection. This attitude varied a great deal depending upon the "type" of person thought to be HIV positive. In particular, young men said they would avoid mixing with men who have sex with men, with roughly equivalent reluctance (about 50% to 60%) to mix socially with homosexual and bisexual

men and male prostitutes. In general, attitudes were less discriminatory among students in the senior years, although senior students became more, rather than less, reluctant to “mix” with prostitutes. It must be emphasised that this survey provides only a superficial measure of discrimination and there is a need for more in-depth qualitative research in this area.

Beliefs about the behaviour of people their own age

Several conclusions can be drawn about young people’s beliefs about the behaviour of their peers. In years 11 and 12, the majority of students believe that “between half to all” people their own age have had intercourse. From year 9 onwards, the majority believe that “between half to all” of their peers use condoms if they have sex. The strongest trend is for a shared belief in monogamy: from year 9 onwards, more than 80% of those who believe their peers have sex also believe that they rarely or never have sex outside of a primary relationship. This latter finding is consistent with other Australian research (Moore and Rosenthal, 1991), and it should be understood in relation to the reasonably high rate of partner change within short periods of time, which indicates a normative belief in “serial monogamy”.

Adolescents’ beliefs about the age by which most males and females start having sexual intercourse were also assessed. More than 75% of all males and females believed that most of their peers (both male and female) had had sex before or during the year they turned 16 years of age. This clearly indicates a norm for relatively early age at first intercourse, though the students may slightly over-estimate the prevalence of sexual activity. From reports of their own behaviour, the majority do not experience intercourse until they reach 17 years of age.

One of the most surprising findings emerged from answers to a question “For those young people who use condoms when having sex, who do you think mostly suggests using a condom?” (although this question connotes heterosexuality, it would be applicable to the majority of students). Across all years, more than 80% of males and 90% of females believe that males do not take primary responsibility for this decision. Moreover, the belief that males would suggest the condom *declines* among older students (for males, this drops from 19.2% in year 7 to 6.5% in year 12, and for females, from 9.6% in year 7 to 2.1% in year 12).

With this change there is a corresponding increase over the year levels in the proportion who believe that both partners suggest using a condom. However, year 12 females are nearly 21 times as likely to say that females (43.6%), rather than males (2.1%), suggest a condom. For male students, this ratio in year 12 was lower (4.7 to 1), though still very high.

These data may stem from more widespread social belief that females should take responsibility for health and contraception. Such a gender difference on answers to that question was expected, but not of that magnitude. It is difficult to interpret this finding alone, given the higher rates of condom use reported by males in this survey, though it seems likely that females carry a disproportionate share of the burden in suggesting that condoms should be used.

Confidence in communication about sex

Most young people say they feel confident in their ability to negotiate for safe sex with a new or regular partner, with confidence significantly higher among older students. There were minimal gender differences in confidence in negotiating condom use, though males felt considerably less confident than females that they could say “no” to sex with an insistent partner.

In general, young people felt confident that they could talk to friends about sex. Less than half of the students in all years of school felt confident in talking about sex with a parent/guardian, though they felt more confident that they could talk to a parent about HIV or other STDs. It is notable that confidence in talking to friends about sex increased from years 7 to 12 by 28% for females and 43% for males while, in contrast, confidence in talking to parents *decreased* slightly over the years by 10% for females and 2% for males.

Sexual Behaviour

It is clear that many young people are sexually active. Between 70 to 80% have had intimate experiences such as passionate kissing and ‘sexual touching’ and approximately one in every two have had sexual intercourse before leaving school. The data presented in Figure 3 show a linear increase across the year levels, from approximately 11% in year 8 to 48% in year 12. The figures

reported for year 7 may be unreliable due to the relatively small numbers of students in that year who were asked the single question about sexual experience.

In a separate analysis we have examined sexual experience as a function of year of age (not year at school as shown in Figure 3). In comparison to one large study of sexual experience among Australian school students in 1983 and 1985 (Cubis et. al., 1985, 1988), the overall prevalence rates for sexual intercourse at ages 14, 16 and 18 do not appear to have changed significantly over the past decade. This is consistent with trends in comparable western nations. For example, studies in France (ACSF, 1992) and Norway (Kraft, 1991) have found that, although age at first intercourse decreased progressively from the 1950s to the 1970s, there has been no apparent change in age of first intercourse in people who became sexually active in the ten years since the onset of the HIV epidemic.

One subtle change which may have occurred in Australia is that a trend in the mid 1980s for young males to report a higher prevalence of intercourse than young females (Cubis et. al., 1985, 1988) has largely disappeared. Both males and females are now equally likely to report sexual activity.

A gender difference is suggested, however, in response to questions about the type of relationship the adolescents had with the person they had sex with most recently. In Table 46, females are more likely than males to say that the person was their "current boyfriend/girlfriend". Males in years 11 and 12 (but not year 10) were three to four times more likely to say that the person was someone they had "just met", and in years 10, 11 and 12 were twice as likely to say the person was "someone they had known for a while but not had sex with before". This may be a difference in perception, with males being less committal about the relationship. However, it may also show that a majority of females are having sex in longer term relationships but perhaps this is with older partners.

A further gender difference can be found in reports of the emotional experience which followed their most recent sexual intercourse. While the most commonly reported feelings after the last occasion were positive (ie, they felt "good" or "happy") females were more than five times more likely than males to say they felt "used" and about four times more likely than males to feel "bad" (see Table 47). Across years 10, 11 and 12, around one in eight male and female students said they felt "guilty". Often, as would be expected, students reported a mix of positive and negative feelings.

The use of condoms as an indicator of "safe sex"

From a public health point of view, one of the most encouraging signs in this survey was the relatively high rate for the use of condoms. The data for students in years 10 to 12 are presented in Tables 49 to 53 and Figure 5, but briefly, 77.7% of males and 64.0% of females said that a condom was available last time that they had sex. Of the group of 909 non-virgins, 71.6% of males and 53.4% of females said that a condom was used during the most recent intercourse. Consistent with most major international studies (Kann et. al., 1991; Fife-Schaw and Breakwell, 1992), females were significantly less likely to report that a condom was used than were males.

There are signs that condom use by young people is increasing over time. In this sample, where the average age of sexually experienced subjects (in years 10, 11 and 12) was 16.8 years, 89.4% of the non-virgin students reported that they had used a condom at least once. This is somewhat higher than a figure of 80% for post-secondary students with a mean age of 18.3 years surveyed in 1989 (Moore and Rosenthal, 1991), and is substantially higher than that found in a post-secondary student sample surveyed in 1987, where 71% (average age 21.7 years) reported ever having used a condom (Turtle et. al., 1989).

If we accept that the prevalence of sexual experience has not changed over the past decade, then the above figures for condom use suggest a significant change. It would be expected, for example, that the respondents in the 1987 tertiary education sample, who were on average five years older than those in this school survey, had been sexually active for considerably longer and hence had more opportunities to have used a condom at least once. Going back in time, the 1987 students would have been 16 in about 1983, which was prior to widespread public awareness of HIV infection. While accurate estimates are not possible, it seems very likely that the proportion of school age students in the early 1980s who had ever used a condom would have been considerably less than 70%.

Although the above figures suggest an increase and indicate widespread availability, it should be emphasised that they refer to lifetime use of condoms. Much lower proportions of students say they *always* use condoms (see Table 46), with just 27.7% of females and 53.6% of males in year 12 saying that they use them on every occasion of intercourse. There is a trend (on both “last occasion” and “usual” estimates) for rates of condom use to be lower in the senior years. In a separate analysis, we have looked at these measures as a function of year of age. The decline with age is statistically significant for females, but not for males, on both measures. Again, this trend is consistent with findings in studies in the UK, Europe and USA (ACSF, 1992; Kann et. al., 1991; Fife-Schaw & Breakwell, 1992).

What might explain the gender and age trends in the non-use of condoms? The differences between males and females could, to some extent, be accounted for by age differences in heterosexual partnerships if females are having intercourse with older males. For example, the condom use rate for 16 year old females is similar to that for 18 year old males. Unfortunately, we did not ask students the age of their sexual partners and there are no illuminating data from published studies in Australia or elsewhere.

It may also be that the gender difference is due to reporting bias, although we have no a priori reasons as to which direction this might be. Another possibility is that a proportion of the males are having protected intercourse with other males. Given that homosexual males tend to use condoms more often than heterosexuals (ACSF, 1992; Gallois et. al., 1992), then this would raise the condom use estimates for our undifferentiated sample of males to some extent. However, there are few reliable data on the prevalence of homosexual experience in young people and therefore it is not possible to estimate the effect that this might have on rates of total male condom use.

The apparent decline with age is complex. A recent study of 17 to 19 year olds in Norway (Traen, Lewin and Sundet, 1991) found that, for people who had been sexually active for several years, the decline in condom use almost mirrored an increase in the use of oral contraceptives. When the Australian youth who did not use a condom last time were asked why, the most common reason given by females, and the second most common by males, was that ‘the pill’ was being used (see Table 54).

These observations relate directly to a difficult question. That is, do the relatively high rates of reported condom use occur primarily for disease prevention, or for contraception? On one level, this doesn’t matter, since the condom is a reasonably reliable means to both ends. However, there are now ample data which show that most young heterosexual adults do not regularly use condoms (ACSF, 1992; Chapman et. al., 1990; Department of Community Services and Health, 1991). To some extent, this could be due to limited “safe sex” education among these cohorts. It would appear likely, though, that they have *decided* not to use them once risk of pregnancy has been reduced by other means.

There are important implications here for judgements about the effectiveness of sexual health education. After increases in knowledge, the most preferred outcome is to find increased condom use, with the belief that this signals an increase in the extent to which people have personalised the risk of infection and have decided to prevent diseases.

Despite the relatively high rates of condom use observed here, it may only partially be due to efforts to minimise risk of infection. Condom use may be more common in recent years simply because they are more readily available and the intent may primarily be to avoid pregnancy. There are several very strong indications that this is the case.

First, we found that there were no significant differences in rates of condom use for people who had had one partner in the past year compared to those with three or more partners. This is in sharp contrast to findings from heterosexual adult surveys, where those with multiple partners tend more often to use condoms (ACSF, 1992; Catania, Coates, Stall et. al., 1992). These adults correctly perceive their risk of exposure to disease as higher with multiple partners, although generally risk of pregnancy would be constant.

A second indication is that the adolescents were just as likely to use condoms with current “boyfriends or girlfriends” as they were with people they had “just met”. Again, this contrasts with surveys with older adolescents and adults, where condom use with casual partners is much more common than with regular partners (Rosenthal, Hall and Moore, 1992; Gallois et. al., 1992). Together, this suggests that adolescents are behaving in response to the constant threat of pregnancy rather than the differential threat of disease with new or multiple partners.

An alternative explanation could be that, in recent years, there has been a major shift in adolescents' attitudes toward safe sex. A growing proportion may have adopted a practise of "universal precaution" with all partners, in response to messages that one is never completely safe even within monogamous relationships. However, the perceived threat of disease transmission appears to be low. More than 70% of young people who did not use condoms during sex said they were unlikely ever to get an STD and 80% felt they were not at risk of becoming infected with HIV. The perceived risk of students who did not use condoms was significantly higher than among condom users, but the effect size was small. Clearly, most students report that they are not "at risk" of these diseases and it therefore appears unlikely that condoms are being used primarily to prevent them.

There is a need for more research into reasons why adolescents use condoms before this behaviour can be attributed to HIV/AIDS or STD education. This might best be done using qualitative methods, and in addition there would be benefits in a large scale study of behaviour among people aged between 18 and 25. Such work might isolate the ages when change occurs and the social and interpersonal contexts of decisions not to use condoms.

In general, though, the trends observed in this study give grounds for optimism for the prevention of HIV and other STD infection. Large numbers of young people are using condoms during a period of life where there is the greatest rate of partner change (Johnson, Wadsworth, Wellings et. al., 1992). This might 'carry them over the cusp' of a period of high exposure to infection and ultimately diminish sexual health morbidity and mortality in the population.

Limitations of the survey sample

This survey is representative only of youth in government secondary education sectors in seven states and territories. Youth who attend non-government schools and state secondary students in NSW were not included. While the sexual behaviour and attitudes of students in private schools might not be significantly different from those in public schools (Bernache-Baker, 1987), future research should attempt to gain the participation of representative samples from all education sectors. It is particularly important to do research with students in NSW, because they are at the epicentre of the HIV epidemic in Australia. It should also be emphasised that the findings with this school sample are possibly not representative of young people who leave school in year 10 or earlier, those who are unemployed or 'street' youth (Howard, 1991; Matthews, Richardson, Price and Williams, 1990).

Further comments

In conclusion, this study has shown that sex is a part of the lives of most young people before they leave school. In terms of risks to sexual health, there are some positive signs, with little change in the prevalence of sexual intercourse over the past decade but an apparent increase in condom accessibility and use. There is a need for more education to improve knowledge of STD other than HIV, particularly among young men. Innovative school-based education programs could address the apparently very strong but inequitable attitude that females should take primary responsibility in suggesting the use of condoms.

Further research could focus on the reasons why there are such large differences in the reported rates of condom use by young women and men and why the majority of young women in their late teens report that condoms are not used regularly during intercourse. These trends are found in all major studies around the world and the gender difference in particular has not yet been adequately explained. In this study, we asked young people who did not use condoms why they didn't. Further research should also ask people who use condoms why they do. More broadly, it is important that we do not define "safe sex" just in terms of condom use. Research could attempt to describe other ways in which young people may negotiate sexual safety within relationships and determine whether the relative popularity of various sexual practices may be changing as a response to the presence of HIV and other STD.

Finally, there is one obvious omission from this study. This project was conducted with the intention to assess "HIV Risk", yet it did not ask about sexual orientation, mainly due to sensitivity constraints associated with research in schools.

It is fair to say that this limitation occurs in nearly all school-based studies around the world, with research into homosexual activity by people under the age of 18 virtually non-existent. The only large school-age student survey was carried out in Minnesota, USA in 1986-1987 (Remafedi, Resnick, Blum and Harris, 1992). Of relevance to risk of HIV infection in Australia, it was found that the percentage of males reporting *some kind* of same-gender activity during their lifetime rose from 0.4% at age 12 years to 2.8% at age 18. The figure for older male adolescents is close to (though as expected somewhat lower than) reports of lifetime same-gender experiences in general adult population surveys of 6.1% in the UK and 4.1% in France (ACSF, 1992; Johnson, Wadsworth, Wellings et. al., 1992). Remafedi et. al. (1992) found homosexual “attractions” to be four times more prevalent than actual behaviours, while reports of homosexual “fantasies” were twice as prevalent as same-gender behaviours.

Clearly, we will not be able properly to evaluate the effectiveness of HIV/AIDS education until researchers, education authorities and school communities can acknowledge homosexuality among young people and, with careful and sensitive planning, carry out studies of social, psychological and educational factors which promote safe behaviour among young men who have sex with men.

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