



CENTRE FOR THE STUDY OF **SEXUALLY TRANSMISSIBLE DISEASES**

MONOGRAPH SERIES NO 3

SECONDARY STUDENTS, HIV/AIDS and Sexual Health

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Jo Lindsay, Anthony Smith and Doreen Rosenthal



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acknowledgments

It is a pleasure to thank the many people who facilitated or participated in this research project.

Our steering committee consisted of Mary Sheehan, Rod Ballard, Kevin Gardner, Roberto Forero, Marilyn McCarthy, Brendan Gibson, Frances Byers and Manoa Renwick. We are grateful to them for their direction and support throughout the project.

We also wish to thank Chris McNamara, Kevin Gardner, Pamela Rajkowski, Ian Cameron, Chris Powell, Peter Roberts, Rod Ballard and Neil McCormack, members of the HIV Schools Network for their assistance.

We are very grateful to the members of the education departments in New South Wales and Queensland who administered the survey for us in those states. We also thank the Anti-Cancer Council of Victoria for their advice on survey administration.

Laila Fanebust, the schools liaison officer, and Vicki Wyatt, the administrative assistant, were an integral part of the research team. Thank you to Laila Fanebust for negotiating with a vast number of people to enable the survey to take place, designing survey procedures and administering the survey in many schools. We are grateful to Vicki Wyatt for the production of many tables and the efficient organising of data bases, correspondence and travel arrangements. Thanks to Tom Misson and Jenny Smith for coding. We also wish to thank Damien Jolly who provided statistical advice and Malcolm Rosier who designed the sample.

Most importantly, we are indebted to the committed teachers who organised the survey in their schools and to the 3550 young people from around Australia who participated in the survey.

This report was commissioned by the Commonwealth Department of Health and Family Services.

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**Carlton, Australia: La Trobe University,
Centre for the Study of Sexually Transmissible Diseases.
ISBN 1 86446467 48**

Design and production: Social Change Media, with front cover design by Frank Design

Set in AGaramond 10/14 and Futura typefaces

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- This study provides nationally representative data on knowledge, attitudes and practices of secondary students in years 10 and 12 concerning HIV/AIDS and related diseases. A national sample of 3550 students from 118 schools participated in the study. The survey is a follow-up and extension of the survey carried out in 1992 by the National Centre in HIV Social Research (Dunne et al. 1993). For the first time in Australia, we are able to document change over time at a national level in young people's HIV/STD-related knowledge, attitudes and practices.
- Many of the findings from this research are encouraging. There has been a shift toward safer sexual practices over the past five years; in 1997 significantly more young people were using condoms and having sex with fewer sexual partners than in 1992. Education programs have been successful to the extent that young people are highly informed about the transmission of HIV/AIDS. However, the findings also reveal a more disturbing picture. Knowledge about other STDs and blood-borne viruses is low and most students believe it is unlikely that they will be infected HIV/AIDS, STDs or hepatitis. Moreover, a substantial minority of young people continue to engage in high risk practices such as having unprotected sex with casual partners.

▶ ▶ ▶ 1.1 Knowledge, information and attitudes

Young people in Australian government schools had very high levels of knowledge about the transmission of HIV/AIDS. Almost all students knew that HIV/AIDS could be transmitted sexually or through sharing needles or syringes when injecting drugs and that condoms protect people from HIV. There were few gender or age differences between the students in terms of HIV/AIDS knowledge.

However, there were three areas where knowledge levels were lower in 1997 than 1992 suggesting the need for continuing information programs. Fewer students knew that HIV cannot be transmitted by mosquitoes, that a pregnant woman with HIV could infect her baby, or that a person who looks healthy could pass on HIV.

Knowledge about STDs other than HIV was

relatively poor. In general, Year 12 students knew more than Year 10 students and on many of the items young women demonstrated higher levels of knowledge about STDs than young men. When students were asked to indicate from a list of diseases which were STDs, the majority correctly recognised genital warts and genital herpes as STDs but recognition of other STDs was much poorer. The number of students who correctly recognised chlamydia as an STD was low, especially considering that chlamydia is one of the most common STDs. Recognition of pelvic inflammatory disease (PID) was even poorer. Just over half of the Year 12 students but less than half of the Year 10 students knew that gonorrhoea and syphilis are sexually transmitted diseases.

The majority of students answered the general questions about STDs correctly. Most knew that men or women can have STDs without obvious

symptoms and that condoms cannot protect against all STDs. However, knowledge about specific STDs (other than HIV) was poor and knowledge about chlamydia, in particular, was lacking.

Knowledge about hepatitis was extremely poor. Young people had only a limited awareness of the different forms of hepatitis or diseases spread through injecting drug use. Of the seven questions on hepatitis only one question was answered correctly by more than half of the students. It was apparent that few students could differentiate between hepatitis A, hepatitis B or hepatitis C.

Many of the students indicated that they had never sought advice on HIV/AIDS, STDs, contraception, or hepatitis. For those who had sought advice, schools and parents emerge as important sources of health information for young people. Of the specific health services available, GPs were used most often as sources of information.

The majority of young people in the 1997 survey showed unprejudiced attitudes toward people living with HIV/AIDS. Interestingly, the students expressed more tolerant attitudes about the possibility of someone close to them having HIV, such as a friend or schoolmate, than on the more abstract questions about blame for getting HIV or HIV positive people working with young people.

1.2 Sexual practices and the social context

Large proportions of Year 10 and Year 12 students in Australian Secondary schools are sexually active. Alcohol consumption plays a major role in the social context of these young people. Over three-quarters of Year 10 students and almost 90% of Year 12 students in the 1997 survey drank alcohol, although the frequency of drinking varied. In contrast, injecting drug use was uncommon; 2% of the young people had ever injected drugs and only 1% had injected in the past 12 months. Questions about other illicit drug use were not asked.

Most young people who participated in the

survey in 1997 had engaged in some kind of sexual activity such as kissing or sexual touching. Many of the students (20% of the Year 10 students and 48% of the Year 12 students) have had sexual intercourse. Although most students were attracted only to the opposite sex, this was not the case for a significant minority (8% of the Year 10 students and 9% of the Year 12 students).

Importantly, there is evidence of positive change between 1992 and 1997 in young people's sexual practices. The use of condoms as protection against pregnancy and sexually transmitted diseases is slowly becoming the norm. Of the sexually active young people, 54% indicated that they always used condoms when they have sex and 37% use condoms sometimes. Condoms were the most common form of contraception used by the students and the majority believed that most of their peers use condoms too. There has also been a shift toward having fewer sexual partners. In 1997 16% of sexually active students had three or more sexual partners in the previous year compared to 22% of sexually active students in 1992.

The majority of students were confident about various forms of communication about sex. Most felt they could say no to unwanted sex, that they could talk to a steady partner about condom use and that they could persuade a new sexual partner to use a condom. Interestingly, fewer students were confident about discussing HIV or STDs with parents, even though parents were a common source of advice on these matters.

On a less positive note, being drunk or high can make it more difficult to say no to unwanted sex or to practice safer sex. A quarter of the sexually active students have had sex when they did not want to because they were too drunk or high at the time. Moreover, 20% have not used condoms because they were too drunk or high at the time.

Substantial gender and age differences were apparent in the data on sexual behaviour. The young men tend to have sexual partners of a

similar age or younger while the young women tend to have sexual partners who were a year or two older than themselves. The young women generally had fewer sexual partners in the last 12 months and they were less likely to have casual sexual partners than the young men. The young women in Year 12 appear more likely to have a steady sexual partner and to be using the contraceptive pill than other students.

The data suggest that there is a normative expectation that women take responsibility for condom use. Large numbers of students felt that girls alone suggest using a condom and few thought that boys took this responsibility themselves. More young women sought advice on sexual health issues than young men.

There were substantial differences between the Year 10 students and the Year 12 students. As would be expected, the older students were more sexually experienced. However, among those who were sexually active, the young people in Year 10 generally had more sexual partners in the previous year than their peers in Year 12. In addition, more of the Year 10 had sex with casual partners than the Year 12 students. There were also year level differences in contraception use. The Year 10 students were more likely to use condoms than Year 12 students whereas the Year 12 students were more likely to use the pill. These shifts in behaviour underline the need to make the distinction between contraception and safe sex clear: while the pill may be an effective contraception, its use does not constitute the practice of safe sex.

Although more young people are engaging in safer practices large proportions of sexually active students (37%) were using condoms only sometimes and 9% never use them. Currently, 18% of the young women in Year 12 and approximately 10% of other students were using withdrawal as a method of contraception, which puts them at serious risk of STDs and unwanted pregnancy. Clearly there remains a need for the ongoing monitoring of young people's HIV/STD-related knowledge, attitudes and practices combined with targeted health interventions.

2.1 Purpose of study

This study provides nationally representative data on knowledge, attitudes and practices of secondary students in years 10 and 12 in relation to HIV/AIDS, other sexually transmitted diseases and related diseases. The survey is a follow up and extension of the survey carried out in 1992 by the National Centre for HIV Social Research, then based at the University of Queensland (Dunne et al. 1993). For the first time in Australia, we are able to detect change over time at a national level in young people's HIV/STD-related knowledge, attitudes and practices.

There were some important differences between the 1992 and 1997 surveys. Firstly, the 1997 survey had new sections on STDs other than HIV and on blood-borne viruses. Secondly, the 1997 survey included only students from Year 10 and Year 12. At Year 10 nearly all young people are still at school and a substantial number are sexually active. Year 12 students have had the longest experience of school-based education programs but they are less representative of young people, given the lower retention rate. We have not included year 11 students but assume that they will be intermediate between the two sampled years. The final difference between the surveys was that students in all States/Territories participated in the 1997 survey; in 1992 New South Wales did not participate.

2.2 Teenage sexuality: The current context

In Australia and other Western countries there is a trend for young people to become sexually active at younger ages than previously. Most young people become sexually active in their late teenage years, engage in a wider variety of sexual practices than previously and are very likely to have more than one sexual partner over a lifetime (Moore et al. 1996: 26). Furthermore

the proportion of teenagers who use condoms every time they have sex is extremely low (Moore et al. 1996: 34). Given this context, it is no surprise that being young constitutes a major risk factor for sexually transmitted diseases (STDs). In the United States it is estimated that one in five adolescents will have acquired an STD by the age of 21 (Ellickson et al. 1993)

In Australia, STD surveillance data indicate that sexually active young people in the 13-19 age group are at high risk for STDs. In Australia in 1996, the 13-19 age group constituted 20% of gonorrhoea cases, 15% of acute hepatitis B infections, 14% of Syphilis cases and 23% of Chlamydia infections (National Centre in HIV Epidemiology and Clinical Research (NCHECR) 1997a). Only limited data are available on non-notifiable STDs. However, in 1995 the 13-24 age group made up 18% of those diagnosed with genital herpes, 33% of those with genital warts and 18% of those diagnosed with non-specific urethritis at the Melbourne Sexual Health Clinic in Victoria (Stevenson and Rodger 1997: 55-57).

The picture with HIV/AIDS is different. Although it is estimated that 15-24 year-olds account for half of the world's AIDS infections, in Australia teenagers make up only a small proportion (under 1%) of the total number of AIDS cases and only 2.1% of those infected with HIV (NCHECR 1997b; Moore et al. 1996). Nevertheless it remains important that interventions aimed at instigating and maintaining safe sex practices continue to be targeted toward young people at the beginning of their sexual careers.

► ► ► 3.1 Consultation during survey development

The project was directed by a Steering Committee of experts in academic research, education and policy-making, including representatives from the Inter-Governmental Committee on AIDS, the HIV Schools Network, the Scientific Advisory Committee of the National Centre in HIV Social Research and the Commonwealth Department of Health and Family Services.

Modifications to the 1992 survey were developed in consultation with members of this Steering Committee and the HIV Schools Network. The challenge was to retain key elements of the 1992 survey for comparability purposes, but also to collect data on emerging health issues while ensuring that the survey would be acceptable to schools across the country.

Permission to undertake the survey was obtained from the relevant education authorities in each State and Territory. The Human Ethics Committee at La Trobe University also reviewed the questionnaire and the survey procedures before giving permission for the survey to take place. The survey team obtained informed consent from both parents/guardians and the students themselves before administering the questionnaire.

3.2 The questionnaire

The 1997 questionnaire repeated many of the questions asked in 1992 but also included new questions on contraception, STDs, hepatitis, and health service use. In the 1997 questionnaire, section A contained questions on demographics, section B involved questions measuring knowledge of HIV/AIDS, questions about HIV risk and attitudes toward people living with HIV. Section C consisted of new

questions about recognition of the names of STDs and diseases transmitted through injecting drugs and perceptions of STD and hepatitis risk. Section D asked about peer behaviour and confidence in communication about sex.

Section E was about personal sexual experience and included some new questions on sexual attraction and condom use with casual and steady partners. Students who had never had sex did not complete the detailed questions on sexual behaviour. Section F contained new questions on contraception use and protection against STDs. Section G examined alcohol and drug use in order that any interactions between health risks could be analysed. The final section of the questionnaire, section H, asked a series of new questions on STD and hepatitis knowledge and diagnoses. These were followed by a series of questions about sources of information about HIV/AIDS, STDs and hepatitis. The questionnaire is appended to this report (Appendix 1).

3.3 Pilot study

The aim of the pilot study was to test the readability and comprehension of individual questions in the questionnaire. The survey was piloted in two schools in Melbourne in October 1996. The first school was of a medium size and was located in a prosperous suburb. By contrast the second school was much larger and located in an ethnically diverse, working class suburb. In total 61 students participated in the pilot. Most were either 15- or 16-year-olds from a range of ethnic backgrounds. Almost 60% had parents who were born overseas and 23% of the students were born outside Australia.

The participation rate was 51% which is the same as the participation rate achieved in Victoria in 1992. Non-participation was due to

students failing to return permission forms (36%) rather than parent or student refusals (3%). After the questionnaire was completed three focus groups were held with small groups of students to further assess the survey.

Overall the questionnaire performed well. Nearly all of the students completed the survey within 30 minutes and there were few missing data. On the basis of the pilot survey and focus group discussions some modifications were made to the questionnaire and to instructions given by survey administrators.

3.4 Sampling method and participation rates

This study used a representative random sample based on 1995 Australian Bureau of Statistics Data on the school population (ABS 1995). A two-stage sampling method was used. In the first stage, schools were randomly selected with a probability proportional to the size of the target population. The smaller States/Territories were over-sampled to improve the precision of the results derived for those States/Territories. A replacement school was selected for each of the schools in the selected sample. If an original school was unable to participate then the replacement school was approached. The replacement school was the geographically closest school to the one originally selected, on the assumption that students in the replacement school would have similar characteristics to those of the original school. The total numbers of schools and replacement schools used are

outlined in Table 3.1. There are two gaps in the sample where both the original school and replacement school were unable to participate in the survey. This was the case for one school in WA and one in NSW.

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

The overall response rate for the survey was 68%. The achieved sample size and response rates for each State and Territory are detailed in Table 3.1.

The survey results have been weighted in the data analyses to correct for the over-sampling in the sample design and for differential response rates across States/Territories and schools. For information on the derivation of the stratum weights see *Sampling for Social Research* (Rosier 1995).

3.5 Survey administration

School principals were sent a letter describing the survey and inviting their school to participate and asking them to nominate a school contact person. The school contact person was either a teacher, a deputy principal or a school nurse. Once agreement was gained from individual schools, a trained survey administrator worked with the school contact

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

State	Total number of Schools	Number of Reserve Schools	Achieved Sample Size	Participation Rate
ACT	9	2	175	78.1%
NT	6	0	139	57.9%
QLD	19	4	539	58.5%
SA	8	3	238	63.0%
TAS	10	0	176	68.5%
VIC	24	5	790	71.0%
WA	10	1	389	75.2%
NSW	32	7	1104	70.5%
Total	118	22	3550	68.0%

person to organise the details of survey administration. The school contact person arranged for consent letters to be sent home to parents, permission slips to be returned and established the time and place for the survey to take place.

The survey administrator conducted the survey in each school. To protect confidentiality of the students the survey was carried out under exam conditions. Where possible, students were seated at separate desks and class teachers were not present during the survey. The students were requested not to put identifying information on their questionnaires and were given a blank envelope in which to place the completed questionnaires.

3.6 Data management and analysis

The data were entered manually and the entire data set was verified. The open-ended questions were coded by trained research staff. Throughout the project procedures were in place to protect the confidentiality of participants. No lists of student names were kept once the data had been collected.

The data analysis involved a detailed description of the 1997 data, often broken down by gender and year level. In addition, change over time was measured by comparing the 1997 data with data collected in 1992. The bulk of the data analysis was carried out with the SPSSx statistical package (SPSS Inc. 1995). The STATA software package was used to test for the significance of change between 1992 and 1997 (Statacorp. 1997).

Analyses were carried out to detect whether the changes between 1992 and 1997 were statistically significant. For the purposes of these tests neither age, gender or State/Territory differences were taken into account. Statistically significant change to the .05 level is represented in the tables by an *. The results of the significance tests are reported in Table A1 (See appendix 1). A statistically significant finding means that the differences are unlikely to have arisen by chance. However, as Norusis has

observed 'finding that a difference is statistically significant does not mean that the difference is large, nor does it mean that the difference is important from a research point of view' (Norusis 1988: 232).

Both the 1992 and 1997 samples were clustered in that participants were selected by class rather than randomly across the year level. We ensured that the significance tests took the clustering of the samples into account. As New South Wales was included in the 1997 survey but not the 1992 survey it was necessary to check what impact the inclusion of this State had on the results. We compared the results from New South Wales with the results from all other States/Territories in the 1997 data but did not find marked differences in the results.

3.7 Demographic characteristics of the sample

More female students than male students participated in the 1997 survey but there were no differences between 1992 and 1997 (Table 3.2). According to classroom teachers, the reason for this gender difference in participation is that female students are much better at returning permission forms to school than male students. The 1992 and 1997 surveys had large sample sizes but the 1992 survey included years 7 to 12 thus the number in Year 10 and 12 were smaller than those in 1997.

Most of the students who participated in the 1997 survey were born in Australia and, for most, English was the main language spoken at home (Table 3.3). Fewer than 3% of the sample were Aboriginal or Torres Strait Islanders. Approximately half of the 1997 sample were in Year 10 and half were in Year 12. As the survey was administered in the first half of the school year, the Year 10 students were on average 15 years of age and the Year 12 students were 17 years of age. The majority of students (76%) attended school in an urban area, that is in a town or city with a population over 25,000.

Table 3.2: Number and percentage of male students and female students at each year level.

	Year 10		Year 12	
	1992	1997	1992	1997
MALES	412 (45%)	815 (46%)	353 (43%)	755 (43%)
FEMALES	499 (55%)	969 (54%)	477 (57%)	1011 (57%)

3.8 Limitations of the survey

The National Schools Survey provides data on the knowledge, attitudes and practices of young people in relation to HIV/AIDS, STDs and related diseases. It is useful for documenting broad patterns in behaviour and, now that the survey has been repeated after a five-year interval, detecting changes over time. However, the survey does not provide data on young people attending non-government schools.

The survey favoured those students with good English literacy skills who could complete a complex set of questions in a relatively short time frame. Some less confident students may have declined to participate. The requirement of parental consent may also have excluded some students with parents with limited English literacy skills, those from communities where parental permission forms are not culturally appropriate and those with parents who object to a survey on sexual health for religious or cultural reasons. Research from the United States has found that non-responders in sexuality research tend to have a lower reading ability and less sexual experience than responders (Catania et al. 1990; Wiederman 1993).

Some questions about sexual practices were believed to be too sensitive to include in a survey of school students and this perpetuates gaps in our knowledge of young peoples' sexual lives. For example, we did not ask any questions about oral sex even though other research shows this practice is almost as common as vaginal sex

and has the potential to be used as a safer sex strategy (Rosenthal et al. 1996).

Importantly, a broad brush survey such as this does not provide subtle, contextualised information. More in-depth research is necessary to examine how young people themselves define their relationships and make decisions about their sexual health.

Table 3.3: Ethnic background of students in 1997 sample.

Country of Birth	STUDENT	MOTHER	FATHER
Australia			
MALES (%)	85.8	68.8	66.1
FEMALES (%)	86.8	70.6	66.5
New Zealand			
MALES (%)	1.2	2.0	1.5
FEMALES (%)	1.8	2.3	2.9
United Kingdom			
MALES (%)	2.1	8.7	9.1
FEMALES (%)	2.1	8.1	9.6
Europe & Middle East			
MALES (%)	3.8	10.4	13.4
FEMALES (%)	3.1	9.7	12.5
Vietnam			
MALES (%)	1.6	2.2	2.2
FEMALES (%)	0.3	0.6	0.6
Other Asia & Pacific			
MALES (%)	3.3	5.7	4.9
FEMALES (%)	4.4	6.3	5.7
The Americas			
MALES (%)	1.2	1.3	1.5
FEMALES (%)	0.8	1.0	0.8
Africa			
MALES (%)	0.7	0.7	1.2
FEMALES (%)	0.6	1.2	1.0
Other			
MALES (%)	0.3	0.2	0.1
FEMALES (%)	0.1	0.2	0.4
TOTAL MALES	1560	1548	1534
TOTAL FEMALES	1974	1969	1957
Aboriginal			
MALES (%)	1.7		
FEMALES (%)	1.8		
TOTAL MALES	1537		
TOTAL FEMALES	1943		
Torres Strait Islander			
MALES (%)	0.6		
FEMALES (%)	0.6		
TOTAL MALES	1511		
TOTAL FEMALES	1910		
Language Spoken at Home			
English-Speaking Only			
MALES (%)	87.8		
FEMALES (%)	89.6		
Non-English Speaking			
MALES (%)	10.3		
FEMALES (%)	8.5		
Both English-Speaking & Non-English Speaking			
MALES (%)	1.9		
FEMALES (%)	1.9		
TOTAL MALES	1552		
TOTAL FEMALES	1973		

CHANGE BETWEEN 1992 AND 1997

- In general students had very good knowledge about the transmission of HIV/AIDS in both 1992 and 1997, but in three areas knowledge levels were lower. In 1997 fewer students knew that HIV cannot be transmitted by mosquitoes, that a pregnant woman with HIV could infect her baby, or that a person who looks healthy could pass on HIV.
- Most students held unprejudiced attitudes toward people living with HIV/AIDS. There has been a small shift in attitudes, with students in 1997 being more tolerant.

NEW INFORMATION

- Young people had relatively poor knowledge about STDs other than HIV and diseases spread through injecting drug use. Knowledge about the different forms of hepatitis was poor.

In this chapter we compare young people's knowledge about HIV/AIDS in 1992 and 1997. This is followed by a discussion of new information gathered in the 1997 survey on STDs, hepatitis and diseases transmitted through injecting drug use. The chapter closes with an outline of the attitudes the students have toward people living with HIV/AIDS.

4.1 HIV/AIDS

In 1997, almost all students knew that HIV/AIDS could be transmitted sexually or through sharing needles or syringes when injecting drugs and that condoms protect people from HIV (Table 4.1). Universally high levels of knowledge were demonstrated with most of the questions on HIV/AIDS. The Year 12 students had only slightly higher levels of knowledge than the Year 10 students. There were negligible gender differences in answering the HIV/AIDS knowledge questions correctly except for the question, 'If a woman with HIV is pregnant, could her baby become infected with HIV', which more young women than young men in Year 12 answered correctly.

On most items, knowledge levels were consistently high in both the 1992 and 1997 data. However, knowledge levels seem to have decreased in three areas. In 1997 fewer students knew that HIV cannot be transmitted by mosquitoes, or that a pregnant woman with HIV could infect her baby, or that a person who looks healthy could pass on HIV. However, the majority of students still answered these questions correctly with the exception of item 5 about mosquitoes.

4.2 Sexually transmitted diseases

Knowledge about other STDs was much poorer than knowledge about HIV/AIDS. Two new sets of questions on STD knowledge were developed for the 1997 survey. The first set of questions targeted recognition of the names of STDs and the second set targeted STD knowledge.

The proportions of students who answered the STD recognition questions correctly are reported in Table 4.2. In general, the Year 12 students had higher levels of knowledge than the Year 10

Table 4.1: Percentage of students who answered each of the HIV transmission knowledge items correctly.

KNOWLEDGE ITEM		Year 10		Year 12		Sig
		1992	1997	1992	1997	
1. Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?	MALES (%)	98.4	97.6	99.9	99.1	
	FEMALES (%)	97.9	97.0	98.9	99.3	
2. Could a woman get HIV (the AIDS virus) through having sex with a man?	MALES (%)	94.8	97.0	98.3	98.8	
	FEMALES (%)	97.2	96.2	98.3	99.5	
3. If someone with HIV coughs or sneezes near other people, could they get the virus?	MALES (%)	87.6	90.2	94.4	95.0	
	FEMALES (%)	88.5	91.0	95.3	95.9	
4. Could a man get HIV through having sex with a man?	MALES (%)	86.9	89.0	98.1	94.7	
	FEMALES (%)	83.6	84.5	94.6	95.5	
5. Could a person get HIV from mosquitoes?	MALES (%)	57.3	45.5	64.3	56.5	*
	FEMALES (%)	63.6	48.9	64.0	55.8	
6. If a woman with HIV is pregnant, could her baby become infected with HIV?	MALES (%)	82.4	73.2	87.9	80.0	*
	FEMALES (%)	85.5	78.9	93.3	89.3	
7. Could a person get HIV by hugging someone who has it?	MALES (%)	96.9	97.1	99.1	98.0	
	FEMALES (%)	99.4	98.8	99.2	99.3	
8. Does the pill (birth control) protect a woman from HIV infection?	MALES (%)	83.1	82.6	92.6	91.5	
	FEMALES (%)	86.7	84.7	93.4	95.2	
9. Could a man get HIV through having sex with a woman?	MALES (%)	93.8	91.8	96.4	95.1	
	FEMALES (%)	91.7	91.4	92.4	96.4	
10. If condoms are used during sex does this help to protect people from getting HIV?	MALES (%)	95.3	95.9	98.2	96.6	
	FEMALES (%)	88.5	91.4	96.5	94.5	
11. Could someone who looks very healthy pass on HIV infection?	MALES (%)	87.0	79.9	91.9	86.9	*
	FEMALES (%)	86.5	82.4	94.6	89.9	

Note: N ranges for each sub-group are: 1992 yr 10 males n=405-406 yr 10 females n=505, yr 12 males n=352-353 yr 12 females n=476-477; 1997 yr 10 males n=812-816 yr 10 females n=963-967, yr 12 males n=747-757 yr 12 females n=1001-1008.

The significance tests were undertaken as follows; item 5 those answering no were compared with other students, item 6 those answering yes were compared with other students, item 11 those answering yes were compared with other students.

students. Virtually all of the students knew that HIV/AIDS is an STD. When the word 'genital' appeared (as in genital herpes and genital warts) many students identified the diseases as sexually transmitted.

Knowledge was much poorer with other STDs. The number of students who correctly recognised chlamydia as an STD was worryingly

low, especially as chlamydia is one of the most common STDs in western countries. More of the Year 12 students answered this item correctly than the Year 10 students. A gender difference is more apparent here than with the other items. Young women were more likely to correctly identify chlamydia as an STD than young men. Knowledge levels about pelvic inflammatory disease (PID) were even lower. Fewer than half

of the students correctly identified PID as an STD and young men in Year 12 were least likely to do so.

Over two-thirds of the Year 12 students but fewer than half of the Year 10 students knew that gonorrhoea and syphilis are sexually transmitted diseases. The term 'venereal disease' seems to be out of use among young people as most did not correctly identify it as being sexually transmitted. Most of the young people correctly indicated that common illnesses such as the flu, measles, chicken pox and mumps are not transmitted sexually. However, recognition was lower with glandular fever, and lower again with tuberculosis and impetigo where many did not know that these diseases are not STDs.

The second series of questions targeted specific knowledge about STDs. As shown in Table 4.3, most of the young people answered the general questions about STD knowledge correctly. The majority knew that men or women can have STDs without obvious symptoms and that condoms cannot protect against all STDs. Knowledge about HIV was high again, with the majority of students indicating that the statement 'HIV only infects gay men and injecting drug users' was false.

Knowledge about specific STDs (other than HIV) was poor, especially with respect to chlamydia. Fewer than 12% of the students knew that chlamydia affects both women and men and fewer than a third of the young people in Year 10 or the young men in Year 12 knew that chlamydia can lead to sterility among women. The young women in Year 12 were more likely to give the correct answer to this item than the other students.

Predictably, Year 12 students tended to have higher levels of knowledge about STDs than Year 10 students. In addition, young women demonstrated higher levels of knowledge than young men on many of the items. More female than male students correctly indicated that the statement 'Once a person has caught genital herpes, then they will always have the virus' was

true and that the statement 'Genital warts can only be spread by intercourse' was false.

More general data on STD knowledge were collected in 1992 than in 1997. In 1992 the students were asked to list as many STDs and as many symptoms of STDs as they could. Although the data are not strictly comparable, low levels of knowledge about STDs were found in both surveys.

4.3 Hepatitis

Questions on blood-borne viruses were introduced in the 1997 survey. Knowledge about hepatitis was found to be very poor. Only one item was answered correctly by over half of the students who indicated the statement 'People who have injected drugs are not at risk for hepatitis C' is false (Table 4.4).

There was little difference between Year 10 students and Year 12 students in knowledge about hepatitis and there were negligible gender differences. Some students wrote on their questionnaires that they did not know what hepatitis was and consequently could not answer the knowledge questions on hepatitis at all.

4.4 Diseases transmitted by injecting drug use

New questions on injecting drug use were included in the 1997 survey. Knowledge about diseases transmitted by sharing injecting drug equipment was uneven. Virtually all of the students knew that HIV/AIDS could be transmitted through sharing injected drug equipment but fewer knew about other diseases (Table 4.5).

Across all items Year 12 students had higher knowledge levels than Year 10 students but there were few gender differences. Just over half of the students correctly indicated that hepatitis C can be transmitted through sharing injecting equipment. Large numbers of students did not know that gonorrhoea, tuberculosis and glandular fever are not transmitted via injecting drug use.

Table 4.2: Percentage of students who correctly identified diseases as being sexually transmitted or not.

		Year 10 1997	Year 12 1997
Gonorrhoea	MALES (%)	44.2	69.5
	FEMALES (%)	47.5	69.5
Glandular fever	MALES (%)	62.1	72.8
	FEMALES (%)	72.5	83.2
Genital herpes	MALES (%)	77.0	93.7
	FEMALES (%)	87.0	95.3
Flu	MALES (%)	81.8	87.1
	FEMALES (%)	87.2	93.5
Venereal Disease	MALES (%)	35.9	54.9
	FEMALES (%)	34.3	52.6
Measles	MALES (%)	77.9	83.2
	FEMALES (%)	82.9	91.4
Syphilis	MALES (%)	40.1	69.8
	FEMALES (%)	39.4	69.0
Chicken pox	MALES (%)	81.3	85.4
	FEMALES (%)	84.3	93.3
HIV/AIDS	MALES (%)	98.2	99.6
	FEMALES (%)	99.2	99.3
Chlamydia	MALES (%)	30.6	53.7
	FEMALES (%)	37.3	66.1
Mumps	MALES (%)	69.1	81.3
	FEMALES (%)	75.6	87.9
Tuberculosis	MALES (%)	36.8	56.7
	FEMALES (%)	37.9	62.2
Genital warts	MALES (%)	70.7	88.4
	FEMALES (%)	84.8	93.2
Impetigo	MALES (%)	45.1	45.1
	FEMALES (%)	53.2	56.7
Pelvic inflammatory disease	MALES (%)	41.5	38.2
	FEMALES (%)	46.7	49.9

Note: N ranges for each sub-group are: 1997 yr 10 males n=799-810 yr 10 females n=950-967, yr 12 males n=739-753 yr 12 females n=995-1008

Table 4.3: Percentage of students giving the correct response to statements about STDs.

STATEMENT		Year 10 1997	Year 12 1997
A man can have a sexually transmitted disease without any obvious symptoms.	MALES (%)	71.1	83.9
	FEMALES (%)	79.5	88.7
A woman can have a sexually transmitted disease without any obvious symptoms.	MALES (%)	71.2	84.1
	FEMALES (%)	79.7	89.9
Apart from HIV, all sexually transmitted diseases can be cured.	MALES (%)	51.1	60.8
	FEMALES (%)	52.9	61.7
Chlamydia is a sexually transmitted disease that affects only women.	MALES (%)	8.3	12.8
	FEMALES (%)	7.9	14.5
Chlamydia can lead to sterility among women.	MALES (%)	18.5	31.1
	FEMALES (%)	21.8	42.3
Once a person has caught genital herpes, then they will always have the virus.	MALES (%)	20.0	35.1
	FEMALES (%)	28.5	46.2
People who always use condoms are safe from all STDs.	MALES (%)	68.4	76.0
	FEMALES (%)	72.6	76.3
Gonorrhoea can be transmitted during oral sex.	MALES (%)	30.0	38.4
	FEMALES (%)	31.0	39.5
Genital warts can only be spread by intercourse.	MALES (%)	23.6	31.4
	FEMALES (%)	34.0	43.0
HIV only infects gay men and injecting drug users.	MALES (%)	70.0	81.5
	FEMALES (%)	77.2	87.2
Cold sores and genital herpes can be caused by the same virus.	MALES (%)	22.9	36.3
	FEMALES (%)	29.3	41.7

Note: N ranges for each sub-group are: 1997 yr 10 males n=786-799 yr 10 females n=958-964, yr 12 males n=744-752 yr 12 females n=1001-1005

4.5 Attitudes toward people living with HIV/AIDS

The majority of young people in the 1997 survey showed unprejudiced attitudes toward people living with HIV/AIDS. Interestingly the students reported more tolerant attitudes about the possibility of someone close to them with HIV, such as a friend or schoolmate, than on the more abstract questions about blame for getting HIV or HIV positive people working with young people. In general, the young

women demonstrated more tolerant attitudes than the young men.

The students were asked if they agree with the statement 'I would stop being friends with someone if that person got HIV'. The young women were much more tolerant than the young men on this issue (Table 4.6). Almost a quarter of the young men were not sure whether they would stop being friends with an HIV positive person. There was little difference

Table 4.4: Percentage of students giving the correct response to statements about hepatitis.

STATEMENT		Year 10 1997	Year 12 1997
Hepatitis C has no long term effects on your health.	MALES (%)	31.6	42.0
	FEMALES (%)	31.4	39.9
It is possible to be vaccinated against Hepatitis A.	MALES (%)	34.9	37.4
	FEMALES (%)	37.8	40.3
It is possible to be vaccinated against Hepatitis B.	MALES (%)	34.9	43.2
	FEMALES (%)	42.3	49.7
It is possible to be vaccinated against Hepatitis C.	MALES (%)	8.6	10.2
	FEMALES (%)	5.4	8.4
People who have injected drugs are not at risk for Hepatitis C.	MALES (%)	51.1	58.3
	FEMALES (%)	54.7	59.4
Hepatitis C can be transmitted by tattooing and body piercing.	MALES (%)	33.0	41.2
	FEMALES (%)	33.7	40.0
Hepatitis B can be transmitted sexually.	MALES (%)	41.0	46.8
	FEMALES (%)	41.4	43.0

Note: N ranges for each sub-group are: 1997 yr 10 males n=788-797 yr 10 females n=958-964, yr 12 males n=747-749 yr12 females n=1002-1004

between Year 10 and Year 12 students. There has been a small but statistically significant shift in attitudes between 1992 and 1997, with the students in 1997 being more tolerant.

The majority of the students showed an unprejudiced attitude toward HIV positive people attending school (Table 4.7). Again female students were a little more tolerant than male students. Year 12 students were slightly more tolerant than Year 10 students. There has also been a shift toward a more tolerant attitude on this issue between the 1992 and 1997 surveys.

Although more than half disagreed with the statement 'People with HIV only have themselves to blame' there was less certainty about this proposition than the others (Table 4.8). There was no statistically significant change between 1992 and 1997 on the issue of blame for HIV.

More than half of the students agreed with the statement that 'People who have HIV should be allowed to work with young people' but a sizeable minority were unsure (Table 4.9). Again, young women were more tolerant than young men but there was little difference between the year levels or between the 1992 and 1997 surveys.

Table 4.5: Percentage of students who answered injecting drug use transmission questions correctly.

		Year 10 1997	Year 12 1997
Some diseases are transmitted by injecting when sharing needles or other equipment.			
Which of the following diseases may be transmitted in this way?			
HIV/AIDS	MALES (%)	97.4	99.1
	FEMALES (%)	97.4	99.3
Hepatitis A	MALES (%)	8.2	5.8
	FEMALES (%)	7.0	6.9
Mumps	MALES (%)	59.8	63.2
	FEMALES (%)	66.7	72.0
Tuberculosis	MALES (%)	25.1	35.5
	FEMALES (%)	25.9	39.2
Hepatitis C	MALES (%)	53.6	61.4
	FEMALES (%)	48.7	55.9
Gonorrhoea	MALES (%)	23.8	38.5
	FEMALES (%)	27.0	42.0
Tetanus	MALES (%)	37.1	47.0
	FEMALES (%)	33.3	34.4
Hepatitis B	MALES (%)	54.4	64.1
	FEMALES (%)	53.0	60.9
Glandular fever	MALES (%)	43.3	50.4
	FEMALES (%)	54.9	59.0

Note: N ranges for each sub-group are: 1997 yr 10 males n=800-810 yr 10 females n=952-963, yr 12 males n=744-758 yr 12 females n=992-1006

Table 4.6: Students' agreement with the statement "I would stop being friends with someone if that person got HIV".

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	Strongly agree/Agree	N=338 9.2	N=815 6.2	N=304 4.5	N=756 4.4	
	Not sure	27.8	22.5	27.1	19.4	
	Strongly disagree/Disagree	63.0	71.3	68.4	76.2	
FEMALES (%)	Strongly agree/Agree	N=434 1.5	N=966 1.5	N=417 1.4	N=1008 1.2	
	Not sure	11.2	8.2	7.2	5.5	
	Strongly disagree/Disagree	87.3	90.3	91.4	93.3	*

The significance test was undertaken by comparing the number of students who disagreed or strongly disagreed with those who did not.

Table 4.7: Students' agreement with the statement: "Young people who have HIV should be allowed to stay in school".

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	Strongly agree/Agree	N=338 60.4	N=815 73.5	N=302 65.3	N=756 74.5	
	Not sure	19.6	14.8	22.3	16.1	
	Strongly disagree/Disagree	20.0	11.7	12.4	9.4	
FEMALES (%)	Strongly agree/Agree	N=433 72.5	N=966 76.2	N=417 74.7	N=1008 83.5	
	Not sure	18.3	16.6	17.9	11.5	
	Strongly disagree/Disagree	9.2	7.2	7.4	5.0	*

The significance test was undertaken comparing students who agreed or strongly agreed with those who did not.

Table 4.8: Students' agreement with the statement: "People with HIV have only themselves to blame".

		Year 10		Year 12	
		1992	1997	1992	1997
MALES (%)	Strongly agree/Agree	N=335 23.8	N=811 22.2	N=304 17.8	N=750 18.1
	Not sure	19.0	20.4	15.2	21.5
	Strongly disagree/Disagree	57.2	57.4	67.0	60.4
FEMALES (%)	Strongly agree/Agree	N=432 13.1	N=963 14.0	N=417 9.2	N=1006 10.6
	Not sure	23.8	21.7	15.6	16.7
	Strongly disagree/Disagree	63.1	64.3	75.2	72.7

Table 4.9: Students' agreement with the statement: "People who have HIV should be allowed to work with young people".

		Year 10		Year 12	
		1992	1997	1992	1997
MALES (%)	Strongly agree/Agree	N=335 49.5	N=813 55.2	N=303 54.0	N=757 57.9
	Not sure	35.3	30.6	34.0	29.0
	Strongly disagree/Disagree	15.2	14.2	12.0	13.1
FEMALES (%)	Strongly agree/Agree	N=434 60.8	N=965 59.0	N=416 62.8	N=1006 69.9
	Not sure	30.6	32.5	28.2	23.7
	Strongly disagree/Disagree	8.6	8.5	9.0	6.4

CHANGE BETWEEN 1992 AND 1997

- Between 1992 and 1997 condom use had increased significantly and condoms were being used more consistently. Slightly fewer 1997 students had experienced sex without a condom than their 1992 counterparts and more students in 1997 than in 1992 believed that their sexually active peers always used condoms.
- There has been a shift toward having fewer sexual partners. In 1997 16% of sexually active students had three or more sexual partners in the previous year in comparison with 22% of sexually active students in 1992.
- Students in 1997 were more confident than their counterparts in 1992 that they could persuade a reluctant partner to use a condom but less confident about talking with their parents about HIV and other STDs.
- Although change is occurring, many young people continue to put themselves at risk through unprotected sex.

NEW INFORMATION

- The most common form of contraception being used is condoms but substantial numbers of students, particularly young women in Year 12, are using the oral contraceptive pill. This is a cause for concern because the pill does not offer any protection against STDs.
- More Year 10 than Year 12 students report sex with casual partners and more young men report sex with casual partners than young women.
- Eight percent of Year 10 students and 9% of Year 12 students reported feelings of sexual attraction that are not exclusively heterosexual.

This chapter begins with data from the total sample on levels of sexual experience and sexual attraction and then focuses on those who have had sexual intercourse. In addition to data on types and numbers of sexual partners, condom use and contraception use, we examine more detailed data on students' most recent sexual encounter. The chapter ends by considering students' beliefs about peers' sexual behaviour and confidence in communication about sex.

5.1 Sexual experience

Most students who participated in the survey in 1997 had engaged in some kind of sexual activity, although levels of sexual experience varied by both year level and gender (Table 5.1). As expected, Year 12 students were more experienced than Year 10 students; 77% of Year 10 students and 88% of Year 12 students had experienced passionate kissing at some time, 60% of Year 10 students and 79% of Year 12 students had experienced sexual touching. The



Table 5.1: Percentage of students who have experienced kissing, sexual touching or sexual intercourse.

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
Kissing passionately on the mouth	MALES (%)	74.3	78.9	83.5	86.6	
	FEMALES (%)	73.1	74.5	90.1	89.0	
Sexual touching	MALES (%)	62.2	66.6	77.5	77.1	
	FEMALES (%)	57.3	54.4	80.6	80.3	
Sex without a condom	MALES (%)	12.2	7.4	26.9	26.2	
	FEMALES (%)	14.1	8.4	35.4	30.8	*
Sex with a condom	MALES (%)	22.7	20.5	43.1	44.1	
	FEMALES (%)	16.4	15.1	42.2	45.7	

Note: N ranges for each sub-group are: 1992 yr 10 males n=386-395 yr 10 females n=490-503 yr 12 males n=329-347 yr 12 females n=466-474; 1997 yr 10 males n=763-797 yr 10 females n=931-962, yr 12 males n=728-737, yr 12 females n=977-1000

rates of sexual intercourse were much lower, 20% of the Year 10 students and 48% of the Year 12 students have had sex (Figure 5.1, Table A2). As previously noted, questions about other sexual practices such as oral or anal sex were believed to be too sensitive to include in this survey.

There were no significant changes in sexual activity between 1992 and 1997. However it should be noted that the 1997 survey was administered at the beginning of the school year whereas the 1992 survey was administered later and over a longer period in time. It is probable that by the end of the school year more of the current sample will have become sexually active.

In the 1997 data there were no marked gender differences in reported sexual experience (Table 5.1). Slightly more young men in Year 10 reported sexual experiences than young women in Year 10, but by Year 12 the pattern reversed.

There is a small but statistically significant change in condom use between 1992 and 1997 whereby slightly fewer of the 1997 students had experienced sex without a condom than their 1992 counterparts (Table 5.1).

Ethnic background was related to sexual activity

for the young women but not for the young men. Students were defined as coming from a non-English speaking background (NESB) when English was not the main language spoken at home. Fewer female students from a non-English speaking backgrounds were sexually active than other students (Figure 5.2, Table A3). Although the category NESB includes diverse groups from different cultural contexts and with different histories the data are consistent with other studies (Rosenthal et al. 1990)

We also examined the impact of geographic location on sexual behaviour. When rural location is defined broadly as those living in a place with a population of less than 25,000, some differences in sexual activity were apparent. In 1997 those in rural locations were more likely to be sexually active than urban young people. Of those in rural locations 39.3% were sexually active in comparison to 31.8% of those in urban locations. This was particularly the case for young rural women who were more sexually active than young urban women. (Table 5.2). In contrast, the 1992 national survey found that urban students were more likely to be sexually active than rural students (Table 5.2). The 1997 findings were in line with those from other recent Australian research (Hillier et al. 1996, Grunseit et al. 1995).

5.2 Sexual attraction

For many, the teenage years are not only a time for first sexual experiments but also a time of emerging sexual identities. A question on sexual attraction was introduced into the 1997 survey. Over 90% of students were attracted only to the opposite sex. However, a significant minority, 8% of Year 10 students and 9% of Year 12 students, were not exclusively heterosexual in their feelings of attraction toward others. Three percent of the Year 10 students and the Year 12 students were attracted only to people of their own sex. There were negligible year level or gender differences in types of sexual attraction (Table 5.3). These results are similar to those from the survey of rural youth (Hillier et al. 1996).

5.3 Number and types of sexual partners

The following sections (5.3 to 5.6) concentrate on those students who have had sex. An encouraging finding is that students in 1997 were having sex with fewer partners than students in 1992. In the 1997 data there were not straightforward differences between the Year 10 and Year 12 students in their number of sexual partners but there were clear gender differences. Young women reported having sex with fewer partners during the previous year than did young men (Table 5.4).

In the 1997 survey the young people were asked to distinguish between casual and steady sexual partners. A casual partner was defined as 'someone you have had sex with once or infrequently' while a steady partner is 'someone with whom you have, or have had, an ongoing sexual relationship'. Students were asked how many casual and how many steady partners they had sex with in the past 12 months. Many contradictions emerged when comparing these data with the question asking how many sexual partners they had in the last 12 months overall. For example many students indicated that they had one sexual partner in the last 12 months but then later in the survey they indicated they had sex with one casual partner and one steady partner. These findings perhaps illustrate the fluidity of young people's relationship

Figure 5.1
Percentage of students who have ever had sex.

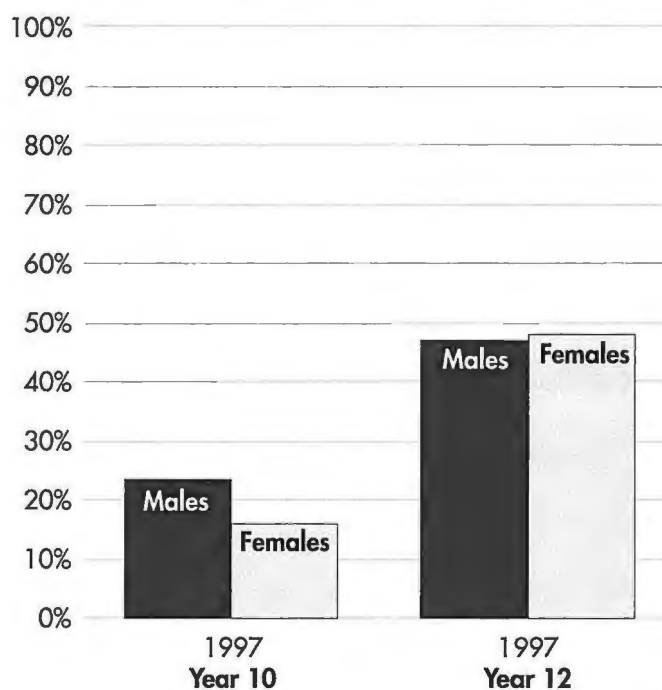


Figure 5.2
Percentage of students who have ever had sex
English and non-English speaking background.

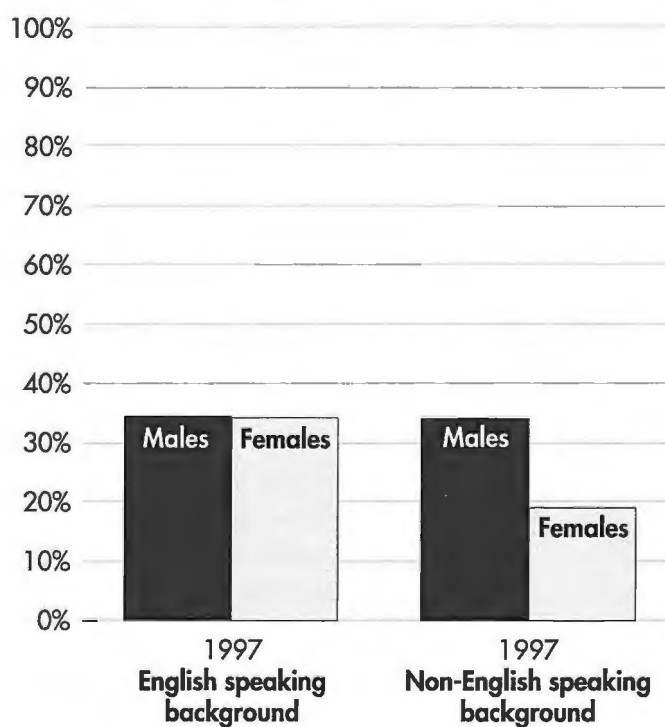


Table 5.2: Percentage of students who have ever had sex: Rural and urban youth.

	Rural		Urban	
	1992	1997	1992	1997
MALES (%)	29.3	38.6	38.6	33.5
FEMALES (%)	33.4	40.0	33.6	30.5
TOTAL MALES	119	444	628	1122
TOTAL FEMALES	198	456	778	1517

Table 5.3: Students' current feelings of sexual attraction.

		Year 10 1997	Year 12 1997
MALES (%)	I am attracted only to people of my own sex	N=788 3.4	N=749 2.9
	I am attracted only to people of the opposite sex	93.0	93.6
	I am attracted to people of both sexes	1.9	2.5
	Not sure	1.7	1.1
FEMALES (%)	I am attracted only to people of my own sex	N=962 2.5	N=1001 3.7
	I am attracted only to people of the opposite sex	91.4	89.2
	I am attracted to people of both sexes	2.8	4.6
	Not sure	3.4	2.5

definitions where casual relationships become more serious over time and are redefined as steady relationships. In our view, the overall question about number of sexual partners is more reliable than the sum of casual and steady partners given the slippage that can occur with these categories. Nevertheless, the data on casual and steady partners do provide some insights.

More Year 10 students than Year 12 students had sex with casual partners in the previous 12 months (78% compared with 57%). There was a substantial gender difference among Year 12 but not Year 10 students. Young women in Year 12 were much less likely to have casual sexual partners than other students (Figure 5.3, Table A4).

There were fewer year or gender differences in relationships with steady partners (Table 5.5). There were no gender differences in Year 10 but in Year 12 young women were more likely than their male peers to have had a steady partner.

The gender differences in types of sexual partners are interesting but difficult to interpret without more in-depth data. Given that male students have more partners than females it may be that many male students are having sex with both steady and casual partners while more female students have sex with steady partners only. Alternatively it may be that female students are more likely than male students to define their relationships as steady rather than casual.

Table 5.4: Sexually active students' reported number of sexual partners in the previous year.

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	I have not had sex in the past year	N=101 9.3	N=185 5.1	N=169 6.8	N=349 9.2	
	1 person	45.5	53.7	49.1	51.3	
	2 people	23.2	24.7	15.7	20.0	
	3 or more people	22.0	16.4	28.3	19.6	
FEMALES (%)	I have not had sex in the past year	N=100 7.3	N=157 5.1	N=221 5.8	N=479 5.3	
	1 person	56.5	55.1	57.0	63.8	
	2 people	14.3	24.6	19.7	17.9	
	3 or more people	21.9	15.2	17.5	12.9	*

The significance test was undertaken comparing the number of students reporting having three or more sexual partners in last year with students who had fewer sexual partners.

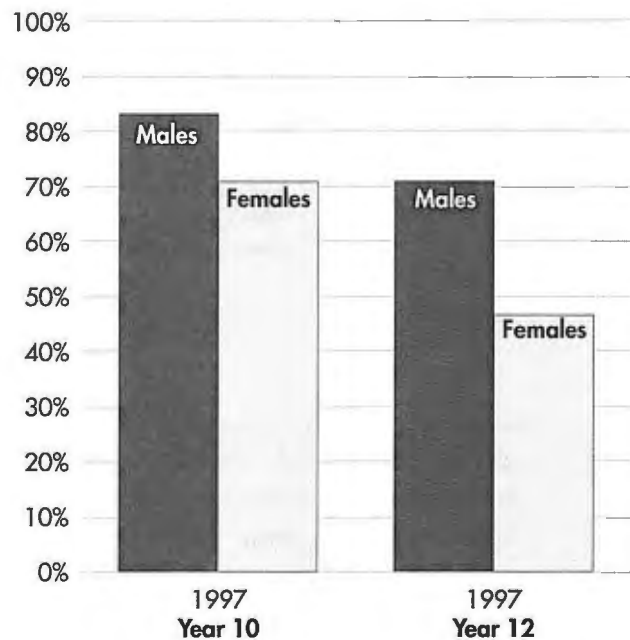
5.4 Condom use

In this section we discuss students' condom use in the previous year. Condom use among the sexually active students has increased significantly since 1992. In 1997, 54% always used condoms and 37% used them sometimes in comparison with 1992 where 43% always used condoms and 42% used them sometimes¹. However, the picture is more complex when the data are examined in detail as young people are not engaging consistently in safer practices.

Overall condom use has increased significantly between 1992 and 1997. In both 1992 and 1997 more Year 10 students used condoms than Year 12 students and more young men reported using condoms than young women (Figure 5.4, Table A5).

New questions on casual and regular partners were introduced in the 1997 survey. Some differences in condom use with casual or steady partners are apparent. Of those students who

Figure 5.3
Percentage of sexually active students who have had sex with a casual partner in the previous year.

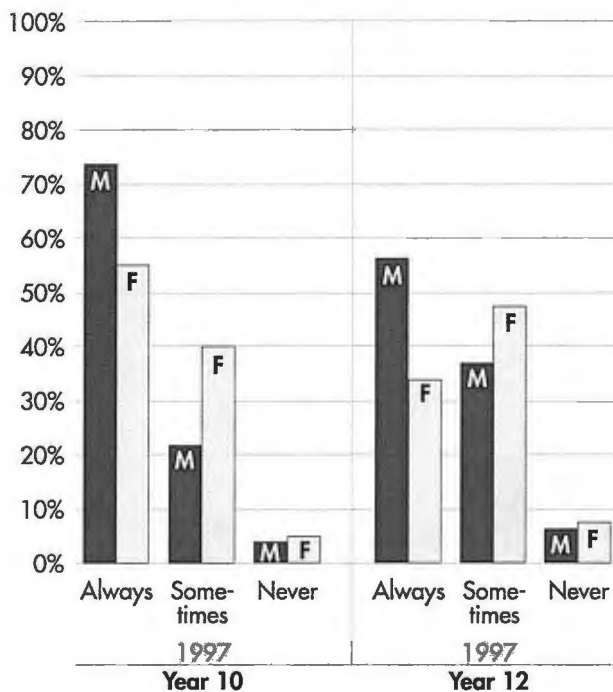


¹ This overall measure of condom use was created by combining the answers to the question on condom use with casual partners and the question on condom use with regular partners.

Table 5.5: Percentage of sexually active students who had sex with a steady partner in the previous year.

	Year 10 1997	Year 12 1997
MALES (%)	74.3	71.4
FEMALES (%)	75.0	80.8
TOTAL MALES	184	350
TOTAL FEMALES	158	481

Figure 5.4
Percentage of sexually active students' condom use in the previous year.



had sex with a casual partner(s) 68% always used condoms and 28% sometimes used them. Rates of condom use were lower for those who had sex with steady partners; 55% always used condoms and 35% used them sometimes. However when the data are examined in detail it appears that Year 12 students change their patterns of condom use according to partner but Year 10 students do not (Figures 5.5 and 5.6, Tables A6 and A7). Overall, the young women were less likely than the young men to report always using condoms regardless of whether they had casual or steady partners.

A less optimistic finding is that those young people having sex with multiple partners were less likely to use condoms than other students. Of the students who had one sexual partner in the last 12 months, 59% always used condoms, 47% of students who had two sexual partners always used condoms but only 41% of students with three or more sexual partners always used condoms when they had sex. Even though students having sex with casual partners were more likely to use condoms overall, there is a negative relationship between casual partners and condom use. The more casual sexual partners a young person had, the less likely they were to always use condoms. Condoms were always used by 69% of students who had sex with one casual partner, 56% of those who had two casual partners but only 41% of those who had sex with three or more casual partners.

Although condom use has increased overall since 1992 many young people continue to put themselves at risk. Large proportions of sexually active students in 1997 (37%) were using condoms only sometimes and 9% never use them. It is of concern that almost half of the young women who had sex with casual partners used condoms inconsistently or not at all (Figure 5.5, Table A6).

Geographic location or cultural background had little impact on condom usage. There were no differences between students from English speaking or non-English speaking backgrounds with regard to condom use (Table 5.6). There were minimal differences in condom usage

between students from urban or rural locations although rural young women were somewhat less consistent with condom use than urban young women (Table 5.7).

5.5 Contraceptive use

New questions on contraception use were introduced in the 1997 survey. Condoms were the most common form of contraception used by the sexually active young people. The pill was the second most common contraceptive but was used by fewer than half of the students (Table 5.8). Year 10 students were more likely than Year 12 students to use condoms and Year 12 students were more likely than Year 10 students to use the pill.

As discussed earlier, the young women in Year 12 were more likely to have steady rather than casual partners and they were also more likely than other students to be currently using the pill for contraception. A worrying finding is that 18% of the young women in Year 12 were using withdrawal as a form of contraception putting them at serious risk of both unwanted pregnancies and STDs (Table 5.8).

Patterns of past contraceptive use are interesting because they show a combination of both safe and risky practices (Table 5.8 compared with Table 5.9). It is of concern that substantial proportions of the students have used withdrawal and the 'morning after pill' for contraception in the past.

In summary, the most common form of contraception is condoms but substantial numbers of students, particularly those in Year 12, are using the pill. This is a cause for concern because the pill if used alone does not offer any protection against STDs. Indeed, the extent to which young people prioritise contraception over STD protection is worthy of further research. There is evidence from this survey to suggest that some young people falsely believe that the pill protects them from STDs. Of the 428 students currently using the pill as contraception, 43% reported that they always use protection against STDs.

Figure 5.5
Percentage of sexually active students who had sex with a casual partner by condom use in the previous year.

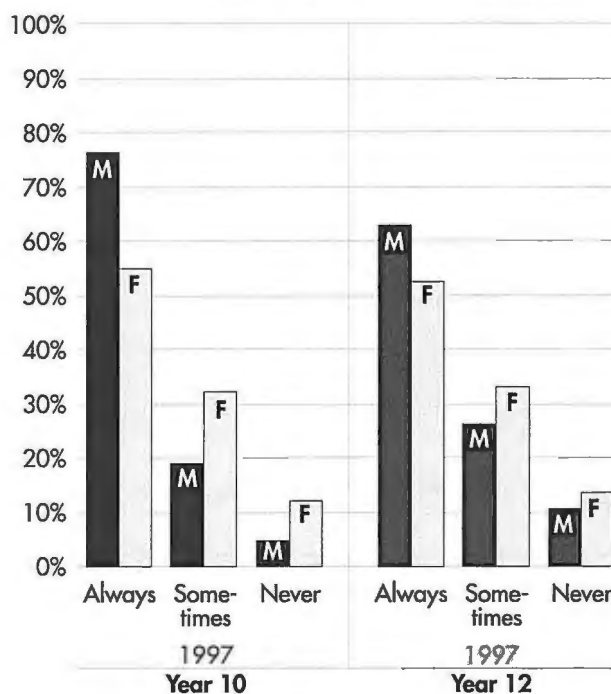


Figure 5.6
Percentage of sexually active students who had sex with a steady partner by condom use in the previous year.

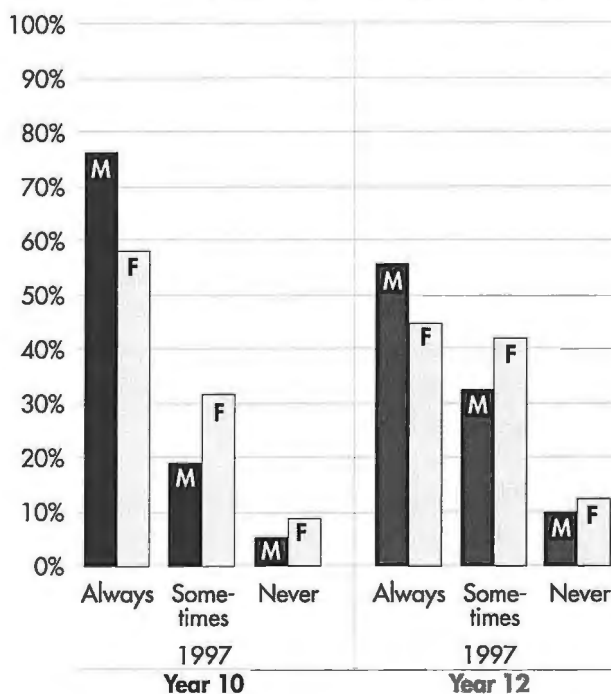


Table 5.6: Sexually active students' condom use: English and non-English speaking backgrounds.

		English speaking 1997	NESB 1997
MALES (%)	Always	N=408 62.8	N=56 60.4
	Sometimes	31.1	33.4
	Never	6.0	6.2
FEMALES (%)	Always	N=540 46.9	N=29 45.9
	Sometimes	45.3	49.1
	Never	7.8	5.3

Table 5.7: Sexually active students' condom use: Rural and urban youth.

		Rural 1997	Urban 1997
MALES (%)	Always	N=151 61.7	N=323 62.7
	Sometimes	32.5	31.3
	Never	5.8	6.0
FEMALES (%)	Always	N=164 39.4	N=406 49.9
	Sometimes	51.2	43.2
	Never	9.4	6.9

5.6 The most recent sexual encounter

In addition to general questions about sexual behaviour, sexually active students responded to a series of questions about their most recent sexual experience. Patterns found in the general data were replicated.

There has been no significant change between 1992 and 1997 in types of last sexual partners (Table 5.10). Type of last partner varied by gender and to a lesser extent by year level. Female students were much more likely than male students to report having sex the last time with a steady partner and Year 12 students were more likely than Year 10 students to report having sex the last time with a steady partner.

In 1997 a new question was introduced asking

about age of last partner. There were important gender differences in age of sexual partners (Table 5.11). Most of the young men had sex the last time with a partner of the same age or younger. In contrast, the young women tended to have sexual partners who were a year or two older than themselves. As outlined earlier, the average age of the Year 10 students was 15 and the average age of the Year 12 students was 17 years of age. It is important to note these age differences in sexual partners because we are comparing different relationship cohorts when we compare males and females in the same year level.

Most students reported positive feelings after the last time they had sex (Table 5.12). Young women were more likely than young men to

Table 5.8: Sexually active students' current contraceptive use.

		Year 10 1997	Year 12 1997
Which, if any, forms of contraception are you or your partner(s) currently using? (Students could mark as many as applied)			
Condom	MALES (%)	80.2	77.1
	FEMALES (%)	85.9	75.4
The pill	MALES (%)	24.5	43.8
	FEMALES (%)	36.5	55.2
The morning after pill	MALES (%)	4.2	5.2
	FEMALES (%)	9.0	4.4
Withdrawal	MALES (%)	9.0	10.7
	FEMALES (%)	10.6	18.1
None	MALES (%)	10.9	6.0
	FEMALES (%)	6.6	2.2
Other	MALES (%)	7.2	6.1
	FEMALES (%)	5.5	3.7

Note: N ranges for each sub-group are: 1997 yr 10 males n=146 yr 10 females n=131, yr 12 males n=279 yr 12 females n=405

report feeling loved but they were also more likely to report feeling used. Year level differences were apparent for female but not male students. Young women in Year 12 were more likely to be positive about their last sexual experience than Year 10 students. More young women in Year 12 reported feeling happy, good or fantastic than young women in Year 10. A similar question was asked in the 1992 survey but the results were not comparable with the 1997 survey because more options were included in 1997 (see Dunne et al. 1993: 35).

The majority of students discussed using condoms the last time they had sex but fewer than one-third of students talked about avoiding STDs or HIV (Table 5.13). Two statistically significant changes occurred between 1992 and 1997. Fewer students in 1997 talked about avoiding pregnancy and more talked about sexual pleasure without intercourse than their counterparts five years earlier.

More detail on the nature of change in condom use is given in Tables 5.14 and 5.15. Condom availability has changed little but rates of using condoms have risen significantly. As with the overall questions on condom use, Year 10 students and young men were more likely than Year 12 students and young women to use condoms in their last sexual encounter.

Students who did not use a condom the last time they had sex were asked why they did not use one. Two major themes emerged from these data. The first is the perception among students that there is no need to use a condom either because other contraception is being used or because they have a steady partner. The second theme concerns not being prepared for sexual activity either by not knowing they were going to have sex or being too drunk or high to use a condom at the time. The reasons for not using a condom the last time varied by year level (Table A8). The most common reasons given by the

Year 10 students for not using a condom were that having sex 'just happened' which implies that they had not planned to have sex, or that they were 'too drunk or high at the time'. The most common reasons given by Year 12 students were that they were 'using the pill for contraception' or that a 'condom was not available when they last had sex'. Because of coding differences 1992 and 1997 data were not comparable. In 1992 students were able to give as many reasons as they wanted but in 1997 only the first reason given was coded.

In contrast to the picture of safer sex presented so far in the last sexual experience data, the combination of drinking or drug use and sex has increased since 1992 (Table 5.16). In particular, more Year 10 students reported being drunk or high the last time they had sex than did their counterparts in 1992. In the 1997 data, year and gender differences appear to have diminished. Young women were just as likely as young men to report being drunk or high the last time they had sex and there was little difference between Year 10 and Year 12 students.

5.7 Beliefs about peers' sexual behaviour

All students were asked questions about the behaviour of their sexually active peers. These perceptions of the behaviour of peers reflect the shift toward increased condom use over the last five years. As shown in Table 5.17, the majority of students in 1997 believed that most of their peers used condoms when they had sex.

In contrast, there has been no significant change in between 1992 and 1997 in beliefs about who suggests using condoms (Table 5.18). It seems that gender stereotypes around responsibility for contraception or STD protection have changed less than condom using behaviour. Most thought that girls alone or both girls and boys suggest using condoms. Fewer than 10% thought that boys alone take the initiative in suggesting condom use.

Table 5.9: Sexually active students' past contraceptive use.

		Year 10 1997	Year 12 1997
Which, if any, forms of contraception have you or your partner(s) used in the past? (Students could mark as many as applied)			
Condom	MALES (%)	81.8	86.0
	FEMALES (%)	86.1	88.9
The pill	MALES (%)	29.6	43.5
	FEMALES (%)	33.0	49.8
The morning after pill	MALES (%)	3.1	10.5
	FEMALES (%)	14.0	14.7
Withdrawal	MALES (%)	12.2	14.2
	FEMALES (%)	15.6	29.3
None	MALES (%)	10.1	5.5
	FEMALES (%)	8.8	4.8
Other	MALES (%)	5.0	5.3
	FEMALES (%)	4.6	3.4

Note: N ranges for each sub-group are: 1997 yr 10 males n=176 yr 10 females n=159, yr 12 males n=345 yr 12 females n=479

5.8 Confidence in communication about sex

The majority of students were confident about various forms of communication about sex. In 1997 most felt they could say no to unwanted sex, that they could talk to a steady partner about condom use and that they could persuade a new sexual partner to use a condom. Interestingly, students were less confident about discussing HIV or STDs with parents. Students in 1997 were more confident than their counterparts in 1992 that they could persuade a

reluctant partner to use a condom but less confident about talking with their parents about HIV and other STDs.

As in 1992, Year 10 and Year 12 students in 1997 had high levels of confidence in communicating about not wanting sex or condom use. The majority of female students, Year 12 students in particular, were confident they could say no to unwanted sex. Young men were less confident than young women in saying no to unwanted sex (Table 5.19). The majority

Table 5.10: Sexually active students' relationship to most recent sexual partner.

	Year 10		Year 12	
	1992	1997	1992	1997
MALES (%)	N=99	N=186	N=157	N=350
Someone they had just met for the first time	7.5	15.6	15.5	14.5
Someone they had known for a while but had not had sex with before	48.6	43.7	38.7	34.8
Their current steady girlfriend/boyfriend	43.9	40.7	45.8	50.7
FEMALES (%)	N=98	N=157	N=206	N=477
Someone they had just met for the first time	12.5	11.0	3.4	6.2
Someone they had known for a while but had not had sex with before	26.8	25.0	21.7	23.8
Their current steady girlfriend/boyfriend	60.7	64.0	74.9	70.0

Table 5.11: Age of last sexual partner for sexually active students.

		Year 10	Year 12
		1997	1997
MALES (%)		N=185	N=354
	Under 16	57.4	13.7
	16-17	31.8	64.6
	18-19	4.2	14.6
	20+	5.1	6.2
	Not sure	1.4	0.9
FEMALES (%)		N=159	N=480
	Under 16	25.1	3.3
	16-17	51.2	32.5
	18-19	17.8	37.2
	20+	5.9	26.4
	Not sure	0.0	0.7

Table 5.12: Sexually active students' feelings after last sexual encounter.

		Year 10 1997	Year 12 1997
Good	MALES (%)	40.0	52.4
	FEMALES (%)	40.3	48.8
Happy	MALES (%)	27.7	33.5
	FEMALES (%)	36.7	50.4
Fantastic	MALES (%)	40.6	40.7
	FEMALES (%)	28.6	38.0
Loved	MALES (%)	31.6	30.4
	FEMALES (%)	45.0	49.0
OK	MALES (%)	21.9	15.2
	FEMALES (%)	25.9	20.1
Upset	MALES (%)	1.1	1.9
	FEMALES (%)	7.4	6.5
Guilty	MALES (%)	4.5	7.0
	FEMALES (%)	13.1	9.7
Used	MALES (%)	1.3	1.4
	FEMALES (%)	12.9	9.1
Worried	MALES (%)	4.6	7.2
	FEMALES (%)	17.8	14.0
Other	MALES (%)	3.7	6.7
	FEMALES (%)	12.3	7.5

Note: N ranges for each sub-group are: 1997 yr 10 males n=185 yr 10 females n=156, yr 12 males n=349, yr 12 females n=477

of students, regardless of year level or gender, were confident they could talk to a steady partner about using condoms (Table 5.20).

Most students were confident that they could persuade a new sexual partner to use a condom in the face of some resistance (Table 5.21). There were no gender differences and negligible differences between Year 10 and Year 12 students. In 1997 students were more confident than 1992 students that they could persuade a partner to use condoms. This increase in confidence reflects changes in practice over the last five years as more young people in 1997 use condoms regularly than in 1992.

Students were less likely to report feeling confident in talking to parents about HIV or other STDs. Young women were more confident than young men in discussing HIV or other STDs with their parents (Table 5.22) and 1997 students were less confident than their 1992 counterparts in discussing HIV or other STDs with their parents. [It is interesting to note that, despite this lack of confidence, parents were a major source of sexual health information (See Tables 7.5 and 7.7)].

Table 5.13: Sexually active students who discussed issues at the time of their most recent sexual encounter.

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
Avoiding pregnancy	MALES (%)	53.9	45.5	47.6	36.4	*
	FEMALES (%)	58.0	46.4	55.1	41.3	
Avoiding HIV infection	MALES (%)	40.3	42.7	24.8	19.5	
	FEMALES (%)	24.6	25.5	17.0	14.5	
Avoiding other STD infections	MALES (%)	32.0	41.1	21.2	21.3	
	FEMALES (%)	25.2	24.6	15.7	14.5	
Getting sexual pleasure without intercourse	MALES (%)	24.3	31.1	30.0	32.0	*
	FEMALES (%)	22.4	33.0	33.6	38.2	
Using a condom	MALES (%)	73.6	84.0	64.6	64.4	
	FEMALES (%)	69.5	73.1	57.2	62.4	

Note: N ranges for each sub-group are: 1992 yr 10 males n=100-101 yr 10 females n=104, yr 12 males n=169 yr 12 females n=219; 1997 yr 10 males n=176-180, yr 10 females n=150-155, yr 12 males n=337-348 yr 12 females n=463-473

Table 5.14: Sexually active students reporting that a condom was available last time they had sex.

	Year 10		Year 12	
	1992	1997	1992	1997
MALES (%)	80.3	82.7	73.6	72.8
FEMALES (%)	70.1	81.9	61.2	66.9
TOTAL MALES	103	183	169	345
TOTAL FEMALES	101	157	222	476

Table 5.15: Sexually active students reporting that a condom was used last time they had sex.

	Year 10		Year 12		Sig
	1992	1997	1992	1997	
MALES (%)	75.8	82.4	69.9	71.1	
FEMALES (%)	55.9	74.6	48.0	57.9	
TOTAL MALES	103	182	168	348	*
TOTAL FEMALES	99	158	219	478	

Table 5.16: Sexually active students who reported being drunk/high last time they had sex.

	Year 10		Year 12		Sig
	1992	1997	1992	1997	
MALES (%)	16.2	28.2	26.5	25.7	
FEMALES (%)	15.8	27.7	16.6	23.1	
TOTAL MALES	103	184	169	349	
TOTAL FEMALES	102	159	224	474	*

Table 5.17: Students' beliefs about their peers' condom use.

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	I don't think they have sex	N=403 6.4	N=798 12.6	N=353 0.4	N=748 1.5	
	None use condoms	3.7	1.8	0.0	0.5	
	A few do	24.5	16.3	15.2	12.7	
	About half do	11.6	13.6	17.5	17.9	
	Most of them do	40.7	49.7	59.4	63.2	
	All of them do	13.1	6.0	7.5	4.2	
FEMALES (%)	I don't think they have sex	N=502 3.8	N=949 8.3	N=476 0.9	N=999 0.8	
	None use condoms	1.7	0.6	1.3	0.2	
	A few do	25.2	16.0	19.4	11.8	
	About half do	15.4	16.8	21.2	22.5	
	Most of them do	45.9	54.1	53.0	61.8	
	All of them do	8.0	4.2	4.2	2.9	*

The significance test was undertaken comparing the number of students reporting that most or all of their peers used condoms with those who did not.

Table 5.18: Students' beliefs about who mostly suggests using a condom.

		Year 10		Year 12	
		1992	1997	1992	1997
MALES (%)	Boys	N=405 4.8	N=807 9.5	N=353 6.5	N=755 6.1
	Girls	39.2	32.4	30.7	25.9
	Both	47.4	48.2	51.6	55.3
	I don't know	8.6	9.9	11.2	12.7
FEMALES (%)	Boys	N=503 2.2	N=962 2.3	N=476 2.1	N=1005 1.0
	Girls	52.5	51.1	43.6	47.6
	Both	33.9	37.0	43.0	41.2
	I don't know	11.4	9.6	11.3	10.2

Table 5.19: Students' confidence in saying no to unwanted sex.

		Year 10		Year 12	
		1992	1997	1992	1997
MALES (%)	I would never be in this situation	N=405 10.5	N=802 10.9	N=352 10.2	N=748 13.5
	Very confident to Confident	57.5	58.0	61.3	64.6
	A little confident to Not at all confident	32.0	31.1	28.5	21.9
FEMALES (%)	I would never be in this situation	N=504 3.0	N=961 1.9	N=477 3.1	N=1004 1.4
	Very confident to Confident	81.1	80.1	83.5	87.5
	A little confident to Not at all confident	15.9	18.0	13.4	11.1

Table 5.20: Students' confidence in talking to a boyfriend/girlfriend about using a condom.

		Year 10		Year 12	
		1992	1997	1992	1997
MALES (%)	I would never be in this situation	N=405 4.9	N=800 3.3	N=351 2.0	N=748 3.6
	Very confident to Confident	87.0	86.3	88.6	89.7
	A little confident to Not at all confident	8.1	10.4	9.4	6.7
FEMALES (%)	I would never be in this situation	N=504 4.3	N=964 3.5	N=477 3.7	N=1003 2.5
	Very confident to Confident	85.7	85.5	89.5	91.4
	A little confident to Not at all confident	10.0	11.0	6.8	6.1

Table 5.21: Students' confidence in persuading a new sexual partner to use a condom after the partner has refused to use one.

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	I would never be in this situation	N=405 9.0	N=798 5.9	N=352 7.2	N=746 6.5	
	Very confident to Confident	71.0	74.7	77.6	79.2	
	A little confident to Not at all confident	20.0	19.4	15.2	14.3	
FEMALES (%)	I would never be in this situation	N=504 8.1	N=962 8.5	N=475 10.1	N=997 8.4	
	Very confident to Confident	69.2	75.1	75.6	80.8	
	A little confident to Not at all confident	22.7	16.4	14.3	10.8	*

The significance test was undertaken by comparing the number of students indicating they were very confident with those who did not.

Table 5.22: Students' confidence in talking to parents about HIV and other STDs.

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	Very confident to Confident	N=404 51.5	N=798 42.8	N=348 54.1	N=748 50.3	
	A little confident to Not at all confident	48.5	57.2	45.9	49.7	
FEMALES (%)	Very confident to Confident	N=504 59.5	N=963 52.0	N=477 64.6	N=1002 56.7	
	A little confident to Not at all confident	40.5	48.0	35.4	43.3	*

The significance test was undertaken comparing students who were very confident to confident with students who were a little confident to not at all confident.

perceptions of risk and factors influencing sexual practices

SIX

CHANGE BETWEEN 1992 AND 1997

- Most students believed they were unlikely to get HIV or other STDs. Even fewer students in 1997 than in 1992 perceived themselves to be at risk for HIV.
- More students in 1997 than in 1992 indicated inappropriate reasons for believing they were unlikely to get an STD, such as trusting their partner, being too young to get an STD, or that the STD problem is not as bad as some people think.
- There has been a small but statistically significant increase between 1992 and 1997 in the numbers of students reporting failure to use condoms because they were too drunk or high.

NEW INFORMATION

- The majority of young people in the survey consumed alcohol and the frequency of drinking varied. Substantial numbers of students drank large amounts of alcohol on the occasions when they did drink. In contrast, injecting drug use was much less common. One percent of the students had injected drugs in the previous year. Questions on other illicit drug use were not asked.
- Binge drinkers were more likely to be sexually active than those who did not binge drink.
- A small but significant proportion of sexually active students was involved in a potentially risky combination of drinking and sex. Among sexually active students, 13% were binge drinking once a week or more, were having sex with casual partners and using condoms inconsistently or not at all.

This chapter begins with an analysis of students' perceptions of HIV, STD and hepatitis risk. We then examine alcohol consumption and injecting drug use and the relationship between these and sexual behaviour. Following this is a discussion of the extent to which knowledge has an impact on young people's sexual practices.

6.1 Perception of risk of HIV

Most students do not see themselves as being at risk for HIV infection (Table 6.1). Even fewer of the 1997 students thought they would become infected with HIV at some time in the future than the 1992 students. Other research has found that most young people believe that their

risk of contracting HIV is low (Moore et al. 1996). The reasons the students gave for this response are listed in Table 6.2. Most indicated that they did not inject drugs or share needles and almost two-thirds said they will always use a condom when having sex. Over one-third indicated that they had never had sex. Yet other students gave inappropriate and risky reasons for being unlikely to contract HIV such as trusting their partners, keeping away from people they think might have HIV, being young, or coming from a particular religious or cultural background. One-quarter indicated that they trust their partner. Over 10% indicated that they keep away from people who might have

Table 6.1: Percentage of students believing they were likely or very likely to become infected with HIV.

	Year 10		Year 12		Sig
	1992	1997	1992	1997	
MALES (%)	8.1	3.9	4.7	4.7	
FEMALES (%)	11.7	7.7	9.5	6.9	
TOTAL MALES	402	811	353	755	
TOTAL FEMALES	503	965	476	1008	*

HIV, and twice as many male than female students held this view. Young people in 1997 were much more likely to indicate not injecting drugs or sharing needles as reasons why they were not at risk for HIV than students in 1992. Although small proportions of students indicated they thought 'The HIV problem is not as bad as people think', slightly more students, young men in Year 10 in particular, gave this as a reason for not being at risk in 1997 than in the 1992 survey.

Condom use or type of last sexual partner had no impact on whether students perceived themselves to be at risk for HIV. In a similar fashion those students who had injected drugs were not significantly more likely to see themselves at risk of HIV than those who had never injected. Of the 13 students who had injected drugs and shared needles only six correctly perceived that they were at high risk of contracting HIV.

6.2 Perception of risk of other STDs

The majority of students did not see themselves as being at risk of being infected with an STD (Table 6.3). However, sexually active young people are at significant risk of acquiring an STD. In Victoria, for example, young people 13-19 years represent 12% of the population (greater than 12 years of age) but account for 16.9% of all reported cases of Chlamydia. When the proportion of young people aged 13-19 years who are sexually active is taken into account (25%-50%), then young people are

even more graphically over-represented in these disease notifications (Stevenson and Rodger 1997).

Students' reasons for believing they are at low risk for STDs are shown in Table 6.4. The most commonly stated reason was that they did not inject drugs or share needles even though these practices do not transmit STDs. The other common reasons were always using a condom, never having had sex, or the more risky reason of trusting their partner. In 1997, by comparison with 1992, more students indicated incorrect reasons for not getting an STD such as not sharing needles and syringes and not injecting drugs. It is a concern that in 1997 more students indicated inappropriate reasons such as trusting their partner, being too young to get an STD or that the STD problem is not as bad as some people think, than students in 1992.

Those students who had unprotected sex with casual partners the last time they had sex were more likely to perceive themselves to be at risk of STDs. Of the students who had sex with someone they had just met but did not use a condom 42% thought it was likely that they would get an STD in comparison with 18% who did use a condom. Of the students who had sex with someone they had known for a while but had not had sex with before and did not use a condom, 33% thought it was likely that they would get an STD in comparison to 14% who did use a condom. In contrast, there

Table 6.2: Students' reasons for perception of low risk of HIV infection.
(Students could mark as many as applicable)

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
The HIV problem is not as bad as some people think	MALES (%)	2.3	7.6	1.7	4.1	*
	FEMALES (%)	0.2	1.6	0.3	0.8	
I keep away from people who I think might have HIV	MALES (%)	15.5	15.6	15.3	10.0	
	FEMALES (%)	5.1	5.6	7.3	4.3	
I am too young to get HIV	MALES (%)	5.6	7.0	1.0	1.7	
	FEMALES (%)	3.6	6.2	1.0	0.8	
I don't share needles and syringes to inject drugs	MALES (%)	69.6	83.6	70.6	83.0	*
	FEMALES (%)	71.0	84.6	64.8	84.1	
I have never had sex	MALES (%)	49.8	57.7	32.6	37.4	
	FEMALES (%)	67.7	74.2	44.5	44.8	
I trust my partner	MALES (%)	16.1	24.9	27.8	27.1	
	FEMALES (%)	13.9	15.4	27.0	25.5	
I will always use a condom when having sex	MALES (%)	69.6	62.3	64.0	64.7	
	FEMALES (%)	60.5	63.4	64.7	63.6	
I don't inject drugs	MALES (%)	72.9	83.2	70.7	80.4	*
	FEMALES (%)	75.9	82.9	71.4	84.1	
People from my religious background don't get HIV	MALES (%)	NA	5.6	NA	2.3	
	FEMALES (%)	NA	3.0	NA	1.0	
People from my cultural background don't get HIV	MALES (%)	NA	3.1	NA	1.8	
	FEMALES (%)	NA	1.8	NA	0.5	
Other	MALES (%)	8.1	6.6	12.1	8.4	
	FEMALES (%)	7.4	7.5	14.3	13.5	

Note: N ranges for each sub-group are: 1992 yr 10 males n=372 yr 10 females n=446, yr 12 males n=337 yr12 females n=432; 1997 yr 10 males n=771 yr 10 females n=885, yr 12 males n=712 yr 12 females n=934

Table 6.3: Percentage of students believing they were likely or very likely to get an STD.

	Year 10		Year 12	
	1992	1997	1992	1997
MALES (%)	11.5	10.0	11.4	8.9
FEMALES (%)	15.3	11.4	14.9	14.1
TOTAL MALES	405	809	353	753
TOTAL FEMALES	505	967	477	1005

were no significant differences in perceptions of STD risk between those who used condoms or those who did not among those who had sex the last time with a steady partner.

6.3 Perception of risk of hepatitis

New questions on hepatitis risk were included in the 1997 survey. Only a small minority of students perceived themselves to be at risk of hepatitis (Table 6.5). As outlined earlier, students also had low levels of knowledge about hepatitis.

Those students who engaged in risky sexual practices did not see themselves as being more at risk of contracting hepatitis than other students. Students who have injected drugs were only slightly more likely to see themselves at risk of contracting hepatitis. Of those students who had injected drugs 29% thought it was likely that they would get hepatitis in comparison to 12% of students who have never injected. Eight of the 13 students who have shared needles when injecting drugs thought it was likely or very likely that they would get hepatitis.

In summary most of the young people did not perceive themselves to be susceptible to HIV, other STDs or hepatitis and most gave appropriate reasons for this perception such as never injecting drugs or not being sexually active. However, those who did engage in risky sexual practices (unprotected sex with casual partners) were not more likely than other students to see themselves as being at risk for HIV. Half of the small number of students who had shared needles while injecting drugs thought it was unlikely that they would contract HIV/AIDS. The situation was somewhat different with other STDs. Those students who had unprotected sex with casual partners were more likely to perceive themselves to be at risk of STDs than other students but, even so, many saw themselves as unlikely to be infected. Those students who had unprotected sex with casual partners were no more likely than other students to see themselves at risk for hepatitis although there was more awareness of the probability of getting hepatitis among injecting drug users.

6.4 Alcohol consumption, injecting drug use and sexual behaviour

New questions on alcohol consumption and injecting drug use were introduced in the 1997 survey. Questions on other illicit drug use were not asked. Drinking was a common practice among the young people in the study. Over three-quarters of Year 10 students and almost 90% of Year 12 students in the 1997 survey drank alcohol. In contrast, injecting drug use was quite uncommon.

The majority of young people in the survey consumed alcohol and the frequency of drinking varied (Table 6.6). Substantial numbers of students drank large amounts of alcohol on the occasions when they did drink (Table 6.7).

A measure of binge drinking was included in the 1997 questionnaire to enable analysis of the association between excessive drinking and unsafe sex. A separate measure of binge drinking was used for female and for male students. These measures are consistent with the NHMRC guidelines (NHMRC 1992). Female students were asked to nominate how many times in the last fortnight had they had three or more drinks on any one occasion. Males were asked to nominate how many times in the last fortnight they had five or more drinks on any one occasion. Many students engaged in regular binge drinking (Table 6.8). A substantial minority, 12% of female and 14% of male students, had engaged in three or more binge drinking episodes in the previous fortnight.

In contrast to alcohol consumption, injecting drug use was infrequent (Table 6.9). Two percent of the young people had ever injected drugs and 1% had injected in the past 12 months. The majority of students who had injected drugs always used a new needle or syringe when they injected (Table A9).

Alcohol consumption or drug use can inhibit the practice of safer sex and make it more difficult to say no to unwanted sex. About one-third of Year 10 students and one-fifth of Year

Table 6.4: Students' reasons for perception of low risk of STDs.
(Students could mark as many as applicable)

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
The STD problem is not as bad as some people think	MALES (%)	2.9	7.5	1.0	2.2	*
	FEMALES (%)	0.4	1.6	0.1	0.5	
I keep away from people who I think might have STD	MALES (%)	14.4	14.2	14.9	12.5	
	FEMALES (%)	5.9	6.6	7.6	5.9	
I am too young to get STD	MALES (%)	5.8	8.2	0.6	1.3	*
	FEMALES (%)	3.5	5.9	1.3	1.1	
I don't share needles and syringes to inject drugs	MALES (%)	65.3	77.7	63.0	75.6	*
	FEMALES (%)	64.1	77.4	58.9	72.7	
I have never had sex	MALES (%)	50.2	59.9	34.8	39.3	
	FEMALES (%)	70.9	75.6	47.8	46.0	
I trust my partner	MALES (%)	16.3	28.5	24.8	31.2	*
	FEMALES (%)	12.1	18.2	24.8	30.3	
I will always use a condom when having sex	MALES (%)	65.2	64.0	62.1	64.6	
	FEMALES (%)	59.6	65.9	63.6	66.2	
I don't inject drugs	MALES (%)	70.0	81.8	64.5	78.6	*
	FEMALES (%)	69.9	79.2	66.4	76.9	
People from my religious background don't get STDs	MALES (%)	NA	5.0	NA	2.6	
	FEMALES (%)	NA	2.3	NA	1.1	
People from my cultural background don't get STDs	MALES (%)	NA	3.4	NA	2.2	
	FEMALES (%)	NA	1.7	NA	0.7	
Other	MALES (%)	9.2	4.0	12.7	7.0	*
	FEMALES (%)	6.9	4.5	14.1	8.2	

Note: N ranges for each sub-group are: 1992 yr 10 males n=359 yr 10 females n=428 yr 12 males n=313 yr12 females n=406; 1997 yr 10 males n=717 yr 10 females n=854, yr 12 males n=675 yr 12 females n=856

12 students had at some stage had sex when they did not want to because they were too drunk or high at the time (Figure 6.1, Table A10). This situation has not changed significantly since 1992.

Alcohol or drug taking partly explains why actual condom use is lower than stated availability of condoms. Twenty percent of sexually active students in 1997 had not used a condom, even though one was available, because they were too drunk or high at the time. A sizeable minority of the students, young women in Year 10 in particular, have not used condoms

because they were too drunk or high. There has been a small but statistically significant increase between 1992 and 1997 in the numbers reporting not using condoms because they were too drunk or high (Figure 6.2, Table A11).

There was an association between binge drinking and having sex for both male and female students. Of the students who binge drank three or more times in the past fortnight, 61% of female students and 64% of male students have had sex. In contrast, of those students who did not binge drink, 18% of female students and 19% of male students have

Table 6.5: Percentage of students believing they were likely or very likely to get any form of hepatitis.

	Year 10 1997	Year 12 1997
MALES (%)	10.8	9.9
FEMALES (%)	12.2	15.5
TOTAL MALES	798	740
TOTAL FEMALES	947	981

Table 6.6: Frequency of having an alcoholic drink of any kind.

		Year 10 1997	Year 12 1997
MALES (%)		N=805	N=756
	Never drink alcohol	20.3	13.6
	Once a month or less	35.9	28.5
	2 to 3 days a month	18.7	19.5
	About one day a week	14.7	21.8
	More than once a week	10.4	16.6
FEMALES (%)		N=965	N=1007
	Never drink alcohol	22.1	11.1
	Once a month or less	42.2	36.4
	2 to 3 days a month	19.0	26.1
	About one day a week	11.0	18.7
	More than once a week	5.7	7.7

had sex. There was a weak relationship between binge drinking and number of sexual partners. Those who drank more tended to have more sexual partners in the previous year. However, there was no association between drinking and condom use. Binge drinking students were just as likely to use condoms as their non-drinking counterparts.

Nevertheless, a small but significant proportion of sexually active students was involved in a risky combination of drinking and sex. Among sexually active students, 13% of male and 14% of female students were binge drinking once a week or more, were having sex with casual partners and using condoms inconsistently or not at all.

6.5 Knowledge and sexual behaviour

Knowledge about STDs was not strongly associated with sexual practices in the 1997 data. As outlined in chapter 3, levels of knowledge about STDs other than HIV/AIDS were generally poor¹. The students who have had sex were only slightly better at recognising which diseases were STDs and which diseases were not than those who had never had sex. The sexually active students scored, on average, only

¹ Two scales were constructed from the STD knowledge questions. The first scale measures STD recognition from a list of diseases (Appendix 1 Question C1). The students were given one point for each correctly identified answer and the maximum score possible on this scale was 18. The second scale measures STD knowledge from a range of questions on STDs (Appendix 1 Question H1) and the maximum score possible on this scale was 11.

Table 6.7: Number of standard drinks consumed on a day that they have an alcoholic drink.

		Year 10 1997	Year 12 1997
MALES (%)	Never drink alcohol	N=801 20.8	N=752 13.7
	1 to 2 drinks	31.4	19.4
	3 to 4 drinks	14.7	14.0
	5 to 6 drinks	11.5	12.9
	7 or more drinks	21.6	40.0
FEMALES (%)	Never drink alcohol	N=963 21.7	N=1005 10.8
	1 to 2 drinks	36.7	24.1
	3 to 4 drinks	17.5	24.2
	5 to 6 drinks	11.5	21.9
	7 or more drinks	12.6	19.0

one point higher on the STD recognition scale than the students who have never had sex (11.60 compared with 10.76). There was a negligible difference between the virgins and the sexually active students in levels of knowledge about specific STDs. The average score for the virgins was 5.27 compared with 5.77 by the sexually active students.

Levels of knowledge about STDs were not associated with condom use among sexually active students either. Students who always use condoms could recognise the same amount of STDs as students who use condoms inconsistently or not at all. Similarly, students had similar levels of knowledge about specific STDs regardless of condom usage.

As outlined previously, knowledge levels about HIV/AIDS were universally high. A reliable scale could not be constructed from the knowledge questions on HIV/AIDS so an analysis of the links between HIV/AIDS knowledge and practice was not carried out.

Figure 6.1
Percentage of sexually active students who have had unwanted sex because they were too drunk or high at the time.

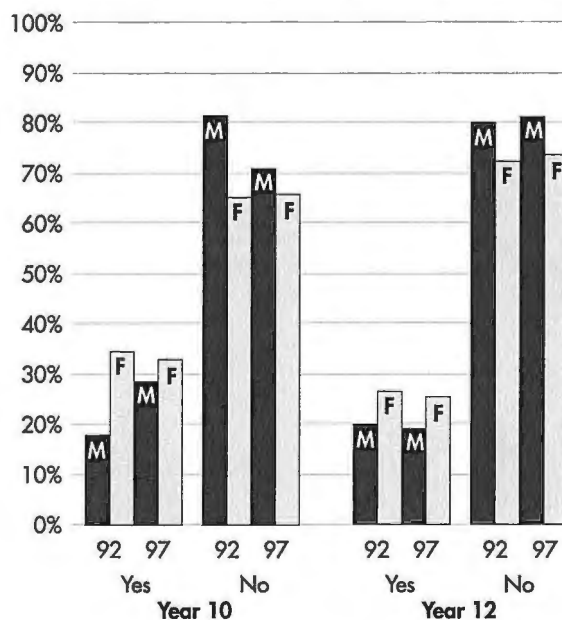


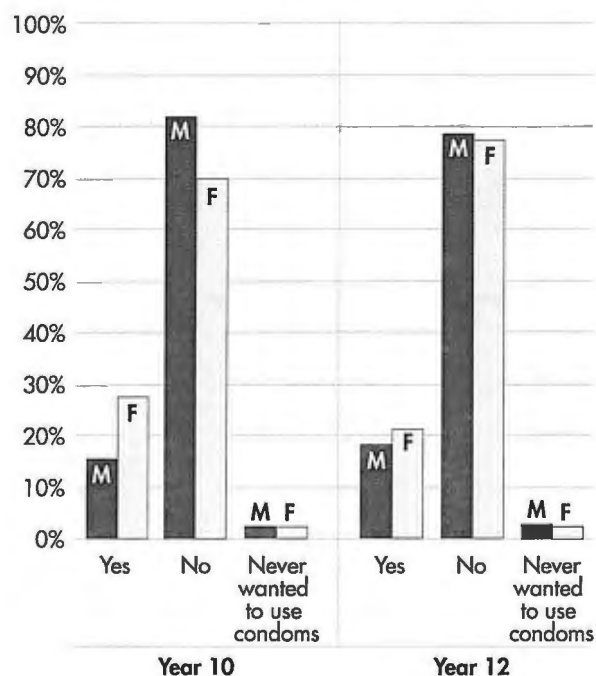
Table 6.8: Number of binge drinking episodes in the previous fortnight.

		Year 10 1997	Year 12 1997
MALES (%)	None	N=802 61.1	N=752 45.4
	Once	17.3	20.8
	Twice	12.3	15.8
	Three or more times	9.2	17.9
FEMALES (%)	None	N=964 56.5	N=1003 41.6
	Once	21.2	24.6
	Twice	12.5	20.5
	Three or more times	9.8	13.3

Table 6.9: Students who reported that they had ever injected drugs.

	Year 10 1997	Year 12 1997
MALES (%)	3.1	1.9
FEMALES (%)	1.5	1.8
TOTAL MALES	802	755
TOTAL FEMALES	960	998

Figure 6.2
Percentage of sexually active students who have not used a condom (even though one was available) because they were too drunk or high at the time.



NEW INFORMATION

- Few of the students had been diagnosed with an STD or hepatitis.
- Substantial numbers of students had never sought advice on HIV/AIDS, other STDs, contraception or hepatitis. For those who had, teachers, other school-based health services and parents were the most common providers of information. Of other health services, GPs were used most often as sources of information.
- Young women were more likely to seek advice than young men, particularly in relation to contraception.

In this chapter we examine rates of HIV antibody testing, STD and hepatitis diagnoses and hepatitis vaccinations. Following this is a discussion of students' sources of advice about HIV, other STDs, contraception and hepatitis.

7.1 Rates of HIV antibody testing

The number of students who have had an HIV antibody test was low (Table 7.1). There has been no significant change in the proportion having HIV tests between 1992 and 1997.

7.2 Experience of STDs and hepatitis

New questions on STD and hepatitis diagnoses were included in the 1997 questionnaire. Few students had been diagnosed with an STD (Table 7.2). Among the 48 students who had been diagnosed with an STD, the most common diagnoses were thrush (n=19), genital warts (n=10) and pubic lice (n=6).

Few students had ever been diagnosed with hepatitis A, B or C (Table 7.3). Large numbers did not know whether they had or had not been vaccinated against the various forms of hepatitis (Table 7.4). The question 'have you ever been vaccinated against hepatitis C' was included in the questionnaire for consistency. As there is no vaccine available for hepatitis C, the number of

students indicating that they had been vaccinated against the disease leads us to suspect that a proportion of answers to these vaccination questions were unreliable. ◀ ◀ ◀

7.3 Sources of advice on HIV/AIDS, STDs, contraception and hepatitis

In the 1997 survey students were asked to indicate what sources they had used for advice on HIV/AIDS, other STDs, contraception and hepatitis. The options available in the questionnaire concentrated on health services, with the addition of parents and teachers. Other sources of advice such as friends, siblings or magazines did not have separate boxes to mark but could be included in the category 'other'.

Table 7.5 shows that many students have never sought advice about HIV/AIDS. For those who had, the major sources were parents and schools. Local doctors or GPs were the next most likely source. Female students were more likely than male students to seek advice about HIV/AIDS but there were few gender or year level differences in sources of advice used.

Many students had never sought advice about other STDs (Table 7.6). Sexually active students were more likely to seek advice about STDs

Table 7.1: Percentage of students who have had an HIV antibody test.

	Year 10		Year 12	
	1992	1997	1992	1997
MALES (%)	2.2	3.0	5.5	5.1
FEMALES (%)	1.9	2.5	3.2	5.8
TOTAL MALES	403	779	353	751
TOTAL FEMALES	501	963	476	1001

Table 7.2: Percentage of students who had been diagnosed with an STD.

	Year 10 1997	Year 12 1997
MALES (%)	1.3	2.4
FEMALES (%)	0.8	2.2
TOTAL MALES	784	754
TOTAL FEMALES	965	1004

than students who had never had sex, 68% of sexually active students sought advice about STDs compared with 53% of students who had never had sex. Again for those who did seek advice, parents and schools were the major sources. Of the specific health services available, GPs were nominated most often. Young women in Year 12 were particularly likely to seek advice from a GP.

Young women were more likely to seek information on contraception than the young men (Table 7.7). This is another indication that young women take more responsibility for contraception than young men. Parents play a large role in providing advice about contraception to their sons and daughters but schools were also a common source of information. Health services were utilised more by young people for contraceptive advice than for advice about STDs, HIV/AIDS or hepatitis. GPs played an important role in provision of information, particularly for young women in Year 12 who were more likely than other

students to use the contraceptive pill. Sexually active students were more likely to seek advice on contraception than other students. Of these students 73% had sought advice about contraception compared to 53% of students who have never had sex.

The lack of awareness about hepatitis noted in chapter 3 is also indicated by the data on seeking advice about hepatitis. The majority of students had never sought advice about hepatitis but for those students who had, parents, schools and GPs were the most common sources of information (Table 7.8).

In sum, many students indicated that they had never sought advice on HIV/AIDS, STDs, contraception or hepatitis. For those who had, schools and parents were the most common providers of information followed by GPs. There is some evidence the students do not seek health advice until it is relevant to them. For example, sexually active students were more likely to seek advice than students who had never had sex.

Table 7.3: Percentage of students who had been diagnosed with hepatitis.

		Year 10 1997	Year 12 1997
MALES (%)	Hepatitis A	1.1	0.8
	Hepatitis B	1.2	0.6
	Hepatitis C	0.5	0.3
	Not sure which type	0.9	0.4
FEMALES (%)	Hepatitis A	0.1	0.1
	Hepatitis B	0.5	0.4
	Hepatitis C	0.3	0.1
	Not sure which type	0.9	0.9

Note: N ranges for each sub-group are: 1997 yr 10 males n=782 yr 10 females n=959, yr 12 males n=749 yr 12 females n=1002

Table 7.4: Percentage of students who had been vaccinated against hepatitis.

		Year 10 1997	Year 12 1997
Vaccinated against Hepatitis A			
MALES (%)	Yes	12.1	8.3
	No	32.4	44.1
	Don't know	55.6	47.7
FEMALES (%)	Yes	7.6	10.0
	No	39.0	46.6
	Don't know	53.4	43.5
Vaccinated against Hepatitis B			
MALES (%)	Yes	16.0	14.7
	No	31.4	40.9
	Don't know	52.6	44.4
FEMALES (%)	Yes	14.4	20.7
	No	35.4	41.4
	Don't know	50.2	37.9
Vaccinated against Hepatitis C			
MALES (%)	Yes	11.4	8.7
	No	33.3	46.0
	Don't know	55.3	45.3
FEMALES (%)	Yes	7.7	9.2
	No	39.0	47.5
	Don't know	53.3	43.3

Note: N ranges for each sub-group are: 1997 yr 10 males n=788-790 yr 10 females n=955-959, yr 12 males n=749-751 yr 12 females n=997-999

Table 7.5: Students' sources of advice about HIV/AIDS.

SOURCE OF ADVICE		Year 10 1997	Year 12 1997
Never sought advice	MALES (%)	47.1	47.9
	FEMALES (%)	37.7	34.6
Local doctor or GP	MALES (%)	7.8	8.6
	FEMALES (%)	8.5	13.5
Specialist/Gynaecologist	MALES (%)	0.5	1.4
	FEMALES (%)	1.0	1.2
Chemist	MALES (%)	5.0	3.6
	FEMALES (%)	3.0	2.6
Community Health Service	MALES (%)	2.6	4.0
	FEMALES (%)	3.8	6.1
Family Planning Clinic	MALES (%)	0.7	1.6
	FEMALES (%)	2.7	5.7
Sexual Health Clinic	MALES (%)	4.0	4.4
	FEMALES (%)	3.8	5.7
Teacher	MALES (%)	26.7	30.0
	FEMALES (%)	28.5	33.1
School Health/Counselling	MALES (%)	11.6	16.5
	FEMALES (%)	13.4	18.7
Parent	MALES (%)	32.7	28.0
	FEMALES (%)	42.2	36.3
Other	MALES (%)	5.0	6.0
	FEMALES (%)	14.4	17.3

Note: N ranges for each sub-group are: 1997 yr 10 males n=755 yr 10 females n=949, yr 12 males n=733 yr 12 females n=991

Table 7.6: Students' sources of advice about STDs other than HIV.

SOURCE OF ADVICE		Year 10 1997	Year 12 1997
Never sought advice	MALES (%)	49.8	47.8
	FEMALES (%)	39.5	34.1
Local doctor or GP	MALES (%)	6.5	8.9
	FEMALES (%)	7.1	16.2
Specialist/Gynaecologist	MALES (%)	0.8	1.2
	FEMALES (%)	1.0	1.8
Chemist	MALES (%)	4.7	4.3
	FEMALES (%)	3.7	2.8
Community Health Service	MALES (%)	2.4	3.1
	FEMALES (%)	2.5	5.8
Family Planning Clinic	MALES (%)	0.5	1.6
	FEMALES (%)	3.2	6.1
Sexual Health Clinic	MALES (%)	3.9	4.5
	FEMALES (%)	3.6	5.6
Teacher	MALES (%)	24.0	27.6
	FEMALES (%)	26.9	28.9
School Health/Counselling	MALES (%)	9.7	16.1
	FEMALES (%)	12.0	16.4
Parent	MALES (%)	30.0	26.7
	FEMALES (%)	40.2	34.1
Other	MALES (%)	4.8	7.3
	FEMALES (%)	13.7	17.4

Note: N ranges for each sub-group are: 1997 yr 10 males n=752, yr 10 females n=947, yr 12 males n=731, yr 12 females n=993

Table 7.7: Students' sources of advice about contraception.

SOURCE OF ADVICE		Year 10 1997	Year 12 1997
Never sought advice	MALES (%)	49.6	49.9
	FEMALES (%)	38.2	27.3
Local doctor or GP	MALES (%)	6.2	8.6
	FEMALES (%)	11.7	30.9
Specialist/Gynaecologist	MALES (%)	0.6	1.1
	FEMALES (%)	1.4	3.2
Chemist	MALES (%)	4.9	7.0
	FEMALES (%)	4.9	6.7
Community Health Service	MALES (%)	2.8	4.2
	FEMALES (%)	3.2	6.1
Family Planning Clinic	MALES (%)	0.8	2.3
	FEMALES (%)	3.2	8.2
Sexual Health Clinic	MALES (%)	2.3	3.7
	FEMALES (%)	3.4	4.2
Teacher	MALES (%)	20.0	18.5
	FEMALES (%)	18.5	16.7
School Health/Counselling	MALES (%)	8.1	12.4
	FEMALES (%)	9.2	13.0
Parent	MALES (%)	31.6	28.1
	FEMALES (%)	40.5	42.2
Other	MALES (%)	5.9	10.0
	FEMALES (%)	18.6	23.7

Note: N ranges for each sub-group are: 1997 yr 10 males n=748 yr 10 females n=947, yr 12 males n=722 yr 12 females n=998

Table 7.8: Students' sources of advice about hepatitis.

SOURCE OF ADVICE		Year 10 1997	Year 12 1997
Never sought advice	MALES (%)	60.3	64.0
	FEMALES (%)	55.3	57.2
Local doctor or GP	MALES (%)	8.4	10.7
	FEMALES (%)	9.6	13.9
Specialist/Gynaecologist	MALES (%)	0.8	1.1
	FEMALES (%)	0.9	0.5
Chemist	MALES (%)	3.3	1.5
	FEMALES (%)	3.1	1.2
Community Health Service	MALES (%)	2.4	2.3
	FEMALES (%)	2.3	2.2
Family Planning Clinic	MALES (%)	0.6	0.8
	FEMALES (%)	1.4	2.2
Sexual Health Clinic	MALES (%)	3.4	1.8
	FEMALES (%)	1.6	2.6
Teacher	MALES (%)	16.0	14.4
	FEMALES (%)	18.0	15.7
School Health/Counselling	MALES (%)	6.6	8.8
	FEMALES (%)	7.2	7.1
Parent	MALES (%)	23.7	17.9
	FEMALES (%)	29.7	24.2
Other	MALES (%)	2.4	3.5
	FEMALES (%)	6.5	6.7

Note: N ranges for each sub-group are: 1997 yr 10 males n=742 yr 10 females n=931, yr 12 males n=716 yr 12 females n=978

▶ ▶ ▶ 8.1 Change between 1992 and 1997

Importantly, this survey shows evidence of a cultural change towards safer sex practices. The use of condoms as protection against pregnancy and sexually transmitted diseases has increased significantly since 1992. In 1997 more students were using condoms when they had sex and they were using them more consistently than their counterparts did five years earlier. Reflecting these changes in practice, more young people in 1997 believed their peers always used condoms too. There has also been a shift between 1992 and 1997 toward having fewer sexual partners.

Although change is occurring in the right direction, many young people continue to put themselves at risk through unprotected sex; 37% use condoms only sometimes and 9% never use them. There has been a small but statistically significant increase between 1992 and 1997 in the numbers reporting not using condoms because they were too drunk or high at the time.

In both 1992 and 1997 most students believed they were unlikely to get HIV or other STDs. But even fewer students in 1997 than in 1992 perceived themselves to be at risk for HIV. It is a concern that more students in 1997 than in 1992 reported inappropriate reasons for believing they were unlikely to get an STD such as trusting their partner, being too young to get an STD, or that the STD problem is not as bad as some people think.

Most students were confident about their ability to communicate about sex in both 1992 and 1997. Most felt they could say no to unwanted sex, that they could talk to a steady partner about condom use and that they could persuade a new sexual partner to use a condom. However,

students in 1997 were more confident than students in 1992 about persuading a new partner to use a condom but were less confident in discussing sexual health with parents.

It was encouraging to find that young people had very high levels of knowledge about the transmission of HIV/AIDS in both 1992 and 1997. Almost all knew that HIV/AIDS could be transmitted sexually or through sharing needles or syringes when injecting drugs and that condoms protect people from HIV. However, in three areas knowledge levels were lower in 1997 than they were in 1992. In 1997 fewer students knew that HIV can not be transmitted by mosquitoes, that a pregnant woman with HIV could infect her baby, or that a person who looks healthy could pass on HIV.

Most students held unprejudiced attitudes toward people living with HIV/AIDS in both 1992 and 1997. There has been a small shift in attitudes between 1992 and 1997 with the students in 1997 being more tolerant.

8.2 New information

The 1997 survey gathered information on contraception, types of sexual partners and sexual attraction for the first time. The most common form of contraception being used in 1997 was condoms. Neither geographic location nor cultural background had an impact on condom usage. Students from Non-English-speaking backgrounds or those living in rural locations were just as likely to use condoms as other students.

The pill was the second most common form of contraception being used. Although the pill is effective as contraception it offers no protection against STDs. The findings suggest that some students are confusing contraception with safe

sex. Forty three percent of young people using the pill believed they were always using protection against STDs. The proportion of students using withdrawal as a method of contraception is also cause for concern. Almost one-fifth of young women in Year 12 and 10% of other students were using withdrawal for contraception.

Younger students and male students were more likely to have sex with casual partners than others. Those young people having multiple partners and casual partners were somewhat more likely to use condoms than other sexually active students. A significant minority of students were not exclusively heterosexual in terms of sexual attraction. Eight percent of Year 10 students and 9% of Year 12 students were unsure who they were attracted to, were attracted to their own sex or were attracted to both sexes.

In the 1997 survey new information was gathered on alcohol consumption and drug use. The majority of young people in the survey consumed alcohol and the frequency of drinking varied. Substantial numbers of students drank large amounts of alcohol on the occasions when they did drink. In contrast injecting drug use was much less common. One percent of the students had injected drugs in the previous year.

There was an association between binge drinking and having sex for both male and female students. Binge drinkers were more likely to have had sex than students who did not binge drink. Being drunk or high may make it more difficult to say no to unwanted sex or to practice safer sex. Of the sexually active students, a quarter have had sex when they did not want to because they were too drunk or high at the time. Moreover, 20% reported not using a condom because they were too drunk or high at the time. A small but significant proportion of sexually active students was involved in a potentially risky combination of drinking and sex. Among sexually active students 13% were binge drinking once a week or more, were having sex with casual partners and using condoms inconsistently or not at all.

New information was also gathered on knowledge about HIV-related diseases. Young people's knowledge about STDs other than HIV was relatively poor. The majority of students correctly recognised genital warts and genital herpes as STDs but recognition of other STDs such as chlamydia, pelvic inflammatory disease, gonorrhoea or syphilis was much poorer. Most students knew that men or women can have STDs without obvious symptoms and that condoms cannot protect against all STDs. However, knowledge about specific STDs (other than HIV) was poor and knowledge about chlamydia, in particular, was lacking. The young people had even poorer knowledge of the different forms of hepatitis or diseases spread through injecting drug use. It appears that few students could differentiate between hepatitis A, hepatitis B or hepatitis C.

Many students indicated that they had never sought advice on HIV/AIDS, other STDs, contraception or hepatitis. For those who had sought advice, teachers, other school-based health services and parents were the most common providers of information, followed by GPs.

8.3 Gender and age differences

This report has documented important age and gender differences in experiences. Not only did the young women have older partners, unlike their male peers, they also had fewer partners in the last 12 months and were less likely to have casual sexual partners. Fewer female students from non-English speaking backgrounds than other students were sexually active.

There were interesting age differences among the female students. Young women in Year 10 were less positive about their sexual experiences than their Year 12 peers, and more likely to have had unwanted sex when drunk or high. Young women in Year 12 were much more likely than their younger counterparts to have a steady sexual partner and to be using the contraceptive pill.

The data suggest that there is a normative expectation that women take responsibility for condom use. Large numbers of students felt that girls alone suggest using a condom and few thought that only boys took this responsibility themselves. Young women were also more likely to seek advice on sexual health issues than the young men.

Young women demonstrated higher levels of knowledge about STDs than their male peers although there were few gender differences in HIV knowledge. Young women were more likely to seek advice about sexual health issues and demonstrated more tolerant attitudes toward people living with HIV.

There were substantial differences between Year 10 and Year 12 students. As would be expected, the Year 12 students were more sexually experienced than the Year 10 students and had higher levels of knowledge about STDs. However, among the sexually active students, young people in Year 10 generally had more sexual partners and were more likely to have casual sexual partners than young people in Year 12. There were also year level differences in contraception use. Year 10 students were more likely to use condoms than Year 12 students whereas Year 12 students were more likely to use the pill than Year 10 students.

8.4 Implications

In conclusion, many of the results of this survey are encouraging. Condom use is slowly becoming the norm and there has been a shift toward safer sexual practices over the last five years. Education programs have been successful to the extent that young people are highly informed about the transmission of HIV/AIDS. However, the survey results also indicate where education should be increased. Knowledge about other STDs and blood-borne viruses is worryingly low and many students see themselves not only as unlikely to be infected with HIV/AIDS, but also with other STDs and hepatitis.

This report has documented substantial differences between young women and young men and we would encourage health educators to address these differences in program development and implementation. For example, young men appear to take less responsibility for condom use than young women and they are less likely to seek sexual health information. Also young women having sex with casual partners still have relatively low levels of condom use.

Fifteen years ago, HIV and AIDS were largely unknown, condom use was uncommon and unlikely to be part of school-based health promotion (Smith, Reichler and Rosenthal 1996). The situation in 1997 provides stark evidence of our ability to deal with emerging public health threats. The remarkable changes in HIV-related knowledge, attitudes, and behaviour, while they must be acknowledged, should not be grounds for complacency. Instead, while maintaining our commitment to HIV/AIDS education programs, we now need to extend our focus to encompass other sexually transmitted and related diseases, most notably HCV.

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Please note that the questionnaire has been reformatted for publishing in this report.

National Survey of Australian Secondary Students

HIV/AIDS and Sexual Health

This survey will be completed by secondary students around Australia. We need to find out what you think about sex, AIDS, HIV infection, other Sexually Transmitted Diseases and Hepatitis. The results will be used to improve health education programs.

You can help by filling out the survey as honestly as you can. Please do not guess the answers to the questions. This is not an exam so it is OK if you do not know the answer to some of the questions.

If you really don't want to answer some of the questions you do not have to.

Do NOT put your name on this questionnaire. This way, no-one will know what you wrote. The questionnaire is anonymous. No individual student can be identified. When you have finished, please put the questionnaire in the envelope provided.

Answer each question by putting a \surd in the appropriate box or boxes as shown here.

For example: Is Australia a good place?

Yes 1

No 2

I'm not sure 3

SECTION A

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

A1. Are you? Male 1

Female 2

A2. How old are you? _____ Years

A3. Which year are you in at school?

Year 10 1

Year 12 2

A4. What country were you born in? _____

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

A6. Are you Aboriginal? Yes 1

No 2

A7. Are you a Torres Strait Islander?

Yes 1

No 2

A8. In what country was your mother born? _____

A9. In what country was your father born? _____

A10. Which language is mainly spoken in your home? _____

SECTION B

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

A person can get some diseases by having sex. These diseases are called STDs (Sexually Transmitted Diseases). HIV is one type of STD. Sometimes HIV is called the AIDS virus. AIDS is the severe illness stage which usually occurs many years after a person is infected with HIV.

Please ✓ one box for each question.

	Yes	No	I'm not sure
B1. Could a person get HIV (the AIDS virus) by sharing a needle and syringe with someone when injecting drugs?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B2. Could a woman get HIV (the AIDS virus) through having sex with a man ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B3. If someone with HIV coughs or sneezes near other people, could they get the virus ?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B4. Could a man get HIV through having sex with a man?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B5. Could a person get HIV from mosquitoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B6. If a woman with HIV is pregnant, could her baby become infected with HIV?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B7. Could a person get HIV by hugging someone who has it?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B8. Does the pill (birth control) protect a woman from HIV infection?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B9. Could a man get HIV through having sex with a woman?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B10. If condoms are used during sex does this help to protect people from getting HIV?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B11. Could someone who looks very healthy pass on HIV infection?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
B12. How likely do you think you are personally to get HIV infection?		Never <input type="checkbox"/> 1	
		Very unlikely <input type="checkbox"/> 2	
		Unlikely <input type="checkbox"/> 3	
		Likely <input type="checkbox"/> 4	
		Very likely <input type="checkbox"/> 5	

If you answered NEVER, VERY UNLIKELY or UNLIKELY to B12, why do you think so? Please ✓ as many reasons as you think apply.

The HIV problem is not as bad as some people think	<input type="checkbox"/> 1
I keep away from people who I think might have HIV	<input type="checkbox"/> 1
I am too young to get HIV	<input type="checkbox"/> 1
I don't share needles and syringes to inject drugs	<input type="checkbox"/> 1
I have never had sex	<input type="checkbox"/> 1
I trust my partner	<input type="checkbox"/> 1
I will always use a condom when having sex	<input type="checkbox"/> 1
I don't inject drugs	<input type="checkbox"/> 1
People from my religious background don't get HIV	<input type="checkbox"/> 1
People from my cultural background don't get HIV	<input type="checkbox"/> 1
Other _____	<input type="checkbox"/> 1

Here are some statements about HIV and AIDS. There are no right or wrong answers. We are only interested in your opinion.

Please ✓ one box for each statement.

	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
B13. I would stop being friends with someone if that person got HIV.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B14. Young people who have HIV should be allowed to stay at school.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B15. People with HIV have only themselves to blame.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
B16. People who have HIV should be allowed to work with young people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

SECTION C

This sections asks what you know about sexually transmitted diseases, diseases that are transmitted by injecting, and Hepatitis.

The following questions are about STDs (Sexually Transmitted Diseases). There are many diseases that are sexually transmitted. Some of them are very rare, while others are common.

Please ✓ one box for each disease.

C1. Which of these diseases are sexually transmitted?

	Yes	No	Don't know
Hepatitis C	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Gonorrhoea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Glandular fever	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Genital herpes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Flu	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Venereal Disease (VD)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Measles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Syphilis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Chicken pox	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
HIV/AIDS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hepatitis B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Chlamydia	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Mumps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Tuberculosis (TB)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

C1. cont...Which of these diseases are sexually transmitted?

Please ✓ one box for each disease

Genital warts (HPV)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Impetigo (school sores)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hepatitis A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Pelvic inflammatory disease (PID)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

Some diseases are transmitted by injecting when sharing needles or other equipment.

C2. Which of the following diseases may be transmitted in this way? Please ✓ one box for each disease.	Yes	No	Don't know
HIV/AIDS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hepatitis A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Mumps	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Tuberculosis (TB)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hepatitis C	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Gonorrhoea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Tetanus	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hepatitis B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Glandular fever	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

C3. How likely do you think you are personally to get any STD?

- Never 1
- Very unlikely 2
- Unlikely 3
- Likely 4
- Very likely 5

If you answered NEVER, VERY UNLIKELY or UNLIKELY to C3, why do you think so?

Please ✓ as many reasons as you think apply.

- The STD problem is not as bad as some people think 1
- I keep away from people who I think might have STD 1
- I am too young to get STD 1
- I don't share needles and syringes to inject drugs 1
- I have never had sex 1
- I trust my partner 1
- I will always use a condom when having sex 1
- I don't inject drugs 1
- People from my religious background don't get STDs 1
- People from my cultural background don't get STDs 1
- Other _____ 1

Hepatitis is an infectious disease which causes inflammation of the liver.

C4. How likely do you think you are personally to get any form of Hepatitis?

- Never 1
- Very unlikely 2
- Unlikely 3
- Likely 4
- Very likely 5

If you answered NEVER, VERY UNLIKELY or UNLIKELY to C4, why do you think so? Please ✓ as many reasons as you think apply.

- | | |
|--|----------------------------|
| The Hepatitis problem is not as bad as some people think | <input type="checkbox"/> 1 |
| I keep away from people who I think might have Hepatitis | <input type="checkbox"/> 1 |
| I am too young to get Hepatitis | <input type="checkbox"/> 1 |
| I don't share needles and syringes to inject drugs | <input type="checkbox"/> 1 |
| I have never had sex | <input type="checkbox"/> 1 |
| I trust my partner | <input type="checkbox"/> 1 |
| I will always use a condom when having sex | <input type="checkbox"/> 1 |
| I don't inject drugs | <input type="checkbox"/> 1 |
| People from my religious background don't get Hepatitis | <input type="checkbox"/> 1 |
| People from my cultural background don't get Hepatitis | <input type="checkbox"/> 1 |
| Other _____ | <input type="checkbox"/> 1 |

SECTION D

This section asks you what you think young people your age are doing and how confident you feel in talking about sex. We now want to ask you some questions about the sexual behaviour of people your own age.

D1. Do you think that people about the same age as you mostly use condoms if they have sex?

- | | |
|-----------------------------|----------------------------|
| I don't think they have sex | <input type="checkbox"/> 1 |
| None use condoms | <input type="checkbox"/> 2 |
| A few do | <input type="checkbox"/> 3 |
| About half do | <input type="checkbox"/> 4 |
| Most of them do | <input type="checkbox"/> 5 |
| All of them do | <input type="checkbox"/> 6 |

D2. For those young people who use condoms when having sex, who do you think mostly suggests using a condom?

- | | |
|--------------|----------------------------|
| Boys | <input type="checkbox"/> 1 |
| Girls | <input type="checkbox"/> 2 |
| Both | <input type="checkbox"/> 3 |
| I don't know | <input type="checkbox"/> 4 |

These questions are about how confident you feel, or think you would feel at some time in the future, when talking to people about sex. Please ✓ one box for each question.

D3. 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?

- | | |
|------------------------------------|----------------------------|
| I would never be in this situation | <input type="checkbox"/> 1 |
| Very confident | <input type="checkbox"/> 2 |
| Confident | <input type="checkbox"/> 3 |
| A little confident | <input type="checkbox"/> 4 |
| Not very confident | <input type="checkbox"/> 5 |
| Not at all confident | <input type="checkbox"/> 6 |

D4. Imagine that you and your boyfriend/ girlfriend have decided to have sex. How confident are you that you could talk to him/her about using a condom?

- I would never be in this situation 1
 Very confident 2
 Confident 3
 A little confident 4
 Not very confident 5
 Not at all confident 6

D5. 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?

- I would never be in this situation 1
 Very confident 2
 Confident 3
 A little confident 4
 Not very confident 5
 Not at all confident 6

D6. How confident are you that you could talk to one of your parents, or an adult who looks after you, about HIV and other STDs?

- Very confident 1
 Confident 2
 A little confident 3
 Not very confident 4
 Not at all confident 5

SECTION E

This section asks you questions about your own personal experiences.

Some people your age have had sex and other people have not had sex. These questions are about your personal experience.

E1. Have you ever had sex? Yes 1
 No 2

E2. How old were you when you first had an experience of.... Please ✓one box for each experience

- | | Under 13 | 13 | 14 | 15 | 16 | 17 | 18 | Never
or over |
|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) kissing passionately on the mouth? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| b) sexual touching? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| c) sex without a condom? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |
| d) sex with a condom? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 |

E3. Which of these statements best describes your sexual feelings at the moment?

- I am attracted only to people of my own sex 1
- I am attracted only to people of the opposite sex 2
- I am attracted to people of both sexes 3
- Not sure 4

E4. How many people have you had sex with in the past year?

- I have not had sex in the past year 1
- 1 person 2
- 2 people 3
- 3 or more people 4
- I have never had sex 5

E5. Have you ever had sex when you didn't want to because you were too drunk or high at the time?

- Yes 1
- No 2
- I have never had sex 3

E6. 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?

- Yes 1
- No 2
- I have never wanted to use a condom 3
- I have never had sex 4

We now wish to ask about different types of sexual partners you may have had. A casual partner is someone you have had sex with once or infrequently. A steady partner is someone with whom you have, or have had, an ongoing sexual relationship.

E7. How many casual partners have you had sex with in the last 12 months?

- None 1
- 1 person 2
- 2 people 3
- 3 or more people 4
- I have never had sex 5

E8. When you had sex with casual partners in the last 12 months, how often were condoms used?

- I didn't have sex with casual partners 1
- Always used condoms 2
- Sometimes used condoms 3
- Never used condoms 4
- I have never had sex 5

E9. How many steady partners have you had sex with in the last 12 months?

- None 1
- 1 person 2
- 2 people 3
- 3 or more people 4
- I have never had sex 5

E10. When you had sex with steady partners in the last 12 months, how often were condoms used?

- I didn't have sex with steady partners 1
- Always used condoms 2
- Sometimes used condoms 3
- Never used condoms 4
- I have never had sex 5

If you have never had sex, please go to Question F5.

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

E11. Was the last person you had sex with...

- Someone you had just met
for the first time? 1
- Someone you had known for a while,
but had not had sex with before? 2
- Your current steady girlfriend/boyfriend? 3

E12. How old was the last person you had sex with?

- under 16 years old 1
- 16-17 years old 2
- 18-19 years old 3
- 20-24 years old 4
- 25-29 years old 5
- over 30 years old 6
- Not Sure 7

E13. When did you last have sex with this partner?

- In the last week 1
- 1-3 weeks ago 2
- 1-3 months ago 3
- 4-6 months ago 4
- 7-12 months ago 5
- over 12 months ago 6

E14. How did you feel after the last time you had sex? Please ✓ as many as you think apply.

- good 1
- upset 1
- O.K. 1
- guilty 1
- happy 1
- used 1
- fantastic 1
- worried 1
- loved 1
- Other _____ 1

E15. The last time you had sex, did you and your partner talk about...

- a) Avoiding pregnancy? Yes 1 No 2
- b) Avoiding HIV infection? Yes 1 No 2
- c) Avoiding other STD infections? Yes 1 No 2
- d) How to get sexual pleasure without intercourse? Yes 1 No 2
- e) Using a condom? Yes 1 No 2

E16. Were you drunk or high last time you had sex? Yes 1 No 2

E17. Did you or your partner have a condom? Yes 1 No 2

E18. Was a condom used? Yes 1 No 2

If not, why not? _____

SECTION F

This section asks you about contraception and protection against sexually transmitted diseases.

F1. How often, if ever, do you use any form of protection against pregnancy (contraception)?

- Always 1
- Sometimes 2
- Very rarely 3
- Never 4

F2. How often, if ever, do you use any form of protection against sexually transmitted diseases?

- Always 1
- Sometimes 2
- Very rarely 3
- Never 4

F3. Which, if any, forms of contraception are you or your partner(s) currently using? Please ✓ as many that apply.

- The pill 1
- IUD 1
- Diaphragm 1
- The morning after pill 1

- Withdrawal 1
- Rhythm Method 1
- Condom 1
- None 1
- Other _____ 1
- No current partner 1

F4. Which, if any, forms of contraception have you or your partner(s) used in the past?

Please ✓ as many that apply.

- The pill 1
- IUD 1
- Diaphragm 1
- The morning after pill 1
- Withdrawal 1
- Rhythm Method 1
- Condom 1
- None 1
- Other _____ 1

Everyone please answer this question.

F5. Which of the following, if any, have you ever used for advice about contraception?

Please ✓ as many that apply.

- Never sought advice 1
- Local doctor or GP 1
- Specialist/Gynaecologist 1
- Chemist 1
- Community Health Service 1
- Family Planning Clinic 1
- Sexual Health Clinic 1
- Teacher 1
- School Health/Counselling 1
- Parent 1
- Other _____ 1

SECTION G

This section asks you questions about drinking and drug taking.

G1. How often do you have an alcoholic drink of any kind?

- Never drink alcohol 1
- Less than once a month 2
- About 1 day a month 3
- 2 to 3 days a month 4
- About 1 day a week 5

- 2-3 days a week 6
 4-6 days a week 7
 Every day 8

G2. On a day that you have an alcoholic drink, how many standard drinks do you usually have?

(A standard "drink" is a small glass of wine or a middy of beer, a nip of spirits or a mixed drink).

- Never drink alcohol 1
 1 to 2 drinks 2
 3 to 4 drinks 3
 5 to 6 drinks 4
 7 to 8 drinks 5
 9 to 12 drinks 6
 13 or more drinks 7

Only females to answer this question.

G3. Think back over the last two weeks. How many times have you had three or more drinks on any one occasion?

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

Only males to answer this question.

G4. Think back over the last two weeks. How many times have you had five or more drinks on any one occasion?

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

The next questions are about using needles for non-medicinal purposes.

G5. Have you ever used a needle to inject drugs? (eg speed, steroids)

- Yes 1
 No 2

G6. How old were you when you first injected drugs?

_____ years old

I have never injected drugs 00

G7. When you injected drugs did you use a new needle and syringe that no one had used before?

- Yes, always 1
- Yes, sometimes 2
- No 3
- I have never injected drugs 4

G8. During the past 12 months, have you ever used needles to inject drugs?

- Yes 1
- No 2
- I have never injected drugs 3

SECTION H

This section asks you questions about what you know about sexually transmitted diseases and hepatitis and your personal experiences of sexually transmitted diseases and hepatitis.

H1. The following are statements about sexually transmitted diseases and hepatitis. Please ✓ a box for each question to show whether you think the statement is true or not

	True	False	Don't know
A man can have a sexually transmitted disease without any obvious symptoms.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
A woman can have a sexually transmitted disease without any obvious symptoms.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Apart from HIV, all sexually transmitted diseases can be cured.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Chlamydia is a sexually transmitted disease that affects only women.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Chlamydia can lead to sterility among women.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hepatitis C has no long term effects on your health.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Once a person has caught genital herpes, then they will always have the virus.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
People who always use condoms are safe from all STDs.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
It is possible to be vaccinated against Hepatitis A.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
It is possible to be vaccinated against Hepatitis B.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

	True	False	Don't know
Please ✓ a box for each question to show whether you think the statement is true or not.			
It is possible to be vaccinated against Hepatitis C.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
People who have injected drugs are not at risk for Hepatitis C.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hepatitis C can be transmitted by tattooing and body piercing.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Hepatitis B can be transmitted sexually.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Gonorrhoea can be transmitted during oral sex.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Genital warts can only be spread by intercourse.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
The Human Immunodeficiency Virus (HIV) only infects gay men and injecting drug users.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
Cold sores and genital herpes can be caused by the same virus.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

The following questions are about your personal experiences.

H2. Have you ever been diagnosed with an STD?

Yes 1

No 2 If yes, which STDs? _____

Yes No Don't know

H3. Have you ever been vaccinated against Hepatitis A?

1 2 3

H4. Have you ever been vaccinated against Hepatitis B?

1 2 3

H5. Have you ever been vaccinated against Hepatitis C?

1 2 3

H6. Have you ever been diagnosed with Hepatitis?

1 2

If yes, was it

Hepatitis A 1

Hepatitis B 1

Hepatitis C 1

Don't know 1

H7. Have you ever had an HIV antibody test? (The test that tells whether a person is infected with HIV)?

Yes 1

No 2

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

Everyone please answer these final questions.

H8. Which of the following, if any, have you ever used for advice about HIV/AIDS? Please \checkmark as many that apply.

Never sought advice 1

Local doctor or GP 1

Specialist/Gynaecologist 1

Chemist 1

Community Health Service 1

Family Planning Clinic 1

Sexual Health Clinic 1

Teacher 1

School Health/Counselling 1

Parent 1

Other _____ 1

H9. Which of the following, if any, have you ever used for advice about other sexually transmitted diseases?

Please \checkmark as many that apply.

Never sought advice 1

Local doctor or GP 1

Specialist/Gynaecologist 1

Chemist 1

- Community Health Service 1
- Family Planning Clinic 1
- Sexual Health Clinic 1
- Teacher 1
- School Health/Counselling 1
- Parent 1
- Other _____ 1

H10. Which of the following, if any, have you ever used for advice about Hepatitis? Please \surd as many that apply.

- Never sought advice 1
- Local doctor or GP 1
- Specialist/Gynaecologist 1
- Chemist 1
- Community Health Service 1
- Family Planning Clinic 1
- Sexual Health Clinic 1
- Teacher 1
- School Health/Counselling 1
- Parent 1
- Other _____ 1

YOU HAVE NOW COMPLETED THE SURVEY.

PLEASE PUT IT IN THE ENVELOPE PROVIDED, AND THEN SEAL THE ENVELOPE.

THANK YOU

significance test results for change

between 1992 and 1997

Table A1: Significance test results for change between 1992 and 1997: Significant results only.

Table No.	Item No.	F Value	F Degrees of Freedom	Probability of F
4.1	5	25.84	1, 182	< 0.001
	6	23.93	1, 182	< 0.001
	11	15.08	1, 182	< 0.001
4.6	1	9.43	1, 174	0.002
4.7	1	20.05	1, 174	< 0.001
5.1	3	4.78	1, 182	0.03
5.4	1	44.60	1, 180	< 0.001
5.13	1	24.16	1, 176	< 0.001
	4	3.91	1, 176	0.05
5.15	1	9.23	1, 176	0.002
5.16	1	5.18	1, 176	0.02
5.17	1	5.29	1, 182	0.02
5.21	1	6.59	1, 182	0.01
5.22	1	13.38	1, 182	< 0.001
6.1	1	11.04	1, 181	0.001
6.2	1	21.50	1, 182	< 0.001
	4	106.15	1, 182	< 0.001
	8	51.62	1, 182	< 0.001
6.4	1	13.89	1, 182	< 0.001
	3	4.18	1, 182	0.04
	4	72.00	1, 182	< 0.001
	6	25.62	1, 182	< 0.001
	8	55.38	1, 182	< 0.001
	11	24.51	1, 182	< 0.001
A5	1	15.29	1, 177	< 0.001
A11	1	85.43	1, 180	< 0.001

APPENDIX 3

Table A2: Percentage of students who have ever had sex (Data from Figure 5.1).

	Year 10		Year 12	
	1992	1997	1992	1997
MALES (%)	26.5	23.4	49.4	47.4
FEMALES (%)	20.8	16.6	47.1	48.1
TOTAL MALES N=	399	812	348	754
TOTAL FEMALES N=	501	965	475	1008

Table A3: Percentage of students who have ever had sex: English and non-English speaking background (Data from Figure 5.2).

	English speaking 1997	NESB 1997
MALES (%)	34.8	34.1
FEMALES (%)	34.3	18.8
TOTAL MALES N=	1359	188
TOTAL FEMALES N=	1766	205

Table A4: Percentage of sexually active students who had sex with a casual partner in the previous year (Data from Figure 5.3).

	Rural		Urban	
	1992	1997	1992	1997
MALES (%)	29.3	38.6	38.6	33.5
FEMALES (%)	33.4	40.0	33.6	30.5
TOTAL MALES N=	119	444	628	1122
TOTAL FEMALES N=	198	456	778	1517

Table A5: Frequency of sexually active students' condom use in the previous year (Data from Figure 5.4).

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	Always	N=91 60.3	N=165 73.6	N=160 52.9	N=309 56.4	
	Sometimes	28.1	22.1	32.7	36.8	
	Never	11.6	4.4	14.3	6.8	
FEMALES (%)	Always	N=92 41.0	N=144 55.3	N=211 28.6	N=425 44.0	
	Sometimes	43.4	39.7	55.4	47.5	
	Never	15.6	5.0	16.1	8.5	

The significance test was undertaken by comparing the students always using condoms with those who did not.

Table A6: Percentage of sexually active students who had sex with a casual partner by condom use in the previous year (Data from Figure 5.5).

		Year 10	Year 12
		1997	1997
MALES (%)	Always	N=153 76.4	N=245 63.2
	Sometimes	18.9	26.2
	Never	4.7	10.6
FEMALES (%)	Always	N=110 55.3	N=216 52.2
	Sometimes	32.3	33.8
	Never	12.5	14.1

Table A7: Percentage of sexually active students who had sex with a steady partner by condom use in the previous year (Data from Figure 5.6).

		Year 10	Year 12
		1997	1997
MALES (%)	Always	N=139 76.1	N=251 56.1
	Sometimes	18.8	33.7
	Never	5.2	10.2
FEMALES (%)	Always	N=120 58.1	N=391 44.9
	Sometimes	32.7	42.2
	Never	9.2	12.9

Table A8: Sexually active students' reasons for not using a condom the last time they had sex.

		Year 10 1997	Year 12 1997
Trust/steady partner/first sexual partner	MALES (%)	0.0	9.0
	FEMALES (%)	7.3	12.8
On the pill	MALES (%)	4.2	24.7
	FEMALES (%)	9.8	25.5
Other contraception	MALES (%)	0.0	3.1
	FEMALES (%)	0.9	3.3
Too drunk or high	MALES (%)	16.8	4.1
	FEMALES (%)	14.5	3.5
Too turned on to think	MALES (%)	3.1	1.2
	FEMALES (%)	3.1	4.5
Tested for STD's or HIV	MALES (%)	0.0	5.2
	FEMALES (%)	3.4	7.9
Partner didn't want to	MALES (%)	4.6	1.3
	FEMALES (%)	4.2	1.4
I don't like them	MALES (%)	4.2	6.8
	FEMALES (%)	12.4	1.7
We don't like them	MALES (%)	5.7	2.0
	FEMALES (%)	0.0	0.9
Didn't have one/couldn't get one	MALES (%)	8.8	17.8
	FEMALES (%)	16.8	17.9
Don't know/just happened	MALES (%)	33.3	4.6
	FEMALES (%)	14.4	5.9
Perceived low risk	MALES (%)	4.2	5.4
	FEMALES (%)	3.0	6.5
No control over situation	MALES (%)	0.0	1.5
	FEMALES (%)	3.0	1.4
Forgot	MALES (%)	0.0	4.0
	FEMALES (%)	0.0	1.3
Didn't want to	MALES (%)	4.2	3.6
	FEMALES (%)	0.0	3.9
Feels better without	MALES (%)	11.0	1.7
	FEMALES (%)	3.0	0.1
Not convenient	MALES (%)	0.0	1.4
	FEMALES (%)	4.2	1.3
Other reason	MALES (%)	0.0	2.6
	FEMALES (%)	0.0	0.2

Note: N ranges for each sub-group are: 1997 yr 10 males n=24 yr 10 females n=33, yr 12 males n=85 yr 12 females n=170

Table A9: Students who have ever injected drugs and reported frequency of using new needles and syringes.

		Year 10 1997	Year 12 1997
MALES (%)	Yes, always	N=25 84.3	N=14 85.0
	Yes, sometimes	8.7	7.2
	No	7.0	7.8
FEMALES (%)	Yes, always	N=15 75.3	N=18 83.1
	Yes, sometimes	6.7	16.9
	No	18.0	0.0

Caution should be taken in interpreting the data presented in this table as the percentages are based on small numbers of students.

Table A10: Sexually active students who have had unwanted sex because they were too drunk or high at the time (Data from Figure 6.1).

		Year 10		Year 12	
		1992	1997	1992	1997
MALES (%)	Yes	N=103 18.8	N=187 28.9	N=171 20.0	N=355 17.1
	No	81.2	71.1	80.0	80.9
FEMALES (%)	Yes	N=103 34.6	N=159 34.0	N=223 26.8	N=484 25.4
	No	65.4	66.0	73.2	74.6

Table A11: Sexually active students who have not used a condom (even though one was available) because they were too drunk or high at the time (Data from Figure 6.2).

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	Yes	N=101 14.4	N=186 15.6	N=171 17.1	N=356 17.9	
	No	85.6	81.7	81.6	78.4	
	I have never wanted to use a condom	0.0	2.7	1.3	3.7	
FEMALES (%)	Yes	N=103 23.1	N=157 27.4	N=222 19.2	N=482 20.8	
	No	74.7	70.1	78.1	76.9	
	I have never wanted to use a condom	2.2	2.6	2.6	2.3	

The significance test was undertaken by comparing the students answering yes with those who did not.

ERRATUM

Corrected versions of tables 5.6, 5.7 and A5 are reported below. Reporting of these findings in the text of the report is unchanged.

Table 5.6: Sexually active students' condom use: English and non-English speaking backgrounds.

		English speaking 1997	NESB 1997
MALES (%)	Always	N=428 62.6	N=57 59.4
	Sometimes	29.7	32.9
	Never	7.7	7.7
FEMALES (%)	Always	N=570 46.8	N=33 40.7
	Sometimes	42.9	43.7
	Never	10.2	15.6

Table 5.7: Sexually active students' condom use: Rural and urban youth.

		Rural 1997	Urban 1997
MALES (%)	Always	N=155 60.6	N=339 62.8
	Sometimes	31.5	29.8
	Never	7.9	7.4
FEMALES (%)	Always	N=173 40.1	N=430 49.0
	Sometimes	48.6	40.7
	Never	11.3	10.2

Table A5: Frequency of sexually active students' condom use in the previous year (Data from Figure 5.4).

		Year 10		Year 12		Sig
		1992	1997	1992	1997	
MALES (%)	Always	N=91 60.3	N=171 74.0	N=160 52.9	N=324 55.8	
	Sometimes	28.1	21.2	32.7	35.2	
	Never	11.6	4.7	14.3	9.0	
FEMALES (%)	Always	N=92 41.0	N=150 53.3	N=211 28.6	N=453 44.2	
	Sometimes	43.4	38.2	55.4	44.6	
	Never	15.6	8.5	16.1	11.2	

The significance test was undertaken by comparing the number of students always using condoms with those who did not.

SECONDARY STUDENTS, HIV/AIDS and Sexual Health

This survey of secondary students, HIV/AIDS and sexual health was conducted with students in years 10 and 12 at Australian government schools in 1997.

It provides the first nationally representative comparative data on knowledge, attitudes and practices concerning HIV/AIDS and related diseases. The study, which followed up and extended a study done by the

National Centre in HIV Social Research in 1992, uniquely documents changes over time at a national level in young people's knowledge, attitudes and practices in the area.

The study was carried out by the Centre for the Study of Sexually Transmissible Diseases which is within the Faculty of Health Sciences at La Trobe University and host to part of the National Centre in HIV Social Research. The Centre conducts multidisciplinary research into social and behavioural aspects of sexually transmissible diseases, their prevention and their consequences.

The Centre's research program has been designed in consultation with the community and is conducted in collaboration with a wide range of population groups. There is a particular focus on the impact of gender, culture, and social and economic circumstances on sexuality and STD prevention among young people.

