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Secondary Students and Sexual Health 2008

Results of the 4th National Survey of Australian Secondary Students, HIV/ AIDS and Sexual Health

Anthony Smith, Paul Agius, Anne Mitchell, Catherine Barrett and Marian Pitts

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

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

Unwanted sex	31
Sex that resulted in a pregnancy	32
The most recent sexual encounter	33
Age of partner	33
Sex of partner	34
Sex-related issues discussed	35
Location of last sexual encounter	36
Condom use	37
Drunk or high at last sexual encounter	38
Unwanted sex	39
Feelings after sex	39
Contraception	41
Peer sexual behaviour	43
Confidence in communication about sex	44
2008 and 2002 comparison	45
Chapter 6: Health Status	48
Now	49
General Health	49
Sexually transmissible infections and blood-borne viruses	49
Hepatitis vaccination	51
Risk perceptions	52
Alcohol and injecting drug use	54
Sources of information	57
2008 and 2002 comparison	59
New information	60
Marijuana use	60
Cervical cancer vaccination	61
Chapter 7: Conclusion	62
References	63
Appendix: The questionnaire and information sheet	66

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

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

Knowledge

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

Behaviour

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

• A considerable proportion of sexually active students have sex with three or more people in a year, and this proportion had increased significantly in 2008. Between 2002 and 2008 surveys the proportion of students reporting three or more sexual partners increased from 20% to 30%.

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

Health

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

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

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

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

The third iteration of the survey tapped into other concerns. In particular, available evidence suggested that the age of first sexual experience had been declining for some decades⁵ as had been reflected in the previous surveys.⁶ One of the emerging issues was the apparent increase in oral sex that was occurring outside the context of a sexual encounter involving sexual intercourse.^{5, 6} As was the case in the 1997 survey, contraceptive use was explored once more and the range of topics extended to include pregnancy.⁷

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

Continuing themes include young people's sexual behaviour and condom use¹⁰ and the apparent increase in sexual partner numbers.¹⁰ Particular concerns exist around drug and alcohol use¹¹⁻¹⁶, most particularly around the nexus between alcohol and drug use and unwanted sexual activity.^{10, 11, 15, 16}

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

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

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people, in the main, manage their sexual health very well. They generally make good decisions about their sexual behaviour. If they are sexually active, they generally participate in safe sexual encounters about which they are largely pleased and well informed.

It is important that policy makers and educators drawing on these data for future work are mindful of this conclusion. School programs which are currently in place are working well and valued by students; support given to young people to make their own decisions is well rewarded. Teachers and parents generally appear to be addressing this frequently challenging area with some success.

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Questionnaire

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

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

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

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

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

Sampling method and participation rates

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

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

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

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

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

Survey administration

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

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

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

Data management and analysis

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

undertaken 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 2008 data, analysed by gender and year level. In addition, change over time was measured by comparing 2008 data with data collected in the 2002 survey. Data analysis was performed using the STATA 10.1 statistical package.¹⁷

Analyses were carried out to detect whether the changes between 2002 and 2008 surveys were statistically significant at the p < .05 level. Thus, use of the term 'significant' or 'statistically significant' in this report implies that such testing was undertaken to assess change. Unlike the 2002 study where change over time analyses were conducted only for students from Government schools (as data prior to 2002 were from the Government sector only), time comparisons between 2002 and 2008 data included schools from Government, Catholic and Independent school sectors. In most cases analyses of data by survey administration involved categorical comparisons (using survey administration as an independent variable), but where linear trends were identified in data over time, survey administration was treated as an interval level variable. For the purposes of change over time testing neither age, gender or State/ Territory differences were taken into account.

In all four surveys, samples were defined as cluster samples, in that participants were selected by class rather than randomly across the year level. Significance testing between survey administrations took this sample clustering into account.

Unit weighted composite scales were computed to measure student knowledge of HIV/AIDS, STIs, hepatitis, HPV and cervical cancer (Chapter 4). For infection knowledge measures, students' correct answers to true/false questions were aggregated to derive knowledge scores, with higher scores indicating better knowledge. The SF-36 general health single item measure was used to score students for self-reported general health.¹⁸

Demographic characteristics of the sample

Table 3.1 shows the sample sizes and response rates achieved in each state and territory. As was the case in 1992, 1997 and 2002 studies, more female than male students participated in the 2008 survey (Table 3.2). One postulated reason for the gender difference in participation is that female students are more reliable in returning permission forms to school than male students and are therefore more likely to be permitted to undertake the survey.

The large majority of students (90%) surveyed in 2008 were born in Australia (Table 3.3), and for most (91%) English was the main language spoken at home. Students born overseas reported, on average, that they had been living in Australia for 6 years. Three percent of the sample was either Aboriginal or Torres Strait Islanders (Table 3.4), and a considerable minority (34%) had either a mother or father who had been born overseas.

The sample was comprised of considerably more Year 10 students (83%) than Year 12 students (17%), with the median age of Year 10 and Year 12 students 15 and 17 respectively. It should be noted that the

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

State	Total number of schools	Achieved sample Size	Response rate (%)	
ACT	c.	110	22.2	
ACT	5	110	33.3	
NSW	33	890	31.7	
NT	5	57	45.5	
QLD	18	413	20.2	
SA	9	229	18.0	
TAS	6	249	37.5	
VIC	20	449	20.8	
WA	9	529	30.0	
Total	105	2926	25.5	

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

T.I.I. 2.2.C			1007 2002	(0,0)
Table 3.2 Gender and	year level compo	osition: 1992, 1	1997, 2002 and	2008 samples (%).

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

Table 3.3 Stud	ents and parents	country of birth	(%).
----------------	------------------	------------------	------

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

continued...

Country Student Mother Father 8.4 United Kingdom Male 1.3 8.4 1.2 5.1 5.5 Female Total 1.2 6.2 6.5 0.9 3.8 Europe & Middle East Male 6.1 2.0 6.4 7.1 Female Total 1.6 5.5 6.8 Vietnam Male 0.1 1.8 2.0 Female 0.2 1.0 1.0 Total 0.2 1.3 1.4 Other Asia & Pacific 9.8 8.2 Male 4.4 3.8 6.5 5.5 Female Total 4.0 7.6 6.5 America Male 0.3 0.4 0.8 Female 0.3 0.9 1.1 Total 0.3 0.7 1.0 Africa 3.0 3.5 2.6 Male Female 1.4 1.7 2.5 Total 2.3 2.5 2.0 Total males 1032 1000 1001 Total females 1880 1864 1851

Table 3.3 continued

Table 3.4 Aboriginal and Torres Strait Islander (TSI) students (%).

Aboriginal & TSI	Male	2.5
	Female	2.7
	Total	2.6
	Total males	979
	Total females	1805

Limitations of the survey

The National Schools Survey provides data relating to knowledge and practices of young people in relation to HIV/AIDS, STIs and related diseases. The survey is most useful for examining broad

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patterns in behaviour and knowledge, and how these have changed over time. Prior to the 2002 survey, data had been collected from Government schools only and to avoid sector bias, change over time comparisons performed as part of the 2002 study were constrained to the Government sector only. The 2008 National Schools Survey marks the second time all school sectors – Government, Catholic and Independent – have been represented in the data and enables time comparisons between 2002 and 2008 studies to include all school sectors thus improving the inferential power of the study. There are, however, some limitations to this research.

Compared with the rates achieved in prior administrations, the response rate for this survey was considerably lower (26%) and marks a steady decline in participation since the inception of the study in 1992. As was the case in 2002, both increases in demand for student participation in research and the workloads of those appointed at the school level to administer the survey were thought to adversely affect school and student participation in the study. Staff turnover at schools was also identified as a factor that made communication with schools during the implementation of the survey more difficult and may also have impacted negatively on school participation. Although Year 12 students represent a smaller proportion of national secondary enrolments compared to those in year 10, they were nonetheless significantly under represented in the 2008 study (17% vs. 83%) compared to previous surveys. Anecdotally, factors contributing to this under representation were thought to be the increased study demands placed on students at this year level and the prolonged 'in the field' phase of the study which meant most year 12 students had left regular classes to study for exams towards the end of data collection – leaving only year 10 students as available study participants. A later than planned entry into the field due to delays in securing funding for the project and the increasingly burdensome clearance requirements of the State and Territory education authorities also affected recruitment of year 12's to the study by reducing the data collection window for this group. As mentioned earlier, the data were weighted for student year level in order to remove any effects this sampling bias might impart with respect to total sample estimates.

Despite consenting to the survey and receiving information packs, a considerable number of schools (21 of the 126 consenting schools) were unable to successfully administer the survey. Schools either lost contact with research staff working on the project - despite repeated attempts by researchers to engage them in the study – or simply failed to administer surveys due to poor student/parental consent or difficulties associated with scheduling the survey.

Non-response can affect survey results systematically when the nature of research discourages participation of particular groups of people for personal and/or cultural reasons. In terms of this survey, the requirement of parental consent may have excluded some students with parents with limited English literacy skills, and those from communities where parental permission forms are not culturally appropriate. Also, students with parents who object to research on sexual health for religious or cultural reasons may have been less likely to participate and this also may have affected students belonging to schools with similar cultural or religious orientation where school level consent was not achieved. For those who did participate in the research, the questionnaire favoured students with good English literacy skills and those who could complete a relatively complex set of questions in a relatively short period of time in an examination style setting.

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Key findings

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

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Knowledge about HIV transmission

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

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

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

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

continued...

Table 4.1 continued

		Yea	r 10	Year 12		Total	
Knowledge Item		2002	2008	2002	2008	2002	2008
5. Could a person get HIV from mosquitoes?	Males	38.6	35.4	37.3	34.8	38.1	35.2
5. Could a person get III v from mosquitoes.	Females	42.8	37.7	42.5	35.4	42.7	36.7
	Total	41.0	36.8	40.2	35.2	40.7	36.1
6. If a woman with HIV is pregnant, could	Males	67.9	72.0	75.2	79.9	71.0	75.2
her baby become infected with HIV?	Females	73.7	83.6	85.3	87.7	78.7	85.5
	Total	71.2	79.3	81.0	85.2	75.3	81.8
7. Could a person get HIV by hugging	Males	95.6	97.0	97.5	96.3	96.4	96.7
someone who has it?	Females	98.6	97.5	99.5	99.4	99.0	98.3
	Total	97.3	97.3	98.6	98.4	97.8	97.8
8. Does the pill (birth control) protect	Males	85.4	89.3	89.9	93.6	87.3	91.0
a woman from HIV infection?	Females	89.8	90.4	94.3	98.0	91.7	93.8
	Total	87.9	90.0	92.4	96.6	89.8	92.8
9. Could a man get HIV through having	Males	86.6	92.8	89.6	93.5	87.9	93.1
sex with a woman?	Females	90.3	92.2	88.2	93.7	89.4	92.9
	Total	88.7	92.4	88.8	93.6	88.7	93.0
10. If condoms are used during sex does this	Males	88.6	90.8	91.8	93.2	90.0	91.7
help to protect people from getting HIV?	Females	86.0	82.8	91.4	91.1	88.3	86.6
	Total	87.2	85.8	91.6	91.8	89.0	88.4
11. Could someone who looks very	Males	80.3	82.2	79.5	76.0	80.0	79.8
healthy pass on HIV infection?	Females	83.4	83.7	90.0	85.8	86.2	84.6
	Total	82.1	83.1	85.4	82.6	83.5	82.9

Table 4.2 Students' mean HIV transmission knowledge score.

	Yea	Year 10		nr 12	Total		
	2002	2008	2002	2008	2002	2008	
Males	9.0	9.1	9.4	9.4	9.2	9.3	
Females	9.3	9.2	9.7	9.6	9.2	9.4	
Total	9.2	9.2	9.5	9.5	9.3	9.3	

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Knowledge about STI transmission

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

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

8 8		8	1				
		Yea	nr 10	Yea	r 12	Total	
Knowledge Item		2002	2008	2002	2008	2002	2008
1. A man can have a sexually transmissible	Males	69.4	88.4	81.4	89.5	74.6	88.9
infection without any obvious symptoms.	Females	82.7	89.9	87.7	95.0	84.8	92.2
	Total	77.0	89.3	85.0	93.3	80.4	91.0
2. A woman can have a sexually transmissible	Males	69.7	87.7	80.1	87.4	74.1	87.6
infection without any obvious symptoms.	Females	83.9	89.5	89.8	94.8	86.4	91.9
	Total	77.7	88.8	85.6	92.4	81.1	90.4
3. Apart from HIV, all sexually transmissible	Males	52.6	58.9	61.9	56.1	56.5	57.7
infections can be cured.	Females	61.2	58.5	71.3	65.0	65.5	61.5
	Total	57.5	58.7	67.3	62.1	61.6	60.2
4. Chlamydia is a sexually transmissible	Males	13.7	38.1	17.2	39.6	15.2	38.7
infection that affects only women.	Females	15.6	44.6	28.6	60.9	21.1	52.1
	Total	14.8	42.2	23.7	54.1	18.5	47.4

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

continued...

Table 4.3 continued

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

Table 4.4 Students' mean STI knowledge score.

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

Knowledge about hepatitis

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

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received such a vaccination). Just under a third of the sample knew that hepatitis C could be transmitted by sharing razors and toothbrushes and over half (55%) incorrectly believed all people with the disease could be cured. More than half of the students (57%) also knew that hepatitis C can be transmitted from tattooing and body piercing, that hepatitis B can be sexually transmitted (59%), that hepatitis C can have long term health effects (56%) and that it is possible to be vaccinated for hepatitis A (56%). Students were most knowledgeable in relation to hepatitis B vaccination and the risk injecting drugs poses in terms of hepatitis C infection. Of the students surveyed, almost three quarters knew that people that inject drugs are at greater risk of hepatitis C infection and that a vaccination does exist for hepatitis B.

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

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

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

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

Table 4.5 continued

		Yea	r 10	Yea	r 12	То	otal
		2002	2008	2002	2008	2002	2008
5. People who have injected drugs	Males	63.9	65.1	77.2	77.4	69.5	70.1
are not at risk for hepatitis C.	Females	70.7	70.3	74.3	82.2	72.2	75.7
	Total	67.8	68.4	75.6	80.6	71.1	73.7
6. Hepatitis C can be transmitted	Males	42.8	48.8	51.9	60.4	46.6	53.4
by tattooing and body piercing.	Females	52.7	55.0	59.1	63.8	55.4	59.0
	Total	48.4	52.7	56.0	62.7	51.6	57.0
7. Hepatitis B can be transmitted sexually.	Males	45.8	57.7	47.8	67.5	46.6	61.6
	Females	35.6	56.7	38.1	59.0	36.6	57.7
	Total	40.0	57.1	42.3	61.7	41.0	59.1
8. All people who have hepatitis C can be	Males	35.8	41.4	39.9	32.4	37.5	37.8
cured	Females	44.1	42.2	47.8	56.5	45.6	48.7
	Total	40.5	41.9	44.3	48.7	42.1	44.9
9. Hepatitis C can be transmitted by sharing	Males	34.2	33.6	38.2	37.1	35.9	35.0
razors or toothbrushes	Females	29.1	27.7	29.2	27.7	29.2	27.7
	Total	31.3	29.9	33.0	30.7	32.0	30.2

Table 4.6 Students' mean hepatitis knowledge score.

	Yea	Year 10		r 12	Total	
	2002	2008	2002	2008	2002	2008
Males	3.9	4.3	4.4	4.5	4.1	4.4
Females	4.3	4.6	4.5	4.9	4.4	4.7
Total	4.1	4.5	4.4	4.8	4.3	4.6

2002 and 2008 study comparisons

There have been some changes in student knowledge of HIV/AIDS between 2002 and 2008 studies. Generally, across the 11 HIV/AIDS items student knowledge has either remained stable or demonstrated marginal improvement, although in two areas student knowledge did decline. Compared to those surveyed in 2002, students in 2008 were more likely to know that a woman could get HIV from having sex with a man (95% vs. 97%), that a pregnant women with HIV could pass the virus on to her child (75% vs. 82%), that the contraceptive pill offers no protection from HIV (90% vs. 93%) and that a man could get HIV from having sex with a HIV positive woman (89% vs. 93%). Despite these improvements there were areas where knowledge had declined across the two surveys, although in one case the decline was marginal. Students surveyed in 2008 were significantly less likely to know that they could

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

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

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

New information Knowledge about HPV

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

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

Knowledge Item			Year 10	Year 12	Total
Have you heard of the HPV virus?	Males	Yes	28.1	22.7	25.9
mave you heard of the first visuas.	Widles	Don't Know	9.4	11.7	10.3
	Females	Yes	52.1	56.7	54.2
	1 emaies	Don't Know	7.2	7.3	7.3
	Total	Yes	43.1	45.7	44.2
	1000	Don't Know	8.1	8.7	8.3
1. HPV affects only or mainly men	Males	Yes	3.2	2.5	2.9
		Don't Know	85.1	85.2	85.1
	Females	Yes	2.4	4.0	3.1
		Don't Know	68.5	68.3	68.4
	Total	Yes	2.7	3.4	3.0
		Don't Know	75.4	74.9	75.2
2. HPV affects only or mainly women	Males	Yes	9.0	4.8	7.3
		Don't Know	82.8	84.0	83.3
	Females	Yes	30.5	38.1	33.8
		Don't Know	55.7	52.5	54.3
	Total	Yes	22.2	26.5	24.1
		Don't Know	66.1	63.5	65.0
3. HPV affects both men and women	Males	Yes	23.3	18.6	21.5
		Don't Know	73.4	78.7	75.4
	Females	Yes	37.2	40.1	38.5
		Don't Know	54.7	54.6	54.7
	Total	Yes	31.6	32.8	32.2
		Don't Know	62.1	62.8	62.4
4. HPV is virus that causes genital warts	Males	Yes	10.9	6.3	9.1
		Don't Know	80.6	88.6	83.8
	Females	Yes	15.6	19.3	17.3
		Don't Know	68.5	58.3	63.9
	Total	Yes	13.8	15.1	14.4
		Don't Know	73.1	68.1	70.9
5. HPV is associated with cervical	Males	Yes	17.0	13.4	15.6
cancer in women		Don't Know	78.5	84.6	80.9
	Females	Yes	41.1	52.0	46.1
		Don't Know	54.2	43.2	49.2
	Total	Yes	32.0	39.6	35.3
		Don't Know	63.3	56.5	60.4

Table 4.7 Students answering yes or don't know to HPV statements: 2008 (%).

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Table 4.7 continued

Knowledge Item			Year 10	Year 12	Total
6. A person can get infected with HPV from	Males	Yes	38.3	32.1	35.8
sexual contact	Males	Don't Know	60.3	67.1	63.0
sexual contact	Females	Yes	56.1	57.1	56.5
	1 cillates	Don't Know	41.4	40.8	41.1
	Total	Yes	49.4	48.9	49.2
	Totur	Don't Know	48.5	49.4	48.9
7. A person can get infected with HPV from	Males	Yes	29.0	15.9	23.8
genital skin to genital skin contact		Don't Know	66.2	78.4	71.0
	Females	Yes	34.7	41.5	37.8
		Don't Know	54.3	47.0	51.0
	Total	Yes	32.5	33.2	32.8
		Don't Know	58.7	57.2	58.1
8. A person can get infected with HPV from	Males	Yes	7.5	4.4	6.3
skin to skin contact e.g. fingers/feet		Don't Know	70.3	77.5	73.2
	Females	Yes	6.6	5.6	6.2
		Don't Know	57.2	51.2	54.5
	Total	Yes	6.9	5.2	6.2
		Don't Know	62.1	59.9	61.1
9. A person can get infected with HPV from	Males	Yes	29.3	25.2	27.6
blood transfusions		Don't Know	66.6	73.0	69.2
	Females	Yes	38.9	42.1	40.4
		Don't Know	55.2	50.4	53.0
	Total	Yes	35.3	36.6	35.8
		Don't Know	59.5	57.8	58.7
10. A person can get infected with HPV	Males	Yes	10.6	6.7	9.0
from toilets		Don't Know	69.9	78.8	73.4
	Females	Yes	13.2	6.6	10.3
		Don't Know	59.1	58.3	58.7
	Total	Yes	12.2	6.6	9.8
		Don't Know	63.2	65.0	64.0
11. Using condoms when you have sex gives	Males	Yes	12.4	9.6	11.3
complete protection against HPV		Don't Know	39.1	38.7	38.9
	Females	Yes	11.8	15.8	13.6
		Don't Know	25.9	28.7	27.2
	Total	Yes	12.0	13.8	12.8
		Don't Know	30.9	31.9	31.3

continued...

Table 4.7 continued

Knowledge Item			Year 10	Year 12	Total
12. You can tell if you have HPV	Males	Yes	11.4	5.7	9.1
		Don't Know	67.1	69.9	68.2
	Females	Yes	9.0	6.2	7.8
		Don't Know	56.2	55.7	56.0
	Total	Yes	9.9	6.1	8.3
		Don't Know	60.3	60.3	60.3
13. Being infected always leads to cervical	Males	Yes	3.7	2.6	3.3
cancer		Don't Know	69.1	71.0	69.8
	Females	Yes	7.0	2.2	4.8
		Don't Know	57.5	55.7	56.7
	Total	Yes	5.7	2.4	4.3
		Don't Know	61.8	60.7	61.3
14. The vaccination won't work if a person is	Males	Yes	5.9	5.9	5.9
already sexually active		Don't Know	67.8	72.6	69.7
	Females	Yes	9.1	9.0	9.0
		Don't Know	53.6	40.1	47.5
	Total	Yes	7.9	8.0	7.9
		Don't Know	59.0	50.6	55.4
15. The vaccine gives you HPV	Males	Yes	9.1	3.9	7.0
		Don't Know	59.1	66.8	62.1
	Females	Yes	7.4	10.3	8.7
		Don't Know	42.9	31.0	37.6
	Total	Yes	8.0	8.2	8.1
		Don't Know	49.0	42.6	46.3
16. My GP can give me the vaccine free of	Males	Yes	16.3	12.2	14.7
charge		Don't Know	71.1	79.4	74.4
	Females	Yes	32.2	51.2	40.7
		Don't Know	54.7	42.7	49.3
	Total	Yes	26.2	38.5	31.5
		Don't Know	60.9	54.6	58.2
17. If a women has had the vaccination she	Males	Yes	25.5	21.2	23.8
also needs to have regular Pap tests		Don't Know	69.6	76.3	72.2
	Females	Yes	48.1	65.8	56.1
		Don't Know	43.8	30.7	37.9
	Total	Yes	39.6	51.4	44.6
		Don't Know	53.5	45.5	50.1

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Table 4.8 Students' mean HPV knowledge score: 2008.

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

Knowledge about cervical cancer

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

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

Knowledge Item		Year 10	Year 12	Total
1. Smoking increases the risk of cervical cancer	Males	34.9	29.6	32.8
	Females	17.3	22.0	19.4
	Total	24.1	24.5	24.3
2. Binge drinking increases the risk of cervical cancer	Males	24.4	22.7	23.7
	Females	48.5	50.8	49.6
	Total	39.2	41.5	40.2
3. Many sexual partners increases the risk of cervical cancer	Males	55.9	54.8	55.5
	Females	76.3	74.7	75.5
	Total	68.6	68.2	68.4
4. Early age of first sexual intercourse increases the risk	Males	35.4	32.4	34.2
of cervical cancer	Females	39.4	34.5	37.2
	Total	37.9	33.8	36.1
5. Early puberty increases the risk of cervical cancer	Males	35.5	27.1	32.1
	Females	51.2	54.6	52.7
	Total	45.1	45.4	45.2
6. Many pregnancies increases the risk of cervical cancer	Males	13.3	8.7	11.4
	Females	24.1	31.7	27.6
	Total	20.0	24.1	21.8

Table 4.9 Students giving correct responses to statements about cervical cancer: 2008 (%).

Table 4.10 Students' mean cervical cancer knowledge score: 2008.

	Year 10	Year 12	Total
Males	2.0	1.7	1.9
Females	2.6	2.7	2.6
Total	2.3	2.4	2.3

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Key findings

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

Now

Sexual experience

As Table 5.1 shows, most students (78%) had experienced some form of sexual activity with students in year 12 more likely than those in year 10 to be sexually experienced (88% vs. 70%). Over three quarters of the sample had experienced deep kissing, approximately two thirds sexual touching and just fewer than half the sample had experienced oral sex. Although sexual intercourse was the least common of the sexual activities, nonetheless 2 in 5 students reported having sex with a condom and over one quarter without a condom. There were marked differences in sexual activity by year level, with year 12 students significantly more likely to have experienced each sexual activity.

		Yea	r 10	Year 12		To	tal
		2002	2008	2002	2008	2002	2008
Deep kissing	Males	75.9	69.4	84.3	85.8	79.4	75.9
	Females	77.2	71.1	86.6	90.9	81.2	80.1
	Total	76.6	70.5	85.6	89.2	80.4	78.6
Sexual touching	Males	63.5	55.2	74.1	71.3	67.9	61.6
	Females	59.6	55.8	74.9	80.6	66.1	67.0
	Total	61.3	55.6	74.6	77.6	66.9	65.1
Oral sex	Males	39.5	32.4	55.7	48.4	46.3	38.8
	Females	35.6	34.3	57.5	63.1	44.9	47.4
	Total	37.3	33.6	56.7	58.4	45.5	44.3
Sex without a condom	Males	11.1	14.1	28.7	30.0	28.7	20.4
	Females	12.2	18.1	35.5	46.2	22.1	31.0
	Total	11.7	16.6	32.6	41.1	20.5	27.3
Sex with a condom	Males	26.0	26.5	46.8	45.5	34.8	34.1
	Females	23.0	28.0	43.7	60.3	31.8	42.8
	Total	24.3	27.4	45	55.6	33.1	39.3

Table 5.1 Students reported sexual activities: All students (%).

Table 5.2 shows the proportions of those who have ever had sexual intercourse. Over one quarter of those in year 10 and more than half of the year 12 students surveyed reported ever having sexual intercourse. A greater proportion of young women compared to young men had experienced sexual intercourse although these differences were not statistically significant. Young women in year 12 were the most likely to report sexual intercourse.

	Year 10		Yea	nr 12	Total		
	2002	2008	2002	2008	2002	2008	
Males	27.8	27.1	48.3	44.4	36.4	34.0	
Females	24.2	27.6	45.7	61.7	33.3	43.1	
Total	25.8	27.4	46.8	56.1	34.7	39.9	
Total Males	600	624	436	411	1036	1035	
Total Females	777	1033	574	858	1350	1891	
Total	1377	1657	1010	1269	2387	2926	

Table 5.2 Students who have ever had sexual intercourse (%).

Sexual attraction

The considerable majority (91%) of the sample reported sexual attraction exclusively to people of the opposite sex (Table 5.3). Of the 9% of students who did not report an exclusive heterosexual attraction, a small proportion (1%) reported being attracted exclusively to people of the same sex, more (6%) were attracted to people of both sexes and approximately 2% were unsure about their sexual attraction. There were no significant differences in sexual attraction across year level or gender.

Table 5.3 Students' sexual attraction (%).

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	Only to people of my own sex	1.2	1.2	0.7	0.7	1.0	1.0
	Only to people of the opposite sex	94.7	92.2	96.4	89.9	95.4	91.3
	To people of both sexes	2.4	4.8	2.2	5.5	2.3	5.1
	Not sure	1.7	1.8	0.6	3.9	1.3	2.6
		N=598	N=619	N=430	N=410	N=1028	N=1029
Females	Only to people of my own sex	0.1	0.6	0.6	0.6	0.3	0.6
	Only to people of the opposite sex	91.0	87.7	91.4	94.6	91.2	90.9
	To people of both sexes	6.9	8.2	5.7	4.6	6.4	6.6
	Not sure	2.0	3.5	2.3	0.2	2.1	2.0
		N=774	N=1031	N=573	N=857	N=1347	N=1888
Totals	Only to people of my own sex	0.6	0.8	0.7	0.6	0.6	0.7
	Only to people of the opposite sex	92.6	89.4	93.6	93.1	93.0	91.0
	To people of both sexes	4.9	6.9	4.2	4.9	4.6	6.0
	Not sure	1.9	2.9	1.6	1.4	1.8	2.2
		N=1371	N=1649	N=1004	N=1267	N=2375	N=2917

Sexual activity in the past year

A series of questions were asked of students regarding their sexual experience in the year prior to being surveyed. The following section covers students' sexual experience in the previous year, and reports this information only for students who have experienced sexual intercourse (n=1166).

Number of sexual partners in previous year

As Table 5.4 shows, the vast majority of sexually active students (97%) had experienced sexual intercourse with at least one person in the year prior to being surveyed. Although most (52%) sexually active students reported having one sexual partner in the past year, a significant proportion (45%) of students reported having sex with more than one person. Although relatively more young men (37%) than young women (27%) reported having sex with 3 or more people in the previous year, the difference here was not statistically significant. There were no significant differences in number of sexual partners across year level.

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	I have not had sex in the past year	9.7	6.5	9.0	2.6	9.3	4.4
	1 person	42.0	45.3	56.0	44.2	49.9	44.7
	2 people	15.6	12.2	19.4	15.1	17.8	13.7
	3 or more people	32.7	36.1	15.6	38.2	23.0	37.2
		N=161	N=165	N=209	N=183	N=371	N=348
Females	I have not had sex in the past year	2.9	4.2	4.3	2.2	3.7	2.9
	1 person	56.6	53.3	65.0	56.2	61.5	55.2
	2 people	18.0	17.1	17.1	14.5	17.4	15.4
	3 or more people	22.5	25.4	13.6	27.2	17.3	26.5
		N=187	N=281	N=260	N=529	N=447	N=810
Totals	I have not had sex in the past year	6.0	5.1	6.4	2.3	6.2	3.3
	1 person	49.9	50.3	61.0	53.1	56.3	52.0
	2 people	16.9	15.3	18.1	14.6	17.6	14.9
	3 or more people	27.2	29.3	14.5	30.0	19.9	29.7
		N=348	N=446	N=470	N=712	N=818	N=1158

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

Oral sex

Compared to sexual intercourse, fewer students (92%) who had had oral sex experienced oral sex with at least one person in the past year (Table 5.5). While half the sample of students who had ever had oral sex reported oral sex with only one person in the previous year, a comparable proportion had multiple

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

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

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

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

Table 5.6 Students who have ever had oral sex: number of people they had oral sex with but not intercourse in the previous year (%).

		Year 10		Year 12		Total	
		2002	2008	2002	2008	2002	2008
Males	I have not had oral sex in the past year	14.9	9.3	20.5	25.2	17.7	17.2
	1 person	44.7	48.2	51.9	28.8	48.3	38.5
	2 people	16.9	18.2	14.8	14.1	15.8	16.1
	3 or more people	23.5	24.3	12.8	32.0	18.1	28.1
		N=228	N=188	N=228	N=189	N=456	N=377
Females	I have not had oral sex in the past year	11.5	10.7	16.6	9.7	14.3	10.1
	1 person	54.5	56.1	63.8	69.0	59.5	63.8
	2 people	21.4	17.9	11.1	11.1	15.8	13.8
	3 or more people	12.6	15.3	8.6	10.3	10.4	12.3
		N=269	N=336	N=317	N=501	N=585	N=836
Totals	I have not had oral sex in the past year	13.1	10.2	18.2	13.9	15.8	12.3
	1 person	50.0	53.3	58.8	58.0	54.6	56.0
	2 people	19.3	18.0	12.6	11.9	15.8	14.5
	3 or more people	17.6	18.5	10.3	16.3	13.8	17.2
		N=496	N=524	N=544	N=689	N=1041	N=1213

Condom use in the past year

As Table 5.7 shows, of sexually active students half reported always using condoms when they had sex in the previous year. A considerable proportion (43%) of sexually active students reported they only used condoms sometimes when they had sex, and a small (7%) but nonetheless notable proportion never used condoms when they had sex in the previous year. There were significant differences in consistency of condom use by year level and gender. Students in year 10 (57%) were more likely than those in year 12 (47%) and young men (61%) were more likely than young women (46%) to always use condoms when they had sex in the previous year. In 1997 and 2002 studies, of concern was the finding that consistent condom use and number of sexual partners were negatively associated – the same pattern persisted in 2008 data. Students who were more sexually active, in terms of number of partners (3 or more), were significantly less likely to report always using a condom when they had sex in the past year compared with those who had fewer sexual partners (42% vs. 54%).

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

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

Unwanted sex

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

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

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

		Yea	nr 10	Yea	nr 12	То	tal
		2002	2008	2002	2008	2002	2008
Too drunk	Males	15.0	14.9	12.9	9.6	13.9	12.1
	Females	18.8	17.1	16.7	20.1	17.6	19.1
	Total	17.1	16.3	15	17.4	15.9	17.0
Too high	Males	5.9	5.7	7.7	4.2	6.9	4.9
	Females	6.7	6.1	4.4	1.7	5.4	3.3
	Total	6.4	6.0	5.9	2.4	6.1	3.8
My partner thought I should	Males	10.9	6.5	11.0	8.4	11	7.5
	Females	12.1	20.8	15.3	22.5	13.9	21.9
	Total	11.5	15.5	13.4	18.9	12.6	17.6
My friends thought I should	Males	2.1	2.9	3.5	1.9	2.9	2.4
	Females	1.8	4.0	0.8	2.8	1.2	3.2
	Total	1.9	3.6	2.0	2.5	2.0	2.9

Table 5.9 Sexually active students who have ever had unwanted sex: reasons (%).

Sex that resulted in a pregnancy

A small but nonetheless significant proportion (5%) of sexually active students reported that they had experienced sex that resulted in pregnancy (Table 5.10). Students in year 10 (8%) were more likely than those in year 12 (2%) to report having sex that resulted in pregnancy. Students also expressed a degree of uncertainty regarding pregnancy, with 4% of sexually active students unsure if they had had sex that resulted in pregnancy – young men reported a higher rate of uncertainty than young women but the difference here was not significant.

Table 5.10 Sexually active students who had sex that resulted in a pregnancy (%).

		Ye	Year 10		ar 12	Т	otal
		2002	2008	2002	2008	2002	2008
Males	Yes	6.9	5.5	1.9	2.4	4.1	3.9
	Don't know	10.5	8.7	11.3	6.4	11.0	7.5
		N=160	N=168	N=205	N=183	N=365	N=351
Females	Yes	9.1	9.9	6.9	2.3	7.8	4.9
	Don't know	4.6	2.5	4.5	3.3	4.5	3.0
		N=181	N=282	N=262	N=530	N=443	N=812
Totals	Yes	8.1	8.2	4.7	2.3	6.1	4.6
	Don't know	7.4	4.8	7.5	4.1	7.5	4.4
		N=342	N=450	N=467	N=712	N=808	N=1163

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The most recent sexual encounter

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

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

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

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

Age of partner

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

		Yea	ır 10	Yea	r 12	To	tal
		2002	2008	2002	2008	2002	2008
Males	Under 16	44.7	43.3	10.8	10.1	25.7	26.1
	16-17	41.2	50.1	63.2	67.7	53.5	59.3
	18-19	5.0	3.3	17.5	9.2	12.0	6.4
	20+	4.4	3.3	6.8	12.6	5.8	8.1
	Not sure	4.7	0.0	1.7	0.3	3.0	0.2
		N=161	N=168	N=207	N=183	N=368	N=351
Females	Under 16	18.2	21.7	1.8	0.6	8.6	8.0
	16-17	52.6	49.4	38.6	31.5	44.4	37.8
	18-19	23.8	21.6	36.5	52.9	31.2	41.9
	20+	5.4	6.0	23.1	14.6	15.7	11.6
	Not sure	0.0	1.3	0.0	0.4	0.0	0.7
		N=185	N=284	N=259	N=526	N=444	N=811
Totals	Under 16	30.5	29.7	5.8	3.1	16.4	13.5
	16-17	47.3	49.6	49.5	40.8	48.5	44.3
	18-19	15.1	14.8	28	41.6	22.5	31.2
	20+	4.9	5.0	15.9	14.1	11.2	10.5
	Not sure	2.2	0.8	0.8	0.4	1.4	0.6
		N=346	N=453	N=465	N=709	N=812	N=1162

Table 5.12 The age of sexually active students' most recent sexual partner (%).

Sex of partner

As Table 5.13 outlines, although the large majority of students reported a sexual partner of the opposite sex at the last sexual encounter, a considerable proportion of students (5%) had sex the last time with someone of the same sex. Young men (8%) were more likely to have had sex with someone of the same sex compared with women (4%), but the difference was not statistically significant.

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

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

Sex-related issues discussed

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

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

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

Table 5.14 continued

			Year 10		Year 12		Total
		2002	2008	2002	2008	2002	2008
Using a condom	Males	71.6	75.5	57.8	67.2	63.8	71.3
	Females	85.7	74.9	63.6	67.3	72.8	69.9
	Total	79.2	75.1	61.1	67.2	68.8	70.4

Location of last sexual encounter

Most students had sex the last time at their partner's (37%) or their own (28%) house (Table 5.15). Despite this, almost one third of the sample (30%) still had sex the last time in less controlled space ('a friends house', 'outside', 'in a car'). Young women (43%) were more likely than young men (21%) to have sex at a partner's house, and this might be explained by their greater likelihood of having an older sexual partner.

Table 5.15 Location of student's last sexual encounter (%).

		Yea	r 10	Yea	r 12	То	tal
		2002	2008	2002	2008	2002	2008
Their house	Males	28.1	29.1	34	23.6	31.4	26.2
	Females	18.1	26.2	38	29.4	29.7	28.3
	Total	22.7	27.3	36.2	27.9	30.5	27.7
A partners house	Males	28.7	28.5	31.5	14.4	30.3	21.1
	Females	46.8	41.1	45.3	44.3	45.9	43.1
	Total	38.4	36.4	39.2	36.5	38.9	36.5
A friends house	Males	13.3	15.9	15.1	29.7	14.3	23.1
	Females	11.3	13.2	7.2	12.7	8.9	12.9
	Total	12.2	14.2	10.7	17.1	11.3	16.0
Outside	Males	15.6	14.2	10.1	17.8	12.5	16.1
	Females	18.4	7.7	3.6	8.3	9.8	8.1
	Total	17.1	10.1	6.5	10.7	11.0	10.5
In a car	Males	2.8	1.9	6.0	4.1	4.6	3.0
	Females	4.3	4.5	4.4	4.0	4.3	4.2
	Total	3.6	3.5	5.1	4.0	4.5	3.8
Other	Males	11.5	10.5	3.3	10.5	6.9	10.5
	Females	1.1	7.3	1.6	1.4	1.4	3.4
	Total	5.9	8.5	2.4	3.7	3.9	5.6



Condom use

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

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

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

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

Table 5 17 Sevually	v active students reportin	σ that a condom was used at	the most recent sexual encounter (%)	
Table 5.17 Sexual	y active students reportin	g that a condom was used at	the most recent sexual encounter (70)	/•

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

		Yea	r 10	Yea	r 12	То	tal
		2002	2008	2002	2008	2002	2008
I don't like them	Males	34.5	35.4	27.9	7.8	30.5	19.8
	Females	15.3	25.7	17.0	24.3	16.5	24.7
	Total	23.1	28.5	20.4	21.2	21.3	23.6
My partner does not like them	Males	21.8	18.0	26.5	11.3	24.6	14.2
	Females	3.7	31.5	20.2	18.4	15.3	22.4
	Total	11.1	27.6	22.2	17.1	18.5	20.6
I trust my partner	Males	10.7	14.3	31.5	0.0	23.3	6.2
	Females	39.3	36.7	38.1	39.2	38.4	38.5
	Total	27.7	30.3	36.0	31.9	33.3	31.4
It just happened	Males	56.9	29.0	31.0	38.5	41.2	34.4
	Females	46.1	39.2	21.6	39.9	28.9	39.7
	Total	50.4	36.3	24.5	39.6	33.1	38.5
We both have been tested for HIV/STIs	Males	5.2	10.6	4.1	8.2	4.5	9.3
	Females	6.3	11.7	12.1	14.8	10.4	13.8
	Total	5.9	11.4	9.6	13.6	8.4	12.8
Too embarrassed	Males	8.9	3.3	0.4	0.0	3.7	1.4
	Females	5.9	1.8	1.7	2.7	2.9	2.4
	Total	7.1	2.3	1.3	2.2	3.2	2.2
I know my partners sexual history	Males	17.3	18.6	32.7	9.6	26.6	13.5
	Females	23.7	27.0	46.5	32.7	39.7	31.0
	Total	21.1	24.6	42.2	28.4	35.2	27.1
It is not my responsibility	Males	9.1	7.9	2.0	5.4	4.8	6.5
	Females	1.5	1.2	2.1	0.0	1.9	0.4
	Total	4.5	3.1	2.1	1.0	2.9	1.7
Other	Males	20.9	40.2	39.5	37.6	32.1	38.7
	Females	25.8	31.7	46.4	27.5	40.2	28.8
	Total	23.8	34.1	44.3	29.4	37.5	30.9

Table 5.18 Sexually active students' reasons for not using a condom the last time they had sex (%).

Drunk or high at last sexual encounter

Worryingly, almost a quarter of sexually active students reported that the last time they had sex they were either drunk or high (Table 5.19). Young men were significantly more likely to report having sex the last time while under the influence of alcohol or drugs than were young women (34% vs. 20%).

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

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

Unwanted sex

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

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

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

Feelings after sex

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

			Yea	ar 10	Yea	r 12	То	otal
			2002	2008	2002	2008	2002	2008
Good	Males	Not at all	3.9	2.4	2.2	4.1	2.9	3.3
0000	Iviales	Extremely	66.3	54.2	54.3	38.7	2.9 59.6	46.0
	Females	Not at all	2.6	5.5	3.5	3.2	3.2	40.0
	remates	Extremely	38.8	36.9	42.1	36.8	40.7	36.8
	Totals	Not at all	38.8	4.3	3.0	3.4	3.1	3.8
	Totals	Extremely	51.6	4.3	47.3	3.4	49.1	39.6
		Extremely	51.0	45.5	47.5	51.5	49.1	59.0
Нарру	Males	Not at all	3.2	4.2	1.8	3.5	2.4	3.8
		Extremely	64.9	51.9	53.8	46.0	58.7	49.0
	Females	Not at all	2.3	7.0	3.3	3.8	2.9	4.9
		Extremely	41.0	35.7	44.6	39.7	43.1	38.3
	Totals	Not at all	2.7	6.0	2.6	3.7	2.7	4.6
		Extremely	52.1	41.8	48.6	41.2	50.1	41.5
Fantastic	Males	Not at all	3.4	6.5	3.1	5.8	3.2	6.2
		Extremely	68.3	51.8	53.4	38.5	60.0	45.3
	Females	Not at all	8.8	13.1	7.3	10.3	7.9	11.3
		Extremely	33.7	33.6	33.3	35.4	33.5	34.8
	Totals	Not at all	6.3	10.6	5.5	9.2	5.8	9.8
		Extremely	49.8	40.4	42.0	36.2	45.3	37.9
Loved	Males	Not at all	7.4	13.7	10.8	21.9	9.3	17.9
		Extremely	48.1	42.4	45.9	19.6	46.8	30.8
	Females	Not at all	13.5	15.7	7.3	14.6	9.8	15.0
		Extremely	41.2	41.6	56.8	35.7	50.4	37.8
	Totals	Not at all	10.6	15.0	8.8	16.4	9.6	15.9
		Extremely	44.4	41.9	52.1	31.7	48.8	35.7
Regretful	Males	Not at all	-	71.8	-	73.5	-	72.7
-		Extremely	-	5.3	-	6.4	-	5.9
	Females	Not at all	-	63.9	-	69.4	-	67.6
		Extremely	-	8.5	-	7.9	-	8.1
	Totals	Not at all	-	66.9	-	70.4	-	69.0
		Extremely	-	7.3	-	7.5	-	7.4
							со	ntinued.

Table 5.21 Sexually active students' feelings after their last sexual encounter (%).

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			Yea	ır 10	Yea	r 12	То	otal
			2002	2008	2002	2008	2002	2008
Upset	Males	Not at all	82.6	84.0	81.1	85.6	81.7	84.8
		Extremely	2.4	0.8	1.7	2.1	2.0	1.5
	Females	Not at all	66.5	73.7	69.9	76.5	68.5	75.5
		Extremely	2.7	4.1	0.2	4.5	1.3	4.3
	Totals	Not at all	73.9	77.6	74.7	78.6	74.4	78.2
		Extremely	2.6	2.9	0.8	3.9	1.6	3.5
Guilty	Males	Not at all	65.9	71.6	74.3	75.0	70.6	73.3
		Extremely	2.5	2.3	3.7	2.5	3.2	2.4
	Females	Not at all	56.1	65.0	66.1	68.3	62.0	67.2
		Extremely	6.5	7.1	7.1	1.2	6.8	3.2
	Totals	Not at all	60.7	67.5	69.7	69.9	65.9	69.0
		Extremely	4.6	5.3	5.6	1.5	5.2	3.0
Used	Males	Not at all	76.6	83.8	81.9	77.8	79.6	80.8
		Extremely	2.6	3.9	3.2	8.7	2.9	6.3
	Females	Not at all	67.9	68.9	71.0	73.8	69.7	72.2
		Extremely	7.3	8.0	6.1	10.2	6.6	9.5
	Totals	Not at all	71.9	74.5	75.8	74.8	74.1	74.6
		Extremely	5.1	6.4	4.8	9.9	4.9	8.6
Worried	Males	Not at all	48.7	51.1	59.0	53.2	54.5	52.1
		Extremely	4.1	6.7	4.9	2.6	4.6	4.7
	Females	Not at all	39.3	46.4	54.3	57.6	58.1	53.8
		Extremely	12.6	10.7	8.6	6.2	10.3	7.8
	Totals	Not at all	43.6	48.1	56.3	56.6	51.0	53.3
		Extremely	8.7	9.2	7.0	5.4	7.7	6.9

Table 5.21 continued

Contraception

Students were asked what forms of contraception, if any, were used at their last sexual encounter. As was the case in the 2002 survey, sexually active students most commonly used a condom (68%) and/or the contraceptive pill (50%) the last time they had sex (Table 5.22). Of concern is the finding

that approximately 1 in 10 sexually active students reported using the withdrawal method at the last sexual encounter. The pill was used as a form of contraception more commonly by year 12 students (58%) compared with those in year 10 (37%), and reported by more young women (54%) than young men (41%).

		Yea	r 10	Yea	r 12	То	tal
		2002	2008	2002	2008	2002	2008
Condom	Males	75.1	78.6	68.7	68.9	71.4	73.2
	Females	69.2	73.7	51.1	60.6	58.6	65.1
	Total	71.9	75.4	59.0	62.8	64.4	67.6
The pill	Males	22.3	31.3	37.1	48.8	30.7	41.0
	Females	27.6	39.7	51.7	61.2	41.7	53.7
	Total	25.2	36.7	45.2	57.9	36.8	49.8
IUD	Males	0.7	3.5	0.9	0.0	0.8	1.6
	Females	0.0	1.7	0.1	1.2	0.0	1.3
	Total	0.3	2.3	0.5	0.8	0.4	1.4
Diaphragm	Males	1.3	1.1	0.8	0.0	1.0	0.5
	Females	0.0	0.0	0.0	0.0	0.0	0.0
	Total	0.6	0.4	0.4	0.0	0.5	0.2
The morning after pill	Males	7.0	4.9	3.0	3.5	4.7	4.1
	Females	1.8	4.0	4.5	11.9	3.4	9.1
	Total	4.2	4.3	3.9	9.6	3.9	7.6
Withdrawal	Males	8.4	10.7	10.0	3.2	9.3	6.6
	Females	8.6	13.9	17.5	9.1	13.8	10.8
	Total	8.5	12.8	14.2	7.5	11.8	9.5
Rhythm method	Males	0.7	2.5	0.8	0.0	0.8	1.1
	Females	0.0	0.1	2.9	0.3	1.7	0.2
	Total	0.3	1.0	2.0	0.2	1.3	0.5
Other	Males	2.3	2.0	1.7	3.3	1.9	2.7
	Females	2.1	2.5	1.5	3.6	1.7	3.2
	Total	2.2	2.3	1.6	3.5	1.8	3.1
No contraception used	Males	13.2	0.4	5.5	0.0	8.8	0.2
	Females	11.6	0.4	8.6	0.1	9.9	0.2
	Total	12.3	0.4	7.3	0.1	9.4	0.2

Table 5.22 Type of contraceptive method used at last sexual encounter (%).

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Peer sexual behaviour

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

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

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

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

		Ye	ar 10	Ye	ar 12	То	otal
		2002	2008	2002	2008	2002	2008
Males	Boys	10.0	15.1	5.1	20.8	8.0	17.4
	Girls	33.0	27.3	29.4	23.0	31.5	25.6
	Both	48.1	48.7	51.1	48.3	49.3	48.5
	I don't know	8.9	8.9	14.4	8.0	11.2	8.6
		N=597	N=621	N=431	N=411	N=1028	N=103
Females	Boys	2.9	8.1	1.9	4.2	2.5	6.4
	Girls	50.9	50.1	48.3	50.5	49.8	50.3
	Both	37.7	34.5	42.2	37.5	39.6	35.9
	I don't know	8.5	7.2	7.6	7.7	8.1	7.4
		N=774	N=1028	N=573	N=853	N=1348	N=1880
Totals	Boys	6.0	10.8	3.3	9.6	4.9	10.3
	Girls	43.1	41.5	40.2	41.6	41.8	41.5
	Both	42.2	39.9	46.0	41.0	43.8	40.4
	I don't know	8.7	7.9	10.5	7.8	9.5	7.8
		N=1372	N=1648	N=1004	N=1263	N=2376	N=2912

Table 5.24 Students' beliefs about who mostly suggests using a condom (%).

Confidence in communication about sex

Students were asked a series of questions regarding how confident they felt talking to their parents about sex related matters. As Table 5.25 shows, approximately half the sample reported that they felt either 'confident' or 'very confident' talking to their parents about contraception and sexually transmissible infections including HIV. Slightly fewer students (47%) thought they could discuss with their parents matters concerning sex with confidence. Students in year 12 demonstrated higher levels of confidence in discussing sex related matters compared with those in year 10, and were significantly more likely to report being confident or very confident when talking to parents about contraception (62% vs. 44%), STIs/HIV (63% vs. 51%) and sex (53% vs. 43%).

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

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

2008 and 2002 comparison

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

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rates of sexual intercourse at each time point must be taken into consideration when comparing these estimates as they are based on the total sample. When the proportions of students having sex ever without a condom are calculated only for those experiencing intercourse in 2002 and 2008, they increase to 60% and 66% respectively. Although the rates of students' ever experiencing sexual intercourse have increased since the 2002 study, this difference was not statistically significant. Given the higher rates of sexual intercourse, it is not surprising that more students in 2008 (40%) reported having sex with a condom compared with those in 2002 (33%) – again these differences were not significant.

The proportion of students reporting a sexual attraction exclusively to those of the opposite sex declined between 2002 and 2008 surveys (Table 5.3). This decline was most marked for young men in year 12, with the proportion of students reporting heterosexual sexual attraction dropping from 96% to 90%. There was also a marked increase in the number of students from this group who were unsure of their sexual attraction with the estimate rising from 1% to 4% between 2002 and 2008. In the 2008 survey, more students reported a non-heterosexual attraction (including those 'unsure' of their sexual attraction) than they did in 2002 (7% vs. 9%), although this increase was not statistically significant.

There was a marked increase in the number of sexual partners reported by students in 2008, both in terms of sexual intercourse and oral sex (Table 5.4). In terms of intercourse, between 2002 and 2008 surveys, the proportion of students reporting three or more sexual partners in the previous year had increased significantly from 20% to 30%. This increase in sexual partners was most marked for young men and women in year 12, with those in year 10 showing only marginal increases. For both young men and young women in year 12 the proportion of those who had had sex with 3 or more people in the previous year had more than doubled since the 2002 survey (16% vs. 38% and 14% vs. 27% respectively). Similarly, of those who had experienced oral sex, more students in 2008 (28%) reported 3 or more oral sex partners in the past year compared to those in 2002 (19%) (Table 5.5). As was the case with intercourse, the increase in multiple sex partners between surveys (3 or more) was most pronounced for year 12 students.

Student condom use has remained relatively stable between 2002 and 2008 surveys, both in terms of average use over a year (Table 5.7) and the last sexual encounter (Table 5.17). As was the case in 2002, just over half of sexually active students reported always using a condom when they had sex in the past year and almost two-thirds of the sample used a condom at their last sexual encounter. Young women in year 12 (58%) had higher rates of condom use the last time they had sex compared to their counterparts in 2002 (50%), but the difference here was not significant.

In terms of other forms of contraception, there have been increases in usage between 2002 and 2008 surveys (Table 5.22). Compared to those surveyed in 2002, more students in 2008 reported using the pill (37% vs. 50%) and a greater proportion also used the morning after pill (4% vs. 8%). Young women in year 12 were most likely to report increased use of the morning after pill between surveys (5% vs. 12%). An encouraging finding was the significant decline in the proportion of students not using any method of contraception at the last sexual encounter. Compared to the 2002 study (9%), only a very small number of students surveyed in 2008 (0.2%) reported using no contraception the last time they had sex.

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Student experience of unwanted sex has increased between 2002 and 2008 studies, although the increase is confined, mostly, to young women only. In terms of ever having unwanted sex, for young women the rate has increased significantly from 28% to 38% since the 2002 survey, but remained relatively unchanged for young men (Table 5.9). Students surveyed in 2008 (8%) were also more likely to report unwanted sex at their most recent sexual encounter compared to those in the 2002 study (5%) (Table 5.20).

Between the 2002 and 2008 surveys students have become more likely to report having sex with older partners. In 2002 the proportion of sexually active students who had sex the last time with people aged 18 years or older was 35% - this figure had risen appreciably to 42% in the 2008 survey. As Table 5.12 shows, this increase was largely confined to young women in year 12.

Young men were, however, more likely to have sex with someone of the same sex at their most recent sexual encounter in 2008 compared to young men surveyed in the 2002 study (Table 5.13). In 2002 approximately 2% of young men reported that they had sex with another man the last time they had sex with this proportion increasing considerably to 8% in 2008. Interestingly, there was no significant increase in the proportion of women having same sex encounters the last time they had sex between 2002 and 2008 surveys.

Between 2002 and 2008 surveys, student satisfaction with their last sexual experience had, in some areas, declined (Table 5.21). In terms of the positive measures of student's feelings after their last sexual encounter, students were significantly less likely in 2008 to report feeling extremely 'loved' (49% vs. 36%), 'fantastic' (45% vs. 38%), 'good' (49% vs. 40%) or 'happy' (50% vs. 42%) compared with their counterparts in 2002. As Table 5.21 shows, there was less variation between surveys in terms of the negatively worded items measuring student feelings after their last sexual encounter.

Generally, students surveyed in 2008 were more confident about discussing matters relating to sex and sexual health than those in 2002 (Table 5.25). Compared to those in 2002, more students in 2008 reported that they would be either 'very confident' or 'confident' in talking to their parents about HIV and STIs (44% vs. 56%), contraception (43% vs. 52%) and sex (41% vs. 47%). Although the increase in reported confidence was generally consistent across gender and year level, young women in year 10 did appear least likely to report increased levels of confidence in parental communication.

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Key findings

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

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General Health

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

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

Table 6.1 Students' self reported general health (%).

Sexually transmissible infections and blood-borne viruses

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

	Yea	Year 10		r 12	Total		
	2002	2008	2002	2008	2002	2008	
Males	2.5	2.9	2.5	1.9	2.5	2.4	
Females	2.3	2.4	5.9	3.4	4.4	3.1	
Total	2.4	2.6	4.4	3.0	3.5	2.9	
Total Males	163	165	209	183	372	348	
Total Females	188	281	261	523	449	804	
Total	351	446	470	706	821	1152	

Table 6.2 Sexually active students who have been diagnosed with an STI (%).

Similarly, only a very small proportion of students had been diagnosed (1.3%) with hepatitis, although a larger proportion (6%) reported uncertainty with respect to whether they had ever been diagnosed as suffering from the disease. Students were then asked to list the types of hepatitis they were diagnosed with and these results are shown in Table 6.3. Young men in year 12 reported the highest incidence of hepatitis and a notable proportion were also unsure of what hepatitis type they were diagnosed with.

		Yea	r 10	Yea	r 12	То	tal
		2002	2008	2002	2008	2002	2008
Males	Hepatitis A	0.3	0.6	0.2	3.6	0.2	1.8
	Hepatitis B	0.9	0.5	0.2	3.6	0.6	1.7
	Hepatitis C	0.2	0.6	0.2	3.6	0.2	1.7
	Not sure which type	1.2	2.9	1.1	2.8	1.2	2.8
Females	Hepatitis A	0.1	0.2	0.0	0.4	0.1	0.3
	Hepatitis B	0.0	0.9	0.0	0.5	0.0	0.7
	Hepatitis C	0.0	0.3	0.0	0.4	0.0	0.3
	Not sure which type	0.9	2.6	0.2	0.7	0.6	1.7
Totals	Hepatitis A	0.2	0.4	0.1	1.4	0.2	0.8
	Hepatitis B	0.4	0.8	0.1	1.5	0.3	1.1
	Hepatitis C	0.1	0.4	0.1	1.4	0.1	1.1
	Not sure which type	1.1	2.7	0.6	1.3	0.9	2.1

Table 6.3 Ever diagnosed with hepatitis (%).

A minority of the sample (3%) reported that they had had a HIV/AIDS test ever (Table 6.4). Students in year 12 were more likely to have had a HIV antibody test than those in year 10, but there were no differences between young men and women.

			-			
	Year 10		Yea	ar 12	Total	
	2002	2008	2002	2008	2002	2008
Males	2.7	3.1	2.6	4.1	2.7	3.5
Females	1.9	2.0	3.5	4.9	2.5	3.3
Total	2.2	2.4	3.1	4.6	2.6	3.4
Total Males	575	612	424	402	1000	1014
Total Females	768	1020	566	843	1334	1863
Total	1343	1631	991	1245	2334	2877

Table 6.4 Students who have had an HIV antibody test (%).

Hepatitis vaccination

As Table 6.5 shows, more students reported that they had been vaccinated against hepatitis B (59%) compared with hepatitis A (31%). As was the case in the 2002 survey and indicating a general lack of understanding of the disease, a considerable proportion of students incorrectly claimed they had been vaccinated against hepatitis C (41%). As was the case with diagnosis, students were also commonly unsure of whether they had been vaccinated for hepatitis A (55%), B (33%) or C (45%). Compared to young women, young men demonstrated greater levels of uncertainty about being vaccinated for hepatitis A (58% vs. 53%), B (41% vs. 28%) and C (51% vs. 42%) although only the gender difference regarding hepatitis B was statistically significant.

			Yea	ır 10	Yea	r 12	То	tal
			2002	2008	2002	2008	2002	2008
Hepatitis A	Males	Yes	26.1	25.0	24.4	29.0	25.4	26.6
		No	22.7	17.3	31.6	12.3	26.4	15.3
		Don't Know	51.2	57.7	44	58.7	48.2	58.1
	Females	Yes	23.7	30.8	21.5	36.3	22.8	33.3
		No	28.7	15.2	32.1	12.5	30.1	14.0
		Don't Know	47.6	54.0	46.5	51.2	47.1	52.8
	Totals	Yes	24.7	28.6	22.7	33.9	23.9	30.9
		No	26.1	16.0	31.9	12.4	28.5	14.4
		Don't Know	49.2	55.4	45.4	53.6	47.6	54.6
Hepatitis B	Males	Yes	45.6	47.4	35.6	49.3	41.3	48.1
		No	16.7	13.2	27.1	6.6	21.1	10.6
		Don't Know	37.8	39.4	37.3	44.1	37.6	41.3
							CO	ntinued

Table 6.5 Students vaccinated against hepatitis (%).

Year 10 Year 12 Total 2002 2008 2002 2008 2002 2008 Females Yes 52.0 64.0 40.2 65.5 47 64.7 No 20.1 9.8 24.7 4.9 22.1 7.6 27.9 35.1 30.9 Don't Know 26.2 29.6 27.7 Totals Yes 49.2 57.8 38.2 60.3 44.6 58.9 25.8 21.6 No 18.6 11.1 5.4 8.6 Don't Know 31.1 33.8 32.5 32.2 36.0 34.3 Hepatitis C 27.7 Males Yes 32.6 33.1 21.0 31.9 32.6 No 22.7 16.6 34.7 15.8 27.8 16.3 Don't Know 44.7 50.3 44.3 52.3 44.5 51.1 50.9 20.5 Females Yes 24.3 41.6 15.4 45.8 No 28.2 14.2 36.0 9.3 31.5 12.0 Don't Know 47.5 44.2 48.6 39.9 48.0 42.2 Totals Yes 27.9 38.4 17.8 44.8 23.6 41.1 29.9 25.8 15.1 35.4 11.4 13.5 No Don't Know 46.3 46.5 46.8 43.9 46.5 45.3

Table 6.5 continued

Risk perceptions

Students were asked a series of questions regarding the degree to which they thought they might be at risk of becoming infected with HIV/AIDS, STIs and hepatitis. Students could respond to risk perception questions by selecting one of the following five categories: 'never', 'very unlikely', 'unlikely', 'likely' or 'very likely'. Generally, the majority of students surveyed did not believe they were at risk of becoming infected with HIV/AIDS, STIs or hepatitis (Table 6.6). Comparing the few who responded 'likely' or 'very likely' to risk perception questions, students were more likely to believe they were at greater risk of becoming infected with either an STI (7%) or HIV/AIDS (6%), than they were with hepatitis B (3%) or hepatitis C (2%).

		Yea	ar 10	Ye	ar 12	То	otal
		2002	2008	2002	2008	2002	2008
STIs	Males	6.2	4.6	5.1	5.3	5.7	4.9
0110	Females	5.8	6.8	6.7	10.7	6.2	8.6
	Total	6.0	6.0	6.0	8.9	6.0	7.3
	Total Males	586	617	432	403	1019	1020
	Total Females	773	1025	572	837	1345	1861
	Total	1359	1642	1004	1240	2363	2882
HIV	Males	5.7	5.2	5.1	6.8	5.5	5.9
	Females	6.1	8.2	5.3	2.8	5.8	5.8
	Total	6.0	7.1	5.2	4.1	5.7	5.8
	Total Males	358	621	246	405	604	1026
	Total Females	528	1028	400	846	929	1873
	Total	887	1649	646	1250	1532	2899
Hepatitis B	Males	3.2	1.9	3.8	1.5	3.4	1.8
	Females	3.7	3.3	2.7	3.8	3.3	3.5
	Total	3.5	2.7	3.1	3.0	3.3	2.9
	Total Males	584	616	432	402	1017	1018
	Total Females	767	1022	571	848	1337	1870
	Total	1351	1638	1003	1251	2354	2887
Hepatitis C	Males	2.9	1.7	3.5	1.5	3.2	1.6
	Females	4.9	2.9	2.9	2.2	4.0	2.6
	Total	4.0	2.5	3.2	2.0	3.7	2.3
	Total Males	586	612	432	402	1019	1014
	Total Females	770	1021	571	848	1341	1869
	Total	1356	1633	1003	1251	2359	2883

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

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

As found in the 2002 survey, the relationship between condom use and perceived risk continues to be salient only for sex involving partners not previously known to students. Compared to those who used a condom, students having unprotected sex at their last sexual encounter were no more likely to believe they were at greater risk of infection with HIV/AIDS (6% vs. 7%) or STIs (12% vs. 10%) when sex involved someone familiar to them (either someone they knew previously but had not had sex with before or their current boyfriend/girlfriend). Conversely, when sex involved someone they had met for the first time, having sex without a condom significantly increased student perceived risk of both infection with HIV/AIDS (52% vs. 16%) and STIs (36% vs. 14%). Sexual attraction was also related to risk. Students who reported being attracted to people of the same sex (including those attracted to both sexes) were significantly more likely than those exclusively attracted to the opposite sex to believe they were at risk of both infection with HIV/AIDS (16% vs. 5%) and STIs (15% vs. 7%).

Alcohol and injecting drug use

The majority of students surveyed (80%) reported that they had drunk alcohol. Year 12 students were more likely to drink alcohol (90%) than their year 10 counterparts (71%).

Students were asked how often they drank alcohol, on average, in the two weeks prior to being surveyed and the results are shown in Table 6.7. Most students (38%) reported drinking alcohol once a month or less, but a considerable proportion (21%) nonetheless drank either weekly or more frequently. Students in year 12 (28%) were more likely than those in year 10 (16%) to drink alcohol one day a week or more.

		Ye	ar 10	Yea	nr 12	Т	otal
		2002	2008	2002	2008	2002	2008
Males	Never drink alcohol	15.8	27.4	7.2	16.3	12.2	23.0
	Once a month or less	32.6	37.8	31.4	26.4	32.1	33.2
	2 to 3 days a month	21.5	17.0	21.2	17.0	21.3	19.3
	About one day a week	15.5	10.8	22.0	19.7	18.2	14.3
	More than once a week	14.6	7.1	18.2	14.9	16.2	10.2
		N=593	N=621	N=436	N=411	N=1029	N=1032
Females	Never drink alcohol	14.5	29.7	8.7	7.0	12.0	19.4
	Once a month or less	39.5	39.8	32.0	40.1	36.3	39.9
	2 to 3 days a month	24.9	15.6	28.3	28.1	26.3	21.3
	About one day a week	14.8	9.7	24.0	18.6	18.8	13.7
	More than once a week	6.3	5.3	7.0	6.1	6.6	5.7
		N=773	N=1026	N=572	N=851	N=1344	N=187
							continued

Table 6.7 Students' frequency of having an alcoholic drink of any kind (%).

		Year 10		Yea	Year 12		otal
		2002	2008	2002	2008	2002	2008
Totals	Never drink alcohol	15.1	28.8	8.1	10.0	12.1	20.7
	Once a month or less	36.5	39.0	31.8	35.7	34.5	37.6
	2 to 3 days a month	23.4	16.1	25.2	26.4	24.2	20.6
	About one day a week	15.1	10.1	23.1	19.0	18.5	13.9
	More than once a week	9.9	6.0	11.8	9.0	10.7	7.3
		N=1366	N=1647	N=1008	N=1263	N=2373	N=2909

Table 6.7 continued

When students drank they commonly consumed large quantities of alcohol (Table 6.8). Over half the sample drank 3 or more drinks when they last drank alcohol, with year 12 students more likely to 3 or more drinks when they last drank than year 10 students (74% vs. 42%). Young women and young men reported similar rates of alcohol consumption, with more than half the sample in each group drinking 3 or more drinks typically when they drank (young women: 58%, young men: 53%).

		Yea	r 10	Year	12	То	tal
		2002	2008	2002	2008	2002	2008
Males	Never drink alcohol	17.0	29.0	7.4	15.9	12.9	23.8
	1 to 2 drinks	32.6	27.6	23.9	16.6	28.9	23.2
	3 to 4 drinks	16.7	11.1	14.3	11.1	15.7	10.8
	5 to 6 drinks	12.3	11.7	18.4	17.2	14.8	13.9
	7 or more drinks	21.5	20.7	36.1	39.7	27.6	28.3
		N=587	N=619	N=427	N=411	N=1014	N=1031
Females	Never drink alcohol	13.8	30.8	8.2	7.3	11.5	20.1
	1 to 2 drinks	36.9	27.5	26.3	15.6	32.4	22.1
	3 to 4 drinks	21.6	15.8	32.7	23.6	26.3	19.4
	5 to 6 drinks	16.9	13.0	16.9	32.1	16.9	21.7
	7 or more drinks	10.7	12.9	15.9	21.4	12.9	16.8
		N=772	N=1027	N=563	N=853	N=1335	N=1880
Totals	Never drink alcohol	15.2	30.1	7.9	10.1	12.1	21.4
	1 to 2 drinks	35.0	27.5	25.3	15.9	30.9	22.5
	3 to 4 drinks	19.5	14.0	24.8	19.4	21.7	16.3
	5 to 6 drinks	14.9	12.5	17.5	27.3	16	18.9
	7 or more drinks	15.4	15.8	24.5	27.4	19.2	20.8
		N=1359	N=1646	N=990	N=1264	N=2349	N=2910

Table 6.8 Number of drinks on a day that a student has an alcoholic drink (%).

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

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

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

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

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

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

Sources of information

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

		Yea	ar 10	Yea	nr 12	То	otal
		Used	Trusted	Used	Trusted	Used	Trustee
Males	Doctor	25.0	69.7	36.3	70.6	29.8	70.0
	Community Health Service	13.3	53.0	16.1	46.3	14.5	50.4
	School Program	42.2	54.7	57.2	48.5	48.5	52.2
	School counsellor	11.1	47.8	22.8	42.0	16.0	45.5
	School nurse	11.6	45.1	17.2	40.1	14.0	43.2
	Teacher	30.8	43.5	35.8	47.4	32.9	45.1
	Other community worker	11.1	28.2	15.3	26.6	12.9	27.6
	Youth worker	11.2	33.7	13.6	28.3	12.2	31.6
	Media	25.1	24.2	37.9	29.1	30.5	26.1
	Pamphlets	32.7	40.4	44.3	46.5	37.6	42.8
	Internet web sites	34.2	33.3	44.8	22.9	38.7	29.2
	Internet chat rooms	11.0	20.5	12.0	13.3	11.4	17.7
	Mother	38.5	64.4	51.1	65.5	43.8	64.8
	Father	35.1	62.2	46.6	59.8	39.9	61.3
	Other relative	18.7	43.7	31.8	39.9	24.2	42.2
	Female friend	31.2	48.8	46.4	39.4	37.6	45.1
	Male friend	33.5	48.4	51.4	40.7	41.1	45.4
	Older brother	13.4	34.0	18.4	24.3	15.5	30.2
	Older sister	10.8	32.2	15.2	33.9	12.7	32.9
	Other	9.0	19.8	9.5	17.5	9.2	18.9
	Never sought advice	23.9	20.3	9.5	10.6	17.9	16.4
Females	Doctor	30.2	69.4	58.5	81.5	43.6	74.9
	Community Health Service	13.0	48.0	13.8	40.6	13.4	44.6
	School Program	46.0	50.9	52.0	41.9	48.8	46.8
	School counsellor	13.1	37.5	17.6	32.0	15.2	35.0
	School nurse	14.8	38.4	18.1	31.1	16.3	35.0
	Teacher	29.6	39.9	23.4	30.1	26.7	35.4
	Other community worker	11.8	22.9	8.5	9.3	10.2	16.6
	Youth worker	10.8	26.9	9.4	17.4	10.2	22.5
	Media	33.3	22.8	40.5	17.1	36.7	20.2
	Pamphlets	45.1	42.5	49.9	46.8	47.4	44.5
	Internet web sites	34.4	24.5	34.3	19.6	34.4	22.3
	Internet chat rooms	13.0	12.3	9.3	9.0	11.3	10.8
	Mother	52.9	68.9	72.3	72.5	62.1	70.5
	Father	22.4	45.3	31.5	36.1	26.7	41.1
	Other relative	26.3	41.0	23.8	36.9	25.1	39.1
	Female friend	58.0	63.2	68.2	62.2	62.8	62.7
	Male friend	30.2	35.3	31.9	31.9	31.0	33.8
	Older brother	12.6	24.9	11.7	11.4	12.2	18.6
	Older sister	21.4	35.8	20.2	21.6	20.8	29.2
	Other	8.9	12.1	8.1	7.2	8.5	9.9
	Never sought advice	12.1	8.2	4.6	4.0	8.6	6.3

Table 6.11 Sources of information used by students for sexual health (%).

continued...

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

Table 6.11 continued

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

2008 and 2002 comparison

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

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In 2002 88% of students reported that they had ever drank alcohol – this figure had reduced significantly to 79% in 2008. Despite the decreases in the overall student experience of alcohol consumption, young women in year 12 continued to binge drink at high levels and increased the frequency of this practice between 2002 and 2008 studies. In 2002 65% of young women in year 12 reported having 3 or more alcoholic drinks on any one occasion in the past 2 weeks; in the 2008 survey this figure had risen considerably to 84%. Young men in year 12 surveyed in 2008 also reported a higher rate of binge drinking (5 or more drinks) compared to their counterparts in 2002, however the increase here was not significant.

Generally, there has been very little change with regard to students' perceived risk of infection with STIs, HIV/AIDS and hepatitis between 2002 and 2008 studies (Table 6.6). Despite the apparent uncertainty surrounding vaccination for the disease, students in 2008 did, however, report feeling less at risk (comparing those responding 'likely' or 'very likely') of infection with hepatitis C compared with those surveyed in 2002, although the reduction here was small (4% vs. 2%).

There has been an increase in students reporting hepatitis A and hepatitis B vaccinations between 2002 and 2008 (Table 6.5). In 2002, 24% of students reported being vaccinated for hepatitis A and 45% for hepatitis B — in 2008 these proportions had risen significantly to 31% and 59% respectively. A certain degree of caution should be exercised when considering the increases in hepatitis vaccination estimates given the apparent high level of uncertainty associated with vaccination for this disease. In the 2002 study, a considerable proportion of students were unsure whether they had been vaccinated against hepatitis A, B and C, and a large number of students were incorrectly reporting hepatitis C vaccinations. In the 2008 survey student uncertainty surrounding hepatitis A vaccination had increased significantly and, compared to 2002, more students incorrectly believed they had been vaccinated against hepatitis C.

New information

In the 2008 survey, new information about marijuana use and vaccination for cervical cancer was asked of students.

Marijuana use

As Table 6.12 shows, almost a quarter of students had smoked marijuana in the year prior to being surveyed. Although most students reported using marijuana either once or twice in the past year, a considerable proportion (12%) had smoked the drug 3 or more times. Students in year 12 (29%) were more likely to have used marijuana in the past year compared with those in year 10 (20%).

		Year 10	Year 12	Total
Males	None	80.9	74.5	78.4
	Once or twice	7.9	9.0	8.4
	3-5 times	3.7	6.4	4.7
	6 or more times	7.5	10.1	8.5
		N=619	N=407	N=1026
Females	None	78.9	68.6	74.2
	Once or twice	11.4	18.7	14.7
	3-5 times	3.9	4.0	4.0
	6 or more times	5.8	8.7	7.1
		N=1030	N=857	N=1887
Totals	None	79.6	70.5	75.7
	Once or twice	10.1	15.5	12.5
	3-5 times	3.8	4.8	4.3
	6 or more times	6.4	9.2	7.6
		N=1649	N=1264	N=2913

Table 6.12 Number of times smoked marijuana in the last year (%).

Cervical cancer vaccination

The large majority of young women surveyed (86%) reported being vaccinated for cervical cancer (Table 6.13). There was a small degree of uncertainty surrounding the vaccination, with 3% of young women and 12% of young men unsure whether they had been vaccinated for cervical cancer. Of those women who had not been vaccinated or were unsure whether they had, the majority (59%) said they would want to be vaccinated for cervical cancer in the future.

Table 6.13 Vaccinated against cervical cancer (%).

		Year 10	Year 12	Total
Males	Yes	3.2	6.2	4.4
	No	84.1	84.1	84.1
	Don't Know	12.8	9.7	11.6
		N=610	N=391	N=1001
Females	Yes	81.2	92.0	86.0
	No	14.6	6.8	11.1
	Don't Know	4.2	1.2	2.8
		N=1018	N=836	N=1854
Totals	Yes	52.0	64.6	57.4
	No	40.7	31.4	36.7
	Don't Know	7.4	3.9	5.9
		N=1628	N=1227	N=2855

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

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

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

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Sexual Health

This questionnaire is anonymous and your responses confidential. Your honest response to questions is important.

When completed please place the questionnaire in the envelope provided and seal the envelope ensuring confidentiality.



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

For example...

А	Which year are you in at school?	 Year 10	['] 1
		Year 12	[]2

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

For example...

B What types of movies do you like to watch? 🖌 as many as you like to watch

зyс			
С	omedy	[/] 1
	omance	[/] 1
Н	orror/Thriller	[] 1
S	cience Fiction	[/] ₁
0	ther type of movie [please speci	fy]	
		[] 1



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

A1.	Are you?	Male Female	[]1 []2
A2.	How old are you?	Y	years old
A3.	Which year are you in at school?	_Year 10 Year 12	[]1 []2
Α4.	Were you born in Australia? If you were not born in Australia, please specify where?	No	[]2
A5.	If you were not born in Australia, how long have you lived here?.		years
A6.	Are you of Aboriginal or Torres Strait Islander origin? If you are both of Aboriginal and Torres Strait Islander origin,	No Dease tick both below Yes, Aboriginal Yes, Torres Strait Islander	[]2

A7.	In which country was your mother born?		
A8.	In which country was your father born?		
A9.	Is English the main language spoken at home?	YesNo	[]1 []2
	If NO, please specify the main language spoken at hom	ie	

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

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

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

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



This section asks you about sexual behaviour and feelings.

Please \checkmark one box for each question.

C1.	Do you think that people about the same age as you mostly use condoms if they have sex?		
	I don't think they have sex[] 1
	None use condoms[] 2
	A few do		3
	About half do[
	Most of them do] ₅
	All of them do[. :	6



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

Boys	[] 1	1
Girls	[] 2	2
Both	[] 3	3
l don't know	[] /	1

C3.	Which of these statements best desc	ribes your sexual feelings at the moment? I am attracted only to people of the opposite sex[] I am attracted to people of both sexes[] I am attracted only to people of my own sex[] Not sure[]	2
C4.	Have you ever had sex?	. Yes	1 2

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

Very confident	[] 1
Confident	Ī	12
A little confident		
Not very confident		
Not at all confident		
		10

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

5 1		
Very confident	[] 1
Confident	[12
A little confident		
Not very confident		
Not at all confident		
	L.	J



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

56/1		
Very confident	[] 1
Confident		
A little confident		
Not very confident		
Not at all confident		

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

D1.

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

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

Please 🖌 one box for each question.



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

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

D3.	Over the last year with how many people have you had oral sex but NOT intercourse? I have not had oral sex in the past year[]1 1 person[]2 2 people[]3 3 people[]4 4 people[]5 5 to 10 people[]6 11 or more people[]7
D4.	Over the last year with how many people have you had intercourse? I have not had intercourse in the past year[]_1 1 person[]_2 2 people[]_3 3 people[]_4 4 people[]_5 5 to 10 people[]_6 11 or more people[]_7
D5.	Have you ever had sex when you didn't want to?No[] ₁ If YES, ✓ as many as you think apply Yes, because I was too drunk at the time[] ₁ Yes, because I was too high at the time[] ₁ Yes, because my partner thought I should[] ₁ Yes, because my friends thought I should[] ₁
D6.	When you had sex with people in the last year, how often were condoms used? I didn't have sex []] Always used condoms []] Sometimes used condoms []] Never used condoms []]
D7.	Have you ever been diagnosed with a sexually transmissible infection (STI)?Yes[] 1 No[] 2 If YES, which STI(s)?

The f	ollowing questions are about the la	st time you had sex. Think back to the last time you had sex.
D8.	Was the last person you had sex w	with Someone you had just met for the first time? []_1 Someone you had known for a while, but had not had sex with before? []_2 Someone you had known for a while and had had sex with before, but not your current girlfriend/boyfriend? []_3 Your current girlfriend/boyfriend? []_4 I have never had sex []_5
D9.	Was the last person you had sex w	vith Male?[]_1 Female?[]_2 I have never had sex[]_3
D10.	How old was the last person you h	nad sex with? under 16 years old []1 16-17 years old []2 18-19 years old []3 20-24 years old []4 25-29 years old []5 30 years of age or older []6 Not sure []7 I have never had sex []8
D11.	When did you last have sex with th	his person? In the last week []1 1-3 weeks ago []2 1-3 months ago []3 4-6 months ago []4 7-12 months ago []5 Over 12 months ago []6 I have never had sex []7

D12.	The last time you had sex, where a	did this take place?	
	-	My house	
		My girl/boy friend's house	
		A friend's house	[]3
		Outside (e.g. In the park or on the beach)	
		In a car	
		Another place - please specify	[]_
		I have never had sex	[]
			L] /
D10	Think healt to the last time you have	d any REFORE you had any did you talk to this	noncon chaut
טוט.	THINK DACK TO THE IAST UNITE YOU HAD	d sex. BEFORE you had sex, did you talk to this	
		a) Avoiding pregnancy?	
			No[]2
		b) Avoiding HIV infection?	
			No[]2
		c) Avoiding other sexually	
		transmissible infections?	Yes[]1
			No[] ₂
		d) How to get sexual pleasure	
		without intercourse?	Yes []1
			No[]2
		e) Using a condom?	
			No[] ₂
		F) I have never had sex	
			L]

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

ne you nuu sex.			
	Yes	[]1
	No_]2
I have never had	d sex.	[] 3

4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health Page 77

D15.	Was a condom used the last time you had sex?	Yes[] 1
		No
		I have never had sex []3
	If a condom was NOT use	d, why?
	Please 🖌 as many reasons	
	l don't like them	[]1
		em[]1
	l trust my partner	[] ₁
		[]]
		l for HIV/STIs[] 1
	Too embarrassed	[] ₁
	l know my partner's sexua	history[]1
	It is not my responsibility	
	Other - please specify	
	I have never had sex	[]1

D16. Were you drunk or high last time you had sex?	Yes] 1
, 3 ,	No] ₂
	I have never had sex[] 3

D17.	The last time you had sex did you want to have sex?	Yes	[1,	1
		No	Ì	1	2
		I have never had sex	[] :	3

D18. After the last time you had sex, to what extent did you feel? Please 🖌 one box to rate each feeling.

Please 🗸 one box to rate						
No	ot at a	all ———		 E	Extr	emely
Good[] 1	[]2	[]3	[]	4	[]5
Upset[] 1	[]2	[]3	[]	4	[]5
Guilty[] 1	[]2	[]3	[]	4	[]5
Нарру[] 1	[]2	[]3	[]	4	[]5
Used[] 1	[]2	[]3	[]	4	[]5
Fantastic[] 1	[]2	[]3	[]	4	[]5
Worried[] 1	[]2	[]3	[]	4	[]5
Loved[] 1	[]2	[]3	[]	4	[]5
Regretful [] 1	[]2	[]3	[]	4	[]5
Other feeling(s) - please s	specify	у			_	
					_	[]1
I have never had sex						.[]1

D19. The last time you had sex which or the person you had sex with t	, if any, forms of contraception did you use?
	Please 🖌 as many you think apply.
	The pill[] 1
	IUD (Intrauterine Device)
	Diaphragm[]
	The morning after pill[] 1
	Withdrawal []1
	Rhythm method[]
	Condom[]
	None
	Other - please specify [] 1
	I have never had sex [] 1

D20. Have you ever had sex that resulted in a pregnancy?	
	No[]2 Don't know[]3



This section asks you about drinking and drug taking

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

E1.	How often do you have an alcoholic drink?	
	Never drink alcohol] 1
	Less than once a month]2
	About 1 day a month] 3
	2 to 3 days a month] 4
	About 1 day a week	15
	2-3 days a week]6
	4-6 days a week	17
	Every day	18

E2.

On a day that you have an alcoholic drink, how many standard drinks do you usually have? (a standard drink is a small glass of wine or middy of beer, a nip of spirits or a mixed drink) Never drink alcohol

	11
1-2 drinks	
3-4 drinks[Ĵ3
5-6 drinks	
7–8 drinks	
9–12 drinks	
13 or more drinks	

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

E3.	How many times have you had three or more alcoholic drinks on any one occasion?
	None

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

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

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

E5.

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

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

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

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

E7.	During the past 12 months, have you injected drugs?] 1
	No	



This section asks you about you and your body

F1.

In general, would you say your health is?

Please V only one box.	
Poor[] 1
Fair[] 2
Good] a
Very good[14
Excellent] ₅

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

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G1. The following are statements about sexually transmissible infections (STIs) and hepatitis. There are many infections that are sexually transmitted. Some of them are very rare, while others are common.

Please 🖌 a box for each question to show whether you think the statement is true or false

a box for each question to show whether you think the statement is the of false				
		True	False	know
a.	A man can have a sexually transmissible infection	nuo	i aloo	i i i i i i i i i i i i i i i i i i i
	without any obvious symptoms.	[]]	[]2	[]3
b.	A woman can have a sexually transmissible infection	L J I	1 12	1 13
	without any obvious symptoms.		[]2	[]3
C.	Apart from HIV, all sexually transmissible infections		1 12	. 13
	can be cured.		[]2	[]3
d.	Chlamydia is a sexually transmissible infection that			0
	affects only women.	[]1	[]2	[]3
e.	Chlamydia can lead to sterility among women.		[]2	[]3
f.	Hepatitis C has no long-term effects on your health.	[]1	[]2	[]3
g.				
	will always have the virus.		[]2	[]3
	People who always use condoms are safe from all STIs.		[]2	[]3
i.	It is possible to be vaccinated against hepatitis A.	l] 1	[]2	[]3
j.	It is possible to be vaccinated against hepatitis B It is possible to be vaccinated against hepatitis C	l]1		[]3
к. Т	People who have injected drugs are not at risk for	L J 1	[]2	[]3
1.	hepatitis C.	۲ I	[]2	۲ I
m	. Hepatitis C can be transmitted by tattooing and	L J 1	[]2	[]3
	body piercing.	[].	[]2	[]3
n.	Hepatitis B can be transmitted sexually.		$\begin{bmatrix} 1 \\ 1 \end{bmatrix}_{2}^{2}$	[]3
	Gonorrhoea can be transmitted during oral sex.			$\begin{bmatrix} 1 \\ 3 \end{bmatrix}_{3}$
p.			[]2	[]3
q.	HIV only infects gay men and injecting drug users.	[]1	[]2	[]3
r.	Cold sores and genital herpes can be caused by			
	the same virus.		[]2	[]3
	All people who have hepatitis C can be cured.	[]1	[]2	[]3
t.	Hepatitis C can be transmitted by sharing razors			
	or toothbrushes.	l] 1	[]2	[] ₃

4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health Page 83

G2.	How likely do you think you are personally to get any STI?	Never Very unlik Unlikely Likely Very likely	ely	[]2 []3 []4
G3.	How likely do you think you are personally to get hepatitis B?	Never Very unlik Unlikely Likely Very likely	ely	[]2 []3 []4
G4.	How likely do you think you are personally to get hepatitis C?	Never Very unlik Unlikely Likely Very likely	ely	[]2 []3 []4
				Don't
G5.	Have you ever been vaccinated against hepatitis A?	Yes [] ₁	No [] 2	Know [] ₃
G6	Have you ever been vaccinated against hepatitis B?	[]1	[]2	[]3
G7	Have you ever been vaccinated against hepatitis C?	[]1	[]2	[]3
G8	Have you ever been diagnosed with hepatitis? If Yes, was it? Hepatitis A Hepatitis B Hepatitis C Don't Know			[]1 []1 []1
G9.	Have you ever had an HIV antibody test (The test that tells whether a person is infected with HIV)? If you have had an HIV test, how long ago was 	No		[]2

The following questions are about your personal experiences.

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

			Vaa		
G10.	Have you heard of the H	HPV virus?		No 1 []2	
G11.	HPV affects:	a. Only or mainly men. b. Only or mainly women. c. Both men and women.	[]1 []1 []1	[]2 []2 []2	[]3 []3 []3
G12.	HPV is the virus that ca	uses genital warts	[]1	[]2	[]3
G13.	HPV is an infection ass	ociated with cervical cancer in women.	[]1	[]2	[]3
G14.	Have you ever discusse	d HPV with your friends?	[]1	[]2	[]3

		Yes	Don't No Know
G15. A person can get infe	ected with HPV from: a. Sexual contact. b. Genital skin to genital skin cor c. Skin to skin contact e.g. finger d. Blood transfusions. e. Toilet seats.	ntact. [] 1 rs/feet. [] 1 [] 1	[]2 []3 []2 []3 []2 []3
G16. Do you think:	 a. Using condoms when you hav complete protection against b. You can tell if you have HPV? c. Being infected with HPV alway to cervical cancer? d. Vaccinating young people aga HPV would encourage them t 	HPV? [] 1 [] 1 ys leads [] 1 iinst	[]2 []3
	 e. The vaccination won't work if is already sexually active? f. The vaccine gives you HPV? g. My GP can give me the vaccir of charge? h. If a woman has had the vaccir also needs to have regular Participation of the second sec	[] 1 a person [] 1 [] 1 [] 1 [] 1 ne free [] 1 nation she	[]2 []3 []2 []3 []2 []3
G17a. Have you been vacci	nated against cervical cancer?	Yes No Don't know If so when? Month _	[]2 []3

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

G18. Which of these increases the risk of cervical cancer?	Yes	No	Don't know
a. Smoking.		[]2	[]3
b. Binge drinking.	l]1	[] 2	[]3
c. Many sexual partners.	[]1	[]2	[]3
d. Early age of first sexual intercourse			[]3
e. Early puberty		[]2	[]3
f. Many pregnancies	[]1	[]2	[]3

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

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

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

THANK YOU



Answers to Survey Questions and Debriefing Sheet 2008 National Survey of Secondary Students and Sexual Health This leaflet provides answers to the knowledge questions you were asked in the questionnaire.

Statements about HIV (the AIDS virus)

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

Statements about Sexually Transmissible Infections (STIs) and hepatitis

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

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Statements about HPV and Cervical Cancer (Human Papilloma Virus)

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

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