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UNIVERSITY

**WESTERN
AUSTRALIAN**
SURVEY OF
SECONDARY
SCHOOL STUDENTS
AND SEXUAL
HEALTH 2018

Findings from the 6th National
Survey of Australian Secondary
Students and Sexual Health

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Contents

1. Executive summary	3	5.3 Sexual behaviour	26
Knowledge	3	5.4 Sexually active students	29
Behaviours	3	Number of sexual partners in previous year	29
Peer norms and condom use	3	Unwanted sex	30
Sexual behaviours	3	Condom use	31
Online behaviours	4	Last sexual encounter	40
Education	4	5.5 Not Yet Sexually Active Students	41
Informal education	4	Importance of reasons for not having sexual intercourse	41
Formal education	5	Likelihood of sex	44
2. Introduction	6	Opportunity to have sex	44
3. Methodology, survey instrument & sample	7	Feelings about not having experienced sexual intercourse	45
3.1 Survey instrument	7	Pressure to have sex	46
Knowledge	7	5.6 Online behaviours	47
Behaviour	7	Social media use	47
Education	7	“Sexting” behaviours	48
Demographics	7	Cyberbullying behaviours	52
3.2 Sampling method	7	6. Education	56
3.3 Ethics	9	6.1 Informal education	56
Consent	9	Confidence talking to others	56
3.4 Survey administration	9	Sources of sexual health information	61
3.5 Data management & analysis	9	Summary of informal education	68
3.6 Demographic characteristics of the sample	9	Internet	68
3.7 Limitations of the survey	13	Friends	68
4. Knowledge	15	Parents	68
4.1 HIV transmission	15	Doctor/GP	68
4.2 Sexually transmitted infections	16	School	68
Knowledge about STIs	16	Community Resources	68
Knowledge about STI symptoms	17	6.2 Formal education	68
4.3 Viral hepatitis	17	Experiences of relationships and sexuality	68
4.4 Human papillomavirus	18	Commentary on RSE	70
5. Behaviours	20	Positive comments	70
5.1 Protective behaviours	20	Critical comments	71
Testing, diagnosis & vaccination	20	Alternative sources of information	72
Perceptions of risk	21	7. Conclusion	74
Perceptions of peer norms of condom use	22	8. References	76
5.2 Sexual attraction and relationships	24		

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Finally, we would like to thank the funder of the report, the WA Department of Health, and of the overall study, the Commonwealth Department of Health, for their ongoing support of this vital research to inform policy and practice to improve the sexual health and wellbeing of young people in WA.

Executive summary

The 6th National Survey of Secondary Students and Sexual Health was conducted in 2018 and involved 6,327 students enrolled in Years 10, 11 and 12 in the Government, Catholic and Independent school systems, and from every Australian state and territory, of which 529 were from WA.

The survey, funded by the Commonwealth Department of Health, aims to provide information on progress in key priority areas for action in the *Five National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022*.²⁻⁶ These priority areas include improving knowledge about the human immunodeficiency virus (HIV), sexually transmissible infections (STIs) and blood-borne viruses (BBVs); monitoring behaviours that impact on BBVs and STIs; and educational initiatives to improve knowledge and minimise behaviours that increase the risk of infection.

Key findings from the WA report indicate there continues to be room to improve young peoples' sexual health knowledge; that students are largely engaging in responsible behaviours, though there is room to increase risk-reduction practices; and that students are accessing a diverse array of educational sources to learn about BBVs and STIs, though more could be done to improve programs both in and out of schools.

The key findings from the survey are as follows:

Knowledge

A key priority area for action in the five national and WA state strategies is to raise awareness and knowledge of HIV, STIs and BBVs. Knowledge of transmission and symptoms is an important precursor to perceptions of risk and subsequent behaviours to mitigate that risk.

Across all knowledge questions, students answered an average of 62.5% correctly, while reporting relatively low rates of perceived risk, testing and vaccination. While most students scored well in knowledge of HIV transmission and STI symptoms, there continues to be opportunities to improve overall sexual health knowledge among students in Australia.

- HIV transmission knowledge was generally high, with students, on average, getting 80.5% correct. Despite good knowledge, including the fact that HIV can be transmitted through heterosexual sex, most students believed they were at low or no risk of HIV infection (93.0%) and had not been tested for HIV (88.3%). Almost one-third (30.1%) of sexually active students discussed avoiding HIV infection prior to their last sexual encounter. Two in five students (41.8%) who were not yet sexually active expressed worry about contracting HIV.
- On average, students scored 51.8% across all general STI knowledge questions and 73.7% on all STI transmission questions. Most students (87.1%) did not believe they were likely to get an STI. One-third (35.1%) of sexually active students discussed avoiding STIs prior to their last sexual encounter, while close to half (43.8%) of students who were not yet sexually active had high levels of concern about contracting an STI when they did become sexually active.

- Viral hepatitis knowledge was generally poor, with students scoring an average of 36.9% correct across all questions. More than half of students did not know if they had been vaccinated against hepatitis A (59.7%) or B (55.7%), and most believed they were at low or no risk for hepatitis B (96.0%) and C (95.8%).
- Across all Human Papilloma Virus (HPV) knowledge questions, students scored an average of 43.0% correct, though over two-thirds (70.9%) had heard of HPV. Over one-third (44.5%) believed they had been vaccinated against HPV, with another 32.8% unsure. Considerably more students have been vaccinated against HPV by the age of 15 (80% of female students and 76% of male students).⁷
- Overall, there were few statistically significant differences on knowledge questions between LGBQ and heterosexual students.

Behaviours

One of the key priority areas for the five national and WA state strategies is ongoing data collection to support efforts in education, prevention, testing and treatment of HIV, STIs and BBVs. Monitoring the sexual and related behaviours of young people is essential to developing or modifying existing public health and health education programs.

Peer norms and condom use

The number of students who believed that their peers were using condoms (64.6%) was higher than the actual number who reported using them in the last year (58.7%) and at their last sexual encounter (45.8%).

Sexual behaviours

Most students have engaged in some form of sexual activity, from deep kissing (75.4%) to sexual intercourse (52.7%). Across all behaviours, Year 12 students engaged in more forms of sexual activity than Year 11 students; similarly, Year 11 students engaged in more forms of sexual activity than Year 10 students.

Sexually active students (52.7%) were largely having sex in their homes (73.6%) with a boyfriend or girlfriend (63.0%) who was about the same age as them (89.8%). Most reported discussing having sex (80.0%) and protecting their sexual health (73.6%) prior to having sex, were using condoms (45.8%) and/or oral contraception (40.6%), and felt good about their last sexual experience.

Not yet sexually active students (47.3%) didn't feel regretful about their decision to not have sex yet (76.4%), weren't feeling much pressure from partners or peers to have sex (93.0%), wanted to be "in love" when they did (75.0%), and believed they were likely to do so before marriage (71.8%), but not in the next year (55%).

- Students appeared to be increasingly comfortable acknowledging the diversity and complexity of sexual attraction, in line with other recent research⁸⁻¹⁰, and 36% of students indicated an attraction to the same gender or to multiple genders. However, most (88.6%) students' last sexual encounter was with someone they identified as being of a different gender

- Sexually active students reported few partners in the past year; a majority (61.1%) only had one sexual partner in the past year.
- One-quarter of sexually active students (28.0%) experienced unwanted sex at least once, although the vast majority (92.8%) reported that their last sexual event was wanted.
- A majority of sexually active students (58.7%) reported always or often using condoms in the past year. Further, 72.8% indicated a condom was used the first time they had vaginal sex.
- A very small number of sexually active students (3.1%) indicated that they had sex that resulted in a pregnancy. Of those, 87.5% were not planned.

Online behaviours

The survey asked about “sexting” and cyberbullying behaviours. Over one-third (37.7%) of students reported “sexting” in the last two months, mostly with a girlfriend, boyfriend or friend. More than half (55.5%) had done so only once or a few times in last two months.

Very few students (7.4%) reported experiences of cyberbullying, and of those who did, it had happened only once or a few times in the past two months. The most common experiences were feeling left out online (18.4%) and receiving a prank call (16.2%).

Most students were active and frequent users of social media. The most popular platforms were Facebook, YouTube, SnapChat and Instagram. Very few (8.6%) reported using dating apps such as Tinder.

Across all behavioural measures, there were very few differences between LGBTQ and heterosexual students. Key differences included LGBTQ students were slightly more likely to have engaged in “sexting” behaviours and have a slightly older sexual partner.

Education

A key priority area for action in the five national and WA state strategies is education initiatives—both in the community and school setting—to improve young peoples’ awareness, knowledge and skills to engage in healthy sexual relationships. The survey asked about students’ experiences of both informal and formal education on relationships and sexuality.

Informal education

Most students (79.5%) had accessed the internet to find answers to sexual health questions, although they did so infrequently (85.8% indicated once a month or less) and cautiously (23.7% indicated high levels of trust in online sources).

The majority of students reported that they felt most confident talking about sexual health with female friends (75.1%), did so frequently in last year (34.7% reported several times a month to almost weekly) and trusted them to provide accurate information (56.8% indicated high levels of trust). Students also talked with their mothers and male friends, though less so than female friends.

- The most trusted source of sexual health information were GPs (89.7%), followed by mother (59.5%) and community health services (50.5%).
- The most frequently used sources of sexual health information were female friends (24.1%), male friends (14.6%), the internet (9.1%) and an older sibling (9.1%).
- Students felt most confident that they could talk about HIV/STIs, contraception and sex with female friends (71.8%), male friends (51.9%), and GPs (48.7%).
- School programs, nurses, counsellors and teachers received low to moderate ratings of students’ confidence in talking to them, frequency of seeking information from them, and trust they would be able to provide accurate information.
- LGBTQ students were slightly less confident talking to some people about sexual health issues and had slightly lower levels of trust for some sources.

Formal education

Most students reported that they received relationships and sexuality education (RSE; 83.8%) at school. Most RSE was delivered by their regular teacher (83.9%) as part of their Health and Physical Education (HPE) subject (78.7%) in Years 7-8 (76.8%) and/or Years 9-10 (86.5%). One in three (37.8%) students found their RSE very or extremely relevant. Overall, there were no major differences in experiences of RSE between LGBTQ and heterosexual students.

- Students who wrote in comments on their relationships and sexuality education (RSE) said they want RSE that is engaging and affirming, delivered more often, and covering a wide range of age-appropriate content provided by well-trained teachers or other professionals who are comfortable with the topic.



Introduction

The *6th National Survey of Australian Secondary Students and Sexual Health 2018* marks 25 years of research into the sexual health and wellbeing of young people. The survey represents one of the few recurring national surveys in the world to regularly examine young peoples' knowledge about HIV, sexually transmissible infections (STIs) and other blood borne viruses (BBVs); sexual health-related behaviours including condom use; and, more recently, "sexting" and cyberbullying experiences; and educational factors that influence young peoples' sexual knowledge and practices.

For the first time, we are able to report on some state level data given the overwhelming response to the survey. This report was funded by the WA Department of Health and is based on data collection funded by the Commonwealth Department of Health. A fuller historical account of the survey can be found in the national report and a recently published open-access peer-reviewed paper.^{1 11} The findings of the WA report will be used to inform key stakeholders across the various fields working to address young peoples' sexual health and wellbeing within the state. Results will inform the continual improvement of important relationships and sexuality education resources

funded by the WA Department of Health such as the *Growing and Developing Healthy Relationships* schools resource, suite of books and websites for parents, young people, and associated professional training. This data will also provide information to assist with measuring indicators on the progress of the *Western Australian Sexual Health and Blood-borne Virus Strategies 2019 -2023* and help guide resource and policy development.

The 2018 survey results contained within these pages represent the culmination of 25 years worth of hard work and dedication by innumerable professionals and stakeholders across Australia. Those 25 years have seen many changes in the way we communicate, educate, target sexual health issues, and engage with the community. The 6th survey continues the long history of evolution by taking advantage of technological innovations and seeking to address some of the more recent developments in young peoples' sexual health and wellbeing. We dedicate this monograph to the many pioneers who laid the groundwork for this ongoing and vital work, to the numerous stakeholders in WA who supported and informed this report, and to the generations of young people who participated in the survey, sharing their stories and lives with us.

Methodology, survey instrument & sample

Data for the Western Australian Survey of Secondary Students and Sexual Health was drawn from the 6th National Survey of Secondary Students and Sexual Health 2018¹ and sampled a diverse cross-section of secondary students in WA. The survey was delivered online and responses were completely anonymously. The 2018 survey used similar methodologies to previous iterations, while adopting new sampling and recruitment strategies in line with technological changes driving the latest innovations in rigorous survey research. Full details of the methodology, survey instrument and sample can be found in the national report and in an open-access peer-reviewed publication.^{1,11}

The following is a brief outline.

3.1 Survey instrument

The anonymous 2018 survey was provided to students in a secure online format. The anonymous cross-sectional 2018 survey asked about students' sexual health knowledge, behaviour and behavioural determinants (e.g., perceptions of peer norms), and formal and informal education. The full set of survey questions is available at the survey website, teenhealth.org.au.

Knowledge

The first area sought to assess student knowledge of sexual health and wellbeing by asking fact-based questions about HIV and other STIs (e.g., Chlamydia, Human Papilloma Virus) and examined knowledge on transmission, prevention, symptoms, and treatment.

Behaviour

The second area measured a range of behaviours and experiences and asked about behavioural determinants (such as perceived peer norms toward condom use, reasons for not being sexually active yet, and contraceptive use). Questions also covered HIV and STI testing behaviours and related diagnoses, social media use, and experiences of "sexting" and cyberbullying.

Education

The final area explored student experiences of education related to sexual health and wellbeing, including both informal and formal education. Questions on informal education assessed which sources of information students accessed (e.g., doctors, teachers, parents, the internet), how confident they felt about those using sources, and how trustworthy they perceived each of the sources to be.

Questions on formal education explored student experiences of relationships and sexuality education (RSE) in schools, including the context surrounding the subject (e.g., when and by whom it was taught), relevance of the education, and the opportunity to comment on their RSE experiences.

Demographics

In addition to the three primary areas of interest, the survey also asked a variety of socio-demographic questions (similar to those found in the 2016 Australian census). Validated measures of sexual orientation and gender identity were also included.^{12,13} The survey did not ask for any identifying information.

3.2 Sampling method

The fully online, anonymous survey used minimum quota sampling to achieve a diverse representation.

Sampling quotas, informed by targets based on the latest (2016) Australian census data¹⁴, comprised of school type (Government, Catholic, other non-government [a.k.a., Independent]), gender (male, female), and year in school (10, 11 and 12). Table 3.1 shows the minimum quotas, the obtained WA sample, and the difference between the two. Overall differences were minor with the exception of a few groups; the final WA sample is a good indication for the state population but is *not* considered representative.

Table 3.1 WA Sample composition in relation to the 2016 census data

School type	Gender	Year in school	2016 census projections	Survey	Difference
			% to Total	% to Total	
Government	Male	Year 10	10.1	5.8	-4.3%
		Year 11	10.0	9.6	-0.4%
		Year 12	10.1	8.8	-1.3%
	Female	Year 10	9.4	6.6	-2.8%
		Year 11	9.3	14.0	4.6%
		Year 12	9.1	8.2	-1.0%
Catholic	Male	Year 10	3.4	2.0	-1.5%
		Year 11	3.5	4.6	1.1%
		Year 12	3.4	3.8	0.4%
	Female	Year 10	3.5	3.0	-0.5%
		Year 11	3.5	5.2	1.7%
		Year 12	3.4	6.0	2.6%
Other Non-Government (a.k.a., Independent)	Male	Year 10	3.6	1.6	-2.0%
		Year 11	3.6	4.8	1.2%
		Year 12	3.5	5.8	2.3%
	Female	Year 10	3.6	1.2	-2.4%
		Year 11	3.4	4.4	1.0%
		Year 12	3.6	4.8	1.2%

3.3 Ethics

The study received ethics approval from the La Trobe University Human Ethics Committee (HEC18030). The approved ethics application noted that the primary ethical considerations in conducting this study were: 1) obtaining consent for persons under the age of 18, and 2) minimising potential harms for participating students.

Consent

According to the National Statement on Ethical Conduct in Human Research¹⁵, consent involves ensuring that research participants are respected, “giving due scope to people’s capacity to make their own decisions.” (p. 16) In order for a person to be able to provide fully-informed, voluntary consent, they must have the capacity to evaluate information about participating in the research (including the potential harms and benefits), understand what they will be asked to do as a participant, and understand how their data will be used.

Ethics guidelines generally assume that people under the age of 18 may be less likely to have the capacity to evaluate this information and voluntarily consent to participate, and thus usually require the consent of a parent or legal guardian to participate. However, a Human Research Ethics Committee can waive this requirement if “involvement in the research carries no more than low risk,” “it is impractical to obtain consent,” and “there is sufficient protection of [the young person’s] privacy” (p. 21).¹⁵

The 6th National Survey of Secondary Students and Sexual Health 2018 was assessed as low risk. This was supported by the history of the survey (no adverse events or complaints were reported for any of the five previous surveys conducted over more than 20 years). The online platform made it impractical to obtain parental consent. Finally, the survey was fully anonymous and did not collect any identifying information, reducing any risk of harm and providing more than sufficient protection of privacy.

Going beyond the qualifying standards for waiver, the approved ethics application also documented recent research indicating that adolescents (14+ years of age) have the cognitive capacity to make fully informed decisions to participate in general survey research such as the current study.¹⁶⁻¹⁸

All participating students were asked to provide their consent by actively ticking “I Agree” to participate, and all participants under 18 years of age were encouraged to discuss the survey with a parent or legal guardian prior to participating. The survey website provided links to the Participant Information Sheet so students and parents could find out more about the study and, if needed, contact the research team with questions.

To further minimise any risks, the research team provided a “Prefer Not To Answer” option for every question so that participants did not have to answer any questions they did not want to, and every page of the survey included links and phone numbers for Kids Helpline and Life Line.

The research team and the La Trobe University ethics office received no reports of adverse events or complaints about the 2018 survey.

3.4 Survey administration

The survey was administered through the password-secured online survey platform Qualtrics, available through La Trobe University. The survey went live on 5 April 2018, and was promoted via a set of Facebook advertisements. All ads were approved by the La Trobe University Human Ethics Committee (HEC18030). More comprehensive details on

survey administration can be found in the national report and peer-reviewed open-access paper on methods.¹¹

Nationally, the average time taken to complete the survey was 23.4 minutes, with most participants completing it on an internet-enabled mobile device (87.8%) in under an hour (95.5%). After completing the anonymous survey, participants were thanked for their time and reminded of the list of services and resources on the survey website, including links and phone numbers for Kids Helpline and Life Line.

3.5 Data management & analysis

The anonymous online survey responses were automatically saved upon completion or timeout (i.e. if the survey was started but not completed within 24 hours). At the conclusion of the study, results were imported into SPSS 25 (IBM, 2018) and stored on a secure, password-protected La Trobe University server. Standard data cleaning procedures were used to remove incomplete surveys and participants who did not meet the inclusion criteria or whose responses indicated a lack of genuine intent (see Mischievous responders under 3.7 Limitations of the survey, below).

This report includes a detailed description of the 2018 data analysed by gender. Given the small sample size, the WA report is limited to “female” and “male;” the national report includes results for people who identify as trans and gender diverse (TGD). Additional analyses commissioned by WA examined differences between lesbian, gay, bisexual and questioning (LGBQ) participants and non-LGBQ (heterosexual) participants; these results are embedded throughout the report. We also looked more closely at qualitative responses to questions around reasons for unwanted sexual experiences, condom non-use at last event, and not yet having had sex; these are reported alongside similar quantitative results.

3.6 Demographic characteristics of the sample

A total of 549 students completed the survey in WA. Tables 3.2 to 3.4 present the basic demographic characteristics of the sample. Slightly more female students than male students completed the survey. The sample represented a fair distribution across the three main school types with slight oversamples of Catholic and Other Non-Government (e.g., Independent) schools, gender and year in school. Slightly fewer government school, male Year 10 students participated in the survey compared to slightly more government school, female year 11 students. Table 3.1 provides a comparison of the minimum quota sampling proportions based on 2016 census data and those achieved by the survey; the greatest difference amounted to 4.6% with most of the strata achieving around 2% or less deviation from census figures.

There may be unknown response biases based on the recruitment methods (i.e., only students who actively used Facebook during the recruitment period would have seen the ads and known about the survey), and the content of the survey (e.g., there may be differences between students who chose to participate and those who chose not to participate in a sexual health survey).

The data in this report are therefore presented in their raw (i.e., unweighted) form as a diverse cross-sectional convenience sample. The results of the survey reported here should be considered a good indication of the knowledge, behaviour and educational experiences of secondary students in WA, but results do not constitute a representative sample.

Table 3.2 Sample size by gender

Gender	Total	
	%	n
Male	46.3	254
Female	53.7	295

Table 3.3 Sample size by school type

Type of school	Total	
	%	n
Government	48.3	265
Catholic	22.4	123
Other non-government	20.6	113
Not Sure/Prefer not to answer	8.7	48

* PNTA = Prefer Not To Answer

Table 3.4 Sample size by year level

Year in School	Males		Females		Total	
	%	n	%	n	%	n
Year 10	21.3	54	21.0	62	21.1	116
Year 11	40.6	103	43.7	129	42.3	232
Year 12	38.2	97	35.3	104	36.6	201

A total of 20 (3.7%) students self-identified as being of Aboriginal and/or Torres Strait Islander origin, providing an oversample compared to census data.¹⁹

Students' geographic location based on the postcodes provided by participants and coded to Australian Bureau of Statistics (ABS) remoteness categories²⁰, skewed toward major cities and inner regional areas of Australia (see Table 3.5).

Table 3.5 Sample size by remoteness

Remoteness	Males		Females		Total	
	%	n	%	n	%	n
Major cities	81.1	206	80.3	237	80.7	443
Inner regional	6.3	16	8.1	24	7.3	40
Outer regional	4.3	11	4.7	14	4.6	25
Remote / Very Remote	1.2	3	1.4	4	1.3	7
Don't know/PNTA/unusable answer	7.1	18	5.4	16	6.2	34

PNTA = Prefer Not To Answer

Most participants and about two-thirds of their parents were born in Australia (see Table 3.6).

Table 3.6 Sample size by students and their parents born in Australia

Gender	Student		Mother		Father	
	%	n	%	n	%	n
Male	82.7	210	66.8	161	63.8	150
Female	85.0	250	71.0	198	68.1	188

* Prefer not to answer and not sure responses excluded from total

Most students reported having no religion. Among those who identified with a religion, the most prominent was Catholic, followed by Anglican and other Christian religions (see Table 3.7).

Table 3.7 Sample size by religion or faith

Religion	Males		Females		Total	
	%	n	%	n	%	n
No religion	61.8	149	64.0	185	63.0	334
Catholic	18.7	45	20.1	58	19.4	103
Anglican (Church of England)	3.3	8	6.6	19	5.1	27
Uniting Church	2.5	6	0.7	2	1.5	8
Greek Orthodox	1.2	3	0.7	2	0.9	5
Baptist	2.9	7	2.1	6	2.5	13
Presbyterian	1.2	3	1.4	4	1.3	7
Buddhism	0.8	2	0.7	2	0.8	4
Islam	0.4	1	0.3	1	0.4	2
Judaism	0.8	2	0.7	2	0.8	4
Hinduism	0.4	1	0.0	0	0.2	1
Other Christian religion	5.0	12	2.1	6	3.4	18
Other non-Christian religion	0.8	2	0.7	2	0.8	4

* Prefer not to answer and not sure responses excluded from total

For the first time, the survey asked participants to indicate their sexual orientation (see Table 3.8). While the majority (74.1%, n=401) identified as heterosexual or straight, a sizeable minority (25.9%) identified as either gay/lesbian, bisexual or questioning (LGBQ). It is difficult to say definitively if this is an oversample, given the limitations of Australian census and other population data.²¹ Recent surveys have found higher proportions of non-exclusively heterosexual people than older surveys, particularly among women. Recent evidence suggests that around 3% or 4% of the general population report identifying as gay, lesbian or bisexual (e.g., ABS General Social Survey²², Australian Study of Health and Relationships¹⁰), while other national studies indicate that between 10% and 36% of the population have some experience of same-sex or both-sex attraction or behaviour.⁸⁻¹⁰

The results presented here could reflect a greater willingness among gay, lesbian and bisexual students to complete a survey on sexual health or a greater incentive to participate in order to have their experiences included. Alternatively, the findings could suggest a growing willingness of young people to identify in research studies as having a sexual orientation other than heterosexual. Findings may reflect current trends but must be interpreted in light of the likely sample bias toward people who are more interested in sexual health/sexuality, who might also be more likely to be not exclusively heterosexual.

Female students were more likely to identify as bisexual than male students, who were more likely to identify as gay than female students ($p < .01$)

Table 3.8 Sample size by self-identified sexual orientation

	Males		Females		Total	
	%	n	%	n	%	n
Heterosexual or straight	76.9	190	71.8	211	74.1	401
Gay or lesbian	10.9	27	0.7	2	5.4	29
Bisexual	7.7	19	21.1	62	15.0	81
Not sure	4.5	11	6.5	19	5.5	30

* Prefer not to answer responses excluded from total

Students identifying as LGBQ did not differ statistically to those identifying as heterosexual or straight for school type, year level, remoteness or whether they or their parents were born in Australia. Table 3.9 illustrates LGBQ students were less likely to identify as Catholic and slightly more likely to identify with no religion ($p < 0.01$)

Table 3.9 Heterosexual and LGBQ students by religion or faith

Religion	Heterosexual		LGBQ		Total	
	%	n	%	n	%	n
No religion	62.1	241	66.4	89	63.2	330
Catholic	21.9	85	12.7	17	19.5	102
Anglican (Church of England)	21.9	1	3.0	4	5.0	26
Uniting Church	1.3	1	2.2	3	1.5	8
Presbyterian	1.3	5	1.5	2	1.3	7
Buddhism	0.3	1	2.2	3	0.8	4
Islam	0.5	2	0.0	0	0.4	2
Greek Orthodox	0.3	1	3.0	4	1.0	5
Baptist	2.8	11	0.7	1	2.3	12
Hinduism	0.3	1	0.0	0	0.2	1
Judaism	0.5	2	0.7	1	0.6	3
Other Christian religion	2.8	11	5.2	7	3.4	18
Other non-Christian religion	0.3	1	2.2	3	0.8	4

* Prefer not to answer and not sure responses excluded from total

3.7 Limitations of the survey

While the sample achieved in this *Western Australian Survey of Secondary Students and Sexual Health* is diverse and aligns with census data, we cannot say it is representative of *all* secondary students in WA. The results reported here therefore need to be understood in the context of the following limitations:

- Self-Selection bias.** Young people who voluntarily responded to our sample might differ from the population of students at large. For example, the Facebook ads were explicit that the survey had to do with sex and/or sexual health which may have led some students who were not yet sexually active to think they would not qualify and therefore decide not to click on the ad and/or participate.
- Sampling bias.** Almost all participants (97.8%) learnt about the study via Facebook ads. The ads were targeted at all 14-18 year olds living in Australia, and the number of impression exceed the total sample frame. However, not all 14-18 year olds in Australia have a Facebook account, nor are all those with an account active users (or active during the recruitment period). On the other hand, documented social media use in Australia indicates that most young people have a Facebook profile and access it more than a dozen times a week.²³ The widespread use of Facebook thus minimises the sampling bias inherent in the study, but does not fully overcome the limitation.
- Attrition bias.** The estimated attrition rate (that is, people who started the survey but did not complete it) was 66.5% (before data cleaning). It is likely that a substantial minority of these were participants who started the survey, stopped due to distractions or similar issues, and returned later to start over again. However, many of those who did not complete the survey may differ in some way from those who completed the survey. Some may have been curious about the survey but, upon realising the scope, decided they did not want to continue.
- Mischievous responders.** The self-administered nature of the survey leaves open the possibility for participants to give untruthful answers and thus introduce bias into the accuracy of results. A rigorous strategy was used to minimise and then screen out mischievous responders. The length of the survey itself served as a deterrent and was deemed successful given the attrition rates. Second, variations of the important questions were asked more than once across the survey and used to screen out possible inconsistent responders; the research team was conservative in this screening of responses and erred on the side of removing these responders from the results. Finally, further screening identified “speeders” giving the same answer to a series of questions within a question block, and those who left derogatory comments in open-ended questions. Such responses were also removed.



Knowledge

This chapter covers students' responses to questions testing knowledge on HIV transmission, sexually transmissible infections (STIs), viral hepatitis and human papilloma virus (HPV).

"Don't know" responses were counted as incorrect; where correct knowledge on a particular question was low, a substantial number of those "incorrect" responses were "Don't know", indicating students were honest in not knowing the answer. Students selecting the "Prefer not to answer" option were excluded from analysis. For many questions, the difference between genders in the proportion of correct responses was statistically significant.

4.1 HIV transmission

Knowledge about HIV transmission was generally high (see Table 4.1), with an average of 80.5% correct answers across all questions.

Most students knew of the various ways HIV could be transmitted, such as through having sex (89.1% to 93.4%) and

sharing injecting needles (94.7%). Students also overwhelmingly knew HIV could not be transmitted through hugging (93.4%), that the birth control pill did not provide protection from HIV (91.8%), and that condom use helped prevent HIV transmission (89.4%). Fewer students knew HIV could not be transmitted by coughs or sneezes (69.6%) or mosquito bites (24.8%).

For a couple of the questions, the differences in percentage of correct responses between genders were statistically significant; however, the differences were small (usually around 5%).

Knowledge about HIV transmission was generally high for both heterosexual and LGBQ students with few students from either group knowing that HIV could not be transmitted by mosquito bites (23.9% and 26.4% respectively) to high knowledge that HIV can be transmitted by sharing a needle when injecting drugs (94.5% and 95.7% respectively). More heterosexual students (95.0%, n = 381) than LGBQ students (88.6%, n = 124) knew that HIV can be transmitted from a man to a woman through having sex ($p < 0.01$).

Table 4.1 Correct responses to HIV transmission questions

Question (correct answer)	Males		Females		Total	
	%	n	%	n	%	n
1. Could a person get HIV (the AIDS virus) by sharing a needle with someone when injecting drugs? (Yes)	95.3	242	94.2	278	94.7	520
2. Could a woman get HIV (the AIDS virus) through having sex with a man? (Yes)	94.5	240	92.5	273	93.4	513
3. If someone with HIV coughs or sneezes near other people, could they get the virus? (No)**	76.0	193	64.1	189	69.6	382
4. Could a man get HIV through having sex with a man? (Yes)	90.2	229	91.5	270	90.9	499
5. Could a person get HIV from mosquitoes? (No)	27.2	69	22.7	67	24.8	136
6. If a woman with HIV is pregnant, could her baby become infected with HIV? (Yes)**	63.0	160	74.6	220	69.2	380
7. Could a person get HIV by hugging someone who has it? (No)	92.1	234	94.6	279	93.4	513
8. Does the pill (birth control) protect a woman from HIV infection? (No)	92.1	234	91.5	270	91.8	504
9. Could a man get HIV through having sex with a woman? (Yes)	91.7	233	86.8	256	89.1	489
10. If condoms are used during sex does this help to protect people from getting HIV? (Yes)	89.4	227	89.5	264	89.4	491
11. Could someone who looks very healthy pass on HIV infection? (Yes)	81.5	207	77.5	227	79.3	434

** $p < 0.01$ (statistically significantly different between genders)

4.2 Sexually transmitted infections

Knowledge about STIs

Students' correct general knowledge about STIs, averaged across all questions, was 51.8% (see Table 4.2).

Most students knew STIs may not have obvious symptoms (96.7%), that not only gay men and injecting drug users can be infected with HIV (92.7%), and that people are not always safe from all STIs if they use condoms (84.0%). Considerably fewer students knew that genital warts could be spread without intercourse (58.4%), that Chlamydia can lead to sterility in women

(59.9%), that the herpes virus stays with a person for life (42.6%) and that the virus that causes genital herpes also can cause cold sores (7.5%).

STI knowledge was similar for both heterosexual and LGBQ students. Few students in either group knew that the virus that causes genital herpes also causes cold sores (8.7% and 4.3% respectively) and most students knew that STIs may not have obvious symptoms (96.0% and 98.6% respectively).

Table 4.2 Correct responses to general STI questions

Question (correct answer)	Males		Females		Total	
	%	n	%	n	%	n
1. Someone can have a sexually transmissible infection without any obvious symptoms (True)	96.0	243	97.3	287	96.7	530
2. Apart from HIV, all sexually transmissible infections can be cured (False)	68.5	174	70.2	207	69.4	381
3. Chlamydia is a sexually transmissible infection that affects only women (False)	71.3	181	75.9	224	73.8	405
4. Chlamydia can lead to sterility among women (True)	57.5	146	61.9	182	59.9	328
5. Once a person has caught genital herpes, then they will always have the virus (True)	39.4	100	45.4	134	42.6	234
6. People who always use condoms are safe from all STIs (False)	83.1	211	84.7	250	84.0	461
7. Gonorrhoea can be transmitted during oral sex (True)	68.8	174	66.1	195	67.3	369
8. Genital warts can only be spread by intercourse (False)	55.1	140	61.2	180	58.4	320
9. HIV only infects gay men and injecting drug users (False)	93.3	237	92.2	272	92.7	509
10. Cold sores and genital herpes can be caused by the same virus (True)	9.8	25	5.4	16	7.5	41

Knowledge about STI symptoms

Knowledge of STI symptoms was generally good (see Table 4.3), averaging 73.7% correct across all questions.

Overwhelmingly, students correctly identified pain or discomfort urinating (97.1%), lumps and bumps in the genital area (93.4%), a rash in the genital area (92.3%) and discoloured skin in the genital area (82.3%) as symptoms of an STI. Fewer students knew that muscular soreness (40.0%) or a severe headache (33.2%) could be a symptom of an STI. The difference in percentage of correct responses between genders was statistically significant for two questions with more male

students giving correct responses for both. These differences were between 10 and 20%.

STI symptom knowledge was slightly different between heterosexual and LGBQ students. Heterosexual students (35.4%, $n = 142$) were more likely than LGBQ students (25.0%, $n = 35$) to know that severe headache can be a symptom of an STI ($p < 0.01$). More LGBQ students (96.4%, $n = 135$), than heterosexual students (91.3%, $n = 366$), knew that a rash in the genital area can be a symptom of an STI ($p < 0.01$)

Table 4.3 Correct responses to STI symptom questions

Question (correct answer)	Males		Females		Total	
	%	n	%	n	%	n
1. Discharge from the penis or vagina can be a symptom of an STI (True)	75.1	190	80.0	236	77.7	426
2. Pain or discomfort when urinating can be a symptom of an STI (True)	95.7	243	98.3	290	97.1	533
3. Muscular soreness in the thighs can be a symptom of an STI (True)**	50.4	127	31.2	92	40.0	219
4. Lumps and bumps in the genital area can be a symptom of an STI (True)	94.1	239	92.9	274	93.4	513
5. Severe headache can be a symptom of an STI (True)*	37.4	95	29.5	87	33.2	182
6. Discoloured skin in the genital area can be a symptom of an STI (True)	82.7	210	82.0	242	82.3	452
7. A rash in the genital area can be a symptom of an STI (True)	90.6	230	93.9	277	92.3	507

* $p < 0.05$ (statistically significantly different between genders)

** $p < 0.01$ (statistically significantly different between genders)

4.3 Viral hepatitis

Knowledge of viral hepatitis was generally low (see Table 4.4) with an average of 36.9% correct answers given across all questions.

Many students knew people injecting drugs could be at risk for hepatitis C (76.9%). About two-thirds knew tattooing and body piercing were vectors for hepatitis C transmission (65.2%). About half knew that hepatitis C has long-term effects on health (53.4%), and it's possible to be vaccinated against hepatitis A (40.0%) and B (46.2%). Most students did not know there is no vaccine for hepatitis C (12.0%), hepatitis C can be transmitted by sharing razors or toothbrushes (9.8%), and hepatitis B can be sexually transmitted (4.7%). The difference in proportion of correct responses between genders was statistically significant

for one question with more male students giving the correct answer by a difference of 13.5%.

Viral hepatitis knowledge was low for both heterosexual and LGBQ students. Most students (90% for both groups) did not know that hepatitis C can be transmitted by sharing razor blades or toothbrushes. Most students (77.5% and 75.0% respectively) knew that people who have injected drugs are at risk for hepatitis C. LGBQ students (8.6%, $n = 12$) were more likely than heterosexual students (3.5%, $n = 14$) to know that hepatitis B could be transmitted sexually ($p < 0.01$). More heterosexual students (55.9%, $n = 224$) than LGBQ students (45.7%, $n = 64$) knew that hepatitis C has long-term effects on health ($p < 0.01$).

Table 4.4 Correct responses to viral hepatitis questions

Question (correct answer)	Males		Females		Total	
	%	n	%	n	%	n
1. Hepatitis C has no long-term effects on your health (False)**	60.6	154	47.1	139	53.4	293
2. It is possible to be vaccinated against hepatitis A (True)	39.0	99	40.8	120	40.0	219
3. It is possible to be vaccinated against hepatitis B (True)	43.5	110	48.5	143	46.2	253
4. It is possible to be vaccinated against hepatitis C (False)	13.8	35	10.5	31	12.0	66
5. People who have injected drugs are not at risk for hepatitis C (False)	79.5	202	74.6	220	76.9	422
6. Hepatitis C can be transmitted by tattooing and body piercing (True)	61.4	156	68.5	202	65.2	358
7. Hepatitis B can be transmitted sexually (True)	4.3	11	5.1	15	4.7	26
8. There is a cure for hepatitis C, which is 90-95% effective (True)	23.6	60	24.7	73	24.2	133
9. Hepatitis C can be transmitted by sharing razors or toothbrushes (True)	12.2	31	7.8	23	9.8	54

** $p < 0.01$ (statistically significantly different between genders)

4.4 Human papillomavirus

Knowledge of HPV was generally low (See Table 4.5) with an average of 43.0% correct answers given across all questions. Many students, over two-thirds, had heard of the HPV virus (70.9%).

Almost two thirds of students knew the HPV vaccination wouldn't encourage them to become sexually active (63.6%). About half of students knew that condoms do not provide complete protection against HPV (54.1%), that the HPV vaccine does not give you HPV (59.3%), and that HPV affects both men and women (60,3%). Very few student were aware that HPV is

the virus that causes genital warts (28.1%), that you cannot tell if you have HPV (24.7%), or that HPV can cause cancers of the head and throat (7.1%). For several questions, female students were statistically significantly more likely to give correct responses.

Most students, 69.3% of heterosexual students and 75.0% of LGBQ students, had heard of HPV virus. Most heterosexual and LGBQ students knew that HPV affects both men and women (59.9% and 60.7% respectively) and few (7.4% and 5.7% respectively) knew that HPV can cause head and throat cancer ($p < 0.01$).

Table 4.5 Correct responses to HPV questions

Question (correct answer)	Males		Females		Total	
	%	n	%	n	%	n
1. HPV affects only or mainly men (False)**	41.7	106	58.5	172	50.7	278
2. HPV affects only or mainly women (False)	37.8	96	45.1	133	41.7	229
3. HPV affects both men and women (True)	56.7	144	63.4	187	60.3	331
4. HPV is the virus that causes genital warts (True)	30.3	77	26.1	77	28.1	154
5. HPV causes cervical cancer in women (True)**	31.0	78	45.8	135	38.9	213
6. HPV causes cancers of the head and throat (True)	7.5	19	6.8	20	7.1	39
7. Using condoms when you have sex gives complete protection against HPV (False)	52.8	133	55.3	163	54.1	296
8. You can tell if you have HPV (False)	23.6	60	25.7	75	24.7	135
9. Being infected with HPV always leads to cervical cancer (False)*	39.9	101	49.8	147	45.3	248
10. Vaccinating young people against HPV would encourage them to become sexually active (False)**	54.8	138	71.2	210	63.6	348
11. The HPV vaccination won't work if a person is already sexually active (False)**	44.0	111	57.8	170	51.5	281
12. The HPV vaccine gives you HPV (False)**	52.6	132	65.0	191	59.3	323
13. My GP can give me the HPV vaccine free of charge (True)	38.70	98	37.8	111	38.2	209
14. If a woman has had the HPV vaccination she also needs to have regular cervical cancer tests (True)	35.2	89	42.0	124	38.9	213

* $p < 0.05$ (statistically significantly different between genders)

** $p < 0.01$ (statistically significantly different between genders)

Behaviours

5.1 Protective behaviours

Testing, diagnosis & vaccination

Several questions throughout the survey asked if students had been tested for HIV, if they had been diagnosed with an STI and if they believed they had been vaccinated against HPV and hepatitis A and B.

Very few students had ever been tested for HIV (4.7%, n=26; see Table 5.1). Of those who had been tested for HIV, 30.8% (n=8) had been tested in the last 6 months.

Few heterosexual students (4.0%, n = 16) or LGBQ students (5.7%, n = 8) had ever been tested for HIV. Of those who had, a quarter of the heterosexual students (n = 4) and half the LGBQ students (n = 4) had been tested in the past six months.

Table 5.1 Responses to “Have you ever had an HIV antibody test (that tells whether a person is infected with HIV)?”

	Males		Females		Total	
	%	n	%	n	%	n
Yes	4.3	11	5.1	15	4.7	26
No	89.4	227	87.5	258	88.3	485
Unsure	6.3	16	7.5	22	6.9	38

Sexually active students were asked about STI diagnosis (see Table 5.2). Most had never been diagnosed with an STI (97.5%). The majority of heterosexual and LGBQ students (98.1%, n = 206 and 95.8%, n = 72 respectively) had never been diagnosed with an STI.

Table 5.2 Responses to “Have you ever been diagnosed with a sexually transmissible infection (STI)?”

	Males		Females		Total	
	%	n	%	n	%	n
Yes	2.4	3	2.6	4	2.5	7
No	97.6	120	97.4	152	97.5	272

All students were asked if they had been vaccinated against hepatitis A and B (see Table 5.3). Close to one-quarter thought they had been vaccinated against hepatitis A (22.9%) and/or B (27.4%), while more than half were unsure (59.7% and 55.7% respectively).

Similar numbers of heterosexual and LGBQ students had been vaccinated against hepatitis A (23.3% and 20.1% respectively) and hepatitis B (26.5% and 29.3% respectively).

Table 5.3 Responses to “Have you been vaccinated against...?”

		Males		Females		Total	
		%	n	%	n	%	n
Hepatitis A	Yes	22.6	57	23.1	68	22.9	125
	No	17.1	43	17.7	52	17.4	95
	Don't know	60.3	152	59.2	174	59.7	326
Hepatitis B	Yes	24.9	63	29.5	87	27.4	150
	No	17.0	43	16.9	50	17.0	93
	Don't know	58.1	147	53.6	158	55.7	305

All students were asked if they had been vaccinated against HPV (see Table 5.4). Almost half believed they had been vaccinated (44.5%), with nearly a third not knowing (32.8%). Female students were significantly more likely than male students to believe they had been vaccinated ($p < 0.05$). Of those who had

been vaccinated, close to two-thirds (64.4%) indicated that they had received one, two or three doses of the vaccine.

Similar numbers of heterosexual and LGBQ students believed they had been vaccinated against HPV (43.7% and 45.7% respectively).

Table 5.4 Responses to “Have you been vaccinated against HPV, also called the cervical cancer vaccine?”

	Males		Females		Total	
	%	n	%	n	%	n
Yes	38.1	96	50.0	147	44.5	243
No	24.2	61	21.4	63	22.7	124
Don't know	37.7	95	28.6	84	32.8	179

Perceptions of risk

Students' perceived their risk of HIV infection as very low, with more than half indicating that the chance of infection was very unlikely or never (55.7%; see Table 5.5). There were no statistically significant differences between gender categories.

Student's perceived their risk of HIV infection as very unlikely for both heterosexual and LGBQ groups with more than half indicating that their chances of infection was very unlikely or never (54.4% and 59.1% respectively).

Table 5.5 Responses to “How likely do you think you are personally to get HIV infection?”

	Males		Females		Total	
	%	n	%	n	%	n
Never	11.2	28	8.2	24	9.6	52
Very unlikely	41.8	104	49.8	145	46.1	249
Unlikely	39.8	99	35.1	102	37.2	201
Likely/Very likely	7.2	18	6.9	20	7.0	38

Students had slightly higher levels of perceived risk to get any STI (see Table 5.6) with 12.9% believing it likely or very likely they would ever get an STI. Perceived risk of getting hepatitis B or C was lowest of all items with 4.0% and 4.2%, respectively, believing they were likely or very likely to become infected. There were no statistically significant differences between genders.

Perceived levels of risk (likely or very likely) for ever getting an STI was 12.6% for heterosexual students and 13.1% for LBGQ students. Few heterosexual and LBGQ students believed that they were likely or very likely to become infected with hepatitis B (3.4% and 6.0% respectively) or C (3.6% and 6.0% respectively). There were no statistical differences between heterosexual and LBGQ students.

Table 5.6 Responses to “How likely do you think you are personally to get...”

		Males		Females		Total	
		%	n	%	n	%	n
Any STI	Never	6.4	16	5.2	15	5.7	31
	Very unlikely	36.0	90	39.5	115	37.9	205
	Unlikely	46.4	116	40.9	119	43.4	235
	Likely/Very Likely	11.2	28	14.4	42	12.9	70
Hepatitis B	Never	13.2	32	12.3	35	12.7	67
	Very unlikely	47.5	115	48.8	139	48.2	254
	Unlikely	34.7	84	35.4	101	35.1	185
	Likely/Very Likely	4.5	11	3.5	10	4.0	21
Hepatitis C	Never	12.8	31	12.0	34	12.4	65
	Very unlikely	46.7	113	47.9	136	47.3	249
	Unlikely	35.5	86	36.6	104	36.1	190
	Likely/Very Likely	5.0	12	3.5	10	4.2	22

Perceptions of peer norms of condom use

The majority of students (64.6%) believed most or all people around their age used condoms (see Table 5.7).

Table 5.7 Responses to “Do you think that people about the same age as you mostly use condoms if they have sex?”

	Males		Females		Total	
	%	n	%	n	%	n
I do not think they have sex	3.9	10	2.0	6	2.9	16
None use condoms	0.4	1	0.7	2	0.5	3
A few do	17.3	44	12.2	36	14.6	80
About half do	13.8	35	20.4	60	17.3	95
Most of them do	58.7	149	61.6	181	60.2	330
All of them do	5.9	15	3.1	9	4.4	24

* Prefer Not To Answer responses excluded from total

Most students thought that, for those young people who use condoms when having sex, solely girls (43.2%) or both girls and boys (44.6%) suggested using a condom (see Table 5.8). Male students were more likely than female students to believe boys or both girls and boys suggested using a condom ($p < 0.01$).

Table 5.8 Responses to “For those young people who use condoms when having sex, who do you think mostly suggests using a condom?”

	Males		Females		Total	
	%	n	%	n	%	n
Boys	13.0	33	2.7	8	7.5	41
Girls	30.7	78	53.9	159	43.2	237
Both	50.4	128	39.7	117	44.6	245
I don't know	5.9	15	3.7	11	4.7	26

* Prefer Not To Answer responses excluded from total

There were no differences between perceived condom use between heterosexual and LGBQ students with 65.5% and 61.4% respectively believing all or most of their peers used condoms and the majority of students believing that only girls (44.1% and 42.1% respectively) or both girls and boys (44.4% and 45.7% respectively) suggested condom use.

5.2 Sexual attraction and relationships

Students were asked about their sexual attraction to other people (see Table 5.9). The majority of students were only attracted to people of the opposite gender; 70.0% of male students were only attracted to females and 56.7% of female students were only attracted to males. Female students were more likely than male students to indicate some level of attraction other than only to the opposite gender (40.6% vs. 29.1%; $p < 0.01$).

Table 5.9 Responses to “People are different in their sexual attraction to other people. Which best describes your feelings?”

	Males		Females		Total	
	%	n	%	n	%	n
Only attracted to females	70.0	173	0.7	2	32.4	175
Mostly attracted to females	12.1	30	5.1	15	8.3	45
Equally attracted to females	3.2	8	6.8	20	5.2	28
Mostly attracted to males	5.3	13	28.0	82	17.6	95
Only attracted to males	8.5	21	56.7	166	34.6	187
Not sure	0.8	2	2.7	8	1.9	10

* Prefer Not To Answer responses excluded from total

When asked about sexual attraction to other people (Table 5.10), heterosexual students mostly reported only being attracted to the opposite sex (91.1% of males, 78.2% of females). Of the LBGQ students, one third of males students reported being attracted to the same sex only (35.1%) compared to 1.2% of

female students. Almost half of LGBQ female students reported being mostly attracted to males (47.6%), a quarter were equally attracted to males and females (24.4%) and 17.1% were mostly attracted to females.

Table 5.10 Heterosexual and LGBQ responses to “People are different in their sexual attraction to other people. Which best describes your feelings?”

	Heterosexual				LGBQ			
	Male		Female		Male		Female	
	%	n	%	n	%	n	%	n
Only attracted to females	91.1	173	0.5	1	0.0	0	1.2	1
Mostly attracted to females	8.4	16	0.5	1	24.6	14	17.1	14
Equally attracted to females and males	0.0	0	0.0	0	14.0	8	24.4	20
Mostly attracted to males	0.0	0	20.4	43	22.8	13	47.6	39
Only attracted to males	0.5	1	78.2	165	35.1	20	1.2	1
Not sure	0.0	0	0.5	1	3.5	2	8.5	7

The majority of students (77.0%) have had a romantic relationship at some point in their lives (see Table 5.11). In spite of a history of relationship(s), the majority (60.9%) did not have a girlfriend or boyfriend at the time of taking the survey (see Table 5.12).

The majority of heterosexual and LGBQ students have had a past romantic relationship (77.1% and 77.7% respectively) and the majority (59.1% and 64.3% respectively) did not have a current girlfriend or boyfriend.

Table 5.11 Responses to “Have you ever had a girlfriend or a boyfriend?”

	Males		Females		Total	
	%	n	%	n	%	n
Yes	74.4	189	79.3	233	77.0	422
No	24.4	62	20.7	61	22.4	123
Don't know/Not sure	1.2	3	0.0	0	0.5	3

* Prefer Not To Answer responses excluded from total

Table 5.12 Responses to “Do you currently have a girlfriend or boyfriend?”

	Males		Females		Total	
	%	n	%	n	%	n
Yes	34.8	88	41.2	121	38.2	209
No	64.4	163	57.8	170	60.9	333
Don't know/Not sure	0.8	2	1.0	3	0.9	5

* Prefer Not To Answer responses excluded from total

5.3 Sexual behaviour

The survey asked all students to indicate whether or not they had engaged in any of eight different sexual behaviours; results are presented by year level and gender in Table 5.13. The most commonly reported behaviour was touching one's own genitals (88.8%, $p < 0.01$), followed by deep kissing (75.4%, $p < 0.01$), touching a partner's genitals (68.9%), and being touched on the genitals (68.2%). About half of students reported having ever engaged in oral sex, both giving (56.9%, $p < 0.05$) and receiving (55.1%). The least-reported behaviours were vaginal (49.0%, $p < 0.05$) and anal sex (15.4%). Across all behaviours, the proportion of students having ever engaged in each behaviour

significantly increased by year level ($p < 0.01$).

The reported sexual behaviours were generally similar between heterosexual and LGBQ students of the same year level (Table 5.14). Although, more Year 12 heterosexual students reported vaginal sex overall compared to LGBQ students ($p < 0.05$), fewer Year 11 and 12 heterosexual students reported anal sex than comparable LGBQ students ($p < 0.05$), and overall fewer heterosexual students than LGBQ students reported ever having engaged in anal sex ($p < 0.01$). Year 11 LGBQ students were more likely to have ever touched their own genitals compared to comparable heterosexual students ($p < 0.05$).



Table 5.13 Reported sexual behaviours by year level and gender

		Males		Females		Total	
		%	n	%	n	%	n
Deep kissing	Year 10	57.4	31	77.4	48	68.1	79
	Year 11	63.4	64	79.5	101	72.4	165
	Year 12	78.9	75	87.3	89	83.2	164
	Total	68.0	170	81.8	238	75.4	408
Touching partner's genitals	Year 10	49.1	26	66.1	41	58.3	67
	Year 11	63.4	64	72.2	91	68.3	155
	Year 12	78.7	74	73.3	74	75.9	148
	Total	66.1	164	71.3	206	68.9	370
Being touched on your genitals	Year 10	50.0	26	66.1	41	58.8	67
	Year 11	59.4	60	72.8	91	66.8	151
	Year 12	76.6	72	74.3	75	75.4	147
	Total	64.0	164	71.9	206	68.2	370
Touching your own genitals	Year 10	89.6	43	71.7	43	79.6	86
	Year 11	95.9	94	81.7	94	88.3	188
	Year 12	98.9	94	90.5	86	94.7	180
	Total	95.9	231	82.6	223	88.8	454
Giving oral sex	Year 10	32.7	17	54.8	34	44.7	51
	Year 11	49.0	49	61.4	78	55.9	127
	Year 12	63.4	59	67.0	67	65.3	126
	Total	51.0	125	61.9	179	56.9	304
Receiving oral sex	Year 10	34.0	18	51.6	32	43.5	50
	Year 11	48.0	48	57.5	73	53.3	121
	Year 12	67.0	63	61.4	62	64.1	125
	Total	52.2	129	57.6	167	55.1	296
Anal sex	Year 10	7.7	4	16.1	10	12.3	14
	Year 11	13.1	13	9.5	12	11.1	25
	Year 12	22.3	21	21.8	22	22.1	43
	Total	15.5	38	15.2	44	15.4	82
Vaginal sex	Year 10	33.3	18	50.8	31	42.6	49
	Year 11	40.0	40	52.8	67	47.1	107
	Year 12	52.1	49	57.4	58	54.9	107
	Total	43.1	107	54.0	156	49.0	263

Table 5.14 Reported sexual behaviours by heterosexual and LGBQ students and year level

		Heterosexual		LGBQ	
		%	n	%	n
Deep kissing	Year 10	70.7	58	65.5	77
	Year 11	73.8	124	69.0	164
	Year 12	83.8	124	81.6	164
	Total	76.9	306	72.8	405
Touching partner's genitals	Year 10	62.2	51	48.3	14
	Year 11	68.9	115	67.2	39
	Year 12	77.4	113	71.4	35
	Total	70.6	279	64.7	88
Being touched on your genitals	Year 10	64.2	52	48.3	14
	Year 11	66.5	111	68.4	39
	Year 12	76.0	111	73.5	36
	Total	69.5	274	65.9	89
Touching your own genitals	Year 10	78.7	59	78.6	22
	Year 11*	85.1	131	96.4	54
	Year 12	93.6	132	98.0	48
	Total	87.0	322	93.2	124
Giving oral sex	Year 10	48.1	39	41.4	12
	Year 11	56.6	94	54.2	32
	Year 12	64.8	94	66.7	32
	Total	57.9	227	55.9	76
Receiving oral sex	Year 10	45.1	37	41.4	12
	Year 11	54.8	91	49.2	29
	Year 12	63.4	92	66.0	33
	Total	56.0	220	53.6	74
Anal sex	Year 10	11.0	9	17.9	5
	Year 11*	8.5	14	19.0	11
	Year 12*	17.8	26	34.7	17
	Total**	12.5	49	24.4	33
Vaginal sex	Year 10	46.9	38	37.9	11
	Year 11	48.8	82	42.1	24
	Year 12*	59.6	87	40.8	20
	Total*	52.4	207	40.7	55

* $p < 0.05$ ** $p < 0.01$ (statistically significant differences between groups)

5.4 Sexually active students

For the purposes of this report, sexually active students were defined as those who had ever engaged in anal and/or vaginal sex, also referred to as sexual intercourse. This definition is consistent with previous national survey reports and aligns with the most common modes for transmission of STIs and HIV. This definition of sexually active has the potential to exclude sexually active female students self-identifying as lesbian or bisexual; a couple of students who had indicated they had “ever had sex” were excluded from the definition of sexually active in this report. Over half of students (52.7%) reported ever having

engaged in sexual intercourse (see Table 5.15) and were thus considered to be sexually active for the purposes of this study.

Reported anal and/or vaginal sexual intercourse was similar between heterosexual and LGBQ students of the same year level, with 46.7% and 42.9% (respectively) having had sex by Year 10, 48.8% and 50.9% (respectively) by Year 11 and 60.7% and 64.6% (respectively) by Year 12.

Just over half the heterosexual (52.8%) and the LGBQ (54.1%) students reported being sexually active.

Table 5.15 Students who have ever had sexual intercourse (anal and/or vaginal) by year level

	Males		Females		Total	
	%	n	%	n	%	n
Year 10	36.5	19	50.8	31	44.2	50
Year 11	45.0	45	52.8	67	49.3	112
Year 12	64.5	60	59.0	59	61.7	119
Total	50.6	124	54.5	157	52.7	281

Sexually active students were asked a set of sexual health-related questions about their behaviour.

Number of sexual partners in previous year

The majority of sexually active students (61.1%) reported having only one sexual partner in the past year (see Table 5.16). There were no differences in the number of sexual partners in the past year between heterosexual and LGBQ sexually active students.

Table 5.16 Responses to “Over the last year with how many people have you had anal and/or vaginal intercourse?” (n=275)

	Males		Females		Total	
	%	n	%	n	%	n
I have not had sex in the past year	2.4	3	3.8	6	3.2	9
1 person	57.7	71	63.7	100	61.1	171
2 people	17.9	22	12.1	19	14.6	41
3+ people	22.0	27	20.4	32	21.1	59

Unwanted sex

Sexually active students were asked, "Have you ever had sex when you didn't want to?" A little more than one-quarter (28.0%) responded "yes" (see Table 5.17). Female students were more likely than male students to report ever having had unwanted

sex ($p < 0.01$). One third of heterosexual (27.2%) and LGBQ (30.9%) reported that they have had unwanted sex, with no significant differences between groups.

Table 5.17 Responses to "Have you ever had sex when you didn't want to?" (n= 275)

	Males		Females		Total	
	%	n	%	n	%	n
Yes	14.8	18	38.6	59	28.0	77

Reasons for unwanted sex are displayed in Table 5.18, with "My partner thought I should" the most common reason (55.8%). There was some consistency across genders; however, male students were significantly more likely to indicate perceived peer pressure than female students ($p < 0.01$). The survey did

not ask about forced or coerced sexual experiences nor did it attempt to assess lack of consent across unwanted sexual experiences. There were no differences between LGBQ and heterosexual students.

Table 5.18 Responses to "Below are some reasons why people had sex when they did not want to. Please check all that apply to you" (n=275)

	Males		Females		Total	
	%	n	%	n	%	n
I was too drunk at the time	44.4	8	39.0	23	40.3	31
I was too high at the time	16.7	3	16.9	10	16.9	13
My partner thought I should	55.6	10	55.9	33	55.8	43
My friends thought I should	44.4	8	5.1	3	14.3	11
I was frightened	27.8	5	30.5	18	29.9	23
Other	33.3	6	22.0	13	24.7	19

Students selecting other to the above question were able to write in the reason. Nine students, 3 males and 6 females, narrated explicit descriptions of forced or coerced sexual experiences, most being only a few words.

Forced because they were drunk and just wouldn't let me not have sex with them.

(male, year 10, heterosexual)

I was forced to physically. I was raped by a 16 year old when I was 13.

(female, year 12, bisexual)

The other students writing in an other response described a sense of ambivalence or doing it for their partner.

Didn't feel like it but kinda thought, meh, [I Don't Mind], consented but wasn't in the mood.

(female, year 12, heterosexual)

I thought I wanted to but afterwards I felt bad.

(male, year 10, heterosexual)

To please my partner.

(female, year 11, heterosexual)

Sexually active students reported considerably lower rates (7.2%) of unwanted sex for their most recent sexual experience (see Table 5.19).

Table 5.19 Responses to “The last time you had sex did you want to have sex?” (n=277)

	Males		Females		Total	
	%	n	%	n	%	n
Yes	95.9	116	90.4	141	92.8	257
No	4.1	5	9.6	15	7.2	20

Condom use

Most sexually active students (58.7%) often or always used condoms over the past year (see Table 5.20). Male students were more likely than female students to report having always used a condom in the previous year ($p < 0.05$). Condom use at first vaginal sex event was even higher (72.8%), but lower at first anal sex event (42.0%; see Table 5.21).

Over half of LGBQ students (57.6%) reported using condoms at first anal sex event compared to 31.3% of heterosexual students ($p < 0.05$). Heterosexual and LGBQ students reported similar rates of condom use at first vaginal sex event (75.1% and 63.6% respectively).

Table 5.20 Responses to “When you had sex in the last year, how often were condoms used” (n=269)

	Males		Females		Total	
	%	n	%	n	%	n
Always used condoms	43.3	52	31.5	47	36.8	99
Often used condoms	23.3	28	20.8	31	21.9	59
Sometimes used condoms	10.8	13	11.4	17	11.2	30
Occasionally used condoms	7.5	9	18.8	28	13.8	37
Never used condoms	15.0	18	17.4	26	16.4	44

Table 5.21 Responses to “Did you use a condom the first time you had...?” (n=261)

		Males		Females		Total	
		%	n	%	n	%	n
Anal sex	Yes	51.4	19	34.1	15	42.0	34
	No	48.6	18	65.9	29	58.0	47
Vaginal sex	Yes	77.1	81	69.9	109	72.8	190
	No	21.9	23	28.2	44	25.7	67

Last sexual encounter

Sexually active students were asked a series of questions that related to the last time they had sex. The majority of students (63.0%) reported that their last sexual encounter was with a girlfriend or boyfriend (see Table 5.22). Very few students indicated their last sexual encounter was with someone they had just met (8.7%).

Heterosexual and LGBQ students mostly reported that their last sexual encounter was with a boy or girlfriend (66.2% and 54.4% respectively). Few heterosexual (7.7%) and LGBQ (11.8%) students reported that their last sexual experience was with someone they just met.

Table 5.22 Responses to “Was the last person you had vaginal and/or anal sex with...” (n=276)

	Males		Females		Total	
	%	n	%	n	%	n
Someone you had just met for the first time	13.2	16	5.2	8	8.7	24
Someone you had known for a while, but had not had sex with before	19.8	24	13.5	21	16.3	45
Someone you had known for a while and had had sex with before, but not your girlfriend/boyfriend at the time	10.7	13	12.9	20	12.0	33
Your girlfriend/boyfriend at the time	56.2	68	68.4	106	63.0	174

Most male (97.5%) and female (85.2%) students indicated their last sexual experience occurred with someone of the opposite gender (see Table 5.23). Most students reported the age of their last sexual partner was similar to their own age

(see Table 5.24); the vast majority (96.0%) of Year 10 students' last partner was 17 or under and most Year 11 (85.2%) and Year 12 (87.3%) students' last partner was between 16 and 19 years old.

Table 5.23 Responses to “Was the last person you had vaginal and/or anal sex with...?”(n=279)

	Males		Females		Total	
	%	n	%	n	%	n
Male	14.8	18	97.5	153	61.3	171
Female	85.2	104	2.5	4	38.7	108

Table 5.24 Responses to “How old was the last person you had vaginal and/or anal sex with?”(n=275)

		Males		Females		Total	
		%	n	%	n	%	n
Year 10	Under 16 years old	61.1	11	48.4	15	53.1	26
	16-17 years old	38.9	7	45.2	14	42.9	21
	18-19 years old	0.0	0	6.5	2	4.1	2
	20 years of age or older	0.0	0	0.0	0	0.0	0
Year 11	Under 16 years old	11.6	5	15.4	10	13.9	15
	16-17 years old	76.7	33	69.2	45	72.2	78
	18-19 years old	9.3	4	15.4	10	13.0	14
	20 years of age or older	2.3	1	0.0	0	0.9	1
Year 12	Under 16 years old	3.4	2	5.1	3	4.2	5
	16-17 years old	74.6	44	52.5	31	63.6	75
	18-19 years old	11.9	7	35.6	21	23.7	28
	20 years of age or older	10.2	6	6.8	4	8.5	10

Heterosexual males only reported having sex in the past year with the opposite sex and generally heterosexual females reported having sex with the opposite sex (98.2%, n=109; see Table 5.25). Over half of the LGBQ males reported only have sex with the same sex (55.6%) compared to 2.5% of LGBQ females.

Female LGBQ students reported having sex with only the opposite gender (82.5%), more than LGBQ males (25.9%). Less than a quarter of LGBQ males and females reported having sex with both males and females (18.5% and 15.0% respectively).

Table 5.25 Heterosexual and LGBQ responses to “In the past year, who have you had sex with?”

	Heterosexual				LGBQ			
	Male		Female		Male		Female	
	%	n	%	n	%	n	%	n
Males only	0.0	0	98.2	109	55.6	15	82.5	33
Females only	100.0	92	0.9	1	25.9	7	2.5	1
Both males and females	0.0	0	0.9	1	18.5	5	15.0	6

Of the sexually active students, 98% of heterosexual and 75.7% of LGBTQ students reported that their last sexual encounter was with someone of the opposite sex. Some LGBTQ students (32.4%) reported slightly older (18 years or older) sexual partners at their last sexual encounter compared to heterosexual students (15.8%, $p < 0.05$).

The last sexual encounter, for a majority of students (61%), occurred within the three weeks prior to taking the survey

(see Table 5.26). Female students were more likely to have reported sex in the last week than male students ($p < 0.01$). Sexually active students were asked where their last sexual encounter happened, with most indicating that it took place at their or their partner's house (73.6%; see Table 5.27). Most heterosexual (76.9%) and LGBTQ (63.4%) students reported that their last sexual encounter was at their own or partner's house and occurred in the last three weeks (61.4% and 60.6% respectively)

Table 5.26 Responses to “When did you last have vaginal and/or anal sex?”(n=277)

	Males		Females		Total	
	%	n	%	n	%	n
In the last week	31.1	38	43.2	67	37.9	105
1-3 weeks ago	18.9	23	26.5	41	23.1	64
1-3 months ago	19.7	24	16.1	25	17.7	49
4-6 months ago	16.4	20	6.5	10	10.8	30
7-12 months ago	10.7	13	3.9	6	6.9	19
Over 12 months ago	3.3	4	3.9	6	3.6	10

Table 5.27 Responses to “The last time you had vaginal and/or anal sex, where did this take place?”(n=276)

	Males		Females		Total	
	%	n	%	n	%	n
My house	33.3	40	32.7	51	33.0	91
My partner's house	36.7	44	43.6	68	40.6	112
A friend's house	16.7	20	9.6	15	12.7	35
Outside (e.g., in the park or the beach)	5.8	7	5.1	8	5.4	15
In a car	3.3	4	6.4	10	5.1	14
Another place	4.2	5	2.6	4	3.3	9

The majority of sexually active students engaged in discussions related to protecting their sexual health *prior* to having sex, including: talking about having sex (80.0%), using a condom (73.6%), avoiding pregnancy (59.7%), and how to get sexual

pleasure without intercourse (42.5%; see Table 5.28). About one-third of students also discussed avoiding STIs (35.1%) and HIV (30.1%).

Table 5.28 Responses to “Think back to the last time you had sex. Before you had vaginal and/or anal sex, did you talk to this person about...”(n=279)

		Males		Females		Total	
		%	n	%	n	%	n
Avoiding pregnancy	Yes	56.2	68	62.4	98	59.7	166
	No	39.7	48	36.3	57	37.8	105
	Don't remember	4.1	5	1.3	2	2.5	7
Avoiding HIV infection	Yes	35.0	43	26.3	41	30.1	84
	No	62.6	77	71.2	111	67.4	188
	Don't remember	2.4	3	2.6	4	2.5	7
Avoiding other sexually transmissible infections	Yes	34.1	42	35.9	56	35.1	98
	No	58.5	72	62.8	98	60.9	170
	Don't remember	7.3	9	1.3	2	3.9	11
How to get sexual pleasure without intercourse	Yes	42.7	53	42.3	66	42.5	119
	No	51.6	64	51.9	81	51.8	145
	Don't remember	5.6	7	5.8	9	5.7	16
Using a condom	Yes	80.5	99	68.2	107	73.6	206
	No	18.7	23	29.9	47	25.0	70
	Don't remember	0.8	1	1.9	3	1.4	4
Having vaginal and/or anal sex	Yes	80.5	99	79.6	125	80.0	224
	No	17.1	21	17.8	28	17.5	49
	Don't remember	2.4	3	2.5	4	2.5	7

There were no differences between heterosexual and LGBQ sexually active students (Table 5.29) in discussions related to protecting their sexual health prior to having sex, with the

expectation of talking about avoiding pregnancy with heterosexual students (62.8%) more likely to report having this discussion than LGBQ students (50%, $p < 0.05$)

Table 5.29 Heterosexual and LGBQ responses to “Think back to the last time you had sex. Before you had vaginal and/or anal sex, did you talk to this person about...?”

		Heterosexual		LGBQ	
		%	n	%	n
Avoiding pregnancy*	Yes	62.8	130	50.0	35
	No	33.8	70	50.0	35
	Don't remember	3.4	7	0.0	0
Avoiding HIV infection	Yes	29.1	60	33.3	24
	No	68.0	140	65.3	47
	Don't remember	2.9	6	1.4	1
Avoiding other sexually transmissible infections	Yes	32.0	66	44.4	32
	No	64.1	132	51.4	37
	Don't remember	3.9	8	4.2	3
How to get sexual pleasure without intercourse	Yes	44.4	92	37.5	27
	No	50.2	104	55.6	40
	Don't remember	5.3	11	6.9	5
Using a condom	Yes	75.4	156	68.1	49
	No	23.7	49	29.2	21
	Don't remember	1.0	2	2.8	2
Having vaginal and/or anal sex	Yes	80.2	166	79.2	57
	No	17.9	37	16.7	12
	Don't remember	1.9	4	4.2	3

* $p < 0.05$

The majority of sexually active students (61.3%) indicated a condom was available at their last sexual event (see Table 5.30), with slightly fewer (53.3%) reporting the condom was used (see Table 5.31). Male students were more likely to report using a condom at their last sexual encounter than female students ($p < 0.01$).

Students who reported not using a condom at their last sexual encounter were asked about their reasons for not using one (see Table 5.32). The most common reasons were trust in partner (39.5%), knowledge of partner's sexual history (33.3%), partner's

dislike of condoms (30.2%), and that “it just happened” (30.2%). Embarrassment (1.6%) and “It is not my responsibility” (1.6%) were extremely uncommon reasons for not using a condom.

Heterosexual and LGBQ students reported similar rates of having a condom available at the last sexual encounter (61.7% and 61.1% respectively), and using a condom at the last sexual encounter (55.4% and 53.5% respectively). There was no differences between heterosexual and LGBQ students about why a condom was not used during the last sexual encounter.

Table 5.30 Responses to “Did you or the person with whom you had vaginal and/or anal sex have a condom with them/you the last time you had sexual intercourse?” (n=279)

	Males		Females		Total	
	%	n	%	n	%	n
Yes	65.9	81	57.7	90	61.3	171
No	32.5	40	37.8	59	35.5	99
Don't remember	1.6	2	4.5	7	3.2	9

Table 5.31 Responses to “Was a condom used the last time you had vaginal and/or anal sex?”(n=276)

	Males		Females		Total	
	%	n	%	n	%	n
Yes	62.8	76	45.8	71	53.3	147
No	37.2	45	54.2	84	46.7	129

Table 5.32 Responses to “Why was a condom not used the last time you had sexual intercourse? Please select as many reasons as you think apply” (n=129)

	Males		Females		Total	
	%	n	%	n	%	n
I don't like them	35.6	16	25.0	21	28.7	37
My partner doesn't like them	24.4	11	33.3	28	30.2	39
I trust my partner	31.1	14	44.0	37	39.5	51
It just happened	35.6	16	27.4	23	30.2	39
We both have been tested for HIV/STIs	8.9	4	23.8	20	18.6	24
Too embarrassed	4.4	2	0.0	0	1.6	2
I know my partner's sexual history	31.1	14	34.5	29	33.3	43
It is not my responsibility	2.2	1	1.2	1	1.6	2
Other	20.0	9	34.5	29	29.5	38

Students selecting other had the option to write in the reason for not using a condom the last time they had sex. The majority (n=27, 71.1%) wrote in they or their partner were on another form of contraception (e.g., the pill); this include male students who indicated their female partner was using hormonal contraception. Other reasons included allergies to latex, pain, didn't have any, and embarrassment to buy.

My girlfriend has the rod to stop pregnancy.
(male, year 11, heterosexual)

Hurt to put on as I found out I was somehow doing it wrong.
(male, year 11, bisexual)

It's incredibly painful and makes me physically incapable of having sex.
(female, year 12, bisexual)

I'm allergic to latex.
(female, year 12, heterosexual)

Box of condoms empty.
(male, year 11, heterosexual)

To embarrassed to go to a check out and buy a packet.
(male, year 10, heterosexual)

Five students indicated they were with a partner whom they had talked to about sexual histories and been tested and/or exclusive/monogamous.

I am on the contraceptive pill, and as we are each other's only historical sexual partners, we don't have any STI.
(female, year 11, bisexual)

We are both the only sexual partner each other has had.
(female, year 11, heterosexual)

Sexually active students indicating their last sexual encounter was vaginal sex were asked what types of contraception were used, if any (see Table 5.33). The most commonly used methods were condoms (48.5%) and the oral contraceptive pill (40.6%). Rates of condom use reported on this question were similar compared to the previous question (see Table 5.31) indicating relatively strong reliability of responses to questions on condom use. The least-used forms of contraception included the IUD (2.0%), rhythm method (1.7%), injectables (0.7%), and diaphragm (0.3%).

Reported use of contraception varied between heterosexual and LGBQ students. The most common methods used were condoms (54.2% and 33.8% respectively) and the oral contraceptive pill (42.5% and 36.4% respectively). More heterosexual than LGBQ students reported using withdrawal (24.3% and 13.0% respectively, $p < 0.05$) or condoms (54.2% vs. 33.8%, $p < 0.05$) as contraception.

Table 5.33 Responses to “The last time you had vaginal sex which, if any, forms of contraception did you or the person you had sex with use to prevent pregnancy? Please select as many as you think apply” (n=293)

	Males		Females		Total	
	%	n	%	n	%	n
The pill	35.4	46	44.8	73	40.6	119
IUD (Intrauterine Device)	1.5	2	2.5	4	2.0	6
Diaphragm	0.8	1	0.0	0	0.3	1
Emergency Contraception (The morning after pill)	3.8	5	2.5	4	3.1	9
Withdrawal	22.3	29	20.2	33	21.2	62
Rhythm method*	3.8	5	0.0	0	1.7	5
Condom	50.8	66	46.6	76	48.5	142
Injection (e.g., Depo-Provera)	0.8	1	0.6	1	0.7	2
Contraceptive implant (e.g., Implanon)*	4.6	6	13.5	22	9.6	28
None	6.9	9	6.7	11	6.8	20
Other	0.0	0	0.6	1	0.3	1

Very few students reported sex that resulted in a pregnancy (3.1%; see Table 5.34). The majority of those that did experience a pregnancy reported that it was unplanned (87.5%; see Table 5.35). There were a total of eight reported pregnancies (2.5% of heterosexual students and 5.5% of LGBQ students) which were not planned for the majority of heterosexual (n=5, 100%) and LGBQ (n=2, 66.7%) students.

Table 5.34 Responses to “Have you ever had sex that resulted in a pregnancy?” (n=259)

	Males		Females		Total	
	%	n	%	n	%	n
Yes	1.9	2	3.9	6	3.1	8
No	98.1	103	95.5	147	96.5	250
Don't know	0.0	0	0.6	1	0.4	1

Table 5.35 Responses to “Was the pregnancy planned?” (n=8)

	Males		Females		Total	
	%	n	%	n	%	n
Yes	0.0	0	16.7	1	12.5	1
No	100.0	2	83.3	5	87.5	7

Most students (83.2%) were sober the last time they had sex, with no statistically significant differences between genders (see Table 5.36). Few students (17.4% of heterosexual and 13.9% of LBGQ) were high or drunk the last time they had sex.

Table 5.36 Responses to “Were you drunk or high the last time you had sex?”(n=280)

	Males		Females		Total	
	%	n	%	n	%	n
Yes	15.4	19	17.8	28	16.8	47
No	84.6	104	82.2	129	83.2	233

Sexually active students were asked a series of questions about how they felt after their last sexual encounter (see Table 5.37). Most students indicated high levels of positive feelings and low levels of negative feelings. Students felt good (71.9%), happy (66.1%), and fantastic (58.9%) about their last sexual encounter.

Alternatively, students did not feel upset (92.1%), guilty (91.1%), embarrassed (89.2%), regretful (85.0%), worried (83.9%), or anxious (81.1%) about their last sexual encounter. There were no differences between heterosexual and LBGQ students in how they felt the last time they had sex

Table 5.37 Responses to “The last time you had vaginal or anal sex, to what extent did you feel...”(n=280)

		Males		Females		Total	
		%	n	%	n	%	n
Good	Not at all / A little	10.6	13	14.8	23	12.9	36
	A fair amount	14.6	18	15.5	24	15.1	42
	Extremely / A lot	74.8	92	69.7	108	71.9	200
Upset	Not at all / A little	95.9	118	89.2	140	92.1	258
	A fair amount	2.4	3	4.5	7	3.6	10
	Extremely / A lot	1.6	2	6.4	10	4.3	12
Guilty	Not at all / A little	93.5	115	89.2	140	91.1	255
	A fair amount	4.9	6	5.1	8	5.0	14
	Extremely / A lot	1.6	2	5.7	9	3.9	11
Happy	Not at all / A little	17.9	22	15.3	24	16.4	46
	A fair amount	20.3	25	15.3	24	17.5	49
	Extremely / A lot	61.8	76	69.4	109	66.1	185
Worried	Not at all / A little	87.8	108	80.9	127	83.9	235
	A fair amount	5.7	7	8.3	13	7.1	20
	Extremely / A lot	6.5	8	10.8	17	8.9	25
Regretful	Not at all / A little	83.7	103	86.0	135	85.0	238
	A fair amount	8.1	10	2.5	4	5.0	14
	Extremely / A lot	8.1	10	11.5	18	10.0	28
Fantastic	Not at all / A little	23.6	29	24.8	39	24.3	68
	A fair amount	19.5	24	14.6	23	16.8	47
	Extremely / A lot	56.9	70	60.5	95	58.9	165
Anxious	Not at all / A little	80.5	99	81.5	128	81.1	227
	A fair amount	7.3	9	8.3	13	7.9	22
	Extremely / A lot	12.2	15	10.2	16	11.1	31
Proud	Not at all / A little	50.4	61	50.7	74	50.6	135
	A fair amount	23.1	28	34.2	50	29.2	78
	Extremely / A lot	26.4	32	15.1	22	20.2	54
Embarrassed	Not at all / A little	88.6	109	89.7	139	89.2	248
	A fair amount	5.7	7	3.9	6	4.7	13
	Extremely / A lot	5.7	7	6.5	10	6.1	17

5.5 Not Yet Sexually Active Students

Students who were not yet sexually active, i.e., those who indicated they had not yet engaged in anal and/or vaginal sex (47.3%; n=281), were asked a series of questions about their experience of not having had sex yet.

Importance of reasons for not having sexual intercourse

Students who were not yet sexually active were asked a series of questions on how important various reasons for not having sex were to them (see Tables 5.38 and 5.39).

Most indicated that they were proud to be able to say no and mean it (76.5%). Female students were more likely to indicate they were proud to be able to say no and mean it than male students ($p < 0.01$).

Other important reasons were not having a current partner who was willing (72.5%), not feeling ready (66.9%), not having met someone they want to have sex with (65.5%) and not

being in a relationship long enough (61.3%). Female students were more likely to feel unready than male students ($p < 0.05$). Being in love (57.5%) and fear of pregnancy (58.0%) were also important for many of the students who were not yet sexually active, considerably higher than for the overall sample reported earlier (see Tables 5.5. and 5.6). Male students were less fearful of pregnancy than female students ($p < 0.01$). Parental (28.5%), religious (26.8%), cultural (28.0%), and reputational (22.8%) pressures were not primary drivers for most students who had not yet had sex.

There were no statistical differences between heterosexual and LGBQ students in reported reasons for not having sex yet with the exception of heterosexual students (62.2%) being slightly more likely to indicate 'not having met a person they wanted to have sex with yet' was very or extremely important to them compared to LGBQ students (24.2%, $p < 0.05$).



Table 5.38 Responses to “Here are some reasons that people may have for not having vaginal or anal intercourse. Please indicate how important these reasons are for you” (n = 251)

		Males		Females		Total	
		%	n	%	n	%	n
I do not feel ready to have sexual intercourse	Low	25.6	31	13.8	18	19.5	49
	Moderate	18.2	22	9.2	12	13.5	34
	High	56.2	68	76.9	100	66.9	168
My current partner (or last) is (was) not willing	Low	20.0	18	20.2	20	20.1	38
	Moderate	11.1	10	4.0	4	7.4	14
	High	68.9	62	75.8	75	72.5	137
I am proud that I can say no and mean it	Low	18.2	22	6.9	9	12.4	31
	Moderate	14.9	18	7.7	10	11.2	28
	High	66.9	81	85.4	111	76.5	192
It is against my religious beliefs	Low	60.3	73	59.2	74	59.8	147
	Moderate	14.9	18	12.0	15	13.4	33
	High	24.8	30	28.8	36	26.8	66
It is against my cultural beliefs	Low	61.2	74	57.6	72	59.3	146
	Moderate	13.2	16	12.0	15	12.6	31
	High	25.6	31	30.4	38	28.0	69
My fear of parental disapproval	Low	47.9	58	35.9	46	41.8	104
	Moderate	24.0	29	35.2	45	29.7	74
	High	28.1	34	28.9	37	28.5	71
My fear of pregnancy	Low	28.3	34	19.2	25	23.6	59
	Moderate	14.2	17	22.3	29	18.4	46
	High	57.5	69	58.5	76	58.0	145
It is important for me not to have sexual intercourse before I get married	Low	67.8	82	68.2	88	68.0	170
	Moderate	17.4	21	9.3	12	13.2	33
	High	14.9	18	22.5	29	18.8	47
Fear of damaging my reputation	Low	58.7	71	48.8	63	53.6	134
	Moderate	20.7	25	26.4	34	23.6	59
	High	20.7	25	24.8	32	22.8	57

Low = Not at all or slightly important, Moderate = Moderately important, High = Very or Extremely important

Table 5.39 Responses to “Here are some more reasons that people may have for not having vaginal or anal intercourse. Please indicate how important these reasons are for you” (n=252)

		Males		Females		Total	
		%	n	%	n	%	n
I have not met a person I wanted to have intercourse with	Low	30.5	36	10.3	13	20.1	49
	Moderate	16.1	19	12.7	16	14.3	35
	High	53.4	63	77.0	97	65.6	160
I worry about contracting HIV/AIDS	Low	45.5	55	28.5	37	36.7	92
	Moderate	19.8	24	23.1	30	21.5	54
	High	34.7	42	48.5	63	41.8	105
I worry about contracting STIs	Low	39.7	48	22.3	29	30.7	77
	Moderate	24.0	29	26.9	35	25.5	64
	High	36.4	44	50.8	66	43.8	110
I am too shy or embarrassed to initiate sex with a partner	Low	36.4	43	24.6	32	30.2	75
	Moderate	25.4	30	26.2	34	25.8	64
	High	38.1	45	49.2	64	44.0	109
I have not been in a relationship long enough	Low	23.3	28	15.6	20	19.4	48
	Moderate	25.8	31	13.3	17	19.4	48
	High	50.8	61	71.1	91	61.3	152
Important to be in love with the person I first have sexual intercourse	Low	28.1	34	22.1	29	25.0	63
	Moderate	19.8	24	15.3	20	17.5	44
	High	52.1	63	62.6	82	57.5	145
I do not feel physically attractive or desirable	Low	46.7	56	29.0	38	37.5	94
	Moderate	21.7	26	21.4	28	21.5	54
	High	31.7	38	49.6	65	41.0	103
I have not had the opportunity to have vaginal/anal sex	Low	26.9	32	25.8	32	26.3	64
	Moderate	19.3	23	27.4	34	23.5	57
	High	53.8	64	46.8	58	50.2	122

Low = Not at all or slightly important, Moderate = Moderately important, High = Very or Extremely important

Students (n=22) also had an opportunity to report other reasons they have not had sex yet. Students indicated not having condoms, fear of pain, not sure how to do it, insecurity, and wanting it to be with someone special. Interestingly, 3 year 10 males believed they were “underage.”

Fear or pain, unsureness of initiation and conduction of sexual activities. Reputation and self-perception, fear of changes to identity. Embarrassment, emotional implication.

(female, year 12, heterosexual)

I’m embarrassed because I don’t actually know how.

(male, year 11, gay)

I don’t feel comfortable enough in my body yet to have sex with someone else.

female, year 12, heterosexual)

I dont think im good enough for a girlfriend.

(male, year 11, heterosexual)

I want the person who i lose my virginity to to be someone special and one that i wont look back on sadly, someone who i can be happy with loosing my virginity too.

(male, year 12, heterosexual)

Likelihood of sex

Most students who were not yet sexually active did not anticipate starting to have sexual intercourse in the next year (55.0%), but were likely to do so before marriage (71.8%; see Table 5.40). There were no statistical differences between heterosexual and LGBTQ students in reported likelihood of having sex.

Table 5.40 Responses to “How likely are you to engage in vaginal or anal sex ...?”(n=252)

		Males		Females		Total	
		%	n	%	n	%	n
During the next year?	Not at all	30.3	36	28.5	37	29.3	73
	A little	27.7	33	23.8	31	25.7	64
	Somewhat	27.7	33	26.2	34	26.9	67
	Very	10.1	12	14.6	19	12.4	31
	Extremely	4.2	5	6.9	9	5.6	14
Before you get married?	Not at all	5.8	7	6.9	9	6.3	16
	A little	10.7	13	6.9	9	8.7	22
	Somewhat	12.4	15	13.7	18	13.1	33
	Very	28.1	34	21.4	28	24.6	62
	Extremely	43.0	52	51.1	67	47.2	119

Opportunity to have sex

The majority of students who were not yet sexually active (69.4%) would have sex if the opportunity was available to them to do so within the context of a close relationship, with male students more likely than female students to indicate they

would do so ($p < 0.01$; see Table 5.41). There were no statistical differences between heterosexual and LGBTQ students in reported opportunities to have sex.

Table 5.41 Responses to “If you were in a close relationship with a partner who wanted to have vaginal or anal sex and the opportunity was available, would you have sex?”(n=252)

		Males		Females		Total	
		%	n	%	n	%	n
Yes		76.9%	93	62.6%	82	69.4%	175
No		6.6%	8	8.4%	11	7.5%	19
Don’t know/Not sure		16.5%	20	29.0%	38	23.0%	58

Feelings about not having experienced sexual intercourse

The majority of students did not feel negatively about not yet having experienced sexual intercourse (see Table 5.42). Students did not feel upset (83.7%), guilty (97.2%), regretful (91.5%), or embarrassed (85.5%) about not yet having had sexual intercourse. Male students were more likely to feel guilty about not yet having experienced sexual intercourse than female students ($p = 0.01$). Ratings of positive feelings about not being sexually active were considerably more mixed.

About one-third felt good (34.4%) or happy (28.7%), with closer to one-fifth feeling fantastic (20.8%) or proud (18.0%) about not yet having had sexual intercourse. Male students were less likely to feel good about not yet having experienced sexual intercourse than female students ($p = 0.01$). There were no statistical differences between heterosexual and LGBQ students in reported feelings about not having had sex yet.

Table 5.42 Responses to “Regarding not having experienced vaginal or anal sex, to what extent do you feel...” (n=248)

		Males		Females		Total	
		%	n	%	n	%	n
Good	Not at all / A little	45.1	51	31.3	40	37.8	91
	A fair amount	21.2	24	33.6	43	27.8	67
	Extremely / A lot	33.6	38	35.2	45	34.4	83
Upset	Not at all / A little	82.9	97	84.5	109	83.7	206
	A fair amount	11.1	13	10.9	14	11.0	27
	Extremely / A lot	6.0	7	4.7	6	5.3	13
Guilty	Not at all / A little	95.8	113	98.4	127	97.2	240
	A fair amount	2.5	3	1.6	2	2.0	5
	Extremely / A lot	1.7	2	0	0	0.8	2
Happy	Not at all / A little	50.0	58	38.3	49	43.9	107
	A fair amount	23.3	27	31.3	40	27.5	67
	Extremely / A lot	26.7	31	30.5	39	28.7	70
Worried	Not at all / A little	82.1	96	85.3	110	83.7	206
	A fair amount	13.7	16	8.5	11	11.0	27
	Extremely / A lot	4.3	5	6.2	8	5.3	13
Regretful	Not at all / A little	91.4	106	91.5	119	91.5	225
	A fair amount	6.0	7	5.4	7	5.7	14
	Extremely / A lot	2.6	3	3.1	4	2.8	7
Fantastic	Not at all / A little	63.2	74	54.7	70	58.8	144
	A fair amount	19.7	23	21.1	27	20.4	50
	Extremely / A lot	17.1	20	24.2	31	20.8	51
Anxious	Not at all / A little	73.7	87	66.7	86	70.0	173
	A fair amount	13.6	16	17.1	22	15.4	38
	Extremely / A lot	12.7	15	16.3	21	14.6	36
Proud	Not at all / A little	66.7	78	62.2	79	64.3	157
	A fair amount	17.1	20	18.1	23	17.6	43
	Extremely / A lot	16.2	19	19.7	25	18.0	44
Embarrassed	Not at all / A little	84.7	100	86.2	112	85.5	212
	A fair amount	9.3	11	6.9	9	8.1	20
	Extremely / A lot	5.9	7	6.9	9	6.5	16

Pressure to have sex

A majority of students reported not feeling pressure from a partner (71.1%) or peers (56.5%) to engage in sexual intercourse (see Table 5.43). Similarly, a majority did not feel pressure to abstain from sex from parents (56.7%) or peers (80.6%; see Table 5.44). Female students were more likely than male students to feel more pressure to have sex from a partner ($p < 0.01$) and more pressure to abstain from sex from parents and friends

($p < 0.05$), while male students were more likely than female students to feel pressure to have sex from peers ($p < 0.01$). LGBTQ students (12.5%) were slightly more likely to report feeling a fair amount or a lot of pressure from their girlfriend or boyfriend to have sex compared to heterosexual students (3.9%, $p < 0.05$); no other pressures were statistically different.

Table 5.43 Responses to “How much pressure have you received from ... to have vaginal/anal sex?” (n=248)

		Males		Females		Total	
		%	n	%	n	%	n
From your girlfriend or boyfriend	None	85.7	54	58.3	42	71.1	96
	A little or some	11.1	7	33.3	24	23.0	31
	A fair amount/A lot	3.2	2	8.3	6	5.9	8
From your peers or friends	None	57.6	68	55.4	72	56.5	140
	A little or some	33.1	39	37.7	49	35.5	88
	A fair amount/A lot	9.3	11	6.9	9	8.1	20

Table 5.44 Responses to “How much pressure have you received from ... to remain a virgin?” (n=248)

		Males		Females		Total	
		%	n	%	n	%	n
From your parents/guardians/step-parents	None	68.4	80	46.2	60	56.7	140
	A little or some	19.7	23	30.0	39	25.1	62
	A fair amount/A lot	12.0	14	23.8	31	18.2	45
From your peers or friends	None	88.1	104	73.8	96	80.6	200
	A little or some	8.5	10	20.8	27	14.9	37
	A fair amount/A lot	3.4	4	5.4	7	4.4	11

5.6 Online behaviours

The pervasive role of the internet, social media and similar technologies in young people's lives has raised a number of questions about the role of online behaviours in relation to sexual health and wellbeing. In particular, educators, health professionals, policymakers and others working with young people in Australia need data on issues related to "sexting" and cyberbullying behaviours in order to develop informed responses. The 2018 survey contributes to collecting and providing this data.

All students were asked a series of questions of on the prevalence and context of online behaviours.

Social media use

In the two months prior to the survey, the vast majority of students had used Facebook (99.3%), YouTube (96.9%), SnapChat (93.2%) and Instagram (93%; see Table 5.45). Female students were more likely than male students to report using SnapChat and Instagram ($p < 0.01$).

A majority of students reported using these four main platforms every day or most days (see Table 5.46). The most frequently used platform was SnapChat, with 68.0% of students using it five or more times a day. YouTube was the least frequently used of the four, with 20.5% of students using it five or more times a day. Male students were more likely than female students to have used Reddit and/or a dating app ($p < 0.01$).

Dating apps, such as Tinder, were used the least (8.6%) of all the platforms asked about in the survey. The most used dating app was Tinder ($n=22$; 46.8%) followed by Yubo ($n=14$; 29.7%), with most users accessing the apps less than once a day (81.8% for Tinder and 92.3% for Yubo).

In the last 2 months, LGBQ students compared to heterosexual students reported more use of Twitter (38.6% of LGBQ, 29.0% of heterosexual, $p < 0.05$), Tumblr (47.1% of LGBQ, 13.8% of heterosexual, $p < 0.05$) and dating apps such as Tinder (15.7% of LGBQ, 6.3% of heterosexual, $p < 0.05$).

Table 5.45 Responses to "In the last 2 months, have you used any of the following social networking sites? Please select all that apply"

	Males		Females		Total	
	%	n	%	n	%	n
Facebook	99.6	249	99.0	291	99.3	540
YouTube	98.8	247	95.2	280	96.9	527
Snapchat	90.0	225	95.9	282	93.2	507
Instagram	89.2	223	96.3	283	93.0	506
Pinterest	16.8	42	44.6	131	31.8	173
Twitter	37.6	94	26.5	78	31.6	172
Tumblr	16.8	42	27.2	80	22.4	122
Reddit	30.4	76	7.8	23	18.2	99
Dating App (e.g., Tinder)	10.8	27	6.8	20	8.6	47

Table 5.46 Responses to “In the last 2 months, how often have you used...”

		Males		Females		Total	
		%	n	%	n	%	n
Snapchat	5+ times per day	63.1	140	71.9	202	68.0	342
	Every or most days	25.7	57	21.4	60	23.3	117
Instagram	5+ times per day	33.6	74	51.8	146	43.8	220
	Every or most days	43.2	95	39.0	110	40.8	205
Facebook	5+ times per day	39.0	96	39.3	114	39.2	210
	Every or most days	42.7	105	45.5	132	44.2	237
YouTube	5+ times per day	30.7	75	11.5	32	20.5	107
	Every or most days	42.6	104	31.9	89	36.9	193
Reddit	5+ times per day	8.0	6	8.7	2	8.2	8
	Every or most days	10.7	8	0.0	0	8.2	8
Twitter	5+ times per day	4.3	4	7.7	6	5.9	10
	Every or most days	9.8	9	14.1	11	11.8	20
Tinder (Dating App)	5+ times per day	0.0	0	10.0	1	4.5	1
	Every or most days	25.0	3	0.0	0	13.6	3
Tumblr	5+ times per day	2.4	1	5.0	4	4.1	5
	Every or most days	9.5	4	7.5	6	8.2	10
Pinterest	5+ times per day	0.0	0	2.3	3	1.7	3
	Every or most days	7.1	3	13.8	18	12.2	21
Yubo (Dating App)	5+ times per day	0.0	0	0.0	0	0.0	0
	Every or most days	0.0	0	14.3	1	7.7	1

“Sexting” behaviours

Overall, less than half of all students engaged in sex-related behaviours using digital technology, commonly referred to as “sexting” (see Table 5.47). The most common experience was receiving a sexually-explicit written text message (57.7%), with fewer students sending similar messages (44.7%). Students

reported receiving sexually explicit photos or videos (49.5%) more than sending such materials of themselves (36.0%). About one-third (29.8%) had used social media sites for sexual reasons and very few had sent sexually explicit materials of someone else (8.2%).

Table 5.47 Responses to “In the past 2 months, have any of the following happened?”

	Males		Females		Total	
	%	n	%	n	%	n
Received a sexually explicit written text message	58.3	140	57.1	164	57.7	304
Received a sexually explicit nude or nearly nude photo or video of someone else	49.6	119	49.5	141	49.5	260
Sent a sexually explicit written text message	49.2	118	41.0	116	44.7	234
Used a social media site for sexual reasons	35.3	85	25.3	72	29.8	157
Sent a sexually explicit nude or nearly nude photo or video of yourself	34.0	82	37.7	106	36.0	188
Sent a sexually explicit nude or nearly nude photo or video of someone else	8.7	21	7.7	22	8.2	43

Heterosexual students reported less sexting behaviour (Table 5.48) than LGBQ students including sending a sexually explicit written text message (heterosexual = 41.3%, LGBQ = 54.7%, $p < 0.05$), sending a sexually explicit nude or nearly nude photo

or video of themselves (heterosexual = 33.2%, LGBQ = 44.1%, $p < 0.05$), and using social media for sexual reasons (heterosexual = 25.4%, LGBQ = 42.3%, $p < 0.01$).

Table 5.48 Heterosexual and LGBQ students who engaged in sex-related behaviours using digital technology in the last two months

	Heterosexual		LGBQ	
	%	n	%	n
Sent a sexually explicit written text message*	41.3	158	54.7	75
Received a sexually explicit written text message	56.2	217	62.3	86
Sent a sexually explicit nude or nearly nude photo or video of yourself*	33.2	127	44.1	60
Sent a sexually explicit nude or nearly nude photo or video of someone else	8.0	31	8.7	12
Received a sexually explicit nude or nearly nude photo or video of someone else	48.3	186	54.0	74
Used a social media site for sexual reasons**	25.4	98	42.3	58

* $p < 0.05$ ** $p < 0.01$

For students who reported a sex-related experience using digital platforms, around half (55.3%) had only received sexually explicit written text messages once or a few times in the last two months (Table 5.49). Similarly, about half (55.5%) of the students who had sent sexually explicit written text messages

did so only once or a few times in the last two months. Sharing sexually explicit nude or nearly nude photos or videos occurred even less frequently, with 61.8% of those receiving and 62.5% of those sending doing so only once or a few times in the last two months.

Table 5.49 Students who engaged in sex-related behaviours using digital technology only once or a few times in last two months

	Males		Females		Total	
	%	n	%	n	%	n
Received a sexually explicit written text message	55.7	68	54.9	84	55.3	152
Received a sexually explicit nude or nearly nude photo or video of someone else	53.1	51	68.2	90	61.8	141
Sent a sexually explicit written text message	54.4	56	56.5	61	55.5	117
Used a social media site for sexual reasons	40.0	30	50.7	34	45.1	64
Sent a sexually explicit nude or nearly nude photo or video of yourself	58.0	40	65.7	65	62.5	105
Sent a sexually explicit nude or nearly nude photo or video of someone else	61.5	8	52.6	10	56.3	18

Students indicated these “sexting” behaviours most often happened with a girl/boyfriend (44.8% - 64.3%) or friend (35.6% to 50.0%; see Table 5.50).

Table 5.50 Responses to “To/from/with whom have you...”?

	Who	Males		Females		Total	
		%	n	%	n	%	n
Received a sexually explicit written text message	Girl/Boyfriend	53.9	69	51.9	82	52.8	151
	Friend	50.0	64	41.1	65	45.1	129
	Someone Just Met	31.3	40	27.8	44	29.4	42
	Stranger	11.9	13	4.5	5	8.1	18
Received a sexually explicit nude or nearly nude photo or video of someone else	Girl/Boyfriend	45.9	45	43.9	58	44.8	103
	Friend	49.0	48	44.6	58	46.5	106
	Someone Just Met	29.6	29	26.2	34	27.6	63
	Stranger	13.3	13	20.8	27	17.5	40
Sent a sexually explicit written text message	Girl/Boyfriend	60.6	66	67.9	76	64.3	142
	Friend	38.5	42	33.0	37	35.7	79
	Someone Just Met	22.9	25	15.2	17	19.0	42
	Stranger	11.9	13	4.5	5	8.1	18
Used a social media site for sexual reasons	Girl/Boyfriend	44.6	29	55.4	31	49.6	60
	Friend	47.7	31	41.1	23	44.6	54
	Someone Just Met	32.3	21	25.0	14	28.9	35
	Stranger	23.1	15	8.9	5	16.5	20
Sent a sexually explicit nude or nearly nude photo or video of yourself	Girl/Boyfriend	52.8	38	67.6	71	61.6	109
	Friend	37.5	27	34.3	36	35.6	63
	Someone Just Met	23.6	17	13.3	14	17.5	31
	Stranger	16.7	12	1.9	2	7.9	14
Sent a sexually explicit nude or nearly nude photo or video of someone else	Girl/Boyfriend	43.8	7	50.0	9	47.1	16
	Friend	50.0	8	50.0	9	50.0	17
	Someone Just Met	25.0	4	11.1	2	17.6	6
	Stranger	18.8	3	0.0	0	8.8	3

In general, LGBQ students reported more sexting behaviours with strangers and someone they have just met than heterosexual students (Table 5.51) and heterosexual students generally reported sexting more with a girlfriend/boyfriend than LGBQ students.

Table 5.51 Heterosexual and LGBTQ students' responses to "To/from/with whom have you...?"

	Who	Heterosexual		LGBTQ	
		%	n	%	n
Sent a sexually explicit written text message	Girl/Boyfriend	67.8	101	56.3	40
	Friend	34.2	51	39.2	28
	Someone Just Met	16.1	24	25.4	18
	Stranger	4.0	6	16.9	12
Received a sexually explicit written text message	Girl/Boyfriend	55.2	112	46.3	38
	Friend	43.3	88	50.0	41
	Someone Just Met	22.7	46	46.3	38
	Stranger	9.9	20	26.8	22
Sent a sexually explicit nude or nearly nude photo or video of yourself	Girl/Boyfriend	65.5	78	52.6	30
	Friend	32.8	39	42.1	24
	Someone Just Met	12.6	15	28.1	16
	Stranger	4.2	5	15.8	9
Sent a sexually explicit nude or nearly nude photo or video of someone else	Girl/Boyfriend	44.0	11	55.6	5
	Friend	52.0	13	44.4	4
	Someone Just Met	16.0	4	22.2	2
	Stranger	8.0	2	11.1	1
Received a sexually explicit nude or nearly nude photo or video of someone else	Girl/Boyfriend	47.2	77	38.8	26
	Friend	43.8	71	53.0	35
	Someone Just Met	22.8	37	39.4	26
	Stranger	14.2	23	25.8	17
Used a social media site for sexual reasons	Girl/Boyfriend	51.3	41	45.0	18
	Friend	43.8	35	47.5	19
	Someone Just Met	25.0	20	37.5	15
	Stranger	11.3	9	27.5	11

Cyberbullying behaviours

A large majority of all students (81.6% to 98.8%) did not report experiencing cyberbullying in the past two months (see Table 5.52). For the 7.4% of students (average across all questions) who did report cyberbullying, the most common experiences were believing they were ignored or intentionally

left out of things online (18.4%), receiving a prank call (16.2%), and receiving a nasty message on the internet (12.1%) or via text message (9.4%). Male students were more likely to receive threatening emails than female students ($p < 0.01$).

Table 5.52 Responses to “In the past 2 months, which of these things have happened to you? Please tick all that apply”

	Males		Females		Total	
	%	n	%	n	%	n
I was sent threatening emails	3.2	7	0.4	1	1.6	8
I was sent nasty messages on the Internet, e.g. through Facebook Chat, Skype, Tumblr	11.8	26	12.3	33	12.1	59
I was sent nasty text messages	10.0	22	9.0	24	9.4	46
I received prank calls on my mobile phone	13.2	29	18.7	50	16.2	79
Someone used my username or profile, pretending to be me to hurt someone else	1.4	3	2.2	6	1.8	9
Someone sent my private emails, messages, pictures or videos to others	3.2	7	3.7	10	3.5	17
Mean or nasty comments or pictures were sent or posted about me to websites, e.g. Facebook, Twitter or Tumblr	3.2	7	6.0	16	4.7	23
Mean or nasty messages or pictures were sent about me to other students' mobile phones	3.6	8	6.7	18	5.3	26
I was deliberately ignored or left out of things over the Internet	16.4	36	20.1	54	18.4	90
Other	1.8	4	0.7	2	1.2	6
None of these happened to me	65.9	145	64.2	172	65.0	317

Students who experienced cyberbullying were asked how often it had happened in the last two months, with the majority of students indicating it happened only once or a few times (see Table 5.53). Of the 89 students who reported feeling deliberately ignored or left out of things over the internet, half (59.6%) only experienced feeling ignored or left out once or a few

times in the last two months. The vast majority (82.3%) of the 79 students receiving a prank call on their mobile phone only experienced that once or a few times in the last two months. Similarly, two-thirds of those sent nasty messages via the internet (68.5%) only experienced them once or a few times in the last two months.

Table 5.53 Proportion of students experiencing cyberbullying only once or a few times in last two months

	Males		Females		Total	
	%	n	%	n	%	n
Were you sent threatening emails	100.0	6	100.0	1	100.0	7
Were you sent nasty messages on the Internet (e.g. through Facebook Chat, Skype, Tumblr)	60.9	14	74.2	23	68.5	37
Were you sent nasty text messages	82.8	14	82.0	12	82.3	26
Were you the recipient of prank calls on your mobile phone	82.8	24	82.0	41	82.3	65
Did someone use your username or profile, pretending to be you to hurt someone else	66.7	2	66.7	4	66.7	6
Did someone send your private emails, messages, pictures or videos to others	71.4	5	87.5	7	80.0	12
Were mean or nasty comments or pictures sent or posted about you to websites, e.g. Facebook, Twitter or Tumblr	85.7	6	71.4	10	76.2	16
Were mean or nasty messages or pictures sent about you to other students' mobile phones	62.5	5	76.9	10	71.4	15
Were you deliberately ignored or left out of things over the Internet	58.3	21	60.4	32	59.6	53

The majority of heterosexual and LGBQ students did not experience any cyberbullying in the past two months. More LGBQ students (72.3%) than heterosexual students (62.1%) reported that none of the cyberbullying behaviours happened to them ($p < 0.05$). LGBQ students (40%) received about one

or more prank calls a week compared to 11.1% of heterosexual students ($p < 0.01$) and 84.6% of heterosexual students reported mean or nasty messages or pictures were sent or posted about them on websites a few times a month or more on websites more compared to 50% of LGBQ students ($p < 0.01$).

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Education

6.1 Informal education

Confidence talking to others

Students were asked a series of questions about how confident they felt talking to various people in their lives about HIV and STIs, contraception, and sex in general (see Tables 6.1 to 6.3).

Across all three topics, students were most confident in talking to a female friend (65.5% about HIV/STIs, 75.8% about contraception, and 74.6% about sex), followed by a male friend (45.2% about HIV/STIs, 53.4% about contraception, and 57.1%

about sex) and a doctor/GP (45.9% about HIV/STIs, 61.1% about contraception, and 39.2% about sex).

Students reported low levels of confidence talking about the HIV/STIs, contraception and sex with teachers (75.8%, 70.0%, and 80.0% respectively) followed closely by their father (69.2%, 63.9%, and 73.8%, respectively), school nurses (61.3%, 55.0%, and 70.3%, respectively) and older siblings (63.6%, 54.8%, and 61.1%, respectively).



Table 6.1 Responses to “How confident are you that you could talk about HIV and other sexually transmissible infections with...”

		Males		Females		Total	
		%	n	%	n	%	n
Doctor/GP	Low	24.5	58	28.0	80	26.4	138
	Moderate	24.9	59	30.1	86	27.7	145
	High	50.6	120	42.0	120	45.9	240
School counsellor	Low	53.4	126	61.3	176	57.7	302
	Moderate	27.5	65	20.9	60	23.9	125
	High	19.1	45	17.8	51	18.4	96
School nurse	Low	61.3	141	61.3	174	61.3	315
	Moderate	19.1	44	21.8	62	20.6	106
	High	19.6	45	16.9	48	18.1	93
Teacher	Low	73.4	174	77.7	223	75.8	397
	Moderate	16.0	38	14.6	42	15.3	80
	High	10.5	25	7.7	22	9.0	47
Youth worker	Low	53.2	125	48.3	138	50.5	263
	Moderate	25.5	60	29.7	85	27.8	145
	High	21.3	50	22.0	63	21.7	113
Mother/Female guardian/Step-parent	Low	50.6	119	52.5	149	51.6	268
	Moderate	22.1	52	16.5	47	19.1	99
	High	27.2	64	31.0	88	29.3	152
Father/Male guardian/Step-parent	Low	52.2	120	83.3	230	69.2	350
	Moderate	20.9	48	10.1	28	15.0	76
	High	27.0	62	6.5	18	15.8	80
Female friend	Low	24.3	57	5.2	15	13.8	72
	Moderate	25.5	60	16.8	48	20.7	108
	High	50.2	118	78.0	223	65.5	341
Male friend	Low	24.1	57	38.2	109	31.8	166
	Moderate	22.4	53	23.5	67	23.0	120
	High	53.6	127	38.2	109	45.2	236
Older brother/sister	Low	60.9	112	65.9	143	63.6	255
	Moderate	16.8	31	13.8	30	15.2	61
	High	22.3	41	20.3	44	21.2	85

Low = Not at all or not very confident, Moderate = Somewhat confident, High = Confident or very confident

Table 6.2 Responses to “How confident are you that you could talk about decisions concerning contraception with...”

		Males		Females		Total	
		%	n	%	n	%	n
Doctor/GP	Low	19.0	43	12.8	36	15.6	79
	Moderate	20.4	46	25.6	72	23.3	118
	High	60.6	137	61.6	173	61.1	310
School counsellor	Low	47.1	107	59.3	166	53.8	273
	Moderate	26.4	60	17.9	50	21.7	110
	High	26.4	60	22.9	64	24.5	124
School nurse	Low	52.7	118	56.9	157	55.0	275
	Moderate	20.5	46	21.4	59	21.0	105
	High	26.8	60	21.7	60	24.0	120
Teacher	Low	66.4	150	72.9	204	70.0	354
	Moderate	11.9	27	16.4	46	14.4	73
	High	21.7	49	10.7	30	15.6	79
Youth worker	Low	49.8	112	52.1	146	51.1	258
	Moderate	21.3	48	23.2	65	22.4	113
	High	28.9	65	24.6	69	26.5	134
Mother/Female guardian/ Step-parent	Low	51.1	113	31.0	86	40.0	199
	Moderate	19.0	42	20.9	58	20.1	100
	High	29.9	66	48.0	133	40.0	199
Father/Male guardian/ Step-parent	Low	46.1	101	78.4	210	63.9	311
	Moderate	20.1	44	10.4	28	14.8	72
	High	33.8	74	11.2	30	21.4	104
Female friend	Low	21.8	49	3.6	10	11.7	59
	Moderate	16.0	36	9.7	27	12.5	63
	High	62.2	140	86.7	242	75.8	382
Male friend	Low	18.5	42	35.0	97	27.6	139
	Moderate	16.7	38	20.9	58	19.0	96
	High	64.8	147	44.0	122	53.4	269
Older brother/sister	Low	49.7	87	59.0	124	54.8	211
	Moderate	18.9	33	10.0	21	14.0	54
	High	31.4	55	31.0	65	31.2	120

Low = Not at all or not very confident, Moderate = Somewhat confident, High = Confident or very confident

Table 6.3 Responses to “How confident are you that you could talk about sex with...”

		Males		Females		Total	
		%	n	%	n	%	n
Doctor/GP	Low	32.0	73	37.5	104	35.0	177
	Moderate	21.1	48	29.6	82	25.7	130
	High	46.9	107	32.9	91	39.2	198
School counsellor	Low	62.6	142	70.8	196	67.1	338
	Moderate	19.8	45	15.2	42	17.3	87
	High	17.6	40	14.1	39	15.7	79
School nurse	Low	70.1	157	70.5	194	70.3	351
	Moderate	13.8	31	17.8	49	16.0	80
	High	16.1	36	11.6	32	13.6	68
Teacher	Low	76.2	173	83.0	230	80.0	403
	Moderate	11.0	25	10.5	29	10.7	54
	High	12.8	29	6.5	18	9.3	47
Youth worker	Low	61.5	139	63.5	176	62.6	315
	Moderate	18.6	42	21.3	59	20.1	101
	High	19.9	45	15.2	42	17.3	87
Mother/Female guardian/ Step-parent	Low	63.6	143	53.1	145	57.8	288
	Moderate	16.4	37	17.6	48	17.1	85
	High	20.0	45	29.3	80	25.1	125
Father/Male guardian/ Step-parent	Low	58.7	131	86.5	230	73.8	361
	Moderate	16.1	36	8.6	23	12.1	59
	High	25.1	56	4.9	13	14.1	69
Female friend	Low	19.2	44	4.7	13	11.3	57
	Moderate	20.1	46	9.1	25	14.1	71
	High	60.7	139	86.1	236	74.6	375
Male friend	Low	11.4	26	29.8	82	21.4	108
	Moderate	17.0	39	25.1	69	21.4	108
	High	71.6	164	45.1	124	57.1	288
Older brother/sister	Low	56.5	100	65.2	131	61.1	231
	Moderate	15.8	28	14.4	29	15.1	57
	High	27.7	49	20.4	41	23.8	90

Low = Not at all or not very confident, Moderate = Somewhat confident, High = Confident or very confident

With only a few exceptions, heterosexual students consistently reported higher levels of confidence talking to various people about HIV and STIs, contraception and sex than LGBQ students. Generally these differences were not significant. Significant differences between groups are listed in Table 6.4.

Table 6.4 Heterosexual and LGBQ students responding as confident or very confident to “how confident are you that you could talk about HIV/STIs, contraception or sex with ...”

		Heterosexual		LGBQ	
		%	n	%	n
Doctor	HIV/STIs	48.4	185	38.7	53
	Sex*	42.2	156	29.8	39
	Contraception	62.1	231	58.8	77
School counsellor	HIV/STIs	18.8	72	16.8	23
	Sex	16.5	61	13.7	18
	Contraception*	24.2	90	26.0	34
School nurse	HIV/STIs	18.9	71	15.6	21
	Sex	14.5	53	11.5	15
	Contraception*	23.2	85	26.4	34
Teacher	HIV/STIs	9.7	37	5.8	8
	Sex	10.6	39	5.3	7
	Contraception	16.4	61	13.7	18
Youth worker	HIV/STIs*	21.8	83	19.7	27
	Sex	17.9	66	15.3	20
	Contraception	27.3	101	24.4	32
Mother / female guardian/step-mother	HIV/STIs*	30.5	116	25.9	35
	Sex	25.8	94	23.1	30
	Contraception	40.2	147	39.8	51
Father/Male guardian/ Step-father	HIV/STIs*	18.3	68	8.5	11
	Sex*	14.7	53	12.0	15
	Contraception	22.8	82	17.1	21
Female friend	HIV/STIs	64.5	245	68.6	94
	Sex	76.1	280	71.0	93
	Contraception	75.9	280	76.3	100
Male friend	HIV/STIs	47.0	179	39.4	54
	Sex	58.2	214	54.5	72
	Contraception*	52.6	194	55.7	73
Older brother / sister	HIV/STIs	21.7	62	18.9	21
	Sex	25.4	69	19.6	20
	Contraception	32.2	89	28.6	30

* $p < 0.05$

Sources of sexual health information

The survey asked students to indicate sources they had ever used for information on sexual health (see Table 6.5). The most common source was internet websites (79.5%) followed closely by female friends (75.1%), while least used sources included school counsellors (10.2%) and nurses (12.4%) and youth workers (8.9%). About half of students used male friends (58.9%), school programs (54.2%), and their mother (52.3%) as a source of information.

Female students were more likely than male students to seek information from a doctor/GP, their mother, a female friend and the internet ($p < 0.01$) whereas male students were more likely than female students to consult their father ($p < 0.01$).

Interestingly, the number of students citing school programs as a source of information was considerably less than those indicating they had ever had relationships and sexuality education (RSE) in schools (83.8%; see Table 6.9) suggesting not all students considered RSE a school program.

Table 6.5 Responses to “Please select all of the sources of information below that you have ever used for advice about sexual health”

	Males		Females		Total	
	%	n	%	n	%	n
Doctor/GP	21.1	48	41.0	110	31.9	158
School counsellor	9.3	21	10.9	29	10.2	50
School nurse	9.3	21	15.0	40	12.4	61
Teacher	35.0	79	29.8	79	32.2	158
Youth worker	8.8	20	9.0	24	8.9	44
Mother/Female guardian/Step-parent	38.2	86	64.2	172	52.3	258
Father/Male guardian/Step-parent	37.4	85	16.2	43	26.0	128
Female friend	62.7	143	85.5	230	75.1	373
Male friend	63.4	144	55.0	148	58.9	292
Older brother/sister	18.0	39	20.9	54	19.6	93
Internet websites	73.6	167	84.4	228	79.5	395
School programs	52.0	117	56.1	148	54.2	265
Community health services	17.3	39	18.1	48	17.7	87

The sources of information heterosexual and LGBQ students used was similar with websites being the most common source of information (79.9% for heterosexual and 77.5% for LGBQ students).

Students were asked to rate how much they trusted these sources to provide accurate sexual health information (see Table 6.6). A doctor/GP was by far the most trusted source of information, with 89.7% of students rating them as highly trustworthy.

Table 6.6 Responses to “For each of the following, please indicate how much you trust them to provide you with accurate sexual health information”

	Trust	Males		Females		Total	
		%	n	%	n	%	n
Doctor/GP	None	3.0	7	2.2	6	2.6	13
	Moderate	6.5	15	8.4	23	7.6	38
	High	90.0	207	89.4	244	89.7	451
School counsellor	None	13.0	30	16.3	44	14.8	74
	Moderate	48.1	111	45.9	124	46.9	235
	High	37.2	86	34.4	93	35.7	179
School nurse	None	11.8	27	13.8	37	12.9	64
	Moderate	39.9	91	32.0	86	35.6	177
	High	46.5	106	52.0	140	49.5	246
Teacher	None	18.2	42	23.2	63	20.9	105
	Moderate	51.1	118	51.5	140	51.3	258
	High	29.4	68	22.8	62	25.8	130
Youth worker	None	16.5	38	16.4	44	16.4	82
	Moderate	47.0	108	42.0	113	44.3	221
	High	32.6	75	35.3	95	34.1	170
Mother/Female guardian/ Step-parent	None	8.3	19	8.6	23	8.5	42
	Moderate	35.2	81	26.3	70	30.4	151
	High	54.8	126	63.5	169	59.5	295
Father/Male guardian/ Step-parent	None	10.4	23	20.2	51	15.6	74
	Moderate	34.8	77	37.2	94	36.1	171
	High	53.4	118	39.5	100	46.0	218

Table 6.6 Continued

	Trust	Males		Females		Total	
		%	n	%	n	%	n
Female friend	None	7.0	16	3.3	9	5.0	25
	Moderate	40.6	93	34.8	95	37.5	188
	High	50.7	116	61.9	169	56.8	285
Male friend	None	8.7	20	15.9	43	12.5	63
	Moderate	47.6	110	51.7	140	49.8	250
	High	42.0	97	31.4	85	36.3	182
Older brother/sister	None	24.3	41	25.5	48	24.9	89
	Moderate	37.3	63	34.6	65	35.9	128
	High	35.5	60	37.2	70	36.4	130
Internet websites	None	15.7	36	15.0	41	15.3	77
	Moderate	57.8	133	59.3	162	58.6	295
	High	24.8	57	22.7	62	23.7	119
School programs	None	16.5	38	12.5	34	14.3	72
	Moderate	40.4	93	47.1	128	44.0	221
	High	40.4	93	37.9	103	39.0	196
Community health services	None	11.3	26	8.1	22	9.5	48
	Moderate	40.4	93	32.6	89	36.2	182
	High	45.7	105	54.6	149	50.5	254

None = Do not trust, Moderate = Trust a little or somewhat, High = Trust or trust a lot

The least trusted sources of information (based on percentage of “do not trust” responses) were older siblings (24.9%), followed closely by teachers (20.9%) and youth workers (16.4%). However, the majority of students reported moderate to high levels of trust across all sources.

LGBQ students reported consistently lower levels of trust of all information services compared to heterosexual students (Table 6.7). These differences were generally not significantly different between groups.

Table 6.7 Heterosexual and LGBTQ students responses to “For each of the following, please indicate how much you trust them to provide you with accurate sexual health information ...”

	Trust	Heterosexual		LGBQ	
		%	n	%	n
Doctor**	None	1.4	5	6.2	8
	Moderate	6.8	25	9.3	12
	High	91.9	339	84.5	109
School counsellor	None	13.7	49	19.8	25
	Moderate	47.2	169	50.8	64
	High	39.1	140	29.4	37
School nurse	None	10.9	39	19.0	24
	Moderate	36.4	130	36.5	46
	High	52.7	188	44.4	56
Teacher	None	19.4	70	27.3	35
	Moderate	53.7	194	49.2	63
	High	26.9	97	23.4	30
Youth worker	None	15.9	55	20.5	25
	Moderate	47.3	164	45.9	56
	High	36.9	128	33.6	41
Mother / female guardian/step-mother*	None	6.6	24	13.9	17
	Moderate	29.0	105	36.1	44
	High	64.4	233	50.0	61
Father/Male guardian/Step-father	None	13.8	47	22.0	26
	Moderate	35.5	121	40.7	48
	High	50.7	173	37.3	44
Female friend	None	5.7	21	2.4	3
	Moderate	35.6	131	44.4	56
	High	58.7	216	53.2	67
Male friend	None	12.8	47	12.8	16
	Moderate	49.2	180	54.4	68
	High	38.0	139	32.8	41
Older brother / sister	None	23.5	59	30.4	28
	Moderate	36.3	91	39.1	36
	High	40.2	101	30.4	28

Table 6.7 Continued

	Trust	Heterosexual		LGBQ	
		%	n	%	n
Internet websites	None	16.1	58	14.3	18
	Moderate	59.3	214	61.9	78
	High	24.7	89	23.8	30
School programs	None	13.0	47	19.4	24
	Moderate	44.3	160	48.4	60
	High	42.7	154	32.3	40
Community health services*	None	9.0	32	12.2	15
	Moderate	36.7	131	40.7	50
	High	54.3	194	47.2	58

$p < 0.05$

** $p < 0.01$

Students were asked a series of follow-up questions about how often they had used these sources in the past year (see Table 6.8). Female friends (24.1%), male friends (14.6%), and the internet (9.1%) were the most frequently used source of information, being used more than once a month or almost weekly. The least used sources (never, only used once, twice or a few times in the past year) were school nurses (100%),

teachers (95.5%) and community health services (94.1%). Heterosexual and LGBQ students used various sources of information with similar frequency, with the exception of doctors. Three quarters of heterosexual students (72.2%) reported seeing a doctor for advice at least once in the past year compared to 64.1% of LGBQ students ($p < 0.05$).

Table 6.8 Responses to “In the past year, how often have you used the following for advice about sexual health?”

	Usage	Males		Females		Total	
		%	n	%	n	%	n
Doctor/GP	None	46.8	22	22.2	24	29.7	46
	Low	44.7	21	64.8	70	58.7	91
	Moderate	8.5	4	12.0	13	11.0	17
	High	0.0	0	0.9	1	0.6	1
School counsellor	None	57.1	12	69.0	20	64.0	32
	Low	33.3	7	17.2	5	24.0	12
	Moderate	9.5	2	6.9	2	8.0	4
	High	0.0	0	6.9	2	4.0	2
School nurse	None	52.4	11	61.5	24	58.3	35
	Low	47.6	10	38.5	15	41.7	25
	Moderate	0	0	0	0	0	0
	High	0	0	0	0	0	0
Teacher	None	57.0	45	53.8	42	55.4	87
	Low	38.0	30	42.3	33	40.1	63
	Moderate	2.5	7	1.3	9	1.9	16
	High	0	0	0	0	0	0
Youth worker	None	50.0	10	58.3	14	54.5	24
	Low	35.0	7	29.2	7	31.8	14
	Moderate	10.0	2	12.5	3	11.4	5
	High	5.0	1	0.0	0	2.3	1
Mother/Female guardian/ Step-parent	None	33.7	29	16.9	29	22.5	58
	Low	41.9	36	50.0	86	47.3	122
	Moderate	20.9	18	26.2	45	24.4	63
	High	3.5	3	7.0	12	5.8	15
Father/Male guardian/ Step-parent	None	29.4	25	31.0	13	29.9	38
	Low	52.9	45	54.8	23	53.5	68
	Moderate	15.3	13	9.5	4	13.4	17
	High	2.4	2	4.8	2	3.1	4

Table 6.8 Continued

	Usage	Males		Females		Total	
		%	n	%	n	%	n
Female friend	None	11.3	16	3.9	9	6.8	25
	Low	44.7	63	27.6	63	34.1	126
	Moderate	10.6	44	10.5	85	10.6	129
	High	12.8	18	31.1	71	24.1	89
Male friend	None	13.4	19	7.5	11	10.4	30
	Low	37.3	53	48.6	71	43.1	124
	Moderate	32.4	46	31.5	46	31.9	92
	High	16.9	24	12.3	18	14.6	42
Older brother/sister	None	25.0	9	19.2	10	21.6	19
	Low	44.4	16	51.9	27	48.9	43
	Moderate	25.0	9	17.3	9	20.5	18
	High	5.6	2	11.5	6	9.1	8
Internet websites	None	12.7	21	4.8	11	8.1	32
	Low	48.2	80	41.0	93	44.0	173
	Moderate	29.5	49	36.6	83	33.6	132
	High	5.6	2	11.5	6	9.1	8
School programs	None	36.2	42	32.4	47	34.1	89
	Low	56.0	65	55.9	81	55.9	146
	Moderate	6.0	7	11.7	17	9.2	24
	High	1.7	2	0.0	0	0.8	2
Community health services	None	36.8	14	41.3	19	39.3	33
	Low	60.5	23	50.0	23	54.8	46
	Moderate	2.6	1	8.7	4	6.0	5
	High	0	0	0	0	0	0

None = Not used in the past year, Low = Once, twice or a few times in the past year, Moderate = Several times to about once a month, High = More than once a month or almost weekly

Summary of informal education

Internet

The majority of students had used the internet as a source of sexual health information at least once in their lives (79.5%), with relatively equal numbers (77.6%) indicating low to moderate use for this purpose in the last year. One quarter (23.7%) had a high level of trust that the internet was providing them with accurate information.

Friends

Students felt most confident talking to their female friends about sexual health. Most students identified female friends as a source of information that they had used at least once in their life (75.1%), and with moderate to high frequency in the last year (34.7%). Students also report high levels of trust that their female friends were providing accurate information (56.8%). Male friends also served as sources for sexual health information (63.4%, 36.3%, and 46.5% respectively), though less so than female friends.

Parents

Among parents/guardians, mothers/female guardians were a favoured source of information. Almost twice as many students were highly confident talking to their mothers than their fathers about contraception (40.0% and 21.4%) and sex (25.1% and 14.1%). Students were more than twice as likely to have ever used their mothers as a source of information than their fathers (52.3% and 26.0% respectively).

The difference in trust levels was much less pronounced. Most students indicated a moderate to high level of trust that both parents would provide accurate sexual health information, but slightly favouring mothers over fathers (89.9% and 82.1% respectively). Despite good levels of trust in parents, students did not use them for sexual health information very often in the past year. Those who reported moderate to high usage again favoured their mothers over their fathers (30.2% and 16.5% respectively).

Doctor/GP

Students reported varying levels of confidence in talking to a doctor or GP about sexual health. They were more confident talking to a GP about contraception (61.1%) than HIV/STIs (45.9%) or sex (39.2%) and doctors/GPs were by far the most trusted source for accurate sexual health information (89.7%). However, they were used infrequently or never in the last year (88.4%) and 31.9% reported never having used a doctor or GP.

School

Students had mixed sentiments about using school programs, teachers, school nurses and school counsellors as a source of sexual health information.

School teachers, nurses and counsellors rated low in regards to students who felt confident to talk to them about HIV/STIs (57.7% to 75.8%), contraception (53.8% to 70.0%) and sex (67.1% to 80.0%). Students were more confident talking to a counsellor, followed by a nurse and then teacher, perhaps reflecting their confidence in talking to people who they wouldn't necessarily interact with on a daily basis.

Despite this, students were more likely to indicate that teachers were ever used as a source of information (32.2%). This could be due, at least in part, to teachers' role in providing relationship and sexuality education.

Within schools, school nurses had the highest rating of trust for accurate sexual health information ratings (49.5%), followed closely by school programs (39.0%), then counsellors (35.7%) and teachers (25.8%). However, students generally indicated they did not seek sexual health information from school programs (34.1%), school counsellors (64.0%), teachers (55.4%) or school nurses (58.3%) in the past year.

Community Resources

Outside of the internet, friends, family, doctors and school, students may engage with community services such as a youth worker or community health service for sexual health conversations and information. Students rated their confidence as low in talking with youth workers about HIV/STIs (50.5%), contraception (51.1%) and sex (62.6%). This may reflect very small number of students in this survey who had ever accessed youth workers for sexual health information (8.9%). Similarly, few had ever used a community health service for these purposes (17.7%). Of those who had, frequency of access in the past year was also low. Despite low use, there were moderate to high levels of trust in the accuracy of sexual health information provided by youth workers (78.4%) and community health services (86.7%).

6.2 Formal education

Experiences of relationships and sexuality education

Most students (83.8%) responding to the survey had received some form of relationships and sexuality education (RSE) at school (see Table 6.9).

Table 6.9 Responses to "Have you ever had sexuality/relationship education at school?" (n=499)

	Males		Females		Total	
	%	n	%	n	%	n
Yes	84.2%	192	83.4%	226	83.8%	418
No	14.0%	32	13.7%	37	13.8%	69
Don't know	1.8%	4	3.0%	8	2.4%	12

The majority of students (78.7%) received their most recent RSE through their health and physical education (HPE) subjects (see Table 6.10), while a small minority (8.5%) received RSE as its own subject or program.

Table 6.10 Responses to “Thinking back to the last time you had sexuality/relationship education, what subject was it part of?” (n = 414)

	Males		Females		Total	
	%	n	%	n	%	n
It was its own subject or program	10.1%	19	7.1%	16	8.5%	35
Health and Physical Education	80.3%	151	77.4%	175	78.7%	326
Science/Biology	3.7%	7	6.2%	14	5.1%	21
Religious Instruction/Education	3.2%	6	5.3%	12	4.3%	18
Other	2.7%	5	4.0%	9	3.4%	14

Most students recall receiving RSE in Years 7-8 (76.8%) and/or Years 9-10 (86.5%; see Table 6.11). Almost half indicated they received RSE in Years 5-6 (42.5.9%).

Table 6.11 Responses to “At what levels of schooling did you have sexuality/relationship education? Please select as many as you think apply”

	Males		Females		Total	
	%	n	%	n	%	n
Prep/Kindergarten	0.5%	1	0.0%	0	0.2%	1
Years 1-4	1.1%	2	2.7%	6	1.9%	8
Years 5-6	40.7%	77	44.0%	99	42.5%	176
Years 7-8	77.8%	147	76.0%	171	76.8%	318
Years 9-10	85.2%	161	87.6%	197	86.5%	358
Years 11-12	24.3%	46	29.3%	66	27.1%	112

For the most recent experience of RSE, most students indicated a teacher taught the subject (83.9%), with a small minority reporting that it was taught by someone from outside the school (7.6%; see Table 6.12).

Table 6.12 Responses to “Thinking back to the last time you had sexuality/relationship education, who was it primarily taught by?”

	Males		Females		Total	
	%	n	%	n	%	n
A teacher	86.6%	162	81.6%	182	83.9%	344
A school nurse	4.8%	9	8.5%	19	6.8%	28
A chaplain	1.6%	3	0.4%	1	1.0%	4
School counsellor	0.5%	1	0.9%	2	0.7%	3
Someone from outside the school	6.4%	12	8.5%	19	7.6%	31

Students were asked about the relevance of their RSE (see Table 6.13), with most indicating that it was somewhat or very relevant (61.3%).

Table 6.13 Responses to “How relevant did you/do you find sexuality/relationship classes?” (n=413)

	Males		Females		Total	
	%	n	%	n	%	n
Not relevant at all	8.0%	15	6.2%	14	7.0%	29
A little relevant	19.8%	37	19.9%	45	19.9%	82
Somewhat relevant	39.6%	74	34.5%	78	36.8%	152
Very relevant	24.6%	46	24.3%	55	24.5%	101
Extremely relevant	8.0%	15	15.0%	34	11.9%	49

Heterosexual students reported having RSE at school more often than LGBQ students (85.6% and 78.0% respectively, $p < 0.05$). For the majority of students, RSE occurred as part of Health and Physical Education (Heterosexual = 78.4%, LGBQ = 79.2%), mostly taught by a teacher (heterosexual = 82.4%, LGBQ

= 88.4%), and most students recalled receiving RSE in Years 7-8 (heterosexual = 76.8%, LGBQ = 77.3%). Most heterosexual (64.4%) and LGBQ (50.5%) thought RSE was somewhat or very relevant.

6.3 Commentary on RSE

Students were asked “Is there anything you would like to tell us about sexuality education at your school (e.g., how useful it has been for you)?” In all, 28.8% (n=158) of students responded to this question.

Comments were initially individually coded by three trained researchers employing a top-down approach using themes identified in the 2013 survey and reported in a peer-reviewed research publication.²⁴ Coders met frequently to ensure that material was being coded similarly and used a consensus approach to resolve discrepancies. All coded material was then merged together and assessed using a bottom-up thematic analysis approach²⁵ to develop the themes presented below.

Western Australian student quotations, presented below, have been edited for clarity and any and all identifying information has been removed. Gender identity, age, sexual orientation and year level have been noted for each quotation.

Positive comments

Some students reported positive experiences of RSE, noting that the curriculum was both informative and comprehensive. These students indicated that their RSE curriculum included interactive discussions of reproduction, STIs and sexual health, consent, how to have safe sex, and healthy relationships.

Sexuality education was very useful, it demonstrated ways of contraception and how to help prevent STI's and allowed students to ask questions in a safe environment.

(Female, 16, bisexual, Year 11)

Very useful as we get taught about safe sex, the parts of the genitals, ovulation cycle, contraception and other health\sex related topics.

(Male, 16, heterosexual, Year 11)

It was very useful as it taught the good and bad signs in a relationship. I found it was very helpful in teaching me personally.

(Male, 16, heterosexual, Year 11)

It has helped me so much to find who to trust and who I can talk to about anything and also it has made me more safe with sexual intercourse.

(Male, 15, heterosexual, Year 10)

Critical comments

Many students provided critical assessments of their RSE experiences. These comments covered a range of factors relating to adequacy of the content and timing of the programs. Some students were also critical of how and where the program was delivered.

Content

For many students, the RSE curriculum did not adequately cover sexual health and healthy and diverse relationships in a non-judgemental, affirming manner.

It's a waste of time for people who have basic general knowledge, I'm sure it serves a purpose but I had an overall negative opinion. Too much fear monger if about Sex.

(Male, 17, bisexual, Year 12)

It told us a lot about safe sex and left the other choices (sexuality, gender, etc) up to us. There was abundant information on physical facts - types of STIs, how they spread, and how to prevent them. It also taught us about reproduction and anatomy but only scientifically. Nothing to do with pleasure or anything like that. There was a whole course on male and female contraception too.

(Female, 16, bisexual, Year 12)

The bulk of what was taught was aimed at straight guys. Teachers have however made an effort to be inclusive and mention gays/ use gender neutral language like "partner".

(Male, 18, gay, Year 12)

I feel my school needed to address more about the situation of sti's and hpv virus as we weren't completely taught the full extent need in the outside world to understand this topic.

(Male, 17, heterosexual, Year 12)

I found it was useful anatomically and provided necessary information on contraception but nothing about the actual sex itself.

(Male, 17, heterosexual, Year 12)

It focused on contraception and healthy relationships however they were all primarily to do with heterosexual relationships and experiences.

(Female, 16, not sure, Year 12)

One student nicely summed up her frustration with the inadequacy of her RSE, wanting to know the "real stuff about sex":

It doesn't tell us the real stuff about sex and as much as they tell people to use condoms and not have underage sex they're still going to do it so they may as well educate us on what it's really going to be like and what to expect.

(Female, 15, heterosexual, Year 10)

Timing

In addition to wanting more than was on offer, some students indicated the inadequacy of content may have been a result of being offered infrequently and at the wrong times.

Did it in year 10 which is too late for a lot of people.

(Female, 16, heterosexual, Year 11)

It's very brief and they just talk about everything we already know. Learning about the dangers and signs would be helpful, but doing that in year 11 or 12. This is so it will apply and relate to the students more.

(Male, 17, heterosexual, Year 12)

Approach

Inadequacy of programs, for some students, may have been a result of the approaches used to deliver RSE. Some students hinted at teachers being uncomfortable teaching RSE material, while others recommended using outside professionals.

Teachers seem out of touch and not young enough to relate or understand particularly older core subject teachers (commonly religious as their ethics differ greatly to the majority of me and my peers).

(Male, 16, heterosexual, Year 12)

The teacher was unqualified and too embarrassed to discuss the topic with us.

(Male, 17, gay, Year 12)

They give us the worst teachers to teach the subject and they act like they don't care.

(Female, 15, not sure, Year 10)

Not very useful. Teachers were not comfortable talking about any sexual subject, which lead to mis/lack of information. Was only about one lesson spent on the subject even though it was supposed to be a few weeks worth of content.

(Male, 16, heterosexual, Year 11)

A few students noted their RSE was "a waste of time" due to an abstinence-only or religious doctrine approach to the subject.

Catholic sexual education gave minimal [information] and doesn't make it seem clear and scares students out of anything sex related.

(Male, 15, heterosexual, Year 10)

It seemed to be a very harsh topic that they do not support at all. They make sexual activity look a lot scarier as it is against our religion.

(Female, 15, heterosexual, Year 11)

As it was taught by someone coming from a religious standpoint, it was very religious based therefore we did not learn about sex rather about celibacy and how to nurture a loving relationship etc.

(Female, 17, heterosexual, Year 12)

Alternative sources of information

The inadequacy of programs noted by some students meant having to seek information from other sources. Students indicated they actively sought information outside of their classroom, similar to findings above (see Table 6.5), particularly from the internet and knowledgeable others.

It was useful to a certain degree. I found searching for the information I needed online was better for me.

(Female, 16, bisexual, Year 11)

It was really bad - I'd honestly found better information online. Rather than teaching us, they just said "this is what we have to tell you/show you" and moved on.

(Female, 16, bisexual, Year 11)

I haven't found school sex-ed very useful, I've got most info from friends, the internet and personal experience.

(Female, 15, heterosexual, Year 10)

The inadequacy of RSE and the resulting need to "learn it all" in other ways was summed up by this student:

It's a little useful but they don't teach the full extent; you have to find out most things by yourself.

(Genderqueer, 16, bisexual, Year 11)

The comments from the open-ended question and responses to the relevance question (see Table 6.13) highlight the diversity of experiences of RSE. Some students appear to have well-trained teachers providing relatively engaging and comprehensive RSE in a supportive and non-judgemental environment. However, other students narrated a sense of not being taught "the full extent" of relationships and sexuality. Students seem to want RSE that is engaging and affirming covering a wide range of age-appropriate content provided by well-trained teachers or other professionals who are comfortable with the topic and delivered more often. Such an education may allow students, when they do become sexually active, to have a better sense of "what it's really going to be like," how to "practice it safely," not "feel ashamed" of their sexuality, recognising "what a healthy relationship" is, and ultimately "making informed decisions."



Conclusion

The *WA Survey of Secondary Students and Sexual Health 2018* provides a robust snapshot of the sexual health and wellbeing of young people in WA, based on the largest sample of secondary students to be reported in the 25-year history of the national survey. The WA sample size was modest, though proportional to the national sample.¹

Students' knowledge of HIV, STIs and BBVs was mixed, with an average of 62.5% correct answers across all knowledge questions. LGBQ students had similar levels of knowledge across all questions with only a few minor differences. Findings indicate the continued need to improve students' sexual health knowledge, particularly in relation to STIs, HPV and viral hepatitis. Similar to conclusions in the national study, programs to address these gaps might aim to improve knowledge and awareness as well as students' perception of their risk of contracting HIV, STIs and/or BBVs. Prevention, testing and treatment behaviours may subsequently improve as a result of better knowledge and more accurate perceptions of risk. The percentage of correct answers to questions on HIV transmission and STI symptoms was well above the overall average. This suggests that efforts to communicate this information—through formal in-school education programs, community-based initiatives, or other public health campaigns—have been successful. Such efforts should continue in order to maintain this success.

Young people in WA, both LGBQ and heterosexual, continue to engage in responsible sexual behaviours. Sexually active students, similar to students nationally, largely reported having responsible conversations before engaging in sexual behaviours, predominately with a boyfriend or girlfriend, and using condoms and other contraceptives. Perhaps most importantly, sexually active young people feel good

about their behaviours. Likewise, students who were not yet sexually active also feel good about their decisions and are confident they can say yes when they feel they are ready. Many are not engaged in "sexting" and when they do, it is generally infrequent and with a partner or friend. LGBQ students were slightly more likely to have engaged in "sexting." Not many students are reporting experiences of cyberbullying. Young people should be applauded for their largely healthy and responsible sexual relationships; West Australian communities should continue to support young people in their efforts to enact healthy sexual relationships.

Young people learn about sexual health from a variety of sources in their lives. The internet and friends are perhaps the most important sources to young people in today's world. LGBQ students were slightly less confident and trustworthy of a variety of informal sources of sexual health information. Schools also continue to play an important role, though students narrated a number of opportunities to improve relationships and sexuality education (RSE). Educators may wish to consider further adaptations to existing RSE content, timing and delivery approaches to address the needs of today's young person. A well-trained and qualified education workforce would further support this. Similarly, public health and health service providers may wish to consider channels of communication in light of these findings.

Together, the findings in this report provide a snapshot of the sexual health knowledge, behaviour and educational experiences of secondary students in WA. We hope the findings serve educators, providers, policymakers and others in their work to continue to improve the sexual health and wellbeing of young people in WA.



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La Trobe University acknowledges that our campuses are located on the lands of many traditional custodians in Victoria and New South Wales. We recognise their ongoing connection to the land and value their unique contribution to the University and wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and communities, through teaching and learning, research and community partnerships across all of our campuses.

The wedge-tailed eagle (*Aquila audax*) is one of the world's largest.

The Wurundjeri people – traditional owners of the land where our Melbourne campuses are located – know the wedge-tailed eagle as Bunjil, the creator spirit of the Kulin Nations.

There is a special synergy between Bunjil and the La Trobe University logo of an eagle. The symbolism and significance for both La Trobe and for Aboriginal people challenges us all to 'gamagoen yarrbat' – to soar.


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