

# NATIONAL SURVEY OF SECONDARY STUDENTS AND SEXUAL HEALTH 2018

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

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# 1. 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.

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*.<sup>1-5</sup> 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 survey demonstrate that 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 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 56% 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% 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 (93.3%) and had not been tested for HIV (89.6%). Almost one-third (30.1%) of sexually active students discussed avoiding HIV infection prior to their last sexual encounter. Two in five students (41.3%) who were not yet sexually active expressed worry about contracting HIV.
- On average, students scored 63% across all general STI knowledge questions and 71% on all STI transmission questions. Most students (87.4%) did not believe they were likely to get an STI. More than one-third (36.2%) of sexually active students discussed avoiding STIs prior to their last sexual encounter, while close to half (45.8%) 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 31% correct across all questions. More than half of students did not know if they had been vaccinated against hepatitis A (57.3%) or B (52.0%), and most believed they were at low or no risk for hepatitis B (96.4%) and C (96.7%).
- Across all Human Papilloma Virus (HPV) knowledge questions, students scored an average of 38% correct, though nearly two-thirds (62.5%) had heard of HPV. Over one-third (38.7%) believed they had been vaccinated against HPV, with another 38.8% unsure. Considerably more students have been vaccinated against HPV by the age of 15 (80% of female students and 76% of male students).<sup>6</sup>

## Behaviours

One of the key priority areas for the five national 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 (68.2%) was higher than the actual number who reported using them in the last year (62.2%) and at their last sexual encounter (56.9%).

### Sexual behaviours

Most students have engaged in some form of sexual activity, from deep kissing (74.4%) to sexual intercourse (46.6%). 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 (46.6%) were largely having sex in their homes (75.8%) with a boyfriend or girlfriend (64.6%) who was about the same age as them (85.5%). Most reported discussing having sex (81.2%) and protecting their sexual health (76.9%) *prior* to having sex, were using condoms (56.9%) and/or oral contraception (41.0%), and felt good about their last sexual experience.

Not yet sexually active students (53.4%) didn't feel regretful about their decision to not have sex yet (88.9%), weren't feeling much pressure from partners or peers to have sex (91.2%), wanted to be "in love" when they did (78.2%), and believed they were likely to do so before marriage (73.7%), but not in the next year (51.1%).

- Students appeared to be increasingly comfortable acknowledging the diversity and complexity of sexual attraction, in line with other recent research<sup>7-9</sup>, and 35% of students indicated an attraction to the same gender or to multiple genders. However, most (92.6%) 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 (61.5%) only had one sexual partner in the past year.
- One-quarter of sexually active students (28.4%) experienced unwanted sex at least once, although the vast majority (93.2%) reported that their last sexual event was wanted.

- A majority of sexually active students (62.2%) reported always or often using condoms in the past year. Further, 75% indicated a condom was used the first time they had vaginal sex.
- A very small number of sexually active students (3.5%) indicated that they had sex that resulted in a pregnancy. Of those, 93.7% were not planned.

### Online behaviours

The survey asked about “sexting” and cyberbullying behaviours. Overall, one-third (33%) of students reported “sexting” in the last two months, mostly with a girlfriend, boyfriend or friend. More than half (55%) had done so only once or a few times in last two months.

Very few students (7%) 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 (17.9%) and receiving a prank call (16.3%).

Most students were active and frequent users of social media. The most popular platforms were Facebook, YouTube, SnapChat and Instagram. Very few (7.7%) reported using dating apps such as Tinder.

## Education

A key priority area for action in the five national 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 (78.7%) had accessed the internet to find answers to sexual health questions, although they did so infrequently (86.5% indicated once a month or less) and cautiously (55.5% indicated only moderate levels of trust in online sources).

The majority of students reported that they felt most confident talking about sexual health with female friends (71%), did so frequently in last year (53.9% reported several times to almost weekly) and trusted them to provide accurate information (52.7% 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 (88.6%), followed by mother (59.8%) and community health services (54.7%).
- The most frequently used sources of sexual health information were female friends (23.9%), male friends (16.4%) and the internet (13.6%).
- Students felt most confident that they could talk about HIV/STIs, contraception and sex with female friends (71%), male friends (52%), and GPs (48%).

- 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.

### Formal education

Most students reported that they received relationships and sexuality education (RSE; 83.6%) at school. Most RSE was delivered by their regular teacher (82.1%) as part of their Health and Physical Education (HPE) subject (70.6%) in Years 7-8 (75.9%) and/or Years 9-10 (80.8%). One in three (37.8%) students found their RSE very or extremely relevant.

- 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.





## 2. 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.

The survey, funded by the Commonwealth Department of Health, began in the early 1990s to address concerns regarding young peoples' vulnerability to HIV infection. Since then, the survey has been refined and expanded to provide valuable ongoing data on sexual health knowledge, behaviours and education. The data is used to inform public health strategies, service provision, prevention programs, and health education and to guide the work of teachers, youth workers, service providers, health professionals and policymakers.

Researchers at The University of Queensland, led by Professor Beverley Raphael, conducted the first survey in 1992. Since then, the Australian Research Centre in Sex, Health and Society (ARCSHS) at La Trobe University has led subsequent surveys conducted in 1997, 2002, 2008, 2013, and 2018.

The findings of these surveys have been used to inform key stakeholders across the various fields working to address young peoples' sexual health and wellbeing. Results continue to inform important relationship and sexuality education curricula, including *LoveSexRelationships.edu.au*<sup>10</sup>, a national teaching resource available online; Western Australia's *Growing and Developing Healthy Relationships*<sup>11</sup>; and other similar programs. The 2013 report has been cited in government policies such as the *Five National Blood Borne Viruses and Sexually Transmissible Infections Strategies 2018-2022*<sup>1-5</sup>, and community health service organisation strategic plans such as *Family Planning Victoria Strategic Plan 2019-2023*<sup>12</sup>.

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 and to the generations of young people who participated in the survey, sharing their stories and lives with us.



## 3. Methodology, survey instrument & sample

The *6th National Survey of Secondary Students and Sexual Health 2018* sampled a diverse cross-section of secondary students in Australia. The survey was delivered online and responses were completely anonymous. 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.

### 3.1 Survey instrument

The anonymous 2018 survey was provided to students in a secure online format. Extensive consultation with key stakeholders (i.e., health departments, education departments, NGOs) informed the decision to move to a fully online survey. In particular, stakeholders noted that the increasing curricular demands of secondary schools would further exacerbate issues related to in-school recruitment that arose during the 2013 survey.<sup>13</sup>

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 2018 survey included many of the same questions asked in the 2013 survey, with some additional knowledge questions drawn from earlier versions (e.g., STI knowledge questions from the 2008 survey). Some questions that had been included in the 2013 survey, such as drug use and attitudes toward and knowledge of fertility, were not included due to space considerations and a lack of utility to the broader aims of the survey. Finally, a few new questions were introduced in 2018, providing for a deeper exploration of emerging issues (e.g., confidence and perceived trustworthiness of various informal education sources). The full set of survey questions is available at the survey website, [teenhealth.org.au](http://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.<sup>14 15</sup>

The survey did not ask for any identifying information.

## 3.2 Sampling method

The fully online, anonymous nature of the survey required a new approach to sampling in order to ensure a diverse cross-sectional representation of the existing population of secondary students in Australia. The survey used minimum quota sampling to achieve a diverse representation.

Sampling quotas were informed by two sets of targets based on the latest (2016) Australian census data.<sup>16</sup> The first set of targets was comprised of school type (Government, Catholic, other non-government [a.k.a., Independent]), gender (male, female), and year in school (10, 11 and 12). The second set of targets covered location (state and territory) with planned oversampling from lower population states and territories (ACT, NT, TAS).

Minimum quotas were calculated based on the proportion of the total population for each target and the statistical power considerations (i.e., the minimum sample size needed in each sub-group to detect group differences that were at least medium in effect size). Total population proportions were derived from 2016 census data<sup>16</sup> for Year 8 through 10 students as these provided the best estimates of the total population of Year 10 through 12 students in 2018. Table 3.1 shows the minimum quotas, the obtained sample, and the difference between the two.

Table 3.1 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%	5.7%	-4.4%
		Year 11	9.5%	8.4%	-1.0%
		Year 12	10.5%	8.5%	-2.1%
	Female	Year 10	9.6%	8.8%	-0.7%
		Year 11	8.8%	12.2%	3.4%
		Year 12	9.9%	10.4%	0.5%
Catholic	Male	Year 10	3.9%	2.6%	-1.3%
		Year 11	3.8%	4.0%	0.2%
		Year 12	3.9%	4.6%	0.7%
	Female	Year 10	3.9%	3.9%	0.0%
		Year 11	3.6%	5.7%	2.1%
		Year 12	3.8%	4.8%	1.0%
Other Non-Government (a.k.a., Independent)	Male	Year 10	3.1%	2.3%	-0.8%
		Year 11	3.0%	3.8%	0.8%
		Year 12	3.2%	4.4%	1.2%
	Female	Year 10	3.1%	2.1%	-1.1%
		Year 11	3.0%	3.7%	0.7%
		Year 12	3.2%	4.1%	0.9%
	State/Territory				
		ACT	1.8%	2.3%	0.4%
		NSW	32.0%	28.3%	-3.7%
		NT	1.1%	1.6%	0.5%
		QLD	19.7%	17.7%	-2.0%
		SA	7.1%	8.4%	1.4%
		TAS	2.3%	3.9%	1.5%
		VIC	25.0%	28.9%	3.9%
		WA	10.9%	8.9%	-2.0%

### 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 Research*<sup>17</sup>, 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).<sup>17</sup>

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.<sup>18-20</sup>

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).

The ads linked potential participants to the survey website. Facebook's ad optimisation tool was used to maximise the ads that delivered the most clicks. Ads initially targeted all 14 to 18 year olds living in Australia. Survey completion and minimum quota targets were monitored daily, and ad targeting was revised as minimum quotas were achieved. Data collection ceased on 10 May 2018 with all minimum quotas met—and the vast majority exceeded.

When potential participants clicked on an ad, they were taken to the survey website where they could learn more about the survey. A "Take the Survey" button on the survey website redirected potential participants to the Qualtrics landing page for the survey. The landing page contained the full text of the Participant Information Sheet. Potential participants were asked to give their consent to participate by clicking "I agree" and then clicking "submit" to continue. Those who did not click "I agree" were redirected back to the survey website.

The second page of the survey contained screening questions. Participants had to indicate that they were between the ages of 14 and 18 years old and lived in an Australian state or territory. If they met these inclusion criteria, they continued on to the next page of the survey; if not, they were thanked for their interest and redirected to the survey website.

Throughout the anonymous survey, participants had the option to not answer any given question by selecting "Prefer Not To Answer." Basic demographic questions were asked first, followed by questions about HIV and STI knowledge, testing behaviour and diagnosis.

Next, participants were asked about sexual behaviours. Those who indicated that they had engaged in penetrative sex were directed to questions on condom and contraceptive use, as well as questions about their last sexual event. Those who had not yet engaged in penetrative sex were directed to a set of questions about why they had not yet had penetrative sex and how they felt about this decision.

All participants were then asked more demographic questions relating to sexual orientation and gender identity, followed by questions on social media use, "sexting" and cyberbullying.

Finally, participants were asked about their informal education experiences related to seeking information on sexual health and wellbeing, as well as formal in-class relationships and sexuality education.

The average time taken to complete the survey was 23.4 minutes, with the most participants completing it on an internet-enabled mobile device (n=7,256, 87.8%) in under an hour (n=7,893, 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.

A total of 25,069 surveys were submitted to the system, with a substantial portion of these being incomplete due to timing out or participants actively closing the survey. Incomplete surveys (n=16,669) were removed from the data set leaving 8,400 participants. Additional data cleaning filtered out a further 137 participants from the sample including participants who did not meet the inclusion criteria or whose responses indicated a lack of genuine intent (see 4. Mischievous responders under 3.7 Limitations of the survey, below). Additionally, Year 9 students and those not in school (e.g., school leavers) were removed from the sample for this report. The final sample for the report included 6,327 students enrolled in Years 10, 11, and 12 in Australia.

This report includes a detailed description of the 2018 data analysed by gender. Given the substantial sample size, for the first time in addition to “female” and “male,” the report includes results for people who identify as trans and gender diverse (TGD). However, the number of responses from TGD participants were too small to be tested statistically. Therefore, statistical differences reported throughout the report only apply to comparisons between male participants and female participants.

### 3.6 Demographic characteristics of the sample

A total of 6,327 students completed the survey. Tables 3.2 to 3.5 present the basic demographic characteristics of the sample. Slightly more female students than male students completed the survey, with a generous sample of TGD people also participating. Representation from all states and territories generally matched population distributions in Australia, with more than half of participants from New South Wales and Victoria. Similarly, 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. Slightly fewer Year 10 students participated in the survey compared to Years 11 and 12. 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 -4.4% with most of the strata achieving 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 Australia, but **results do not constitute a representative sample.**

**Table 3.2 Sample size by gender**

Gender	Total	
	%	n
Male	42.8	2,711
Female	54.8	3,469
Trans and Gender Diverse (TGD)*	2.3	147
<b>Total</b>	<b>100.0</b>	<b>6,327</b>

\* TGD students self-identified as transgender, gender diverse, and other similar identities.

**Table 3.3 Sample size by state/territory**

State/territory	Total	
	%	n
ACT	2.3	143
NSW	28.3	1,791
NT	1.6	101
QLD	17.7	1,121
SA	8.4	533
TAS	3.9	244
VIC	28.9	1,831
WA	8.9	563
<b>Total</b>	<b>100.0</b>	<b>6,327</b>

**Table 3.4 Sample size by school type**

School type	Total	
	%	n
Government	51.6	3,265
Catholic	24.1	1,527
Other non-government/Independent	19.1	1,211
Not sure/Prefer not to answer (PNTA)	5.1	324
<b>Total</b>	<b>100.0</b>	<b>6,327</b>

**Table 3.5 Sample size by year level**

Year in School	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Year 10	24.6	667	26.8	930	23.8	35	25.8	1,632
Year 11	36.3	985	38.7	1,344	39.5	58	37.7	2,387
Year 12	39.1	1,059	34.4	1,195	36.7	54	36.5	2,308
<b>Total</b>	<b>100.0</b>	<b>2,711</b>	<b>100.0</b>	<b>3,469</b>	<b>100.0</b>	<b>147</b>	<b>100.0</b>	<b>6,327</b>

A total of 245 (3.9%) students self-identified as being of Aboriginal and/or Torres Strait Islander origin, providing an oversample compared to census data.<sup>21</sup>

Students' geographic location based on the postcodes provided by participants and coded to Australian Bureau of Statistics (ABS) remoteness categories<sup>22</sup>, skewed toward major cities and inner regional areas of Australia (see Table 3.6).

**Table 3.6 Sample size by remoteness**

Remoteness	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Major cities	70.7	1,916	68.5	2,375	75.5	111	69.6	4,402
Inner regional	16.2	439	16.9	586	15.0	22	16.5	1,047
Outer regional	4.6	126	5.8	201	2.7	4	5.2	331
Remote/very remote	0.6	18	0.7	24	0.7	1	0.7	43
Don't know/prefer not to answer/unusable answer	7.8	212	8.2	283	6.2	9	7.9	504
<b>Total</b>	<b>100.0</b>	<b>2,711</b>	<b>100.0</b>	<b>3,469</b>	<b>100.0</b>	<b>147</b>	<b>100.0</b>	<b>6,327</b>

Most participants and more than three-quarters of their parents were born in Australia (see Table 3.7).

**Table 3.7 Sample size by students and their parents born in Australia**

Gender	Student		Mother		Father	
	%	n	%	n	%	n
Male	89.5	2415	76.6	1990	74.5	1923
Female	91.4	3158	80.6	2700	77.9	2584
TGD	95.9	141	77.8	112	75.4	107
<b>Total*</b>	<b>90.7</b>	<b>5,714</b>	<b>78.8</b>	<b>4802</b>	<b>76.4</b>	<b>4,614</b>

\* 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 3.8).

**Table 3.8 Sample size by religion or faith**

Religion	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
No religion	62.9	1,651	61.6	2,074	74.6	106	62.5	3,831
Catholic	16.9	443	20.2	681	5.6	8	18.5	1,132
Anglican (Church of England)	5.1	134	6.1	205	2.1	3	5.6	342
Other Christian religion	4.1	108	3.8	129	4.2	6	4.0	243
Uniting Church	1.8	46	1.3	44	1.4	2	1.5	92
Greek Orthodox	1.4	38	1.6	55	0.0	0	1.5	93
Baptist	1.8	47	1.2	42	0.0	0	1.5	89
Other non-Christian religion	1.7	45	1.0	33	9.2	13	1.5	91
Presbyterian	1.1	30	1.1	38	0.0	0	1.1	68
Buddhism	0.8	20	1.0	32	0.7	1	0.9	53
Islam	1.1	30	0.4	12	0.7	1	0.7	43
Judaism	0.6	16	0.5	18	1.4	2	0.6	36
Hinduism	0.6	16	0.1	5	0.0	0	0.3	21
<b>Total*</b>	<b>100.0</b>	<b>2,624</b>	<b>100.0</b>	<b>3,368</b>	<b>100.0</b>	<b>142</b>	<b>100.0</b>	<b>6,134</b>

\* "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 3.9). While the majority (73.7%) identified as heterosexual or straight, a sizeable minority (21.1%) indicated either a gay/lesbian or bisexual identity. It is difficult to say definitively if this is an oversample, given the limitations of Australian census and other population data.<sup>23</sup> 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 Survey<sup>24</sup>, Australian Study of Health and Relationships<sup>9</sup>), 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.<sup>7-9</sup>

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.

**Table 3.9 Sample size by self-identified sexual orientation**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Heterosexual or straight	77.4	2,090	72.0	2,483	8.1	5	73.7	4,578
Gay or lesbian	8.1	218	1.8	63	22.6	14	4.7	295
Bisexual	11.0	297	19.8	684	62.9	39	16.4	1,020
Not sure	3.6	96	6.4	220	6.5	4	5.2	320
<b>Total*</b>	<b>100.0</b>	<b>2,701</b>	<b>100.0</b>	<b>3,450</b>	<b>100.0</b>	<b>62</b>	<b>100.0</b>	<b>6,213</b>

\* Prefer not to answer responses excluded from total.

### 3.7 Limitations of the survey

While the sample achieved in this *6th National Survey of Secondary Students and Sexual Health* is diverse and closely aligns with census data, we cannot say it is representative of *all* secondary students in Australia. The results reported here therefore need to be understood in the context of the following limitations:

- 1) **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.
- 2) **Sampling bias.** Almost all participants (n=8,085, 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.<sup>25</sup> The widespread use of Facebook thus minimises the sampling bias inherent in the study, but does not fully overcome the limitation.
- 3) **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..
- 4) **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.



## 4. 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. However, the number of responses from TGD students was too small to be tested statistically. Therefore, the statistical differences reported below only apply to comparisons between male students and female students.

### 4.1 HIV transmission

Knowledge about HIV transmission was generally high (see Table 4.1), with an average of 80% correct answers across all questions.

Most students knew of the various ways HIV could be transmitted, such as through having sex (90.7% to 93.9%) and sharing injecting needles (92.8%). Students also overwhelmingly knew HIV could not be transmitted through hugging (94.3%), that the birth control pill did not provide protection from HIV (91.6%), and that condom use helped prevent HIV transmission (88.8%). Fewer students knew HIV could not be transmitted by coughs or sneezes (66.7%) or mosquito bites (24.8%).

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

### 4.2 Sexually transmitted infections

#### Knowledge about STIs

Students' correct general knowledge about STIs, averaged across all questions, was 63% (see Table 4.2).

Most students knew STIs may not have obvious symptoms (94.8%), that not only gay men and injecting drug users can be infected with HIV (92.2%), and that people are not always safe from all STIs if they use condoms (85.0%). Considerably fewer students knew that genital warts could be spread without intercourse (56.3%), that Chlamydia can lead to sterility in women (53.8%), that the herpes virus stays with a person for life (40.9%) and that the virus that causes genital warts also can cause cold sores (7.7%). The difference in percentage of correct responses between genders, for many of the questions, were statistically significant. The differences were larger than for HIV transmission knowledge questions though still relatively modest, with most being smaller than 10%.

**Table 4.1 Correct responses to HIV transmission questions**

Question (correct answer)	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
1. Could a person get HIV (the AIDS virus) by sharing a needle with someone when injecting drugs? (Yes)**	93.8	2,509	91.9	3,147	96.6	140	92.8	5,796
2. Could a woman get HIV (the AIDS virus) through having sex with a man? (Yes)*	94.8	2,538	93.2	3,190	93.8	137	93.9	5,865
3. If someone with HIV coughs or sneezes near other people, could they get the virus? (No)**	69.5	1,849	64.5	2,199	65.1	41	66.7	4,089
4. Could a man get HIV through having sex with a man? (Yes)**	92.9	2,469	90.6	3,091	96.8	60	91.7	5,620
5. Could a person get HIV from mosquitoes? (No)	26.1	693	23.8	811	27.0	17	24.8	1,521
6. If a woman with HIV is pregnant, could her baby become infected with HIV? (Yes)**	59.3	1,578	69.3	2,364	66.7	42	65.0	3,984
7. Could a person get HIV by hugging someone who has it? (No)	94.6	2,517	94.0	3,206	96.8	61	94.3	5,784
8. Does the pill (birth control) protect a woman from HIV infection? (No)	92.1	2,447	91.2	3,112	95.2	60	91.6	5,619
9. Could a man get HIV through having sex with a woman? (Yes)**	93.6	2,488	88.3	3,012	90.5	57	90.7	5,557
10. If condoms are used during sex does this help to protect people from getting HIV? (Yes)**	90.3	2,399	87.7	2,989	92.1	58	88.8	5,446
11. Could someone who looks very healthy pass on HIV infection? (Yes)	81.3	2,159	81.6	2,778	82.5	52	81.5	4,989

\*  $p < 0.05$  (statistically significantly difference between male students and female students)

\*\*  $p < 0.01$  (statistically significantly difference between male students and female students)

**Table 4.2 Correct responses to general STI questions**

Question (correct answer)	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
1. Someone can have a sexually transmissible infection without any obvious symptoms (True)**	92.9	2,549	96.2	3,375	96.9	63	94.8	5,987
2. Apart from HIV, all sexually transmissible infections can be cured (False)	68.2	1,872	67.7	2,375	67.7	44	67.9	4,291
3. Chlamydia is a sexually transmissible infection that affects only women (False)**	70.4	1,931	76.1	2,670	67.7	44	73.5	4,645
4. Chlamydia can lead to sterility among women (True)**	51.7	1,419	55.6	1,950	46.9	30	53.8	3,399
5. Once a person has caught genital herpes, then they will always have the virus (True)**	37.7	1,034	43.4	1,525	36.9	24	40.9	2,583
6. People who always use condoms are safe from all STIs (False)	85.6	2,351	84.4	2,964	93.8	61	85.0	5,376
7. Gonorrhoea can be transmitted during oral sex (True)	61.4	1,687	61.9	2,175	63.1	41	61.7	3,903
8. Genital warts can only be spread by intercourse (False)*	54.4	1,493	57.6	2,018	66.2	43	56.3	3,554
9. HIV only infects gay men and injecting drug users (False)	92.4	2,538	92.0	3,228	89.1	57	92.2	5,823
10. Cold sores and genital herpes can be caused by the same virus (True)*	8.8	241	6.8	240	10.8	7	7.7	488

\*  $p < 0.05$  (statistically significant difference between male students and female students)

\*\*  $p < 0.01$  (statistically significant difference between male students and female students)

## Knowledge about STI symptoms

Knowledge of STI symptoms was generally good (see Table 4.3), averaging 71% correct across all questions.

Overwhelmingly, students correctly identified pain or discomfort urinating (95.7%), lumps and bumps in the genital area (91.9%), a rash in the genital area (91.5%) and discoloured skin in the genital area (80.1%) as symptoms of an STI. Fewer students knew that muscular soreness (39.4%) or a severe headache (29.8%) could be a symptom of an STI. The difference in percentage of correct responses between genders was statistically significant for about half of the questions. These differences were relatively modest (mostly below 10%).

**Table 4.3 Correct responses to STI symptom questions**

Question (correct answer)	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
1. Discharge from the penis or vagina can be a symptom of an STI (True)	73.4	2,013	74.2	2,606	69.2	45	73.8	4,664
2. Pain or discomfort when urinating can be a symptom of an STI (True)**	94.2	2,585	96.8	3,399	96.9	63	95.7	6,047
3. Muscular soreness in the thighs can be a symptom of an STI (True)**	43.8	1,202	35.9	1,260	40.0	26	39.4	2,488
4. Lumps and bumps in the genital area can be a symptom of an STI (True)	91.5	2,512	92.1	3,234	92.3	60	91.9	5,806
5. Severe headache can be a symptom of an STI (True)	31.0	850	28.9	1,016	24.6	16	29.8	1,882
6. Discoloured skin in the genital area can be a symptom of an STI (True)**	82.1	2,252	78.4	2,752	87.7	57	80.1	5,061
7. A rash in the genital area can be a symptom of an STI (True)*	90.5	2,484	92.2	3,237	89.2	58	91.5	5,779

\*  $p < 0.05$  (statistically significant difference between male students and female students)

\*\*  $p < 0.01$  (statistically significant difference between male students and female students)

## 4.3 Viral hepatitis

Knowledge of viral hepatitis was generally low (see Table 4.4) with an average of 31% correct answers given across all questions.

Many students knew people injecting drugs could be at risk for hepatitis C (74.8%). About half knew tattooing and body piercing were vectors for hepatitis C transmission (56.1%), hepatitis C has long-term effects on health (52.2%), and it's possible to be vaccinated against hepatitis A (43.0%) and B (48.9%). Most students did not know there is no vaccine for hepatitis C (12.6%), hepatitis C can be transmitted by sharing razors or toothbrushes (10.1%), and hepatitis B is sexually transmissible (4.5%). The difference in proportion of correct responses between genders was statistically significant for about half of the questions. Most differences were below 10%.

**Table 4.4 Correct responses to viral hepatitis questions**

Question (correct answer)	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
1. Hepatitis C has no long-term effects on your health (False)*	54.2	1,486	50.6	1,777	57.8	37	52.2	3,300
2. It is possible to be vaccinated against hepatitis A (True)	42.0	1,154	43.9	1,538	39.1	25	43.0	2,717
3. It is possible to be vaccinated against hepatitis B (True)**	46.5	1,274	50.9	1,786	44.6	29	48.9	3,089
4. It is possible to be vaccinated against hepatitis C (False)*	13.8	379	11.7	409	13.8	9	12.6	797
5. People who have injected drugs are not at risk for hepatitis C (False)	76.0	2,086	73.7	2,586	81.5	53	74.8	4,725
6. Hepatitis C can be transmitted by tattooing and body piercing (True)**	53.2	1,462	58.4	2,050	56.3	36	56.1	3,548
7. Hepatitis B can be transmitted sexually (True)	4.7	130	4.3	151	3.1	2	4.5	283
8. There is a cure for hepatitis C, which is 90-95% effective (True)	26.3	721	25.2	884	23.1	15	25.6	1,620
9. Hepatitis C can be transmitted by sharing razors or toothbrushes (True)	10.9	299	9.5	332	9.4	6	10.1	637

\*  $p < 0.05$  (statistically significant difference between male students and female students)

\*\*  $p < 0.01$  (statistically significant difference between male students and female students)

## 4.4 Human papillomavirus

Nearly two-thirds of students had heard of the HPV virus (62.5%) with female students more likely than male students to have answered yes to the question ( $p < 0.01$ ). A similar trend was seen in responses to HPV knowledge questions (see Table 4.5), with an average of 38% correct answers across all questions.

A little more than half of students knew the HPV vaccination wouldn't encourage them to become sexually active (59.9%). About half of students knew that condoms do not provide complete protection against HPV (54.6%), that the HPV vaccine does not give you HPV (54.0%), and that HPV affects both men and women (52.4%). Very few student were aware that HPV is the virus that causes genital warts (22.4%), that you cannot tell if you have HPV (21.7%), or that HPV can cause cancers of the head and throat (6.5%).

**Table 4.5 Correct responses to HPV questions**

Question (correct answer)	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
1. HPV affects only or mainly men (False)**	37.8	1,034	45.3	1,587	47.7	31	42.0	2,652
2. HPV affects only or mainly women (False)	33.4	915	33.9	1,189	30.8	20	33.6	2,124
3. HPV affects both men and women (True)**	49.3	1,351	55.0	1,928	46.2	30	52.4	3,309
4. HPV is the virus that causes genital warts (True)	22.8	622	22.1	775	18.8	12	22.4	1,409
5. HPV causes cervical cancer in women (True)	26.1	713	38.9	1,363	33.3	21	33.3	2,097
6. HPV causes cancers of the head and throat (True)	6.6	180	6.5	227	4.8	3	6.5	410
7. Using condoms when you have sex gives complete protection against HPV (False)**	50.1	1,373	58.0	2,032	56.3	36	54.6	3,441
8. You can tell if you have HPV (False)**	18.8	516	23.8	834	24.6	16	21.7	1,366
9. Being infected with HPV always leads to cervical cancer (False)**	37.3	1,021	45.1	1,583	46.2	30	41.8	2,634
10. Vaccinating young people against HPV would encourage them to become sexually active (False)**	49.1	1,340	68.0	2,372	73.8	48	59.9	3,760
11. The HPV vaccination won't work if a person is already sexually active (False)**	39.6	1,085	46.9	1,642	43.1	28	43.7	2,755
12. The HPV vaccine gives you HPV (False)**	49.8	1,360	57.2	1,996	60.9	39	54.0	3,395
13. My GP can give me the HPV vaccine free of charge (True)**	31.6	865	35.3	1,237	29.2	19	33.6	2,121
14. If a woman has had the HPV vaccination she also needs to have regular cervical cancer tests (True)**	25.9	709	37.5	1,315	37.5	24	32.5	2,048

\*\*  $p < 0.01$  (statistically significant difference between male students and female students)



## 5. 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.

Students were asked if they had ever been tested for HIV (see Table 5.1). Very few students had ever been tested for HIV (4.1%). Of those who had been tested for HIV, just under half (48.2%,  $n=120$ ) had been tested in the last 6 months.

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

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	4.2	114	4.0	139	9.2	6	4.1	259
No	89.6	2,459	89.8	3,149	81.5	53	89.6	5,661
Unsure	6.3	172	6.2	219	9.2	6	6.3	397

Sexually active students were asked about STI diagnosis (see Table 5.2). Most had never been diagnosed with an STI (97.7%). Female students were more likely than male students to indicate that they had been diagnosed with an STI ( $p < 0.01$ ).

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

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	1.6	18	2.7	46	9.1	2	2.3	66
No	98.4	1,142	97.3	1,640	90.9	20	97.7	2,802

All students were asked if they had been vaccinated against hepatitis A and B (see Table 5.3). A little more than one-quarter to one-third thought they had been vaccinated against hepatitis A (27.6%) and/or B (33.6%), while more than half were unsure (57.3% and 52.0% respectively).

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

		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Hepatitis A	Yes	28.4	771	27.1	944	23.4	15	27.6	1,730
	No	16.1	438	14.3	497	15.6	10	15.1	945
	Don't know	55.5	1,508	58.6	2,038	60.9	39	57.3	3,585
Hepatitis B	Yes	32.2	876	34.8	1,215	32.8	21	33.6	2,112
	No	16.3	444	12.8	446	12.5	8	14.3	898
	Don't know	51.5	1,403	52.4	1,829	54.7	35	52.0	3,267

All students were asked if they had been vaccinated against HPV (see Table 5.4). A little more than one-third believed they had been vaccinated (38.7%), with a similar proportion not knowing (38.3%). Female students were significantly more likely than male students to believe they had been vaccinated ( $p < 0.01$ ). Of those who had been vaccinated, more than half (59.4%) indicated that they had received one, two or three doses of the vaccine.

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

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	30.8	843	44.9	1,570	37.5	24	38.7	2,437
No	26.3	718	20.3	710	26.6	17	23.0	1,445
Don't know	42.9	1,173	34.8	1,218	35.9	23	38.3	2,414

## 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 (66.0%; see Table 5.5). There were no statistically significant differences between gender categories.

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

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Never	12.1	318	10.0	334	8.1	5	10.9	657
Very unlikely	44.5	1,168	45.6	1,529	41.9	26	45.1	2,723
Unlikely	37.2	977	37.4	1,255	40.3	25	37.4	2,257
Likely/Very likely	6.2	162	7.0	234	9.7	6	6.7	402

Students had slightly higher levels of perceived risk to get any STI (see Table 5.6) with 12.6% 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 3.6% and 3.3%, respectively, believing they were likely or very likely to become infected. There were no statistically significant differences between genders.

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

		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Any STI	Never	8.1	220	6.2	213	7.9	5	7.0	438
	Very unlikely	38.6	1,050	37.7	1,302	31.7	20	38.0	2,372
	Unlikely	42.1	1,144	42.4	1,466	46.0	29	42.3	2,639
	Likely/Very Likely	11.2	303	13.7	473	14.3	9	12.6	785
Hepatitis B	Never	13.0	348	11.2	380	7.9	5	12.0	733
	Very unlikely	47.9	1,281	47.4	1,600	42.9	27	47.5	2,908
	Unlikely	36.1	966	37.3	1,262	44.4	28	36.9	2,256
	Likely/Very Likely	3.0	80	4.1	137	4.8	3	3.6	220
Hepatitis C	Never	13.4	358	11.2	378	9.5	6	12.1	742
	Very unlikely	47.7	1,274	48.2	1,628	42.9	27	47.9	2,929
	Unlikely	36.0	961	37.0	1,249	42.9	27	36.6	2,237
	Likely/Very Likely	2.8	76	3.6	123	4.8	3	3.3	202

### Perceptions of peer norms of condom use

A solid majority of students (68.2%) 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?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
I don't think they have sex	3.9	106	2.2	78	0.0	0	2.9	184
None use condoms	0.8	23	0.6	20	4.9	3	0.7	46
A few do	12.6	343	12.5	437	13.1	8	12.5	788
About half do	13.5	368	17.1	596	23.0	14	15.6	978
Most of them do	64.2	1,750	63.5	2,218	59.0	36	63.7	4,004
All of them do	5.0	136	4.2	146	0.0	0	4.5	282

Most students thought that, for those young people who use condoms when having sex, solely girls (43.8%) or both girls and boys (44.3%) 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?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Boys	10.8	295	3.0	105	3.1	2	6.4	402
Girls	30.7	842	53.8	1,890	52.3	34	43.8	2,766
Both	51.7	1,417	38.7	1,358	40.0	26	44.3	2,801
I don't know	6.9	188	4.5	159	4.6	3	5.5	350

## 5.2 Sexual attraction and relationships

As with previous versions of the survey, 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; 67.0% of male students were only attracted to females and 55.6% 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 (42.6% vs. 32.2%;  $p < 0.01$ ).

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

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Only attracted to females	67.0	1,809	1.5	51	6.5	4	30.0	1,864
Mostly attracted to females	17.5	472	3.4	117	22.6	14	9.7	603
Equally attracted to females and males	3.3	89	8.7	301	30.6	19	6.6	409
Mostly attracted to males	5.3	142	29.0	1,000	29.0	18	18.7	1,160
Only attracted to males	6.1	165	55.6	1,918	6.5	4	33.6	2,087
Not sure	0.8	21	1.9	64	4.8	3	1.4	88

The majority of students (75.6%) have had a romantic relationship at some point in their lives (see Table 5.10). In spite of a history of relationship(s), the majority (60.3%) did not have a girlfriend or boyfriend at the time of taking the survey (see Table 5.11). Female students were more likely than male students to indicate that they had a current girlfriend or boyfriend ( $p < 0.01$ ).

**Table 5.10 Responses to “Have you ever had a girlfriend or a boyfriend?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	73.5	2,007	77.1	2,703	85.9	55	75.6	4,765
No	25.3	691	22.1	776	10.9	7	23.4	1,474
Don't know/Not sure	1.2	34	0.7	26	3.1	2	1.0	62

**Table 5.11 Responses to “Do you currently have a girlfriend or boyfriend?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	33.6	920	41.6	1,458	36.9	24	38.1	2,402
No	64.8	1,773	56.9	1,995	58.5	38	60.3	3,806
Don't know/Not sure	1.6	43	1.6	55	4.6	3	1.6	101

### 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 5.12. The most commonly reported behaviour was touching one's own genitals (89.0%), followed by deep kissing (74.4%), being touched on the genitals (65.6%), and touching a partner's genitals (65.0%). About half of students reported having ever engaged in oral sex, both giving (52.1%) and receiving (51.4%). The least-reported behaviours were vaginal (44.4%) and anal (12.6%) sex. Across all behaviours, the proportion of students having ever engaged in each behaviour significantly increased by year level ( $p < 0.01$ ).

Table 5.12 Reported sexual behaviours by year level and gender

		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Deep kissing	Year 10	60.8	406	70.4	655	58.8	10	66.3	1,071
	Year 11	67.5	671	79.4	1,069	81.8	18	74.4	1,758
	Year 12	76.7	814	83.1	995	69.2	18	80.0	1,827
	<b>Total</b>	<b>69.4</b>	<b>1,891</b>	<b>78.3</b>	<b>2,719</b>	<b>70.8</b>	<b>46</b>	<b>74.4</b>	<b>4,656</b>
Touching partner's genitals	Year 10	52.9	351	55.5	510	56.3	9	54.4	870
	Year 11	60.7	602	68.3	913	59.1	13	65.0	1,528
	Year 12	70.8	746	74.0	884	73.1	19	72.5	1,649
	<b>Total</b>	<b>62.7</b>	<b>1,699</b>	<b>66.9</b>	<b>2,307</b>	<b>64.1</b>	<b>41</b>	<b>65.0</b>	<b>4,047</b>
Being touched on your genitals	Year 10	51.1	337	58.5	537	56.3	9	55.4	883
	Year 11	59.8	594	70.4	942	59.1	13	65.8	1,549
	Year 12	69.9	735	74.7	891	73.1	19	72.5	1,645
	<b>Total</b>	<b>61.6</b>	<b>1,666</b>	<b>68.7</b>	<b>2,370</b>	<b>64.1</b>	<b>41</b>	<b>65.6</b>	<b>4,077</b>
Touching your own genitals	Year 10	94.6	611	75.7	646	87.5	14	83.9	1,271
	Year 11	96.1	940	83.1	1,039	90.5	19	88.8	1,998
	Year 12	97.9	1,019	88.1	999	88.0	22	92.7	2,040
	<b>Total</b>	<b>96.4</b>	<b>2,570</b>	<b>82.9</b>	<b>2,684</b>	<b>88.7</b>	<b>55</b>	<b>89.0</b>	<b>5,309</b>
Giving oral sex	Year 10	34.0	223	43.0	394	29.4	5	39.1	622
	Year 11	45.0	445	56.6	759	45.5	10	51.6	1,214
	Year 12	57.2	601	65.8	786	57.7	15	61.7	1,402
	<b>Total</b>	<b>47.1</b>	<b>1,269</b>	<b>56.2</b>	<b>1,939</b>	<b>46.2</b>	<b>30</b>	<b>52.1</b>	<b>3,238</b>
Receiving oral sex	Year 10	36.9	241	39.2	360	29.4	5	38.1	606
	Year 11	47.6	471	53.1	712	36.4	8	50.6	1,191
	Year 12	59.0	621	63.5	759	57.7	15	61.4	1,395
	<b>Total</b>	<b>49.4</b>	<b>1,333</b>	<b>53.0</b>	<b>1,831</b>	<b>43.1</b>	<b>28</b>	<b>51.4</b>	<b>3,192</b>
Anal sex	Year 10	9.6	63	7.7	71	5.9	1	8.4	135
	Year 11	14.4	142	10.0	134	18.2	4	11.9	280
	Year 12	17.3	182	15.5	184	19.2	5	16.3	371
	<b>Total</b>	<b>14.3</b>	<b>387</b>	<b>11.2</b>	<b>389</b>	<b>15.4</b>	<b>10</b>	<b>12.6</b>	<b>786</b>
Vaginal sex	Year 10	27.9	183	36.7	337	11.8	2	32.8	522
	Year 11	37.1	367	49.1	661	38.1	8	44.0	1,036
	Year 12	47.3	497	58.1	691	42.3	11	52.9	1,199
	<b>Total</b>	<b>38.8</b>	<b>1,047</b>	<b>48.9</b>	<b>1,689</b>	<b>32.8</b>	<b>21</b>	<b>44.4</b>	<b>2,757</b>

## 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; eight lesbian students and 13 bisexual female students who had indicated they had “ever had sex” were excluded from the definition of sexually active in this report.

Less than half of students (46.6%) reported ever having engaged in sexual intercourse (see Table 5.13) and were thus considered be sexually active for the purposes of this study.

The number of TGD students who reported having engaged in sexual intercourse was small (n=22), highlighting the need for caution in interpreting the corresponding results; the seemingly large differences between TGD students and male or female students are not statistically significant.

**Table 5.13 Students who have ever had sexual intercourse (anal and/or vaginal) by year level**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Year 10	31.2	203	36.9	338	11.8	2	34.3	543
Year 11	41.4	408	49.5	666	38.1	8	46.0	1,082
Year 12	52.9	554	58.6	695	46.2	12	55.8	1,261
<b>Total</b>	<b>43.4</b>	<b>1,165</b>	<b>49.3</b>	<b>1,699</b>	<b>34.4</b>	<b>22</b>	<b>46.6</b>	<b>2,886</b>

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 (61.5%) reported having only one sexual partner in the past year (see Table 5.14). Female students were more likely than male students to report fewer partners in the previous year ( $p < 0.01$ ).

**Table 5.14 Responses to “Over the last year with how many people have you had anal and/or vaginal intercourse?” (n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
I have not had sex in the past year	5.4	62	2.8	48	13.6	3	3.9	113
1 person	59.6	687	63.0	1,064	40.9	9	61.5	1,760
2 people	15.5	179	15.5	261	18.2	4	15.5	444
3+ people	19.4	224	18.7	315	27.3	6	19.0	545

## Unwanted sex

Sexually active students were asked, “Have you ever had sex when you didn’t want to?” A little more than one-quarter (28.4%) responded “yes” (see Table 5.15). Female students were more likely than male students to report ever having had unwanted sex ( $p < 0.01$ ; as already indicated, the numbers were too small to report statistical differences for TGD students).

**Table 5.15 Responses to “Have you ever had sex when you didn’t want to?” (n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	15.9	182	36.8	604	50.0	10	28.4	796

Reasons for unwanted sex are displayed in Table 5.16, with “My partner thought I should” the most common reason (52.0%). 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.

**Table 5.16 Responses to “Below are some reasons why people had sex when they did not want to. Please check all that apply to you” (n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
I was too drunk at the time	34.6	63	34.3	207	20.0	2	34.2	272
I was too high at the time	13.7	25	13.6	82	20.0	2	13.7	109
My partner thought I should	53.8	98	51.5	311	50.0	5	52.0	414
My friends thought I should	17.0	31	6.6	40	10.0	1	9.0	72
I was frightened	27.5	50	32.3	195	50.0	5	31.4	250
Other	20.9	38	23.2	140	50.0	5	23.0	183

Sexually active students reported considerably lower rates (6.8%) of unwanted sex for their most recent sexual experience (see Table 5.17).

**Table 5.17 Responses to “The last time you had sex did you want to have sex?” (n=2,886).**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	94.0	1,079	92.7	1,533	85.0	17	93.2	2,629
No	6.0	69	7.3	121	15.0	3	6.8	193

## Condom use

Most sexually active students (62.2%) often or always used condoms over the past year (see Table 5.18). Male students were more likely than female students to report having always used a condom in the previous year ( $p < 0.01$ ). Condom use at first vaginal sex event was even higher (75.0%), but lower at first anal sex event (47.1%; see Table 5.19).

**Table 5.18 Responses to “When you had sex in the last year, how often were condoms used?” (n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Always used condoms	44.6	483	34.5	559	26.3	5	38.4	1,047
Often used condoms	24.1	261	23.5	381	26.3	5	23.8	647
Sometimes used condoms	8.3	90	12.1	196	5.3	1	10.5	287
Occasionally used condoms	11.0	119	17.0	275	5.3	1	14.5	395
Never used condoms	12.0	130	13.0	211	36.8	7	12.8	348

**Table 5.19 Responses to “Did you use a condom the first time you had...?” (n=2,886)**

		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Anal sex	Yes	53.3	204	41.1	158	40.0	4	47.1	366
	No	44.4	170	55.2	212	60.0	6	49.9	388
	Don't remember	2.3	9	3.6	14	0.0	0	3.0	23
Vaginal sex	Yes	76.1	794	74.5	1,253	61.9	13	75.0	2,060
	No	23.0	240	24.2	407	38.1	8	23.8	655
	Don't remember	0.9	9	1.4	23	0.0	0	1.2	32

### 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 (64.6%) reported that their last sexual encounter was with a girlfriend or boyfriend (see Table 5.20). Very few students indicated their last sexual encounter was with someone they had just met (6.4%).

**Table 5.20 Responses to “Was the last person you had vaginal and/or anal sex with...” (n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Someone you had just met for the first time	9.3	107	4.3	72	22.7	5	6.4	184
Someone you had known for a while, but had not had sex with before	19.6	225	16.1	272	13.6	3	17.5	500
Someone you had known for a while and had had sex with before, but not your girlfriend/boyfriend at the time	10.6	122	11.9	200	18.2	4	11.4	326
Your girlfriend/boyfriend at the time	60.4	693	67.8	1,143	45.5	10	64.6	1,846

Most male (87.4%) and female (97.4%) students indicated their last sexual experience occurred with someone of the opposite gender (see Table 5.21). Most students reported the age of their last sexual partner was similar to their own age (see Table 5.22); the vast majority (91.8%) of Year 10 students' last partner was 17 or under and most Year 11 (84.6%) and Year 12 (89.2%) students' last partner was between 16 and 19 years old.

**Table 5.21 Responses to “In the past year, who have you had sex with?”(n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Male	12.0	138	97.4	1,650	63.6	14	62.8	1,802
Female	87.4	1,007	2.5	42	18.2	4	36.7	1,053
Other	0.6	7	0.1	2	18.2	4	0.5	13

**Table 5.22 Responses to “How old was the last person you had vaginal and/or anal sex with?”(n=2,886)**

Year level	Age of their partner	Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Year 10	Under 16	57.7	112	44.1	145	50.0	1	49.1	258
	16-17	38.1	74	45.6	150	0.0	0	42.7	224
	18-19	2.6	5	8.5	28	50.0	1	6.5	34
	20 or older	1.5	3	1.8	6	0.0	0	1.7	9
Year 11	Under 16	16.4	66	8.7	57	37.5	3	11.8	126
	16-17	75.2	303	71.0	466	50.0	4	72.4	773
	18-19	5.5	22	16.5	108	0.0	0	12.2	130
	20 or older	3.0	12	3.8	25	12.5	1	3.6	38
Year 12	Under 16	5.0	27	1.0	7	9.1	1	2.8	35
	16-17	73.2	399	53.3	365	45.5	5	62.0	769
	18-19	15.6	85	36.5	250	18.2	2	27.2	337
	20 or older	6.2	34	9.2	63	27.3	3	8.1	100

The last sexual encounter, for a majority of students (62.2%), occurred within the three weeks prior to taking the survey (see Table 5.23). Female students were more likely to have reported sex in the last week than male students ( $p < 0.01$ ).

**Table 5.23 Responses to “When did you last have vaginal and/or anal sex?”(n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
In the last week	33.7	385	42.4	715	42.9	9	38.9	1,109
1-3 weeks ago	22.3	255	24.2	407	14.3	3	23.3	665
1-3 months ago	20.7	237	17.2	290	14.3	3	18.6	530
4-6 months ago	12.4	142	9.1	153	4.8	1	10.4	296
7-12 months ago	5.9	67	4.5	76	4.8	1	5.1	144
Over 12 months ago	5.0	57	2.6	44	19.0	4	3.7	105

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 (75.8%; see Table 5.24). Male students were more likely than female students to report that their last sexual event took place at their house while female students were more likely than male students to report that their last sexual event took place at their partners' house ( $p < 0.01$ ).

**Table 5.24 Responses to “The last time you had vaginal and/or anal sex, where did this take place?”(n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
My house	39.3	439	34.8	575	27.3	6	36.5	1,020
My partner's house	34.7	388	42.3	699	40.9	9	39.3	1,096
A friend's house	11.2	125	9.9	164	18.2	4	10.5	293
Outside (e.g., in the park or the beach)	8.6	96	5.9	97	9.1	2	7.0	195
In a car	2.8	31	4.2	69	0.0	0	3.6	100
Another place	3.4	38	3.0	49	4.5	1	3.2	88

The majority of sexually active students engaged in discussions related to protecting their sexual health *prior* to having sex, including: talking about having sex (81.2%), using a condom (76.9%), avoiding pregnancy (61.8%), and how to get sexual pleasure without intercourse (48.2%; see Table 5.25). About one-third of students also discussed avoiding STIs (36.2%) and HIV (30.1%). Male students were more likely to report discussing condom use prior to sex than female students ( $p < 0.01$ ).

The majority of sexually active students (69.8%) indicated a condom was available at their last sexual event (see Table 5.26), with slightly fewer (56.9%) reporting the condom was used (see Table 5.27). 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 5.28). The most common reasons were knowledge of partner's sexual history (37.3%), trust in partner (36.9%), and that “it just happened” (33.5%). Embarrassment (2.6%) and “It is not my responsibility” (0.9%) were extremely uncommon reasons for not using a condom.

**Table 5.25 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=2,886)**

		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Avoiding pregnancy	Yes	58.8	680	63.9	1,083	59.1	13	61.8	1,776
	No	38.1	440	33.1	560	36.4	8	35.1	1,008
	Don't remember	3.1	36	3.0	51	4.5	1	3.1	88
Avoiding HIV infection	Yes	31.7	366	29.0	491	28.6	6	30.1	863
	No	65.4	756	67.9	1,150	66.7	14	66.9	1,920
	Don't remember	2.9	34	3.1	52	4.8	1	3.0	87
Avoiding other sexually transmissible infections	Yes	38.6	446	34.5	585	36.4	8	36.2	1,039
	No	57.1	660	62.3	1,056	63.6	14	60.2	1,730
	Don't remember	4.3	50	3.1	53	0.0	0	3.6	103
How to get sexual pleasure without intercourse	Yes	45.9	532	49.7	838	52.4	11	48.2	1,381
	No	49.0	568	46.1	778	47.6	10	47.3	1,356
	Don't remember	5.2	60	4.2	71	0.0	0	4.6	131
Using a condom	Yes	80.9	939	74.4	1,261	50.0	11	76.9	2,211
	No	17.9	208	23.9	405	45.5	10	21.7	623
	Don't remember	1.1	13	1.7	28	4.5	1	1.5	42
Having vaginal and/or anal sex	Yes	83.4	966	79.8	1,350	72.7	16	81.2	2,332
	No	14.8	171	17.4	295	22.7	5	16.4	471
	Don't remember	1.8	21	2.8	47	4.5	1	2.4	69

**Table 5.26 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=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	71.3	826	69.0	1,161	52.4	11	69.8	1,998
No	26.5	307	28.3	476	47.6	10	27.7	793
Don't remember	2.2	25	2.7	46	0.0	0	2.5	71

**Table 5.27 Responses to “Was a condom used the last time you had vaginal and/or anal sex?” (n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	63.1	730	52.8	889	42.9	9	56.9	1,628
No	35.6	412	45.9	772	57.1	12	41.8	1,196
Don't remember	1.3	15	1.3	22	0.0	0	1.3	37

**Table 5.28 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=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
I don't like them	29.9	123	28.0	216	16.7	2	28.5	341
My partner doesn't like them	26.0	107	31.7	245	25.0	3	29.7	355
I trust my partner	35.9	148	37.6	290	25.0	3	36.9	441
It just happened	38.1	157	31.0	239	41.7	5	33.5	401
We both have been tested for HIV/STIs	12.4	51	21.6	167	8.3	1	18.3	219
Too embarrassed	3.9	16	1.7	13	16.7	2	2.6	31
I know my partner's sexual history	36.9	152	38.0	293	50.0	6	37.7	451
It is not my responsibility	1.2	5	0.6	5	8.3	1	0.9	11
Other	31.1	128	39.0	301	50.0	6	36.4	435

Sexually active students indicating their last sexual encounter was vaginal sex were asked what types of contraception were used, if any (see Table 5.29). The most commonly used methods were condoms (53.5%) and the oral contraceptive pill (41.0%), with female students significantly more likely than male students to say that the pill had been used ( $p < 0.01$ ). Rates of condom use reported on this question were lower than the previous question (see Table 5.27) by 1.4% (n=23); this extremely low difference indicates relatively strong reliability of responses to questions on condom use. The least-used forms of contraception included the IUD (1.5%), diaphragm (0.2%), rhythm method (1.2%), and injectables (0.7%).

**Table 5.29 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=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Condom	54.5	663	53.1	935	30.4	7	53.5	1,605
The pill	37.7	459	43.5	765	30.4	7	41.0	1,231
Withdrawal	17.4	212	21.2	373	13.0	3	19.6	588
Contraceptive implant (e.g., Implanon)	6.7	81	9.6	169	26.1	6	8.5	256
None	7.2	87	7.8	138	13.0	3	7.6	228
Emergency contraception (the morning after pill)	3.0	36	4.6	81	8.7	2	4.0	119
IUD (intrauterine device)	1.6	19	1.4	25	0.0	0	1.5	44
Rhythm method	1.4	17	1.1	19	4.3	1	1.2	37
Injection (e.g., Depo-Provera)	0.7	8	0.7	13	0.0	0	0.7	21
Other	0.7	9	0.7	12	8.7	2	0.8	23
Diaphragm	0.3	4	0.1	2	0.0	0	0.2	6

Very few students reported sex that resulted in a pregnancy (3.5%; see Table 5.30). The majority of those that did experience a pregnancy reported that it was unplanned (93.7%; see Table 5.31).

**Table 5.30 Responses to “Have you ever had sex that resulted in a pregnancy?” (n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	3.1	32	3.6	61	14.3	3	3.5	96
No	95.2	987	94.8	1,593	85.7	18	94.9	2,598
Don't know	1.7	18	1.5	26	0.0	0	1.6	44

**Table 5.31 Responses to “Was the pregnancy planned?” (n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	6.3	2	5.0	3	33.3	1	6.3	6
No	93.8	30	95.0	57	66.7	2	93.7	89

Most students (84.3%) were sober the last time they had sex, with no statistically significant differences between genders (see Table 5.32).

**Table 5.32 Responses to “Were you drunk or high the last time you had sex?”(n=2,886)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	15.6	180	15.7	265	22.7	5	15.7	450
No	84.4	975	84.3	1,424	77.3	17	84.3	2,416

Sexually active students were asked a series of questions about how they felt after their last sexual encounter (see Table 5.33). Most students indicated high levels of positive feelings and low levels of negative feelings. Students felt good (88.1%), happy (87.6%), and fantastic (72.8%) about their last sexual encounter. Alternatively, students did not feel upset (86.4%), worried (84.6%), guilty (81.8%), regretful (77.3%), or anxious (77.3%) about their last sexual encounter.

**Table 5.33 Responses to “The last time you had vaginal or anal sex, to what extent did you feel...”(n=2,886)**

		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Good	Not at all / A little	7.9	91	14.6	245	18.2	4	11.9	340
	A fair amount	15.3	177	17.9	301	31.8	7	17.0	485
	Extremely / A lot	76.8	888	67.5	1,133	50.0	11	71.1	2,032
Upset	Not at all / A little	95.3	1,104	94.2	1,589	86.4	19	94.7	2,712
	A fair amount	2.7	31	2.7	46	4.5	1	2.7	78
	Extremely / A lot	1.9	23	3.1	51	9.0	2	2.7	76
Guilty	Not at all / A little	91.1	1,055	89.9	1,518	81.8	18	90.3	2,591
	A fair amount	3.8	44	5.0	84	4.5	1	4.5	129
	Extremely / A lot	5.1	59	5.2	87	13.6	3	5.2	149
Happy	Not at all / A little	10.5	122	13.5	227	27.2	6	12.4	355
	A fair amount	18.4	213	17.7	297	9.1	2	17.9	512
	Extremely / A lot	71.0	823	68.8	1,157	63.6	14	69.7	1,994
Worried	Not at all / A little	86.7	1,005	83.6	1,412	86.4	19	84.9	2,436
	A fair amount	6.9	80	8.2	138	0.0	0	7.6	218
	Extremely / A lot	6.5	75	8.2	138	13.6	3	7.5	216
Regretful	Not at all / A little	88.2	1,021	88.7	1,497	77.3	17	88.4	2,535
	A fair amount	4.8	56	3.2	54	0.0	0	3.8	110
	Extremely / A lot	7.0	81	8.1	137	22.7	5	7.7	223
Fantastic	Not at all / A little	17.5	203	24.4	410	27.2	6	21.6	619
	A fair amount	16.9	195	19.2	323	27.3	6	18.3	524
	Extremely / A lot	65.6	759	56.4	950	45.5	10	60.0	1,719
Anxious	Not at all / A little	83.6	969	83.3	1,406	77.3	17	83.4	2,392
	A fair amount	9.0	104	8.4	142	9.1	2	8.6	248
	Extremely / A lot	7.4	86	8.3	140	13.6	3	8.0	229
Proud	Not at all / A little	48.1	548	54.8	884	45.0	9	51.9	1,441
	A fair amount	23.9	272	24.1	388	40.0	8	24.1	668
	Extremely / A lot	28.1	320	21.1	341	15.0	3	23.9	664
Embarrassed	Not at all / A little	90.5	1,048	88.9	1,498	68.2	15	89.4	2,561
	A fair amount	4.8	55	5.7	96	18.2	4	5.4	155
	Extremely / A lot	4.7	54	5.4	91	13.6	3	5.1	148

## 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 (53.4%; n=3,307), 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 5.34 and 5.35).

Most indicated that they were proud to be able to say no and mean it (79.1%). Other important reasons were not having a current partner who was willing (74.7%), and wanting to be in love with the person they first had sex with (57.9%). Perceived concerns about HIV (41.6%) and STIs (45.8%) 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).

Parental (28.5%), religious (27.7%), cultural (25.9%), and reputational (21.4%) pressures were *not* primary drivers for most students who had not yet had sex.

**Table 5.34 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=3,307)**

Importance		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
I do not feel ready to have sexual intercourse	Low	27.0	404	12.3	213	28.5	12	19.2	629
	Moderate	16.3	244	11.0	190	7.1	3	13.4	437
	High	56.7	849	76.7	1,329	64.3	27	67.5	2,205
My current partner (or last) is (was) not willing	Low	17.3	195	16.3	213	14.8	4	16.7	412
	Moderate	10.3	116	7.0	92	11.1	3	8.6	211
	High	72.4	815	76.7	1,005	74.1	20	74.7	1,840
I am proud that I can say no and mean it	Low	16.6	247	5.3	91	9.6	4	10.5	342
	Moderate	14.0	209	7.5	129	7.1	3	10.5	341
	High	69.5	1,038	87.2	1,504	83.3	35	79.1	2,577
It is against my religious beliefs	Low	62.1	918	59.4	1,017	70.7	29	60.8	1,964
	Moderate	11.7	173	11.6	199	0.0	0	11.5	372
	High	26.2	387	28.9	495	29.3	12	27.7	894
It is against my cultural beliefs	Low	63.4	938	59.4	1,013	72.5	29	61.3	1,980
	Moderate	13.0	192	12.9	220	2.5	1	12.8	413
	High	23.6	350	27.8	474	25.0	10	25.9	834
My fear of parental disapproval	Low	51.5	773	39.3	682	52.4	22	45.0	1,477
	Moderate	23.0	346	29.7	516	19.0	8	26.5	870
	High	25.6	384	31.1	539	28.6	12	28.5	935
My fear of pregnancy	Low	29.9	447	18.5	320	39.0	16	23.9	783
	Moderate	20.0	300	21.5	374	14.6	6	20.8	680
	High	50.1	750	60.0	1,042	46.3	19	55.3	1,811
It is important for me not to have sexual intercourse before I get married	Low	68.5	1,023	68.6	1,189	73.8	31	68.5	2,243
	Moderate	12.5	187	11.6	202	0.0	0	11.9	389
	High	19.0	284	19.9	344	26.2	11	19.5	639
Fear of damaging my reputation	Low	57.0	858	52.3	907	73.1	30	54.8	1,795
	Moderate	23.1	347	24.9	432	12.2	5	23.9	784
	High	19.9	299	22.7	395	14.6	6	21.4	700

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

**Table 5.35 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=3,307)**

		Male		Female		TGD		Total	
Importance		%	n	%	n	%	n	%	n
I have not met a person I wanted to have intercourse with	Low	34.7	513	16.5	282	26.8	11	25.0	806
	Moderate	16.3	241	13.9	237	9.8	4	15.0	482
	High	49.0	724	69.6	1,186	63.4	26	60.1	1,936
I worry about contracting HIV/AIDS	Low	40.0	602	30.1	522	36.6	15	34.8	1,139
	Moderate	23.0	345	24.4	422	17.1	7	23.6	774
	High	36.9	555	45.5	787	46.3	19	41.6	1,361
I worry about contracting STIs	Low	34.8	522	25.1	434	37.5	15	29.7	971
	Moderate	24.6	369	24.8	429	10.0	4	24.5	802
	High	40.7	610	50.1	867	52.5	21	45.8	1,498
I am too shy or embarrassed to initiate sex with a partner	Low	36.0	537	29.2	501	25.7	10	32.3	1,048
	Moderate	27.6	411	27.2	466	17.9	7	27.3	884
	High	36.5	543	43.6	747	56.4	22	40.4	1,312
I have not been in a relationship long enough	Low	21.9	324	16.9	288	29.3	12	19.3	624
	Moderate	23.1	341	19.6	336	22.0	9	21.2	686
	High	55.0	813	63.5	1,086	48.8	20	59.5	1,919
Important to be in love with the person I first have sexual intercourse	Low	24.0	360	19.7	343	26.2	11	21.8	714
	Moderate	21.6	323	19.4	337	14.3	6	20.3	666
	High	54.3	814	60.9	1,057	59.5	25	57.9	1,896
I do not feel physically attractive or desirable	Low	40.3	601	27.9	481	22.5	9	33.6	1,091
	Moderate	24.1	359	24.3	418	12.5	5	24.1	782
	High	35.5	529	47.7	820	65.0	26	42.3	1,375
I have not had the opportunity to have vaginal/anal sex	Low	23.9	353	30.4	510	23.0	9	27.3	872
	Moderate	18.6	275	22.1	370	25.6	10	20.5	655
	High	57.5	850	47.5	796	51.3	20	52.2	1,666

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

### Likelihood of sex

Most students who were not yet sexually active did not anticipate starting to have sexual intercourse in the next year (51.1%), but were likely to do so before marriage (73.7%; see Table 5.36). Female students were more likely to indicate they would have sex before marriage than male students ( $p < 0.01$ ).

**Table 5.36 Responses to “How likely are you to engage in vaginal or anal sex ...?” (n=3,307).**

Likelihood		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
During the next year?	Not at all	25.3	380	27.3	473	43.9	18	26.6	871
	A little	25.0	375	24.2	419	17.1	7	24.5	801
	Somewhat	29.8	448	26.1	453	22.0	9	27.8	910
	Very	12.3	185	13.8	239	14.6	6	13.1	430
	Extremely	7.5	113	8.6	149	2.4	1	8.0	263
Before you get married?	Not at all	6.7	101	6.6	114	4.9	2	6.6	217
	A little	8.5	128	5.4	93	19.5	8	7.0	229
	Somewhat	14.8	223	11.1	192	12.2	5	12.8	420
	Very	23.0	346	25.5	442	14.6	6	24.2	794
	Extremely	47.0	709	51.6	895	48.8	20	49.5	1,624

### Opportunity to have sex

The majority of students who were not yet sexually active (69.3%) 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 5.37).

**Table 5.37 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=3,307)**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	78.9	1,192	61.3	1,064	54.8	23	69.3	2,279
No	5.3	80	7.9	138	7.1	3	6.7	221
Don't know/Not sure	15.8	239	30.8	535	38.1	16	24.0	790

### Feelings about not having experienced sexual intercourse

The majority of students did not feel negatively about not yet having experienced sexual intercourse (see Table 5.38). Students did not feel upset (81.1%), guilty (95.4%), regretful (88.9%), or embarrassed (81.9%) about not yet having had sexual intercourse. Ratings of positive feelings about not being sexually active were considerably more mixed. About one-third felt good (32.7%) or happy (28.1%), with closer to one-fifth feeling fantastic (20.4%) or proud (17.2%) about not yet having had sexual intercourse.

**Table 5.38 Responses to “Regarding not having experienced vaginal or anal sex, to what extent do you feel...”(n=3,307)**

		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Good	Not at all / A little	47.9	701	26.4	442	37.5	15	36.5	1,158
	A fair amount	26.4	387	34.7	581	32.5	13	30.9	981
	Extremely / A lot	25.7	377	38.9	651	30.0	12	32.7	1,040
Upset	Not at all / A little	77.8	1,151	83.8	1,419	80.5	33	81.1	2,603
	A fair amount	15.0	221	12.2	207	9.8	4	13.4	432
	Extremely / A lot	7.2	106	3.9	67	9.7	4	5.5	177
Guilty	Not at all / A little	95.6	1,412	95.3	1,619	92.7	38	95.4	3,069
	A fair amount	3.0	44	3.0	51	4.9	2	3.0	97
	Extremely / A lot	1.3	20	1.7	29	2.4	1	1.5	50
Happy	Not at all / A little	54.0	791	35.5	597	43.9	18	44.1	1,406
	A fair amount	23.7	347	31.3	525	29.3	12	27.8	884
	Extremely / A lot	22.3	326	33.2	558	26.8	11	28.1	895
Worried	Not at all / A little	79.1	1,172	76.9	1,306	70.7	29	77.8	2,507
	A fair amount	13.5	200	14.1	240	17.1	7	13.9	447
	Extremely / A lot	7.3	108	9.0	153	12.2	5	8.3	266
Regretful	Not at all / A little	85.8	1,267	91.8	1,557	85.4	35	88.9	2,859
	A fair amount	7.7	113	5.7	97	9.8	4	6.7	214
	Extremely / A lot	6.6	97	2.4	42	4.8	2	4.4	141
Fantastic	Not at all / A little	65.9	962	53.3	889	61.0	25	59.2	1,876
	A fair amount	17.3	253	22.9	382	24.4	10	20.4	645
	Extremely / A lot	16.8	245	23.8	397	14.7	6	20.4	648
Anxious	Not at all / A little	69.8	1,031	64.5	1,093	56.1	23	66.8	2,147
	A fair amount	16.6	245	17.5	297	4.9	2	16.9	544
	Extremely / A lot	13.7	202	18.1	307	39.0	16	16.3	525
Proud	Not at all / A little	71.0	1,037	58.6	978	80.5	33	64.6	2,048
	A fair amount	15.9	232	20.6	343	9.8	4	18.3	579
	Extremely / A lot	13.1	191	20.8	348	9.7	4	17.2	543
Embarrassed	Not at all / A little	80.4	1,189	83.6	1,417	73.2	30	81.9	2,636
	A fair amount	11.5	170	8.8	150	9.8	4	10.1	324
	Extremely / A lot	8.1	120	7.6	129	17.1	7	8.0	256

### Pressure to have sex

A majority of students reported not feeling pressure from a partner (69.2%) or peers (56.0%) to engage in sexual intercourse (see Table 5.39). Similarly, a majority did not feel pressure to abstain from sex from parents (52.2%) or peers (77.7%; see Table 5.40). Female students were more likely than male students to feel more pressure to have sex from a partner and more pressure to abstain from sex from parents and friends ( $p < 0.01$ ), while male students were more likely than female students to feel pressure to have sex from peers ( $p < 0.01$ ).

**Table 5.39 Responses to “How much pressure have you received from ... to have vaginal/anal sex?” (n=3,307).**

Source	Amount	Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
From your girlfriend or boyfriend	None	79.0	622	60.6	577	84.8	28	69.2	1,227
	A little or some	17.3	136	27.3	260	12.2	4	22.6	400
	A fair amount/A lot	3.7	29	12.1	115	3.0	1	8.2	145
From your peers or friends	None	52.1	780	59.2	1,016	59.5	25	56.0	1,821
	A little or some	36.7	548	32.7	560	30.9	13	34.5	1,121
	A fair amount/A lot	11.2	168	8.2	140	9.5	4	9.6	312

**Table 5.40 Responses to “How much pressure have you received from ... to remain a virgin?” (n=3,307).**

Source	Amount	Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
From your parents/guardians/step-parents	None	64.9	968	41.0	704	53.7	22	52.2	1,694
	A little or some	22.2	331	36.1	619	26.8	11	29.6	961
	A fair amount/A lot	12.9	192	22.8	392	19.6	8	18.2	592
From your peers or friends	None	86.3	1,292	70.2	1,204	78.0	32	77.7	2,528
	A little or some	11.2	168	24.0	412	19.5	8	18.0	588
	A fair amount/A lot	2.5	37	5.7	98	2.4	1	4.2	136

## 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 (96.7%), SnapChat (92.6%) and Instagram (92.5%; see Table 5.41). 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 5.42). The most frequently used platform was SnapChat, with 65.7% of students using it five or more times a day. YouTube was the least frequently used of the four, with 19.9% 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 (7.7%) of all the platforms asked about in the survey. The most used dating app was Tinder ( $n=212$ ; 43.9%) followed by Yubo ( $n=149$ ; 30.8%), with most users accessing the apps less than once a day (73.2% for Tinder and 75.1% for Yubo).

**Table 5.41 Responses to "In the last 2 months, have you used any of the following social networking sites? Please select all that apply".**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Facebook*	99.1	2,648	99.5	3,399	97.9	142	99.3	6,189
YouTube	97.6	2,608	96.1	3,284	95.2	138	96.7	6,030
Snapchat	89.2	2,383	95.6	3,268	83.4	121	92.6	5,772
Instagram	89.0	2,377	95.6	3,268	84.1	122	92.5	5,767
Pinterest	17.7	472	47.9	1,638	44.1	64	34.9	2,174
Twitter	36.3	969	27.2	931	53.1	77	31.7	1,977
Tumblr	16.9	451	31.9	1,091	62.8	91	26.2	1,633
Reddit	34.3	916	8.1	278	35.9	52	20.0	1,246
Dating app (e.g., Tinder)	10.1	269	5.6	191	15.9	23	7.7	483

\*NB: Recruitment occurred exclusively through Facebook

**Table 5.42 Responses to “In the last 2 months, how often have you used...”**

		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Snapchat	5+ times per day	59.8	1,419	70.6	2,296	48.8	59	65.7	3,774
	Every or most days	28.3	672	22.7	737	25.6	31	25.1	1,440
Instagram	5+ times per day	33.0	782	46.3	1,505	41.0	50	40.7	2,337
	Every or most days	43.9	1,038	41.4	1,345	36.9	45	42.3	2,428
Facebook	5+ times per day	36.4	961	37.4	1,265	26.8	38	36.8	2,264
	Every or most days	44.8	1,183	46.6	1,573	45.1	64	45.8	2,820
YouTube	5+ times per day	27.7	720	13.3	436	26.8	37	19.9	1,193
	Every or most days	44.2	1,149	32.7	1,068	44.9	62	38.0	2,279
Tinder (Dating App)	5+ times per day	8.1	9	3.4	3	0.0	0	5.7	12
	Every or most days	22.5	25	21.3	19	0.0	0	21.1	44
Yubo (Dating App)	5+ times per day	9.3	7	6.8	4	18.2	2	9.0	13
	Every or most days	21.3	16	10.2	6	9.1	1	15.9	23
Reddit	5+ times per day	10.1	92	4.8	13	11.5	6	9.0	111
	Every or most days	12.0	109	7.4	20	3.8	2	10.6	131
Twitter	5+ times per day	6.1	59	5.4	50	6.6	5	5.8	114
	Every or most days	13.8	133	11.4	105	19.7	15	12.9	253
Tumblr	5+ times per day	3.3	15	4.3	47	12.1	11	4.5	73
	Every or most days	14.0	63	9.8	106	19.8	18	11.5	187
Pinterest	5+ times per day	1.1	5	2.5	40	1.6	1	2.1	46
	Every or most days	6.0	28	9.5	154	15.6	10	8.9	192

### “Sexting” behaviours

Overall, less than half of all students engaged in sex-related behaviours using digital technology, commonly referred to as “sexting” (see Table 5.43). The most common experience was receiving a sexually-explicit written text message (50.7%), with fewer students sending similar messages (40.4%). Students reported receiving sexually explicit photos or videos (44.1%) more than sending such materials of themselves (32.0%). About one-third (30.3%) had used social media sites for sexual reasons and very few had sent sexually explicit materials of someone else (5.8%).

**Table 5.43 Responses to “In the past 2 months, have any of the following happened?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Received a sexually explicit written text message	49.8	1,301	51.3	1,708	54.2	77	50.7	3,086
Received a sexually explicit nude or nearly nude photo or video of someone else	44.1	1,147	44.2	1,465	42.0	60	44.1	2,672
Sent a sexually explicit written text message	43.3	1,130	37.7	1,247	51.7	74	40.4	2,451
Sent a sexually explicit nude or nearly nude photo or video of yourself	31.3	806	32.6	1,062	32.1	45	32.0	1,913
Used a social media site for sexual reasons	38.8	1,002	23.2	768	41.8	59	30.3	1,829
Sent a sexually explicit nude or nearly nude photo or video of someone else	7.2	188	4.6	154	8.3	12	5.8	354

For students who reported a sex-related experience using digital platforms, the majority (55%) had only done so once or a few times in the last two months (see Table 5.44). Of the 3,086 students who received a sexually explicit written text message, around half (52.2%) had only received them once or a few times in the last two months. Similarly, about half (52.4%) of the 2,451 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 61.7% of those receiving and 62.2% of those sending doing so only once or a few times in the last two months.

**Table 5.44 Students who engaged in sex-related behaviours using digital technology only once or a few times in last two months**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Received a sexually explicit written text message	50.6	617	53.5	869	51.4	38	52.2	1,524
Received a sexually explicit nude or nearly nude photo or video of someone else	59.0	622	63.9	868	60.4	32	61.7	1,522
Sent a sexually explicit written text message	51.3	543	53.4	632	52.1	37	52.4	1,212
Sent a sexually explicit nude or nearly nude photo or video of yourself	61.5	460	63.4	635	47.5	19	62.2	1,114
Used a social media site for sexual reasons	40.2	374	54.1	383	55.8	29	46.5	786
Sent a sexually explicit nude or nearly nude photo or video of someone else	58.0	87	66.9	79	20.0	2	60.4	168

Students indicated these “sexting” behaviours most often happened with a girl/boyfriend (44.2% to 60.4%) or friend (45.9% to 60.1%; see Table 5.45).

Table 5.45 Responses to “To/from/with whom have you...”?

Who		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Received a sexually explicit written text message	Girl/Boyfriend	51.7	639	50.8	831	42.7	32	50.9	1,502
	Friend	54.0	668	53.0	868	61.3	46	53.7	1,582
	Someone I just met	29.1	360	28.0	458	34.7	26	28.6	844
	Stranger	12.1	150	16.4	268	24.0	18	14.8	436
Received a sexually explicit nude or nearly nude photo or video of someone else	Girl/Boyfriend	45.3	468	43.7	591	38.2	21	44.2	1,080
	Friend	56.1	580	55.5	749	61.8	34	55.9	1,363
	Someone I just met	29.8	308	25.4	342	40.0	22	27.6	672
	Stranger	12.5	129	19.6	265	25.5	14	16.7	408
Sent a sexually explicit written text message	Girl/Boyfriend	57.0	612	64.2	770	50.0	36	60.4	1,418
	Friend	47.7	512	43.7	524	62.5	45	46.1	1,081
	Someone I just met	24.0	257	14.5	174	27.8	20	19.3	451
	Stranger	8.0	86	3.3	39	16.7	12	5.9	137
Sent a sexually explicit nude or nearly nude photo or video of yourself	Girl/Boyfriend	54.1	413	64.1	667	53.5	23	59.8	1,103
	Friend	47.8	365	44.0	457	58.1	25	45.9	847
	Someone I just met	25.1	192	11.6	121	37.2	16	17.8	329
	Stranger	9.8	75	1.7	18	14.0	6	5.4	99
Used a social media site for sexual reasons	Girl/Boyfriend	41.5	314	57.3	321	43.6	17	48.1%	652
	Friend	54.8	413	43.5	243	53.8	21	50.1	677
	Someone I just met	33.6	253	15.9	89	46.2	18	26.7	360
	Stranger	18.8	142	8.6	48	25.6	10	14.8	200
Sent a sexually explicit nude or nearly nude photo or video of someone else	Girl/Boyfriend	41.3	62	49.6	61	30.0	3	44.5	126
	Friend	64.4	97	52.5	64	90.0	9	60.1	170
	Someone I just met	30.0	45	10.7	13	66.4	7	23.0	65
	Stranger	14.0	21	6.6	8	30.0	3	11.3	32

### Cyberbullying behaviours

A large majority of all students (82.1% to 98.6%) did not report experiencing cyberbullying in the past two months (see Table 5.46). For the 7% 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 (17.9%), receiving a prank call (16.3%), and receiving a nasty message on the internet (12.1%) or via text message (8.9%). Male students were less likely than female students to report experiencing all cyberbullying behaviours ( $p < 0.01$ ), with the exceptions of their username or profile being used to hurt someone else, and someone sending their private emails, messages, pictures or videos to others.

**Table 5.46 Responses to “In the past 2 months, which of these things have happened to you? Please tick all that apply”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
I was sent threatening emails	1.5	35	1.2	37	5.2	7	1.4	79
I was sent nasty messages on the internet, e.g., through Facebook Chat, Skype, Tumblr	10.3	243	13.4	418	16.4	22	12.1	683
I was sent nasty text messages	7.3	172	10.1	316	11.2	15	8.9	503
I received prank calls on my mobile phone	14.3	339	18.1	565	11.9	16	16.3	920
Someone used my username or profile, pretending to be me to hurt someone else	1.8	43	1.3	40	2.2	3	1.5	86
Someone sent my private emails, messages, pictures or videos to others	3.0	72	3.4	107	3.7	5	3.3	184
Mean or nasty comments or pictures were sent or posted about me to websites, e.g., Facebook, Twitter or Tumblr	3.5	83	5.2	163	8.2	11	4.6	257
Mean or nasty messages or pictures were sent about me to other students' mobile phones	3.5	84	5.6	176	3.7	5	4.7	265
I was deliberately ignored or left out of things over the internet	14.5	343	19.9	623	32.1	43	17.9	1,009
Other	0.9	21	0.5	15	2.2	3	0.7	39
None of these happened to me	68.4	1,618	62.3	1,951	50.0	67	64.6	3,636

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 5.47). Of the 1,009 students who reported feeling deliberately ignored or left out of things over the internet, half (52.2%) only experienced feeling ignored or left out once or a few times in the last two months. The vast majority (82.7%) of the 920 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 (68.7%) or via text message (67.7%) only experienced them once or a few times in the last two months.

**Table 5.47 Proportion of students experiencing cyberbullying only once or a few times in last two months**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Were you sent threatening emails	63.3	19	77.1	27	85.7	6	72.2	52
Were you sent nasty messages on the internet (e.g., through Facebook Chat, Skype, Tumblr)?	67.3	152	70.8	279	45.5	10	68.7	441
Were you sent nasty text messages	68.1	109	67.9	201	57.1	8	67.7	318
Were you the recipient of prank calls on your mobile phone	82.2	272	83.8	466	56.3	9	82.7	747
Did someone use your username or profile, pretending to be you to hurt someone else	71.8	28	74.4	29	33.3	1	71.6	58
Did someone send your private emails, messages, pictures or videos to others	62.5	40	77.9	74	40.0	2	70.7	116
Were mean or nasty comments or pictures sent or posted about you to websites, e.g. Facebook, Twitter or Tumblr	71.6	53	68.4	104	54.5	6	68.8	163
Were mean or nasty messages or pictures sent about you to other students' mobile phones	57.3	43	57.8	85	60.0	3	57.7	131
Were you deliberately ignored or left out of things over the internet	53.8	178	52.9	319	30.2	13	52.2	510





## 6. 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 (66% about HIV/STIs, 73.7% about contraception, and 74.7% about sex), followed by a male friend (45.4% about HIV/STIs, 52.3% about contraception, and 58.7% about sex) and a doctor/GP (44.7% about HIV/STIs, 62.1% about contraception, and 38.3% about sex).

Students reported low levels of confidence talking about the HIV/STIs, contraception and sex with teachers (74.0%, 67.6%, and 76.3% respectively) followed closely by their father (69.3%, 62.8%, and 73.5%, respectively), school nurses (64.9%, 58.0%, and 65.6%, respectively) and older siblings (61.5%, 55.6%, and 62.0%, respectively).

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

Confidence		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Doctor/GP	Low	24.1	614	28.9	951	29.7	41	26.9	1,606
	Moderate	25.2	643	30.9	1,016	29.0	40	28.4	1,699
	High	50.6	1,290	40.2	1,320	41.3	57	44.7	2,667
School counsellor	Low	55.9	1,423	63.6	2,088	61.6	85	60.3	3,596
	Moderate	23.3	593	21.4	701	21.7	30	22.2	1,324
	High	20.8	528	15.0	493	16.7	23	17.5	1,044
School nurse	Low	62.9	1,560	66.4	2,144	65.9	91	64.9	3,795
	Moderate	19.9	494	19.9	641	17.4	24	19.8	1,159
	High	17.2	428	13.8	444	16.7	23	15.3	895
Teacher	Low	71.4	1,825	76.0	2,498	75.4	104	74.0	4,427
	Moderate	16.7	426	15.1	497	13.0	18	15.7	941
	High	11.9	304	8.9	291	11.6	16	10.2	611
Youth worker	Low	50.7	1,280	51.8	1,683	41.9	57	51.1	3,020
	Moderate	26.8	676	28.3	920	36.0	49	27.8	1,645
	High	22.5	568	19.9	647	22.1	30	21.1	1,245
Mother/ Female guardian/ Step-parent	Low	51.9	1,314	45.9	1,501	50.4	69	48.6	2,884
	Moderate	20.9	528	20.2	662	23.4	32	20.6	1,222
	High	27.3	690	33.9	1,108	26.3	36	30.9	1,834
Father/ Male guardian/ Step-parent	Low	55.4	1,384	80.1	2,546	74.0	97	69.3	4,027
	Moderate	18.8	471	11.2	356	13.7	18	14.5	845
	High	25.8	644	8.7	277	12.2	16	16.1	937
Female friend	Low	26.1	662	6.7	219	14.6	20	15.1	901
	Moderate	23.3	592	15.6	511	16.1	22	18.9	1,125
	High	50.6	1,286	77.8	2,553	69.3	95	66.0	3,934
Male friend	Low	25.8	658	35.3	1,143	32.1	44	31.1	1,845
	Moderate	20.4	521	25.8	835	24.8	34	23.4	1,390
	High	53.7	1,370	39.0	1,264	43.1	59	45.4	2,693
Older brother/ sister	Low	61.8	1,174	61.4	1,474	58.6	58	61.5	2,706
	Moderate	16.3	310	16.4	393	20.2	20	16.4	723
	High	21.9	416	22.2	533	21.2	21	22.1	970

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...”**

Confidence		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Doctor/GP	Low	19.4	479	14.6	471	23.0	31	16.8	981
	Moderate	21.8	537	20.6	665	17.8	24	21.0	1,226
	High	58.8	1,452	64.8	2,089	59.3	80	62.1	3,621
School counsellor	Low	48.9	1,203	57.5	1,846	56.3	76	53.8	3,125
	Moderate	22.2	545	20.0	644	17.8	24	20.9	1,213
	High	28.9	711	22.5	723	25.9	35	25.3	1,469
School nurse	Low	55.4	1,338	59.8	1,898	60.2	80	58.0	3,316
	Moderate	19.5	471	18.8	596	18.8	25	19.1	1,092
	High	25.0	604	21.4	680	21.1	28	22.9	1,312
Teacher	Low	62.6	1,540	71.3	2,291	70.4	95	67.6	3,926
	Moderate	18.4	454	15.0	483	14.1	19	16.5	956
	High	19.0	467	13.6	437	15.6	21	15.9	925
Youth worker	Low	48.3	1,177	50.8	1,623	44.7	59	49.6	2,859
	Moderate	23.4	571	23.8	760	22.0	29	23.6	1,360
	High	28.3	691	25.5	814	33.3	44	26.9	1,549
Mother/ Female guardian/ Step-parent	Low	48.5	1,174	32.9	1,054	43.3	58	39.7	2,286
	Moderate	17.7	429	17.4	556	16.4	22	17.5	1,007
	High	33.8	820	49.7	1,593	40.3	54	42.8	2,467
Father/ Male guardian/ Step-parent	Low	49.0	1,175	73.3	2,266	66.4	87	62.8	3,528
	Moderate	19.1	458	12.6	391	9.2	12	15.3	861
	High	31.9	766	14.0	434	24.4	32	21.9	1,232
Female friend	Low	21.1	514	5.5	177	15.7	21	12.3	712
	Moderate	20.0	488	9.7	310	9.7	13	14.0	811
	High	58.9	1,434	84.8	2,723	74.6	100	73.7	4,257
Male friend	Low	20.5	502	33.1	1,046	36.1	48	27.8	1,596
	Moderate	17.3	425	22.1	699	15.0	20	19.9	1,144
	High	62.2	1,526	44.8	1,419	48.9	65	52.3	3,010
Older brother/ sister	Low	56.6	1,015	54.8	1,263	56.9	58	55.6	2,336
	Moderate	15.0	268	14.5	335	17.6	18	14.8	621
	High	28.4	509	30.7	707	25.5	26	29.6	1,242

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...”.**

Confidence		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Doctor/GP	Low	31.4	784	37.8	1,211	48.2	66	35.3	2,061
	Moderate	24.8	620	27.6	885	26.3	36	26.4	1,541
	High	43.8	1,094	34.6	1,109	25.5	35	38.3	2,238
School counsellor	Low	58.4	1,454	71.2	2,277	66.4	91	65.6	3,822
	Moderate	20.8	518	16.6	532	17.5	24	18.4	1,074
	High	20.8	517	12.2	390	16.1	22	15.9	929
School nurse	Low	67.9	1,664	75.5	2,394	72.6	98	72.2	4,156
	Moderate	15.7	386	14.0	444	10.4	14	14.7	844
	High	16.4	402	10.5	334	17.0	23	13.2	759
Teacher	Low	70.0	1,740	81.2	2,599	77.4	106	76.3	4,445
	Moderate	15.7	391	11.7	375	16.1	22	13.5	788
	High	14.3	355	7.0	225	6.6	9	10.1	589
Youth worker	Low	55.1	1,360	63.6	2,024	62.7	84	60.0	3,468
	Moderate	21.7	537	20.1	638	19.4	26	20.8	1,201
	High	23.2	572	16.3	518	17.9	24	19.3	1,114
Mother/ Female guardian/ Step-parent	Low	59.8	1,471	52.2	1,664	62.5	85	55.7	3,220
	Moderate	18.1	445	20.0	637	14.0	19	19.0	1,101
	High	22.1	545	27.8	885	23.5	32	25.3	1,462
Father/ Male guardian/ Step-parent	Low	59.8	1,454	84.2	2,595	76.1	102	73.5	4,151
	Moderate	17.9	436	8.0	248	10.4	14	12.4	698
	High	22.2	540	7.8	240	13.4	18	14.1	798
Female friend	Low	17.8	442	5.2	167	10.2	14	10.7	623
	Moderate	20.2	502	10.2	327	14.6	20	14.6	849
	High	62.0	1,541	84.5	2,698	75.2	103	74.7	4,342
Male friend	Low	13.8	342	28.7	902	22.4	30	22.1	1,274
	Moderate	15.7	391	22.0	692	19.4	26	19.2	1,109
	High	70.5	1,754	49.3	1,548	58.2	78	58.7	3,380
Older brother/ sister	Low	59.7	1,078	63.5	1,436	69.5	66	62.0	2,580
	Moderate	14.7	266	14.7	333	11.6	11	14.7	610
	High	25.6	462	21.8	493	18.9	18	23.4	973

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

### Sources of sexual health information

The survey asked students to indicate sources they had ever used for information on sexual health (see Table 6.4). The most common source was internet websites (78.7%) followed closely by female friends (74.7%), while least used sources included school counsellors (9.5%) and nurses (9.0%) and youth workers (8.5%). About half of students used male friends (58.2%), school programs (53.7%), and their mother (53.0%) 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 a teacher, their father, or a male friend ( $p < 0.01$ ).

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 (83.6%; see Table 6.7) suggesting not all students considered RSE a school program.

**Table 6.4 Responses to “Please select all of the sources of information below that you have ever used for advice about sexual health”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Doctor/GP	22.0	539	40.6	1,268	39.6	53	32.6	1,860
School counsellor	9.6	233	9.2	285	18.0	24	9.5	542
School nurse	8.1	197	9.4	293	15.8	21	9.0	511
Teacher	32.8	802	29.3	910	30.1	40	30.8	1,752
Youth worker	8.8	215	8.1	250	13.6	18	8.5	483
Mother/Female guardian/ Step-parent	41.1	1,004	62.4	1,945	49.3	66	53.0	3,015
Father/ Male guardian/ Step-parent	36.6	893	17.8	550	18.2	24	25.9	1,467
Female friend	60.9	1,489	85.4	2,671	73.7	98	74.7	4,258
Male friend	64.0	1,562	53.7	1,677	55.0	72	58.2	3,311
Older brother/sister	18.0	421	23.0	681	18.6	24	20.7	1,126
Internet websites	74.1	1,812	82.2	2,565	81.3	104	78.7	4,481
School programs	53.7	1,311	54.1	1,682	46.6	62	53.7	3,055
Community health services	16.8	408	19.0	585	29.3	39	18.3	1,032

Students were asked to rate how much they trusted these sources to provide accurate sexual health information (see Table 6.5). A doctor/GP was by far the most trusted source of information, with 88.6% of students rating them as highly trustworthy.

The least trusted sources of information (based on percentage of “do not trust” responses) were older siblings (25.9%), followed closely by teachers (19.9%) and youth workers (18.9%). However, the majority of students reported moderate to high levels of trust across all sources.

Students were asked a series of follow-up questions about how often they had used these sources in the past year (see Table 6.6). Female friends (23.9%), male friends (16.4%), and the internet (13.6%) were the most frequently used source of information, being used more than once a month or almost weekly. The least used sources (only used once, twice or a few times) were doctor/GPs (61.6%), fathers (55.8%), and mothers (54.9%).

**Table 6.5 Responses to “For each of the following, please indicate how much you trust them to provide you with accurate sexual health information”**

		Male		Female		TGD		Total	
Trust		%	n	%	n	%	n	%	n
Doctor/GP	None	1.6	40	1.4	44	3.6	5	1.5	89
	Moderate	8.1	202	10.2	325	10.9	15	9.3	542
	High	89.7	2,232	88.0	2,810	83.9	115	88.6	5,157
School counsellor	None	12.9	320	20.1	638	14.8	20	16.9	978
	Moderate	43.9	1,089	43.8	1,391	49.6	67	44.0	2,547
	High	41.4	1,026	33.2	1,054	34.8	47	36.7	2,127
School nurse	None	15.2	372	19.5	612	20.7	28	17.7	1,012
	Moderate	36.7	896	35.0	1,099	31.9	43	35.6	2,038
	High	45.0	1,100	41.7	1,309	43.7	59	43.2	2,468
Teacher	None	15.8	393	23.1	735	20.4	28	19.9	1,156
	Moderate	50.3	1,250	47.1	1,498	53.3	73	48.6	2,821
	High	32.1	798	27.0	858	24.8	34	29.1	1,690
Youth worker	None	17.3	427	20.2	638	16.9	23	18.9	1,088
	Moderate	44.4	1,096	40.5	1,277	38.2	52	42.1	2,425
	High	33.7	832	33.2	1,048	41.2	56	33.6	1,936
Mother/Female guardian/Step-parent	None	9.5	233	9.1	289	16.9	23	9.5	545
	Moderate	31.4	772	27.5	868	33.8	46	29.3	1,686
	High	57.5	1,413	62.0	1,958	49.3	67	59.8	3,438
Father/Male guardian/Step-parent	None	10.8	259	20.9	630	25.8	34	16.6	923
	Moderate	32.4	781	36.0	1,088	40.2	53	34.6	1,922
	High	55.5	1,336	40.1	1,211	32.6	43	46.6	2,590

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

**Table 6.6 Responses to “In the past year, how often have you used the following for advice about sexual health?”**

Usage		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Doctor/GP	None	41.7	219	21.5	267	28.8	15	27.5	501
	Low	52.0	273	65.5	814	65.4	34	61.6	1,121
	Moderate	5.7	30	12.3	153	1.9	1	10.1	184
	High	0.6	3	0.7	9	3.8	2	0.8	14
School counsellor	None	48.2	110	47.3	132	36.4	8	47.3	250
	Low	42.1	96	40.9	114	54.5	12	42.0	222
	Moderate	7.9	18	9.3	26	4.5	1	8.5	45
	High	1.8	4	2.5	7	4.5	1	2.3	12
School nurse	None	57.7	109	56.0	159	25.0	5	55.4	273
	Low	33.9	64	38.0	108	60.0	12	37.3	184
	Moderate	6.3	12	3.9	11	5.0	1	4.9	24
	High	2.1	4	2.1	6	10.0	2	2.4	12
Teacher	None	54.1	425	52.2	464	44.7	17	52.9	906
	Low	39.1	307	42.3	376	52.6	20	41.0	703
	Moderate	5.3	42	4.8	43	0.0	0	5.0	85
	High	1.5	12	0.7	6	2.6	1	1.1	19
Youth worker	None	47.9	102	52.5	126	38.9	7	49.9	235
	Low	39.0	83	39.6	95	38.9	7	39.3	185
	Moderate	9.9	21	5.8	14	16.7	3	8.1	38
	High	3.3	7	2.1	5	5.6	1	2.8	13
Mother/ Female guardian/ Step-parent	None	27.0	266	16.0	307	21.2	14	19.8	587
	Low	58.3	575	53.0	1,015	59.1	39	54.9	1,629
	Moderate	12.1	119	24.0	459	13.6	9	19.8	587
	High	2.6	26	7.0	134	6.1	4	5.5	164
Father/ Male guardian/ Step-parent	None	28.4	248	32.6	173	33.3	8	30.0	429
	Low	58.9	515	51.2	272	45.8	11	55.8	798
	Moderate	9.8	86	13.4	71	12.5	3	11.2	160
	High	2.9	25	2.8	15	8.3	2	2.9	42
Female friend	None	9.9	146	4.7	124	10.4	10	6.7	280
	Low	48.1	708	31.3	824	39.6	38	37.4	1,570
	Moderate	27.8	409	34.3	904	33.3	32	32.0	1,345
	High	14.1	208	29.7	782	16.7	16	23.9	1,006

Usage		Male		Female		TGD		Total	
		%	n	%	n	%	n	%	n
Male friend	None	9.8	151	8.2	135	12.7	9	9.1	295
	Low	48.1	741	46.8	768	47.9	34	47.4	1,543
	Moderate	26.8	413	27.3	448	31.0	22	27.1	883
	High	15.3	236	17.7	290	8.5	6	16.4	532
Older brother/sister	None	18.2	75	15.8	105	16.7	4	16.7	184
	Low	52.5	217	49.8	330	50.0	12	50.8	559
	Moderate	22.0	91	26.4	175	33.3	8	24.9	274
	High	7.3	30	8.0	53	0.0	0	7.5	83
Internet websites	None	8.7	155	5.1	128	6.7	7	6.6	290
	Low	48.3	864	39.7	1,005	35.6	37	43.1	1,906
	Moderate	33.8	604	38.8	982	38.5	40	36.8	1,626
	High	9.3	166	16.4	414	19.2	20	13.6	600
School programs	None	38.4	495	37.2	613	31.1	19	37.6	1,127
	Low	52.7	680	51.0	840	57.4	35	51.9	1,555
	Moderate	7.5	97	10.3	170	9.8	6	9.1	273
	High	1.4	18	1.4	23	1.6	1	1.4	42
Community health services	None	38.4	154	38.4	217	35.9	14	38.3	385
	Low	52.4	210	49.9	282	51.3	20	50.9	512
	Moderate	6.7	27	9.7	55	10.3	4	8.6	86
	High	2.5	10	1.9	11	2.6	1	2.2	22

None = Not used in the past year, Low = Once, twice or a few times, 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 (78.7%), with relatively equal numbers (79.9%) indicating low to moderate use for this purpose in the last year. Most (55.5%) had only a moderate 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 (74.7%), and with moderate to high frequency in the last year (55.9%). Students also report high levels of trust that their female friends were providing accurate information (52.7%).

Male friends also served as sources for sexual health information, though less so than female friends, rating lower across all measures by about one-third.

## 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 HIV/STIs (30.9% and 16.1% respectively), contraception (42.8% and 21.9%) and sex (25.3% and 14.1%). Students were more than twice as likely to have ever used their mothers as a source of information than their fathers (53.0% and 25.9% 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 (89.1% and 81.2% 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 slightly favoured their mothers over their fathers (19.7% and 14.1% 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 (62.1%) than HIV/STIs (44.7%) or sex (38.3%). However, doctor/GPs were by far the most trusted source for accurate sexual health information (88.6%), but were used infrequently or never in the last year (89.1%) and were less likely to have ever been used (32.6%).

## 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 (60.3% to 74.0%), contraception (53.8% to 67.6%) and sex (65.6% to 76.3%). 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 (30.8%). This could be due, at least in part, to teachers' role in providing RSE.

Within schools, school nurses had the highest trust for accurate sexual health information ratings (43.2%), followed closely by school programs (42.9%), then counsellors (36.7%) and teachers (29.1%). However, students generally indicated they did not seek sexual health information from school programs (31.1%), school counsellors (47.3%), teachers (52.9%) or school nurses (55.4%) 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 (51.1%), contraception (49.6%) and sex (60.0%). This may reflect very small number of students in this survey who ever accessed youth workers for sexual health information (8.5%). Similarly, few had ever used a community health service for these purposes (18.3%). 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 (75.7%) and community health services (86.7%).

## 6.2 Formal education

### Experiences of relationships and sexuality education

Most students (83.6%) responding to the survey had received some form of relationships and sexuality education (RSE) at school (see Table 6.7).

**Table 6.7 Responses to “Have you ever had sexuality/relationship education at school?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Yes	86.5	2,129	81.7	2,560	76.1	102	83.6	4,791
No	11.1	274	14.6	456	20.1	27	13.2	757
Don't know	2.4	59	3.7	116	3.7	5	3.1	180

The majority of students (70.6%) received their most recent RSE through their health and physical education (HPE) subjects (see Table 6.8), while a small minority (14.6%) received RSE as its own subject or program. Male students were less likely than female students to report receiving RSE as part of an HPE subject ( $p < 0.01$ ).

**Table 6.8 Responses to “Thinking back to the last time you had sexuality/relationship education, what subject was it part of?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
It was its own subject or program	16.8	354	12.7	321	17.6	18	14.6	693
Health and physical education	68.6	1,442	72.2	1,829	72.5	74	70.6	3,345
Science/Biology	5.7	120	5.1	130	1.0	1	5.3	251
Religious instruction/education	4.9	102	4.1	103	2.9	3	4.4	208
Other	4.0	84	6.0	151	5.9	6	5.1	241

Most students recall receiving RSE in Years 7-8 (75.9%) and/or Years 9-10 (80.8%; see Table 6.9). About half indicated they received RSE in Years 5-6 (53.9%).

**Table 6.9 Responses to “At what levels of schooling did you have sexuality/relationship education? Please select as many as you think apply”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Prep/Kindergarten	0.7	14	0.6	15	0.0	0	0.6	29
Years 1-4	6.4	135	5.9	149	6.9	7	6.1	291
Years 5-6	55.4	1,163	52.8	1,337	50.0	51	53.9	2,551
Years 7-8	77.1	1,618	75.0	1,899	76.5	78	75.9	3,595
Years 9-10	78.6	1,649	82.5	2,090	85.3	87	80.8	3,826
Years 11-12	23.1	485	25.6	648	27.5	28	24.5	1,161

For the most recent experience of RSE, most students indicated a teacher taught the subject (82.1%), with a small minority reporting that it was taught by someone from outside the school (9.8%; see Table 6.10).

**Table 6.10 Responses to “Thinking back to the last time you had sexuality/relationship education, who was it primarily taught by?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
A teacher	82.5	1,720	82.0	2,077	76.5	78	82.1	3,875
A school nurse	5.0	105	5.8	148	9.8	10	5.6	263
A chaplain	0.7	15	0.6	15	2.9	3	0.7	33
School counsellor	1.5	31	1.5	37	1.0	1	1.5	69
Someone from outside the school	10.0	208	9.8	247	8.8	9	9.8	464
Someone else	0.3	7	0.3	8	1.0	1	0.3	16

Students were asked about the relevance of their RSE (see Table 6.11), with most indicating that it was somewhat or very relevant (61.6%).

**Table 6.11 Responses to “How relevant did you/do you find sexuality/relationship classes?”**

	Male		Female		TGD		Total	
	%	n	%	n	%	n	%	n
Not relevant at all	7.3	153	6.9	174	10.8	11	7.1	338
A little relevant	18.0	377	20.5	518	23.5	24	19.4	919
Somewhat relevant	39.1	821	33.0	837	27.5	28	35.6	1,686
Very relevant	26.0	545	26.0	658	27.5	28	26.0	1,231
Extremely relevant	9.7	203	13.7	346	10.8	11	11.8	560

## 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, 29.4% (n=1,861) of students responded to this question.

Comments were initially coded by three individual trained researchers employing a top-down approach using themes identified in the 2013 survey and reported in a peer-reviewed research publication.<sup>26</sup> 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 approach<sup>27</sup> to develop the themes presented below.

Quotations have been edited for clarity and any and all identifying information has been removed. Gender identity, age, sexual orientation, year level, and state 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.

*Extremely useful! What a healthy relationship was, what are [warning] signs for possessiveness and or abuse in our own relationships and our piers [sic] relationships. STIs were talked about a lot and that contraceptives are not 100% effective! All the general stuff as well but definitely relationships that were and weren't healthy as well as making informed decisions for safer sex.*

(Female, 17, heterosexual, Year 12, Victoria)

*It was highly effective. It went through, consent and the law, then STIs and disease, and then contraception. Whilst constantly debating risk and protective factors of situations and decisions.*

(Female, 17, heterosexual, Year 12, New South Wales)

*It has been very useful and has encouraged not only me but also my partner to use condoms and educated me on most STIs. It has also taught me about consent and the signs of when it's not okay and how to avoid unwanted sexual activity*

(Male, 17, heterosexual, Year 12, New South Wales)

*It was very interactive and an open environment, we were able to speak our mind and encouraged to ask questions. It was very welcoming and I learnt a lot and found it fun and informative.*

(Female, 16, heterosexual, Year 10, Victoria)

### 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 slightly useful but it's done really badly and there are so many subjects that need to be covered that are not covered in high school like different contraception types and healthy/abusive relationships and body positivity and stuff like that that people in high school need to learn about.*

(Female, 17, bisexual, Year 11, South Australia)

*Please teach students that sex is a healthy part of growing up and that they should practice it safely if they want to and they shouldn't feel ashamed of themselves for enjoying it.*

(Female, 17, not sure, Year 12, South Australia)

*The education I received didn't prepare me at all for a sexual relationship. I learnt how to use a condom and that only bad things happen ever. Now I'm too scared to have sex from fear of getting my partner pregnant. Just getting more education about what can happen and the good things would've been great.*

(Male, 17, heterosexual, Year 12, Victoria)

*I believe that there is still female shaming happening and males are being taught that because certain things don't affect them like HPV so they do not need to worry. The same happens with pregnancy and many males not feeling like they need to worry about prevention. I also believe that sexual education should include (maybe only in later years) information about pleasure and how to achieve certain things as well as risk for injuring yourself or your partner.*

(Female, 17, bisexual, Year 12, Tasmania)

*I feel they need to talk about gay/lesbian relationships both romantic and physical more than they do.*

(Female, 17, bisexual, Year 12, Victoria)

*Did not cover nature of abusive relationships enough/what makes a healthy relationship.*

(Genderqueer, 17, bisexual, Year 12, New South Wales)

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, Western Australia)

### 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.

*Had one sex ed lesson in Year 6 and don't remember anything from it. Haven't had anything since, students need to have the information in the Years 8-11.*

(Male, 17, heterosexual, Year 12, New South Wales)

### 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.

*It would be more useful if we talked about sex explicitly instead of the teachers being awkward and doing everything formally.*

(Female, 15, heterosexual, Year 11, Queensland)

*Would be more helpful if a professional came into all schools rather than a teacher from the school.*

(Female, 17, heterosexual, Year 12, Australian Capital Territory)

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

*Wasn't education. The program was called "no apologies" and they just told us not to have sex that's all. Was a waste of time.*

(Male, 16, heterosexual, Year 11, Victoria)

*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, Western Australia)

### Setting

Students also noted that the structure of their class setting played a role in their RSE experience. For example, some noted the benefits of a mixed gender classroom while others mentioned missing out on information due to being split into single-gender classes.

*I think by doing it in a class setting with mixed gender was also really important because it meant that everyone learnt everything, we weren't left curious about boys or boys weren't left curious about girls.*  
(Female, 17, bisexual, Year 12, Queensland)

*Schools taught about periods and how to use pads nothing do to with STIs or penis, my class was split into boys and girls.*  
(Female, 17, bisexual, Year 12, Northern Territory)

### 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 Tables 6.4 to 6.6), particularly from the internet and knowledgeable others.

*Most of my knowledge has been sourced from the internet.*  
(Male, 16, gay, Year 11, New South Wales)

*I was left with still so many questions. I had to watch porn to understand what exactly sex was.*  
(Female, 17, heterosexual, Year 11, Victoria)

*If it weren't for my mother being a nurse and internet access, I would know nothing about it.*  
(Female, bisexual, 16, Year 11, Victoria)

The inadequacy of RSE and the resulting need to “learn it all” in other ways was summed up by these two students:

*It has provided very little insight into the reality of sex and relationships; providing very little engaging information that we can apply to our lives. It's has been seemingly constructed to meet the syllabus and "tick boxes" rather than actually make sure that students learn and understand sexual intercourse, health, safety, confidence etc. and all our relationships of family, and friendships both platonic and romantic. I have family issues, friendships and a boyfriend and feel as if I've had to learn it all the hard way.*  
(Female, 17, heterosexual, Year 12, New South Wales)

*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, Western Australia)

The comments from the open-ended question and responses to the relevance question (see Table 6.11) highlight the diversity of experiences of RSE across Australia. 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.”



## 7. Conclusion

The *6th National Survey of Australian Secondary Students and Sexual Health 2018* provides a robust updated snapshot of the sexual health and wellbeing of young people in Australia, based on the largest sample of secondary students to be reported in the 25-year history of the survey. The sample is well balanced across states and territories, gender, school year and school type.

Students' knowledge of HIV, STIs and BBVs was mixed, with an average of 56% correct answers across all knowledge questions. This indicates the continued need to improve students' sexual health knowledge, particularly in relation to STIs, HPV and viral hepatitis. Programs to address these gaps might aim not only to improve knowledge and awareness but also to improve students' perception of their risk of contracting HIV, STIs or BBVs. Prevention, testing and treatment behaviours may subsequently improve as a result of better knowledge and more accurate perception 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 continue to engage in responsible sexual behaviours. Sexually active students 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. Most are not engaged in "sexting" and when they do, it is generally infrequent and with a partner or friend. Not many students are reporting experiences of cyberbullying. Young people should be applauded for their largely healthy and responsible sexual relationships; 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 most important sources to young people in today's world. 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. 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 an updated snapshot of the sexual health knowledge, behaviour and educational experiences of secondary students in Australia. 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 Australia.

## 8. References

1. Australian Government Department of Health. Eighth National HIV Strategy 2018-2022. Canberra, 2018.
2. Australian Government Department of Health. Fourth National Sexually Transmissible Infections Strategy 2018-2022. Canberra, 2018.
3. Australian Government Department of Health. Fifth National Hepatitis C Strategy 2018-2022. Canberra, 2018.
4. Australian Government Department of Health. Third National Hepatitis B Strategy 2018-2022. Canberra, 2018.
5. Australian Government Department of Health. Fifth National Aboriginal and Torres Strait Islander BBV and STI Strategy. Canberra, 2018.
6. The Kirby Institute. HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2018. Sydney, 2018.
7. Australian Longitudinal Study on Women's Health. Women's Health Australia: Databook for the first survey of the 1989-95 cohort. Callaghan, NSW & Herston, QLD: The University of Newcastle & The University of Queensland, 2014.
8. Australian Longitudinal Study on Women's Health. Women's Health Australia: Databook for the third survey of the 1989-95 cohort. Callaghan, NSW & Herston, QLD: The University of Newcastle & The University of Queensland, 2016.
9. Richters J, Altman D, Badcock PB, et al. Sexual identity, sexual attraction and sexual experience: the Second Australian Study of Health and Relationships. *Sex Health* 2014;11(5):451-60. doi: 10.1071/SH14117 [published Online First: 2014/11/08]
10. Australian Research Centre in Sex HaS. The Practical Guide to Love, Sex and Relationships Melbourne: La Trobe University; 2015 [Available from: <http://www.lovesexrelationships.edu.au> accessed 21 April 2019.
11. Department of Health Government of Western Australia. Growing and Developing Healthy Relationships Perth, Western Australia: Government of Western Australia; 2019 [Available from: <https://gdhr.wa.gov.au> accessed 21 April 2019.
12. Family Planning Victoria. Family Planning Victoria Strategic Plan 2019-2023. Box Hill, Victoria, 2019.
13. Mitchell A, Patrick K, Heywood W, et al. 5th National Survey of Australian Secondary Students and Sexual Health 2013. In: Australian Research Centre in Sex HaS, ed. ARCSHS Monograph Series No 97. Melbourne, Australia: La Trobe University, 2014.
14. The GenIUSS Group. Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys. In: Herman JL, ed. Los Angeles, CA: The Williams Institute, 2014.
15. The Williams Institute. Best Practices for Asking Questions about Sexual Orientation on Surveys. Los Angeles: University of California School of Law, 2009.
16. Australian Bureau of Statistics. 4221.0 - School, Australia, 2016 Canberra: Australian Bureau of Statistics; 2016 [Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/ProductsbyReleaseDate/A5A0183F3034673BCA258227000B6F5E?OpenDocument> accessed 19 June 2017.
17. The National Health and Medical Research Council tARC, Universities Australia. National Statement on Ethical Conduct in Human Research 2007 (Updated 2018). Canberra: National Health and Medical Research Council, 2018.
18. Flicker S, Guta A. Ethical approaches to adolescent participation in sexual health research. *J Adolesc Health* 2008;42(1):3-10. doi: 10.1016/j.jadohealth.2007.07.017 [published Online First: 2007/12/25]
19. Kuyper L, de Wit J, Adam P, et al. Doing more good than harm? The effects of participation in sex research on young people in the Netherlands. *Arch Sex Behav* 2012;41(2):497-506. doi: 10.1007/s10508-011-9780-y [published Online First: 2011/06/18]
20. Shaw T, Cross D, Thomas LT, et al. Bias in student survey findings from active parental consent procedures. *British Educational Research Journal* 2015;41(2):229-43.
21. Australian Bureau of Statistics. Census of Population and Housing: Characteristics of Aboriginal and Torres Strait Islander Australians 2016 [Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/2076.0>.
22. Australian Bureau of Statistics. 1270.0.55.005 - Australian Statistical Geography Standard (ASGS): Volume 5 - Remoteness Structure, July 2016: Correspondence, 2017 Postcode to 2016 Remoteness Area (Download) Canberra: Australian Bureau of Statistics; 2018 [Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/1270.0.55.005July%202016?OpenDocument> accessed 12 June 2019.

23. Australian Bureau of Statistics. 2071.0 - Census of Population and Housing: Reflecting Australia - Stories from the Census, 2016: Same-sex Couples in Australia, 2016 Canberra: Australian Bureau of Statistics; 2018 [Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/2071.0~2016~Main%20Features~Same-Sex%20Couples~85> accessed 21 April 2019.
24. Australian Bureau of Statistics. 4159.0 - General Social Survey: Summary Results, Australia, 2014: Australian Bureau of Statistics; 2015 [Available from: <https://www.abs.gov.au/ausstats/abs@.nsf/mf/4159.0#Anchor2> accessed 21 April 2019.
25. Sensis. Yellow social media report 2018. Part one - consumers., 2018.
26. Ezer P, Kerr L, Fisher CM, et al. Australian students' experiences of sexuality education at school. *Sex Education* 2019 doi: 10.1080/14681811.2019.1566896
27. Braun V, Clarke V. Using Thematic Analysis in Psychology. *Qualitative Research in Psychology* 2006;3(2):77-101. doi: 10.1191/1478088706qp063oa







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