

Sex in Queensland

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The aims of the Australian Study of Health and Relationships (ASHR) were:

To conduct a representative national population-based prevalence study of the sexual health of Australian adults

To identify the frequency and extent of sexually transmissible infection (STI) and HIV risk practices and the social, demographic and behavioural characteristics associated with those sexual practices

To identify attitudes and current levels of knowledge regarding STIs and HIV/AIDS.

Rather than focusing on risk behaviours for HIV/STI transmission, ASHR had a broader focus, which collected information about a wide range of sexual activity, whether partnered or unpartnered, risky or safe.

The purpose of the present report is to describe the findings from the Queensland sample of ASHR.

Methods

The results presented relate to the Queensland sample of 3610 people aged 16-59 years. Table 1 displays the age distributions for the Queensland respondents.

Table 1. Age distribution

	Men	Women	Total
16-19	154	149	303
20-29	439	433	872
30-39	429	443	872
40-49	433	421	854
50-59	365	344	709
Total	1820	1790	3610

ASHR employed a modified random-digit-dialling methodology to recruit a sample for computer assisted telephone interviews (CATI). Over 97% of Australian households have a telephone. Households without a telephone line were outside the scope of the study, with households in low occupational categories likely to be over-represented. Our methods will have under-represented indigenous Australians in remote communities, among whom high STI prevalence has been found. Methods other than telephone surveys may be better suited to collecting information from remote indigenous populations. A strength of the random digit dialling method over selecting from directories was that households with silent or unlisted numbers were within the scope of the survey. There is continuing debate about the relative merits of random digit dialling and sampling from directories.

All residential telephone numbers were downloaded from the electronic white pages for each defined region of interest (e.g. state, postcodes). Because there are blocks of numbers that are often not in use (i.e. not allocated to households), an algorithm was used to identify blocks of 50 numbers in the prefix that did not have any listed phone numbers, and these blocks were then deleted. Empirical evidence from the United States suggested that very little bias results from the deletion of those strata with few listed numbers. Once the eligible range of numbers was finalised, the four-digit random numbers were generated for the prefix of all eligible numbers. From these random numbers the required sample was drawn. Compared to other forms of random digit dialling, this method, known as directory-based truncation, is the most convenient and least expensive and should result in the lowest sampling variances.

Although this was more efficient than true random-digit dialling, we still had to generate 111,290 different telephone numbers in order to complete the 19,307 interviews. Telephone numbers were linked to the electronic white pages telephone directory to find the household address. When a match was found, members of the household were notified by letter that their number had been generated and that they would receive a telephone call. We were able to find addresses for 43.5% of the telephone numbers generated by the random-digit-dialling process. The use of letters to forewarn households of an impending telephone call markedly improves response rates, as it may increase the perceived legitimacy of the study when households receive a call from an interviewer. The interval between posting letters and making the initial telephone to households was a minimum of three days and a maximum of 21 days. The average interval was seven days.

Up to 11 calls were made to each household, up to six calls to make contact with the household and a further five to complete the interview. Any number that initially gave a fax tone was tried six times at different times of day. If all attempts gave a fax signal, the number was ruled ineligible, as it was likely to have been a dedicated fax line. When a selected telephone number was answered, the interviewer introduced the study, and asked how many men or women between the ages of 16 and 59 lived in the household. If there was more than one eligible resident, the CATI program randomly selected the person to be interviewed. Female interviewers employed by the Hunter Valley Research Foundation conducted all interviews. A male interviewer was available if a respondent requested to be interviewed by a man. No participants requested a male interviewer.

The interviewers for the project were drawn from a pool of experienced telephone interviewers from Hunter Valley Research Foundation. All interviewers had previously conducted health-related interviews involving sensitive topics. Individual interviewers were able to opt out of participation in the study without penalty. All participating interviewers underwent an extended training process. A full day was spent on values clarification and sexuality education; this was facilitated by an external agency and the study investigators were not present. The following day was spent with the study investigators reviewing the instrument clarifying the rationale for the inclusion of each item and discussing the range of potential responses to items. This was followed by interviewers completing a number of dummy interviews via telephone with the study investigators and colleagues playing the roles of individuals with specified sexual histories and practices.

The telephone introduction to the survey was brief. Respondents who requested more information about the study could have it read to them, or they could receive a copy via mail, fax or email. The interview schedule was developed to gather information in 13 domains: demographics, sexual identity, sexual history, heterosexual activity and condom use in the year prior to the interview, homosexual activity and condom use in the year prior to the interview, masturbation and other autoerotic activities, sexual forcing, sexual difficulties, contraceptive practices and condom use, sex work, health, STI diagnosis history, knowledge and attitudes related to sexuality, and blood-borne virus (BBV) risk behaviours. Standard terms were used in preference to the vernacular. For most questions, people respond simply by saying "yes" or "no", or by giving a number.

Provision was made for transgender and intersex respondents through the development of questions that allowed for individuals whose anatomy did not match their stated gender. Being transgender or intersex was not assessed directly by asking participants whether their current gender was their birth gender or whether their gender at birth had been indeterminate. No respondents volunteered information indicating that they were transgender or intersex.

Two pilot studies were conducted. The first pilot study was designed to demonstrate the feasibility of conducting the national sex survey via telephone interviews using a CATI system. In mid-1999, computer-assisted telephone interviews were conducted with a random sample of people aged 16–59 residing in the state of New South Wales. Interviews were completed by 521 men and 514 women (response rate = 68%). The second pilot study was conducted in early 2001. This study tested complex skip patterns within the CATI program, and gave estimates of the amount of time needed to complete different versions of the survey.

This second pilot study involved interviews with 163 men and 271 women (response rate = 57%) from all states and mainland territories. Evidence from the 1999 pilot revealed that use of separate sampling frames for men and women produced markedly higher response rates than were observed in the second pilot study.

The duration of completed interviews ranged from 6.5 minutes to 99.6 minutes. The average interview length was 17.8 minutes for women and 17.5 minutes for men, and 66% of the interviews with women and 68% interview with men were less than 20 minutes long.

The study protocol was approved by the Human Ethics Committees of La Trobe University, the University of New South Wales and the Central Sydney Area Health Service.

Sampling and response rates

Additional to the separate sampling frames for men and women, there were a number of other elements to the stratification of the sample. The first element reflected a desire to have a minimum sample size of 1000 interviews per state or territory. This stratification by gender and jurisdiction resulted in an initial 16 strata or subsamples. An additional six strata were introduced through over-sampling of men and women in non-metropolitan New South Wales, Victoria and Queensland. Over-sampling of men and women also occurred in two regions of non-metropolitan Western Australia and within the catchment of Central Sydney Area Health Service (six additional strata). The final and only gender-specific stratum was of men in the inner eastern suburbs of Sydney. The number of interviews achieved and the outcome of each telephone call are shown in Table 1.

Table 2. Outcome of telephone calls.

	Men		Women		Total	
	N	%	N	%	N	%
All telephone numbers						
Completed interview	10173	15.32	9134	20.35	19307	17.35
Refusal by household member selected for interview	2523	3.80	1668	3.72	4191	3.77
Refusal by a member of the household prior to participant selection and where the household had not received an advance letter	1701	2.56	698	1.56	2399	2.16
Refusal by a member of the household prior to participant selection and where the household had received an advance letter	163	0.25	196	0.44	359	0.32
Interview initiated but terminated by participant	99	0.15	70	0.16	169	0.15
Individual scheduled for a call-back after the termination of data collection	21	0.03	47	0.10	68	0.06
No answer	6893	10.38	4139	9.22	11032	9.91
Ineligible - disability, etc	166	0.25	121	0.27	287	0.26
Answering machine	1189	1.79	596	1.33	1785	1.60
Ineligible - business	5748	8.66	3655	8.14	9403	8.45
Disconnected / not allocated	16805	25.30	11423	25.45	28228	25.36
Engaged	1364	2.05	859	1.91	2223	2.00
Fax/data line	4637	6.98	2914	6.49	7551	6.78
Letter sent to household after first contact but household not recontacted prior to the termination of data collection	4	0.01	5	0.01	9	0.01
Ineligible - poor language skills	565	0.85	633	1.41	1198	1.08
No eligible person	13801	20.78	8485	18.91	22286	20.03
Ineligible – interview initiated but participant determined to be outside the age range for the survey	23	0.03	8	0.02	31	0.03
No responsible adult at home	31	0.05	38	0.08	69	0.06
Household scheduled for call-back subsequent to the termination of data collection	177	0.27	107	0.24	284	0.26
No eligible person available for duration of study	327	0.49	84	0.19	411	0.37
Total	66410	100.00	44880	100.00	111290	100.00
Eligible households						
Completed interview	10173	69.40	9134	77.63	19307	73.06
Refusal by household member selected for interview	2523	17.21	1668	14.18	4191	15.86
Refusal by a member of the household prior to participant selection	1864	12.72	894	7.60	2758	10.44
Interview initiated but terminated by participant	99	0.68	70	0.59	169	0.64
Total	14659	100.00	11766	100.00	26425	100.00

In cases where interviews were not conducted, the most common reasons were that the telephone number was not allocated or that the household did not contain an eligible person. Where an eligible household was identified and an interview not completed, refusals by the selected participant were slightly more common than household refusals.

Table 2 shows the response rate with respect to the various strata of the sample. The response rate is the number of interviews completed in relation to the sum of the number of interviews completed, the number of interviews that were incomplete, the number of personal refusals and the number of household refusals.

Table 3. Response rates for the 29 strata in the survey^a

Location	Male sample		Female sample	
	Interviews	Response rate (Simple)	Interviews	Response rate (Simple)
Sydney	1456	67.0%	1454	76.0%
Melbourne	2099	67.7%	2086	77.4%
Brisbane	1257	66.5%	1295	76.6%
SA	501	70.1%	531	75.7%
WA	517	68.9%	505	74.3%
TAS	525	73.1%	509	81.7%
NT	510	74.3%	503	80.1%
ACT	503	75.8%	506	83.2%
Central Sydney Area Health Service	503	71.0%	514	78.5%
Sydney Inner Eastern Suburbs Men	1022	70.2%	-	-
NSW Rural	338	67.2%	335	76.7%
VIC Rural	347	71.8%	357	79.0%
QLD Rural	386	74.4%	335	77.4%
WA Rural 1	115	70.6%	108	80.6%
WA Rural 2	104	74.3%	104	84.6%
Australia	10183	69.4%	9142	77.6%

(a) Watson N, Gates G. Weighting for the Australian Survey of Health and Relationships. (http://www.latrobe.edu.au/ashr/ASHR_weighting.pdf).

Among the 15 strata of the male sample, the simple response rate varied between 66.5% and 74.4%, with the corresponding range for the female strata being 74.3% to 84.6% (Table 3). Response rates tended to be higher in the non-metropolitan strata than the metropolitan strata (Table 3). The overall simple response rate was 73.1% and 69.4% among men and 77.6% among women.

Weighting

A two-stage approach was used in weighting the data. First, design weights were calculated to account for the differential probability of selection given the departures from simple random sampling, the impact of multiple telephone lines in households, selecting a single participant from households of varying sizes and, for the long-form interview, the reduced probability that persons with one partner in the previous year and no homosexual experience would be asked those questions.

Even after taking into account the design weights for the study, the sample demonstrated some deviation from the Australian population in relation to its age–sex distribution and locality. A second stage of weighting was undertaken on the basis of age, sex and locality to ensure that the sample better reflected the Australian population (Table 4). In this process, the distribution of the sample with respect to gender, age group and State of residence was weighted to ensure that the proportion of respondents in each of the gender/age group/State categories matched that in the 2001 Census.

Table 4: Comparison of ASHR estimates to Australian Bureau of Statistics estimates^(1, a)

	ASHR(h)				
		Sample 1 (Short form items)		Sample 2 (Long form items)	
	ABS	Design Weights	Weights adjusted for location, age and sex	Design Weights	Weights adjusted for location, age and sex
State(b)					
New South Wales	33.5%	39.6%**	33.4%	39.9%**	33.4%
Victoria	24.9%	20.5%**	24.9%	20.2%**	24.9%
Queensland	18.7%	11.0%**	18.6%	11.1%**	18.7%
South Australia	7.6%	10.7%**	7.7%	10.4%**	7.7%
Western Australia	10.0%	12.4%**	10.0%	12.6%**	10.0%
Tasmania	2.4%	2.7%**	2.4%	2.7%**	2.4%
Northern Territory	1.1%	0.4%**	1.1%	0.4%**	1.1%
Australian Capital Territory	1.7%	2.7%**	1.8%	2.6%**	1.8%
Sex(b)					
Males	50.4%	50.4%	50.4%	50.4%	50.4%
Females	49.6%	49.6%	49.6%	49.6%	49.6%
Age group(b)					
16-19	9.2%	9.2%	9.2%	9.4%	9.2%
20-24	11.5%	10.0%**	11.5%	10.0%*	11.5%
25-29	12.5%	10.8%**	12.5%	10.4%**	12.5%
30-34	12.0%	13.0%**	12.0%	13.3%*	12.0%
35-39	12.6%	13.3%*	12.6%	13.6%	12.6%
40-44	12.2%	14.0%**	12.2%	13.7%*	12.2%
45-49	11.4%	11.7%	11.4%	12.3%	11.4%
50-54	10.5%	10.3%	10.5%	9.5%*	10.5%
55-59	8.1%	7.6%*	8.1%	7.8%	8.1%
Legal marital status(c)					
Married (excluding de-facto)	49.1%	53.3%**	52.0%**	53.2%**	51.9%**
Divorced	7.4%	7.5%	7.3%	7.7%	7.4%
Separated	3.7%	3.4%	3.4%*	3.3%	3.3%
Widowed	1.0%	0.8%	0.9%	0.6%**	0.7%**
Never married	38.7%	34.9%**	36.4%**	35.1%**	36.6%*
Birthplace(d)					
Born in Australia	72.4%	75.4%**	76.2%**	75.7%**	76.2%**
Born outside Australia	27.6%	24.5%**	23.8%**	24.0%**	23.8%**
Main English-speaking countries	10.2%	11.1%**	10.6%	11.9%*	11.5%*
Other countries	17.4%	13.5%**	13.2%**	12.4%**	12.3%**
Indigenous status(e)					
Indigenous	1.7%	1.5%	1.6%	1.7%	1.8%
Non-indigenous	98.3%	97.9%	97.9%	97.9%	97.8%
Labour force status(f)					
Employed	69.8%	74.7%**	75.5%**	74.4%**	75.3%**
Full-time	50.8%	52.3%**	52.4%**	51.4%	51.9%
Part-time	19.0%	23.2%**	23.1%**	23.7%**	23.4%**
Unemployed	5.2%	4.2%**	4.2%**	4.0%**	4.1%**
Not in the labour force	25.0%	20.3%**	20.3%**	20.9%**	20.6%**

	ASHR(h)				
	ABS	Sample 1 (Short form items)		Sample 2 (Long form items)	
		Design Weights	Weights adjusted for location, age and sex	Design Weights	Weights adjusted for location, age and sex
Educational attainment(g)					
Postgraduate degree (inc grad.dip. & grad.cert.)	4.6%	9.4%**	9.0%**	9.7%**	9.1%**
Undergraduate degree (ie bachelor degree)	12.5%	13.7%**	13.5%**	14.5%**	14.1%*
College certificate or diploma (ie adv.dip or dip)	6.7%	11.8%**	11.8%**	11.8%**	12.1%**
Higher secondary school (ie Yr11 & Yr12)	28.3%	21.7%**	22.2%**	21.3%**	21.4%**
Technical or trade certificate (ie Cert I, II, III or IV)	15.1%	11.9%**	12.0%**	10.7%**	11.2%**
Lower secondary school or lower (Yr10 & below)	31.4%	31.3%	31.3%	32.0%	32.1%
Level not determined	1.1%	0.1%**	0.1%**	0.0%**	0.0%**
Occupation (employed persons) (f)					
Managers & administrators	7.3%	17.0%**	16.4%**	16.9%**	16.5%**
Professionals	18.8%	20.3%**	19.9%**	22.7%**	22.0%**
Associate professionals	11.6%	8.6%**	8.7%**	8.2%**	8.2%**
Tradespersons & related workers	12.9%	13.2%	13.4%	12.7%	12.9%
Advanced clerical, sales & service workers	4.7%	7.4%**	7.3%**	6.7%**	6.8%**
Intermediate clerical, sales & service workers	17.1%	13.3%**	13.6%**	13.4%**	13.5%**
Intermediate production & transport workers	8.6%	3.9%**	3.9%**	4.0%**	3.9%**
Elementary clerical, sales & service workers	9.9%	7.3%**	7.6%**	6.5%**	6.8%**
Labourers & related workers	9.1%	8.9%	9.1%	8.9%	9.4%
Occupation not determined					
Relationship in Household(c)					
Lone person	8.8%	8.7%	8.7%	8.9%	9.1%
Smoking status(g)					
Never smoked	48.7%			46.0%**	46.1%**
Past smoker	25.3%			26.0%	25.2%
Current smoker	26.0%			27.5%	28.3%**

Notes: 1. Watson N & Gates G. Weighting for the Australian Survey of Health and Relationships. (http://www.latrobe.edu.au/ashr/ASHR_weighting.pdf).

- ** and * denotes statistically significant values from ABS estimates at the 99 and 95 per cent confidence levels, respectively.
- The ABS estimates for State, sex and age group were the preliminary Estimated Residential Population as at June 2001 as reported in publication Population by Age and Sex (ABS Cat. No. 3201.0). These estimates are based on the 2001 Census and have been updated for known births, deaths, immigration and emigration. The intrastate migration has been estimated based on Medicare data. The ABS does not provide standard errors for these estimates and regards the information as very accurate.
- The ABS figures for marital status and lone households were obtained from 2001 Census of Population and Housing, Release 1 (ABS Cat. No. 2001.0). The figures relate to individuals aged 15 to 59 and include people in non-private dwellings.
- The ABS estimates for country of birth were obtained from the Labour Force Survey conducted in January 2001 (ABS Cat. No. 6203.0). These estimates relate to individuals aged 15+.
- The ABS estimates for indigenous people were obtained from the Labour Force Survey conducted in August 2001 (ABS Cat. No. 6203.0). These estimates relate to individuals aged 15+ and include people in non-private dwellings.
- The ABS estimates for labour force status, educational attainment and occupation were obtained from the Survey of Education and Work conducted in May 2001 (ABS Cat. No. 6227.0). These estimates relate to individuals aged 15 to 64 and excludes people in remote parts of Australia (approx 80,000 people), people in most non-private dwellings (but includes boarding schools), and people who are permanently unable to work.
- ABS estimates for smoking status were obtained from the 1995 National Health Survey (ABS Cat. No. 4364.0). These estimates relate to individuals aged 18 to 64 and include people in non-private dwellings.

- h. The ASHR was conducted between May 2001 and June 2002. The estimates relate to individuals aged 16 to 59, and exclude people in non-private dwellings. These estimates include people in remote parts of Australia along with those who are permanently unable to work.

As can be seen, when the sample had been adjusted for location, age and sex, the sample was consistent with the 2001 Census with regard to these variables. The sample appears to slightly over-represent married people although it is possible that this reflects respondents describing themselves as married while actually living in what is legally a de-facto relationship. Given that the interviews were only conducted in English, it is not surprising that overseas-born people from non-English speaking countries are slightly under-represented.

The issue of the weights is of vital importance for the study for two reasons. First, our initial design meant that an individual's probability of being invited to take part in the study was affected by where a person lived, the number of telephone lines a household had and how many people in relevant age group lived in the household. Second, even when those factors had been taken into account, some age groups and States/Territories were still over represented. The purpose of the study is to make inferences about the Australian population between 16 and 59 years of age. Any analysis of these data that did not take account the weighting would be compromised in its ability to make valid inferences about that population.

In the sample, people who were in full-time employment, had higher levels of education and had higher status occupations were somewhat over-represented. Given the likely correlation among these three measures, this seems likely to represent a single form of bias.

The overall aim of the Australian Study of Health and Relationships was to conduct a representative population-based survey of the sexual health behaviours, attitudes and knowledge of the Australian population. The use of computer-assisted telephone interviewing was well justified in terms of both data quality and cost. Similarly, the use of a modified random-digit-dialling sampling strategy was important in relation to obtaining a sample with as few biases as possible.

The sample derived in the study was not entirely without bias. The over-representation of people of higher educational attainment and with higher status occupations has been observed elsewhere in relation to participation in research. In this case, after adjusting for gender, age and geographical location we appeared to have more people than expected in full-time employment, with post-secondary education and in high-status occupations. Given the associations between occupational status, education and a variety of important outcomes (reported in the published version of ASHR), the nature and extent of this bias should be noted.

The study achieved a high response rate (73.1%) which is towards the upper end of the range for studies employing some form of random-digit dialling and compares extremely well with other national population-based studies. The high response rates suggest that we should have considerable confidence in the results of the study, the bias noted above notwithstanding. The study generated an extremely large and rich data set that will provide important information to guide policy and practice for years to come.

General Results

Attitudes

Table 5 lists the proportion of Queensland respondents who 'agreed', 'neither agreed or disagreed' or 'disagreed' with nine attitude statements. More than two thirds of respondents agreed that 'oral sex constituted having sex', with similar proportions of men and women agreeing with this statement. Men and women aged 16-19 years were less likely than older respondents to agree that 'oral sex constituted having sex'.

More than two thirds of respondents agreed that 'an active sex life was important to their sense of wellbeing', with men (86%) being somewhat more likely to report agreement than women (81%). Men (55%) aged 16-19 were more likely to agree with this statement than women (43%) aged 16-19, although the difference was small and the likelihood of agreement increased with age. More than two thirds of the men (69%) and women (67%) agreed that 'sex tended to get better the longer you knew someone', with higher proportions of men agreeing with this statement across all age groups. However, women's disagreement with this statement increased with age, with women aged 50-59 reporting more disagreement (28%) than women aged 16-19 (8%) and men aged 50-59 (10%).

More women (45%) than men (28%) agreed that 'films were too sexually explicit these days', with higher proportions of older men and women reporting that films were too sexually explicit. More than three quarters of men (86%) and women (82%) were 'accepting of premarital sex', with 23% of older men and 16% of young women disagreeing with the statement 'sex before marriage is acceptable'. Less than one quarter of men (19%) and women (23%) agreed with the statement 'abortion is always wrong', with women and men aged 16-19 (30% and 28% respectively) and 50-59 (26% and 28% respectively) reporting higher proportions of agreement with this statement than respondents in other age groups.

More than three quarters of respondents agreed that 'having an affair when in a committed relationship is always wrong', with men (80%) and women (83%) giving comparable responses. Younger women (93%) reported higher proportions of agreement with this statement. Men (22%) and women (27%) reported similar responses to the statement 'sex between two adult women is always wrong', with younger men (16%) and women (16%) reporting less agreement to this statement. Men were more likely than women to agree with the statement that 'sex between two adult men is always wrong', with men aged 16-19 (43%) and 50-59 (43%) being the more likely to disapprove of male homosexual behaviour than men in other age groups. Women's level of agreement with this statement increased with age.

Table 5: Agreement with sexual attitudes statements in Queensland men and women.

	Agree %	Neither %	Disagree %
If two people had oral sex, but not intercourse, you would still consider that they had had sex together			
Men (age)			
16-19	48.5	7.5	43.9
20-29	74.0	4.5	21.4
30-39	84.4	2.0	13.5
40-49	77.9	3.0	19.0
50-59	75.4	7.0	17.5
Total (all ages)	75.6	4.3	19.9
Women (age)			
16-19	40.0	18.8	40.7
20-29	62.5	6.1	31.3
30-39	72.6	6.1	21.2
40-49	88.2	0.4	11.3
50-59	82.3	7.1	10.4
Total (all ages)	72.8	6.0	21.0
An active sex life is important for your sense of well-being			
Men (age)			
16-19	55.6	16.0	28.2
20-29	80.5	8.7	10.6
30-39	87.3	4.2	8.3
40-49	95.9	1.9	2.0
50-59	91.8	1.0	7.1
Total (all ages)	86.7	4.8	8.3
Women (age)			
16-19	53.3	20.9	25.6
20-29	70.6	12.8	16.4
30-39	89.0	4.5	6.4
40-49	89.8	4.9	5.1
50-59	81.0	6.8	12.1
Total (all ages)	81.5	7.9	10.6
Sex tends to get better the longer you know someone			
Men (age)			
16-19	45.9	48.0	5.9
20-29	73.3	21.6	4.9
30-39	67.7	12.7	19.5
40-49	70.2	15.9	13.7
50-59	76.9	12.1	10.9
Total (all ages)	69.8	18.4	11.7
Women (age)			
16-19	34.5	56.8	8.5
20-29	72.8	10.9	16.1
30-39	69.6	13.9	16.3
40-49	79.7	8.2	12.0
50-59	60.0	11.7	28.2
Total (all ages)	67.9	15.0	16.9

	Agree %	Neither %	Disagree %
Films these days are too sexually explicit			
Men (age)			
16-19	12.6	9.4	77.9
20-29	25.3	12.8	61.8
30-39	22.6	12.7	64.6
40-49	32.3	14.9	52.6
50-59	40.7	15.4	43.7
Total (all ages)	28.4	13.5	57.9
Women (age)			
16-19	14.9	28.5	56.5
20-29	29.2	23.5	47.2
30-39	49.1	15.7	35.0
40-49	56.0	23.8	20.1
50-59	61.8	18.2	19.9
Total (all ages)	45.4	21.0	33.5
Sex before marriage is acceptable			
Men (age)			
16-19	83.0	7.4	9.5
20-29	91.1	0.7	8.0
30-39	90.1	1.4	8.3
40-49	87.8	2.4	9.6
50-59	76.2	0.5	23.2
Total (all ages)	86.5	1.8	11.6
Women (age)			
16-19	76.3	7.2	16.3
20-29	83.7	5.3	10.9
30-39	83.3	5.7	10.8
40-49	81.8	5.4	12.7
50-59	82.1	2.5	15.2
Total (all ages)	82.3	5.1	12.5
Abortion is always wrong			
Men (age)			
16-19	30.0	10.2	59.7
20-29	17.6	9.4	72.9
30-39	16.6	9.0	74.2
40-49	15.0	13.2	71.6
50-59	26.5	5.3	68.0
Total (all ages)	19.5	9.4	70.9
Women (age)			
16-19	28.8	25.2	45.9
20-29	19.5	14.3	66.1
30-39	23.6	8.6	67.6
40-49	20.6	7.9	71.4
50-59	28.7	8.9	62.3
Total (all ages)	23.3	11.3	65.3

	Agree %	Neither %	Disagree %
Having an affair when in a committed relationship is always wrong			
Men (age)			
16-19	81.5	2.6	15.7
20-29	80.6	2.5	16.8
30-39	82.4	6.4	11.0
40-49	74.5	9.3	16.1
50-59	82.2	3.6	14.1
Total (all ages)	80.0	5.2	14.6
Women (age)			
16-19	93.7	1.1	5.0
20-29	89.6	4.5	5.8
30-39	80.4	9.0	10.4
40-49	78.5	4.2	17.2
50-59	80.5	3.6	15.8
Total (all ages)	83.3	5.1	11.4
Sex between two adults women is always wrong			
Men (age)			
16-19	16.5	18.9	64.5
20-29	14.5	12.4	72.9
30-39	16.9	16.0	67.0
40-49	24.7	17.1	58.1
50-59	35.6	15.3	49.0
Total (all ages)	21.8	15.4	62.6
Women (age)			
16-19	16.2	27.8	55.9
20-29	22.6	20.5	56.8
30-39	22.0	15.0	62.8
40-49	34.8	14.9	50.2
50-59	36.9	15.8	47.2
Total (all ages)	27.4	17.5	54.9
Sex between two adult men is always wrong			
Men (age)			
16-19	43.1	15.9	40.8
20-29	28.5	8.5	62.9
30-39	33.4	11.2	55.2
40-49	39.6	14.2	46.1
50-59	43.8	10.7	45.4
Total (all ages)	36.5	11.5	51.8
Women (age)			
16-19	18.6	29.4	51.9
20-29	24.7	21.8	53.4
30-39	26.0	13.9	60.0
40-49	37.2	14.6	48.0
50-59	37.2	15.5	47.2
Total (all ages)	29.7	17.6	52.6

Relationships

At the time of completing the survey more than three quarters of respondents reported being in a regular heterosexual relationship for a period of 12 months or longer (Table 6). Women (91%) were more likely to report being in a regular heterosexual relationship than were men (83%). Similar responses were observed among men and women aged 30 to 59, with older respondents reporting a higher likelihood of being in a regular heterosexual relationship than were young men and women. Divergent responses were reported among women aged 16-19 years (54%) who indicated a higher likelihood of being in a regular heterosexual relationship than did the younger men (19%). Similar percentages of men and women reported that they lived with their current partners (men 70%, women 71%).

Table 6: Percentage of Queensland men and women respondents in regular heterosexual relationship who have been in a relationship for 12 months or longer.

	Men	Women
Men (age)		
16-19	37.8	79.0
20-29	71.4	86.7
30-39	88.2	92.5
40-49	90.6	94.0
50-59	95.9	93.8
Total (all ages)	83.0	91.0

The data in Table 7 displays the average weekly frequency of sex with a regular heterosexual partner reported by men and women. On average, respondents reported engaging in sex approximately twice a week, with respondents aged 16 to 29 engaging in more frequent sexual activities than respondents aged 30 to 59.

Table 7: Average weekly frequency of sex with regular heterosexual partner reported by Queensland men and women.

	Men	Women
Age		
16-19	2.7	2.2
20-29	2.7	2.2
30-39	1.6	1.9
40-49	1.6	1.6
50-59	1.4	1.2

Among respondents in a regular heterosexual relationship of at least 12 months duration reporting more than one sexual partner in the last year (Table 8), men (4%) reported a higher likelihood of multiple partners than did women (2%), although the difference observed was minor.

The likelihood of having more than one partner was higher among younger respondents, with women aged 16-19 reporting higher numbers of multiple partners, than others. Few men age less than 20 years reported being in a regular heterosexual relationship, therefore the data presents higher proportions of young men having more than one sexual partner in the previous year, this should be interpreted with caution. The national data suggest that approximately 5% of young men in this age group who were in regular heterosexual relationship of at least 12 month duration reported more than one partner in the previous year.

Table 8: Percentage of Queensland men and women having a regular heterosexual relationship of at least 12 months duration and reporting more than one sexual partner in the last year.

	Men (%)	Women (%)
Age		
16-19	100.0 ^a	17.9
20-29	7.3	3.0
30-39	2.7	2.7
40-49	3.8	1.6
50-59	3.2	0.4
Total (all ages)	4.3	2.4

a. Based on a very small cell size

Table 9 presents contraception use among Queensland respondents who have been in a regular heterosexual relationship with their partners for 12 months or longer. Men (27%) and women (25%) reported the oral contraceptive pill as the most commonly used form of contraception, especially among men aged 20-29 (74%) and younger women (83%). Condom use was reported by 20% of men and 13% of women, with younger men (58%) and women aged 20-29 (26%) more commonly utilising this form of contraception. Tubal ligation/hysterectomy was reported by 46% of women aged 50-59 and 32% of men aged 50-59 reported having had a vasectomy. More women (2%) than men (1%) reported employing the withdrawal method and comparable responses were reported for those who used the safe period method (2% reported by men and women). Other types of contraception were less commonly utilised and included the female condom, spermicidal foam or jelly and the diaphragm, among others.

Table 9: Form of contraception used reported by Queensland men and women who have been in a regular heterosexual relationship with their partners for 12 months or longer.

Age of Queensland Men & Women (%)						
	16-19	20-29	30-39	40-49	50-59	Total
Men						
Oral contraception	47.7	59.1	30.0	20.0	1.8	27.6
Tubal ligation or hysterectomy	0.0	2.5	6.7	22.0	27.8	14.5
Condom	58.2	35.0	25.3	13.8	4.9	20.6
Vasectomy	0.0	0.6	15.8	30.5	32.1	19.7
Withdrawal (coitus interruptus)	0.0	0.0	3.8	0.3	0.0	1.0
Safe period method	0.0	2.2	0.0	4.8	2.9	2.4
Progestogen injection (Depo-Provera)	0.0	0.3	4.9	0.0	0.0	1.3
Intrauterine device	0.0	0.0	0.0	0.0	0.0	0.0
Progestogen implant	0.0	0.0	1.3	0.0	0.0	0.3
Diaphragm or cervical cap	0.0	0.0	0.0	0.0	0.0	0.0
Spermicidal foam or jelly	0.0	0.0	0.0	0.0	0.0	0.0
Female condom	0.0	0.0	0.0	0.0	0.0	0.0

Age of Queensland Men & Women (%)						
	16-19	20-29	30-39	40-49	50-59	Total
Women						
Oral contraception	83.9	50.4	26.0	9.7	0.0	25.2
Tubal ligation or hysterectomy	0.0	3.6	16.8	34.2	46.2	22.8
Condom	23.8	25.9	7.6	14.2	0.0	12.9
Male partner has had vasectomy	0.0	1.9	18.2	24.6	9.5	13.4
Withdrawal (coitus interruptus)	4.6	5.3	1.2	1.9	0.0	2.3
Safe period method	0.0	0.3	3.4	5.1	0.6	2.4
Progestogen injection (Depo-Provera)	2.3	2.5	1.9	0.0	0.0	1.2
Intrauterine device	0.0	0.3	1.7	1.2	2.2	1.3
Progestogen implant	0.0	1.1	1.3	0.0	0.0	0.6
Diaphragm or cervical cap	0.0	0.0	0.0	0.0	0.0	0.0
Spermicidal foam or jelly	0.0	0.0	0.0	0.0	0.0	0.0
Female condom	0.0	0.0	0.0	0.0	0.0	0.0

General results reported by Queensland respondents mirror the national data. The attitudes displayed by Queensland men and women were very similar to those in the national data. Overall, respondents reported comparable responses to the nine attitudes statements, with more than 80% of men and women agreeing that 'an active sex life is important for your sense of well being' and that 'sex before marriage is acceptable' and that 'having an affair when in a committed relationship is always wrong'. More than two thirds of respondents agreed that 'oral sex was considered sex' and approximately two thirds of respondents agreed that 'sex tends to get better the longer you know someone'. Less than one quarter of all respondents agreed 'abortion is always wrong' and less than 50% reported that 'sex between two adult women is always wrong', 'sex between two adult men is always wrong', and that 'films these days are too sexually explicit'.

In line with the national data, Queensland respondents reported similar proportions of men and women who are in a regular heterosexual relationship for 12 months or longer. At the time of the national survey 85% of men and 89% of women reported being in a regular heterosexual relationship, a figure that is similar to the Queensland findings (men 83%, women 91%). Queensland respondents reported lower proportions of respondents residing with their partners compared to the national figures where more than three-quarters reported living with their partners.

Overall, the occurrence of sex with a regular partner reported in the national data and by Queensland respondents were alike, with the average frequency of sexual activity occurring two times a week. The top four most common forms of contraception reported by men and women overall was the oral pill, male partner having a vasectomy, female partner having a tubal ligation/hysterectomy and the condom.

Sexual Experience and Identity

Sexual identity, attraction, and experience

Table 10 displays the data relating to sexual identity reported by Queensland respondents. Similar proportions of respondents identified as heterosexuals across all age groups. Approximately 3% of respondents identified as either homosexual or bisexual. Higher proportions of men aged 20-29 (2.9%) and 50-59 (1.9%) reported identifying as homosexual and commonly younger women identifying as bisexuals, especially within the 20-29 age range (3%).

Table 10: Current sexual identity among Queensland men and women.

	Men (%)			Women (%)		
	Heterosexual	Homosexual	Bisexual	Heterosexual	Homosexual	Bisexual
Age						
16-19	100.0	0.0	0.0	95.8	0.0	4.2
20-29	95.2	2.9	1.8	96.7	0.2	2.9
30-39	98.4	1.0	0.5	97.3	0.9	1.7
40-49	98.4	1.1	0.4	98.7	0.5	0.7
50-59	95.7	2.3	1.8	97.3	1.9	0.6
Total (all ages)	97.2	1.6	1.0	97.4	0.8	1.7

The data in Table 11 indicates that 93% of men and 87% of women who identified as heterosexual reported being exclusively attracted to the opposite sex, with higher proportions observed in men aged 16-19 (95%) and women aged 50-59 (94%). Few respondents reported (men 0.7% and women 0.2%) feeling attracted exclusively to the same sex, with little differences observed across age groups. More women (11%) than men (6%) reported being attracted to both sexes, with higher proportions observed among women aged 16 to 39 (between 13% and 17%) and men aged 20-29 (8%).

Respondents reported comparable responses (men 91% and 89% women) regarding having sexual experiences exclusively with the opposite sex, with men aged 30-39 (94%) and women aged 50-59 (95%) reporting more sexual experience than respondents in other age groups. Low proportions (men 0.4% and women 0.03%) were reported relating to having sexual experience exclusively with the same sex. The proportions reported for sexual experience involving both sexes were higher in women (7%) than men (5%), with women aged 16 to 29 years (~11%) and men aged 40 to 59 (~5%) being more likely to report bisexual behaviours than others.

Table 11: Sexual attraction and sexual experience among Queensland men and women.

	Age of Queensland men & women (%)					
	16-19	20-29	30-39	40-49	50-59	Total
Sexual attraction (men)						
Exclusively to the opposite sex	95.2	90.9	95.0	92.9	93.2	93.1
Both sexes	4.7	8.3	4.5	6.4	5.0	6.0
Exclusively to same sex	0.0	0.6	0.4	0.5	1.6	0.7
No one	0.0	0.0	0.0	0.0	0.0	0.0
Sexual attraction (women)						
Exclusively to the opposite sex	73.7	81.9	86.1	91.5	94.6	87.0
Both sexes	16.8	17.2	13.2	8.0	5.2	11.7
Exclusively to same sex	0.0	0.2	0.5	0.1	0.0	0.2
No one	9.3	0.5	0.0	0.2	0.1	0.9
Sexual experience (men)						
Exclusively with the opposite sex	82.3	87.3	94.4	93.9	92.0	91.0
Both sexes	0.3	8.2	4.1	5.2	6.4	5.5
Exclusively with same sex	0.0	0.0	0.4	0.5	1.1	0.4
No one	17.3	4.4	1.0	0.2	0.3	2.9
Sexual experience (women)						
Exclusively with the opposite sex	60.8	88.2	91.1	94.3	95.1	89.4
Both sexes	13.0	9.6	8.6	5.5	4.6	7.7
Exclusively with same sex	0.0	0.0	0.0	0.1	0.0	0.03
No one	26.0	2.1	0.1	0.0	0.1	2.7

Table 12 and 13 displays information regarding first vaginal intercourse before the age of 16 reported by Queenslanders. Men (23%) were more likely than women to report experiencing first time vaginal intercourse before the age of 16, with higher proportions of men aged 16-19 (37%) being most likely to do so. Women in the 16-19 age range (31%) reported a higher likelihood of first vaginal intercourse before age 16 than were other female respondents.

Approximately, two thirds of respondents reported using some form of contraception at their first experience of vaginal intercourse. The remaining one third of respondents reported not using any form of contraception or could not remember.

Table 12: Percentage of first vaginal intercourse before the age of 16 reported by Queensland men and women.

	Men (%)	Women (%)
Age		
16-19	37.5	31.2
20-29	21.4	17.7
30-39	23.2	16.4
40-49	26.4	11.8
50-59	17.0	7.2
Total (all ages)	23.3	14.7

Table 12: Percentage of contraception use at first vaginal intercourse in Queensland men and women.

	Men (%)	Women (%)	Total (%)
Contraception used			
No contraception	37.5	27.5	32.6
Condom	41.7	37.5	39.6
Other contraception	17.7	32.6	25.1
Can't remember	2.3	1.6	2.0
Refused	0.5	0.6	0.5

Table 14 displays the figures for the number of opposite sex partners for three time periods reported by Queensland respondents and for the national sample. Over their lifetime, men most commonly reported 6-10, 11-20 or 21+ partners whereas women were most likely to report one partner or 6-10 partners. In the last five years, the majority of people reported a single partner and in the last year they were most likely to report either a single partner or no partner. For all time periods men were more likely than women to report higher numbers of partners.

Table 14: Number of opposite sex partners for 3 time periods reported by men and women.

	Queensland		Australia	
	Men (%)	Women (%)	Men (%)	Women (%)
Lifetime				
0	3.7	4.4	4.8	4.6
1	8.4	20.2	10.2	22.6
2	7.5	11.5	6.0	11.2
3	7.1	11.2	6.6	10.1
4	5.3	7.8	5.2	7.5
5	3.9	7.5	4.4	6.7
6-10	23.0	19.4	21.7	19.7
11-20	19.0	10.6	19.7	9.7
21+	19.9	4.5	19.1	4.5
Refused/can't recall	1.7	2.5	2.1	3.3

	Queensland		Australia	
	Men (%)	Women (%)	Men (%)	Women (%)
Five years				
0	7.0	8.1	7.2	8.6
1	55.6	64.6	55.4	64.6
2	7.7	9.8	8.1	9.1
3	6.5	4.2	5.7	4.7
4	3.4	2.9	3.7	2.7
5	2.6	1.8	2.9	2.0
6-10	7.9	4.3	8.3	4.1
11-20	4.6	2.0	4.4	1.5
21+	2.7	0.2	2.4	0.3
Refused/can't recall	1.7	1.7	1.8	2.2
One year				
0	10.9	12.4	11.3	12.3
1	73.2	79.4	73.8	78.2
2	4.7	3.9	5.1	4.1
3	2.5	0.6	2.5	1.5
4	1.8	0.6	1.5	0.8
5	0.9	0.2	0.9	0.3
6-10	2.6	0.8	2.0	0.5
11-20	1.1	0.1	0.8	0.1
21+	0.3	0.0	0.3	0.1
Refused/can't recall	1.5	1.6	1.5	2.1

In relation to same sex activity among those who reported any such activity in their lifetime, men were most likely to report either one partner or 21 or more partners whereas women were most likely to report either one or two partners (Table 15). Both men and women reported markedly fewer same sex partners in the previous five years than in their lifetime. In the last year, the majority of those people who reported any same sex contact in their lifetime reported no same sex partners. There were few differences between the data for Queensland and the national data.

Table 15: Number of same sex partners reported for 3 time periods by men and women who reported any same sex partners.

	Queensland		Australia	
	Men (%)	Women (%)	Men (%)	Women (%)
Lifetime				
0	0.0	0.0	0.0	0.0
1	37.0	41.7	37.4	42.9
2	7.9	20.9	9.3	22.0
3	3.5	5.0	5.9	6.8
4	0.9	8.7	3.5	7.8
5	5.3	5.8	3.3	3.8
6-10	12.9	15.1	10.1	11.7
11-20	8.7	0.0	8.2	1.5
21+	22.5	1.3	20.7	2.7
Refused/can't recall	0.8	1.2	1.4	0.7

	Queensland		Australia	
	Men (%)	Women (%)	Men (%)	Women (%)
Five years				
0	35.1	30.9	42.9	39.7
1	23.4	40.6	15.7	32.4
2	7.7	13.0	4.9	15.8
3	0.8	9.6	6.1	4.6
4	3.7	0.0	1.7	1.1
5	1.0	1.2	3.0	2.2
6-10	7.3	1.7	7.1	2.3
11-20	9.7	0.0	6.0	0.4
21+	8.2	0.0	10.7	0.2
Refused/can't recall	2.6	2.7	1.8	1.3
One year				
0	61.8	68.2	58.3	70.9
1	13.3	23.7	14.7	22.1
2	9.2	6.8	7.0	5.0
3	0.0	0.0	1.1	0.0
4	0.0	0.0	0.8	0.4
5	0.0	0.0	1.2	0.4
6-10	6.0	0.0	7.2	0.3
11-20	2.1	0.0	4.5	0.0
21+	4.7	0.0	3.5	0.0
Refused/can't recall	2.6	1.2	1.7	0.9

The Queensland results relating to sexual experiences and identity were consistent with the national data. In general, more than 90% of men and women respondents identified as heterosexual, and more than 80% of respondents reported being exclusively attracted to the opposite sex and reported having had exclusive sexual experience with the opposite sex.

Results for the proportion of respondents engaging in first time vaginal intercourse before the age of 16 were somewhat higher than the national data. Also, men generally reporting a higher likelihood of first time vaginal intercourse before the age of 16 than did women. More than two thirds of these respondents reported using some form of contraception upon first time vaginal intercourse.

Diversity of Experience

Sexual difficulties

The association between age and respondents experience of a range of sexual difficulties for at least one month in the year prior to being interviewed are displayed in Table 16. Men reported a lack of interest in sex (27%) as most common, especially among those aged 50-59 (36%). Followed by coming to orgasm too quickly (25%) and erectile difficulties (21%) this was commonly reported by older men (35% and 20% respectively). A higher proportion of older men reported problems with feeling anxious about their ability to perform sexually (25%) and being unable to orgasm (9%). Finding sex not pleasurable was reported by 4% of men, with higher proportions reported by men aged 40-49 (7%). Experiencing pain during intercourse (1%) was least experience among men, with higher proportions reported among those aged 30-39 (4%).

Women most commonly reported lack of interest in sex (52%), with women aged 50-59 (65%) reporting this more often. Worrying about their body looking unattractive during sex was reported by nearly 40% of women, and was reported more often by younger women (49%) and women in their 20's (45%). Inability to orgasm was reported as the next most common form of sexual difficulty (46%) followed by vaginal dryness (34%) which was commonly reported by older women (46%). Experiencing pain during intercourse (21%) was predominately reported by 16-19 year olds (41%) and feeling anxious about their ability to perform sexually (17%) was reported most commonly by women aged 30-39 (20%). Organism too quickly was reported by 5% of women, with higher proportions among those aged 30-39 (20%).

Table 16: Percentage of Queensland men and women respondents reporting various sexual difficulties for at least one month in the year prior to being interviewed.

Age of Queensland men & women (%)						
	16-19	20-29	30-39	40-49	50-59	Total
Men						
Lacked interest in sex	24.8	21.4	25.1	27.5	36.1	26.9
Came to orgasm too quickly	17.9	18.3	27.3	24.7	35.6	25.5
Felt anxious about performance	19.4	12.4	13.8	19.2	25.3	17.3
Erectile difficulty	4.9	2.6	5.1	13.0	20.9	9.5
Did not find sex pleasurable	1.9	3.8	3.9	6.8	5.1	4.7
Unable to come to orgasm	0.0	5.7	0.8	4.2	9.9	4.6
Physical pain during intercourse	0.0	1.3	4.1	0.2	0.2	1.5
Worried during sex about whether body looked unattractive	14.3	12.7	19.6	19.4	8.9	15.4
Women						
Lacked interest in sex	59.4	47.3	50.8	45.7	65.5	51.8
Came to orgasm too quickly	19.8	17.3	13.2	9.9	5.5	12.4
Felt anxious about performance	13.7	14.0	19.8	15.5	13.5	15.9
Vaginal dryness	21.7	15.8	27.5	25.3	33.9	24.8
Did not find sex pleasurable	23.3	15.5	19.4	17.1	24.9	19.0
Unable to come to orgasm	26.3	13.6	22.3	21.3	46.2	24.3
Physical pain during intercourse	41.3	15.4	21.8	13.5	21.4	19.0
Worried during sex about whether body looked unattractive	49.5	44.9	41.1	33.7	33.6	39.4

Table 17 reports the extent of physical pleasure in sex and emotional satisfaction in regular heterosexual relationships experienced by Queensland respondents. More men reported physical pleasure (91%) than women (81%), with men aged 20-29 (68%) commonly reported extreme levels of physical pleasure, and women aged 16-19 (63%) reporting similar levels.

High levels of emotional satisfaction were reported by men aged in the 20's (60%) and less in older men (38%). Women in their 30's (61% extremely satisfied) and teens (40% very satisfied) reported higher proportions of emotional satisfaction than women in other age groups.

Table 17: Percentage of physical pleasure in sex and emotional satisfaction in regular heterosexual relationships experienced by Queensland men and women.

Age of Queensland men & women (%)						
	16-19	20-29	30-39	40-49	50-59	Total
Level of physical pleasure in sex (men)						
Extremely	49.6	68.4	57.1	43.3	52.4	54.6
Very pleasurable	42.0	29.1	36.0	44.5	35.9	36.9
Moderately pleasurable	8.3	2.4	6.6	7.9	9.2	6.7
Slightly pleasurable	0.0	0.0	0.1	3.0	1.5	1.2
Not at all pleasurable	0.0	0.0	0.0	1.0	0.7	0.4
Level of emotion satisfaction (men)						
Extremely	52.0	60.0	52.3	46.6	38.0	49.1
Very pleasurable	24.0	33.2	40.7	35.3	47.9	38.9
Moderately pleasurable	13.1	4.4	6.7	15.1	9.7	9.3
Slightly pleasurable	10.7	2.2	0.0	2.8	2.0	2.0
Not at all pleasurable	0.0	0.0	0.1	0.0	2.1	0.5
Level of physical pleasure in sex (women)						
Extremely	20.0	51.0	43.9	49.9	35.3	44.7
Very pleasurable	63.7	39.7	41.9	30.8	31.4	37.3
Moderately pleasurable	16.2	9.1	11.2	15.9	27.9	15.2
Slightly pleasurable	0.0	0.0	2.7	2.9	2.3	1.9
Not at all pleasurable	0.0	0.0	0.1	0.3	2.9	0.6
Level of emotion satisfaction (women)						
Extremely	41.1	61.0	50.8	40.1	49.1	50.0
Very pleasurable	40.0	29.8	34.7	38.5	30.9	33.9
Moderately pleasurable	18.8	8.7	12.2	17.4	17.6	13.9
Slightly pleasurable	0.0	0.3	2.1	3.2	0.0	1.4
Not at all pleasurable	0.0	0.0	0.1	0.6	2.2	0.6

Masturbation and other non-coital practices

Table 18 illustrates that more men (67%) reported engaging in masturbation within the last 12 months, than did women (36%). Approximately 50% of men and 19% of women reported that they had masturbated within the last month. Men in their 20's, more so than women reported a higher likelihood of masturbation across the two time frames, while women aged 30-39 were more likely to reported engaging in masturbation more than were women in other age groups.

Table 18: Percentage of masturbation in the past year and the past four weeks reported by Queensland men and women.

	Men (%)		Women (%)	
	Masturbated in last 12 months	Masturbated in last 4 weeks	Masturbated in last 12 months	Masturbated in last 4 weeks
Age				
16-19	55.5	45.8	22.4	14.4
20-29	82.7	60.5	41.6	22.4
30-39	71.7	55.7	43.1	24.6
40-49	58.2	38.8	33.0	19.9
50-59	57.8	30.1	30.7	9.8
Total	67.2	46.9	36.5	19.3

Table 19 displays the proportion of Queensland men and women who engaged in autoerotic, esoteric, and other sexual activities in the year prior to being interviewed. Respondents most commonly reported watching X-rated films as most typical (men 37%, women 15%), followed by visiting internet sex sites in men (15%, women 3%) and engaging in phone sex (men 4%, women 2%). Respondents aged 16-29 reporting higher proportions of autoerotic behaviours overall.

Esoteric and other sexual activities, such as anal stimulation (men 16%, women 10%), use of sex toys (men 10%, women 14%), and rimming (men 4%, women 3%) were the most commonly reported activities by respondents. Practises such as BDSM/DS, group sex, fisting and role-play or dress up, were reported by 5% or fewer respondents.

Table 19: Percentage of Queensland men and women engagement in autoerotic, esoteric and other sexual activities in the year prior to being interviewed.

Ages of Queensland men & women (%)						
	16-19	20-29	30-39	40-49	50-59	Total
Phone Sex						
Men	0.6	5.4	8.4	2.6	0.3	4.0
Women	2.7	2.8	3.4	0.2	0.0	1.8
Visited internet sex sites						
Men	18.9	22.4	14.6	14.4	6.3	15.2
Women	4.8	1.4	1.9	3.5	0.0	2.0
Watched X-rated video or film						
Men	53.8	36.3	46.0	31.1	27.8	37.1
Women	18.8	24.4	15.1	12.2	6.3	15.3
Used sex toys						
Men	0.9	9.6	15.9	12.4	8.2	10.7
Women	5.3	9.5	22.2	19.0	8.6	14.4
Role play or dress up						
Men	0.6	6.9	0.7	2.4	2.7	3.0
Women	4.5	4.7	5.2	1.6	0.0	3.2
BDSM or DS						
Men	0.0	2.7	0.7	0.6	1.5	1.3
Women	2.7	1.2	0.9	1.3	0.6	1.7
Had group sex						
Men	3.4	2.0	1.1	2.7	1.1	1.9
Women	0.9	0.2	0.8	0.5	0.0	0.4
Anal stimulation						
Men	1.8	21.0	17.7	16.4	15.7	16.5
Women	8.4	16.9	10.9	7.9	6.4	10.7
Fisting						
Men	0.0	0.6	0.2	0.1	0.2	0.3
Women	0.0	0.0	0.0	0.0	0.0	0.0
Rimming						
Men	0.0	5.7	3.6	4.4	3.9	4.1
Women	2.6	6.9	2.2	3.2	0.0	3.1

Commercial sex

The proportion of Queensland respondents who have ever paid for sex, are presented in Table 20. Men (15%) were more likely than women to report having paid for sex, with 6% of men aged 20-29, 15% of men aged 30-39 and 20% of men aged 40 to 49 indicating that they had paid for sex in the past, with higher responses reported by men aged 50-59 (26%). Low proportions for women and men aged 16-19 who have paid for sex exhibit the need for cautious interpretations.

Table 20: Percentage of Queensland men and women who have paid for sex.

	Men (%)	Women (%)
Age		
16-19	0.0	0.0
20-29	6.5	0.0
30-39	15.5	0.0
40-49	20.1	0.0
50-59	26.4	0.0
Total	15.4	0.0

Sexual coercion

Table 21 displays the proportion of men and women who reported being forced or frightened into having unwanted sexual activity. Of women, 20% reported being forced or frightened into having unwanted sexual activity compared to 6% of men, with women aged 30-39 being more likely to report unwanted sex than others. Among men, those aged 30 to 49 were the most likely to report having been forced or frightened into sex.

Table 21: Experiences of being forced or frightened into having unwanted sex reported by Queensland men and women.

	Men (%)	Women (%)
Age		
16-19	2.3	19.0
20-29	4.3	22.6
30-39	6.3	30.2
40-49	8.8	12.7
50-59	5.3	13.7
Total	5.9	20.2

The responses of Queensland men and women relating to diversity of sexual experience were generally in accordance with the national data. Men and women generally reported similar responses regarding experience with various sexual difficulties. Similarities between the national data and the Queensland data were observed in relation to men age 50-59 reporting a lack of interest in sex (Queensland 36%, national 31%), in men aged 16-19 concerning performance anxiety (Queensland 19%, national 25%), and in men aged 30-39 and 40-49 relating to body image (Queensland 19% and 19%, national 16% and 13% respectively) were Queensland men reported a slightly higher likelihood of experiencing sexual difficulty than that observed in the national data. Similarities were also reported among women and their experiences with sexual difficulties, which commonly included coming to orgasm too quickly among those aged 20-29 (Queensland 17%, national 15%) and unable to orgasm during sex which was commonly reported by women aged 16-19 concerning (Queensland 26%, national 29%).

Overall, the level of physical pleasure and level of emotional satisfaction in regular heterosexual relationships observed in the national data and in the Queensland results were comparable. Respondents commonly reported their relationships as being extremely or very pleasurable and extremely or very emotionally satisfying.

The Queensland responses relating to the proportion of respondents who engaged in autoerotic, esoteric and other sexual activities did not differ greatly from the national data. Commonly reported activities involved watching X-rated films, use of sex toys and anal stimulation for both women and men, while men generally reported visiting internet sex sites as a common activity. Regarding respondents involvement in commercial sex and sexually coercion, similar findings between the Queensland results and the national data were reported, with more men reporting having paid for sex, and more women reporting occurrences of being forced or frightened into unwanted sex.

Protection and Health

Contraception and pregnancy

Table 22 reports the contraceptive methods used by Queensland women. Thirty two percent of women reported using oral contraception, with women aged 16-19 (80%) and 20-29 (57%) more commonly employing this method. Condom use was reported by 20% of women with higher proportions reported by women aged 16-19 (41%) and 20-29 (36%). Tubal ligation/hysterectomy (27%) was commonly reported by older women (72%), and male partner having a vasectomy (29%) was reported more frequently by women aged in their 40's. The withdrawal method (4%) and the safe period approach (4%) was typically reported by women aged 50-59 (7% and 8% respectively). Other methods of contraception such as progestogen injection, intrauterine device, progestogen implants, the diaphragm/cervical cap, spermicidal jelly/foam, the female condom and douching were employed by few Queensland female respondents.

Table 22: Contraceptive methods used by Queensland women who used a form of contraception.

Method	Ages of Queensland women (%)					Total
	16-19	20-29	30-39	40-49	50-59	
Oral contraception	80.5	57.5	35.3	11.7	0.0	32.5
Tubal ligation or hysterectomy	0.0	4.3	20.4	40.7	72.6	27.9
Condom	41.1	36.5	12.7	17.6	0.8	20.1
Male partner has had vasectomy	0.0	2.1	21.7	29.2	14.0	15.9
Withdrawal (coitus interruptus)	5.6	6.4	1.1	3.5	7.4	4.3
Safe period method	0.0	0.3	4.0	7.2	8.3	4.2
Progestogen injection (Depo-Provera)	1.8	2.7	2.3	0.2	0.0	1.5
Intrauterine device	0.0	1.5	2.0	1.4	3.3	1.8
Progestogen implant	0.0	1.2	1.8	0.0	0.0	0.8
Diaphragm or cervical cap	0.0	0.0	0.0	0.2	0.0	0.06
Spermicidal form or jelly	0.0	0.0	0.0	0.0	0.0	0.0
Female condoms	0.0	0.0	0.0	0.0	0.0	0.0

Table 23 displays the percentage of condom breakage reported by men who had used condoms prior to the interview. Thirty eight percentage of men reported condom breakage over their lifetime, with 26% reporting at least one occurrence of condom breakage in the past year. Men aged 16-19 (50%) were the most likely to report condom breakage over their lifetime experiences and 48% of men aged 16-19 reported having had some experience of condom breakage in the last year.

Table 23: Percentage of condom breakage reported by Queensland men.

	Lifetime experiences (%)	Experience in year (%)
Age		
16-19	50.3	48.5
20-29	49.1	34.0
30-39	42.3	8.2
40-49	30.6	24.1
50-59	19.0	6.6
Total	38.2	26.3

Table 24 describes the proportion of Queensland women who had ever been pregnant. More than three quarters of women indicated being pregnant sometime over their lifetime, with older women being more likely to report higher proportions of pregnancies. When asked if they had ever had a termination of pregnancy, 25% of Queensland women replied 'yes', with higher proportions reported among young women aged 20-29 (41%).

Table 24: Experiences of pregnancies in Queensland women.

	Pregnant (%)	Termination (%)
Age		
16-19	16.5	33.3
20-29	54.7	41.2
30-39	88.5	24.2
40-49	94.6	24.5
50-59	93.3	15.5
Total	79.8	25.1

Overall, responses reported by the Queenslanders corresponded with the national data. The top five contraceptive methods reported by all respondents were the oral contraceptive pill, tubal ligation/hysterectomy, the condom, male partner having a vasectomy, and the withdrawal method.

Similar responses were also found among men experiencing condom breakage. Generally, more than one third of men reported experiencing condom breakage within their lifetime and more than 20% of men reported experiencing breakage within the last 12 months.

The responses given by Queensland women regarding experiences with pregnancy also resembled that of ASHR. More than three-quarters of women reported ever being pregnant and approximately 25% of those respondents reported having a termination.

Risk

Safer sex and condom use

Table 25 reports the proportion of Queensland participants reporting condom use in the last year for heterosexual activity. Among men (39%) and women (33%) who reported condom use in the last year, 16-19 year old respondents were the most likely to report condom use (men 87% and women 84%). The percentage of condom use was less among older respondents (men 12% and women 3%).

Table 25: Percentage of condom use in the last year for heterosexual activity in Queensland.

	Men (%)	Women (%)
Age		
16-19	87.8	84.4
20-29	66.2	57.9
30-39	40.7	34.7
40-49	23.8	16.6
50-59	12.2	3.4
Total	39.7	33.2

Table 26 displays the extent of condom use for vaginal intercourse in the past six months with respect to partner type among Queensland respondents. Consistent condom use was most common with casual partners followed by regular but not live in partners. Consistent condom use was least commonly reported with live in partners.

Table 26: Percentage of condom use for vaginal intercourse in the past six month with respect to partner type in Queensland men and women.

	Men			Women		
	Never	Sometimes	Always	Never	Sometimes	Always
Live in partner (age)						
16-19	0.0	33.3	66.6	29.6	70.3	0.0
20-29	53.5	23.9	22.5	70.7	19.7	9.5
30-39	70.0	18.0	11.9	89.6	6.0	4.2
40-49	85.9	8.7	5.2	89.3	8.1	2.5
50-59	97.6	2.3	0.0	97.2	2.7	0.0
Total (all ages)	77.7	12.9	9.3	85.3	10.4	4.2
Regular but not live in (age)						
16-19	3.8	35.8	60.3	40.3	53.3	6.3
20-29	51.1	16.7	32.1	21.5	60.0	18.3
30-39	37.2	13.4	49.3	49.9	50.0	0.0
40-49	79.6	17.8	2.5	72.2	12.4	15.3
50-59	78.1	0.0	21.8	93.2	6.7	0.0
Total (all ages)	48.9	17.6	33.4	48.2	41.3	10.4
Casual partner (age)						
16-19	26.8	1.9	71.2	0.0	92.2	7.7
20-29	26.9	39.0	34.0	74.6	3.5	21.7
30-39	28.9	15.3	55.7	53.4	36.5	10.0
40-49	63.6	16.2	20.1	28.5	0.0	71.4
50-59	51.2	0.0	48.7	0.0	100.0	0.0
Total (all ages)	34.2	19.9	45.8	50.0	33.5	16.4

Table 27 reveals that 91% of respondents reported having heterosexual unprotected vaginal intercourse with a regular partner. Respondents aged 12-19 were the least likely to report this. Approximately 4% of respondents reported having heterosexual unprotected vaginal intercourse with a casual partner, although this was much less common among the older age groups.

Table 27: Percentage of heterosexual Queensland respondents who engaged in unprotected vaginal intercourse with regular or casual partners.

	Regular	Casual
Age		
16-19	37.3	12.7
20-29	64.1	6.8
30-39	79.7	4.5
40-49	82.6	2.0
50-59	83.7	1.0
Total (all ages)	74.9	4.3

Knowledge about sexually transmissible infections

Table 28 displays the average score for a scale measuring knowledge about STIs and BBVs (range 0-10). Respondents displayed poor knowledge about STIs and their associated health consequences. Younger men had lower levels of knowledge, than older men, and women generally had better knowledge than did men.

Table 28: Knowledge about STIs/BBVs –mean score on scale (range 0-10).

	Men (mean)	Women (mean)
Age		
16-19	4.4	5.7
20-29	5.9	6.6
30-39	6.0	6.5
40-49	5.8	6.2
50-59	5.3	5.8

Sexually transmissible infections and blood-borne viruses

Table 29 reports the proportion of Queensland respondents who have ever been diagnosed with an STI. Approximately 21% of men and 15% of women reported having a history of STI with men aged 40 to 59 and women aged 30 to 49 being more likely to report this.

Table 29: Percentage of Queensland men and women who have reported a STI history (note STI defined as pubic lice or crabs, genital warts wart virus on Pap smear, Chlamydia, genital herpes, syphilis, gonorrhoea, non-specific urethritis, pelvic inflammatory disease, bacterial vaginosis, trichomoniasis, Candida or thrush, hepatitis A and hepatitis B).

	Men	Women
Age		
16-19	0.8	4.2
20-29	12.5	14.0
30-39	19.6	18.8
40-49	31.6	18.5
50-59	30.4	14.7
Total	21.4	15.5

Tables 30 and 31 reports the percentage of Queensland respondents who have been diagnosed with an STI or a BBV prior to being interviewed. In men pubic lice or crabs and Candida or thrush were most commonly reported, with higher proportions of public lice reported by men in their 40's and higher proportions of Candida also reported by men aged 40-49. Men also reported non-specific urethritis (5%) and genital warts (4%) as common STIs, especially among men aged 30 to 59.

Women reported candida or thrush as the most common form of STI, with highest proportions being reported among women aged 40-49 (59%). Other STIs reported by women included wart virus on Pap smear, pubic lice or crabs and genital warts, which were commonly reported by women aged 30 to 49 years. Other STIs were less commonly reported by both men and women.

Table 30: Percentage Queensland men being diagnosed with a STI or a BBV ever prior to being interviewed.

	Age of Queensland men (%)					Total
	16-19	20-29	30-39	40-49	50-59	
Pubic lice or crabs	0.0	6.7	8.9	16.8	11.7	10.1
Genital warts	0.0	2.9	6.7	6.4	4.2	4.7
Chlamydia	0.91	1.5	3.2	0.7	0.4	1.4
Genital herpes	0.0	1.4	1.2	3.6	5.2	2.5
Syphilis	0.0	0.0	0.2	1.1	1.7	0.6
Gonorrhoea	0.0	0.2	0.4	5.1	7.5	2.9
Non-specific urethritis	0.0	1.8	4.2	7.2	10.2	5.2
Candida or thrush	0.0	5.1	7.3	9.2	6.2	6.4
Hepatitis A	0.0	0.6	0.7	3.0	6.4	2.3
Hepatitis B	0.0	0.0	0.6	0.7	2.6	0.8
Hepatitis C	0.0	0.0	0.2	0.6	1.1	0.4
HIV	0.0	0.8	0.2	0.0	0.6	0.3

Table 31: Percentage Queensland women being diagnosed with an STI or a BBV ever prior to being interviewed.

	Age of Queensland women					Total
	16-19	20-29	30-39	40-49	50-59	
Pubic lice or crabs	2.9	2.1	5.7	5.5	2.5	3.9
Genital warts	0.6	3.8	5.7	6.0	3.7	4.5
Wart virus on Pap smear	0.6	5.3	5.6	7.2	2.8	4.9
Chlamydia	0.6	4.8	4.2	3.7	2.7	3.6
Genital herpes	0.0	1.8	1.7	3.7	0.8	1.9
Syphilis	0.0	0.5	0.0	0.0	0.0	0.1
Gonorrhoea	0.0	0.2	0.0	0.9	0.2	0.3
Pelvic inflammatory disease	0.0	1.4	1.7	2.2	2.2	1.7
Bacterial vaginosis	0.0	0.8	1.4	1.3	0.5	1.0
Trichomoniasis	0.0	0.0	0.6	0.4	0.9	0.4
Candida or thrush	6.0	48.7	70.4	71.5	67.2	59.4
Hepatitis A	0.0	0.2	0.9	1.8	2.3	1.1
Hepatitis B	0.0	0.0	0.7	1.6	0.5	0.6
Hepatitis C	0.0	0.1	0.5	1.2	0.5	0.5
HIV	0.0	0.0	0.1	0.0	0.0	0.04

Table 32 reveals that 39% of men and 24% of women reported being vaccinated against Hepatitis A, whilst 46% of men and 44% of women reported being vaccinated against Hepatitis B. Respondents that reported a higher likelihood of vaccination against both Hepatitis A and B were aged 16-19.

Of Queenslanders 41% of men and 39% of women have ever been tested for HIV (Table 33), with a majority of men and women respondents being tested aged 30-39 (men 49% and women 55%).

Table 34 reports that 29% of men and 21% of women have been tested for HIV since 2000, with men aged 20-29 (38%) and women aged 16-19 (74%) having being more likely to have been tested than others.

Table 32: Percentage of Queensland men and women who have reported vaccination against Hepatitis A and B status.

	Men (%)		Women (%)	
	Hepatitis A	Hepatitis B	Hepatitis A	Hepatitis B
Age				
16-19	61.6	71.7	47.1	68.5
20-29	47.5	51.6	29.6	53.3
30-39	37.1	46.8	20.9	42.4
40-49	35.4	39.8	19.1	35.4
50-59	28.9	35.6	19.2	34.9
Total (all ages)	39.4	46.0	24.2	44.1

Table 33: Percentage of Queensland men and women who have reported been HIV tested.

	Men (%)	Women (%)
Age		
16-19	18.3	11.8
20-29	45.7	48.1
30-39	49.5	55.2
40-49	42.9	36.0
50-59	36.5	23.2
Total (all ages)	41.8	39.1

Table 34: Percentage of Queensland men and women who have been HIV tested since 2000.

	Men (%)	Women (%)
Age		
16-19	30.0	74.2
20-29	38.6	27.6
30-39	29.9	16.4
40-49	20.3	13.7
50-59	27.1	18.0
Total (all ages)	29.4	20.8

Injecting drug use risk and other risks

Table 35 displays the percentage of Queensland respondents who have reported a history of injected drug use and sharing injecting paraphernalia. More than 90% of respondents reported having never injected, with men (1%) reporting a slightly higher likelihood of injecting drug use than did women (0.2%). Among those who had injected 76% of men and 61% of women reported never sharing needles, with women reporting a higher likelihood of needle sharing (2%) than men (1%).

More than three quarters of respondents reported never having been tattooed, with men aged in their 20's and younger women most likely to report having ever been tattooed (Table 36).

Table 35: Percentage of Queensland men and women who have reported a history of injecting drug use and sharing injecting paraphernalia.

	Age of Queensland men & women					
	16-19	20-29	30-39	40-49	50-59	Total
History of injected drug use (men)						
Never injected	95.1	88.4	94.6	94.9	97.7	93.8
Injected - not in last year	3.0	7.3	4.2	4.5	2.2	4.5
Injected in last year	1.8	4.2	1.0	0.4	0.0	1.5
History of injected drug use (women)						
Never injected	99.3	94.6	98.1	98.5	99.7	98.5
Injected - not in last year	0.0	2.3	1.3	0.9	0.2	1.2
Injected in last year	0.6	0.0	0.4	0.4	0.0	0.2
History of sharing needles, among those who have ever injected (men)						
Never shared	100.0	85.1	84.4	60.0	24.5	76.5
Shared - not in last year	0.0	11.8	15.5	39.9	75.4	22.0
Shared in last year	0.0	3.0	0.0	0.0	0.0	1.3
History of sharing needles, among those who have ever injected (women)						
Never shared	100.0	94.1	53.7	20.4	0.0	61.4
Shared - not in last year	0.0	0.0	46.3	79.5	100.0	36.3
Shared in last year	0.0	5.8	0.0	0.0	0.0	2.2
History of sharing paraphernalia, among those who have ever injected (men)						
Never shared	100.0	58.1	51.5	51.1	34.3	56.4
Shared - not in last year	0.0	26.2	32.8	48.8	65.6	33.2
Shared in last year	0.0	15.6	15.6	0.0	0.0	10.3
History of sharing paraphernalia, among those who have ever injected (women)						
Never shared	100.0	71.3	48.5	39.8	0.0	55.4
Shared - not in last year	0.0	28.6	51.4	60.2	100.0	44.5
Shared in last year	0.0	0.0	0.0	0.0	0.0	0.0

Table 36: Percentage of Queensland men and women who have reported a history of having been tattooed.

	Age of Queensland men & women					
	16-19	20-29	30-39	40-49	50-59	Total
History of tattooing (men)						
Never tattooed	89.0	75.7	78.6	79.9	88.8	81.1
Tattooed - not in last year	4.7	15.3	18.5	17.5	10.9	14.8
Tattooed in last year	6.2	8.9	2.7	2.5	0.2	3.9
History of tattooing (women)						
Never tattooed	88.4	78.1	84.9	94.7	96.7	88.1
Tattooed - not in last year	3.0	18.2	12.0	4.2	2.5	9.1
Tattooed in last year	8.4	3.6	2.9	0.9	0.6	2.6

Table 37 displays the percentage of Queensland respondents who have reported a history of body piecing in the last 12 months. Higher proportions of women than men reported being pieced, especially among 16-19 year olds (30%).

Of Queensland respondents (Table 38) very few reported having been detained in correctional facilities in the last 15 years with men (4%) being more likely than women (0.3%) to report having been detained.

Table 37: Percentage of Queensland men and women who have reported a history of body piercing in the last 12 months.

	Men (%)	Women (%)
Age		
16-19	18.4	29.9
20-29	5.4	15.6
30-39	1.5	5.3
40-49	1.0	3.9
50-59	0.8	0.9
Total	3.6	8.7

Table 38: Percentage of Queensland men and women who have reported to be detained in correctional facilities in the last 15 years.

	Men (%)	Women (%)
Age		
16-19	0.8	0.0
20-29	4.7	0.5
30-39	5.5	0.7
40-49	3.6	0.1
50-59	4.0	0.0
Total	4.2	0.3

The data for the Queensland respondents in relation to risk behaviours demonstrated few differences to the national data. Generally, similar proportions reported condom use in the last 12 months, with more than 39% of men and 33% women indicating using condoms as a contraceptive method. Overall, less than 10% of men and women reported always using a condom with their live in partners, whilst 33% of men and 10% of women reported always using condoms in their regular relationships but not with a live in partner, and more than 40% of men and 16% of women with casual partners reported always using condoms. Figures for Queensland women in relation to condom use differed from the national data as fewer women reported condom use whilst in a regular but not live in relationship and casual relationship (ASHR 16% and 35% respectively).

The proportion of heterosexual respondents who engaged in unprotected vaginal intercourse, also did not differ greatly from the national study. A higher proportion of Queensland respondents reported unprotected regular vaginal intercourse (90%) than was reported in the national study (73%). Results for Queensland respondents who engaged in unprotected vaginal intercourse with casual partners mirror those from the national study, in that less than 5% of respondents reported having unprotected intercourse with casual partners.

Overall, respondents displayed poor knowledge regarding to STIs, with women being better informed than men. Comparable proportions were also reported among men and women who have ever been diagnosed with a STI, with slightly more men being diagnosed with an STI (20%) than women (15%). Of those that reported a history of STIs the four most commonly reported in men were public lice/crabs, genital warts, Chlamydia, and genital herpes. Women reported public lice/crabs, genital warts, Chlamydia, genital herpes, wart virus on Pap smear and Candida/thrush as the most common types of STIs experienced.

The proportion of respondents that reported being vaccinated against Hepatitis A and B also did not differ greatly from the national figures, with slightly more Queensland respondents reporting having been vaccinated against Hepatitis than in the national sample. Similar responses were reported for HIV testing.

Few differences were observed between the Queensland and national data in the proportion of respondents who reported a history of injected drug use and sharing injecting paraphernalia. More than 90% of respondents reported not having a history of injected drug use, and among those who have injected 76% of men and 61% of women reported not having a history of needle sharing. More Queensland men reported having a history of sharing paraphernalia (10%) compared to women. Overall, more than 80% of men and women reported not having a history of tattooing, and similar proportions of the Queensland and national samples reported a history of body piecing, with more women reporting a higher proportion of body piecing than men. The proportion of respondents reported being detained in a correctional facility also was similar to that reported in the national study, with men reporting a slightly higher proportion than women.

Conclusion

The purpose of the present report is to present and describe the findings from the Queensland sample of ASHR. In general, the data from the Queensland sample were very similar to those from the national sample. Given these broad similarities, it is useful to consider some of the ways in which social structure is related to key outcomes in the national data as these associations will also be present in the Queensland data and speak to underlying social processes which must be implicated in possible interventions.

There are a number of ways in which the findings of ASHR reflect important social structures in Australia in a manner that demands further research. The first such structure is gender. Men and women report markedly different patterns of sexual initiation, sexual practice, sexual difficulties, sexual coercion and sexual satisfaction. While the intersection of gender and sexuality has been the subject of much research, the gender differentials observed here warrant further exploration.

The second aspect of social structure that is strongly associated with the outcomes documented in ASHR was socioeconomic status. In ASHR we used three measures of socioeconomic status: educational attainment, occupational status and income. One or more of these measures was significantly associated with sexual identity, having had multiple partners in the past year, condom use, condom slippage and breakage, contraceptive use, reporting having had a tubal ligation or vasectomy, having been pregnant, having had a abortion, having been a client of sex work in the last year, having experienced sexual coercion, level of knowledge about STIs, having been diagnosed with an STI and reporting having injecting drugs. ASHR makes a significant contribution to describing the ways in which social inequalities are associated with a broad range of sexual and reproductive health outcomes. Understanding the relationships between socioeconomic status and sexual and reproductive health outcomes is an important task for future research.

Socioeconomic status is both an individual and collective characteristic, with the collective nature of socioeconomic status usually being associated with particular geographic locations. While ASHR did not have a particular focus on geography, there is a range of important differences in individual sexual and reproductive health with respect to urban, regional and remote location. While the higher prevalence of same-sex attraction and practice in urban areas are explicable by migration, other outcomes such as a lower use of emergency contraception and higher rates of ever having been pregnant are not as easily explained by migration. Less permissive attitudes towards sexuality were observed in regional and remote areas when compared to urban areas, but these differences in attitudes are not reflected in generally more conservative patterns of sexual practice in regional and remote areas.

The final aspect of social structure noted is the broad range of adverse outcomes associated with sexual identity. Australians who identify as homosexual or bisexual more commonly report higher levels of psychosocial distress than do heterosexual Australians. They are more likely to report a history of sexual forcing, diagnoses of STIs and having injected drugs. As a rule, where the prevalence of adverse outcomes is clearly higher among gay men and lesbians than among heterosexuals, the prevalence of adverse outcomes among bisexuals tends to be extreme. Factors that have a determining role in adverse sexual and reproductive health outcomes among Australia's sexual minorities are an urgent priority for further research and appropriate programmatic responses.

The Australian Study of Health and Relationships has demonstrated the feasibility of conducting large, representative studies of the sexual and reproductive health of the Australian population. ASHR has, for the first time, provided an extensive and reliable portrait of the sexual health of the Australian population. In doing so, we have identified a number of substantive issues worthy of further study, and a range of methodological constraints which offer alternative frameworks for further exploration. Having identified the importance of socioeconomic status, gender, geographic location and sexual identity in the patterning of outcomes in this study, the most urgent analytic task is to critically evaluate the relative importance of each of these factors in determining the patterns observed.

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