

Sexual Health Youth Attitudes and Behaviour Survey

Summary of findings

Overview

As part of the Queensland Government's Sexual Health Strategy, Queensland Health's Strategic Communications Branch conducted formative research to better understand the attitudes, awareness and behaviours of young Queenslanders (15-29 years) relating to sexual health.

This document provides an overview of this research project, our key findings and response.

Sexual health knowledge and understanding

The issue of individual sexual health is considered an important topic by 63% of young people. Others are typically either neutral on the issue (24%) or don't assign importance (10%).

Though false beliefs and misunderstandings were identified in the research, sexual health is an area that the majority (74%) of young people believe they have a good understanding of. Not surprisingly, this confidence tends to increase alongside age, which typically also coincided with experience.

Self-reported levels of understanding of 'sexual health', by age

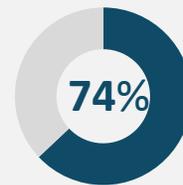
I have a good understanding of sexual health (Rate: 0-10)	15 TO 17	18 TO 21	22 TO 25	26 TO 29
	▼7.2	7.5	▲7.7	▲7.8

The term 'sexual health' - is most commonly associated with the protection from STIs and birth control. For almost half it is also about consent, respectful interactions and relationships and emotional, mental and social wellbeing.

Less than a third of young people also associate sexual health with intimacy and pleasure, sexuality and preference, number of partners and assault.

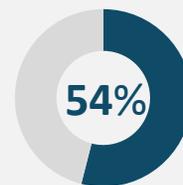
The term 'sexually active' – relates to the act of penetrative intercourse (vaginal or anal) for the vast majority (91%). Oral sex is also considered sexual activity for 6 in 10 young people (61%), then masturbating with someone for 4 in 10 (38%). Kissing someone is considered sexual activity by 1 in 10 young people.

Key Findings



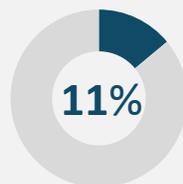
Sexual activity

Have engaged in penetrative, oral or other sexual activity, including 2 in 5 young people aged 15-17 years.



Condom use

Of those who have (ever) used condoms or dental dams, use a condom most or every time. 30% hardly ever use or used only once



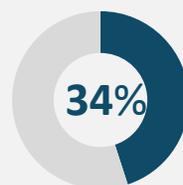
Personal relevance

Consider themselves to be at risk of an STI



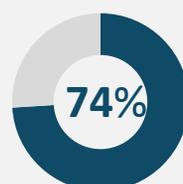
STI protection

Believe oral contraceptives (the pill) provide protection against STIs



STI testing

Have (ever) had an STI test. Among them, 54% were tested within the past 12 months.



Health professionals

Prefer to deal with a health professional who provides positive advice about being sexually active rather than focus on the risks

Sexual Health Youth Survey

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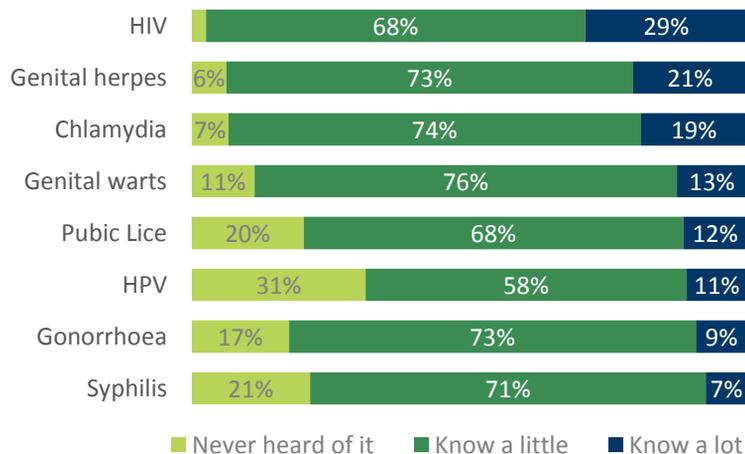
STI Awareness

Almost all (98%) have at least heard of the term 'STI', including 86% with some familiarity beyond just the term.

When prompted, most claim to know at least a little about all of the STIs tested. HIV is the STI most young people claim to know the most about, followed by Herpes and Chlamydia.

Most feel they have at least a good understanding about the transmission of STIs and a moderate understanding of how to test for STIs. However, understanding declines to low to moderate levels in relation to prevention, prognosis, symptoms and treatment.

Prompted Awareness of STIs



STI Protection and Testing

- 65% claim to be conscious of protecting themselves against STIs when having sex and most agree that STIs are a problem in society.
- 11% of all young people and 14% of those who are sexually active consider they might be at risk of an STI, suggesting very low personal relevance.
- While 71% agree that condoms are the best form of protection against STIs, 44% also believe there are other ways (other than condoms) to protect themselves.
- 34% have (ever) been tested for an STI. Among them, 54% were tested in the past 12 months.
- Testing is most commonly motivated by a general thought 'something I should do' (33%); an unprotected sexual event (23%); regular routine practice (22%); and experiencing symptoms (22%).

Condom Fast Facts

- 92% are aware that condoms are an effective form of STI protection and 71% agree that condoms are the **BEST** form of protection against STIs
- 9 in 10 have (ever) used a condom or dental dam, though less than 1 in 3 use one every time
- Around 5 in 10 used a condom the last time they had vaginal sex, 4 in 10 used the last time they had anal sex and less than 1 in 10 used the last time they had oral sex.
- Those with multiple partners in the last 3 months are more likely to say they use a condom most of the time (37% compared with 21% with a single partner)
- Alcohol and drug use compromises the likelihood of condom use
- Despite 73% claiming confidence in discussing condom use with a partner, the majority (59%) are not talking about condom use with a **new** partner
- Very few (40%) believe that condoms can be fun
- Condom use is most commonly motivated by a desire to prevent unwanted pregnancy. STI prevention is a secondary driver of condom use at best (51%)
- While 15-17 year olds tend to be more positive about using condoms than older groups, they are significantly more likely to feel embarrassed purchasing

STI Protection Myths

- 60% believe the contraceptive pill is a form of protection against STIs
- 52% believe the withdrawal method is a form of protection against STIs

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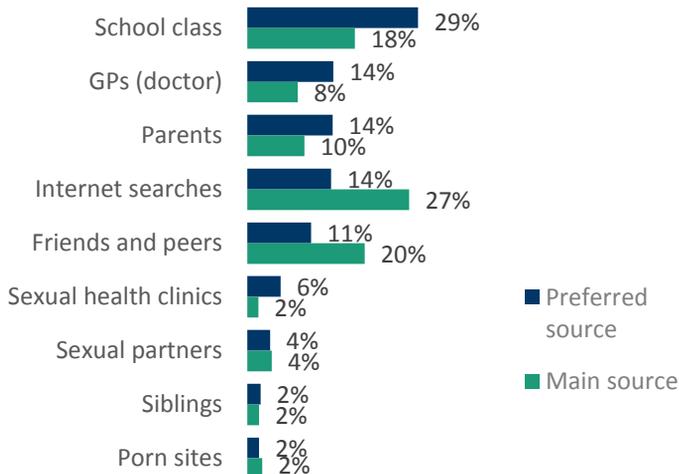
Education and Information Seeking

Young people most commonly look to the internet for information on sexual health, either as their main (27%) or secondary (67%) source. Friends and peers are the next most common source of information (20% main; 67% secondary), followed by classes at school (18% main; 62% secondary) then parents (10% main; 57% secondary). For a minority, sexual health clinics and sexual partners are also an information source.

As age increases, not surprisingly school class and peers are more likely to be replaced by the internet and (to a lesser extent) GPs, as more common sources of information.

Notable gaps are seen between young people's preferred and current main sources of information, highlighting an opportunity for schools and GP's to perhaps play an even greater educational role around sexual health.

Preferred vs Main Information Source



Experience with Health Professionals

Among mainstream, healthcare professionals are considered to be approachable to discuss sexual health (59%) and are seen to understand the issues facing young people who are sexually active (56%). Minority groups were however significantly more likely to hold less positive associations (discussed in the detailed report).

Around half (46%) reported never having discussed their sexual health with professionals. Of those who had had a discussion, around half (54%) were also tested for an STI.

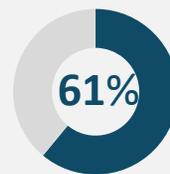
Findings that one in three young people don't agree that healthcare information on the topic of sexual health is easy to understand highlights opportunity for improved communications.

Support from Health Professionals

4 in 10

Have discussed their sexual health with a health professional.

This is most common for older (22+) groups, compared with only 26% of 15-17 year olds



Satisfaction

Feel satisfied with the sexual health services they have received



Understanding

Find current healthcare information easy to understand



Relevance

Feel that healthcare professionals provide relevant support for the challenges of being sexually active



STI Testing

Of those who discussed their sexual health with a health professional, also had an STI test

Common Emotions

The most common feelings associated with speaking to a clinician include:

- Nervousness (55%)
- Embarrassment (50%)
- Shy (48%)

Feelings of shame (20%) and fear (17%) are less common.

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Segments of Young People

A segmentation analysis conducted by Griffith University identified three key audience segments.

Topics	SEGMENT A Sexually inexperienced/ STI unawares	SEGMENT B Climbing the sexual ladder	SEGMENT C Sexually Experienced
Age	15-17 years	18-21 years	94% aged 22+ years 6% aged 18-21 years 1% aged 15-17 years
Sexually active	42% active Of whom, 71% with 1 partner (past 3 months) 13% with 2+	68% active Of whom, 68% with 1 partner (past 3 months)	88% active Of whom, 76% with 1 partner (past 3 months) 11% with 2+
Risky behaviour	Low 15% casual / 15% drunk <8% for other behaviours	Moderate (<50%) in any one behaviour	High 52% casual / 65% drunk >16% for other behaviours
Self-efficacy	High: 8.5 Range: 6.4 - 9.1 Highest perceived ability to insist, prompt when intense, where if drunk/high. (Possible self over-estimation).	Moderate: 7.9 Range: 6.5 - 8.6	Moderate: 7.6 Range: 5.7 - 8.2 Least likely to agree condom wearing can be fun (5.7). Lowest ability to insist, prompt when intense, wear if drunk/high
STI testing and treatment	Lowest 5% tested 1% treated	Moderate 27% tested 6% treated	Highest 47% tested 12% treated
STI awareness	Lowest (5.5)	Moderate (6.0)	Highest (6.5)
Common information sources about sexual health	1. Friends (73%) 2. School class (72%) 3. Internet (60%) 4. Parents (48%) 5. GP's (18%)	1. Friends (72%) 2. Internet (71%) 3. School (66%) 4. Parents (53%) 5. GP's (40%)	1. Internet (74%) 2. Friends (65%) 3. GP's (55%) 4. Parents (53%) and school class (53%)
Top 3 preferred (main) information source	1. School class (45%) 2. Parents (14%) 3. Friends (13%)	1. Friends (28%) 2. Internet (14%) 3. GP's and parents (each 13%)	1. School class (20%) 2. GP's (19%) 3. Internet (16%)

Sexual Health Youth Survey

Summary of findings for Health Clinicians

Research Objective and Methodology

Objective

This research aimed at informing the development of social marketing activity to help reverse the current increasing rate of STI notifications among young Queenslanders. It also provides a baseline on awareness and understanding from which future campaign activity can be measured against.

Method

A 15-20 minute online survey, conducted July and August 2017.

Sample was sourced through three different means:

1. The general population sample - sourced from a leading panel provider, Q&A Research.
2. A boost of secondary school-aged students - obtained through the Student Edge panel
3. A boost of tertiary students – obtained via email invitations and on-site recruitment at various university campuses located in Brisbane.

Statistics have been primarily drawn from the general population sample. A random sample approach was used to ensure proportions for age and gender in the general sample were representative of the Queensland population. As such, the data was not weighted. To determine any significant differences, additional participants were sought to ‘boost’ the general population sample (particularly those below 18 years).

▼ Arrows are used in the report to indicate where significant differences exist between sub-groups.

Sample Breakdown

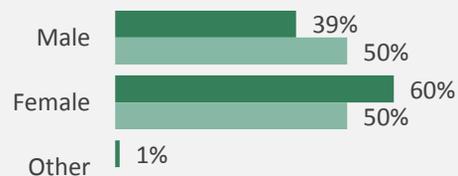
Actual Sample Sizes achieved	Geographic Area			Total
	City	Inner regional	Outer / remote	
General Population	600	102	102	804
Tertiary students (boost)	431	12	0	443
Secondary students (boost)	168	20	16	204
Totals	1199	134	118	1451

Reporting

A Full Insights Report supported by a Segmentation Report were prepared by Enhance Research, supported by Griffith University. The detailed reporting also looks at significant differences by sexual orientation, ATSI status and non-English speaking young people, not reported on in this Summary.

Participant Profiles

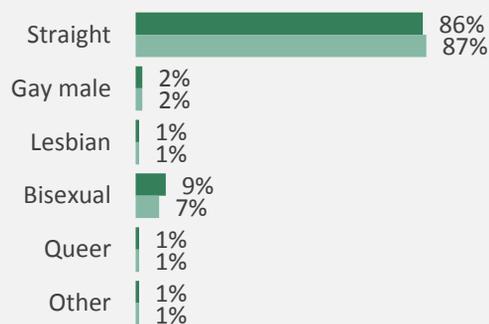
GENDER



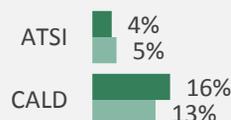
AGE



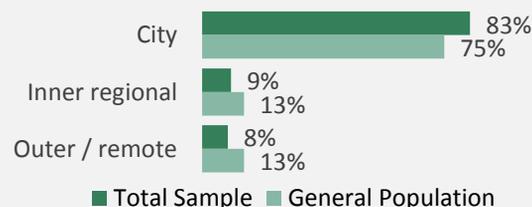
SEXUAL ORIENTATION



CULTURAL DIVERSITY



REGION



■ Total Sample ■ General Population

For more information please contact the Strategic Communications Branch: strategiccommunications@health.qld.gov.au

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