Overview
As part of the Government’s Sexual Health Strategy, Queensland Health’s Strategic Communications Branch commissioned formative research to better understand sexual health knowledge, perceptions and experiences of young Queenslanders aged 15-29 years. This document provides an overview of findings relevant to Health Professionals working in this field.

Sexual activity among young people

How common is it?
• Three-quarters of young people report having ever been sexually active, including almost two in five young people aged 15-17 years. Not surprisingly, the likelihood of sexual activity was found to increase with age.

The nature of sexual experiences
• 63% have experienced vaginal sex and similar proportions have given and/or received oral sex.
• Almost half (48%) have had sex while drunk. Other risky practices were less widely experienced, such as casual sex (39%) and anal sex (28%). Having sex while high on drugs had occurred for around 1 in 5 and anonymous sex and/or group sex was less common again (15% and 10% respectively).

What’s known about STIs?
• Almost all (98%) are aware of the term ‘STI’, including 86% who report a deeper knowledge beyond just the term itself.

Types of STIs
• Over 80% claim to know at least a little about some STIs.
• HIV is the STI most claim to know the most about, followed by Herpes and Chlamydia.
• HPV is the least commonly known, with 31% reporting no awareness of this term. Syphilis, gonorrhoea and pubic lice were also not well known, with around 1 in 5 young people reporting having never heard of any of these terms.

Information areas
• Young people typically report having a moderate level of knowledge about STI transmission and testing.
• Reported knowledge about STI prevention, prognosis, symptoms and treatment is typically low however.

Key Findings

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

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

Personal risk
Consider their activities to put them at risk of contracting an STI

Consult health professionals
Have discussed their sexual health with a Health Professional

Satisfaction with health professionals
Most young people express satisfaction with the sexual health service they receive

STI misinformed
Believe oral contraceptives (the pill) provide protection against STIs

Three discrete segments of young people were identified in the context of sexual health:

<table>
<thead>
<tr>
<th>Segment Type</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Segment 1: sexually experienced</td>
<td>43%</td>
</tr>
<tr>
<td>Segment 2: climbing the sexual ladder</td>
<td>29%</td>
</tr>
<tr>
<td>Segment 3: sexually inexperienced / STI unawares</td>
<td>27%</td>
</tr>
</tbody>
</table>
Sexual Health Youth Survey
Summary of findings for Health Clinicians

Protecting against STIs

• Most agree STIs are a problem in society (63%), yet only 11% of all young people and 14% of those who are sexually active consider themselves to be at risk. Gay males are the most likely to feel they might be at risk of an STI because of their sexual activity.

• While 71% agree that condoms are the best form of protection against STIs and many report using this method, a notably high proportion of young people have misconceptions around what other methods can provide protection against STIs.

• Protection misconceptions: Of concern, 60% believe the contraceptive pill and 52% believe the withdrawal method are both forms of protection against STIs.

Testing for STIs

• 34% have previously been tested for an STI. Among them, 54% were tested in the past 12 months.

• Those who had recently had multiple partners were more likely to have been tested because they had unprotected sex (46%).

• The vast majority of young people that got tested went to their GP (72%). Just over 1 in 10 last tested at a sexual health clinic.

• Those who had recently had multiple partners were more likely to have visited a sexual health clinic for their last sexual health check (23%).

What motivates an STI test?

1 in 3 believe testing is something they should do, and 1 in 5 claim to make a habit of testing regularly. Unprotected sex or symptoms also trigger 1 in 5 to get tested.

<table>
<thead>
<tr>
<th>Protection approaches used, by age</th>
<th>15 TO 17</th>
<th>18 TO 21</th>
<th>22 TO 25</th>
<th>26 TO 29</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condoms</td>
<td>▼ 85%</td>
<td>▼ 89%</td>
<td>▲ 95%</td>
<td>▼ 87%</td>
</tr>
<tr>
<td>Oral contraceptives (the pill)</td>
<td>▼ 48%</td>
<td>58%</td>
<td>▲ 63%</td>
<td>59%</td>
</tr>
<tr>
<td>Washed/cleaned sex toys</td>
<td>▼ 4%</td>
<td>▼ 15%</td>
<td>▲ 26%</td>
<td>▲ 26%</td>
</tr>
</tbody>
</table>

Base: General population who have had vaginal, anal or oral sex (n=577). 15 to 17 n=166, 18 to 21 n=311, 22 to 25 n=238, 26 to 29 n=261). Q15a. When you have sex have you used...?

The Role of Condoms

• 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.

• ATSI young people are significantly less likely than non-ATSI to have used a condom during sex (76% vs. 90%).

• Those living with a disability are less likely to agree with the positive statements around condom usage, indicating they are less likely to assert themselves when it comes to protecting their sexual health.
Sexual Health Youth Survey
Summary of findings for Health Clinicians

Key findings
• 4 in 10 have consulted a health professional about their sexual health, most commonly a General Practitioner (GP).
• Straight males and straight females are less likely to discuss their sexual health with a health professional compared with gay males and bisexual women.
• Overall, healthcare professionals are considered approachable to discuss sexual health (59%) and are seen to understand the issues facing young people who are sexually active (56%).
• Minority groups are more likely to hold an opposing sentiment on this however, most likely seen among CALD groups.
• 61% prefer to deal with a health professional they know.

Associated emotions
While...
1 in 3
feel ‘normal’ discussing the topic, other emotions are common....
55% Nervous
50% Embarrassed
48% Shy
20% Shame
17% Fear
11% Guilt

Experiences consulting Health Professionals regarding sexual health

Attitudes towards Health Professionals when it comes to discussing sexual health...

Significant differences by age:
• 15 to 17 year olds are more likely than 26 to 29 year olds to believe professionals understand the issues facing sexually active young people and are not judgmental. However, they are also more likely to feel uncomfortable and embarrassed and tend to consider the topic a private matter not to be discussed with a health professional.
• Older age groups are more comfortable and least embarrassed, but also more cynical, more likely to agree that health professionals are judgemental and would make them feel ashamed.

Significant differences among minority groups:
• ATSI, LGBTIQ and CALD were less likely than all young people to agree health professionals understood their specific needs (42%, 45% and 31% respectively).
• A notable portion of these cohorts also reported being ‘unsure’ whether health professionals understood their specific needs (24%, 17% and 31% respectively).

Preferred Health Professional approach
The vast majority of young people would prefer to consult with a health professional who puts a positive lense on the advice they provide. This preference was found to increase with age.

- Who focuses on providing positive advice about being sexually active
- Who focuses on outlining the risks associated with being sexually active

| Are generally approachable for discussion | 20% | 29% | 30% |
| Understand the issues facing sexually active young people | 21% | 27% | 29% |
| Are understanding and empathetic | 21% | 28% | 26% |
| Judge and make me feel ashamed | 54% | 16% | 97% |
| Comfortable discussing my sexual health with them | 23% | 23% | 25% |
| Embarrassed to discuss sexual health with them | 34% | 23% | 19% | 15% |
| Sexual health is a private matter I prefer not to discuss | 48% | 20% | 15% | 11% | 1% |

Unsure
Disagree (0-4)
Neutral (5-6)
Strongly agree (9-10)
## Profiling young people in a sexual health context

In partnership with Griffith University, two-step cluster analysis was conducted revealing three different segments based on age, sexual experience and previous testing for STIs. The following provides an overview of each segment.

<table>
<thead>
<tr>
<th>Segment 1</th>
<th>Sexually experienced</th>
<th>Segment 2</th>
<th>Climbing the sexual ladder</th>
<th>Segment 3</th>
<th>Sexually inexperienced / STI unawares</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>15 to 17</td>
<td>1%</td>
<td>15 to 17</td>
<td>0%</td>
<td>15 to 17</td>
<td>100%</td>
</tr>
<tr>
<td>18 to 21</td>
<td>6%</td>
<td>18 to 21</td>
<td>100%</td>
<td>18 to 21</td>
<td>0%</td>
</tr>
<tr>
<td>22 to 25</td>
<td>46%</td>
<td>22 to 25</td>
<td>0%</td>
<td>22 to 25</td>
<td>0%</td>
</tr>
<tr>
<td>26 to 29</td>
<td>48%</td>
<td>26 to 29</td>
<td>0%</td>
<td>26 to 29</td>
<td>0%</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>57%</td>
<td>43%</td>
<td>65%</td>
<td>33%</td>
<td>61%</td>
<td>38%</td>
</tr>
</tbody>
</table>

### Sexual Profile

**Segment 1**
- **Sexually experienced**
  - **88% sexually active**
  - **Partners in past 3 months...**
    - 0
  - **Risky behaviours**
    - High
  - **Claimed self-efficacy**
    - Low
  - **STI knowledge**
    - Moderate

**Segment 2**
- **Climbing the sexual ladder**
  - **68% sexually active**
  - **Partners in past 3 months...**
    - 0
  - **Risky behaviours**
    - MID RANGE
  - **Claimed self-efficacy**
    - MID RANGE
  - **STI knowledge**
    - Moderate

**Segment 3**
- **Sexually inexperienced / STI unawares**
  - **42% sexually active**
  - **Partners in past 3 months...**
    - 0
  - **Risky behaviours**
    - Low
  - **Claimed self-efficacy**
    - HIGH
  - **STI knowledge**
    - LOW

### STI Test and Treat

**Segment 1**
- **47% tested**
- **12% treated for STIs**

**Segment 2**
- **27% tested**
- **6% treated for STIs**

**Segment 3**
- **5% tested**
- **1% treated for STIs**

### Information Sources

**Inform and Educate**
- **Most preferred:**
  1. School class
  2. GPs
  3. Internet
  4. Parents
  5. Sexual Health Clinics / Friends and Peers
Sexual Health Youth Survey
Summary of findings for Health Clinicians

Differences between segments when it comes to information seeking

• The internet and friends and peers are common information sources for all segments, though internet is significantly more likely for Segment 1. Segment 1 are also more likely to consult a GP for information.

• The younger Segment 3 is most likely to cite a school class, followed by friends and peers as their main source of information. Encouragingly, school class is also the most preferred information source for this group.

• Of note for all segments is the disconnect between preferred and actual use of more formal information channels (e.g. GPs, schools, health clinics) as a main information source.

Main Source of Information on Sexual Health - Actual and Preferred

<table>
<thead>
<tr>
<th>Source of Information</th>
<th>Segment 1</th>
<th>Segment 2</th>
<th>Segment 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Internet searches</td>
<td>33%</td>
<td>16%</td>
<td>19%</td>
</tr>
<tr>
<td>Friends and peers</td>
<td>15%</td>
<td>8%</td>
<td>8%</td>
</tr>
<tr>
<td>GPs (doctor)</td>
<td>14%</td>
<td>19%</td>
<td>19%</td>
</tr>
<tr>
<td>School class</td>
<td>10%</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Parents</td>
<td>10%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Sexual partners</td>
<td>5%</td>
<td>3%</td>
<td>3%</td>
</tr>
<tr>
<td>Sexual health clinics</td>
<td>2%</td>
<td>8%</td>
<td>8%</td>
</tr>
</tbody>
</table>

Differences in experiences with Health Professionals regarding sexual health

Discussing and testing for STIs

Segment 1
Discussions and STI testing is most common for the more sexually active (Segment 1).

Around 1 in 5 young people within each segment have discussed sexual health with a health professional but never followed up with an STI test.

Very few get STI tested without also discussing sexual health with a health professional.

The lower rates of discussion and/or testing among Segments 2 and 3 highlight an opportunity.

Segment 2

Segment 3

Meeting information and support needs

Mean scores (out of 10) indicate that while overall satisfaction with sexual health services is high, more could be done with each segment to improve the ease in which information is understood and greater support for the challenges of being sexually active.

My main healthcare provider provides information, about STIs that are easy to understand

I am satisfied with the sexual health services that I receive from staff

I get support from staff for the challenges of being sexually active
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.

<table>
<thead>
<tr>
<th>Participant Profiles</th>
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<tbody>
<tr>
<td>GENDER</td>
</tr>
<tr>
<td>Male</td>
</tr>
<tr>
<td>Female</td>
</tr>
<tr>
<td>Other</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>15 to 17 years</td>
</tr>
<tr>
<td>18 to 20 years</td>
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<tr>
<td>21 to 24 years</td>
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<tr>
<td>25 to 29 years</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SEXUAL ORIENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Straight</td>
</tr>
<tr>
<td>Gay male</td>
</tr>
<tr>
<td>Lesbian</td>
</tr>
<tr>
<td>Bisexual</td>
</tr>
<tr>
<td>Queer</td>
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<tr>
<td>Other</td>
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<table>
<thead>
<tr>
<th>CULTURAL DIVERSITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ATSI</td>
</tr>
<tr>
<td>CALD</td>
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<table>
<thead>
<tr>
<th>REGION</th>
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<tbody>
<tr>
<td>City</td>
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<tr>
<td>Inner regional</td>
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<tr>
<td>Outer / remote</td>
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</tbody>
</table>

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

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