

SEXUAL HEALTH

Fact sheet 6

Sexual knowledge and behaviours

The Australian Study of Health and Relationships¹ provided self-reported data on aspects of adult Australians' sexual knowledge and behaviours (1, 2, 3).

- The median age of first sexual intercourse has declined to 16 years for Australian women and men.
- Most people experience a period of 10–20 years of sexual activity with a number of different partners before commitment to a life partner.
- Contraceptive use at first intercourse has increased from less than 30 per cent in the 1950s to over 90 per cent in the 2000s, and more than 70 per cent of Australian

Information and education about relationships and sexual health are fundamental to healthy relationships, and to preventing a range of negative outcomes including pregnancy at an early age, sexual violence, child abuse, psychological distress, sexually transmitted infections (STIs) and infertility.

¹ An important limitation of large scale telephone surveys, including the Australian Study of Health and Relationships, is that they usually under-represent particular population groups—those without a telephone (3 per cent of the population), Aboriginal Australians (especially in remote communities), people who speak a language other than English, people with disabilities, people with poor language skills—and over-represent people of higher social status.



women reported ongoing use of some form of contraception.

- Inconsistent use of contraception is common. Fewer than one-third of exclusively heterosexually active men and women always use condoms. Nearly 80 per cent of sexually active women aged 16–25 reported in a recent on-line poll having had unprotected sex (4).
- Knowledge was poor of transmission routes and health consequences of the most common STIs—Herpes, Hepatitis B, gonorrhoea, genital warts and Chlamydia.
- Overall, women’s scores around sexual health knowledge were higher than those of men.
- Better STI knowledge was associated with identifying as homosexual or bisexual, having had an STI, and higher educational and occupational status.

Unsafe sexual behaviour shares common antecedents with other unsafe behaviours including harmful drug and alcohol use, dropping out from school, road trauma, eating disorders and physical inactivity (5, 6).

Many people lack knowledge and the skills to negotiate safety, responsibility and respect in relationships—those more at risk are young people living with family

breakdown, abuse, homelessness, mental health issues, and victims/survivors of child sexual abuse.

Young people’s sexual health knowledge and behaviour

Young people’s vulnerability to poor relationship and sexual health outcomes is increased by limited sexual health knowledge, high rates of partner change, binge drinking and substance use, and high rates of sex with someone met for the first time. The national survey of Australian secondary students’ sexual health 2002 revealed (7):

- an increasing majority of young people in Years 10 and 12 are sexually active in some way
- around 3 per cent of young men and 7 per cent of young women report being attracted to their own sex (8)
- two-thirds of sexually active young people in year 10 ‘always use a condom’
- just over one-quarter of all sexually active students said they have had unwanted sex at some time in their lives
- a disturbing number of young people reported that they do not feel confident to say ‘no’ to unwanted sex, with boys reporting less confidence than girls

- one-quarter of sexually active students reported that they were drunk or high at their most recent sexual encounter
- 3 out of every 5 Year 10 girls reported binge drinking in 2002 compared with 2 of every 5 in the 1997 survey
- young people had poor knowledge of STIs, and of Chlamydia and its potential to affect fertility

This report on secondary students' sexual health recommended providing comprehensive, developmentally appropriate, sexual health and relationships education programs in all schools (7).

Family and community characteristics also influence sexual knowledge and risk behaviours. There is clear evidence

that family connectedness, good parent-child communication, and communication about relationships and sex protect against teenage pregnancy and high numbers of sexual partners at a young age (6, 9).

Parent and home influences can be positive, but the family can be an unsafe place for women and children if they experience violence and abuse.

Education and family-connectedness are necessary to protect young people.

Access to information and education about relationships and sexual health

Many South Australians of all ages do not have access to accurate, culturally or age-appropriate information about relationships and sexual health.

Evidence shows that young people who receive comprehensive school-based relationships and sexual health information and education are more likely to delay the onset of sexual activity and, if they are sexually active, to increase safe behaviours (7, 10–12).

Investing in young people's relationships and sexual health is a

valuable step in young people's health and development as a whole (13–15). Relationships and sexual health

education programs are a key element of safe and supportive school environments for young people's learning and wellbeing.

Parents have a crucial role to play but many feel they do not have sufficient knowledge or skills to guide or educate their children, and want relationships and sexual health education to be part of the school curriculum. Research undertaken

by SHine SA in 2001 showed that 86 per cent of parents surveyed wanted their children to be taught about relationships and sexual health by trained, respected and trusted teachers (16).

Young people also nominate school programs as their preferred source of sexual health information (7, 17).

Current provision of comprehensive school-based sexual health and relationships education is dependent on attitudes and priorities within both the school and parent communities. Some schools prefer abstinence-focused programs.

Evaluations of abstinence-only-until-marriage education programs in the United States of America, however, have concluded that they have no beneficial impact on young people's sexual risk behaviour. Program recipients were no more likely than non-recipients to delay sexual initiation. Program recipients had the same number of sexual partners once they had become sexually active and were no more likely to use condoms or other forms of contraception (12).

Forty-two per cent of South Australia's state secondary schools (Years 8, 9 and 10) participated in 2007 in the Relationships & Sexual Health Focus Schools Program (formerly the SHARE project), a partnership between

SHine SA and the Department of Education and Children's Services. The effectiveness of this comprehensive program has been independently evaluated (18, 19).

There is a range of evidence to indicate the effectiveness of linking school-based relationships and sexual health education to youth health and wellbeing services (9, 20–22).

Programs that successfully engage young people outside school environments address both sexual and non-sexual antecedents of positive sexual health (such as

connections to adults and belief in the future) and tailor interventions to those more at risk of sexual ill-health (9, 11).

There is some evidence of the effectiveness of peer education strategies in promoting safer sex behaviours and its value to the peer educators themselves has been well-documented (10).

Evidence-based relationships and sexual health education programs

There is national evidence-based agreement about key components of effective school-based education about STIs (including Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome —HIV/AIDS).

Abstinence-only programs have no beneficial impact on risk behaviour.

Individual schools, education authorities and agencies have their own particular values, needs and requirements, but there is evidence that key components of effective school-based programs (23–25) include:

- taking a whole-school approach: developing partnerships to address the social and cultural world in which young people makes decisions
- acknowledging that young people are sexual beings and being positive about sexuality
- acknowledging and catering for the diversity of all students
- addressing the issue of gender: students need to challenge the notion that female sexuality is passive and male sexuality is active
- providing an appropriate and comprehensive curriculum context
- refraining from teaching only abstinence
- acknowledging the professional development and training needs of the school community

Evidence-based principles to underpin school-based relationships and sexual health education programs in South Australian schools have been developed (26). Such programs should:

- include the development of lifelong skills, clarification of values and acquisition of knowledge

to empower students to make informed, safe and healthy decisions

- offer a positive and open view of relationships and sexuality in the context of respect, intimacy, readiness and love
- be respectful of diversity, including different cultures, religion, sexuality and family values
- recognise and respect the importance of family as a source of sexual health information, education and values
- encourage young people to delay sexual activity and recognise the right of young people not to be sexually active
- use an approach that is supportive, non-judgmental and works towards reducing potential risk when developing sexual relationships
- be delivered early, before young people go through puberty and develop sexual relationships
- be appropriate and relevant to the development and maturity of young people
- be delivered in a safe supportive environment
- be sensitive and responsive to the issues for those young people who may have had unwanted and abusive sexual experiences

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