

SEX – telling it like it is:

a parent and
teen insight

October 2008

Conducted by:



quantum

Commissioned by:



**MARIE STOPES
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BACKGROUND

Marie Stopes International

Marie Stopes International (MSI) is a not-for-profit organisation offering a range of sexual and reproductive health care services to adults and young people around Australia.

The Australian centres, located in VIC, NSW, QLD, WA and the ACT, are part of the global Marie Stopes International Partnership – a UK based registered charity providing a full range of reproductive healthcare services to over 5 million people in 42 countries worldwide.

Australian centre services include abortion, vasectomy, contraceptive advice and insertion and sexually transmitted infection check-ups. Global services extend to HIV/AIDS prevention.

The organisation has also developed and managed a range of sexual education websites and services for teens, in addition to a sex education resource for parents focusing on talking to teenagers about sex.

Surplus proceeds from Australian activities support Marie Stopes International Australia – a charity organisation that works to save lives and improve sexual and reproductive health in Indigenous Australia and throughout the Asia-Pacific region.

The Need For Research

Statistics have shown that young people are having sex, they are often having unsafe sex and they are dealing with a number of misconceptions about sex.

According to findings from the 3rd National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health (2002), the majority of young people in Years 10 and 12 are sexually active in some way.

Yet, while data does exist relating to the attitudes and behaviours of young peoples' engagement with and knowledge of sex and sexual health issues, little

of it also reflects views among their parents. This is an important area to consider, due to:

- the role played by parents in supporting and implementing the education and information available in the area of youth sexual and reproductive health services;
- the need to identify differences between what parents see/perceive and what is reality with their own teenage child; and
- the need for a holistic approach by sexual health centres/organisations to educating not only teens but parents in how to deal with sexual and reproductive health issues.

Marie Stopes International comes into daily contact with parents and teens, and provides sexual health resources for both. Based on this experience, the organisation believes that to best support teens, strong, open relationships and a thorough understanding of their situation is vital. Parents also should feel that they are equipped to provide the support their teenager needs.

Given this, the organisation believed that Australian specific data would provide a very unique contribution to the field of sexual health, benefitting governments, the medical profession, NGOs, educators and, importantly, parents and teens.

Research Aims

Marie Stopes International commissioned Quantum Market Research to conduct research into Australian teens' attitudes, understanding and behaviour in relation to issues regarding sex.

In addition, a parent of each of the teens who completed the survey was also surveyed on the same topics, exploring their perceptions of their child's attitude, understanding and behaviour in relation to issues regarding sex.

BACKGROUND

Broadly, the survey was designed to explore:

- the level of young Australians' engagement in sexual activities, and parent knowledge of activities;
- the current level of understanding amongst young Australians surrounding areas of sexual and reproductive health, identifying any knowledge 'gaps';
- areas of concern and confusion from the perspective of the young person with regard to sex and sexual health;
- who young people feel they can/can't turn to for sexual health related advice and information;
- the role that parents and the school system are currently playing in educating young people about sexual health issues; and
- the role and importance of governments, the medical profession and NGOs in educating and providing a sounding board for young Australians on issues of sexual and reproductive health.

The identity of respondents – teens aged 13-18 and their parents Australia-wide – was protected in accordance with privacy regulations.

The resulting data provides an insight not only into what Australian teens are doing and thinking in relation to sex and sexual health, but also provides an indication of the degree to which parents of Australian teens know what their children are thinking and doing in relation to sex.

Research Implications

This research report does not contain recommendations for further action. Rather it provides evidence of:

- teens' attitudes, understanding and behaviour in relation to issues regarding sex; and
- parents' perceptions of their child's attitude, understanding and behaviour in relation to issues regarding sex.

Notwithstanding, Marie Stopes International believes the findings of the report have a number of implications:

- Although 61% of teens rate their knowledge of sexual health issues as good/excellent:
 - nearly half (45%) were not aware that they could be infected with Chlamydia but have no symptoms;
 - 3 in 10 (30%) teens were unaware whether they could contract sexually transmitted infections (STIs) from oral sex; and
 - over half (52%) think that by using a condom, they won't contract herpes;

Coupled with the increase in STIs in Australia, these findings suggest significant room for improvement in STI knowledge levels generally amongst teens and a need for stronger education and support programs in schools and the community.

- The finding that 22% of parents think that their teen is sexually active, but in reality 31% of them say they are, together with the fact that 13% of parents admit that they wouldn't know whether their teen was sexually active or not, suggests the need for more open communication between parents and their teens on the topic of sex and sexual health.
- The finding that more parents think they've had "the talk" about sexual health than teens do (80% vs. 73%), together with the fact that 20% of parents admitted that they have never had the conversation with their teenager, indicates the need for resources to assist parents when opening a dialogue with their teen about sex. Adding weight to the importance of such a discussion is the finding that teenagers who have had "the talk" with their parent on average become sexually active later than those who haven't had the talk (15.3yrs v 14.7yrs).

BACKGROUND

- 33% of teens state that they became sexually active aged 14 years or younger. Yet only half (56%) of teens aged 13-14 feel that they have a doctor they could turn to for advice, and less than half (47%) of 14 year olds would seek contraception advice from their parents. This highlights the importance of ensuring a focused approach to sex education for teens in the 13-14 year old 'transition' age bracket.
- Almost one in ten (9%) teens say they have not been taught sex education at school. In addition, over half of both parents (56%) and teens (69%) feel that the quality of sex education at the teen's school is of average or lower quality. This feedback signals gaps in the system when it comes to sex education and suggests that there is room for improvement in the structure and content of the sex education programmes currently used within schools.
- Less than half of teens who have received sex education at school claim to have been taught topics such as sexual decision making (51%), emotional aspects of sex (39%) and non-consensual sex (43%). As key components of good all-round sexual and reproductive health knowledge, these should be incorporated into all sex education programs.
- The finding that half (50%) of 13 year olds feel that their knowledge on sex and sexual health could be improved, together with the fact that almost two in ten (19%) 13 year olds state they have not been taught sex education at school, indicates the need for and importance of sex education commencing at an early age.
- With 66% of teens and 75% of parents supporting mandatory sex education in schools, a comprehensive sex education program rolled out to all schools around Australia would be welcomed by the community and Government funds should be directed into such an initiative.

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METHODOLOGY

To select the sample, Quantum enlisted the database of Pureprofile – an internet based company that facilitates direct communication between businesses and consumers.¹

500 two-part online questionnaires were emailed to parents of teenagers aged 13-18 years across Australia in July 2008. The online research methodology was selected due to its ability to efficiently reach and engage the audience of interest.

Questionnaires were initially targeted at parents, asking a range of questions regarding their teenage child and issues of sexual and reproductive health. Permission was sought at the outset for a nominated teenage child of the parent to also complete a similar questionnaire at the completion of the parents' version. As such, a similarly structured questionnaire was then programmed for the nominated teenage child of the parent to complete.

In all, 2,400 emails were sent to parents, with 1,830 clicking on the survey link. This led to 500 respondents filling the screening criteria and allowing their teenager to participate. An overall response rate of 21% was achieved - a strong result considering the sensitivity of the research topic.

Increased sample size of teens of certain ages was implemented due to prior knowledge of and increased likelihood of sexual activity amongst these ages (i.e. 15, 16 and 17 year olds).

As with all Pureprofile surveys, respondents were paid for their involvement. Parents were paid \$0.20 for starting the survey but not qualifying to complete it, and \$3.00 for completing the survey.

In finalising the sample, the proportion of responses from each state and territory approximated the actual proportion of teens and parents in that state / territory, with quotas set prior to questionnaire invitations being sent out. These figures were based on data sourced from the Australian Bureau of Statistics, which maintains the most comprehensive database of demographics in Australia (see Table 1a for ABS weightings). As far as possible, it was ensured that an even balance of age and gender was represented within each state, so that no unnatural skews could occur.

Table 1a:

ABS TARGETS	
Total Sample	% of sample targeted
TOTAL	100
GENDER OF TEEN	
Male	51
Female	49
STATE/TERRITORY	
VIC	24
NSW	33
WA	10
SA	7
QLD	20
TAS	2
ACT	2
NT	1
METRO/REGIONAL	
Metropolitan	62
Regional	38

¹ For more information on Pureprofile, visit www.pureprofile.com.au

METHODOLOGY

The actual number of responses recorded by sex, age and location are listed in Table 1b, and the percentage of responses that this represents.

Table 1b:

DATA OVERVIEW		
Total Sample	Un-weighted n=	% of total sample
TOTAL	500	100
GENDER OF TEEN		
Male	254	51
Female	246	49
AGE OF TEEN		
13 years	72	14
14 years	72	14
15 years	102	20
16 years	93	19
17 years	100	20
18 years	61	12
STATE/TERRITORY		
VIC	125	25
NSW	167	33
WA	50	10
SA	40	8
QLD	90	18
TAS	10	2
ACT	10	2
NT	7	1

Note: Some figures may not add up to 100% due to rounding.

The profile of parents responding to the questionnaire was as follows:

Table 1c:

PARENT SUMMARY	
Total Sample	% of total sample
TOTAL	100
GENDER OF PARENT	
Male	43
Female	57
HOME LOCATION	
Metro	68
Regional	32

To ensure teens felt as comfortable as possible to answer the questions openly and honestly, the parent questionnaire requested that their teen be given space to complete the questionnaire alone. Both parents and teens were reassured of the privacy regulations to be adhered to with regards to the information they provided, and all respondents were assured that they would not be able to be identified by the responses they gave. This was achieved through de-identification of questionnaires at the data processing phase.

A copy of both parent and teen questionnaires can be found at Appendix A.

In all charts in this report, the actual number of responses (i.e. the actual sample size) is always reported. Statistical significance testing has been performed on the data and has been taken into consideration when commenting on differences and discussing results generally. All results marked as being statistically significant have been tested using the z-test for proportions at 95% confidence.

A combination of charts and tables has been used throughout this report in order to aid understanding and highlight relevant differences and findings. Charts generally display column % figures (unless otherwise specified in chart labels), and all charts are labelled and contain reference to the base sample used.

A range of different tables have been used for areas where more complex analysis is required. In order to be confident in reading tables correctly, below is an example of how these should be read:

METHODOLOGY

EXAMPLE TABLE:

Cross-tabulation of parent and teens' views of whether the parent is approachable on the topic of sex.

		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	71%	-	3%	74%
	No	5%	2%	2%	9%
	Unsure	14%	1%	3%	17%
	Total	90%	3%	7%	

The above table shows the crossover between what parents think and what teens think on the same issue (in this case whether parents are seen to be approachable on the topic of sex).

To extract meaning out of this table, it is necessary to look at each cell differently to establish what each figure represents. For example (in the cell highlighted grey), in 14% of cases, parents see themselves as approachable on the topic of sex, however their teens are unsure of whether this is the case. Other figures in this table can be read similarly, with the intention of the table to show where the views of parents and teens differ.

For the purposes of reporting and analysis, it is practical to combine a sample of teens and parents from Northern Territory, Tasmania and the ACT (combined sample of 27) – these states come under the label of 'Other' states for reporting purposes. It is important to bear this in mind when considering the following findings, as well as the fact that a sample size of 27 is not robust enough to be considered statistically significant for many measures.

Highlights Of Research

Sexual behaviours

- Almost one third (31%) of 13-18 year olds claim to be sexually active, with this figure rising to over half (59%) for 18 year olds.
- 22% of parents think that their teen is sexually active, but in reality 31% of them are. At the same time, 13% of parents admit that they wouldn't know whether their teen was sexually active or not.
- 19% of parents think their child became sexually active aged 14 years or younger, whereas 33% of teens said they became sexually active in this age bracket.
- One quarter (23%) of teens claim to have had intercourse. This figure differs greatly by age, rising to 54% for 18 year olds.
- The average age of first having intercourse is around 15.5 years.

The parent-teen relationship

- The large majority of parents (90%) rate themselves as approachable on the topic of sex, whereas only three-quarters (74%) of teens agree.
- Half of all teenagers (51%) say they either don't talk about personal issues with their parents or don't fully confide in their parents on some personal issues.
- In general more parents think they've had "the talk" about sexual health than teens do (80% vs. 73%), with 20% of parents admitting that they have never had the conversation with their teenager.
- Teenagers who have had "the talk" with their parent on average become sexually active later than those who haven't had the talk (15.3yrs v 14.7yrs).

Knowledge levels

- Although 61% of teens rate their knowledge of sexual health issues as good/excellent:
 - nearly half (45%) were not aware that they could be infected with Chlamydia but have no symptoms;
 - 3 in 10 (30%) teens were unaware whether they could contract STIs from oral sex; and
 - over half (52%) think that by using a condom, they won't contract herpes.
- 35% of teens readily admit that their knowledge of sexual health issues 'could be improved', yet just 29% of their parents have the same view.
- Teenage boys are less confident than teenage girls in their ability to make sensible, informed decisions about sexual activity, with 37% saying their level of knowledge could be improved.
- In one quarter (25%) of cases overall, parents believe their teen has a higher level of knowledge about sex and sexual health than the teen actually has.
- Half of 13 year olds feel that they can't make informed, sensible decisions about sexual activity and that their knowledge on sex and sexual health could be improved.

Guidance & information sources

- Almost one in ten (9%) teens say they have not been taught sex education at school.
- Of those teens taught sex education at school, 69% rate the quality of that education as 'average' or lower.
- Less than half of teens claimed to have been taught the more 'thought/decision making processes' or 'emotional' aspects of sex.
- One in five teens (20%) claim they don't have a doctor they can turn to for help/advice on sexual health.
- Teens would consult their friends (68%) or the internet (61%) before discussing sexual health issues with their doctor (49%).
- 66% of teens and 75% of parents support mandatory sex education in schools.

KEY FINDINGS

The Parent-Teen Relationship

Even though around three-quarters of teens feel that their parents are approachable on the topic of sex, half still say they don't confide in or talk about personal issues with their parents.

20% of parents also admit that they haven't had 'the talk' with their teen to provide them with advice and information on sexual health and contraception. This lower level of communication between teen and parent has led to the fact that in 17% of cases, parents think teens would share everything with them when, in reality, teens are holding some information back.

Notwithstanding this, the role of the parent is key to teens aged 13-18, as parents are seen as a vital information source and sounding board for a range of issues (including health information). Many teens still feel they would turn to their parents for advice if they wanted to obtain contraception (62%), contracted an STI (61%) or were faced with an unplanned pregnancy (76%).

This is a clear indication that the parent-teen relationship, when it comes to discussing matters of sexual health and contraception, can be further strengthened. It will be important to ensure education programs and information is available which aids parents in facing the sometimes daunting task of discussing sex and contraception with their children.

Sexual Behaviour

Almost one third of 13-18 year olds claim to be sexually active, with this figure rising to over half for 16 to 17 year olds. Although most teens (56%) assume their parents know that they're sexually active, the remaining 44% either aren't sure or think parents aren't aware. This further indicates a lack of communication between teens and parents.

In terms of ever having sexual intercourse, almost one quarter (23%) of teens claim to have had

intercourse before. This figure differs greatly by age, with the figure of just 1% of 14 year olds ever having intercourse rising to 54% for 18 year olds. The average age of first having intercourse (for those who claim to have had intercourse) is 15.5 years.

The fact that around one third of teens are sexually active and almost one quarter have had intercourse before reinforces the importance of high-quality and comprehensive sexual health and contraception information resources for young people. It is vital that this audience is provided with an adequate level of resources to be able to make sensible, informed judgements about their sexual health choices.

Knowledge Levels

Over three in five teens claim to have either 'very good' or 'excellent' levels of knowledge about sex and sexual health issues. Indeed, many are able to judge whether some statements made about contraceptive efficacy are true or false.

However there are still a high proportion of teens who don't know enough about sexual health issues to be able to indicate knowledge of more specific sexual health topics.

52% of teens think that by using a condom, they won't contract herpes, and nearly half (45%) were not aware that they could be infected with Chlamydia but have no symptoms.

35% of teens readily admit that their knowledge of sexual health issues 'could be improved'.

Guidance & Information Sources

A very high proportion of teens (around 90%) have been taught/are being taught sex education at their school. However, teens don't feel the quality of this information is of a high standard. As a result, they admit to seeking out information from other sources, including media channels, the internet and their peers.

KEY FINDINGS

When asked what sex education topics are covered at school, broad issues such as puberty, STIs, peer pressure and contraception appear to have been part of sex education classes for many teens. However, less emphasis (if any) appears to be placed on areas such as sexuality, non-consensual sex and dealing with unplanned pregnancies.

In this sense, it would seem that a more comprehensive and all-encompassing sex education program is needed to be designed to raise even further knowledge levels of teens.

Differences by sex of teen

Although similar on many measures, there are some areas where teenage boys and girls do differ when it comes to sexual and reproductive health issues:

Profile of 13-18 year old girls:

- Proportion who are sexually active: 30%
- Average age of first becoming sexually active (based on those who are): 15.1 years
- More likely to feel that they can make sensible, informed decisions about sexual activity
- Have a stronger level of knowledge about sexual health issues such as Chlamydia
- More likely to be confident that their parents know that they're sexually active (for those who are)
- More likely to be seeking out information on health from a range of different sources, including media channels and peers

Profile of 13-18 year old boys:

- Proportion who are sexually active: 31%
- Average age of first becoming sexually active (based on those who are): 15.1 years
- Less confident in their ability to make sensible, informed decisions about sexual activity, with 37% saying their level of knowledge could be improved

- Are less active in seeking information (particularly from doctors or medical professionals), relying primarily on parents or school education
- Have a higher level of uncertainty when asked about specific sexual health issues (i.e. STIs, contraception etc.)

From this, boys seem to have a particular need for better levels of information and education on sexual health issues.

Differences by age of teen

As age increases, teens become:

- more likely to have had sexual intercourse and to be sexually active
- more likely to see their parents as approachable sources of information and advice about sexual health
- more likely to share such information with parents
- more likely to have had a discussion with their parents about sex and contraception
- more likely to be confident in their knowledge of sexual health issues (rating their knowledge as either 'very good' or 'excellent' in most cases)
- more likely to have confidence in a doctor/medical professional who they could turn to for advice on sexual health

There are also some important age transition points along the path between being a 13 year old and an 18 year old. In terms of being willing to share information with parents, the age of 14-15 becomes increasingly difficult. Around 15 years is the age when teens who are sexually active first become active and, for those who have had sex, is the average age for first having intercourse.

KEY FINDINGS

14-15 years, therefore, is the age at which most teens begin asking more complex questions about sexual and reproductive health and decision-making. It is vital for parents to be equipped and informed enough to respond to an adequate level for their teens in order to ensure the vital communication pathway between parent and teen can remain strong and open.

When teens become 16 years or older their knowledge levels are seen to increase significantly through whatever information and support networks are currently utilised.

Differences by state/territory

Again, there are some subtle differences between teens depending on where they live. These differences, however, don't point to a need for particular targeting of teens in different states, but instead suggest the focus on where information resources are targeted and how they are best distributed.

New South Wales teens

New South Wales teens differ from teens in other states in that they:

- are less likely to be sexually active (25% vs. 31% for teens broadly)
- are much less likely to think that their parents are aware that they're sexually active (just 43% compared with 56% of all sexually active teens)
- are somewhat less likely to have had sexual intercourse (17% vs. 23% of all teens)
- are more likely to have been taught a range of different sex education issues through their school's sex education programme
- school's sex education programme

In general, the findings for teens in New South Wales reflect the findings overall. However, teens in NSW are less likely to be sexually active/have had sexual intercourse. There is also a sense that their school sex education program has tackled a wider range of issues.

Victorian teens

Victorian teens differ from teens in other states in that they:

- are less likely to have a relationship with parents where they feel able to share anything with them (45% vs. 49% of teens overall)
- are more likely to feel that they are already able to make informed, sensible decisions about sexual activity (71% claiming so)
- are more likely to be sexually active (38%) and to have had sexual intercourse (28%)
- are less likely to have had a talk with their parents on sexual health and reproduction (65% vs. 73% of all teens), and are less likely to potentially use their parents as a resource in the future (63% vs. 72% of teens overall)

Victorian teens appear to be more sexually active and more confident in their knowledge of sexual health issues. However, this isn't necessarily supported by increased incidence of being taught sex education at school or having had a talk about sex with their parents.

Queensland teens

Queensland teens differ from teens in other states in that they:

- are more likely to have a strong, information sharing relationship with their parents (54% vs. 49% of teens overall)
- are more likely to have had a chat with their parents about sex and reproduction (79% vs. 73% of teens overall)
- are more likely to be willing to use their parents as a source for advice in the future (especially if looking to obtain contraception – 70% vs. 62% of teens generally)
- are least likely to have been taught sex education at school (83% vs. 89% of all teens)

KEY FINDINGS

For Queensland teens, parents are more highly utilised as a source of advice and information on sexual health issues than in other states. On the other hand, they are less likely to have been taught sex education at school than teens in other states. As a result, Queensland teens are active seekers of information on sexual health and contraception, and would utilise a range of channels to find the right information for them.

Western Australian teens

West Australian teens differ from teens in other states in that they:

- are less likely to feel confident in their ability to make informed, sensible sexual decisions (61% vs. 68% of teens generally)
- are most likely to have had a talk with their parents about sex and contraception (82% vs. 73% of other teens)
- are more likely to seek advice from parents if they want to obtain contraception or if they were faced with an unplanned pregnancy (84% would do so vs. 76% of teens overall)
- are the state most likely to have been taught sex education at school (with 94% claiming so)
- are most likely to rate their school's sex education standard as only 'average' (65% doing so vs. 56% of teens generally)

Teens from Western Australia seem to have a lower level of confidence in their knowledge of sexual health issues, and resultantly are commonly seeking information. The importance of parents as a source of advice is very high amongst West Australian teens, with the majority rating the information they receive at school as only of 'average' quality.

South Australian teens

South Australian teens differ from teens in other states in that they:

- are more likely to have a strong, information sharing relationship with their parents (55% vs. 49% of teens generally)

- are less likely, however, to potentially consult parents on a range of sexual health 'hypotheticals' in future (13% less likely to do so when compared with teens generally).
- are less likely to be sexually active (25% vs. 31% of teens broadly)
- are the least likely information seekers about issues of sexual health in general (5% less likely to seek information across a range of sources vs. teens overall)
- don't rate their level of sexual health knowledge as 'excellent' to the extent of other teens (13% giving an 'excellent' rating compared with 21% of teens in total)

Teens from South Australia, although less confident with their level of sexual health knowledge, are not active seekers of sexual health information. This is despite the fact that they feel they have a strong information-sharing relationship with their parents. South Australian teens are also less likely than others to be currently sexually active.

Teens from ACT/NT/Tasmania

As the states in the mix for 'Other' states vary quite considerably in terms of their core values and socio-economic status, it is not possible to draw conclusive findings on these states at a grouped level.

However, the sample size of teens for these groups (whilst being representative) are not high enough for the ability to comment on each state separately whilst maintaining a standard of statistical confidence.

Determination of differences within these states may require a further, specific study of these states separately.

DETAILED FINDINGS

The Parent-Teen Relationship

Key Findings:

- 49% of teens have a good relationship with their parents and feel they can discuss anything with them
- 17% of parents believe their teenage child knows they can talk to their parent about anything – but in reality their teenage child says s/he does not confide in their parent on all personal issues
- Parents are not as approachable for teens as they consider themselves to be when dealing with issues regarding sex
- Teens' ability to make sensible, informed decisions about sex increases strongly with age

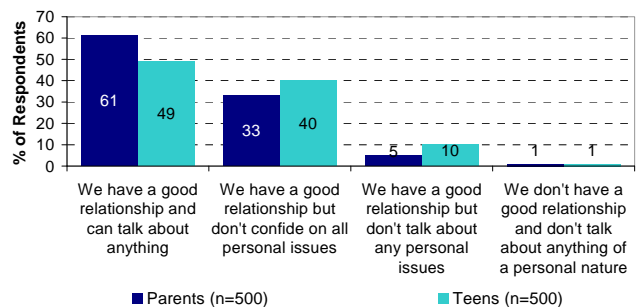
The nature of the relationship:

Overall, nearly half (49%) of all teenagers feel that they have a good relationship with their parents and can talk to them about anything (see Chart 1). Another 40% feel that they have a good relationship with their parents but admit they do not confide in their parents on all personal issues, and 10% feel they have a good relationship with their parents but don't talk to their parents about personal issues at all. Only 1% of teenagers claim that they do not have a good relationship with their parents (and don't discuss anything personal) – however, this group may well be under-represented given that parents had to complete the survey first and then give permission for their teen child to complete the survey.

Parents, on the other hand, tend to be slightly more optimistic about their relationship with their teenage child. 61% believe they have a good relationship with their child such that their child can talk to them about anything, with another 33% saying they have a good relationship with their child but they don't believe their child confides in them on all personal issues. Only 5% (compared to 10% of teens) feel that they have a good relationship with their teen but they

don't talk about any personal issues with them, and 1% of parents admit to not having a good relationship with their teen.

Chart 1: Summary of parent and teens' views of their relationship



While these figures reveal a degree of disconnect between parents and their teens (for example, an 11% gap between parents and teens in terms of the proportion who feel they have a good relationship and can discuss anything with each other), a cross-tabulation of teen and parental views shows that this gap is even wider than the above figures suggest (see Table 1). This reveals that 17% of parents believe that their teen knows they can discuss anything with them – but in reality their teen does not actually confide in them on all personal issues. Another 5% of parents believe that their teen confides in them on many – but not all – personal issues, when in fact their teen feels that they can talk to their parent about anything.

DETAILED FINDINGS

Table 1: Cross-tabulation of parent and teens' views of their relationship

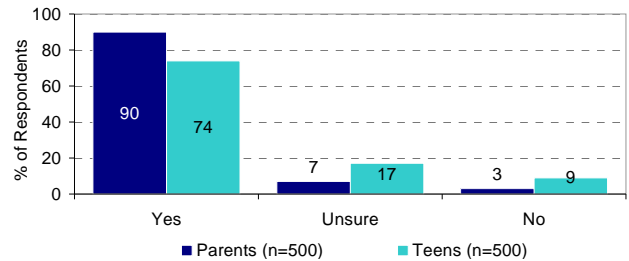
		Parent view				Total
		Good relations hip- we can talk about anything	Good relations hip- but teen doesn't discuss all personal issues	Good relations hip- but we don't talk about personal issues	NOT a good relations hip- we don't talk about anything personal	
Teen view	Good relationship - we can talk about anything	43%	5%	1%	-	49%
	Good relationship - but teen doesn't discuss all personal issues	17%	21%	2%	-	40%
	Good relationship - but we don't talk about personal issues	< 0.5%	7%	2%	< 0.5%	10%
	NOT a good relationship - we don't talk about anything personal	-	-	< 0.5%	1%	1%
Total		61%	33%	5%	1%	

Overall, around two-thirds (67%) (yellow shaded cells above) of parents and teens agree on the nature of their relationship, including the degree to which the teen confides in their parent (this is calculated by summing the diagonal on Table 1).

Parent approachability:

Parents and teens were asked whether the parent is approachable when it comes to the topic of sex (Chart 2). The large majority of parents (90%) rate themselves as approachable on the topic of sex, whereas only three-quarters (74%) of teens agree. A sizeable minority of teens (17%) feel unsure whether their parent would be approachable on the topic of sex – as are 7% of parents themselves. Just 3% of parents consider themselves unapproachable on the topic of sex, while three times as many teens (9%) have this view of their parent.

Chart 2: Summary of parent and teens' views of whether the parent is approachable on the topic of sex



A more detailed cross-tabulation of these findings (Table 2) shows that just over two-thirds (71%) of teens correctly believe their parent is approachable when it comes to discussing sex. 5% have parents who believe they are approachable but the teen believes they are not, and 14% have parents who believe they are approachable on this topic but their teen children are not so sure.

Table 2: Cross-tabulation of parent and teens' views of whether the parent is approachable on the topic of sex

		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	71%	-	3%	74%
	No	5%	2%	2%	9%
	Unsure	14%	1%	3%	17%
	Total	90%	3%	7%	

Teenage decision making and influencers:

Overall, 66% of parents believe that their teen can make informed, sensible decisions about their sexual activity, comparable to the 68% of teens who hold this view of themselves (Chart 3). However, further analysis (Table 3a) revealed that only half of all parents and teens from the same family (52%) agree that the teen is able to make such decisions. In 14% of families with teens, parents believe their teen is capable of making such decisions when in fact their teen does not hold the same opinion of him/herself, and in another 16% of families with teens, the teen believes he/she is capable of making such decisions while his/her parent does not. In only 18% of situations both parent and teen agree that the teen is not capable of making of making such decisions in an informed, sensible capacity.

DETAILED FINDINGS

Chart 3: Summary of parent and teens' views of teen's ability to make informed decisions about sex

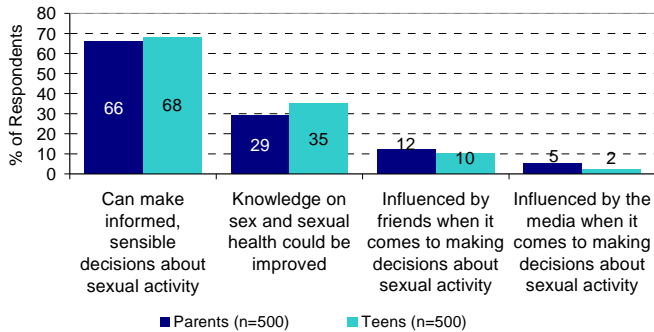


Table 3a: Summary of parent and teens' views of whether the teen is well equipped to make informed, sensible decisions about his/her sexual activity

		Parent view		
		Yes	No	Total
Teen view	Yes	52%	16%	68%
	No	14%	18%	32%
	Total	66%	34%	

Just under a third of parents (29%) and just over a third of teens (35%) feel that their (teen's) knowledge of sex and sexual health could be improved (Table 3b). However, of the 35% of teens who feel they could have better knowledge, less than half of their parents, or 16% of parents overall, have the same view (Table 3b).

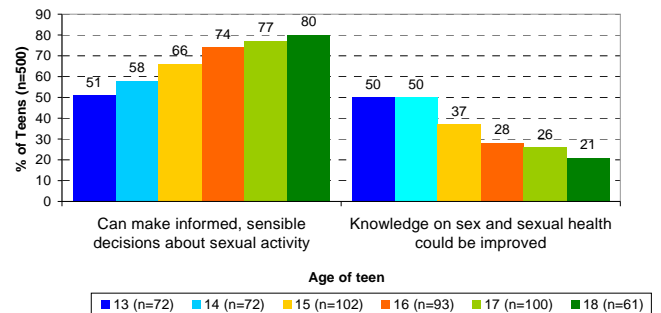
Table 3b: Summary of parent and teens' views of whether the teen's level of sex education and knowledge of sexual health could be improved

		Parent view		
		Yes	No	Total
Teen view	Yes	16%	19%	35%
	No	13%	52%	65%
	Total	29%	71%	

However, teens' level of confidence in their own levels of knowledge does vary greatly by age (see Chart 4). While 80% of 18 year olds feel that they can make informed, sensible decisions about sexual

activity, just 51% of 13 year olds can claim the same. On the contrary, 50% of 13 and 14 year olds recognise that their knowledge on sex and sexual health could be improved, indicative of the need for more information and education for this age segment.

Chart 4: Teens' views on their level of knowledge about sexual health issues/sex education – variation by age of teen



Relatively few teens or their parents believe that they are/their teen is influenced by friends when it comes to making decisions about their sexual activity (12% of parents and 10% of teens; Table 3c). However, again, there is considerable disagreement between teens and their parents on this issue; of the 10% of teens who do believe they are influenced by their friends, 6% of parents do not realise that this is the case (Table 3c). Additionally, of the 12% of parents who believe their teen is influenced by their friends with respect to making decisions about their sexual activity, only 4% agree with their parents.

Table 3c: Summary of parent and teens' views of whether the teen is influenced by his/her peers when it comes to making decisions about their sexual activity

		Parent view		
		Yes	No	Total
Teen view	Yes	4%	6%	10%
	No	8%	82%	90%
	Total	12%	88%	

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Very few teens or their parents admit to (their teens) being influenced by the media when it comes to making decisions about their sexual activity (5% of parents and 2% of teens; Table 3d). However, again there is some disagreement between parents and their teens. Amongst the 2% of teens who believe they are influenced by the media, half of their parents (1% of parents overall, Table 3d) do not think that this is the case, and of the 5% of parents who think their teen is influenced by the media when it comes to making decisions about their sexual activity, four-fifths (4% of teens overall, Table 3d) disagree.

Table 3d: Summary of parent and teens' views of whether the teen is influenced by the media when it comes to making decisions about his/her sexual activity

		Parent view		Total
		Yes	No	
Teen view	Yes	1%	1%	2%
	No	4%	94%	98%
	Total	5%	95%	

Sexual Behaviour

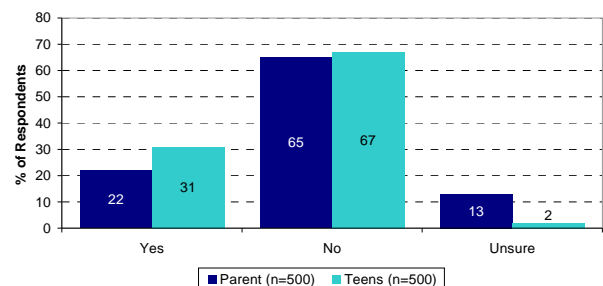
Key Findings:

- 31% of teens aged 13-18 are sexually active
- Being sexually active varies by age, with 10% of 13-14 year olds being sexually active increasing to 54% of 17-18 year olds
- The average age of first becoming sexually active is 15.2 years
- 23% of teens have had sexual intercourse before
- Again, age is a factor for ever having sexual intercourse, with 1% of 14 year olds ever having sex growing to 54% of 18 year olds having done so.
- The average age of first having intercourse is 15.7 years
- A total of 10% of parents who are either not sure about whether their teen is sexually active or who believe their child is not sexually active in fact do have a sexually active teen (10%).

Teens and sexual activity:

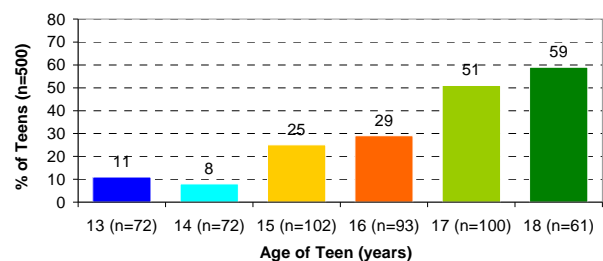
Parents and teens were asked whether they (for parents; their teens) are sexually active (touching someone's genitals, engaged in oral sex, had sexual intercourse) (Chart 5). Fewer parents think that their teens are sexually active than is the case. Overall, 31% of teens claim to be sexually active, whilst 22% of parents think their teen is sexually active. A further 67% of teens claim not to be sexually active, with 65% of parents claiming their teen isn't sexually active. Interestingly, 13% of parents admit to not being sure of whether their teen is sexually active or not, with 2% of teens also unsure.

Chart 5: Whether teens are sexually active or not – teen claims & parents' perceptions of their teens.



Again, this differs by age, with different levels of teens claiming to be sexually active across three different age brackets (Chart 6). Around 10% of 13-14 year olds claim to be sexually active, whilst this shifts to around 27% of 15-16 year olds, and up to around 54% for those aged 17-18 years.

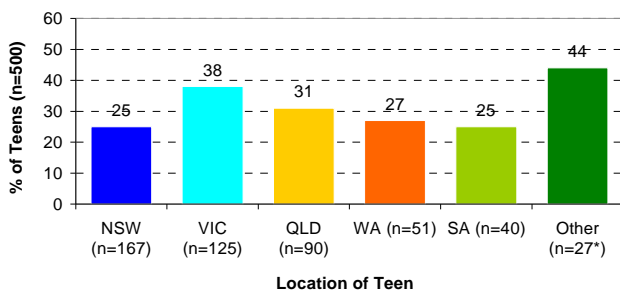
Chart 6: Proportion of teens who are sexually active – by age of teen (filtered to teens' views only).



DETAILED FINDINGS

Results also differ slightly by the location of teen (Chart 7), with Victorian teens (38%) and those from NT/ACT/Tasmania (44%) most likely to be currently sexually active, while 25% of teens in NSW and South Australia claim to be sexually active. Almost one-third of Queensland teens (31%) and over one-quarter of West Australian teens (27%) are sexually active.

Chart 7: Proportion of teens who are sexually active – by location of teen (filtered to teens’ views only)



Age of first becoming sexually active:

Table 4 shows the age at which teens first became sexually active vs. parents’ perceptions. Most teens who are sexually active are first active at age 16 (8% of teens overall), 15 (7% overall) or 14 (7% overall).

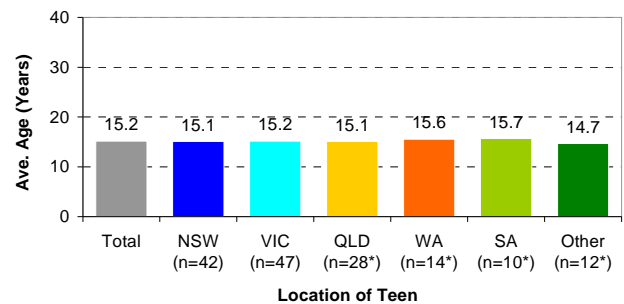
When asked to specify the age at which the teen became sexually active, parents’ perceptions broadly reflect the claims made by teens (Table 5). However, a difference exists when looking at the proportion of parents who think their teen was first sexually active at 14 years (2% overall) compared to the actual percentage of teens claiming to be sexually active at this age (7% overall). This is an indicator that teens may become less likely to share information with their parents once they’ve turned 14.

Table 4: Cross-tabulation of parent’s perceived/teen’s actual age of first becoming sexually active.

	Parent view	Teen View
Not sexually active/don’t think teen is sexually active	78%	69%
12 years or younger	-	1%
13 years	2%	2%
14 years	2%	7%
15 years	5%	7%
16 years	8%	8%
17 years	4%	5%
18 years	1%	-

When looking at the actual average self-reported age of teens first becoming sexually active (for teens who *are* already sexually active; Chart 8), it can be seen that the average age for teens becoming sexually active in total is 15.2 years. There is little difference in this figure when viewed by states. There is also little, if any, difference between the age at which boys first become sexually active when compared with girls.

Chart 8: Average age of first becoming sexually active by state – based on only teens who are sexually active



DETAILED FINDINGS

Parental knowledge of sexual activity:

As a general rule, parents seem to have a good idea of whether their particular teen is or isn't sexually active. A more detailed cross-tabulation of these findings (Table 5) shows that just under one-quarter (22%) of parents correctly believe their teen is already sexually active. A further 62% correctly believe their teen is not sexually active. However, a total of 10% of parents who are either not sure about whether their teen is sexually active or who believe their child is not sexually active in fact do have a sexually active teen.

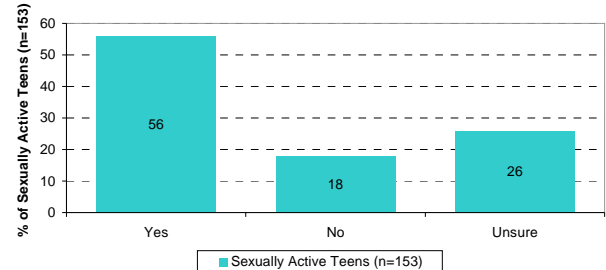
Of those teens *who are sexually active* (31%), 21% have parents who are aware that they're sexually active. 3% have parents who think they're not sexually active, whilst the remaining 7% have parents who are unsure of their sexual status.

Table 5: Cross-tabulation of parent and teens' views of whether the teen is sexually active

		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	21%	3%	7%	31%
	No	1%	62%	5%	68%
	Unsure	-	-	2%	2%
	Total	22%	65%	14%	

From a sexually active teen's perspective, over half (56%) think that their parents know that they're sexually active (Chart 9). This is lower than the 68% of parents who know in reality. A total of 44% of sexually active teens haven't spoken to their parents about whether they're sexually active, with 18% believing that their parents don't know and a further 26% being unsure of whether their parents know.

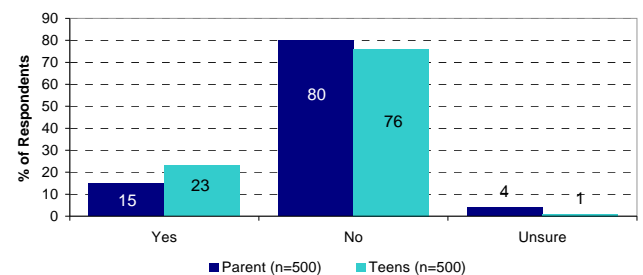
Chart 9: Sexually active teens' views of whether they believe their parents are aware that they're sexually active



Teens and sexual intercourse:

When asked to indicate whether their teen has had sexual intercourse before, 15% of parents feel that their teen has, contrasting with the 23% of teens who in fact have had intercourse (Chart 10). 80% of parents think their teen hasn't had sexual intercourse before, similar to the 76% of teens who claim not to have had intercourse. The remaining 4% of parents admit to being unsure as to whether their teen has had sexual intercourse.

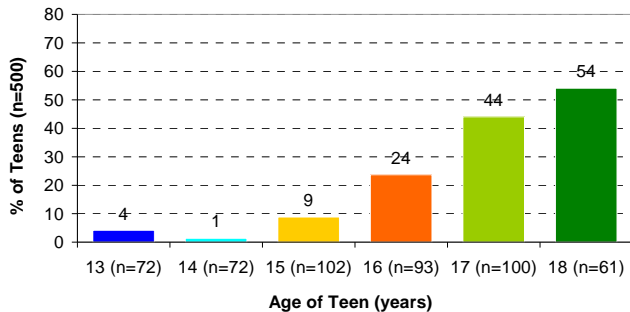
Chart 10: Whether respondent (or teen) has had sexual intercourse before



When looking at the incidence of teens having sexual intercourse by age of teen (Chart 11), it can be seen that a large difference exists between incidences from the age of 15 (with 9% having ever had intercourse) and 16 (where 24% have had sex). By the age of 18, over half have had sexual intercourse before.

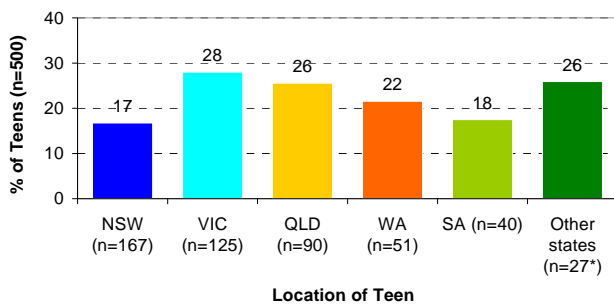
DETAILED FINDINGS

Chart 11: Proportion of teens who have ever had sexual intercourse – by age of teen (filtered to teens' views only)



When viewed by states (Chart 12), there are differences in incidence of teens having sexual intercourse. Teens from Victoria (28%), Queensland (26%) and NT/ACT/TAS (26%) are most likely to have had sexual intercourse before. Incidence of having sexual intercourse amongst teens is as low as 17% for those in New South Wales and 18% for teens in South Australia.

Chart 12: Proportion of teens who have ever had sexual intercourse – by location of teen (filtered to teens' views only)



Age of first having sexual intercourse:

On the issue of at what age teens are perceived to have/actually have first had intercourse, parents' views are generally similar to claims made by teens (Table 6). Most teens who have had sexual intercourse first did so at age 16 (35% of teens who've had sex, 8% overall) 17 (22% of those who've had sex or 5% overall) or 15 (22% of those who've had sex or 5% overall). This is similar to the ages listed by parents, although figures are lower for

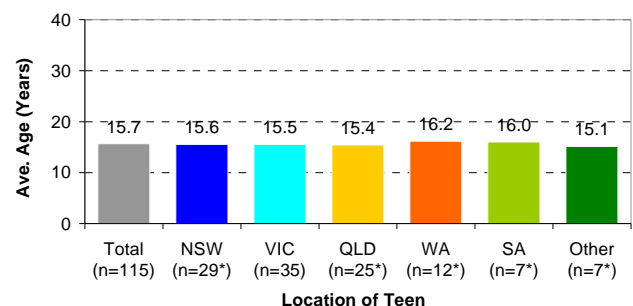
parents due to a lower likelihood of perceiving their teens as ever having sex than is reality.

Table 6: Cross-tabulation of parent and teens' views of age at which the teen first had sexual intercourse

	Parent view	Teen View
Not sexually active/don't think teen is sexually active	85%	77%
12 years or younger	-	1%
13 years	1%	1%
14 years	1%	2%
15 years	3%	5%
16 years	6%	8%
17 years	4%	5%
18 years	-	1%

When looking at the actual average self-reported age of teens first having sexual intercourse (for teens who *are* already sexually active; Chart 13), it can be seen that the average age for teens in total is 15.7 years. There is little difference in this figure when viewed by states. There is also little, if any, difference in the age at which boys first have sexual intercourse when compared with girls.

Chart 13: Average age of first having sexual intercourse by state – based on only teens who have had sexual intercourse



DETAILED FINDINGS

Parental knowledge of whether teen has had intercourse:

In almost three-quarters of cases (74%), parents correctly think their teens have not had sexual intercourse before. However, when delving deeper into the findings (Table 7), it can be found that in almost one in ten cases (8% - total of highlighted values), parents of teens who have had intercourse either don't know or think that their teen hasn't had sex. This indicates some disconnect between perceived and actual, and suggests a need for a more open dialogue between parents and their teens.

Table 7: Cross-tabulation of parent and teens' views of whether the teen has ever had intercourse.

		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	15%	5%	3%	23%
	No	-	74%	2%	76%
	Unsure	-	1%	-	1%
	Total	15%	80%	5%	

Knowledge Levels

Key Findings:

- 61% of teens rate their own knowledge of sex and sexual health-related topics as either 'very good' or 'excellent'.
- Although having a relatively strong level of knowledge about STIs and basic sexual health topics, when it comes to specifics (i.e. herpes), knowledge levels drop off
- Girls are more active knowledge-seekers than are boys

Rating of sexual health knowledge levels:

When asked to rate their own (their teen's) knowledge of sex and sexual health-related topics, teens/parents perceptions closely matched (Table 8). A total of 62% of parents rate their teen's knowledge of sex/sexual health as either 'very good' or 'excellent', whilst 61% of teens rate their own knowledge at the same level.

One-third (33%) of parents rate their teen's knowledge of sex/sexual health-related issues as average, with 35% of teens self-rating their knowledge as average also. The remaining 4% of parents and 3% of teens rate their level of sexual knowledge as poor/not very good.

However, there are still some differences between what parents perceive and what teens actually think about themselves. For example, 16% of parents actually think their teen has a very good knowledge of sex/sexual health, but they have teens who themselves feel their knowledge is only average.

In one quarter (25%) of cases overall (total of highlighted values), parents believe their teen has a higher level of knowledge about sex and sexual health than the teen actually has. This suggests that some parents are assuming a level of knowledge has been obtained by their children without this level of knowledge actually being present. It also suggests significant room for improvement in knowledge levels generally amongst teens.

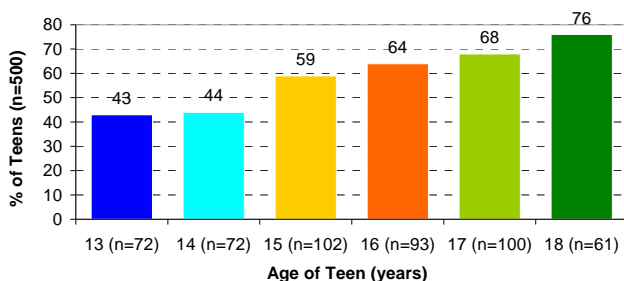
Table 8: Cross-tabulation of parent and teens' views of rating of teen's knowledge levels of sex and sexual health related issues.

		Parent view					Total
		Poor (1)	Not very good (2)	Average (3)	Very good (4)	Excellent (5)	
Teen view	Poor (1)	1%	-	-	-	-	1%
	(2)	-	-	2%	-	-	2%
	Average (3)	-	2%	16%	16%	1%	35%
	(4)	-	1%	13%	21%	6%	41%
	Excellent (5)	-	-	2%	8%	10%	20%
Total		1%	3%	33%	45%	17%	

DETAILED FINDINGS

There is also variation in knowledge levels regarding sex and sexual health when assessing teens of different ages (Chart 14) and how they rate their own knowledge. Teens progress from having relatively low levels of knowledge at ages 13-14 (43% of 13 year olds and 44% of 14 year olds believing they have 'very good' or 'excellent' knowledge, to moderate levels at ages 15-16 (59% of 15 year olds and 64% of 16 year olds believing they have 'excellent'/'very good' knowledge) to stronger levels once 17-18 (68% of 17 year olds and 76% of 18 year olds believing they have 'excellent'/'very good' knowledge). However, it should be noted that there are still knowledge gaps amongst older teens, with 24% of 18 year olds still feeling they have less than 'very good' levels of knowledge about sex and sexual health. This again suggests a need for stronger education and support programs for teens.

Chart 14: Proportion of teens who rate their own knowledge of sex and sexual health issues as 'excellent' or 'very good' – by age of teen (filtered to teens' views only).



Knowledge of true/false statements:

Teens were presented with a range of statements which they were to indicate whether they thought they were true, false or being unsure of (Table 9). Over three-quarters agree that Chlamydia is an STI, while 55% know that they can be infected with Chlamydia without showing symptoms. Yet, nearly half (45%) were not aware that they could be infected with Chlamydia but have no symptoms;

Over half (52%) think that by using a condom when having sex, genital herpes would not be contracted. 70% agree that they could contract STIs from oral sex, while 74% say that the oral contraceptive is not

100% effective when preventing unplanned pregnancies. Finally, 81% disagree that the oral contraceptive protects against STIs.

However, a key finding can be uncovered when viewing the extent of 'don't know' responses. There is a minimum of 10% of teens who aren't sure about whether each statement is true or false (becoming as high as 39% unsure when asking about visibility of symptoms of Chlamydia). This makes more visible the apparent need for more education of teens with information about STIs (their symptoms and prevention) and contraception.

Table 9: Cross-tabulation of whether statements about sexual health were seen as true, false or unknown by teens only.

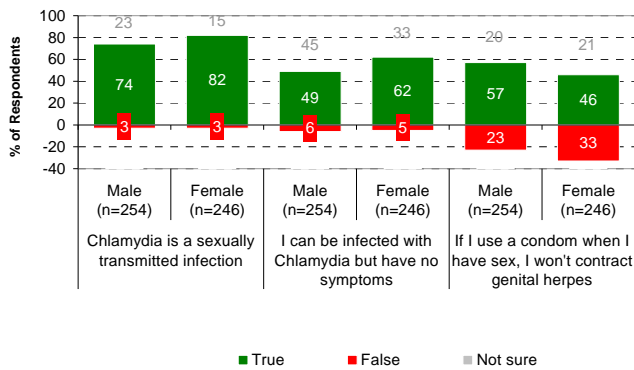
	True	False	Don't Know
Chlamydia is a sexually transmitted infection	78%	3%	19%
I can be infected with Chlamydia but have no symptoms	55%	6%	39%
If I use a condom when I have sex, I won't contract genital herpes	52%	28%	20%
I can contract STIs from oral sex	70%	8%	22%
The oral contraceptive pill is 100% effective when it comes to preventing unplanned pregnancy	15%	74%	12%
The oral contraceptive pill protects you against STIs	5%	81%	14%

The responses to some of these statements did differ depending on the gender of the teen (Chart 15). Boys are less likely to agree that Chlamydia is an STI and that Chlamydia can be present without any symptoms. For both statements, boys are more likely to be unsure as to whether these statements are true or false. This could possibly be attributable to the fact that teenage girls are more likely to seek information about health and health care from a range of sources when compared with boys.

Boys are also more likely to feel that if they use a condom, they won't contract genital herpes (57% vs. 46% of girls).

DETAILED FINDINGS

Chart 15: Whether statements about sexual health were seen as true, false or unknown by teens - split by gender.



Other than for the statements pertaining to Chlamydia specifically (where 13-14 year olds are much more likely to be unsure), it is interesting to note that there is little difference between knowledge levels of teens when viewed by age.

Overall, these findings suggest a boost to the knowledge levels of teens of all ages will be required to decrease the incidence of unsureness. It also signals that there may be more work to do to increase knowledge levels of male teens than for female teens.

Guidance & Information Sources

Key Findings:

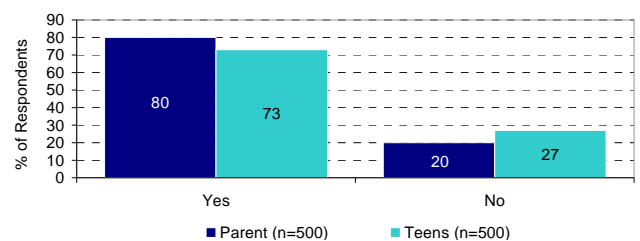
- 73% of teens recall having had 'the talk' about sex, reproduction and contraception with their parents
- However in 13% of cases, parents think that they've had 'the talk' with their teens while the teen themselves doesn't recall it (or isn't sure)
- Teens are less likely to turn to parents for advice than what parents expect – this is especially the case for 14 year olds
- 65% of teens have a doctor they would turn to for sexual health advice/counsel
- Although 89% have been taught sex education at school, 69% rate the quality of that education as 'average' or lower

- Teens utilise a range of different information sources when looking for information on sexual health issues (including friends, parents, the Internet and magazines)
- Teens who have had 'the talk' with their parents on average become sexually active later than those who haven't had the talk (15.3 yrs vs. 14.7 yrs).

Parent/teen 'talk' regarding sex/sexual health:

When asking both parents and teens whether they've have had 'the talk' about sex and contraception, some immediate differences are evident (Chart 16). 80% of parents say they have had the talk with their children, however 73% of teens feel the same.

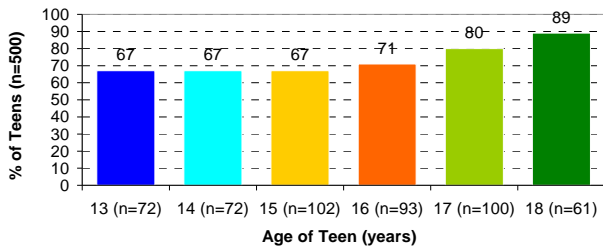
Chart 16: Whether or not parents and teens are seen to have had the discussion about sex and contraception.



From Chart 17, only 67% of 13 year olds have had a discussion about sex and contraception with their parents. However this increases considerably for 17 and 18 year olds, where 80%-90% of teens have had a talk with their parents. This suggests that perhaps some parents may be waiting too long to talk to their teens about issues regarding sex/contraception. Further to this, there are still 11% of 18 year olds who claim to have not had a talk with their parents about sex and contraception. This is a clear sign that some parents are not stepping in to inform their children of these issues.

DETAILED FINDINGS

Chart 17: Proportion of teens who have had a discussion about sex and contraception with parents - by age of teens (filtered only to teens' views).



In the majority (70%) of cases (Table 10), parents and teens agree that they have had a talk about sex/reproduction. On further investigation, it can be seen that in 13% of cases, parents believe they have had a discussion with their teen about sex/reproduction, yet their teen either thinks the talk hasn't happened or they aren't sure. This is a clear pointer that for some households, parental communication may not be so clear and readily identifiable.

Table 10: Cross-tabulation of parent and teens' views of whether they have had the discussion about sex and contraception.

		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	70%	2%	4%	76%
	No	2%	3%	2%	7%
	Unsure	11%	1%	6%	18%
	Total	83%	6%	12%	

It is also interesting to note that the average age of first becoming sexually active increases when comparing those who have had a talk with parents about sex against those who haven't (Table 11). The average age of becoming sexually active for those who *have* had 'the talk' with their parents is 15.3 years, whereas the average age is 14.7 years for those who haven't had 'the talk'.

Table 11: Cross-tabulation of age of first becoming sexually active vs. whether they have had the discussion about sex and contraception – based on teens who are sexually active

Age of Teen	Had a talk with parents about sex?	
	Yes	No
12 years or younger	2%	9%
13 years	7%	9%
14 years	19%	31%
15 years	24%	16%
16 years	27%	25%
17 years	20%	9%
18 years	1%	-
Average Age (years)	15.3	14.7

Turning to parents for advice:

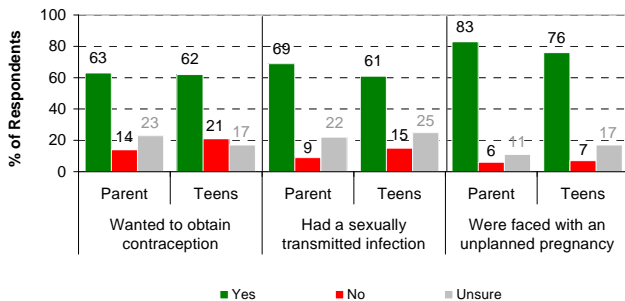
Establishing whether or not parents would be sought as a source of advice is a separate matter that must be taken into consideration (Chart 18).

Teens and parents were asked to indicate whether they/their teen would feel comfortable talking to the parent when seeking advice in certain situations.

Most teens (76%) say they would seek advice if they were faced with an unplanned pregnancy, 61% say they would seek advice from their parents if they had an STI and 62% would seek advice if they wanted to obtain contraception. This underlines the importance of the role played by parents as advice-givers for the myriad aspects of their teens' lives. However, in all cases, a slightly higher proportion of parents perceived that their teens would come to them for advice than what the teens themselves say they would do.

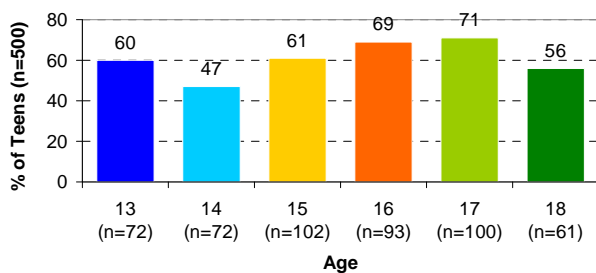
DETAILED FINDINGS

Chart 18: Whether parents think their teens would turn to them for advice for certain issues vs. whether teens actually would.



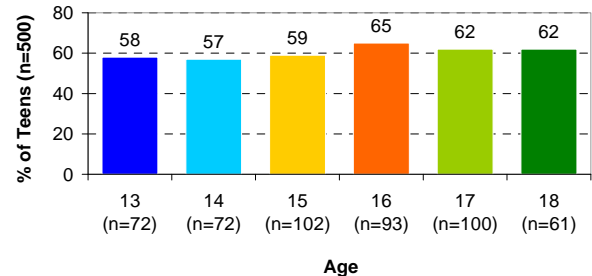
There are some patterns to observe when seeing the age at which teens are more likely to seek advice for their parents across the range of hypothetical situations. In terms of seeking contraception advice from their parents, 16-17 year olds are more likely to do so than other age segments. Only 47% of 14 year olds would seek contraception advice from their parents (Chart 19a), again underlining the difficulty in communication with teens of this age. At the older end of the scale, 18 year olds are least likely to be seeking advice on contraception from parents.

Chart 19a: Proportion of teens who would turn to their parents for advice if they wanted to obtain contraception – by age of teen (filtered to teens' views only)



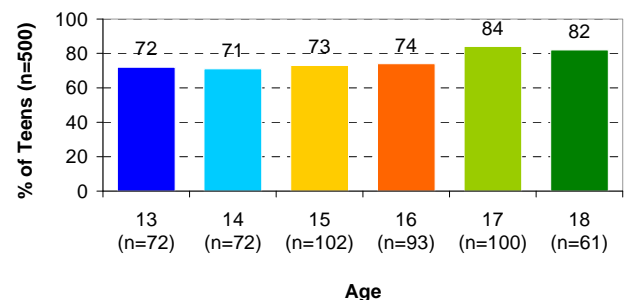
There is little difference between the extent to which teens of different ages would seek advice from their parents if they were to contract an STI (Chart 19b). However, 16 year olds (65%) are slightly more likely to do so than teens of other ages.

Chart 19b: Proportion of teens who would turn to their parents for advice if they had an STI – by age of teen (filtered to teens' views only)



Older teens (i.e. those aged 17-18) are most likely to turn to their parents should they be faced with an unplanned pregnancy (Chart 19c).

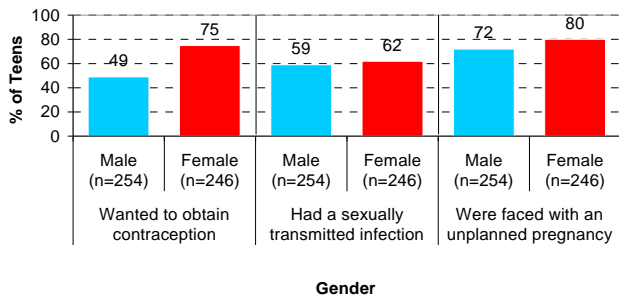
Chart 19c: Proportion of teens who would turn to their parents for advice if they were faced with an unplanned pregnancy – by age of teen (filtered to teens' views only)



From Chart 20 below, girls are more likely to turn to their parents for advice if faced with a situation such as those mentioned above, and particularly if wanting to obtain contraception (75% of girls seeking advice vs. only 49% of boys). If faced with an unplanned pregnancy, 80% of girls would seek advice from parents vs. 72% of boys.

DETAILED FINDINGS

Chart 20: Proportion of teens who would turn to their parents for advice if they were faced with an unplanned pregnancy – by gender of teen (filtered to teens’ views only)



Although parents’ views of whether their teen would come to them for advice when faced with issues of sexual health/reproduction matched teens’ perspectives most of the time, there are some more subtle differences to be found upon deeper analysis (Table 12a). In 11% of cases (see shaded boxes), parents feel as though their teen will talk to them should they wish to obtain contraception however their teens either disagree or are unsure as to what they would do.

Table 12a: Cross-tabulation of parent and teens’ views of whether teens would seek parental advice if teen wanted to obtain contraception.

		Parent view			
		Yes	No	Unsure	Total
Teen view	Yes	52%	3%	6%	61%
	No	5%	9%	8%	22%
	Unsure	6%	2%	9%	17%
	Total	63%	14%	23%	

When looking at Table 12b, 17% of parents (see shaded boxes) think that their teen *would* seek parental advice if they had contracted an STI when, in reality, their teen *would not* or would be unsure as to what they would do.

Table 12b: Cross-tabulation of parent and teens’ views of whether teens would seek parental advice if teen had contracted an STI.

		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	52%	2%	6%	60%
	No	4%	4%	6%	14%
	Unsure	13%	2%	10%	25%
	Total	69%	8%	22%	

Finally, 13% of parents (see shaded boxes) think that their teens would seek parental advice if faced with an unplanned pregnancy whilst in reality their teens would not (or would be unsure as to what they would do).

Table 12c: Cross-tabulation of parent and teens’ views of whether teens would seek parental advice if teen was faced with an unplanned pregnancy.

		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	70%	2%	4%	76%
	No	2%	3%	2%	7%
	Unsure	11%	1%	6%	18%
	Total	83%	6%	12%	

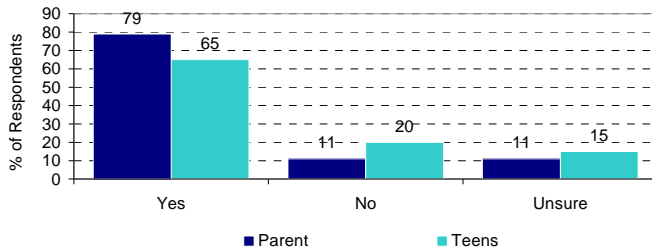
Broadly, this all reflects a need for teens to be able to feel as though they can seek advice from *someone* should they be faced with these hypothetical situations.

Access to a doctor:

When asked to indicate whether they have a doctor they can turn to for help/advice on sexual health (Chart 21), 65% of teens say that they do. However, there is still one in five teens (20%) who claim that that they don’t have a doctor they could turn to for such advice, indicating a group of teens for whom this important source of information and advice is inaccessible.

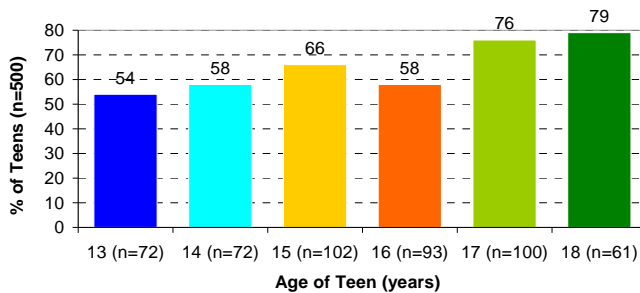
DETAILED FINDINGS

Chart 21: Teens and parents' views of whether they (their teens) have access to a doctor they would go to for sexual health help/advice.



The extent to which teens feel that they have a doctor they could go to for advice does vary when viewed by the age of the teen in question (Chart 22). Again, it appears as though support and information networks for younger teens (i.e. 13-16 year olds) are not as strong as for older teens. Around 56% of teens aged 13-14 feel that they have a doctor they could turn to for advice, however this increases to over three-quarters for 17-18 year olds. Although this could be partly due to an increase in willingness to share concerns and seek advice from doctors as teens age, it does highlight the importance of ensuring a focused approach to supporting teens in the 13-14 year old 'transition' ages.

Chart 22: Proportion of teens who do have a doctor they could turn to for sexual health advice – by age of teen (filtered to teens' views only).



Regarding the differences between parents' perceptions and what their teens actually think (Table 13), in the majority of cases (65%) parents and teens agree that the teen does have a doctor they would consult for sexual health advice.

However, in 16% of cases, parents believe their teen has a doctor who they would go to for sexual health help/advice but the teen themselves does not think this is the case (or doesn't know either way). Interestingly, in almost one in ten cases (8%) parents and teens agree that the teen does not have

a doctor they could go to for help, flagging an area which may need to be addressed to more completely ensure suitable sexual health support/advice networks for teens are in place.

Table 13: Cross-tabulation of whether teens & their parents think teens have access to a doctor they could turn to for advice on sexual health help/advice.

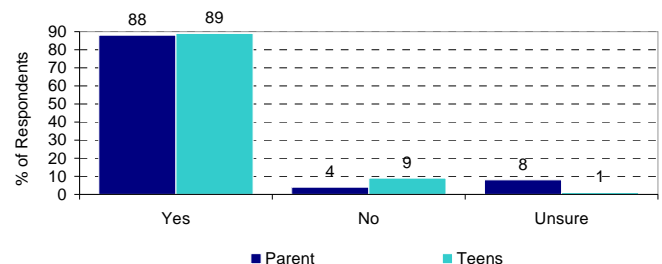
		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	63%	-	2%	65%
	No	7%	8%	4%	19%
	Unsure	9%	2%	5%	16%
	Total	79%	10%	11%	

School-based sex education:

Yet another important link in the chain of sexual health is the role played by schools and the education system in teaching teens about safe and aware sexual practices. Teens and parents were asked whether they (their teens) have been taught sex education at their school (Chart 23). In the majority of cases (89%) teens and parents say that the teen has been taught sex education at their school. Almost one in ten (9%) teens have not been taught sex education at school. 8% of parents are not certain whether or not their teen has been taught sex education at their school.

This signals some gaps in the education system for teens regarding sex and sexual health whereby there are still many teens who will not have been taught such issues at school.

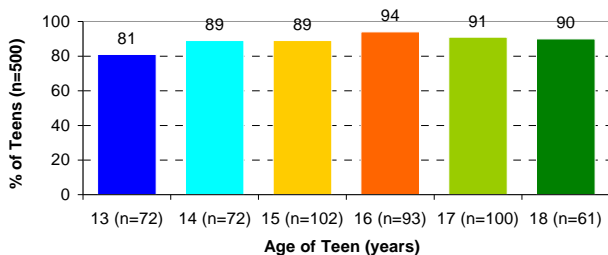
Chart 23: Teens and parents' views of whether they (their teens) have been taught (or are currently being taught) sex education at school.



DETAILED FINDINGS

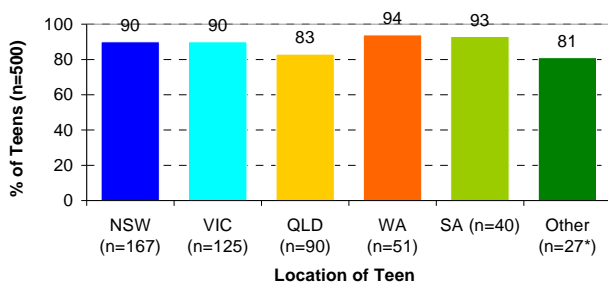
However, incidence of teens having been taught education does differ by age of teen (Chart 24). Again, younger teens seem not to have been as commonly educated on sexual health issues (with almost two in ten 13 year olds not having learnt about these issues at school), with higher levels of sex education being seen from the age of 14 and onwards (where 90%+ teens have been/are currently being taught sex education at school). Additionally, there are still 10% of today's 18 year olds who claim not to have been taught sex education at school – an interesting result given over half of this age group have already had sexual intercourse.

Chart 24: Proportion of teens who have been taught sex education at school – by age of teen (filtered to teens' views only).



Results also vary to some extent when viewed by state/location of teen (Chart 25). Teens in Victoria, NSW, South Australia and Western Australia are all more likely to have been taught sex education at their schools. On the other hand, Queensland-based teens are less likely to have been taught these issues at school, with 17% of Queensland teens not having been taught sex education at their school.

Chart 25: Proportion of teens who have been taught sex education at school – by location of teen (filtered to teens' views only).



In terms of where parents' and teens' views differ/match, in 84% of cases, both teens and parents agree that the teen has been taught sex education at school (Table 14). This indicates that the vast majority of parents are generally aware of the areas of curriculum their child is being taught at school. Indeed, it appears as though having their teen taught sex education at school is a good way for parents to become engaged in discussing the issues with their teen themselves (Table 15). This table shows that parents who believe that the teen's school has taught them sex education are more likely to have talked to their teen themselves about sex/contraception (82% doing so vs. 57% of parents who don't think the teen's school teaches sex ed). This may imply that given the opportunity to follow up from primary education about sex education issues, parents may feel more empowered and less inhibited to engage in conversation with their teen.

Table 14: Cross-tabulation of whether teens & their parents think teens have been taught/are being taught sex education at school.

		Parent view			Total
		Yes	No	Unsure	
Teen view	Yes	84%	1%	4%	89%
	No	2%	3%	4%	9%
	Unsure	1%	-	1%	2%
	Total	87%	4%	9%	

Table 15: Cross-tabulation of incidence of parents believing their teen has been taught sex education at school vs. whether parent has had a talk with their teen about sex (filtered to parents' views only)

		Sex Education Taught At Teen's School?		
		Yes	No	Unsure
Had A Talk With Teen About Sex?	Yes	82%	57%	63%
	No	18%	43%	37%
	Total	100%	100%	100%

DETAILED FINDINGS

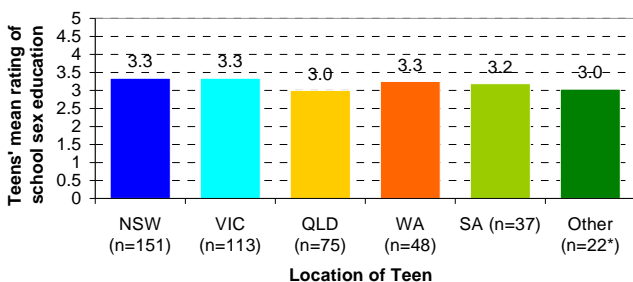
When asked to rate the quality of sex education they (their teen) have received from their school, ratings are mixed (Table 16). A total of 45% of parents and 32% of teens rate their school's sex education programme as good or excellent. However, over half of both parents (56%) and teens (69%) feel that the quality of sex education at the teen's school is of average or lower quality. Clearly, it is of importance to maximise the usefulness and perceived quality of sex education programmes to ensure teens are able to get the most value out of them. This suggests that there is room for improvement in the structure and content of the sex education programmes currently used within schools.

Table 16: Cross-tabulation of teens' & their parents' rating of the quality of sex education taught to teen at their school.

	Parent view	Teen View
Poor (1)	2%	3%
Not very good (2)	4%	10%
Average (3)	50%	56%
Good (4)	33%	24%
Excellent (5)	12%	8%
MEAN RATING (/5)	3.49	3.23

Further to this, a look at Chart 26 shows that teens in Queensland and ACT/TAS/NT combined rate their schools' sex education programmes as lower in quality than is the case in other states. In Queensland, a total of 73% of teens feel the quality of their school's sex education program is average or lower.

Chart 26: Teens' mean rating of their school sex education (ratings all out of a maximum of 5) – by location of teen (filtered to teens' views only).

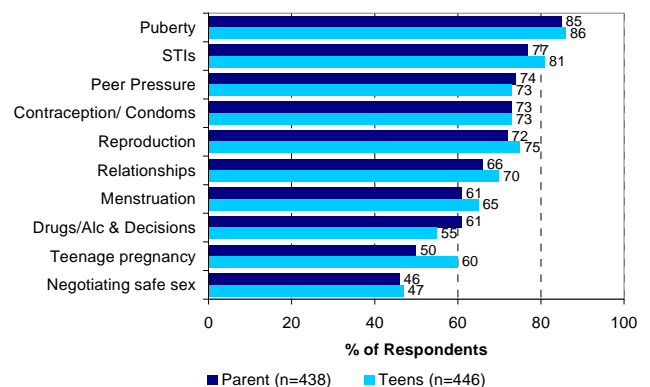


Parents and teens were then asked to indicate the types of issues they have been taught within their school's sex education program (Charts 27a and 27b). Puberty and STIs are most commonly noted for both parents and teens. Importantly, around three-quarters of teens say they have learn about peer pressure and sex (74%), contraception/using condoms (73%) and reproduction (72%). However, less than half of teens claimed to have been taught the more 'thought/decision making processes' or 'emotional' aspects of sex. Topics such as sexual decision making (51%), emotional aspects of sex (39%) and non-consensual sex (43%) are being taught to teens in only half of cases or less. There are also lower levels of issues such as sexuality (including heterosexuality (38%), homosexuality (34%) and bisexuality (26%) and dealing with emergency contraception (28%/unplanned pregnancy (36%) situations being taught to teens.

Clearly, these areas are a key component of good all-round sexual and reproductive health knowledge, and take sex education from covering merely 'the basics' to establishing a more important sense of context.

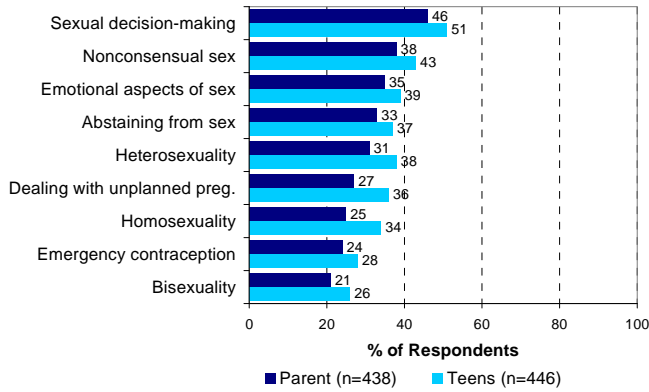
In general, parents are less likely to indicate whether teens have learnt about particular issues, indicating either a lack of parental knowledge about the details of what teens are being taught at school, or a sense that teens are being taught a smaller range of topics as part of their sex education.

Chart 27a: Parents' and teens' perceptions of what their teen/they have been taught as part of their school's sex education.



DETAILED FINDINGS

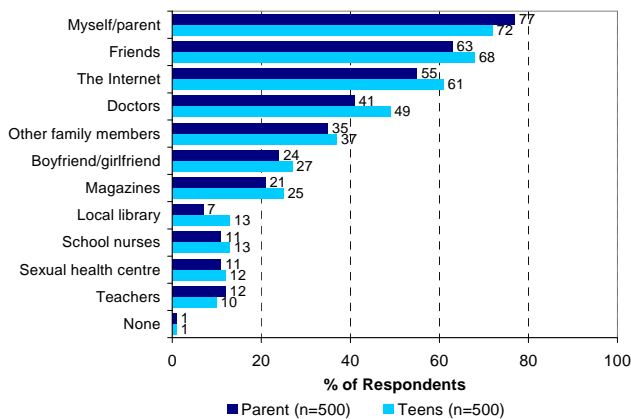
Chart 27b: Parents' and teens' perceptions of what their teen/they have been taught as part of their school's sex education (continued).



Preferred information sources:

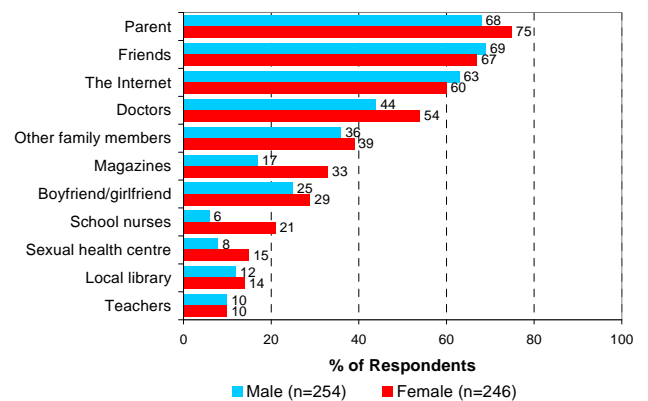
In terms of the information sources on sex/sexual health which teens would use/are seen to use by parents, generally it is the parents themselves (72% of teens claiming they would use their parents as an info source) who are the source (Chart 29a). For teens, it is interesting to note that they would consult their friends (68%) or the internet (61%) before discussing sexual health issues with their doctor (49%). In general, teens would be more likely to seek information from a wide range of sources than what their parents think they would, including consulting magazines (26%), the local library (13%) and sexual health centres (12%).

Chart 28a: Parents' and teens' perceptions of what information sources they (their teen) would seek out if wanting more information on sex/sexual health.



The sources teens would use does differ depending on gender however (Chart 29b). In general, girls are more likely than boys to use a range of different sources, including doctors (54% of girls vs. 44% of boys), magazines (33% vs. 17%), school nurses (21% vs. 6%) and sexual health centres (15% vs. 8%).

Chart 28b: Teens' perceptions of what information sources they would seek out if wanting more information on sex/sexual health – by gender (filtered to teens' views only).



In terms of the types of initiatives teens and parents are looking for Governments to support (Table 17), the most commonly supported concept is the provision of mandatory sex education in school, with 66% of teens and 75% of parents supporting this. Teens are more likely to support the provision of free contraception, while parents are more supportive of the notion of Governments providing information resources (including parent sex education resources and balanced, comprehensive teen sex education). Just over one in ten (11%) parents and teens believe that abstinence-only should be the approach supported by Governments.

DETAILED FINDINGS

This is a strong indication that both parents and teens are looking for someone to step in to provide more education and sexual health support services. Teens and parents are actively supportive of learning more about these areas, reinforcing the importance of sexual health agencies and support networks to provide strong comprehensive support and information services.

Table 17: Teens’ perceptions of what information sources they would seek out if wanting more information on sex/sexual health – by gender (filtered to teens’ views only).

	Parent view	Teen View
Mandatory sex education in schools	75%	66%
Free condoms in schools	22%	48%
Improve access to contraception	35%	46%
Comprehensive, balanced sex education	65%	46%
Improve affordability of contraception	39%	45%
Free STI check-ups for teens	37%	44%
Free contraception for teens	29%	43%
Free contraceptive options in schools	26%	38%
Improve range of contraceptive devices	20%	29%
Fund parent sex education resources	37%	28%
Abstinence-only education in schools	11%	11%
Governments should do nothing	4%	6%

APPENDIX A: QUESTIONNAIRES



03-07-08: Parents' Questionnaire

Dear Parent,

Thank you for taking the time to complete this very important research questionnaire. It should only take around 10 minutes to complete, and we appreciate your most honest responses.

The issues explored within this questionnaire are of a sensitive nature, but are also of very high importance to our objectives of raising awareness and understanding of sexual health issues amongst young Australians.

This research is being conducted by long established research agency – Quantum Market Research - on behalf of a leading sexual and reproductive healthcare organisation that operates nationally, with the aim of improving the quality and range of sex education resources/services available for both teenagers and parents. To date, this organisation has produced sexual education websites and services for teens, and produced sex education resources for parents focusing on how to talk to your teenager about sex.

The research findings for this survey will be used to improve this organisation's understanding of current knowledge levels, and to make future information resources it produces even more helpful. As it is being conducted by a research agency which is a member of the Australian Market & Social Research Society, you can be assured that the information you provide will be bound by strict confidentiality regulations, and neither you nor your teen will be able to be identified by the responses you provide.

Once you have completed your version of the questionnaire, a similar (or 'mirror') version of the questionnaire will appear for your teen to complete (with your parental approval). As it is vital for your teen to fill out the questionnaire as honestly and openly as possible, we request that you leave them to fill out the questionnaire on their own (so they feel more comfortable when answering the questions).

Do you wish to conduct this survey, and in doing so allow your teen to also complete it honestly and in the strictest confidence?

Yes 1

No 2

CONTINUE

TERMINATE

Should you have any questions about this questionnaire, please feel free to call Quantum Market Research on (03) 9289 9599 (Business hours Mon-Fri).

APPENDIX A: QUESTIONNAIRES



First of all, it would be great to just confirm some information so we can check that we're speaking to the right type of person.

1. Are you...
 - Male..... 1
 - Female 2

2. Which Australian State or Territory do you live in?
 - New South Wales 1 **QUOTA N=165**
 - Victoria 2 **QUOTA N=125**
 - Queensland 3 **QUOTA N=90**
 - Western Australia 4 **QUOTA N=50**
 - South Australia 5 **QUOTA N=40**
 - ACT 6 **QUOTA N=10**
 - Tasmania..... 7 **QUOTA N=10**
 - Northern Territory 8 **QUOTA N=10**

3. And do you live in a metropolitan area (i.e. state capital city/suburbs) or in a regional area?
 - Metropolitan..... 1 **QUOTA N=320**
 - Regional 2 **QUOTA N=180**

4. And, within this age range, which of the following ages are your children? (please select as many as applies).
 - 13 year old..... 1 **QUOTA N=70**
 - 14 year old..... 2 **QUOTA N=70**
 - 15 year old..... 3 **QUOTA N=100**
 - 16 year old..... 4 **QUOTA N=100**
 - 17 year old..... 5 **QUOTA N=100**
 - 18 year old..... 6 **QUOTA N=60**
 - None of these 7 **TERMINATE**

5. Can your [CHILD AGE FIRST FROM Q4] year old assist us with filling out a separate questionnaire?
 - Yes 1
 - No..... 2

APPENDIX A: QUESTIONNAIRES



IF 'NO' ON Q.5 PLEASE REPEAT FOR OTHER AGES OF THEIR TEENS UNTIL A 'YES'.

6. Is your (INSERT RESPONSE FROM Q4) year old male or female?

Male..... 1

QUOTA N=250

Female 2

QUOTA N=250

The following questions relate directly to the teen you've just nominated as being able to participate in another version of this questionnaire.

7. Which statement best describes your relationship with your teenager? (please select one which fits best)

We have a good relationship and my teenager knows that they can come and talk to me about anything..... 1

We have a good relationship but I feel my teenager doesn't confide in me on all personal issues..... 2

We have a good relationship but my teenager doesn't talk to me about any personal issues 3

We don't have a good relationship and my teenager doesn't talk to me about anything of a personal nature 4

8. Do you consider yourself as approachable when it comes to the topic of sex?

Yes 1

No..... 2

Unsure..... 3

9. Which of the following statements do you feel apply your teenager? (please select as many as you think apply)

I think my teenager is well equipped to make informed, sensible decisions about his/her sexual activity 1

I think my teenager's level of sex education and knowledge of sexual health could be improved..... 2

I think my teenager is influenced by his/her peers when it comes to making decisions about their sexual activity 3

I think my teenager is influenced by the media when it comes to making decisions about his/her sexual activity..... 4

APPENDIX A: QUESTIONNAIRES



10. To your knowledge, is your teenager sexually active (touching of genitals, oral sex, sexual intercourse)?

- Yes 1
- No 2
- Unsure 3

CONTINUE
SKIP TO 14
SKIP TO 14

11. If yes, how old do you think they were when they first became sexually active?

- 12 or younger 1
- 13 2
- 14 3
- 15 4
- 16 5
- 17 6
- 18 7

12. To your knowledge, has your teenager had sexual intercourse (penetration)?

- Yes 1
- No 2
- Unsure 3

13. If yes, how old do you think they were when they first had sexual intercourse?

- 12 or younger 1
- 13 2
- 14 3
- 15 4
- 16 5
- 17 6
- 18 7

14. Have you had a discussion with your teenager about sex and contraception?

- Yes 1
- No 2

20. From the list below, please select the topics which you believe your teenager is currently being taught or has been taught in the past at school (please select as many as apply):

Relationships.....	1
Puberty	2
Dealing with peer pressure.....	3
Menstruation.....	4
Sexually transmitted infections (STIs)	5
Emergency contraception.....	6
Emotional aspects of sex.....	7
Dealing with an unplanned pregnancy	8
Teenage pregnancy	9
Contraception and condom usage.....	10
Homosexuality	12
Bisexuality	13
Heterosexuality	14
Negotiating safe sex.....	15
Nonconsensual sex	16
Sexual decision-making.....	17
Abstaining from sex.....	20
Reproduction	21
The impact of alcohol and drugs on sexual decision-making	22

21. If your teenager needed to find out information on sex or sexual health, in your opinion which information sources would they most likely use (please select as many as apply)?

Myself/other parent/guardian.....	1
Doctors/Medical Professionals	2
Friends	3
Other family members (brothers, sisters, uncles, aunts etc)	4
Boyfriend/girlfriend/sexual partner.....	5
The Internet.....	6
Magazines	7
Local sexual health centre.....	8
Local library	9
School nurses.....	10
Teachers	11
None	12
Other (please specify).....	
.....	13

22. As a parent, what do you think Australian governments should do to expand teenagers' sexual health education options (please select as many apply)?

Provide mandatory sex education in schools	1
Provide free condoms in schools.....	2
Fund free STI check-ups for teenagers	3
Fund free contraception for teenagers	4
Provide free contraceptive options in schools	5
Improve teenagers' access to contraception.....	6
Improve the affordability of contraception.....	7
Improve range of contraceptive devices available	8
Fund comprehensive balanced sex education in schools	9
Fund abstinence-only education in schools	10
Fund parent sex education resources	11
Governments should do nothing.....	12
Other (please specify)	13

END:

That's the end of the interview – thank you very much for your participation. As this is market research, it is carried out in compliance with the Privacy Act and the information you have provided will be used only for research purposes. Neither yourself or your teen will be able to be identified by the responses you have provided, and reporting will be done at a total rather than an individual level.

Could you now please let your nominated teen know that we'd like them to fill out a questionnaire similar to this one? We would therefore appreciate it if you could give them 20 minutes of privacy to fill out the questionnaire. Remember, they will be more likely to give us honest responses if they don't feel under pressure (we've reassured them that their responses are confidential).

03-07-08: Youth Questionnaire

Dear Participant,

Thank you for taking the time to complete this very important research questionnaire. It should only take around 10 minutes to complete, and we appreciate your most honest responses.

The issues covered within this questionnaire are of a sensitive nature, but are also of really high importance to our objectives of raising awareness and understanding of sexual health issues amongst young Australians.

This research is being conducted by a long established research agency – Quantum Market Research - on behalf of a leading sexual and reproductive healthcare organisation that operates nationally, with the aim of improving the quality and range of sex education resources/services available for both teenagers and parents.

Although it may feel a bit awkward to fill out some of these questions, you can be assured that your important responses will be kept completely confidential and won't be shared with anyone (not even your parents). Also, you will not be able to be linked to any of the answers you give, as once we get everyone else's surveys back, we combine them together and report on a 'total' level.

Your parent has also filled out something similar to this (to test their knowledge as well!), and we've asked them to give you some space and privacy to fill the questionnaire out by yourself. If you feel uncomfortable filling it out, feel free to fill it out at a time which is better for you.

Once again, thank you for taking the time to give us your honest responses – we couldn't do it without you! Should you have any questions about this questionnaire, please feel free to call Quantum Market Research on (03) 9289 9599 (Business hours Mon-Fri).

First of all, it would be great to just confirm some information so we can check that we're speaking to the right type of person.

1. Are you...

Male..... 1 **CHECK QUOTA N=250**
Female 2 **CHECK QUOTA N=250**

APPENDIX A: QUESTIONNAIRES



PROGRAMMER NOTE: ENSURE GENDER IS SAME AS RESPONSE ON PARENT QUESTIONNAIRE (Q6)

2. Your parent mentioned you are a [INSERT AGE FROM Q5 PARENT QUESTIONNAIRE] is this correct?

Yes 6
No 7

CONTINUE
TERMINATE

PROGRAMMER NOTE: ENSURE AGE IS SAME AS RESPONSE ON PARENT QUESTIONNAIRE (Q4)

3. Which statement best describes your relationship with your parent? (please select one which fits best)

We have a good relationship and I can talk to my parent about anything 1
We have a good relationship but I don't confide in my parent on all personal issues 2
We have a good relationship but I don't talk to my parent about any personal issues 3
We don't have a good relationship and I don't talk to my parent about anything of a personal nature 4

4. Do you feel your parent is approachable when it comes to the topic of sex?

Yes 1
No 2
Unsure 3

5. Which of the following statements do you think apply to you? (please select as many as you think apply)

I can make informed, sensible decisions about my sexual activity 1
My knowledge on sex and sexual health could be improved 2
I'm influenced by my friends when it comes to making decisions about my sexual activity 3
I'm influenced by the media when it comes to making decisions about my sexual activity 4

APPENDIX A: QUESTIONNAIRES



6. Are you sexually active (i.e. have you touched someone's genitals, performed oral sex or had oral sex performed on you, had sexual intercourse)?

- Yes 1
- No 2
- Unsure 3

CONTINUE
SKIP TO 9
SKIP TO 9

ONLY ASK IF 'YES' ON Q.6

7. How old were you when you first became sexually active?

- 12 or younger 1
- 13 2
- 14 3
- 15 4
- 16 5
- 17 6
- 18 7

PROGRAMMER NOTE – DO NOT ALLOW TEEN TO NOMINATE AN AGE WHICH IS OLDER THAN THEIR CURRENT AGE – REFER TO AGE OF CHILD ALLOWED BY PARENTS – Q4/5 OF PARENTS QUESTIONNAIRE

8. In your opinion, does your parent know you are sexually active?

- Yes 1
- No 2
- Unsure 3

ASK ALL

9. Have you had sexual intercourse (penetration)?

- Yes 1
- No 2
- Unsure 3

CONTINUE
SKIP TO Q.11
SKIP TO Q.11

10. If yes, how old were you when you first had sexual intercourse?

- 12 or younger 1
- 13 2
- 14 3
- 15 4
- 16 5
- 17 6
- 18 7

APPENDIX A: QUESTIONNAIRES



TEEN NOT ALLOWED TO NOMINATE AN AGE WHICH IS OLDER THAN THEIR ACTUAL AGE

11. Have you had a discussion with your parent about sex and contraception?

Yes 1

No 2

12. Would you talk to/seek advice from your parents if you:

Yes No Unsure

a) Wanted to obtain contraception
(i.e. go on the pill, buy condoms)? 1 2 3

b) Found out they had a sexually transmitted infection (STI) ? . 1 2 3

c) Were faced with an unplanned pregnancy
(you or your partner was pregnant)? 1 2 3

13. On a scale of 1-5 (with 1 being 'poor' and 5 being 'excellent'), how would you rate your knowledge of sex and sexual health related issues?

Poor Average Excellent

1 2 3 4 5

14. For each statement below, please indicate if you think the statement is 'true', 'false' or if you are 'unsure':

True False Not Sure

Chlamydia is a sexually transmitted infection..... 1 2 3

I can be infected with Chlamydia but have no symptoms 1 2 3

If I use a condom when I have sex, I won't contract genital herpes 1 2 3

I can contract STIs from oral sex..... 1 2 3

The oral contraceptive pill is 100% effective when it comes to preventing
unplanned pregnancy 1 2 3

The oral contraceptive pill protects you against STIs 1 2 3

15. Do you have access to a doctor who you would feel comfortable talking to about sexual health help or advice?

Yes 1

No 2

Unsure 3

APPENDIX A: QUESTIONNAIRES



16. Are you currently being taught, or have you ever been taught sex education at your school?

- | | | |
|--------------|---|-------------------|
| Yes | 1 | CONTINUE |
| No | 2 | SKIP TO 19 |
| Unsure | 3 | SKIP TO 19 |

ONLY ASK IF 'YES' ON Q.15

17. How would you rate the sex education you receive at school (with 1 being 'poor' and 5 being 'excellent')?

- | | | | | |
|---------|---------|---------|---------|-----------|
| Poor | | Average | | Excellent |
| 1 | 2 | 3 | 4 | 5 |

18. From the list below, please select the sex education topics that you are currently being taught or have been taught in the past at school (please select as many as apply):

- Relationships 1
- Puberty 2
- Dealing with peer pressure 3
- Menstruation 4
- Sexually transmitted infections (STI's) 5
- Emergency contraception 6
- Emotional aspects of sex 7
- Dealing with an unplanned pregnancy 8
- Teenage pregnancy 9
- Contraception and condom usage 10
- Practicing safe sex 11
- Homosexuality 12
- Bisexuality 13
- Heterosexuality 14
- Negotiating safe sex 15
- Nonconsensual sex 16
- Sexual decision-making 17
- Abstaining from sex 20
- Reproduction 21
- The impact of alcohol and drugs on sexual decision-making 22

APPENDIX A: QUESTIONNAIRES



19. If you needed to find out more information on sex or sexual health, which information sources would you use (please select as many as apply)?

Parents/Guardians.....	1
Doctors/Medical Professionals	2
Friends	3
Other family members (brothers, sisters, uncles, aunts etc)	4
Boyfriend/girlfriend/sexual partner.....	5
The Internet	6
Magazines	7
Local sexual health centre.....	8
Local library	9
School nurses.....	10
Teachers	11
None	12
Other (please specify)	
.....	13

ASK ALL

20. As a teenager, what do you think Australian governments should do to expand teenagers' sexual health education options (please select as many apply)?

Provide mandatory sex education in schools	1
Provide free condoms in schools.....	2
Fund free STI check-ups for teenagers	3
Fund free contraception for teenagers	4
Provide free contraceptive options in schools	5
Improve teenagers' access to contraception	6
Improve the affordability of contraception.....	7
Improve range of contraceptive devices available	8
Fund comprehensive balanced sex education in schools	9
Fund abstinence-only education in schools	10
Fund parent sex education resources	11
Governments should do nothing.....	12
Other (please specify)	13

END:

That's the end of the interview – thank you very much for your participation. As this is market research, it is carried out in compliance with the Privacy Act and the information you have provided will be used only for research purposes. There will be no way for you to be identified by the responses you have provided, and reporting will be done at a total rather than an individual level.

Just to remind you, if you have any queries, you can call Quantum Market Research's switchboard during normal business hours on 03 9289 9599, or you can call the Australian Market and Social Research Society's free survey line on 1300 364 830.