

Sex in Australia

Summary findings of the Australian Study of Health and Relationships

ABOUT THE STUDY

The Australian Study of Health and Relationships is the largest and most comprehensive survey of sexuality ever undertaken in this country.

It was a representative population-based survey of the sexual health behaviours, attitudes and knowledge of Australian people. Telephone interviews were conducted with 19,307 respondents between the ages of 16 and 59 years in 2001/2002. The sample consisted of 10,173 men and 9,134 women randomly selected from all states and territories of Australia. The response rate was 73.1% which compares favorably with other population based national samples. Most respondents indicated that they were entirely honest in their responses and not embarrassed by the questions asked. The sample was weighted to reflect the location, age and sex distribution of the 2001 census. The sample is therefore regarded as being broadly representative of the Australian population.

The content and method of the survey was informed by the experience of other large-scale national surveys conducted in the United States of America, the United Kingdom and France.



Australian Research Centre
in Sex, Health & Society,
La Trobe University



Central Sydney Area
Health Service



National Centre in HIV
Social Research,
the University of NSW



National Centre in HIV
Epidemiology and Clinical
Research, the University of NSW

THE RESULTS

Sexual experience

The onset of sexual activity was examined with respect to the decade in which people were born. Half the men born between 1941 and 1950 had vaginal intercourse by age 18 and this declined to 16 for men born between 1981 and 1986. For women the age at first vaginal intercourse declined from 19 to 16. Contraceptive use at first intercourse increased from less than 30% of men and women in the 1950s to over 90% in the 2000s. The age at first experience of oral sex declined even more steeply over that period and now typically occurs around the time of first vaginal intercourse rather than some years afterward. The age of first homosexual experience was higher than the age of first heterosexual experience. Thus, the majority of young people in the final years of school today will have commenced sexual activity, and this highlights the importance of sex education in schools.

Heterosexual men reported more partners over their lifetime, in the last five years and in the last year than did heterosexual women, with 15.1% of heterosexual men and 8.5% of heterosexual women reporting multiple sexual partners in the last year, although these partnerships were not necessarily concurrent. People who identified as homosexual or bisexual reported more partners than did those who identified as heterosexual. Homosexual men and bisexual men and women had had more partners than had lesbians.

One person in four had not had sex in the previous four weeks and most people in the survey, both men and women, wanted more sex than they were having. Most people had sex less than twice a week, whereas 23.4% of men and 8.3% of women would like to have had sex daily or more often. Those who had been in heterosexual relationships for at least twelve months had sex on average 1.84 times a week in the past four weeks, with younger people having sex more frequently.

ORDERING THE FULL REPORT

Copies of the full report are available from ARCSHS at the cost of **A\$30** for Australian and New Zealand orders, and **US\$30** elsewhere (costs include postage and GST).

Send cheque payable to 'ARCSHS' to:
SEX IN AUSTRALIA
Australian Research
Centre in Sex, Health
and Society,
La Trobe University

Level 1, 215 Franklin St,
Melbourne 3000
Australia

Telephone
+61 3 9285 5382

Fax
+61 3 9285 5220

Email
arcschs@latrobe.edu.au

Website
www.latrobe.edu.au/arcschs

Relationships

By far the majority of those surveyed (85.3% of men and 89.5% of women) were in a regular heterosexual relationship. The majority of those in heterosexual relationships expected neither themselves nor their partner to have sex outside the relationship although women were more likely to have discussed this expectation with their partners than were men. Only 4.9% of men and 2.9% of women in regular relationships had concurrent sexual partners in the last twelve months.

Most people in heterosexual relationships found sex very or extremely pleasurable (90.3% men and 79.1% women) with high levels of emotional satisfaction also reported (87.5% men and 79.1% women). Physical pleasure in sex was strongly related to emotional satisfaction.

Attitudes

Over three quarters of men and women agreed that premarital sex is acceptable. There was little difference between men and women. Three quarters of respondents agreed that oral sex is sex, again with no gender differences, and three quarters also agreed that having an affair outside a committed relationship is wrong. The majority agreed that having sex is important to well-being.

Men were less tolerant of male homosexual behaviour than of female homosexual behaviour. Similarly, women were less tolerant of female homosexual behaviour than of male homosexual behavior. Women were, however, generally more tolerant of homosexual behaviour overall than were men.

Sexual identity, attraction and experience

In presenting the results of the survey the terms 'lesbian', 'gay' and 'bisexual' are used to describe only those people who identify by these terms and not those who are attracted to others of the same sex or who have had sexual experience with others of the same sex but do not themselves identify with these terms.

In this study 97.4% of men identified as heterosexual, 1.6% as gay and 0.9% as bisexual. For women 97.7% identified as heterosexual, 0.8% as gay and 1.4% as bisexual. Nevertheless, 8.6% of men and 15.1% of women reported either feelings of attraction to the same sex or some sexual experience with the same sex. Half the men and two thirds of the women who had same sex sexual experience regarded themselves as heterosexual rather than homosexual. This illustrates that same sex attraction and experience are more common in Australia that is indicated by the relatively few people reporting a homosexual or bisexual identity.

Safer sex and condom use

Among those who reported casual partners, unprotected sex was more common in heterosexual activity than in male homosexual activity. Of heterosexually active people, 3.3% reported unprotected sex with casual partners. This represents 59% of the heterosexuals who had casual partners. Among homosexually active males 2.1% reported unprotected anal sex with casual partners (12% of those with such partners)

Condoms were used in 20% of the most recent episodes of vaginal intercourse. Their rate of use generally was associated with partner type and use of other contraception, suggesting that they are largely used for contraceptive purposes. In the previous six months few people (7.1%) always used condoms with a regular live-in partner, more (22.5%) with a regular partner who did not live with them, and more again (41.4%) always used condoms with casual partners .

Condom breakage was experienced by 23.8% of the men in the sample and condom slippage by 18.1%. Condom breakage appears to be associated with how experienced the user is, rather than the quality of condoms and lubricant.

Contraception and pregnancy

Of those at risk for pregnancy, 95% were using some form of contraception. Oral contraception (33.6%) was the most popular with tubal ligation/hysterectomy (22.5%), condoms (21.4%) and vasectomy (19.3%) also widely used. Tubal ligation was more common in regional and remote areas and condom use less common. Of those who had vaginal intercourse 19.2% had used emergency contraception, of them 53.3% only once.

Reasons for not using contraception included side-effects (23%), leaving it to chance (20.2%), forgetting or not caring (18.9%), breast feeding (16.5%) and believing it unnatural or unhealthy (13.7%). No women cited religious objections or lack of access to services as a reason for not using contraception.

Although 15.5% of the women surveyed reported having experienced some difficulty becoming pregnant, 76.1% had been pregnant at least once and nearly all of these had experienced a live birth. Of women who had been pregnant miscarriage had been experienced by 33.4% of women and termination by 22.6%.

There has been a decline in the proportion of women becoming pregnant for the first time as teenagers. Among women aged 50-59, 22.8% first became pregnant as teenagers, compared to 16.9% in women aged 20 – 29 years. This may be in part explained by increasing contraceptive use. Contraception was used in the first episode of vaginal intercourse by less than 30% of those making their sexual debut in the 1950s as opposed to more than 90% having sex for the first time in the 2000s.

Australia

Knowledge about sexually transmissible infections

Australians generally have poor knowledge about the transmission and health consequences of sexually transmitted infections, with women knowing more than men. Respondents knew relatively little about genital herpes, gonorrhoea, genital warts and chlamydia, some of which are common amongst sexually active people in Australia.

Sexually transmissible infections and blood-borne viruses

Overall, 20.2% of men and 16.9% of women had ever been diagnosed with a sexually transmissible infection or blood-borne virus, and 2.0% and 2.2% respectively had been diagnosed in the last year. The most commonly diagnosed sexually transmissible infection among women was candidiasis or thrush (31.9% of respondents). The next most common sexually transmissible infections among men and women were pubic lice or crabs (7.1%), genital warts (4.2%), chlamydia (2.4%), herpes (2.3%) and gonorrhoea (1.4%). Overall, 1.8% of respondents had been diagnosed with hepatitis A, 0.7% had been diagnosed with hepatitis B, and 0.5% had been diagnosed with hepatitis C. The respondent's usual general practitioner was the most common location of treatment.

Sexual difficulties

Survey participants reported a range of sexual difficulties that they had experienced for at least one month in the previous year. The most common were lack of interest in sex (24.9% of men and 54.8% of women), coming to orgasm too quickly (23.8% of men and 11.7% of women), not having an orgasm (6.3% of men and 28.6% of women) and not enjoying sex (5.6% of men and 27.3% of women). Physical pain (2.4% of men and 20.3% of women) and worry about body image (14.2% of men and 35.9% of women) were also reported.

Masturbation and other non-coital practices

In the past year 65% of men and 35% of women had masturbated, half of the men and a quarter of the women in the past four weeks, with men masturbating more frequently than women.

A quarter of all respondents had watched X rated videos (37% men and 16% women) and a smaller number had visited an internet sex site (17% men and 12% women). Sex toys were used by 14% of women and 12% men.

Digital anal stimulation with a partner had been engaged in by 17% men and 14% women. Other practices such as phone sex, role-play, sadomasochism, bondage and discipline, fisting and rimming were engaged in by less than 5% of the population.

Commercial sex

One in six Australian men (15.6%) have paid for sex at some time in their life (97% with women) and 1.9% in the past year. Only 0.1% of women have ever paid for sex. Twice as many men (0.9%) as women (0.5%) had ever been paid for sex. Condoms were more likely to be used for commercial sex in brothels and parlours than with street-based sex workers.

Sexual coercion

A small proportion of men (4.8%) and a much larger proportion of women (21.1%) had been forced or frightened into unwanted sexual activity, many of them (2.8% men and 10.3% women) when they were 16 years of age or under. The experience of sexual coercion for both men and women was associated with higher levels of psychosocial distress, smoking, anxiety about sex and having had a sexually transmitted infection. Few people who had been coerced had talked about their experience to others and even fewer to a counselor, highlighting the need for more widely promoted and accessible services.

Injecting drug use risks

A history of injecting drugs was reported by 3% of the sample with men being more likely to do so than women (1.8%). Of those who had injected, 12.4% had shared needles and 43% had shared other paraphernalia. This is evidence of a significant minority of people at risk of blood-borne viruses through this means.

POLICY IMPLICATIONS

The age of sexual intercourse has been declining for at least the last fifty years. Coupled with an increasing age at marriage or entry into some other long-term relationship, this means that there is a large segment of the Australia population engaging in either concurrent relationships or serial monogamy. Having multiple partners and not always using condoms are a partial explanation for why sexually transmissible infections and blood-borne viruses appear relatively common in the Australian population. Unfortunately, knowledge of the transmission routes and health consequences of the most common sexually transmissible infections was poor. Most people with sexually transmissible infections present to their general practitioner. This underlines the importance of ensuring that general practitioners are appropriately trained and resourced to effectively diagnose and treat sexually transmissible infections. This also means that education about safe sex is not something that should be specifically directed only at young people but may need to be refocused to address the needs of people throughout their twenties, thirties, forties and beyond. The declining age at first intercourse, given that other forms of sexual activity commonly occur before the first experience of intercourse, highlights the need to urgently review the teaching of sexuality education in primary school.

We found that the proportion of people who identify as gay, lesbian or bisexual is relatively small, but the proportion reporting some homosexual experience is considerably greater. Given that the overwhelming majority of health education and health promotion is focused on heterosexuals, the appropriate representation of lesbian, gay and bisexual people in those activities is long overdue. The additional complexity presented by people who have same sex experience and identify as heterosexual needs also to be addressed where appropriate.

We found evidence that most women at risk for pregnancy were using some form of contraception, most of them generally reliable. Most women surveyed had been pregnant at least once. Of concern, some 17% of pregnancies enumerated by women in this sample ended in miscarriage and one in three Australian women report having experienced a miscarriage at least once. While we are unable to shed light on the causes of those events, their prevalence certainly suggests there is a need for further research on the issue.

The overwhelming majority of people in relationships found them to be emotionally satisfying and physically pleasurable. However, we found that a large proportion of Australians experience some form of sexual difficulty. We did not measure sexual dysfunction and we would strongly caution against any attempt to read our data in that way. However, the prevalence of the problems identified highlights the need for further research in this area.

Generally, Australians do not hold particularly conservative attitudes towards sexuality. A substantial minority of Australians watch X-rated films, use sex toys, intentionally visit internet sex sites and, among men, have paid for sex at least once during their life.

Finally, one in five Australian women and one in 20 Australian men reported having experienced sexual coercion at some time in their life. Approximately half of these women and men reported that they experienced sexual coercion when aged 16 years or younger. Few people who had experienced coercion had talked to others about their experiences of sexual coercion and even fewer had talked to a professional. This unfortunate silence may seem at odds with the extensive public discourse about sexual coercion. It is unclear whether the lack of service use for issues concerning sexual coercion is related to a perceived lack of appropriate services or other factors.

THE FULL REPORT

The primary report of the Australian Study of Health and Relationships is published as the *Australian and New Zealand Journal of Public Health*, Volume 27, Number 2, April 2003.

ABOUT THE AUTHORS

Dr Anthony Smith is Associate Professor, Principal Research Fellow and VicHealth Senior Research Fellow at the Australian Research Centre in Sex, Health and Society. Dr Chris Rissel is Director of the Health Promotion Unit of Central Sydney Area Health Service and a Clinical Senior Lecturer in Public Health in the Australian Centre for Health Promotion at the University of Sydney. Dr Juliet Richters is a Senior Research Fellow at the National Centre in HIV Social Research at the University of New South Wales. Dr Andrew Grulich is an Associate Professor and Head of the HIV Epidemiology and Prevention Program at the National Centre in HIV Epidemiology and Clinical Research at the University of New South Wales. Dr Richard de Visser is a National Health and Medical Research Council Sidney Sax Fellow in the Centre for Psychosocial Studies, Birkbeck, University of London.

ACKNOWLEDGEMENTS

The Australian Study of Health and Relationships study was made possible through funding from the Commonwealth Department of Health and Ageing, the Victorian Health Promotion Foundation, the health departments of New South Wales, Queensland and Western Australia, and the Central Sydney Area Health Service. Our work was supported by the Australian Research Centre in Sex, Health and Society (La Trobe University), Central Sydney Area Health Service and the Australian Centre for Health Promotion (University of Sydney), the National Centre in HIV Social Research (University of New South Wales) and the National Centre in HIV Epidemiology and Clinical Research (University of New South Wales). Jeanette Ward, Sandy Gifford, Aileen Plant, Louisa Jorm and Elizabeth Proude were of particular assistance in the early stages of the study. The advice of the study's Advisory Committee of John Kaldor, Sue Kippax, Judy Simpson and Louisa Jorm is gratefully acknowledged as is the input of the representatives of Commonwealth Department of Health and Ageing who were members of the Advisory Committee over the life of the study: Paul Lehmann; Roger Nixon; and, Debra Gradie. We also wish to thank the many other colleagues who offered advice on the content of questionnaire, particularly June Crawford, Basil Donovan, John Gagnon and norrie mAy-welby. We are indebted to the staff of the Hunter Valley Research Foundation who managed the data collection and undertook the interviewing for this study.