

# VARIATIONS BY COUNTRY OF BIRTH IN SEXUAL HEALTH-RELATED KNOWLEDGE AND PRACTICES: RESULTS FROM A NATIONAL CROSS-SECTIONAL SURVEY

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**Introduction:** Little quantitative evidence exists about the sexual health-related knowledge and practices of migrant populations. We compared people born in Australia with those born in a non-English speaking country with respect to sexual health-related knowledge and utilisation of services such as STI testing, to inform delivery of targeted public health programs.

**Methods:** The Second Australian Study of Health and Relationships (ASHR2) was a nationally representative telephone survey conducted between October 2012 and November 2013 with 20,094 Australian residents aged 16–69 years. We used t-tests to compare mean knowledge about sexually transmissible infections (STIs) and blood viruses (BBVs), and univariate and multivariate logistic regression to assess factors associated with having an STI test in the last year by country of birth.

**Results:** Overall 15,411 ASHR2 participants were born in Australia and 2,364 born in a non-English speaking country. Mean levels of STI and BBV knowledge were higher among Australian-born men (5.56, 95% CI 5.47-5.65) compared to men born in a non-English speaking country (4.02, 95% CI 3.74-4.29) ( $p < 0.001$ ) and Australian-born women (5.78, 95% CI 5.70-5.87) compared to women born in a non-English speaking country (4.33, 95% CI 4.00-4.66) ( $p < 0.001$ ). After adjusting for demographic and behavioural factors, men born in the Middle East and North Africa (adjusted odds ratio (aOR) 0.43, 95% CI 0.20-0.92) and South Asia (aOR 0.56, 95% CI 0.34-0.92) and women born in South Asia (aOR 0.42, 95% CI 0.21-0.86) were less likely than their Australian-born counterparts to have tested for an STI in the past year.

**Conclusion:** People born in non-English speaking countries have lower levels of STI/BBV knowledge and are less likely to access STI testing than people born in Australia. Further research is needed to understand risk behaviours and develop targeted education programs to encourage STI testing where warranted.