



Variations by country of birth in sexual health-related knowledge and practices

Praveena Gunaratnam | 8 November 2017



Background

- **Culturally and linguistically diverse (CALD) populations a priority for *National Sexually Transmissible Infections Strategy 2014-2017*.**
- **Barriers to accessing sexual and reproductive health care include (Mengesha 2016)**
 - Financial and linguistic constraints
 - Lack of health professional understanding
 - Difficulty navigating Australian health care system
- **Low levels of knowledge and higher risk behaviours in some communities (O'Connor 2007), but limited evidence overall**

Aims

- 1. To compare people born in non-main English speaking countries with people born in Australia in relation to:**
 - Sexual risk behaviours
 - Sexually transmissible infections (STI) knowledge; and
 - STI testing

- 2. Inform sexual health programs with CALD populations**

3

Methods

- **Data from the second Australian Study of Health and Relationships (ASHR2)**

- **National representative survey**

- **Computer assisted telephone interviews of 20 094 Australian residents aged 16 to 69 years**

- **Collects data on range of socio-demographic factors, sexual practices and health care seeking behaviours**

- **Proportions, means, univariate and multivariate logistic regression**

4

Demographics

	Men		Women	
	Australia (N=7583)	Non-English speaking (N=1405)	Australia (N=7765)	Non-English speaking (N=1217)
Region of Birth (%)				
<i>East Asia and Pacific</i>	NA	29.6	NA	39.4
<i>Europe and Central Asia</i>	NA	21.9	NA	24.4
<i>Latin America and Caribbean</i>	NA	3.6	NA	4.1
<i>Middle East and North Africa</i>	NA	9.5	NA	8.7
<i>South Asia</i>	NA	28.0	NA	18.1
<i>Sub-Saharan Africa</i>	NA	7.4	NA	5.4
Language other than English spoken at home (%)	1.4	51.1	1.3	45.6
Mean age	40.9	39.4	40.4	39.4
Identify as heterosexual (%)	96.6	97.5	96.2	97.3
Most advantaged socio-economic quartile (%)	32.3	41.8	32.3	39.1

5

Sexual behaviour

	Men		Women	
	Australia	NESC	Australia	NESC
Country of Birth				
Mean age at first vaginal intercourse	18.3	21.5	19.0	22.7
Mean no. of lifetime opposite-sex partners	14.6	10.7	7.3	3.5
Mean no. of opposite-sex partners in the last 12 months	1.2	1.0	0.9	0.9
Condom use during heterosexual activity in the past year (%)	37.9	48.3	33.0	38.5
Received sex education at school (%)	57.7	47.2	55.9	43.9

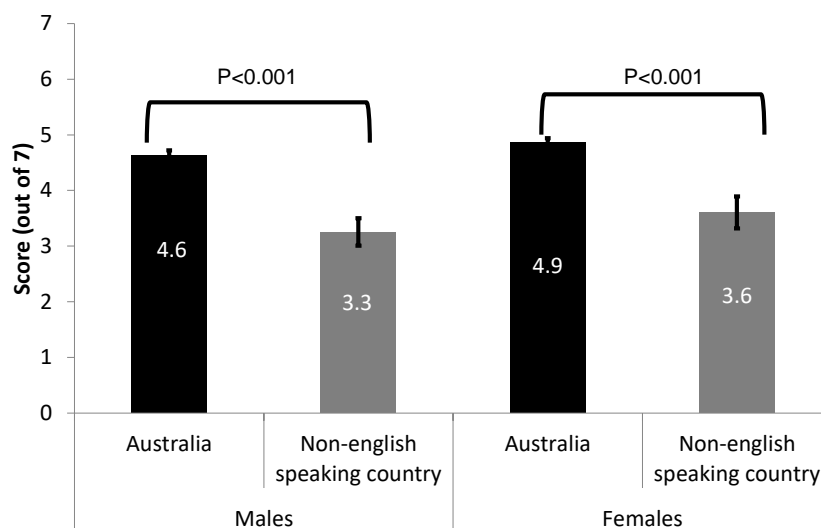
6

STI knowledge - questions

1. Cold sores and genital herpes can be caused by the same virus (True)
2. Once a person has caught genital herpes they will always have the virus (True)
3. Hepatitis B can be transmitted sexually (True)
4. Gonorrhoea can be transmitted through oral sex (True)
5. Chlamydia can lead to infertility in women (True)
6. Genital warts can only be spread by intercourse (False)
7. Chlamydia affects only women (False)

7

STI knowledge



8

STI testing in the past year – heterosexual males

Region of birth	%	aOR*	95% CI	P value
Australia	13.7	1		
East Asia and Pacific	12.9	0.74	0.48-1.15	0.187
Europe and Central Asia	7.4	0.88	0.52-1.50	0.645
Latin America and Caribbean	26.4	1.87	0.84-4.16	0.128
Middle East and North Africa	7.7	0.45	0.21-0.94	0.034
South Asia	8.9	0.50	0.30-0.83	0.007
Sub-Saharan Africa	25.4	1.65	0.82-3.31	0.161

*adjusted for age, number of opposite-sex partners in the last 12 months, and sex education at school

9

STI testing in the past year – heterosexual females

Region of birth	%	aOR*	95% CI	P value
Australia	18.7	1		
East Asia and Pacific	12.1	0.47	0.30-0.74	0.001
Europe and Central Asia	11.4	0.78	0.44-1.38	0.400
Latin America and Caribbean	20.1	1.08	0.43-2.73	0.871
Middle East and North Africa	7.5	0.25	0.08-0.82	0.023
South Asia	7.5	0.27	0.14-0.53	0.000
Sub-Saharan Africa	26.5	1.47	0.52-4.12	0.466

*adjusted for age, number of opposite-sex partners in the last 12 months, and sex education at school

10

Conclusions

Compared to those born in Australia, ASHR2 participants born overseas in a non-main English speaking country have lower levels of:

- **sex education at school**
- **knowledge about STIs**
- **lifetime opposite-sex partners and inconsistent condom usage during heterosexual activity**
- **STI testing (born in Middle East and North Africa, South Asia or East Asia and the Pacific – females only)**

Lower testing can reflect lower risk (perceived or actual) and/or barriers to service access

11

Limitations

- **Relatively small number of ASHR2 participants born in non-main English speaking countries:**
 - Less ability to detect any differences which might exist with Australian-born participants
- **Those who did participate likely to be well educated and have higher socio-economic status:**
 - May not be representative of CALD populations in Australia

12

Future directions

- **Further research into risk factors for STIs among different CALD populations**
- **Use of novel methods to capture representative CALD samples in national surveys and other studies**
- **Design and test interventions to improve knowledge of STIs and uptake of services where warranted**
- **Work both with CALD populations and health professionals**

13

Acknowledgements

- **Co-authors: J Richters, L Watchirs-Smith and R Guy (Kirby Institute for Infection and Immunity, UNSW Sydney), Anna Yeung**
- **ASHR2 investigators: J Richters, C Rissel, A Smith, A Grulich and R de Visser**

14