The sexual health literacy of the student population of the University of Tasmania: results of the RUSSL Study

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Introduction

Sexual health literacy (SHL) is the knowledge and familiarity with healthy practices as regards sexual health.

Relative to atheist/agnostics, Muslims, Buddhists and Protestants had significantly lower ARC and SHS scores. Only SHS associations persist on adjustment for multiple comparisons. SHS average score was 15.7 (78.3%), ranging from 5.

Predominantly Hobart campus (64.1%), followed by Launceston (31.7%), then Cradle Coast (4.3%).

Evidence supports remedial sexual education programs at UTAS focussing on risk reduction strategies.

1,786 participants recruited (8.2% of UTAS student population).

Relative to whites, African and South Asian self.

Sexual education and increased communication freedom about sex in childhood household strongly predicted increased sexual literacy.

30.7% of cohort medicine/nursing/allied health students.

Cohort majority female (62.8%), Caucasian (84.5%), & Australian-born (85.5%).

Statistical analysis

SHL score predictors assessed by linear regression.

Sexual education queried by age of sexual debut, lifetime number of opposite and same sex partners, and sexual activities ever engaged in.

Conclusions

Sexual health literacy at UTAS is moderate/good, but marked deficiencies exist for some student minorities, particularly among the overseas-born students from South and SE Asia.

Birthplace & SHL

- Overseas-born students have significantly lower ARC and SHS (-3.6% and -4.2%)
- SE Asian and South Asian have significantly lower ARC and SHS; Central Asian have significantly lower SHS (Figure 1)
- SE Asian associations driven by Malaysians; South Asian associations driven by Indians and Pakistanis

All associations persist on adjustment for confounders and multiple comparisons

Figure 1

Ethnic affiliation & SHL

- Relative to whites, African and South Asian self-affiliations have significantly lower ARC and SHS scores, while East Asian identifying have significantly lower SHS but not ARC (Figure 2)
- African associations were robust to adjustment, but East and South Asian associations were greatly attenuated by adjustment for age, sex and sexual education
- Only SHS associations persist on adjustment for multiple comparisons

Figure 2

Religious affiliation & SHL

- Relative to atheist/agnostics, Muslims, Buddhists and Protestants had significantly lower ARC and SHS scores
- Hindus, Catholics, and Other Christian affiliated students also had significantly lower SHS but not ARC scores
- Muslim association with ARC greatly attenuated by adjustment for age, sex and sexual education, and further still by birthplace and age of sexual debut; other religious affiliations robust to these adjustments
- Only Islamic association with ARC and Protestant association with SHS robust to adjustment for multiple comparisons

Figure 3

Demographic and other predictors of SHL score

- Females and older participants had significantly higher SHL scores, persisting on adjustment for covariates and multiple comparisons
- Sexual education and increased communication freedom about sex in childhood household strongly predicted increased sexual literacy
- Sexual experience (ever, partner number, earlier age of debut and greater variety of sexual experience) strongly predicted increased sexual literacy
- Medicine/nursing/allied health students had significantly higher SHL scores, moreso for ARC and only ARC persisting on adjustment for multiple comparisons
- No difference by campus

References

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