

**WORLD CONTRACEPTION DAY 2011**

**'CLUELESS OR CLUED UP:  
YOUR RIGHT  
TO BE INFORMED ABOUT  
CONTRACEPTION'  
MEDIA REPORT**



**SUPPORTED BY:**



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German Foundation for  
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Bayer HealthCare

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# INTRODUCTION



**JENNIFER WOODSIDE,  
INTERNATIONAL PLANNED PARENTHOOD FEDERATION (IPPF) ON  
BEHALF OF THE WORLD CONTRACEPTION DAY NGO PARTNERS**

“We are delighted to present the third annual multi-national survey looking at young people’s attitudes to sex and contraception, carried out by Bayer HealthCare Pharmaceuticals to mark World Contraception Day. The geographical reach of the survey has now been expanded to include the Baltic countries, India, Indonesia and some countries in Africa for the first time and this year we are looking at whether young people are able to access information they can trust about contraception. We are interested to see where young people around the world are learning about sex and contraception – is it from their peer group, their parents, the internet or healthcare professionals? Do they all receive sex education at school?

IPPF believes that all young people have the right to be informed about their sexuality and their sexual and reproductive health and are entitled to make their own choices. We have found that although many people do receive ‘sex ed’ of some description at school, it can often focus exclusively on the reproductive aspects of adolescent sexuality. The model of sex education which IPPF promotes considers the various inter-related power dynamics influencing sexual choices alongside placing an emphasis on sexual expression, fulfilment and pleasure as well as on reproduction. You only have to look at the number of people in this survey choosing not to use contraception because “their partner doesn’t like it” or because “it’s not cool” to realise

that sex education may be missing these elements in some parts of the world.

We believe that addressing this problem would go some way to decreasing the spread of sexually transmitted infections and reducing unplanned pregnancies as young people would feel more empowered to assert their sexual health rights. At the same time we also need to ensure that accurate and unbiased information on contraception is widely available so they are able to continue to make decisions that are right for them throughout their lives.”



**DENISE KELLER,  
TV PRESENTER/PRODUCER, SINGAPORE  
WORLD CONTRACEPTION DAY  
YOUTH TASK FORCE**

"No matter where you are in the world, barriers will exist preventing teenagers from making informed choices about sex and contraception. Even if teenagers are given some form of sex education at school, it doesn't necessarily mean that all the important issues surrounding sexuality and relationships are covered. For example the survey tells us that almost every respondent in Korea and Singapore receives sex education at school. However a considerable number in these countries also feel uncomfortable asking questions about sex in the classroom and see this as a major barrier to receiving trustworthy information on contraceptive options. This suggests to me that the sex education provided isn't quite as wide ranging and comprehensive as it could be.

If young people are unable to learn about sex at school, they will inevitably go elsewhere to get the information they need, including discussing the topic with friends and turning to unreliable internet sources which is probably why so many myths and misconceptions about contraception remain widespread. Given this and the fact that young people are often too embarrassed to discuss the topic with healthcare professionals, it's vital that up to date and evidence-based information about sex and contraceptive options is available for young people to access easily - either through the internet or via educational materials they can take home or carry with them.

As a member of the Youth Task Force, we are committed to getting evidence-based resources to young

people to inform their discussions about sex, whether it's with each other, in the classroom or online. That's why we write blogs and get involved in face-to-face outreach to help young people learn up to date information about sex relationships and contraception in what we hope is a fun and engaging way."



# **EXECUTIVE SUMMARY**

**THE 'CLUELESS OR CLUED UP: YOUR RIGHT TO BE INFORMED ABOUT CONTRACEPTION' MEDIA REPORT EXPLORES YOUNG PEOPLE'S ATTITUDES TO SEX AND CONTRACEPTION, AND SPECIFICALLY WHETHER THEY ARE ABLE TO ACCESS ACCURATE AND UNBIASED INFORMATION ABOUT CONTRACEPTION AND MAKE INFORMED DECISIONS ABOUT THEIR SEXUAL AND REPRODUCTIVE HEALTH.**

**THE REPORT, WRITTEN AND SPONSORED BY BAYER HEALTHCARE PHARMACEUTICALS, INCLUDES THE PERSPECTIVES OF 5,426 YOUNG PEOPLE ACROSS 26 COUNTRIES IN ASIA PACIFIC, EUROPE, LATIN AMERICA AND THE USA. 600 YOUNG PEOPLE WERE ALSO SURVEYED IN EGYPT, KENYA AND UGANDA.!**

These data also build on the results of the 'CONTRACEPTION: WHOSE RESPONSIBILITY IS IT ANYWAY?' survey published to coincide with World Contraception Day (WCD) in September 2010<sup>2</sup> and the 'TALKING SEX AND CONTRACEPTION: WHAT YOUNG PEOPLE AROUND THE WORLD TOLD US' survey published for World Contraception Day in 2009.<sup>3</sup>

The aim of the 'Clueless or Clued Up' report is to provide an international picture of the survey respondents' sexual behaviour, how much they currently understand about the contraceptive options available to them and their partner and where they obtain information on contraceptive options and preventing pregnancy. The following media report contains a summary of the responses young men and women (aged 15-24\*) gave to questions on these topics along with commentaries on the findings from members of the World Contraception Day Non-Governmental Organisation (NGO) coalition and Youth Task Force (YTF) and a number of healthcare professionals who specialise in psychology, psychiatry and sexual health.



\* Respondents in Egypt were aged 22-30 and married

## WHAT DO THE FINDINGS TELL US?

Young people are still having unprotected sex with new partners for a variety of reasons and knowledge of effective and reliable contraceptive methods is less than optimal. In some countries included in the survey, the situation appears to be getting worse year on year.

In terms of information access, young people appear to be gathering insights about sex and contraception from a wide variety of sources including magazines, the internet, friends and family as well as from healthcare professionals and school. With the internet being the overall preferred source of information about sex and contraception, it is also cited as the second most common source of inaccurate information and clearly much of what young people read in social media sites or forums could well be myth or misconception. This is highlighted by the large numbers of young people who believe that ineffective methods of contraception, such as the 'withdrawal method' or having sex during menstruation, will protect them from an unplanned pregnancy.

A considerable number of young people said they have received information on contraception that they have since realised was inaccurate or untrue – in most cases the information was obtained from friends or the internet but in some cases it was provided by partners or even teachers.

The fact that school does not provide a comfortable environment for questions about sexuality and intimacy was raised as a common barrier preventing young people from being able to obtain accurate and unbiased information on contraception.

In addition to this, the survey results appear to suggest that in some countries there may be a link between poor provision of sex education at school and numbers of unplanned pregnancies, for example in Brazil and Indonesia where there is limited sex education, as many as 67% and 48% of young people have a close friend or family member who has had an unplanned pregnancy. Furthermore, in France and Norway, where 85% and 84% of young people receive sex education, only 25% and 24%, know a close friend or family member who has had an unplanned pregnancy. There is also some correlation between poor provision of sex education and prevalence of misconceptions about effective contraceptive methods – in Turkey and Russia where education provision is low, a large number of young people believe that unreliable methods such as withdrawal or bathing / showering after sex are effective at preventing an unplanned pregnancy.

However, there are exceptions to this, such as in Poland, where 69% of teenagers receive sex education but as many as 56% know someone who has had an unplanned pregnancy. This could suggest that in some countries where there is widespread provision of sex education, the quality of it, in terms of how young people are taught and the topics covered, may vary from school to school and from region to region. Poor services and supplies are also likely to be a factor in the levels of unplanned pregnancies and poor contraception knowledge in some countries, although the survey does not investigate these issues extensively.

No matter where they live, respondents told us that they are too embarrassed to ask for information and that they were unable to access contraception when they needed it because they were too embarrassed to ask a healthcare professional – the very person charged with supplying them with accurate and unbiased information and family planning supplies.

All young people have the right to learn about their sexual and reproductive health and about the importance of asserting one's sexual health rights so they are able to make empowered and informed choices. World Contraception Day 2011, under the theme of 'Live Your Life, Know your rights, Learn about contraception' focuses on the right of young people to access accurate and unbiased information about contraception in order to prevent an unplanned pregnancy or sexually transmitted infection (STI).

Although these survey results report on the incidence of unprotected sex, it is important to note that contraception should always be used to prevent an unplanned pregnancy and/or STI when having sex with a new partner and during a stable relationship.



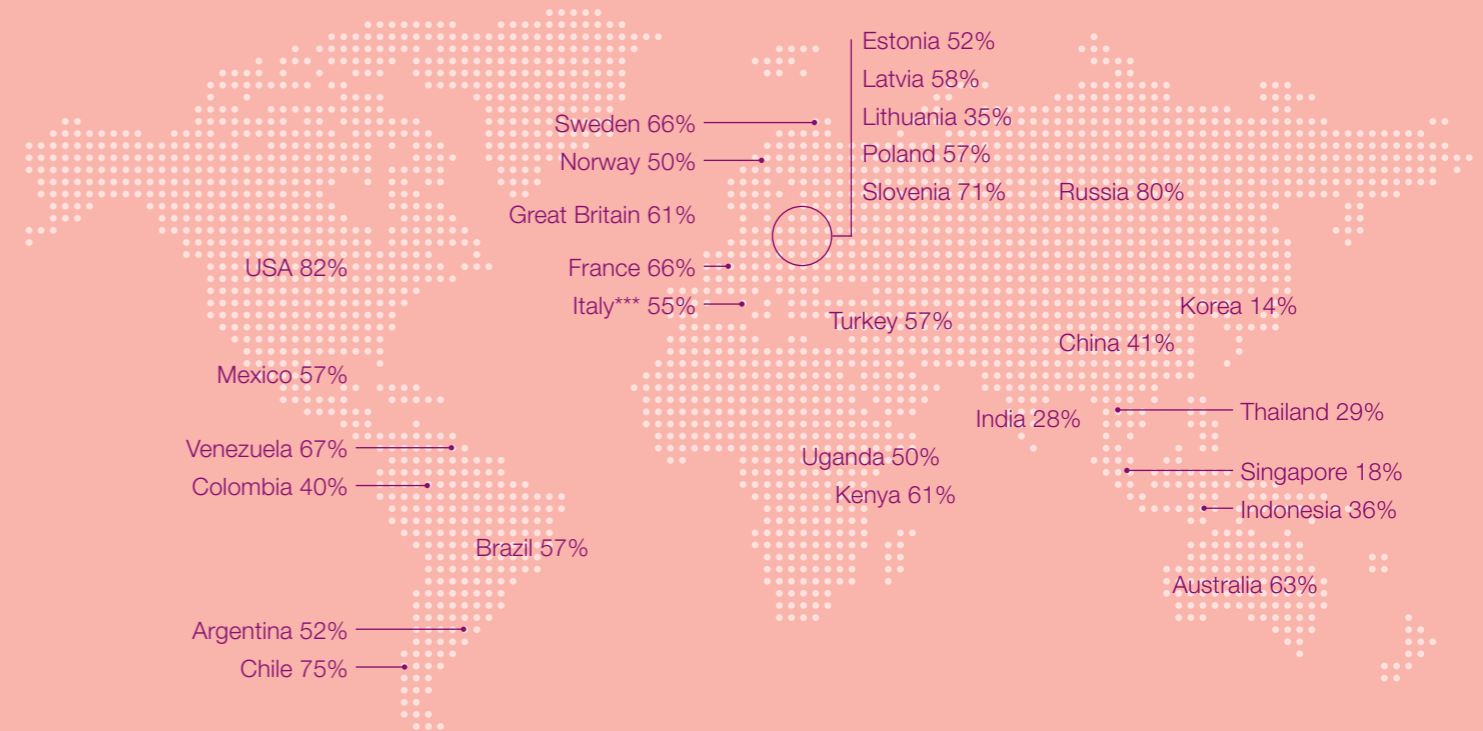


**REALITY CHECK:  
WHAT YOUNG PEOPLE TOLD US  
ABOUT THEIR SEXUAL BEHAVIOUR**

**HAVING SEX FOR THE FIRST TIME**

There is little variation across regions in the age at which young people become sexually active. In all regions except in the African countries, the average age when young people have sex for the first time is 17 years old. In individual countries, apart from Egypt, the average age of first sexual intercourse ranged from 16 to 19.\*

**PERCENTAGE OF YOUNG PEOPLE SURVEYED WHO HAVE HAD SEXUAL INTERCOURSE\*\***



\* The average age of first intercourse in the African countries is 20 years of age, which is higher than the other regions. This is because the young people surveyed in Egypt were asked the question 'At what age did you marry and have your first sexual intercourse?'  
 \*\* Egypt not included due to survey sample used and age ranges in each country  
 \*\*\* Due to usage of subgroups, figures are based on small sample size

### HAVING SEX WITHOUT CONTRACEPTION

The numbers of sexually active young people who have had intercourse with a new partner, without using contraception, varied across the regions (Latin America 40%, Europe 42%, Asia Pacific 48%, USA 53% and African countries 64%), but no significant differences were seen between men and women.

Individual country statistics show that more than 40% of young people surveyed in Australia, Chile, Colombia, Great Britain, Indonesia, Lithuania, Mexico, Poland, Singapore, Sweden and Turkey have had sex with a new partner without contraception and this rose to over 50% of young people in China, Estonia, Kenya, Korea, Norway and Thailand.

Across all regions, the largest group of young people, who said they had had sex with a new partner, without using contraception, was in Thailand (62%). The figure was particularly high among young Thai women (72%). In Europe, 67% of young Estonian women admitted to sex without contraception with a new partner compared to 46% of young men (this is the only country in which such a significant difference between men and women was seen). The lowest figure was in Argentina, where only 27% of teenagers said they had sex with a new partner without contraception. Interestingly, although a significant number of teenagers surveyed in Russia (80%), Venezuela (67%) and France (66%) are already sexually active, a relatively low number of them have had unprotected sex with a new partner (34%, 40% and 40% respectively). The opposite is true in Thailand, Korea and China which ranked relatively low in terms of sexual activity (29%, 14% and 41% respectively) but highly in terms of the percentage of sexually active young people who have had sex without contraception with a new partner (62%, 52% and 58% respectively).



**DR DIANA GALIMBERTI,  
PRESIDENT OF CENTRO LATINOAMERICANO  
SALUD Y MUJER (CELSAM)**

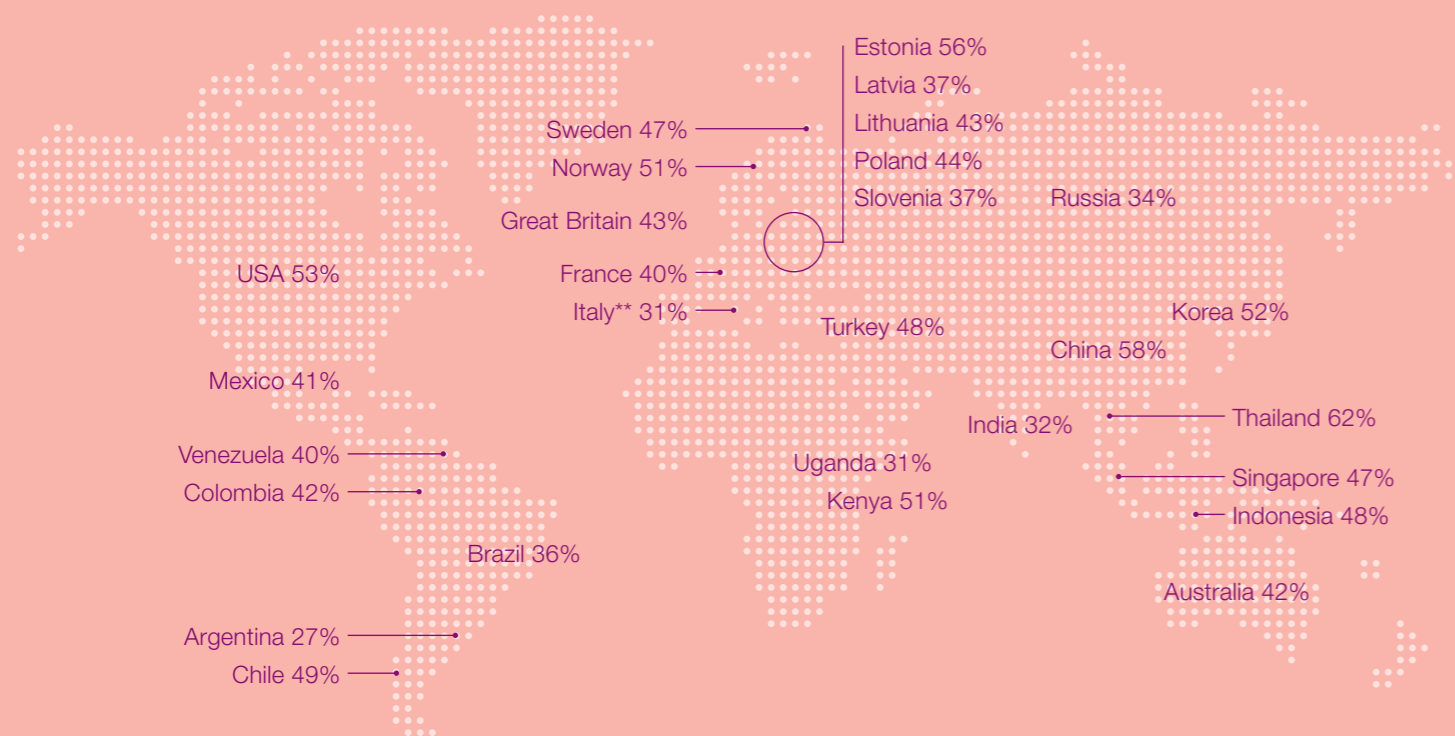
“The survey results do pull out some interesting findings this year particularly in Argentina. It’s good to see that young people in this country are amongst the least likely to have unprotected sex with a new partner. Looking at the results this may be because they are also some of the most well informed about contraception, seeking information from a wide range of sources including the internet, friends, educational materials, their GP/nurse and most

interestingly their parents. There is also widespread provision of sex education, according to the respondents, and very few young people have experienced problems in accessing information about contraceptive options that is accurate and unbiased.

Through my work with CELSAM, we know there is still a great deal of work to be done as many young people in the country are not fully in control of their own sexual and reproductive

health – either because they have not received the right level of education or because they are heavily influenced by their parents or partners. However it’s encouraging to see that some progress is being made.”

**PERCENTAGE OF SEXUALLY ACTIVE YOUNG PEOPLE SURVEYED WHO HAVE HAD SEX WITH A NEW PARTNER WITHOUT USING CONTRACEPTION\***



The regional statistics are not considerably different to those seen in previous years, with increases in the figures since 2010 in Europe (42% in 2011, up from 36% in 2010) and reductions in Latin America (48% in 2011, down from 56% in 2010).<sup>2</sup> Asia Pacific increased by just 1%, from 47% in 2010 to 48% in 2011.<sup>2</sup> African countries were not surveyed in 2010.

There are quite considerable increases however in specific countries – in the USA, the percentage of sexually active young people having had unprotected sex with a new partner has risen from 38% in 2009 to 53% in 2011.<sup>3</sup> In France the numbers have risen from 19% in 2009 to 40% in 2011 and in Great Britain from 36% in 2009 to 43% this year.<sup>3</sup>

The results from the 2010 WCD survey showed us that many young people are prioritising personal hygiene including showering, waxing and applying perfume (Asia Pacific 41%, Europe 44%, Latin America 45% and the USA 48%) as more important than contraception (Asia Pacific 21%, Europe 25%, Latin America 32%, USA 24%) when preparing for a first date that may lead to sex which could go some way to explaining the high levels of unprotected sex with new partners.<sup>2</sup>

Across Asia Pacific, Europe, Latin America and in Kenya, Uganda and the USA, the most common reason for not using contraception highlights a lack of preparedness for sexual activity, with between 21% and 38% of young people saying that they did not have a contraception method available at the time. This was most clearly highlighted in Latin America, where between 36% of young people in Argentina and 40% in Mexico and Venezuela gave this as a reason for not using contraception. Although the responses from men and women varied in each country, there was no overall trend on whether men or women were more unprepared for sex.



\* Egypt not included due to survey sample used and age ranges in each country

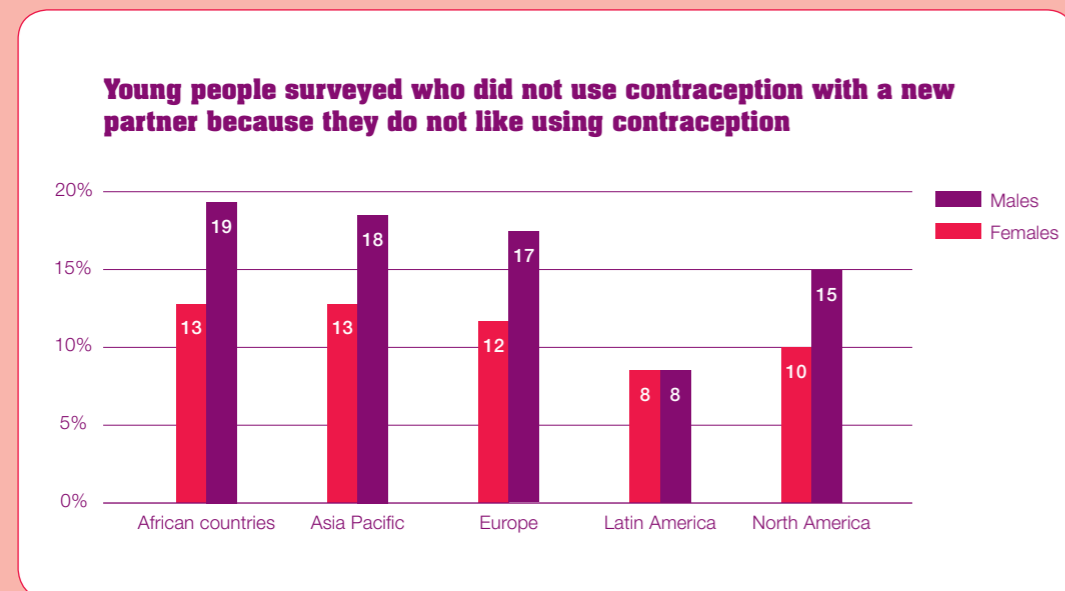
\*\* Due to usage of subgroups, figures are based on small sample size

Another frequently cited reason was that the respondent's partner preferred not to use contraception. This was the most common reason in Singapore (36%), Indonesia (31%) and Egypt (20%) and the second most common reason across Asia Pacific in general and the USA.

In Russia this problem appears to be on the increase – whereas only 9% of respondents reported this as an issue in 2009, 22% of young Russians are now saying this was the reason they had sex without contraception with a new partner.<sup>3</sup>

A dislike of using contraception was the second most frequently given reason across Europe, with a quarter of teenagers in Latvia (26%) and Italy\* (24%) agreeing with this statement. As many as 19% of Thai respondents and 18% of respondents in Singapore stated this was a problem when they had had unprotected sex with a new partner. Overall across regions, this reason was most commonly cited by men.

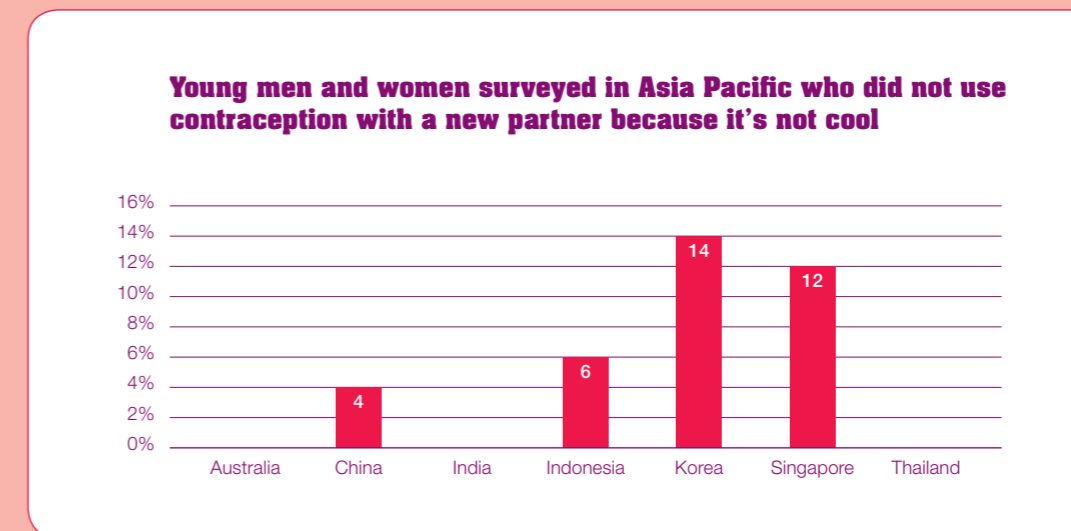
In some countries such dislike of contraception seems to be getting worse – in Poland the number of people reporting this as a reason has increased from 13% in 2009 to 22% in 2011 and similarly in Italy the percentage of people giving this response has risen from 6% to 24% over the last two years.<sup>3</sup>



\* Figures based on a small sample size due to sub-samples

In Argentina\*, Colombia\*, Estonia, Korea\*, Lithuania\*, Poland and Turkey between 20% and 25% of young people surveyed did not use contraception with a new partner because they did not feel that they or their partner was at risk of pregnancy. Some respondents said they had unprotected sex because they did not know which contraception to use (Kenya 18%, China 15%, Lithuania\* 13%).

A worrying lack of understanding about the importance of contraception was shown in some countries. A relatively common explanation given for not using contraception is that young people don't feel that it is 'cool'. For example, in countries such as Korea, Slovenia and Singapore, 14%, 13% and 12% of young people respectively cited this as a reason. Furthermore, in Uganda, almost a quarter of respondents (23%) gave this as an explanation for not using contraception. This response was also much more frequently given by men rather than women.

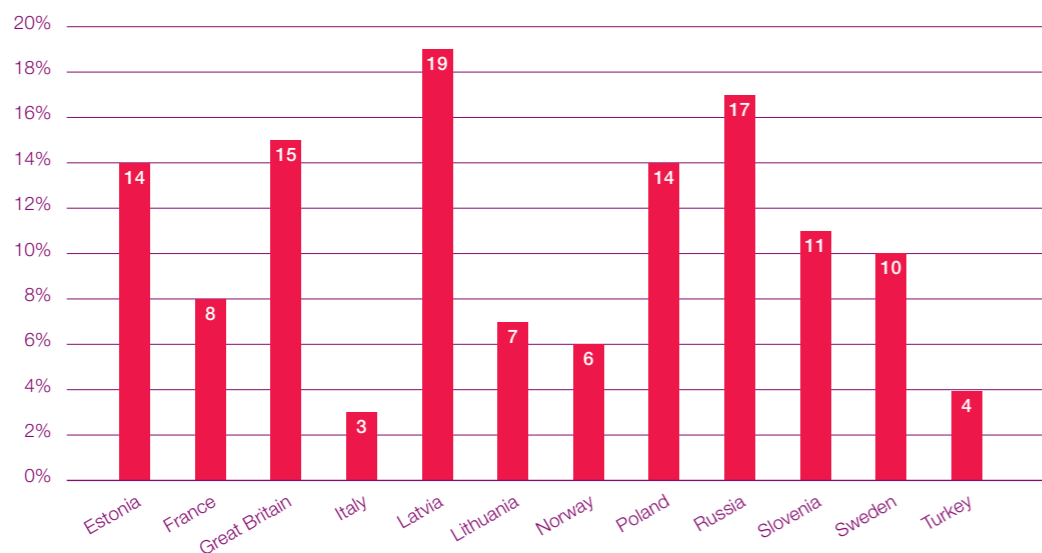


The reason of being drunk and forgetting contraception was most often reported in Europe and the USA, where on average 11% and 13% of young people use this as a reason for their behaviour. While this number has decreased from 15% in Europe in 2009, in the USA this issue seems to be getting worse year on year as only 6% of people said this was an issue in 2009.<sup>3</sup>

Within Europe, the highest rates were seen in Latvia (19%), Russia (17%), Great Britain (15%), Estonia (14%) and Poland (14%). There were no clear differences in the figures for men and women.

\* Figures based on a small sample size due to sub-samples

## Young men and women surveyed in Europe who did not use contraception with a new partner because they had drunk and forgot



One explanation for these kinds of attitudes, highlighted by Charis Wong in the 2010 media report<sup>2</sup>, is a psychological concept known as the ‘personal fable’. This proposes that teenagers believe they are special and unique and that nothing bad will happen to them. This explains why teenagers are often focused on the present with little consideration of the long term consequences of their behaviour, future plans and personal values. Teenagers may be thinking that having sex without contraception is fine because the consequences “will never happen to me”.

These results indicate a continued need for comprehensive sex education teaching young people about the risks associated with sexual intercourse without using contraception, particularly with a new partner and how to assert their sexual health rights in a way that feels comfortable within their cultural environment.

\* Figures based on a small sample size due to sub-samples



**STUART HERITAGE,  
JOURNALIST, UK  
WORLD CONTRACEPTION DAY  
YOUTH TASK FORCE**

“What the Clueless or Clued Up survey results highlight is that large numbers of young people, from many different countries with diverse cultures, are still participating in potentially risky behaviour. In Great Britain, France and the USA it looks like the problem may be getting worse.

Young people will always experiment with their sexuality, something which is highly unlikely to change in the near

future. However rather than taking a step backwards by promoting abstinence, I believe the sensible solution would be to make sex education more aligned and comprehensive and encourage open discussion about sex and contraception in the classroom and outside it. We also need to ensure young people are always able to access practical and unbiased information on the topic when they need it.

As a Youth Task Force member, one of the things we are trying to do is get out into our communities and help build young people’s confidence so they can talk openly about contraception and the consequences of unprotected sex with their partners as well as with healthcare professionals”.

**ACCESSING CONTRACEPTION**

The numbers of young people who experienced difficulties in obtaining contraception when they needed it varied from region to region. Whilst 11% of Europeans say they have had problems, this figure increases to 21% in Asia Pacific, 25% in Kenya and 31% in Uganda. Across all regions, there is no major difference in responses between men and women.

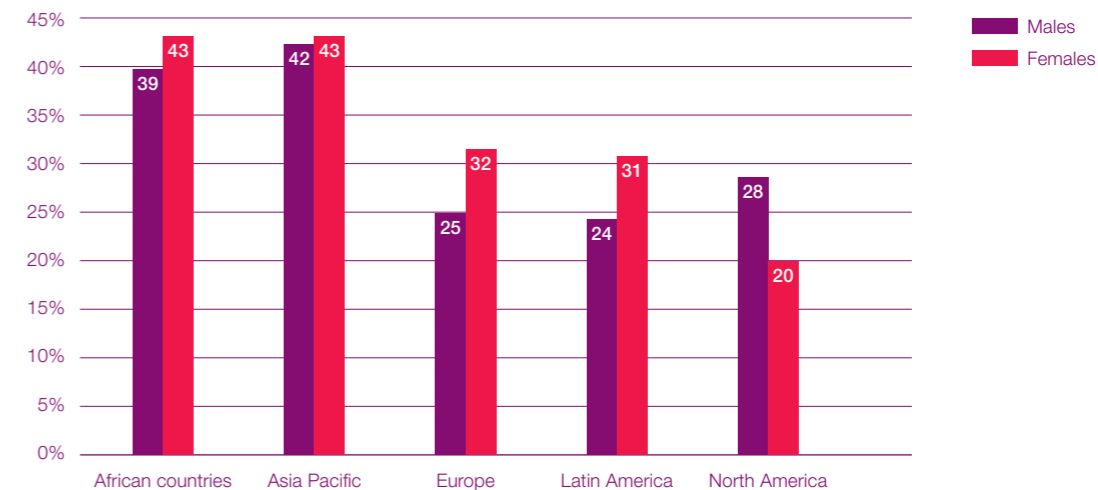
There was a differentiated picture in individual countries in Asia Pacific. For example, whereas only around 10% or those surveyed in Australia, Korea, Thailand and Singapore had problems, there were significantly higher numbers in Indonesia (51%) and China (34%).

The reasons given for difficulties experienced in obtaining contraception varied by region and by country, and highlighted the need for a greater understanding of the contraception options available and crucially where to access them and for young people to be more prepared in anticipation for sexual intercourse.

In Europe and the US, the main reason that respondents gave for not being able to access contraception was that they had run out. Fear that their parents/relatives would find out was also a popular response across all regions and the main reason given across Latin America. Fear around parents/relatives discovering what was happening was particularly apparent amongst those who had not been able to access contraception in Italy\* (53%), Turkey\* (44%), Brazil\* (46%), Uganda\* (41%), Thailand\* (52%), India\* (53%) and Singapore\* (47%).



**Young men and women surveyed who have experienced difficulty obtaining contraception when they needed it because of embarrassment about talking to a healthcare professional**



\* Figures based on a small sample size due to sub-samples

Perhaps of most concern was the response that young people were too embarrassed to ask a healthcare professional about contraception. In Asia Pacific and Kenya, this was the major reason given by those who had experienced difficulties obtaining contraception, with 42% and 55% respectively citing it. As many as 57% of women in China and 50% of women in Singapore said this had been a barrier for them.

In Europe, this was the main reason given in Great Britain (29%), alongside fear that parents/relatives would find out and the main reason given in Turkey (47%). It was also cited as a reason by 47% of young people surveyed in Italy. In the USA, almost a quarter of respondents (24%) who had struggled to access contraception said they were too embarrassed to ask a healthcare professional about it. In Latin America, it was the main reason given in Brazil (46%) along with fear around parents/relatives finding out and in Argentina (42%).

This clearly highlights a need for young people to feel more empowered to approach healthcare professionals and more confident to raise contraception as a topic.



**DR SARAH RANDALL,  
EUROPEAN SOCIETY OF CONTRACEPTION  
AND REPRODUCTIVE HEALTH (ESC)**

“In some ways what the survey has told us is nothing new – of course teenagers are embarrassed asking a healthcare professional about contraception particularly if they are worried they will be judged in some way. However it’s vital that we do everything we can to ensure the topic is brought up at some point either by a nurse or a GP. Choosing the right contraceptive is not a decision that should be made through

chatting to friends or by searching on the internet – it is a decision that should be made with medical assistance and advice.

There are many things that can be done about this issue – it may be that the responsibility should be on the GP, nurse or gynecologist to raise the topic as a matter of course for all young women not currently using any form of contraceptive method and with

young men if the opportunity arises. As a professional society I also think we could do more to train healthcare professionals, particularly those who are newly qualified, on ways to initiate this conversation with teenagers.”

A serious lack of knowledge about contraceptive options available was highlighted by the number of young people who said that the reason they had problems obtaining contraception when they needed it was that they didn't know which method to look for. In Europe, this was a particular issue in Lithuania (40%), Slovenia (31%) and Russia (23%). In Asia Pacific this was a problem in China (27%), Thailand (48%), Singapore (33%) and India (22%). In Latin America this was cited as an issue in Venezuela (23%), Chile (26%), Colombia (31%) and Argentina (32%).

There were surprising results in France, Sweden and Australia, where 36%, 25% and 24% respectively of those who had problems accessing contraception said that this was because they did not know where to get it from. These are countries where significant numbers of young people claim to be very well informed about contraception, where the vast majority of young people receive sex education and where contraceptives are likely to be freely available in most cases. This may suggest that the sex education provided in these countries needs to be more comprehensive.



**CHARIS WONG,  
COUNSELLING PSYCHOLOGIST AND TEXAS  
LICENSED MARRIAGE & FAMILY THERAPIST  
ASSOCIATE, MALAYSIA**

“Almost half of the young people (48%) surveyed in Asia Pacific admitted that they have had intercourse with a new partner without using contraception. This alarming data is similar to last year's results (47%) and the year before (45%). The main reason given for this risky sexual behaviour is not having a contraceptive at that point of time. In fact, twice as many youths in Asia Pacific reported having difficulty obtaining contraceptives compared to the youths in Europe. They admitted being too embarrassed to ask a healthcare professional about contraception or fearful that their parents might find out. Although there is no minimum age requirement to purchase a condom, many of them believe that they are too young to obtain contraceptives. The survey also revealed that youths in Asia Pacific had the least knowledge of contraceptive options compared to their counterparts in other regions. It is therefore time that we face the stark reality that they are

still ignorant about the life-threatening risks involved in having sex without contraception. Hiding this truth is not protective, but destructive.

What is evident from these results, is that there are few opportunities for young people in Asia Pacific to engage in honest discussions about sex with influential matured adults. While Singapore already has a sex education programme in schools and other countries such as China are developing a curriculum for one, many countries are still hesitant to take this step forward. For example, in a developing country like Malaysia, the nature and extent of formal sex education in school continues to be an ongoing debate between politicians, educators and parents. A state minister once commented that sex education in schools would be “like teaching thieves how to steal properly”. Teachers don't appear to be confident in teaching sex education and seem to be afraid of being sued by parents for

any mistakes made in disseminating information. Parents are embarrassed to initiate discussions on sexuality with their children. It is no surprise then that young people, having been conditioned from an early age that sex is a taboo and an unspoken topic, are reluctant to seek advice on sex issues and contraception from adults.

Instead of blaming each other, we need to take proactive steps to create a healthy attitude towards sexuality by initiating open and honest discussion about sex with young people without making them feeling ashamed, judged or reprimanded. Talking about sex and contraception methods does not mean encouraging premarital sex, going against religious teachings or evoking curiosity about sexuality. It simply means doing our part to disseminate factual information about unprotected sex and the consequences so that young people can make informed decisions about contraception.”

**PREGNANCY – PLANNED AND UNPLANNED**

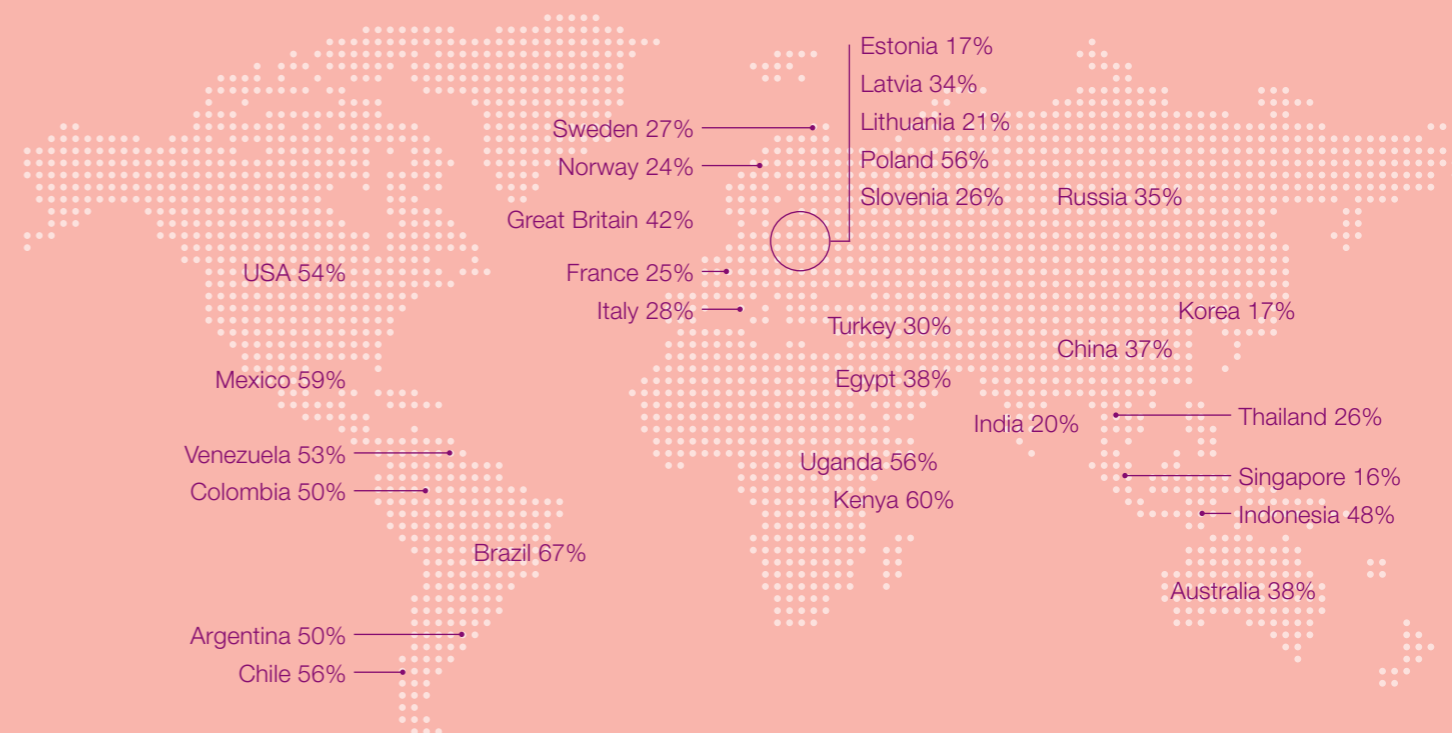
More than half of respondents in the USA (54%), Latin America (55%), Uganda (56%) and Kenya (60%) report that a close friend or family member had had an unplanned pregnancy in the last few years. This number is significantly lower in Europe (30%) and Asia Pacific (29%). Across all regions, a larger share of women than men knew of friends or family members who had had an unplanned pregnancy.

	2011 (%)*	2010 (%)	2009 (%)
African countries*	51%	Not included in survey	Not included in survey
Asia Pacific	29%	34%	30%
Europe	30%	28%	31%
Latin America	55%	69%	Not included in survey
USA	54%	53%	44%



Alarming the number of people in both Great Britain and Poland who have a close friend or family member who has had an unplanned pregnancy has increased over the last two years. In Great Britain the percentage of people has increased from 29% in 2009 to 42% in 2011 and in Poland from 45% in 2009 to 56% in 2011.<sup>3</sup>

**YOUNG MEN AND WOMEN SURVEYED WHO HAVE A CLOSE FRIEND OR FAMILY MEMBER WHO HAS HAD AN UNPLANNED PREGNANCY IN THE LAST FEW YEARS**



\* Includes Egypt, Kenya and Uganda figures only – respondents in Egypt were aged 22–30 and married

## REALITY CHECK: WHAT YOUNG PEOPLE TOLD US ABOUT THEIR SEXUAL BEHAVIOUR – RESPONSES BY REGION

SURVEY QUESTION TO YOUNG PEOPLE	AFRICAN COUNTRIES (EGYPT, KENYA AND UGANDA)	ASIA-PACIFIC	EUROPE	LATIN AMERICA	USA
Percentage of people who have had sex <i>Please note that different age ranges of respondents were surveyed in each region</i>	70%	33%	59%	58%	82%
Average age when first had sex	20 years	17 years	17 years	17 years	17 years
Percentage of sexually active people having sex without contraception with a new partner	64%	48%	42%	40%	53%
Barriers to using contraception	19% My partner preferred not to use contraception 16% I do not like using contraception 12% I did not have a contraceptive method available at the time	21% I did not have a contraceptive method available at the time 16% My partner preferred not to use contraception 15% I do not like using contraception	27% I did not have a contraceptive method available at the time 14% I do not like using contraception 12% I was not at risk of pregnancy 12% My partner preferred not to use contraception	38% I did not have a contraceptive method available at the time 18% I was not at risk of pregnancy 11% My partner preferred not to use contraception	26% I did not have a contraceptive method available at the time 14% My partner preferred not to use contraception 13% I had drunk and forgot
Percentage of respondents who have had problems obtaining contraception, when they needed it	21%	21%	11%	14%	10%
Barriers to obtaining contraception when needed	41% - I was too embarrassed to ask a healthcare professional 33% - I was afraid my parents/relatives would find out 29% - I did not know which method of contraception to look for	42% - I was too embarrassed to ask a healthcare professional 39% - I was afraid my parents/relatives would find out 35% - I am too young to obtain contraception	34% - I had run out of contraception 31% - I was afraid my parents/relatives would find out 28% - I was too embarrassed to ask a healthcare professional	33% - I was afraid my parents/relatives would find out 27% - I was too embarrassed to ask a healthcare professional 23% - I did not know which method of contraception to look for	53% - I had run out of contraception 29% - I was afraid my parents/relatives would find out 24% - I was too embarrassed to ask a healthcare professional
Percentage of people who know close friends or family members who have had an unplanned pregnancy	51%	29%	30%	55%	54%



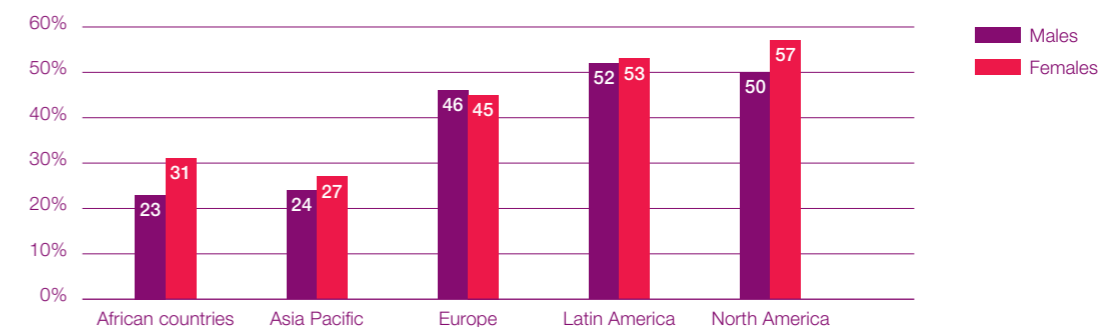
## CLUELESS OR CLUED UP? KNOWLEDGE OF CONTRACEPTIVE OPTIONS

### HOW WELL INFORMED ARE YOUNG PEOPLE ABOUT CONTRACEPTION?

There were some significant regional differences in young people's level of familiarity with available contraceptive options. In Europe, Latin America and the USA nearly half of those surveyed (46%, 53% and 53% respectively) felt that they are very well informed about the various contraceptive methods available to them. However, in Asia Pacific and the African countries only a quarter (25% and 27%) claimed this level of familiarity.

Women in Slovenia claim to have the greatest knowledge about contraceptive options available to them, with 68% saying that they are very well informed. This is followed by women in Argentina (66%), Australia (57%) and in the USA (57%). Generally, in Europe, young men and women in Slovenia (61%), France (60%) and Great Britain (59%) appear to be the most well informed.

Young people surveyed per region who feel very well informed about contraceptive options



Alarming, approximately half of young men and women in Kenya (49%), Uganda (47%), China (51%) and India (50%) said that they were not very familiar at all with the different contraceptive options available to them. This is also true of 40% of young people in Lithuania and 42% in Korea and Singapore.

Awareness in Latin America is relatively high with between 42% in Colombia and 61% in Argentina claiming to be very well informed.

Across the regions there aren't any significant differences in the number of contraceptive methods that young people are familiar with. On average, those questioned were familiar with 4.2 different methods. The lowest level of knowledge was in Asia Pacific where, on average, young people in China knew of only 2.7 contraceptive methods and young people in Singapore and India knew of only 2.8. In contrast, in Latin America, young people in Colombia were on average aware of 7.1 methods of contraception while those in Venezuela were aware of 6.7 on average.



**PROFESSOR SOO-KEAT KHOO,  
ASIA PACIFIC COUNCIL  
ON CONTRACEPTION (APCOC)**

“It is simply not acceptable that only a quarter of young people feel very well informed about the contraceptive options available across Asia Pacific. It is also alarming that young people are still failing to use contraception because “it’s not cool”. Over the last three years high numbers of people in Singapore, China, Korea and Thailand have given this answer when asked why they didn’t use contraception with a new partner. This stressed the need for education not only on how to use

contraception but also on the wider, long term implications of an unplanned pregnancy.

The Asia Pacific region is incredibly diverse with a variety of political, economic and social factors influencing the way young people are taught about sex and contraception in school and at home and the way in which they are able to search for information. Therefore although one size will certainly not fit all, what APCOC is able to do is use collective experience

and best practice knowledge to aid countries in improving education and contraception provision in a way which is aligned with their existing healthcare systems, social and cultural values and economic frameworks. There has never been a time when our services and expertise are more in demand.”



**IMANE KHACHANI,  
PHYSICIAN, MOROCCO  
WORLD CONTRACEPTION DAY  
YOUTH TASK FORCE**

Where unfamiliarity with different contraceptive options was reported, a widespread belief in ineffective forms of contraception can also be seen. Indeed, an urgent need for the dissemination of accurate and unbiased information on contraceptive options was highlighted by some worrying statistics in all regions about the perceived efficacy of unreliable methods of contraception such as withdrawal, having sex during menstruation and bathing / showering after sex.

The most shocking figures were seen in some African and European countries where approximately half of young people believe that withdrawal of the penis before ejaculation is an effective method of contraception (Uganda 52%, Russia 50% and Turkey 52%). In all countries in Asia Pacific, between 26% and 43% of those interviewed consider withdrawal an effective way of preventing pregnancy, whilst in Latin America, 42% of Venezuelans believe this is true.

It is interesting to note that Turkey has the least amount of sex education taught in schools in Europe and over half of Russian teenagers don't receive any sex education at all which may go some way to explain the widespread misconceptions held by young people in these countries about effective and reliable forms of contraception.

Whilst the majority of those surveyed in Uganda and Venezuela are taught about sex in school, 15% of both Venezuelans and Ugandans do not trust their teachers to provide accurate information about contraceptive options. Furthermore, the vast majority of information about contraceptive options in Russia and Turkey is obtained via the internet, including blogs, chat rooms and social media and over half of young Ugandans (53%) get their information about contraception from their friends, neither of which are guaranteed to be reliable, accurate sources.

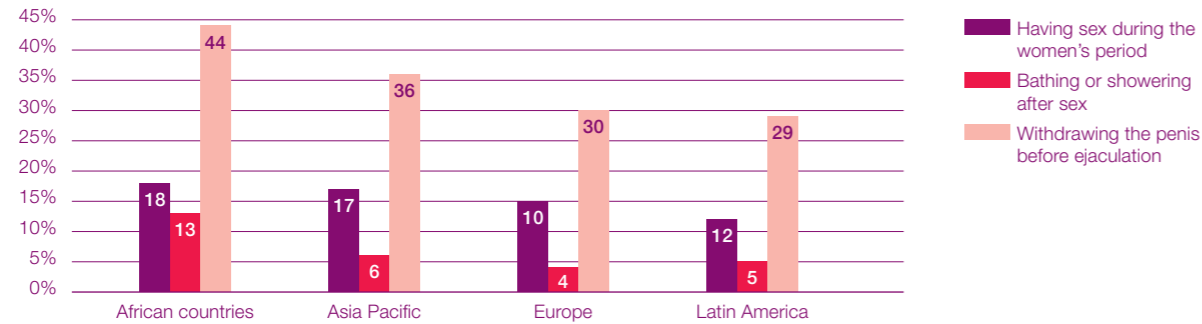
In Egypt, 36% of young men and women believe that having a bath or shower after sex would prevent pregnancy – as many as 19% in Singapore also believe in the efficacy of this method. Having sex during menstruation is considered effective to prevent an unplanned pregnancy by more than a quarter of young people in Thailand and India (28% and 26% respectively).

"I am not particularly surprised by the prevalence of misconceptions about effective contraception methods in Egypt and in the Middle East and North Africa (MENA) region in general. The strong cultural taboos surrounding sexuality are major obstacles to comprehensive sexuality education and informed discussions about sexual and reproductive health issues for young people in the region. This taboo stems

both from the high value that society puts on virginity before marriage, especially for girls, and the belief that talking openly about sex might encourage promiscuity. Today, many MENA countries have developed and implemented national sexuality education curricula and programmes, but most studies highlight their insufficiency, inconsistency and failure to address young people's realities and needs.

There are several ways to address the issues highlighted by the survey findings - as well as supporting the development and implementation of comprehensive sexuality education programmes in schools, we also need to develop youth-friendly educational platforms via the internet, TV, radio and educational materials and train healthcare providers to adequately respond to young people's specific needs."

**Young men and women surveyed who believe unreliable forms of contraception are effective**



Young people in Great Britain appear to be particularly well informed about which methods of contraception are effective at preventing an unplanned pregnancy, with 98% indicating that condoms are an effective method and 94% stating that taking the pill is effective. Great Britain also has relatively low numbers of young people who believe that methods such as withdrawal, having sex during menstruation and having a bath/shower after sex are effective ways of preventing pregnancy. However, Great Britain still has one of the highest teenage pregnancy rates in Western Europe<sup>4</sup>, which indicates that although young people are able to easily access accurate information, they are not necessarily acting on it.



**SUAAD MOUSSA,  
PROFESSOR OF PSYCHIATRY,  
CAIRO UNIVERSITY**

“In Egypt, those who were surveyed were in the age group 22 – 30 and were all married. This accounts for the fact that 97% of females and 81% of males interviewed reported that they have “had sex without using a contraceptive method”.

In Egypt, newly married couples who are not yet parents are not expected to use or think about contraception. There is a belief in Egypt that using contraception early (i.e. before having children) will create problems when conception is wanted. In the majority of cases the issue for these people is getting pregnant

rather than seeking contraception or information about it. This explains why only 44% of females and 33% of males believe that they are well informed about contraception, and why only 6% and 8% of young Egyptian women and men respectively had problems obtaining contraception when they needed it.

The cultural sensitivities that exist in Egypt around talking about sex and looking for methods to prevent pregnancy before marriage (and sometimes after marriage), could account for the low rates of knowledge about contraception

and a lot of the misconceptions that exist about sex and contraception. This is reflected in the 82% of females and 95% of males who have not been educated about sex in schools. This also explains why 70% of young Egyptians ranked gynaecologists as their preferred source for information about contraception. Speaking to someone in the medical profession minimises embarrassment when talking about such a culturally sensitive subject. In conclusion, it would seem that knowledge about contraception and its methods seems to be lacking in Egypt.”

## CLUELESS OR CLUED UP: KNOWLEDGE OF CONTRACEPTIVE OPTIONS - RESPONSES BY REGION

SURVEY QUESTION TO YOUNG PEOPLE	AFRICAN COUNTRIES (EGYPT, KENYA AND UGANDA)	ASIA-PACIFIC	EUROPE	LATIN AMERICA	USA
Percentage of people who believe they are very well informed about the different contraceptive options available	27%	25%	46%	53%	53%
Average number of contraceptive options known	3.6	3.2	4.2	5.5	4.4
Percentage of people believing in efficacy of unreliable methods of contraception	Withdrawal – 44% Having sex during the woman's period – 18% Bathing or showering after sex – 13%	Withdrawal – 36% Having sex during the woman's period – 17% Bathing or showering after sex – 6%	Withdrawal – 30% Having sex during the woman's period – 10% Bathing or showering after sex – 4%	Withdrawal – 29% Having sex during the woman's period – 12% Bathing or showering after sex – 5%	No data





# ACCESSING ALL THE FACTS: SOURCING INFORMATION ON CONTRACEPTION

### PREFERRED SOURCES OF INFORMATION

With the exception of Kenya, Uganda and Egypt, in all regions websites and blogs are the most popular source of information about contraception. In the African countries surveyed, other sources such as a gynaecologist (51%), friend (49%) or pharmacist (45%) are the preferred sources.

Within Europe, with the exception of France (38%) and Italy (46%), over half of young people use the internet to get information about contraceptive options.

Within Latin America, most young people in Chile (57%) and Venezuela (40%) choose their gynaecologist to get information, rather than the internet. Interestingly, parents are identified as the most popular source of information in Argentina (46%). Friends are a very important source of information in the African countries surveyed – they are the most popular option in Kenya (63%) and also rank highly in Uganda (53%), where more than one third of young people also seek information from a religious leader (35%). Gynecologists are the most common source of information in Egypt (96%).



**CRISTINA PONS,  
REGISTERED PSYCHOLOGIST,  
URUGUAY**

“These survey results indicate that Latin American adolescents prefer to use the internet as source of information on contraception. This preference is rooted mainly in the fact that the internet has become instrumental in young people’s demand for immediateness. It allows them to find information at a click, and to share their thoughts and insights right at the time they want to. Who they ask, how they ask it and the accuracy of the information they collect, does not seem to be matter to them. It is well known that Latin American adolescents adopt attitudes and indulge in behaviours that overtly challenge their parents’ norms and values. It is interesting therefore that in Argentina, parents are the most preferred source of information. This could indicate that society is more open in Argentina, where these issues are dealt with in a more realistic way. However, other survey responses

suggest that repressive attitudes still prevail here. For example, the requirement to get a parent or guardian’s permission to receive sex education at school is higher in Argentina than in the rest of the Latin American region.

The percentage of teenagers who have not received any sexual education at school varies depending on the country. There are considerable differences in the responses from young men and women, even within the same country, which could mean that the same information is valued in a different way depending on whether you are male or female. This is concurrent with the well known fact that while gender equality is present in declarations and discourses all over Latin America, in reality sexist views do remain.

Religious leaders are seen as the least credible source of information,

which is possibly due to the strong conservative religious tradition in Latin America. A considerable number of Brazilian adolescents received inaccurate information from religious leaders. This might be related to the fact that there are a large number of sects in the country, led by spiritual guides without any formal training. The internet, despite being one of the most frequently used information sources, is also an unreliable one. A lot of incorrect information also comes from friends, as there is a traditional tendency for young people to pass on the misinformation they have learnt.

It is very important to pay attention to the barriers to obtaining accurate information that young people identify themselves, when planning programmes to improve education around sex and contraception.”

When asked to rank their top three preferred sources of information on contraceptive options or preventing pregnancy, young people in Europe, Asia Pacific, Latin America and the USA gave the internet top ranking. In Latin America and the African countries, gynaecologists were ranked number one. In Egypt, 96% of young people ranked their gynaecologist as their preferred source, however it is important to remember that those surveyed in Egypt were at least 22 years old and married.

### SEX EDUCATION AT SCHOOL

Some of the more alarming statistics on young people’s lack of knowledge about contraceptive options and avoiding unplanned pregnancies could be explained by the significant variations in the provision and quality of sex education in schools.

Across all regions, there are significant differences in the sex education received by young people. Approximately three quarters of respondents in Latin America, Asia Pacific and the USA had received sex education at school. However, on average across Europe approximately only half of young people received these classes.

Within the regions, some countries have very low levels of sex education. For example, in Egypt, only 12% of young people received any sex education. Within Europe, there were also some significant country differences. For example, only 20% of teenagers in Turkey and a third of teenagers in Latvia and Slovenia received any education compared to France and Norway, where almost everyone receives sex education (85% and 84% respectively).

The figure for Slovenia is interesting given that as many as 68% women in this country feel that they are very well informed about contraceptive options.

Again, across Asia Pacific, there were some large differences between countries. In Korea, Australia, Thailand and Singapore, nearly all youngsters have attended sex education classes, however this is significantly lower in Indonesia and India where 50% or less receives these classes.

In general, young people do not need permission from their parents to attend sex education classes. However, in Europe, 54% of young Polish people needed to get a parent or guardian’s permission to attend these classes. In the USA, Indonesia and Singapore, around one third or more of young people (31%, 38% and 33% respectively), needed to get a parent or guardian’s written permission to attend sex education lessons.

## SOURCES OF INFORMATION WHICH ARE NOT TRUSTED

When questioned on whether there was anyone that they would not trust to provide accurate and unbiased information on contraceptive options, with the exception of Kenya, Uganda, Egypt, Indonesia, Singapore, the most frequently mentioned source given in all countries is a religious or spiritual adviser. In the African countries surveyed, 30% of young people do not trust their friends to provide accurate information. In Korea as many as 34% said they would not trust their partner to provide accurate and unbiased information about contraception.

A surprising number of young people say that they would not trust a teacher to provide them with accurate and unbiased information about contraceptive options. In Poland, Russia and Lithuania, more than 20% of teenagers say that they would not go to their teacher for advice.

## ACCESSING ACCURATE AND UNBIASED INFORMATION

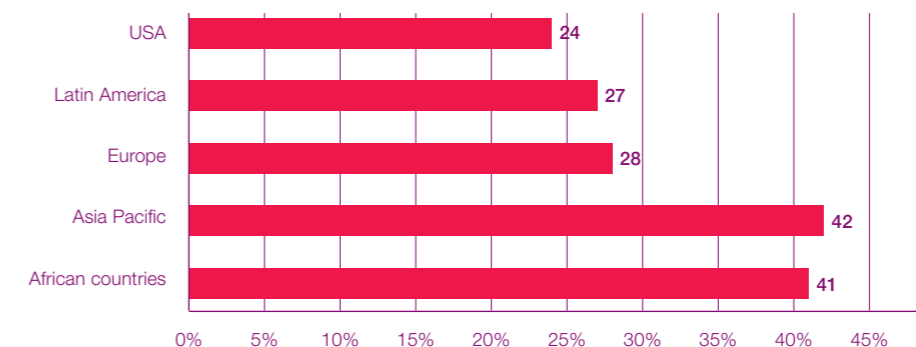
Whilst many of the young people surveyed said that they had not had problems in accessing accurate and unbiased information on contraceptive options when they have needed it, there are a significant number who have had difficulties. For example, almost a quarter of those interviewed in Asia Pacific said they had experienced problems and this was particularly highlighted in China and Indonesia where almost half of young people (44% and 49% respectively) said they had been affected.

When asked whether they had been told information about contraceptive options that they had since realised was inaccurate, a similar response was given across the regions with between 25% and 30% stating they had. This is a particularly concerning situation as inaccurate information about contraception can lead to unplanned pregnancies and the spread of sexually transmitted infections. The countries where this is a significant problem are Indonesia (53%), China (50%), Uganda (50%), Turkey (44%) and Mexico (43%).

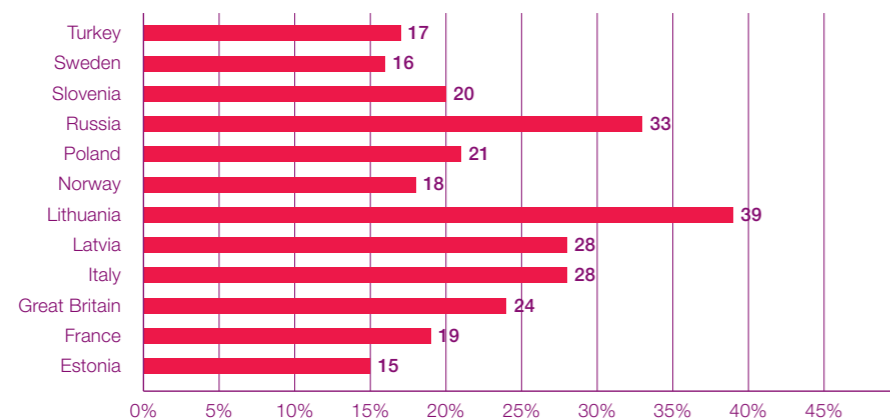
When questioned where the inaccurate information came from, friends were cited as the main source in all regions, but particularly in Kenya and Uganda, where 67% and 72% of young people respectively had been given incorrect advice by their friends. In Europe, friends were cited as the source of inaccurate information by 61% of teenagers in Turkey and 55% in Great Britain. The internet including websites, blogs, chat forums and social media, was reported as the second most frequent source of inaccurate information. Interestingly, in India, nearly one third of respondents indicated that their partner was the source of the inaccurate information. In some countries teachers were the source – 29% of Colombians and 18% of Estonians have been in this situation.

The most significant barrier to accessing accurate and unbiased information about contraception was that young people are often too embarrassed to ask for advice. This is a particular problem in China, Indonesia, Kenya and Lithuania, where 50%, 41%, 40% and 39% respectively of those surveyed held this attitude. In Italy, Poland, Russia and Latvia also, more than a quarter of young people were too embarrassed, as were 34% in Great Britain.

**Young men and women surveyed who found their embarrassment when asking a healthcare professional was a barrier to obtaining contraception**

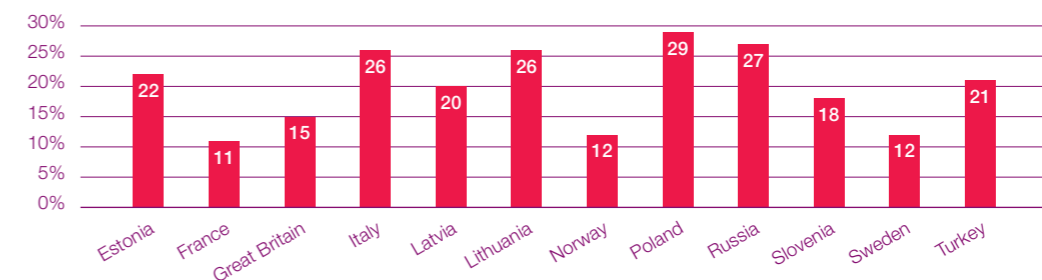


## Young men and women surveyed in Europe who feel that embarrassment is a barrier to accessing accurate and unbiased information about contraception

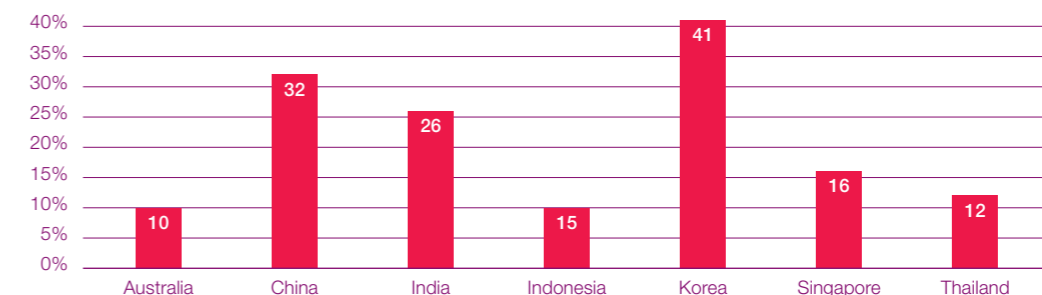


Unfortunately many young people, particularly in Europe, Asia Pacific and Latin America do not feel that their school provides a comfortable environment for questions on sexuality and intimacy. This was seen as a particular issue in Italy (26%), Poland (29%), Russia (27%), Lithuania (26%), China (32%), Korea (41%) and India (26%), where significant numbers say that school does not provide an adequate environment for questions about sexuality. In Asia Pacific, it is interesting that although almost everyone receives sex education in Korea and Singapore, a considerable number of respondents also feel uncomfortable asking questions about sex at school (41% and 16% respectively) and see this as a major barrier to them receiving accurate and unbiased information on contraceptive options.

## Young men and women surveyed in Europe who said that their school not providing a comfortable environment for questions is a barrier to them obtaining accurate and unbiased information about contraception



## Young men and women surveyed in Asia Pacific who said that their school not providing a comfortable environment for questions is a barrier to them obtaining accurate and unbiased information about contraception





**MIA LEE,  
JOURNALIST AND VIDEO BLOGGER, CHINA  
WORLD CONTRACEPTION DAY  
YOUTH TASK FORCE**

“We know that websites and blogs are the favoured source of information for most young people in China and other countries around the world. The internet allows young people to discreetly access information, without suffering any potential embarrassment by asking teachers, friends or family. The amount of information available via the web is increasing all the time. However, the content of websites is largely unregulated and whilst there are

reputable sites that contain accurate advice, many websites and blogs contain incorrect information, rumours and myths. This can lead to young people undertaking risky behaviour, which could damage their sexual health.

The experience some people have had with teachers providing inaccurate information is not surprising and is something that happens in China. The World Contraception Day campaign

provides easily-accessible, evidence-based information on contraceptive options, including lots of materials that are designed for use in an educational setting, helping to address this challenge”.

## ACCESSING ALL THE FACTS: SOURCING INFORMATION ON CONTRACEPTION – RESPONSES BY REGION

SURVEY QUESTION TO YOUNG PEOPLE	AFRICAN COUNTRIES (EGYPT, KENYA AND UGANDA)	ASIA-PACIFIC	EUROPE	LATIN AMERICA	USA
Who would you go to if you needed to get information on contraceptive options or on preventing pregnancy?	Gynaecologist – 51% Friend – 49% Pharmacist – 45%	Internet (websites and blogs) – 56% Internet (chat forums or other social media) – 39% Education materials – 35%	Internet (websites and blogs) – 60% Internet (chat forums or social media) – 43% Friend – 38%	Internet (websites and blogs) – 45% Gynaecologist – 42% Parent – 35%	Internet (websites and blogs) – 56% Friend – 43% Gynaecologist – 36%
Preferred source for getting information on contraceptive options or on preventing pregnancy (Number in brackets is percentage who gave it a ranking of 1)	Ranked 1 = Gynaecologist (29%)	Ranked 1 = Internet (websites and blogs) (25%)	Ranked 1 = Internet (websites and blogs) (22%)	Ranked 1 = Gynaecologist (26%)	Ranked 1 = Internet and blogs (21%)
Percentage of people not taught about sexuality at school	45%	22%	39%	20%	24%
Percentage of people who are required to get a parent's or guardian's written permission to attend sex education classes	20%	20%	11%	8%	31%

## ACCESSING ALL THE FACTS: SOURCING INFORMATION ON CONTRACEPTION – RESPONSES BY REGION

SURVEY QUESTION TO YOUNG PEOPLE	AFRICA	ASIA-PACIFIC	EUROPE	LATIN AMERICA	USA
Sources people would not trust to provide accurate and unbiased information on contraceptive options	Friend – 30% Magazines – 21% Internet (websites and blogs) – 19%	Religious leader – 35% Friend – 24% Internet (chat forums or other social media) – 23%	Religious leader – 54% Internet (social media and forums) – 27% Magazines – 22%	Religious leader – 52% Friend – 29% Internet (social media and forums) – 27%	Religious leader – 36% Internet (social media and forums) – 27% Magazines – 22%
Percentage of people who have had problems accessing accurate and unbiased information on contraceptive options when they needed it	19%	23%	12%	15%	10%
Percentage of people who have been told or obtained information on contraceptive options that they have since realised was inaccurate or untrue	29%	30%	25%	29%	26%
If you have received inaccurate or untrue information on contraceptive options, where was it obtained?	Friend – 67% Magazines – 17% Brother or sister – 10%	Friend – 40% Internet (social media and forums) – 31% Internet (websites and blogs) – 28%	Friend – 44% Internet (social media and forums) – 34% Internet (websites and blogs) – 23%	Friend – 40% Internet (social media and forums) – 31% Internet (websites and blogs) – 23%	Friend – 49% Internet (chat forums or other social media) – 36% Internet (websites and blogs) – 23%
Barriers to obtaining accurate and unbiased information on contraceptive options	I'm too embarrassed to ask about contraception – 29% I'm afraid my parents/relatives will find out – 18% I do not want to use contraception – 15%	I'm too embarrassed to ask about contraception – 34% I'm afraid my parents/relatives will find out – 28% My school does not provide a comfortable environment for questions – 22%	I'm too embarrassed to ask about contraception – 23% My school does not provide a comfortable environment for questions – 20% I'm afraid my parents/relatives will find out – 15%	I'm too embarrassed to ask about contraception – 18% I'm afraid my parents/relatives will find out – 17% My school does not provide a comfortable environment for questions – 14% I do not have enough privacy to read / research – 14%	I'm too embarrassed to ask about contraception – 15% I'm afraid my parents/relatives will find out – 12% I do not want to use contraception – 8%



## **THE SCALE OF THE PROBLEM: MORE FACTS AND FIGURES**

### **DID YOU KNOW...**

#### **YOUNG PEOPLE TODAY**

- Nearly half of the world's population (almost 3 billion people) is under the age of 25<sup>5</sup>
- 44% of young people prioritise personal hygiene, including showering, waxing and applying perfume, above contraception when preparing for a date that may lead to sex<sup>2</sup>
- Studies show that young people do not consider the internet as the most trustworthy source of information about contraception<sup>6</sup>
- A young person's mother is the second most trusted source of information about sex and contraception after a doctor. Although, young people feel most comfortable approaching their partner for information<sup>3</sup>
- Embarrassment is a key risk factor in young people's sexual behaviour, this can mean that they resist seeking information and advice about sex and contraception<sup>7</sup>
- School-based sex education delays rather than hastens the onset of sexual activity<sup>8</sup>
- Across the world, inhabitants of 213 countries currently use Facebook<sup>9</sup> – in the countries involved in the WCD 2011 multi-national survey more than 100,000,000 young people (15-19 year olds) are registered users of the social networking site<sup>10</sup>

## INCIDENCE OF UNPLANNED PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS

- Worldwide, more than 41% of the 208 million pregnancies that occur each year are unintended<sup>11</sup>
- Every year, 14-16 million adolescent females aged 15 to 19 give birth, and pregnancy-related deaths are the leading cause of death for young women this age<sup>12</sup>
- If unmet need for contraception was fully satisfied, each year 53 million more unintended pregnancies could be prevented<sup>13</sup>
- 15% of young adults between the ages of 18 and 26 have had a sexually transmitted disease in the past year<sup>14</sup>
- Ten million women die as a result of pregnancy-related conditions each generation<sup>15</sup>
- One in 20 adolescent girls get a bacterial infection through sexual contact every year and the age at which infections are acquired is becoming younger and younger<sup>16</sup>
- Young adults (15-24 years old) make up only 25% of the sexually active population, but represent almost 50% of all new acquired sexually transmitted diseases<sup>17</sup>
- In 2007, teenagers in the United States were eight times more likely to give birth than teenagers in the Netherlands<sup>18</sup>
- In 2009 there were 38.3 conceptions per thousand women aged 15-17 in England and Wales<sup>19</sup>



## IMPACT OF UNPLANNED PREGNANCIES AND SEXUALLY TRANSMITTED INFECTIONS

- Every £1 invested in contraception saves the UK national health service £11 (GBP) plus additional welfare costs, which is a powerful economic argument for maintaining contraceptive services<sup>20</sup>
- The 1990s witnessed significant gains in access to reproductive health and family planning, but in many less developed countries (LDCs), particularly from Africa, the progress has come to a stand-still since about 2000<sup>21</sup>
- Unplanned pregnancies constitute a global problem associated with substantial costs to health and social services and emotional distress to women, their families and society as a whole<sup>22</sup>
- Having a child early in life may lead to a number of potential disadvantages for both mother and child. Particularly for young teenagers, pregnancy not only carries considerable risks for their health and that of their offspring, but it is also a factor of social, cultural and economic failure<sup>23</sup>
- Children born to teenage mothers are much more likely to experience a range of negative outcomes in later life, such as developmental disabilities, behavioural issues and poor academic performance<sup>24</sup>
- Teen childbearing in the United States costs taxpayers (federal, state, and local) at least \$9.1 billion annually<sup>25</sup>
- Unintended pregnancy is a key contributor to the rapid population growth that in turn impairs social welfare, hinders economic progress, and exacerbates environmental degradation<sup>26</sup>
- Overall, the cost – just to the National Health Service (NHS) – of teenage pregnancy is estimated to be £69 million annually<sup>27</sup>

## **MORE ABOUT WORLD CONTRACEPTION DAY**

World Contraception Day takes place on 26<sup>th</sup> September every year. The annual worldwide campaign centres around a vision for **a world where every pregnancy is wanted**. Launched in 2007, WCD's mission is to improve awareness of contraception, to enable young people to make informed choices on their sexual and reproductive health.

Under the motto "Live Your Life. Know your rights. Learn about contraception", the 2011 campaign focuses on the right of young people to access accurate and unbiased information about contraception to prevent an unplanned pregnancy or sexually transmitted infection (STI).

WCD is supported by a coalition of 11 international NGOs and scientific and medical societies with an interest in sexual and reproductive health and is sponsored by Bayer HealthCare Pharmaceuticals. The NGOs involved in WCD are:

- Asia-Pacific Council on Contraception (APCOC)
- Centro Latinoamericano Salud y Mujer (CELSAM)
- European Society of Contraception and Reproductive Health (ESC)
- Deutsche Stiftung für Weltbevölkerung (DSW)
- International Federation of Paediatric and Adolescent Gynecology (FIGIJ)
- International Planned Parenthood Federation (IPPF)
- Marie Stopes International (MSI)
- Population Services International (PSI)
- The Population Council
- United States Agency for International Development (USAID)
- Women Deliver

The 2011 campaign is being supported by the Youth Task Force, a group of well known, passionate and open-minded young people from around the world, specifically selected because they inspire young people. The YTF members involved in WCD are:

- Brooke Brodack, video blogger, USA
- Claire Oelkers, singer, actress and TV presenter, Germany
- Denise Keller, TV presenter / producer, Singapore
- Diana Angel, singer, actress and TV presenter, Colombia
- Imane Khachani, physician, Morocco
- Mia Lee, journalist and video blogger, China
- Phelipe Cruz, journalist and blogger, Brazil
- Stuart Heritage, journalist, UK



**SURVEY METHODOLOGY**

The ‘CLUELESS OR CLUED-UP: YOUR RIGHT TO BE INFORMED ABOUT CONTRACEPTION?’ survey was carried out between April and May 2011. The fieldwork was carried out by GFK Healthcare. A total of 6,026 interviews were conducted among young people in 29 countries. Online interviews (15 minutes) were carried out in: Argentina, Australia, Brazil, China, Chile, Colombia, Estonia, France, Great Britain, India, Indonesia, Italy, Korea, Latvia, Lithuania, Mexico, Norway, Poland, Russia, Slovenia, Singapore, Sweden, Thailand, Turkey, the USA and Venezuela. Face to face / telephone interviews (15 minutes) were carried out in: Egypt, Kenya and Uganda.

In Asia Pacific, Europe, Latin America, Kenya, Uganda and the USA, interviewees comprised 2,913 males and 2,913 females aged between 15 and 24 years old. In Egypt, interviewees comprised 100 males and 100 females who were both married and at least 22 years old.

**THE BREAKDOWN PER COUNTRY IS AS FOLLOWS:**

<b>REGION</b>	<b>COUNTRY</b>	<b>NUMBER OF RESPONDENTS</b>	<b>AGE RANGE OF SURVEY RESPONDENTS (YEARS)</b>
Asia Pacific	Australia	200	17–21
	China	200	15–19
	India	201	15–19
	Indonesia	208	15–19
	Korea	201	15–19
	Singapore	201	16–19
	Thailand	200	15–19
	Europe	Estonia	200
	France	200	15–19
	Great Britain	201	16–19
	Italy	200	15–19
	Latvia	200	15–19
	Lithuania	200	15–19
	Norway	200	15–19
	Poland	200	15–19
	Russia	200	16–19
	Slovenia	200	15–19
	Sweden	200	15–19
	Turkey	203	18–24
USA	USA	406	18–24
Latin America	Argentina	202	15–19
	Brazil	201	15–19
	Chile	200	18–24
	Colombia	200	15–19
	Mexico	200	16–19
	Venezuela	202	18–24
African countries	Egypt	200	22–30 (Married)
	Kenya	200	15–19
	Uganda	200	15–19

### **THE ‘CONTRACEPTION: WHOSE RESPONSIBILITY IS IT ANYWAY?’ SURVEY, 2010<sup>2</sup>**

The ‘Contraception: Whose responsibility is it anyway?’ survey was carried out April and May 2010. The fieldwork was carried out by GFK Healthcare. A total of 5,253 interviews were conducted among young people in 25 countries. Online interviews (10 minutes) were carried out in: Argentina, Australia, Austria, Brazil, Chile, China, Colombia, France, Great Britain, Italy, Mexico, Norway, Poland, Russia, Singapore, Slovenia, South Korea, Spain, Sweden and USA.

Face to face interviews (10 minutes) were carried out in: Malaysia, Peru, Thailand and Venezuela. Telephone interviews (10 minutes) were carried out in Turkey.

Interviewees comprised 2,622 males and 2,631 females aged between 15 and 24 years.

### **THE ‘TALKING SEX AND CONTRACEPTION’ SURVEY, 2009<sup>3</sup>**

The ‘Talking Sex and Contraception’ Survey was carried out in two parts. The first part was commissioned by Bayer HealthCare Pharmaceuticals and involved 15 countries and 3,230 young people. The fieldwork was carried out by TNS Healthcare. The second part was commissioned through MTV and involved 2,144 young people across six countries in Latin America. The fieldwork was carried out by Online Testing Exchange (OTX).

Part 1: A total of 3,230 online interviews were conducted in 15 countries, including: Australia, Austria, China, France, Great Britain, Italy, Malaysia, Poland, Russia, Singapore, South Korea, Spain, Thailand, Turkey and USA.

Interviewees comprised 1,620 females and 1,610 males aged between 15 and 24 years.

Part 2: A total of 2,144 online interviews were conducted among young people in six countries, including Argentina, Chile, Colombia, Mexico, Peru and Venezuela.

Interviewees comprised 950 females and 1,164 males aged between 16 and 24 years.

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## FOR FURTHER INFORMATION ON THE 'CLUELESS OR CLUED UP: YOUR RIGHT TO BE INFORMED ABOUT CONTRACEPTION' SURVEY AND REPORT SERIES, PLEASE CONTACT:

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