

» Youth Sexuality 9th Iteration

Emergency Contraception

The Federal Centre for Health Education's (BZgA) representative study Youth Sexuality 9th Iteration is a representative repeat survey. A large-scale survey of young people, their parents and young adults was launched for the ninth time in the summer of 2019. It follows on from predecessor studies conducted between 1980 and 2014. The goal of the study is to acquire reliable data about the attitudes and behaviours of young people in the Federal Republic of Germany with regards to sexuality and contraception.

The participants of the Youth Sexuality Study were also asked about their knowledge of and access to the 'morning-after pill'. The morning-after pill is an emergency contraceptive that can be used when contraceptive has failed or contraception has not been used. In March 2015 the prescription requirement for emergency contraception was abolished in Germany, meaning that since then the 'morning-after pill' has been available without a prescription from pharmacies for those who need it.

This fact sheet presents the core results on emergency contraception for the sample group of 14- to 25-year-old girls and young women.

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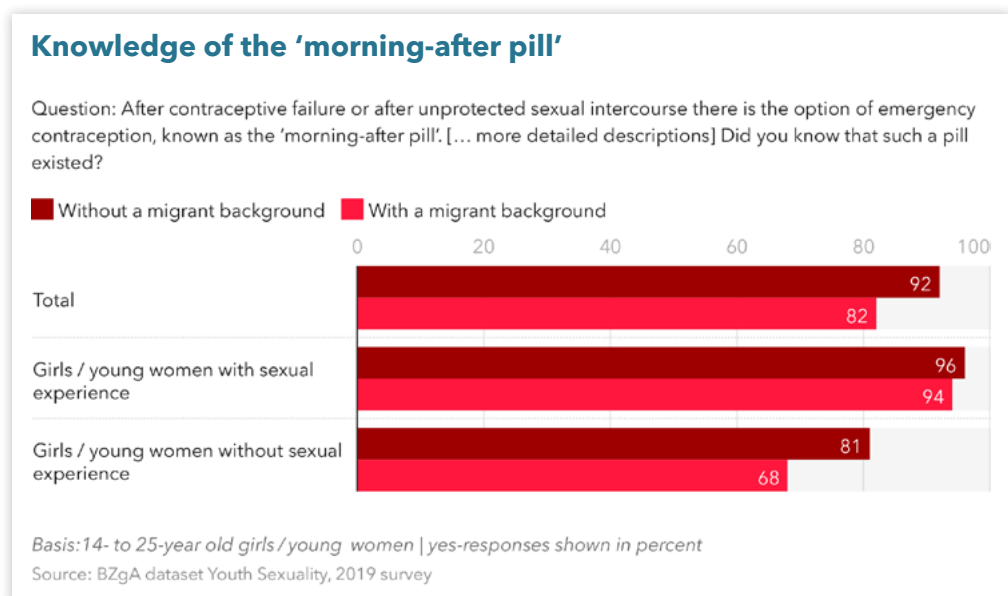
Result 1

Most girls and young women have already heard of emergency contraception.

The knowledge of the 14- to 25-year-old girls and young women around the option of emergency contraception in the form of the 'morning-after pill' is almost comprehensive: 95 percent of those who are sexually active know about it; the differences based on cultural background are marginal among the group of girls and young women who have had sexual intercourse experience.

Among the girls and young women lacking this experience the knowledge of the 'morning-after pill' is not quite as widespread, especially not among girls with migrant background: 81 percent of the girls and young women without a migrant background and 68 percent of those with a migrant background say they have heard of the 'morning-after pill' (see Figure 1).

Figure 1



With increasing age, there is not just an increase in sexual activity; the respondents' knowledge of the option of emergency contraception via the 'morning-after pill' also increases: among the 14- to 15-year-olds 69 percent said they knew about the 'morning-after pill', among the 16- to 17-year-olds that figure already went up to 86 percent; and among the young women 18 years old and above that figure reached 94 percent.

Girls and young women (18 and older) who have already seen a gynaecologist are quite a bit more likely to know of the option of emergency contraception with the 'morning-after pill' than those who have not yet been to a gynaecological practice (93 % versus 66 %).

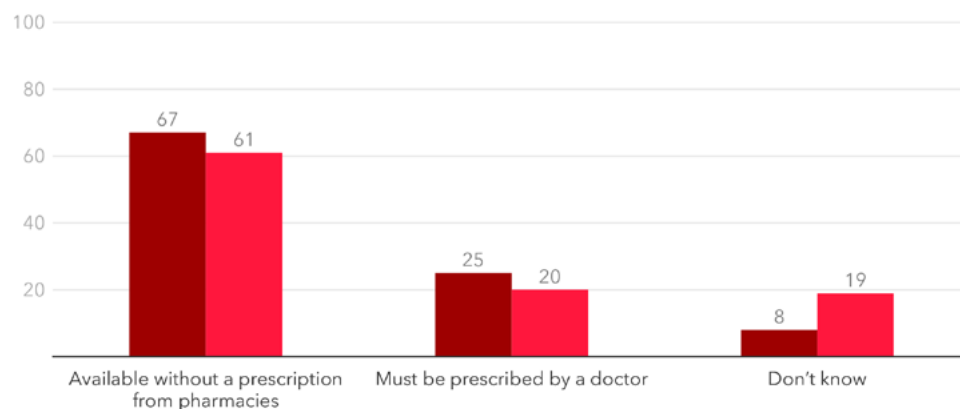
Whether the young women are aware that the prescription requirement for the 'morning-after pill' has been abolished depends on several factors. When asked whether the 'morning-after pill' was available from pharmacies without a prescription or whether it had to be prescribed by a doctor, 67 percent of the 14- to 25-year-old girls/young women said that buying it without a prescription was possible. Those who are sexually active or who have already had sexual intercourse were more likely to have answered correctly (67 % versus 61 %) (see Figure 2).

At the same time more sexually experienced girls and young women than sexually inexperienced ones said that the 'morning-after pill' had to be prescribed by a doctor (25 % versus 20 %). What should be kept in mind here, however, is that the sexually active cohort is older and is therefore more likely to have learned that a prescription was required for the 'morning-after pill'. A greater effort should be made here to provide education to young women.

Knowledge of the fact that the 'morning-after pill' is available without a prescription

Question: According to your knowledge, what is the situation here: is the 'morning-after pill' available from pharmacies without a prescription or does it require a prescription from a doctor?

■ With sexual intercourse experience ■ Without sexual intercourse experience



Basis: 14- to 25-year-old girls and young women who said they had heard of the 'morning-after pill' | Figures in percent

Source: BZgA, data set Youth Sexuality, 2019 survey

Figure 2

Result 2

The 'morning-after pill' supplements other contraceptive methods, but does not replace them.

27 percent of those who are sexually active have already used the 'morning-after pill' as emergency contraception, 9 percent more than once. This does not mean we can conclude that the 'morning-after pill' is taken frivolously. The need for the 'morning-after pill' generally arises from the fact that there was a problem with the actual contraceptive method used (see Figure 3).

- Currently every second use of emergency contraception is the result of a condom that tore or burst.
- Almost one in three girls said they had forgotten to take their regular contraceptive pill.
- Among a further 15 percent the contraceptive pill could not work safely anymore, from the women's perspective, because of e.g. vomiting or diarrhoea.
- 35 percent of the women also describe use cases after sexual intercourse where no contraception was used. This is in part down to the fact that no contraception was used, but also in part to contraceptive failure.



Reasons for using the 'morning-after pill'

Question: Have you personally used the 'morning-after pill'? If yes, what happened that you used this method?



Basis: 14- to 25-year-old girls and young women who have had (heterosexual) sexual intercourse more than once and who have used the 'morning-after pill' | multiple responses possible | figures in percent

Source: BZgA, data set Youth Sexuality, 2019 survey

Figure 3

Analysing the data from the Youth Sexuality Study, we can observe a long-term development in the use of emergency contraception by girls between the ages of 14 and 17 without a migrant background: the one-time use has not significantly changed (8% in 2001 compared to 10% in 2019). However, the percentage of respondents who said they had used it more than once rose from 1 percent in 2001 to 4 percent in 2019, although the overall percentage of girls still remains very low.

Result 3

The older and more sexually experienced the girls and young women are, the more likely they are to have made use of the 'morning-after pill'.

Among the sexually active girls under the age of 18 the use of the 'morning-after pill' is only half as prevalent (once: 10%; several times: 5%) as among the young women who are 18 and older (once: 20% en sexually active, the more likely it is that they have already used the 'morning-after pill').

Problems with condoms are the reason for every second use of emergency contraception, regardless of age. However, forgetting to take the contraceptive pill is cited twice as often by women who are 18 and older (32%) as a reason for using the 'morning-after pill' than by the girls under the age of 18 (15%). On the flipside, the under 18s are significantly more likely than the women 18 and over to say that they took the 'morning-after pill' because they had unprotected sexual intercourse (47% versus 34%).

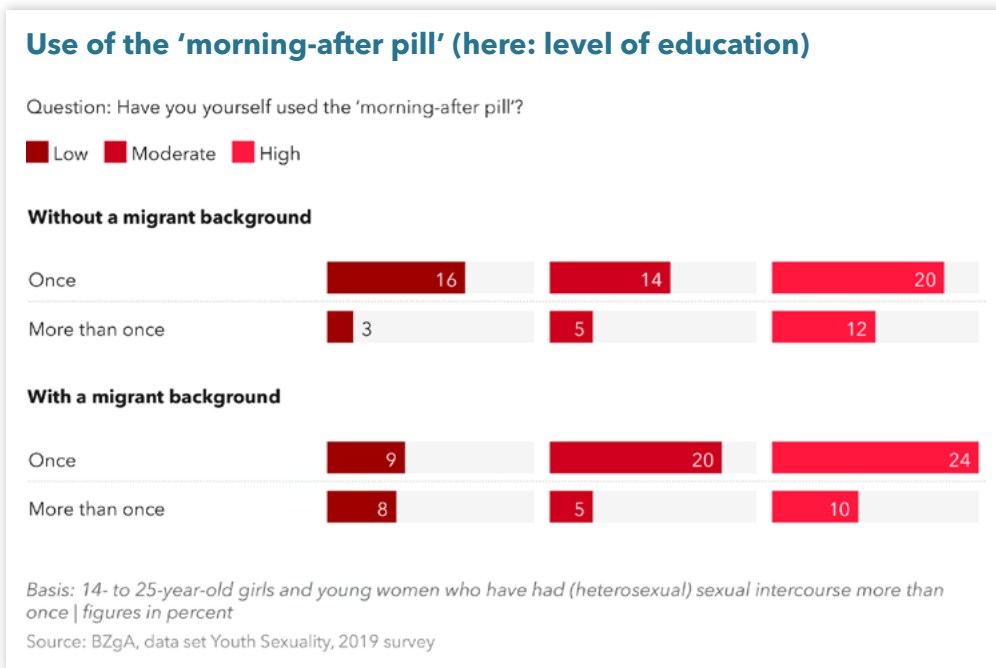


Result 4

Girls and young women with higher (desired) school qualifications are more likely to use the 'morning-after pill'.

Girls and young women with higher (desired) school qualifications are at least twice as likely to make use of the 'morning-after pill' as women from lower educational backgrounds (see Figure 4). Education is a particularly strong influencing factor among the girls and young women with a migrant background: one in three young women with a higher degree of education and a migrant history have used this method of emergency contraception (34%). Among the female respondents with a migrant background and moderate educational qualifications this was true for 25 percent; and among those with basic educational qualifications only 17 percent said they had used the 'morning-after pill' once or more.

Figure 4



With an increasing level of education the response 'sexual intercourse without contraception' is less common. While one in three (32%) of girls and young women with a higher level of education cite this reason for taking the 'morning-after pill', the same is true for 38 percent of respondents with a moderate level of education and among those with a basic level of education the figure is more than half (59%). On the flipside, among those with a higher level of education the respondents were more likely than those in the moderate and basic groups to say that there were condom problems (53% versus 45% and 31% respectively) or that the contraceptive pill could not work, e.g. because of diarrhoea or vomiting (16% versus 12% and 8% respectively).

There is a connection between the girls and young women becoming sexually active, their contraceptive behaviour and their use of the 'morning-after pill'.

Girls and young women who were not very familiar with their partner when they had sexual intercourse for the first time are more likely to have used emergency contraception (once: 26 %; several times: 18 %) than their peers who experienced their first time in a steady relationship (once: 16 %; several times: 7 %). Every second woman with a less familiar sexual partner said that unprotected sexual intercourse was the reason for taking the 'morning-after pill' (49 %), while condom problems play a slightly smaller role in this group (45 %). The situation is reversed among the women who experienced their first sexual intercourse in a steady relationship: the main reason for using emergency contraception here was a problem with the condom (53 %). In this group only 29 percent of the women cite unprotected sexual intercourse as the reason for using the 'morning-after pill'.

It is also noteworthy that it is primarily girls and young women who experienced their first sexual intercourse at a very young age - at 14, 15 or younger - who have used emergency contraception more than once. Only two in three of these girls have never had to make use of such emergency contraception. However, among those who were 16 or older when they experienced their 'first time', the percentage who have never had to use the 'morning-after pill' is at least 73 percent across all age groups (see Table 1).

Use of the 'morning-after pill' (here: age at first sexual intercourse)

Question: Have you yourself used the 'morning-after pill'?

'Morning-after pill',	14 or younger	15 years old	16 years old	17 years old	18 years old	19 or older
Once	24	21	19	14	16	20
More than once	16	11	6	7	9	7
Never	60	67	75	79	76	73

Basis: girls and young women who have had (heterosexual) sexual intercourse more than once | figures in percent

Source: BZgA, data set Youth Sexuality, 2019 survey

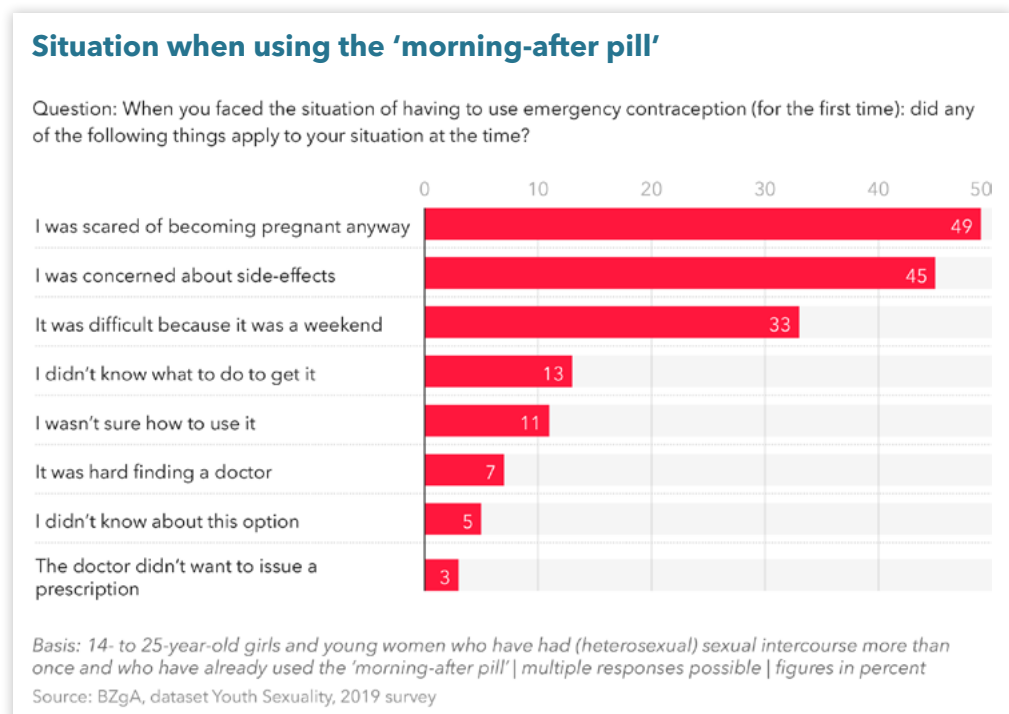
Table 1

Result 6

The girls and young women feel that obtaining and accessing the 'morning-after pill' is complicated and/or they have concerns about taking it.

The situation of taking emergency contraception was frequently experienced as being complicated: for one in three women there were particular challenges because the prescription had to occur at a weekend (33%; 2014: 46%). Looking at the two responses 'It was hard to find a doctor' (7%) and 'The doctor didn't want to issue the prescription' (3%), we can see that every tenth user of the 'morning-after pill' cites problems associated with the now abolished requirement for a doctor's prescription (see Figure 5). These responses presumably refer to uses of the 'morning-after pill' prior to the removal of the prescription requirement in 2015. However, a certain problem with weekends could still be relevant today, since the girls and young women might need to find pharmacies with emergency hours.

Figure 5



Many of the girls and young women who have taken the 'morning-after pill' were nonetheless scared of becoming pregnant anyway (49%; 2014: also 49%). A similarly high percentage was worried about side-effects (45%; 2014: only 39%). These two statements in relation to concerns about taking the 'morning-after pill' are therefore given by almost half of the users in each case, and much more often than any of the other negative circumstances. Uncertainties about how to use the 'morning-after pill' existed for 11 percent (2014: 7%) of the respondents, making this a relatively rare problem.

Fears (about side-effects or a pregnancy despite emergency contraception) are generally cited more often by girls and young women without a migrant background than those with one. 47 percent of the female respondents without a migrant background cited a fear of side-effects when using the 'morning-after pill', but only 39 percent of those with a migrant background did so. And half of the girls and young women without a migrant background (52%) but only 40 percent of those with a migrant background said that they were worried about getting pregnant anyway, despite taking the 'morning-after pill'.

These feelings of fear, especially in relation to possible side-effects, also varies with age. The migrant background effect is therefore co-determined by the impact of the educational level. Every second respondent with a higher level of education articulates a fear of side-effects when using the 'morning-after pill' as emergency contraception (50%). Among those with a moderate or lower (desired or actual) level of educational qualifications, these figures were substantially lower (35% and 30% respectively).



References

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Notes on the data

- As the percentages shown has been rounded to whole numbers, it is possible that they may not add up to 100 percent.
- For the same reason the combined categories (e.g. 'very satisfied' and 'mostly satisfied') can deviate from the sum of the individual categories depicted.
- For questions where the respondents were able to pick several answers, the total figure can exceed 100 percent.
- Where data is available from previous surveys, the survey results are shown in a trend comparison. Because of how the samples were done it is possible to see the long-term trend covering almost 40 years for boys and girls between 14 and 17 without a migrant background.
- Participants are deemed to have a migrant background if they themselves or at least one parent was born without German citizenship; this definition is also used by the Federal Statistical Office of Germany (Statistisches Bundesamt, 2021).
- The level of education is determined by the (desired) qualifications the study participants were / are seeking at school based on the education system in Germany. Low: 9 years of school, most are around 15 years old when they leave (e.g. Hauptschule) Moderate: 10 years of school, most are around 16 years old when they leave (e.g. mittlere Reife). High: 12 to 13 years of school, most are 18 to 19 years old when they leave (e.g. Abitur).
- Because of the methodological design of the Youth Sexuality Study a further non-binary differentiation of gender has had to be left out. For this same reason, the term 'sex' (biological aspects, assigned by birth) continues to be used (in contrast to 'gender' in the sense of social construction, gender identity as personal internal perception of oneself) to enable statements on long-term trends (see also Census UK, 2019). This decision is purely a methodological necessity and not based on a lack of awareness of diversity here.



Imprint

Publisher

Bundeszentrale für gesundheitliche
Aufklärung (BZgA) [Federal Centre
for Health Education (BZgA)]

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Version

PDF version (EN) 1.0,
published online July 2023,
translated from German version 1.2
(May 2022),
first published online July 2021

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Citation Style

Scharmanski, S. & Hessling, A. (2021).
*Emergency Contraception. Youth Sexuality
9th Iteration. BZgA Fact Sheet.*
Cologne: Federal Centre for Health
Education (BZgA).

[https://doi.org/10.17623/
BZgA_SRH:fb_JUS9_en_emergency_
contraception](https://doi.org/10.17623/BZgA_SRH:fb_JUS9_en_emergency_contraception)

The Research Project: Background, Research Team, Methodology

The Federal Centre for Health Education's (BZgA) representative study Youth Sexuality 9th Iteration is a repeat survey. In the summer of 2019 the ninth large-scale survey of young people, their parents and young adults began. A total of 6,032 interviews were conducted nationwide. Since 1980, the BZgA has been investigating the attitudes and behaviour of young people in the Federal Republic of Germany with regard to sexuality education, sexuality and contraception. This current study follows on from the previous years' studies with the explicit aim of illustrating trends.

Project profile

Client	Federal Centre for Health Education (BZgA)
Project lead	Angelika Hessling, BZgA
Survey institute	Kantar GmbH
Survey population	Adolescents and young adults between the ages of 14 and 25
Survey method	Computer-supported combined oral-written survey; for the more intimate questions the questionnaire was to be filled out by the respondents without the interviewers being able to see.
Selection method	A disproportionately selected quota sample with regards to sex, age and migrant background
Sample of young people	6,032 interviews of which 3,556 were with adolescents between the ages of 14 and 17 and 2,476 with young adults between 18 and 25
Sample: parents	In the households of the 14- to 17-year-old adolescents without a migrant background one parent was also surveyed (2,422 interviews)
Weighting	All the data shown underwent a representative weighting in order to remove the sample's disproportionalities caused by the design.
Survey period	May to October 2019



More information about the study Youth Sexuality 9th Iteration Central results and further fact sheets

<https://www.sexualaufklaerung.de/en/english/projects/detail/youth-sexuality-9th-iteration/>