

**BZgA**

Bundeszentrale  
für  
gesundheitliche  
Aufklärung

# **CONTRACEPTIVE BEHAVIOUR OF ADULTS**

**RESULTS OF A REPRESENTATIVE SURVEY**

**2007**

**REPRESENTATIVE SURVEYS**  
RESEARCH AND PRACTICE OF SEX EDUCATION AND FAMILY PLANNING

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# **Contraceptive Behaviour of Adults**

## **2007**

RESULTS OF A REPRESENTATIVE SURVEY OF  
20 TO 44-YEAR-OLDS

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# FOREWORD

The Federal Centre for Health Education (BZgA) commissions representative surveys and other scientific studies, including expert's reports and evaluations, to ensure the quality of its activities in health promotion and preventive health care. The repeat survey on the contraceptive behaviour of adults is one of the foundations for the development of media, measures and campaigns for family planning.

On behalf of the Federal Centre for Health Education, forsa Gesellschaft für Sozialforschung und statistische Analysen mbH, Berlin and Dortmund carried out a representative study of the contraceptive behaviour of adults in the Federal Republic of Germany.

One aim of the study was to establish what contraceptive practices and methods are used by adult women and men. We were also interested in attitudes to information, the preferred sources of information and the interviewees' knowledge about contraception.

The target group for the study were women and men aged between 20 and 44 who had had sexual intercourse in the previous twelve months. A total of 1,501 interviews were carried out. The survey took place from 5 March to 15 March 2007 using computer supported telephone interviews.

The current survey is essentially a repetition of the study of contraceptive behaviour which forsa carried out on behalf of the BZgA in 2003. In some places, therefore, the results from 2003 are included in the report as a comparison. In addition, questions were added on so-called long-cycle contraception and hormonal contraception for men.

BUNDESZENTRALE  
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COLOGNE 2007

# 1 KNOWLEDGE ABOUT CONTRACEPTION

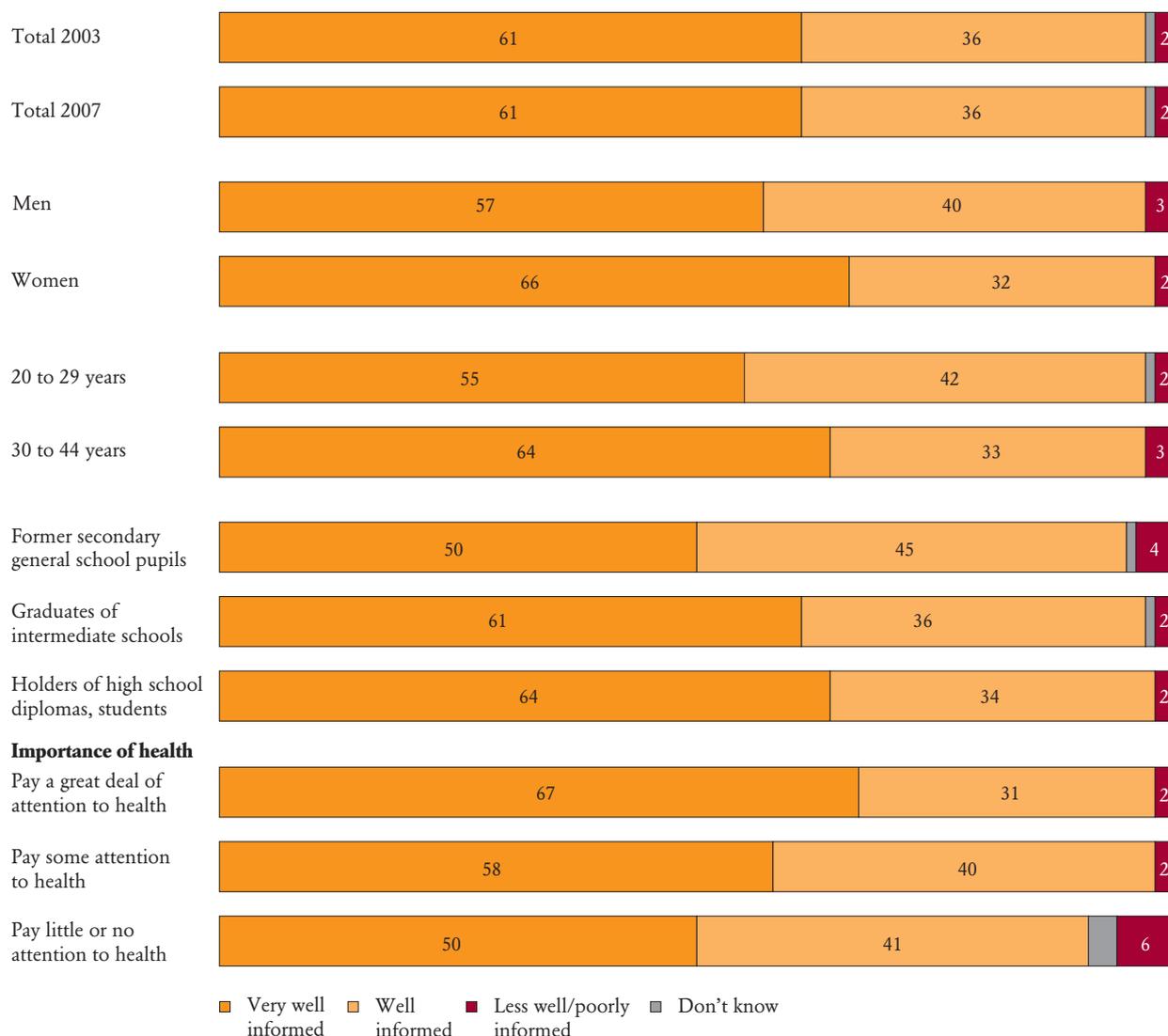
In all population groups, the proportion of interviewees who consider themselves very well informed or well informed about contraception is essentially unchanged when compared with the survey results from 2003: 61 percent describe themselves as very well informed, 36 percent as well informed and only 2 percent as less well informed or poorly informed.

Those who consider themselves very well informed are particularly the women, people between the ages of 30 and 44, people with a higher level of formal education and people who generally pay a great deal of attention to their health.

Interviewees who attended a secondary general school and those who pay little or no attention to their health, state rather more often that they are less well informed about contraception.

FIGURE 1: KNOWLEDGE ABOUT CONTRACEPTION  
(SELF-ASSESSMENT, ENTRIES IN %)

**'How well informed do you personally feel about contraception: very well informed, well informed, less well informed or poorly informed?'**



Basis: all interviewees who had had sexual intercourse in the previous 12 months (n = 1.501)

Source: forsa, P7342/18090 05/07, Mü/Bü

One indicator for the interviewees' actual level of knowledge about conception and contraception is knowing the most fertile time during the menstrual cycle. As a qualification it should be taken into account that knowledge about the woman's fertility cycle is only really relevant to contraception if the couple have decided to use exclusively 'natural' contraception or want to increase the safety of other contraceptives by a degree of abstinence during the woman's most fertile period.

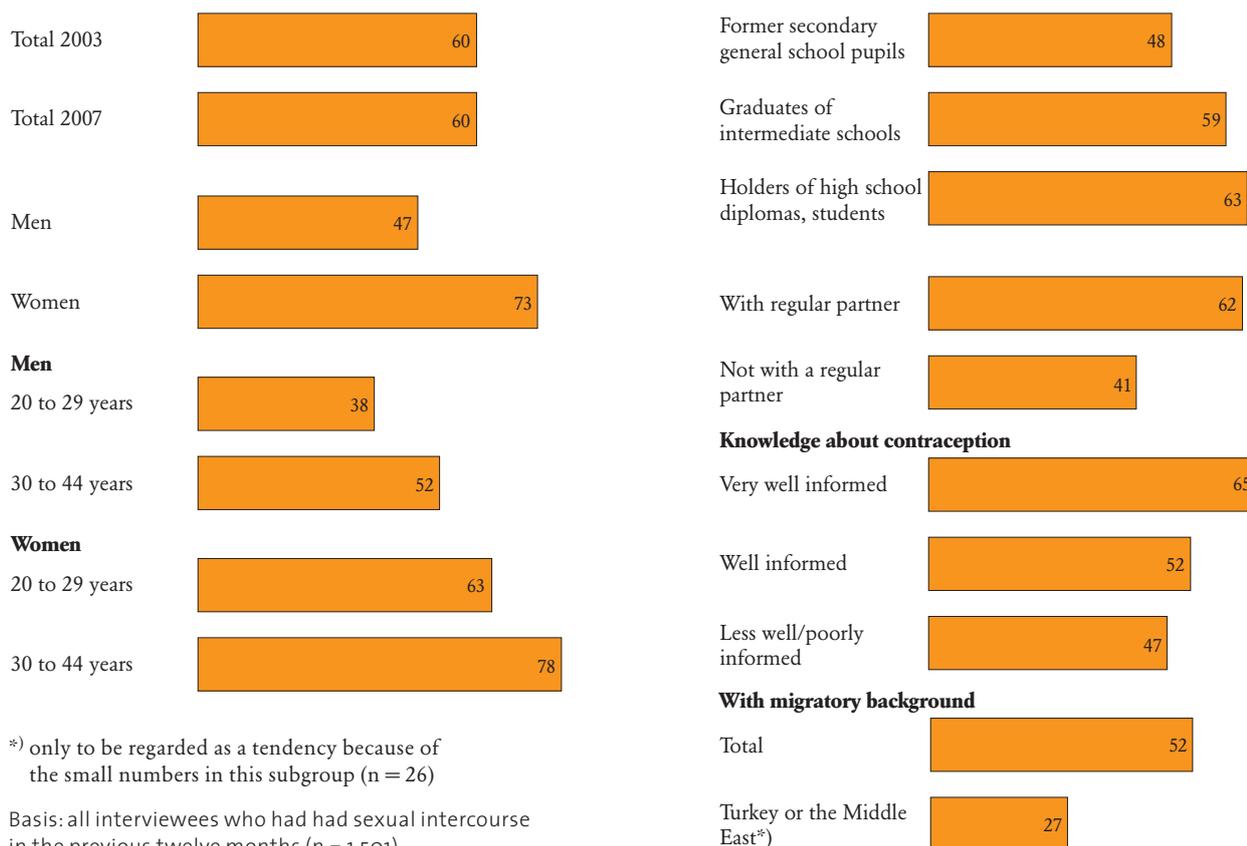
ception is known to the men relatively rarely. It is particularly young people and those with the least formal education who given an incorrect time or choose the 'don't know' category. The results also indicate that people with a migratory background (Turkey or the Middle East) know less often than other interviewees when the most fertile days are in the menstrual cycle. However, in view of the low total numbers in this subgroup, this finding can only be regarded as a tendency.<sup>1</sup>

60 percent of the interviewees know that the possibility of getting pregnant is at its greatest about midway between menstrual periods. The most likely time for con-

FIGURE 2: KNOWING THE MOST FERTILE TIME DURING THE MENSTRUAL CYCLE (ENTRIES IN %)

**'In your opinion, when is the possibility of getting pregnant the greatest? Is it in the first few days after the menstrual period, about midway between periods, in the last few days before the next period or during the period?'**

The possibility of getting pregnant is at its greatest about midway between periods ...



\*) only to be regarded as a tendency because of the small numbers in this subgroup (n = 26)

Basis: all interviewees who had had sexual intercourse in the previous twelve months (n = 1.501)

Source: forsa P7342/18090 05/07, Mü/Bü

**1** In the course of the study the interviewees were also asked about their migratory background. In the following text persons with a migratory background are all those persons who themselves or whose parents were not born in Germany or whose first language in childhood was not German. In interpreting the results, as well as the small numbers in this subgroup, it must also be taken into account that only German-speaking persons were included in the sample, that is, migrants who are not sufficiently fluent in German were not included in the population.

## 2 SOURCES OF INFORMATION

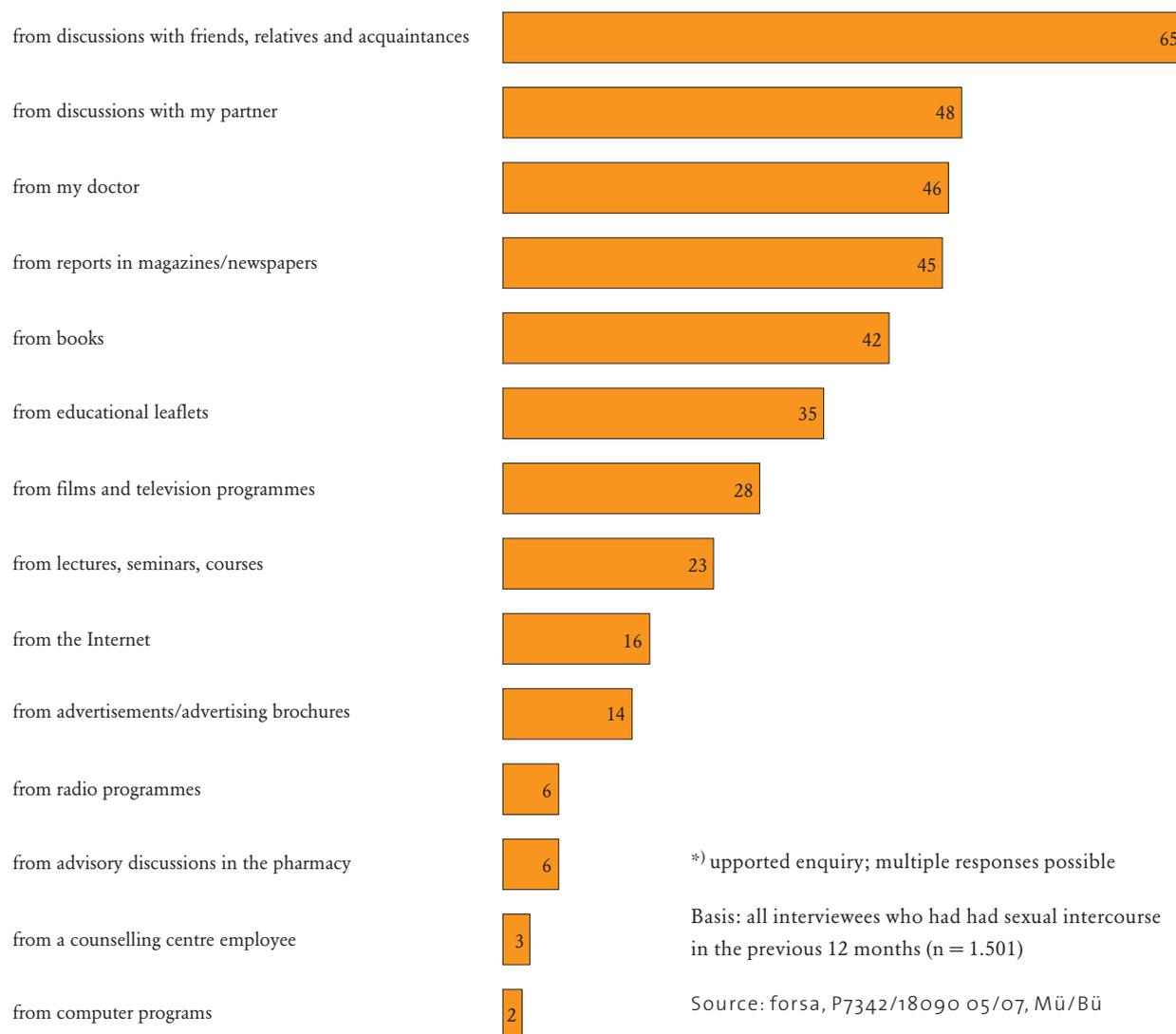
Knowledge about contraception comes mostly from discussions with friends, relations and acquaintances (65%). These discussions are the most important source of information, particularly for interviewees under 30.

Information on this subject is also obtained relatively frequently from discussions with one's partner (48%) or doctor (46%), as well as reports in magazines/newspapers (45%) and books (42%). 35 percent obtain their knowledge about contraception primarily from educational leaflets.

The only medium which has gained in significance since the last study is the Internet, which this time is in ninth place, ahead of advertising and radio programmes. This medium represents an important source of information about contraception, especially for the younger men. While the total of women and men who say that their knowledge about contraception comes predominantly from the Internet is 16 percent, for the group of young men this figure is 29 percent.

FIGURE 3: SOURCES OF INFORMATION \*) (ENTRIES IN %)

**'Where does your knowledge about contraception predominantly come from?'**



In some cases the sources of information quoted have varying degrees of significance for the men and the women.

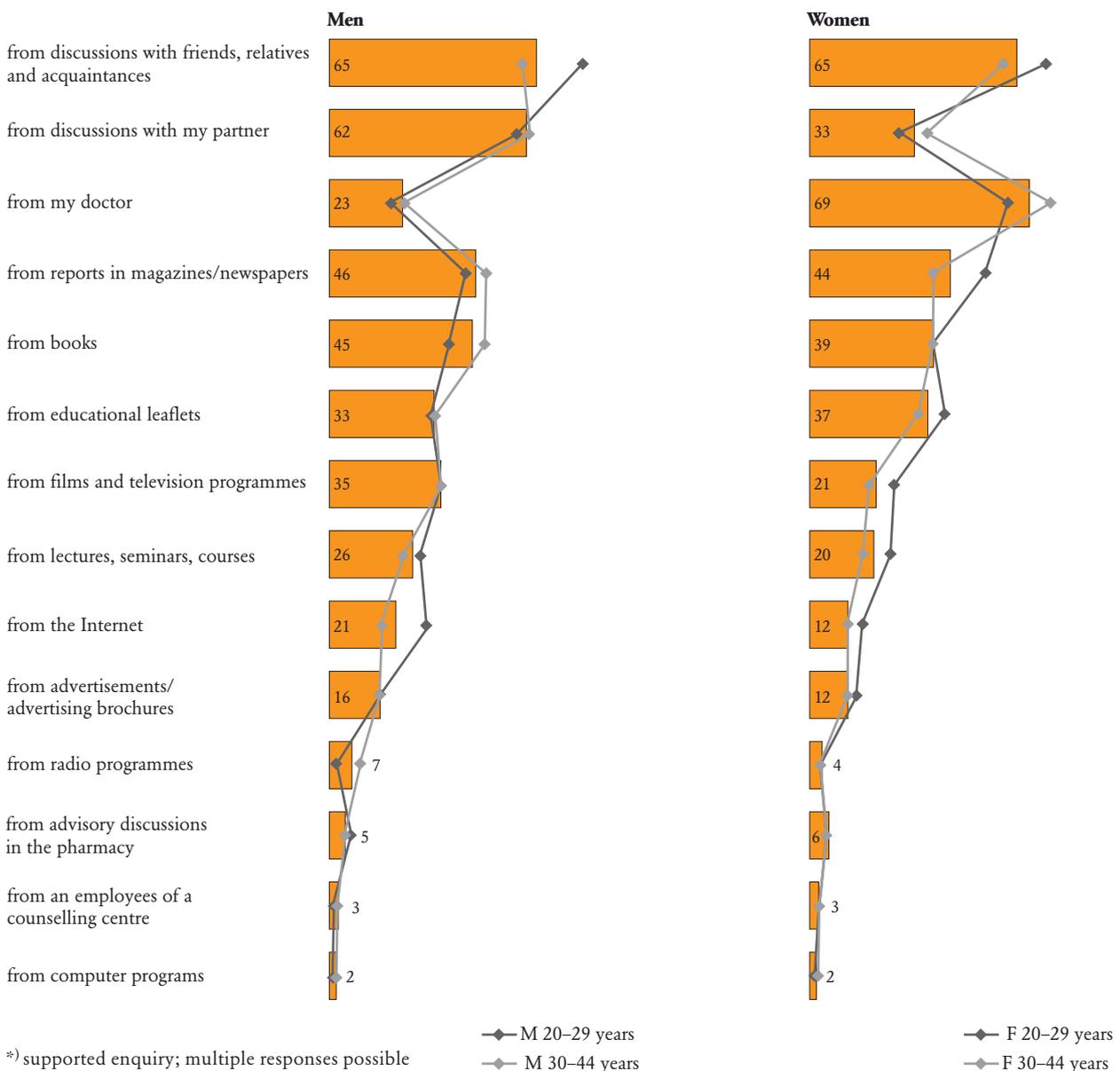
While their doctor is the most important source of information for the women, advice from their doctor only plays a comparatively minor role for the men. These results show that the gynaecologist is available to women as their medical contact in matters relating to contra-

ception. ‘Men’s doctors’, who could fulfil a similar function, have not yet become established.

For the men, in addition to friends, acquaintances and relatives, it is particularly their partners who provide them with information about contraception, whereas the women comparatively rarely identify their partners as important sources of this kind of information.

FIGURE 4: SOURCES OF INFORMATION – BY GENDER AND AGE \*) (ENTRIES IN %)

‘Where does your knowledge about contraception predominantly come from?’



\*) supported enquiry; multiple responses possible

Basis: all interviewees who had had sexual intercourse in the previous 12 months (n = 1.501)

Source: forsa, P7342/18090 05/07, Mü/Bü

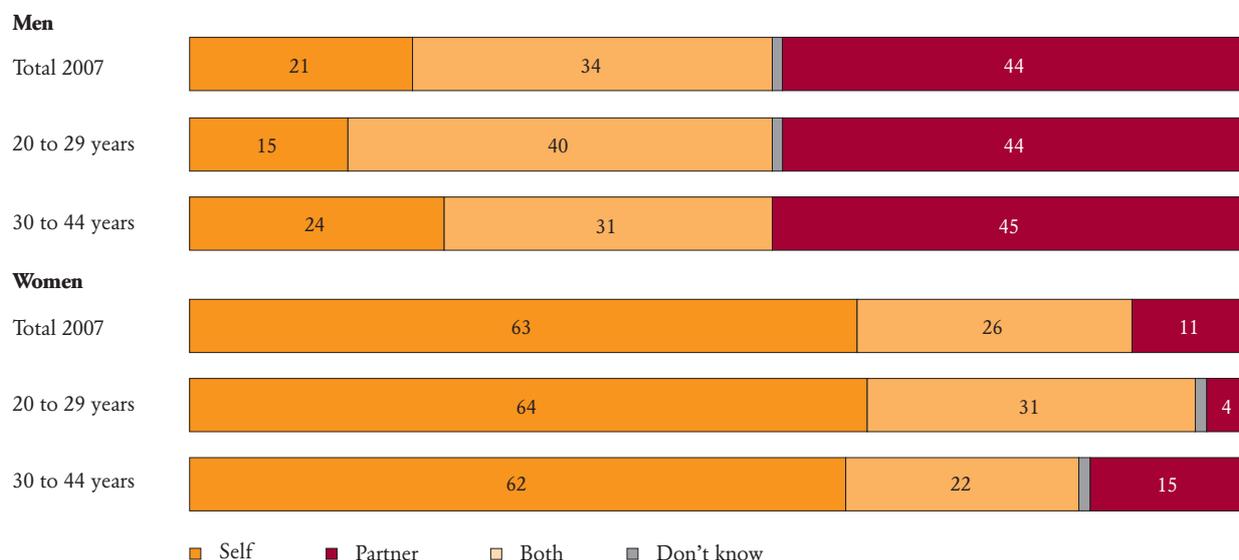
### 3 RESPONSIBILITY FOR CONTRACEPTION

As before, in most relationships contraception is basically the woman’s responsibility.

As in the previous study, it becomes clear that the subjective estimation of the responsibilities relating to contraception diverges somewhat between the women and the men. The men more often feel responsible ‘themselves’ for this aspect than the women indicate in relation to their partner, and vice versa.

FIGURE 5: RESPONSIBILITY FOR CONTRACEPTION (ENTRIES IN %)

‘When you have sexual intercourse with someone, who is normally chiefly responsible for contraception?’



Basis: interviewees who currently use contraception (n = 1.093)

Source: forsa P7342/18090 05/07, Mü/Bü

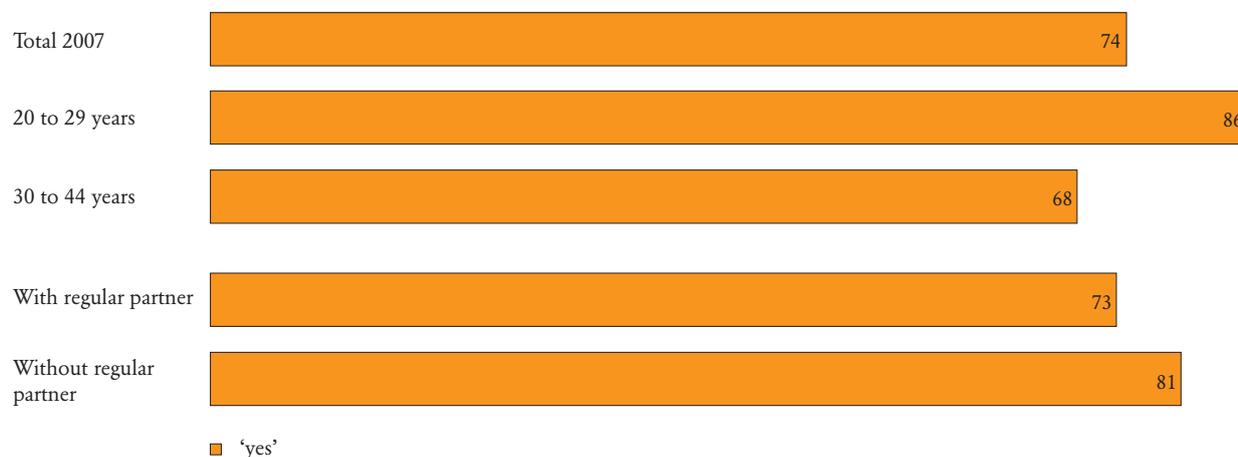
## 4 USE OF CONTRACEPTIVES AND METHODS OF CONTRACEPTION

74 percent of the 20 to 44-year-old women and men who have had sexual intercourse in the last 12 months are currently using contraceptives or methods of contraception.

Contraception is used by 86 percent of the under 30-year-olds and by 68 percent of the 30 to 44-year-olds. 81 percent of the interviewees without a regular partner and 73 percent of those with a regular partner use contraception.

FIGURE 6: USE OF CONTRACEPTIVES OR METHODS OF CONTRACEPTION (ENTRIES IN %)

**'Are you or your partner currently using contraceptives or methods of contraception? By partner in this case we mean someone with whom you have sexual intercourse, irrespective of whether this is a regular partner or an occasional partner.'**



Basis: all interviewees who had had sexual intercourse in the previous 12 months (n = 1.501)

Source: forsa, P7342/18090 05/07, Mü/Bü

All the following questions relating to the contraception currently used were directed exclusively at those interviewees currently using contraception.

As in the previous study, the question about the type of contraception currently used was asked as an open question. The responses were allocated to the various categories on completion of the survey.

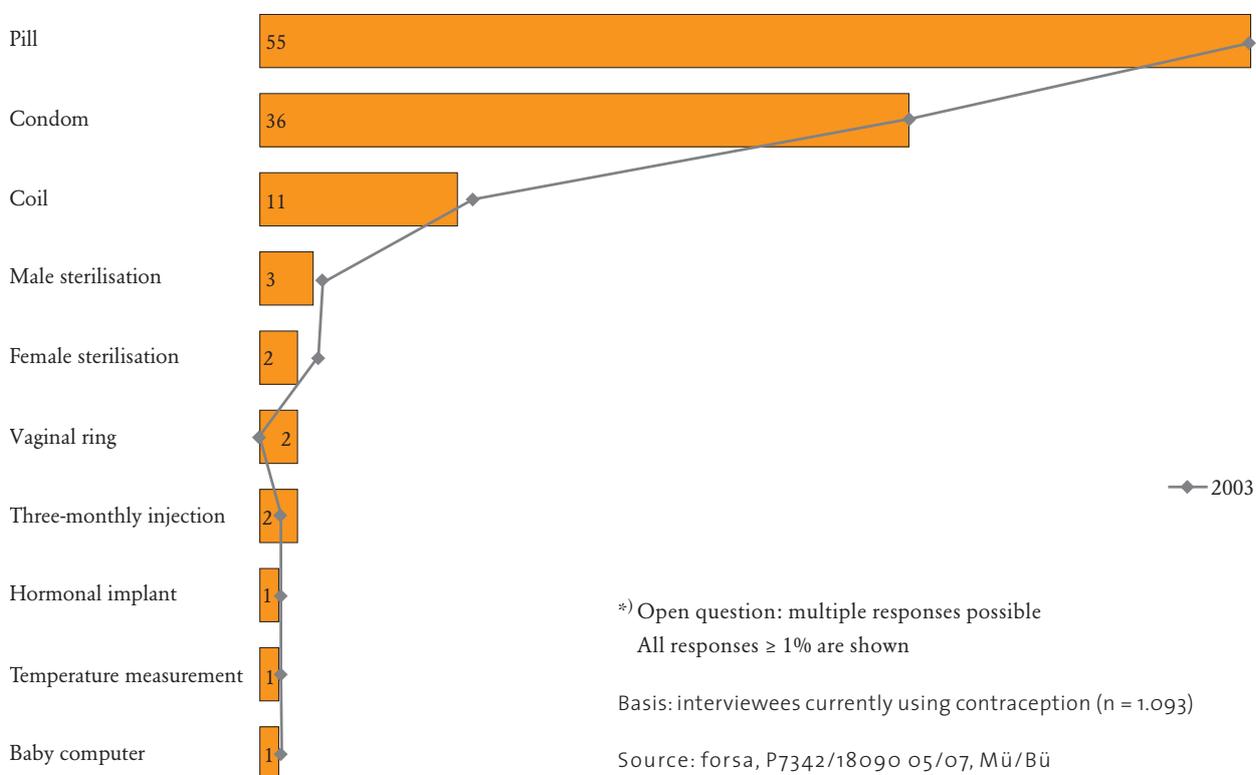
The most widespread method of contraception is still the pill: 55 percent of the women and the men who are currently using contraception protect themselves or their partner from an unwanted pregnancy with the pill. The condom is in second place with 36 percent. 11 percent use the coil, 3 percent have opted for male sterilisation and 2 percent for female sterilisation. A further 2 percent use a so-called vaginal ring or NuvaRing. A similar number use a three-monthly injection. Subcutaneous hormonal implants, temperature measurements and ‘baby computers’ are each given as the

method of contraception by 1 percent in response to the open question.

In addition, some interviewees mentioned the calendar method, mucus observation, chemical contraceptives, the diaphragm, hormonal patches and coitus interruptus when questioned about the contraceptive method currently used. Since they were listed by less than one percent of the interviewees, they are not included in the following graphic.

FIGURE 7: CONTRACEPTIVES OR METHODS OF CONTRACEPTION USED\*) (ENTRIES IN %)

‘Which contraceptives or methods of contraception are you currently using?’

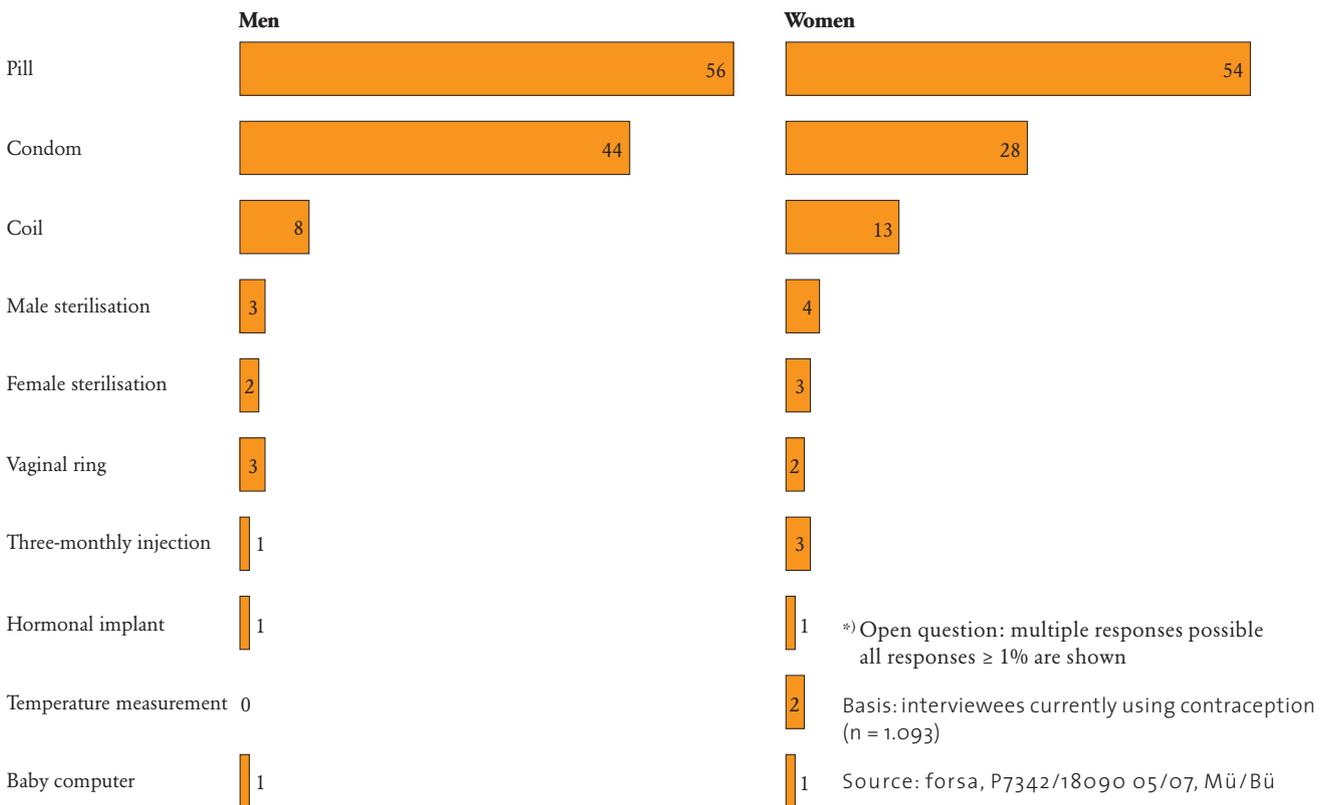


If we distinguish between men and women in the responses regarding contraception used, we find that the men state considerably more often than the women that they use condoms as contraception. In contrast, the coil is much more often cited by the women than by the men. This discrepancy may be attributable

principally to the fact that – particularly with open questioning with no standard responses – the interviewee is more likely to think of contraceptives for which he/she is responsible and is more likely to ‘forget’ any for which his or her partner has essentially taken responsibly.

FIGURE 8: CONTRACEPTIVES OR METHODS OF CONTRACEPTION USED – BY GENDER \*)  
(ENTRIES IN %)

‘Which contraceptives or methods of contraception are you currently using?’



17 percent of the interviewees who are currently using contraception – with a higher than average percentage of interviewees without a regular partner – use more than one contraceptive; 67 percent of these use these alternately and 31 percent combine them.

The condom and the pill in particular are used in combination or alternately. These two contraceptives are combined by 9 percent of the interviewees who currently use contraception and used alternately by 5 percent.

FIGURE 9: USE OF MORE THAN ONE CONTRACEPTIVE – PILL, CONDOM AND COIL (ENTRIES IN %)



Basis: interviewees currently using contraception (n = 1.093)

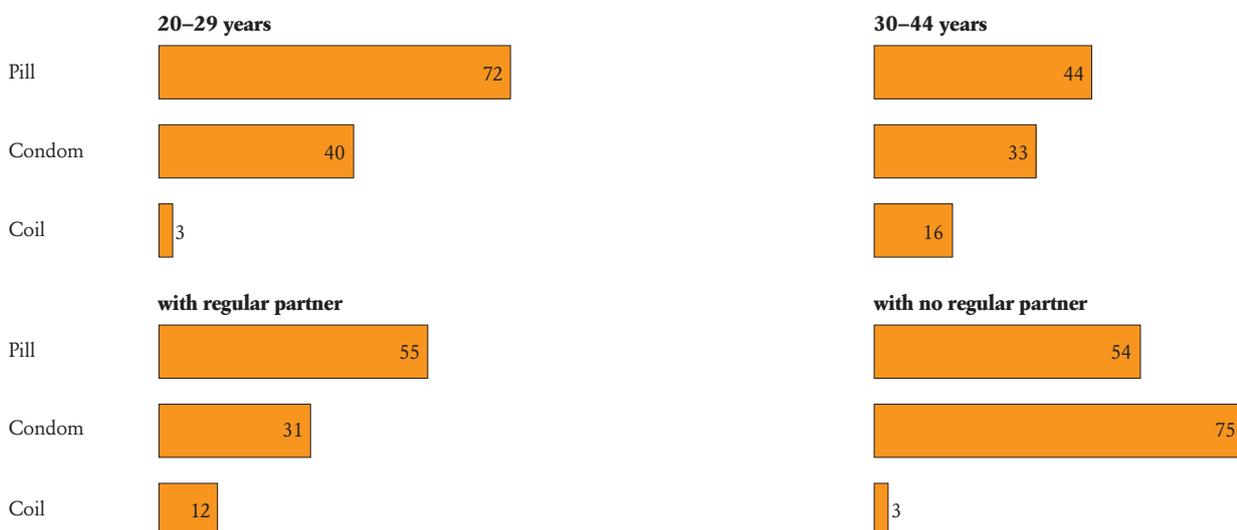
Source: forsa, P7342/18090 05/07, Mü/Bü

If we consider the use of the three most common contraceptives in relation to age, we find that the pill and the condom are more often used by younger adults, while the coil is used comparatively often by 30 to 40-year-olds to protect against unwanted pregnancies and only plays a minor role for younger people.

The choice of contraceptive also depends to a large degree on whether the interviewees are in a solid relationship or not. This is particularly true of the condom, the use of which is considerably more widespread amongst interviewees without a regular partner than interviewees who are in a solid relationship. Thus, 75 percent of the interviewees who are not in a solid relationship say that they use the condom as the sole contraceptive or in combination with other contraceptives, or alternate it with other contraceptives, while only 31 percent of the interviewees who have a regular partner use condoms as a contraceptive.

FIGURE 10: CONTRACEPTIVES OR METHODS OF CONTRACEPTION USED – BY AGE AND RELATIONSHIP STATUS \*) (ENTRIES IN %)

**‘Which contraceptives or methods of contraception are you currently using?’**



\*) Open question: multiple responses possible; all responses ≥ 1% are shown

Basis: interviewees currently using contraception (n = 1.093)

Source: forsa, P7342/18090 05/07, Mü/Bü

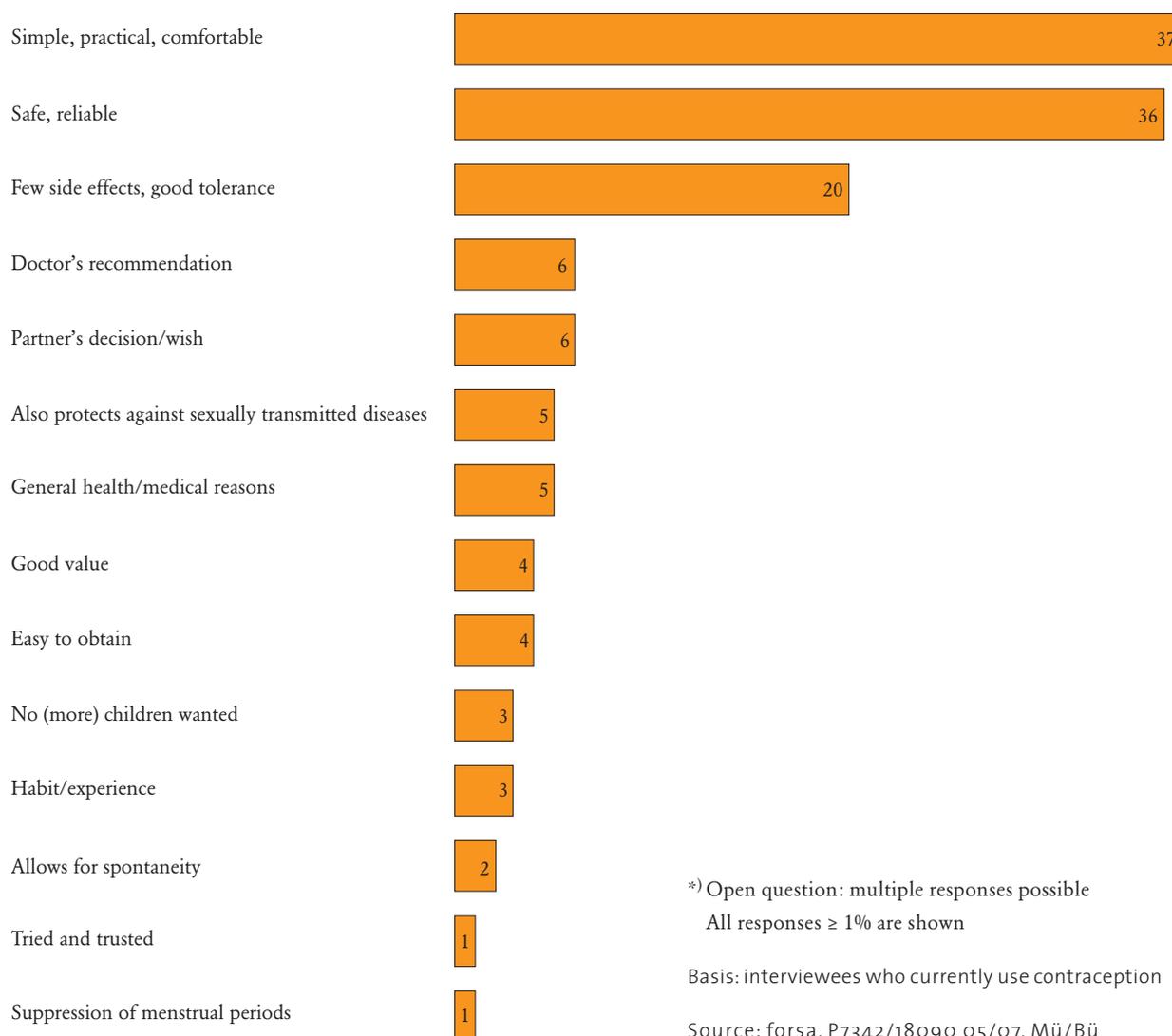
# 5 REASONS FOR CHOOSING THE CONTRACEPTIVE METHOD USED

As before, by far the most commonly cited reasons for choosing the contraceptive used are safety and reliability (37%), and that it is simple, comfortable and practical to use (36%). Good tolerance and the lack of side effects are also important for many people (20%).

Other factors considered relevant when choosing the method of contraception are shown in the following graphic.

FIGURE 11: REASONS FOR CHOOSING THE METHOD OF CONTRACEPTION \*) (ENTRIES IN %)

**‘For what reasons did you or your partner choose this contraceptive or this method of contraception?’**



\*) Open question: multiple responses possible  
All responses ≥ 1% are shown

Basis: interviewees who currently use contraception

Source: forsa, P7342/18090 05/07, Mü/Bü

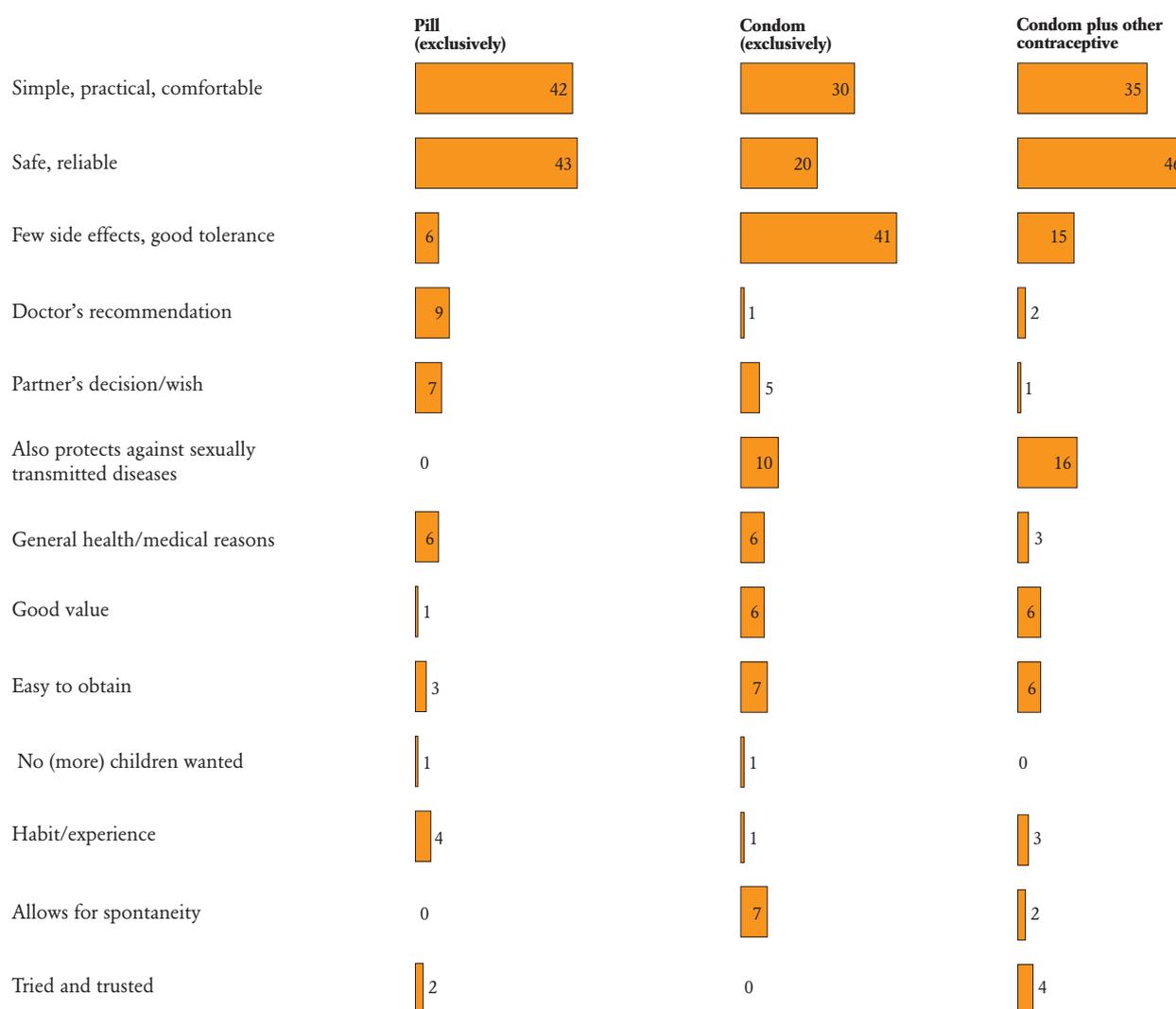
The main reasons given by users for choosing the pill are its reliability and its simplicity and convenience of use.

For the interviewees who exclusively use condoms, good tolerance and ease of use are the decisive factors in opting for this contraceptive.

The decisive factor in using the condom in combination with other contraceptives is the security it provides against contraception. However, the additional protection against sexually transmitted diseases plays an even greater role than when condoms are used on their own.

FIGURE 12: REASONS FOR CHOOSING THE METHOD OF CONTRACEPTION – BY METHOD OF CONTRACEPTION USED \*) (ENTRIES IN %)

**‘For what reasons did you or your partner choose this contraceptive or this method of contraception?’**



\*) Open question: multiple responses possible; all responses  $\geq 1\%$  are shown

Basis: interviewees currently using contraception (n = 1.093)

Source: forsa, P7342/18090 05/07, Mü/Bü

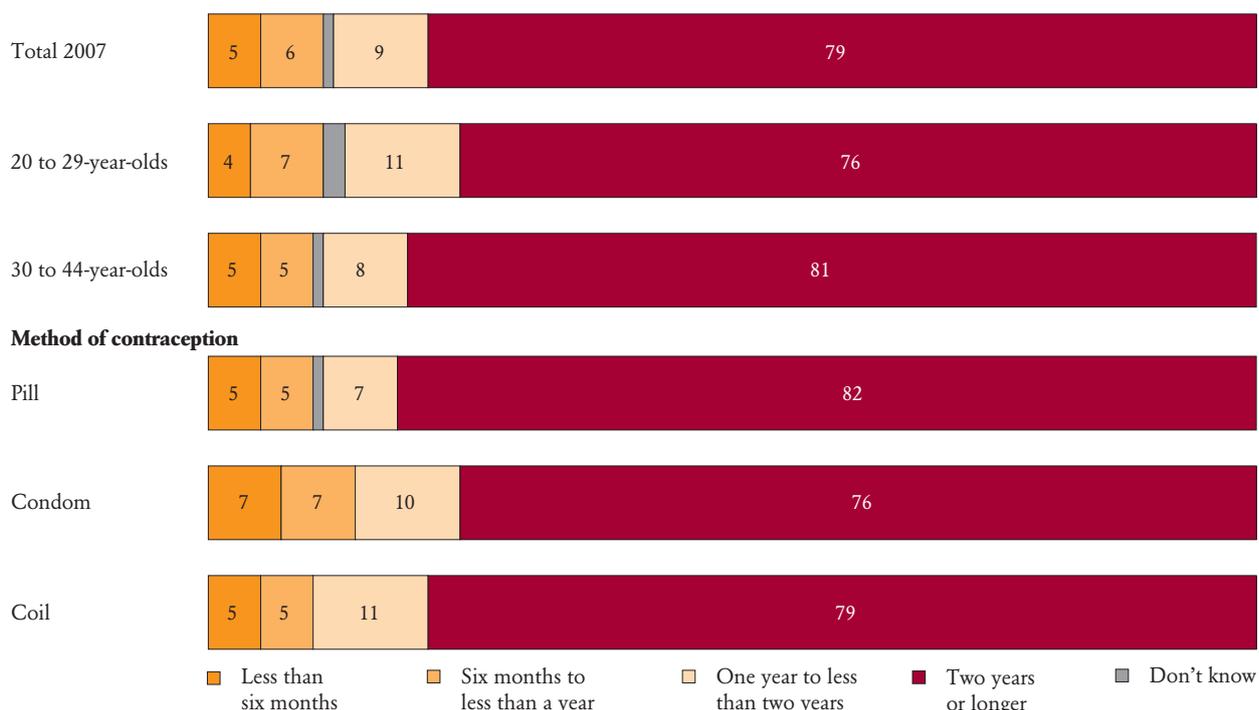
## 6 DURATION OF USE

5 percent of the interviewees have been using their current contraception for less than six months, another 6 percent for six months to a year and 9 percent for one to two years. Most people had been using the current

contraceptive for two years or more. In terms of the duration of use there were hardly any differences between the various methods of contraception.

FIGURE 13: DURATION OF USE UP TO NOW OF THE METHOD OF CONTRACEPTION CURRENTLY BEING USED (ENTRIES IN %)

**‘For how long have you been using this method of contraception or contraceptive?’**



Basis: interviewees currently using contraception (n = 1.093)

Source: forsa, P7342/18090 05/07, Mü/Bü

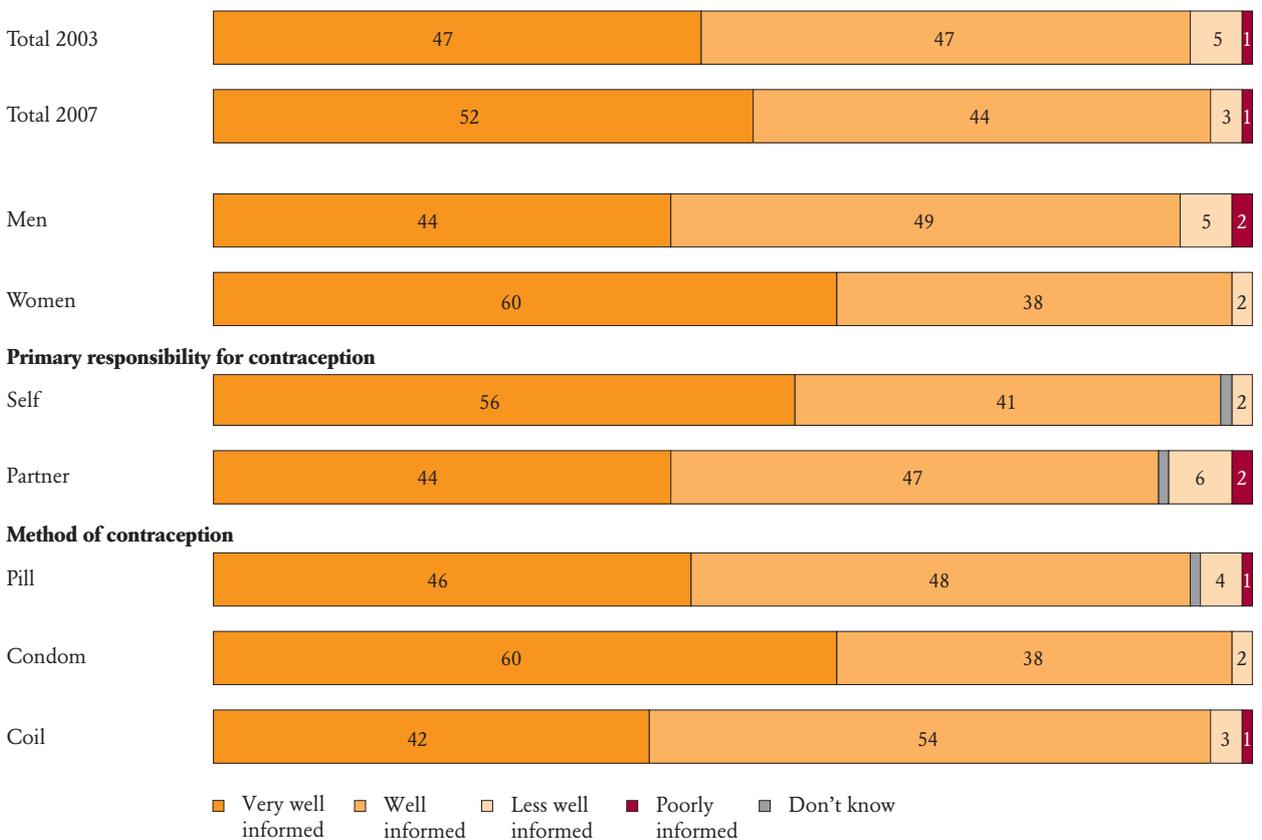
# 7 SUBJECTIVE KNOWLEDGE ABOUT THE METHOD OF CONTRACEPTION USED

Over half of the interviewees (52%) consider that they are very well informed about the method of contraception used. 44 percent consider that they are well informed. 3 percent rate their knowledge of this to be less good or poor.

Those who consider themselves to be very well informed are predominantly the women and those interviewees who are primarily responsible for contraception, as well as those who use condoms for contraception.

FIGURE 14: KNOWLEDGE ABOUT THE METHOD OF CONTRACEPTION USED (ENTRIES IN %)

**'How well informed do you consider yourself to be about the method of contraception or the contraceptive which you are currently using: very well, well, less well or poorly informed?'**



Basis: interviewees currently using contraception (n = 1.093)

Source: forsa, P7342/18090 05/07, Mü/Bü

## 8 PERSON RECOMMENDING THE METHOD OF CONTRACEPTION USED

53 percent of the interviewees use their current contraceptive on the recommendation of their doctor.

For 4 percent the contraceptive was recommended by their mother and for another 4 percent by friends.

Recommendations by other persons or media do not play a significant role, as shown by the following graphic.

34 percent say that the contraceptive was not recommended to them by anyone in particular.

FIGURE 15: PERSON RECOMMENDING THE CONTRACEPTIVE USED \*) (ENTRIES IN %)

**'Who recommended the contraceptive or method of contraception which you are currently using to you or your partner?'**



\*)Open question: multiple responses possible; all responses ≥ 1 % are shown

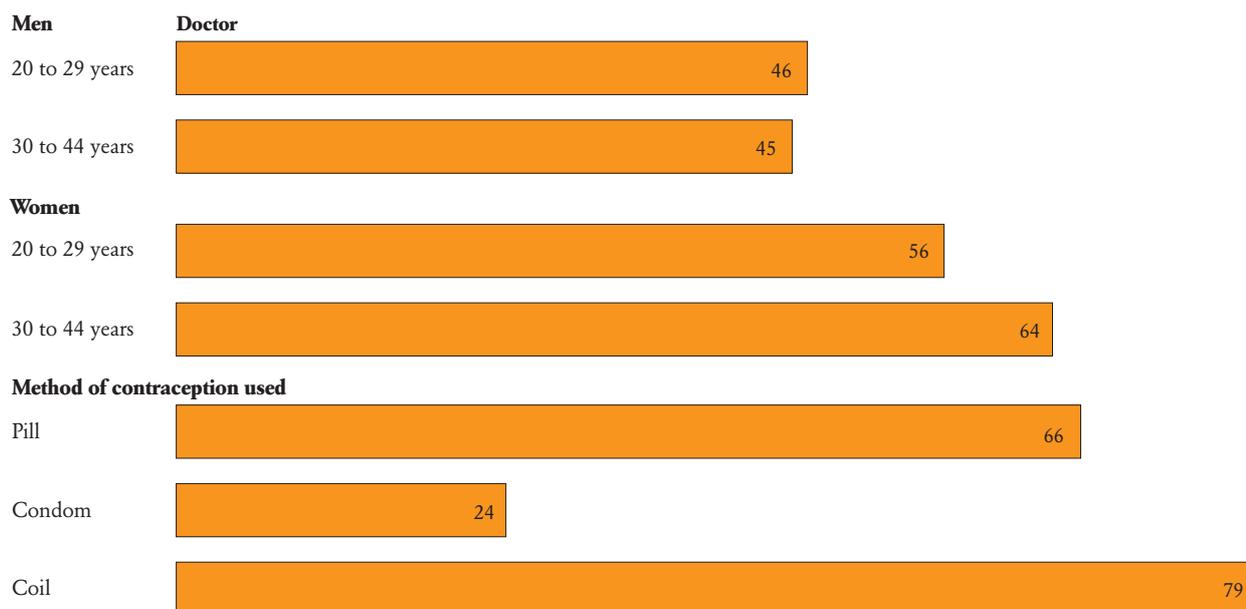
Basis: interviewees currently using contraception (n = 1.093)

Source: forsa, P7342/18090 05/07, Mü/Bü

The interviewees who use their current contraceptive on the recommendation of their doctor are mostly women – particularly those aged 30 to 44 – and people who protect themselves from an unwanted pregnancy with the pill or the coil.

FIGURE 16: PERSON RECOMMENDING THE CONTRACEPTIVE USED: DOCTOR <sup>\*)</sup> (ENTRIES IN %)

**‘Who recommended the contraceptive or method of contraception which you are currently using to you or your partner?’**



<sup>\*)</sup>Open question: multiple responses possible; all responses  $\geq 1\%$  are shown

Basis: interviewees currently using contraception (n = 1.093)

Source: forsa, P7342/18090 05/07, Mü/Bü

# 9 ATTITUDE TO LONG-CYCLE CONTRACEPTION

Differing from the previous study, the current study also included questions on so-called long-cycle contraception and on acceptance of a hormonal contraceptive for men.

In long-cycle contraception, the woman uses a hormonal contraceptive for several months without a break, so that menstrual periods are suppressed over several cycles.

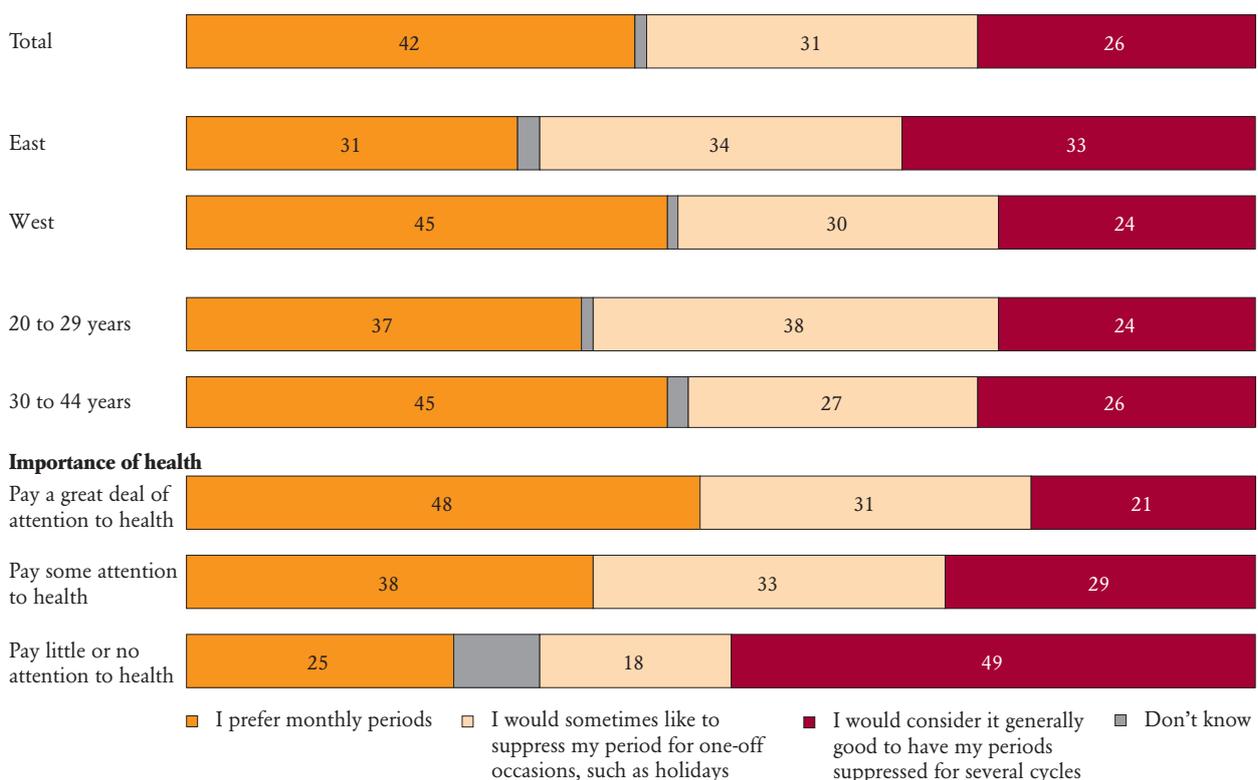
42 percent of the women interviewed definitely prefer monthly periods.

31 percent – particularly the younger women between 20 and 29 years of age – would sometimes like to suppress their period for one-off occasions, such as holidays.

26 percent would consider it generally good to have their periods suppressed for several cycles. It is more often the women from the former East German states who would make use of this facility. The women who generally pay little or no attention to their health are also positive in their attitude to long-cycle contraception.

FIGURE 17: ATTITUDE TO MONTHLY PERIODS (ENTRIES IN %)

**‘There are forms of hormonal contraception in which periods are suppressed for several cycles. Fundamentally speaking: would you see it as a good thing not to have monthly periods for a lengthy period or would you prefer to have monthly periods?’**



\*)Open question: multiple responses possible; all responses ≥ 1 % are shown

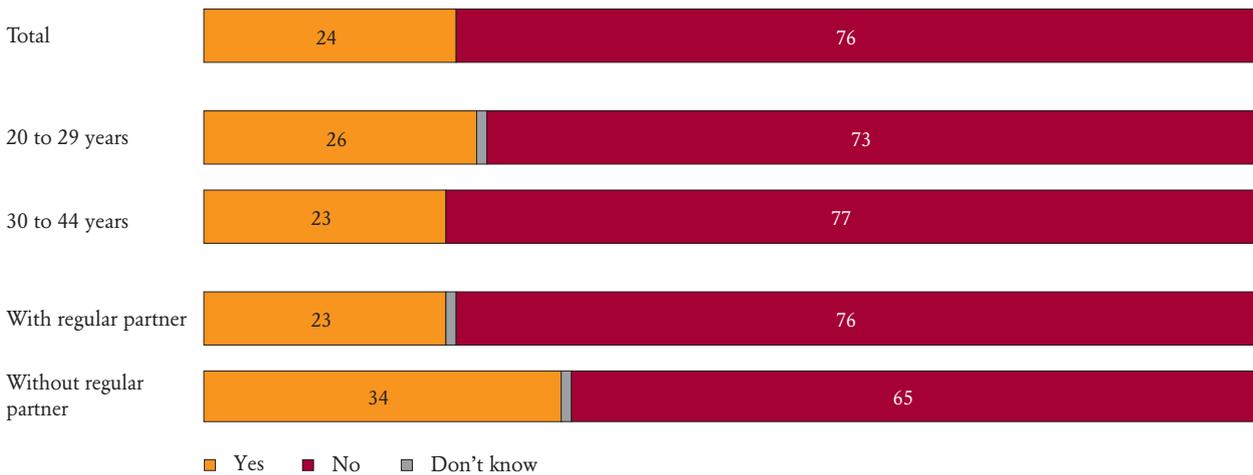
Basis: women who had had sexual intercourse in the previous 12 months (n = 751)

Source: forsa, P7342/18090 05/07, Mü/Bü

24 percent of the women already have experience of long-cycle contraception. The figure is higher for women without a regular partner than those with.

FIGURE 18: EXPERIENCE WITH FORMS OF LONG-CYCLE CONTRACEPTION (ENTRIES IN %)

**‘With the so-called long cycle the woman uses a hormonal contraceptive (pill, hormonal patch or vaginal ring) for several months without interruption, so that periods are suppressed for several cycles. Do you yourself have any experience of this form of contraception?’**



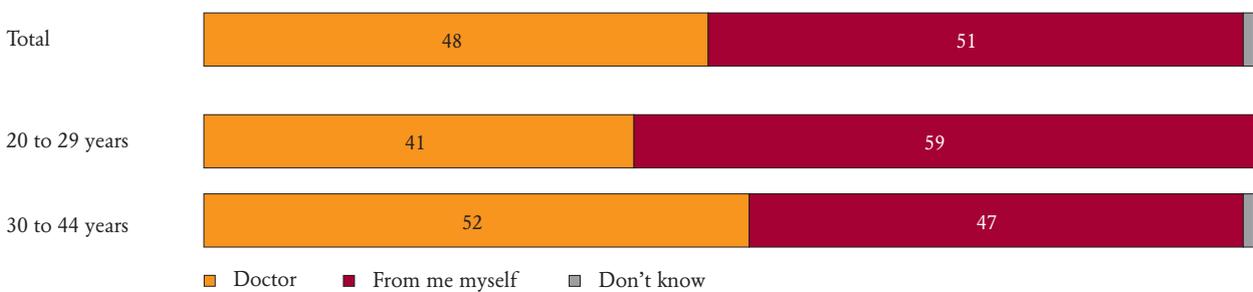
Basis: women who had had sexual intercourse in the previous 12 months (n = 751)

Source: forsa, P7342/18090 05/07, Mü/Bü

In 48 percent of the cases the recommendation to use the contraceptive for a lengthy period without interruption came from the doctor. 51 percent – particularly the women under 30 – state that they themselves wished to use this form of contraception.

FIGURE 19: PERSON RECOMMENDING LONG-CYCLE CONTRACEPTION (ENTRIES IN %)

**‘Did your doctor recommend that you use the contraceptive for a lengthy period without interruption, or did this wish come from you yourself or anyone else?’**



Basis: women who already have experience of long-cycle contraception (n = 186)

Source: forsa, P7342/18090 05/07, Mü/Bü

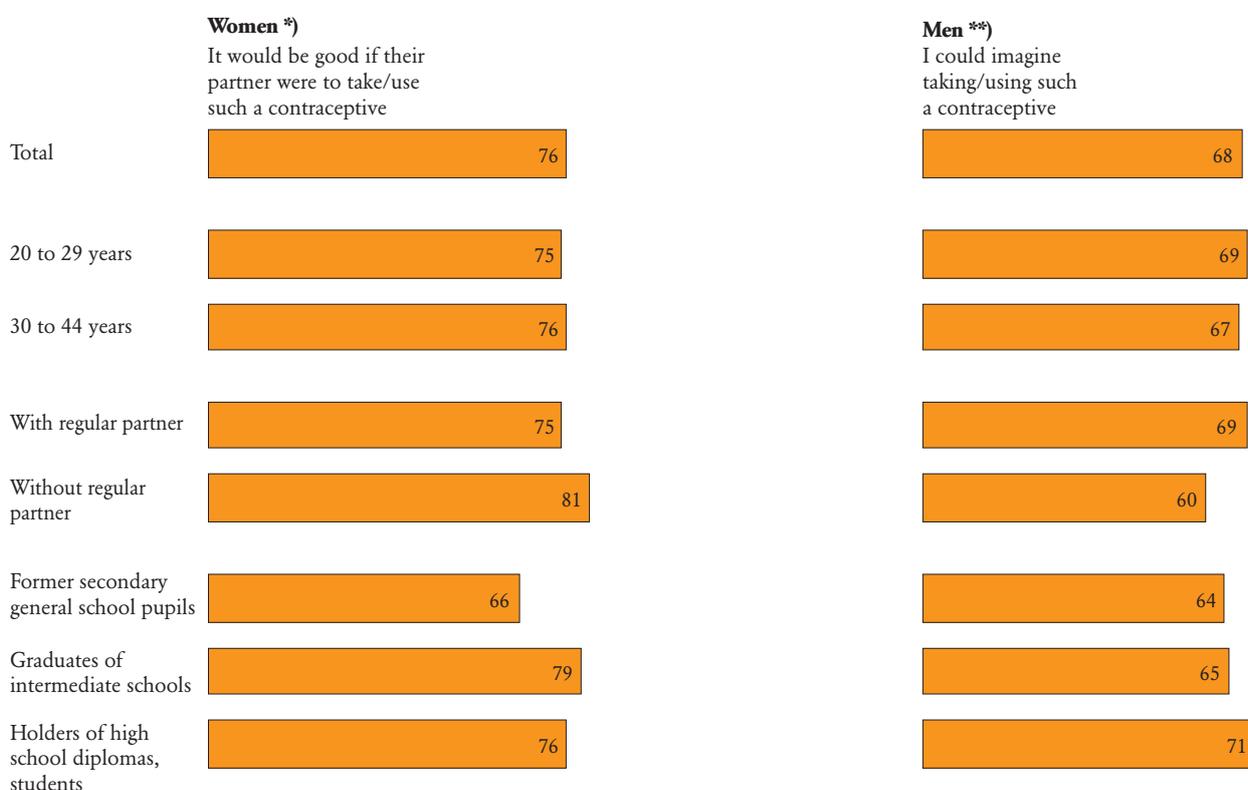
# 10 ACCEPTANCE OF A HORMONAL CONTRACEPTIVE FOR MEN

As part of the study, the interviewees were then asked about their attitude to a hormonal contraceptive for men, for example in the form of a pill or injection. 76 percent of the women would consider it good if their partner were to take or use such a contraceptive. 68 percent of the men could see this as a possibility.

Overall, a hormonal contraceptive for men was accepted slightly less by interviewees with a lower level of formal education than those with intermediate or high school education.

FIGURE 20: ACCEPTANCE OF A HORMONAL CONTRACEPTIVE FOR MEN (ENTRIES IN %)

'A great deal of research is being carried out in the field of contraception. One thing that is planned is the development of a hormonal contraceptive for men, for example in the form of an injection or a pill.'



\*) Basis: women who had had sexual intercourse in the previous 12 months (n = 751)

\*\*) Basis: men who had had sexual intercourse in the previous 12 months (n = 750)

Source: forsa, P7342/18090 05/07, Mü/Bü

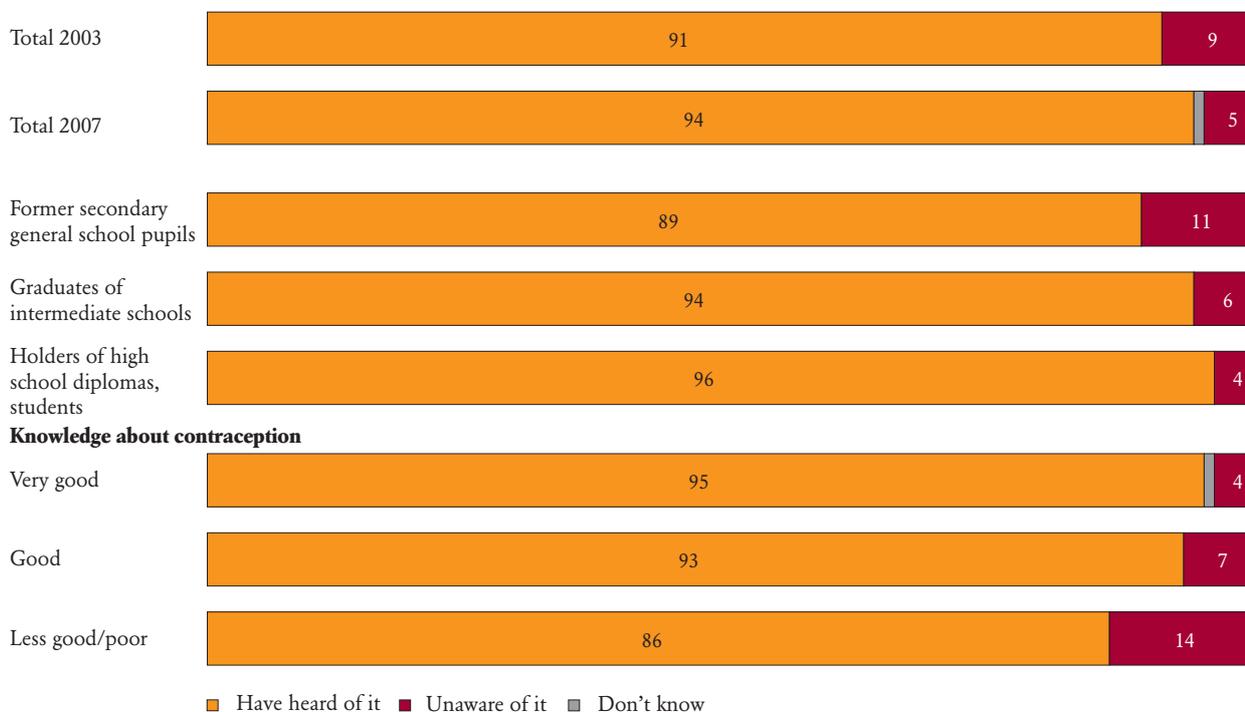
# 11 AWARENESS AND USE OF THE ‘MORNING AFTER PILL’

94 percent are aware of the so-called ‘morning after pill’ which is intended to prevent an unwanted pregnancy after unprotected sexual intercourse. In 2003 this figure was 91 percent.

5 percent of the interviewees are unaware of the ‘morning after pill’. Interviewees with a lower level of formal education and those who consider their level of information about contraception to be less good or poor state comparatively often that are not aware of the ‘morning after pill’.

FIGURE 21: AWARENESS OF THE ‘MORNING AFTER PILL’ (ENTRIES IN %)

‘The so-called ‘morning after pill’ prevents an unwanted pregnancy after unprotected sexual intercourse. Are you aware of the ‘morning after pill’ or is the term new to you?’



Basis: all interviewees who had had sexual intercourse in the previous 12 months (n = 1.501)

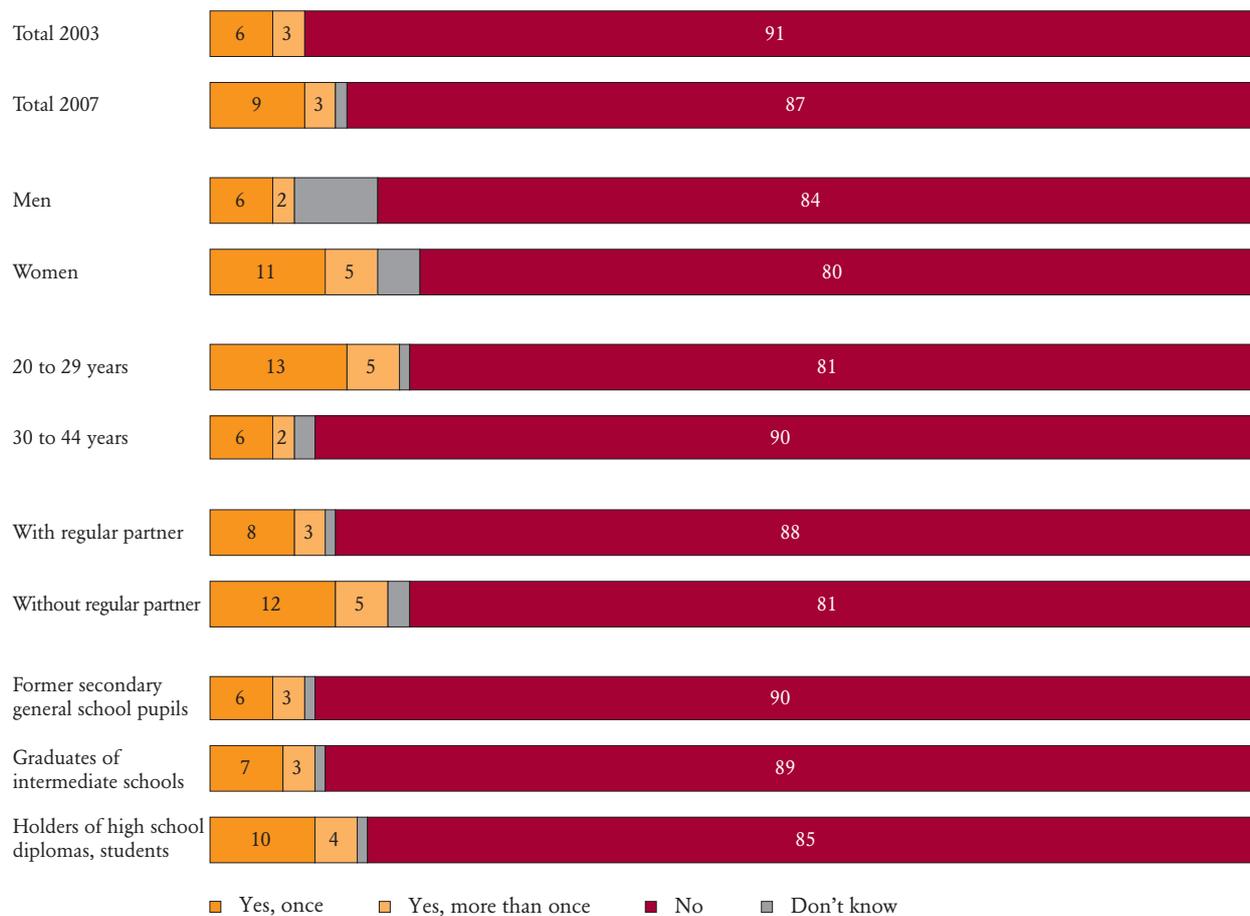
Source: forsa, P7342/18090 05/07, Mü/Bü

12 percent of the sexually active population between the ages of 20 and 44 have already taken the ‘morning after pill’ once (9%) or more than once (3%). In this context it is interesting to note that the value exclusively for the women is noticeably higher, with a total of 16 percent, since the men (8%) do not necessarily have to be informed of their partner’s decision to use the ‘morning after pill’.

20 to 29-year-olds, interviewees without a regular partner and those with a higher level of formal education are more likely to state that they have already used the ‘morning after pill’ at least once.

FIGURE 22: USE OF THE ‘MORNING AFTER PILL’ (ENTRIES IN %)

‘Have you or your partner used the ‘morning after pill’ once or more than once out of fear of an unwanted pregnancy?’



Basis: all interviewees who had had sexual intercourse in the previous 12 months (n = 1.501)

Source: forsa, P7342/18090 05/07, Mü/Bü

# 12 DEMAND FOR INFORMATION

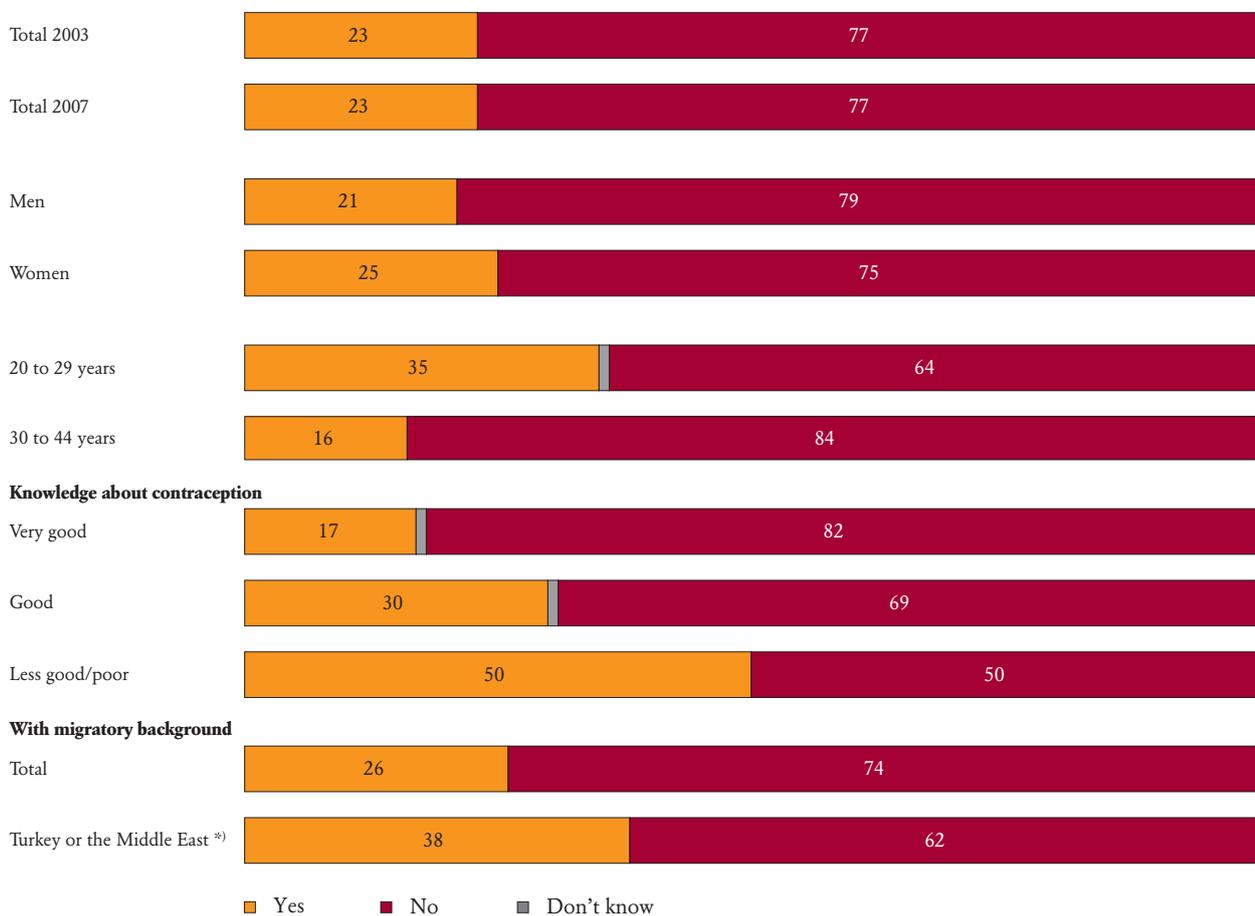
23 percent of the interviewees wish to be further informed about contraception. 77 percent have no interest in receiving further information.

Interviewees with a migratory background (Turkey or the Middle East) also state comparatively often that they wish to be further informed on this subject.

Further information is more often wanted by the 20 to 29-year-olds and interviewees who consider themselves to be less well informed or poorly informed about the subject.

FIGURE 23: DEMAND FOR INFORMATION (ENTRIES IN %)

**‘Would you like to be further informed about contraception?’**



\*) only to be regarded as a tendency because of the small numbers in this subgroup (n = 26)

Basis: all interviewees who had had sexual intercourse in the previous 12 months (n = 1.501)

Source: forsa, P7342/18090 05/07, Mü/Bü

# 13 PREFERRED SOURCES OF INFORMATION

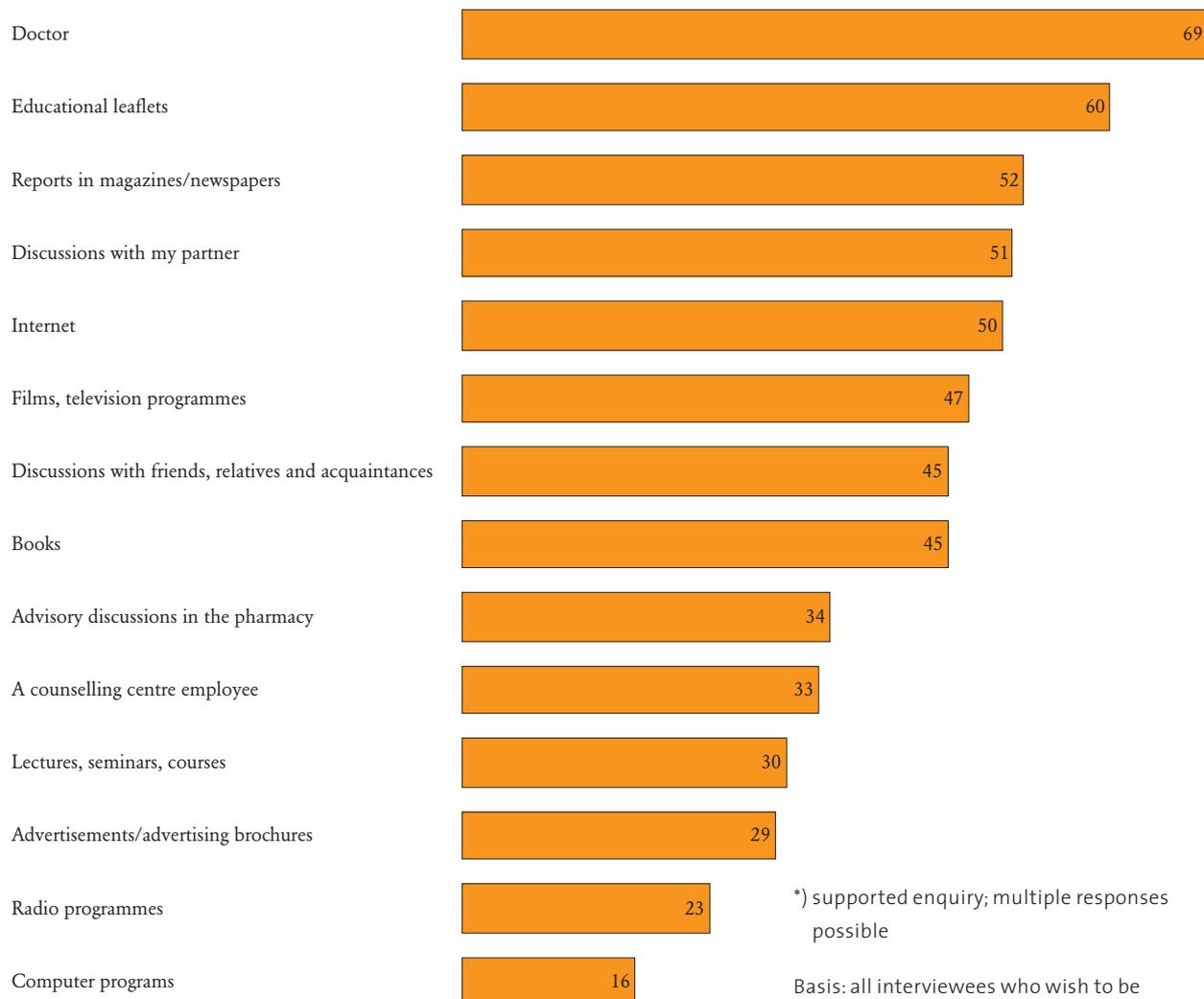
The interviewees who wish to be further informed were asked about the persons or media from which they would most like to receive further information about contraception.

Their doctor (69%) comes in first place. 60 percent would like to get more information from educational leaflets, 52 percent from reports in magazines or newspapers and 51 percent from discussions with their partner.

In fifth place we now find the Internet, which is preferred by 50 percent as a source of information on contraception. This medium, which in 2003 was only the eighth most popular source of information, has clearly gained in popularity, while educational leaflets and books (then in first and fourth place respectively) have become less important.

FIGURE 24: PREFERRED SOURCES OF INFORMATION \*) (ENTRIES IN %)

**\*From which persons or media would you most like to receive further information about contraception?\***



\*) supported enquiry; multiple responses possible

Basis: all interviewees who wish to be further informed (n = 323)

Source: forsa, P7342/18090 05/07, Mü/Bü

It is also interesting to break down these preferences by the gender of the interviewees.

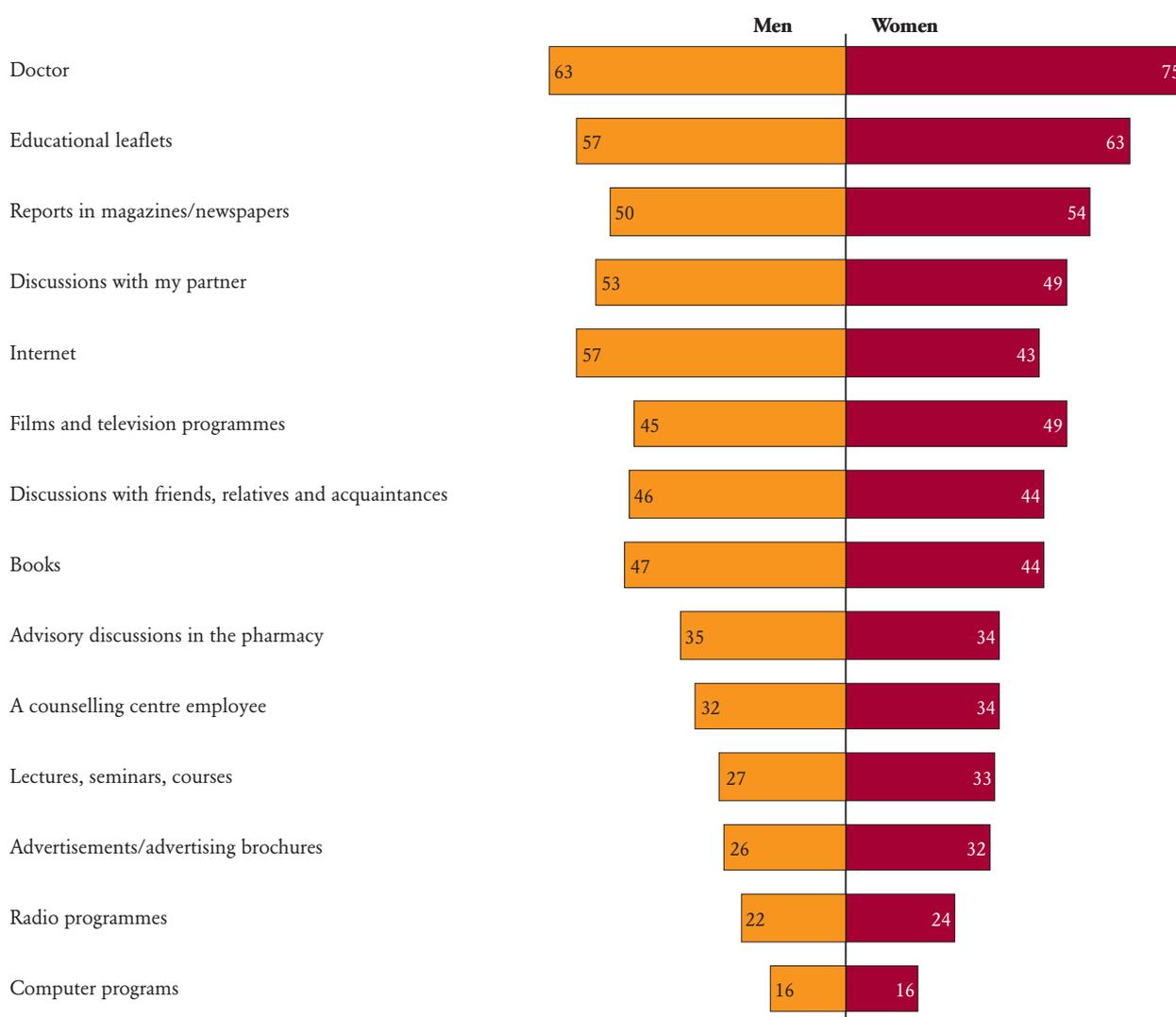
It is true that doctors are considerably more in demand in an advisory capacity by the women than by the men. However, the men still most commonly state their doctor as the source from which they would most like to receive further information about contraception. This is all the more notable since men on the whole do not

have a medical contact comparable to a gynaecologist with whom they can discuss matters relating to sexuality and conception.

The Internet again plays a considerably greater role for the men than for the women in this context – along with educational leaflets it is the second most commonly quoted source from which men say they would like to receive further information about contraception.

FIGURE 25: PREFERRED SOURCES OF INFORMATION – BY GENDER \*) (ENTRIES IN %)

**‘From which persons or media would you most like to receive further information about contraception?’**



\*) supported enquiry; multiple responses possible

Basis: all interviewees who wish to have further information (n = 323)

Source: forsa, P7342/18090 05/07, Mü/Bü

# 14 KNOWLEDGE ABOUT BZGA MEDIA ON THE SUBJECT OF FAMILY PLANNING

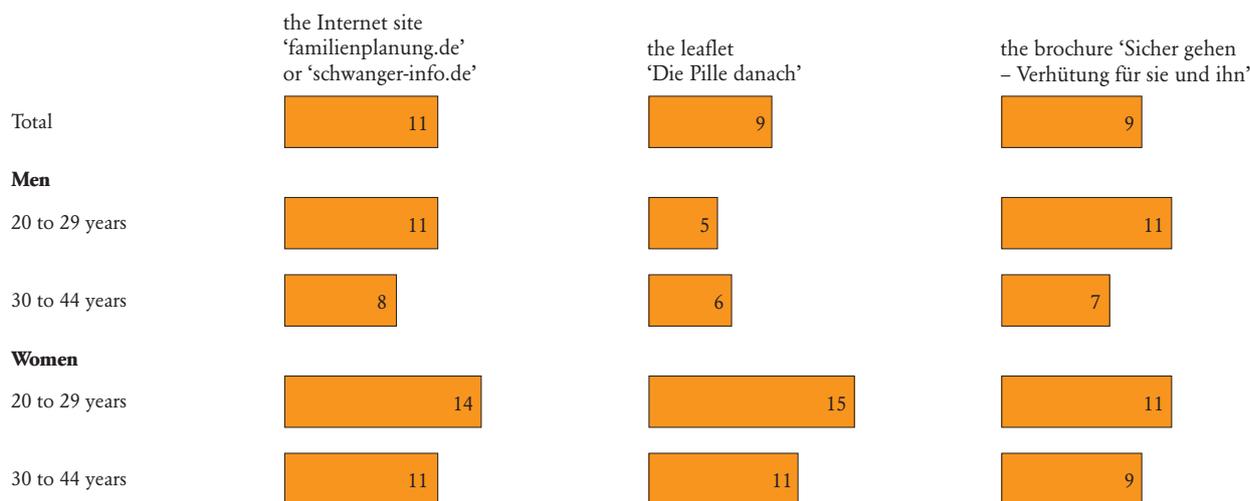
11 percent of the interviewees are familiar with the Internet site ‘familienplanung.de’ [family planning] or ‘schwanger-info.de’ [pregnancy information]. 9 percent are familiar with the leaflet ‘Die Pille danach’ [The morning after pill] and another 9 percent with the brochure ‘Sicher gehen – Verhütung für sie und ihn’ [Playing it safe – contraception for him and her].

The women are more often familiar with the above-mentioned BZgA media on the subject of family planning and contraception than the men. This result is consistent with the finding that the women feel they are better informed on the subject of contraception and that, when they are in a relationship, they far more often consider that they are primarily responsible for contraception than the men.

FIGURE 26: KNOWLEDGE ABOUT BZGA MEDIA ON THE SUBJECT OF FAMILY PLANNING (ENTRIES IN %)

‘The Federal Centre for Health Education, BZgA, offers various media on the subject of family planning and contraception. Which of the following media are you familiar with?’

Familiar with ...



Basis: all interviewees who had had sexual intercourse in the previous 12 months (n = 1.501)

Source: forsa, P7342/18090 05/07, Mü/Bü



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