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The Face of Global Sex 2007

First sex: an opportunity
of a lifetime

durex network

First sex was with someone I had been going out with for 3 months when I was 15 – I stayed with him for 2 years after that. I did not really like sex until I met my second sexual partner at 18. It was a shame that I missed out for such a long time and also had some bad understanding of sex and what a great experience it can be – I do feel that I am still in a way affected by this.

Kate, 20, student

We went on our first holidays together. It was at the seaside. One evening during a walk on the beach we drunk wine and did it for the first time. Although we planned it before it was so romantic and sweet. We used condoms as we thought it would be the simplest contraception method.

Justyna, 28, office assistant

I was 16, she was two years older than me and she initiated it. We used a condom I had in my wallet for a long time, waiting for a chance to finally use it. I had no regrets, I had to do it sooner or later.

Dennis, 25, engineer

It was in a very small car – I went outside town with my girlfriend and it happened. It was quite fine, although unplanned. We didn't use a contraceptive.

Piotr, 29, car mechanic

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Foreword

Most people remember the first time they had sex. Hopefully, the majority of people remember it as a positive experience – one that was planned, that they felt ready for, that they weren't forced into, and that they have fond memories of...

SSL International is committed to understanding people's attitudes to sexual wellbeing, and their behaviour. Through our social marketing arm, the Durex Network, we are keen to find out more about the factors associated with first sex and, importantly, with contraceptive use at first sex.

Literature from around the globe shows that an absence of contraception during first-time sex is a predictor of high-risk sexual behaviour throughout an individual's life.

If we can improve understanding of why contraception isn't always used, we are in a much stronger position to contribute to the worldwide promotion of sexual wellbeing through education.

As well as looking at the global issues and indicators, we have drilled down to identify key differences by gender, age and location, among others. This has given us an unprecedented insight into contraception use at first sex – and our powerful findings are shared with you in this report. We believe our findings will make an important contribution to the debate surrounding the prevention of transmission of HIV/AIDS and of other sexually transmitted infections and the reduction in levels of unplanned pregnancies.

Garry Watts
Chief Executive
SSL International

Introduction

Sexual health is a sensitive issue, but with 40 million HIV-positive people worldwide and with 345 million new cases of STIs diagnosed each year globally, it is clear that considerable effort needs to be concentrated on encouraging greater use of contraceptives at first sex.

In 2002, Svare et al. wrote: "It is noteworthy that non-use of contraception at first intercourse in itself predicts subsequent high-risk sexual behaviour." With this in mind, the Face of Global Sex 2007 was developed to enable the Durex Network to better understand the factors which influence contraceptive use at first sex around the world.

According to the 2007 Durex Sexual Wellbeing Global Survey, nearly three in ten people reported not using contraceptives at first sex. By better understanding the demographics and behavioural patterns associated with the use of contraception at first sex, the Face of Global Sex 2007 points towards the measures that need to be undertaken to encourage more people to take precautions during their first sexual experience.

Its findings highlight key issues and identifies areas that merit further attention and have a direct bearing on health promotion activities. The Durex Network believes that sex education programmes need to be targeted at people in ways relevant to them. Our core vision is to inspire people to take responsibility for their sexual health, based on the principle that information leads to knowledge which, in turn, leads to action.

We have embraced this concept by actively participating in social intervention initiatives around the world and with our latest findings we intend to

continue to work with healthcare professionals, pharmacists, charity workers, counsellors and teachers worldwide to raise awareness of safer sex and HIV/AIDS and to reduce unplanned pregnancies and sexually transmitted infections (STIs).

Key facts

- Females are 25% more likely than men to take precautions when they make their sexual debut.
- Use of contraception at first sex has increased in the past 50 years. People aged 65 and over were eight times less likely to have used any method for their sexual debut, compared to those currently aged between 16 and 19. For people aged 50-64, this fell to three times the number of 16-19 year olds.
- Three quarters of 16-19 year olds used a condom for their first sexual experience.
- Respondents spending some time at college are 25% more likely to have practised safer sex at first sex in comparison to those who are less well educated.
- Married couples are 61% less likely to have used any form of contraception compared to respondents with non-stable partners at the time of their first sexual experience.
- Up to the age of 17, the older a person was when they first had sex, the more likely they used contraception.
- People who had not planned their sexual debut were 75% less likely to have used contraception than those who had planned it.

Methodology

Findings from The Face of Global Sex are based on responses to the 2007 Durex Sexual Wellbeing Global Survey which was carried out in July and August 2006.

Conducted in 26 countries across all regions of the world, the survey attracted 26,032 responses in total, of which 22,952 were from sexually active people.

Respondents were asked in-depth questions about every aspect of their sex lives in a bid to comprehensively chart what constitutes sexual wellbeing. This included the circumstances of their first sexual experience, such as age, whether they felt pressured, and if contraception had been used and which method it was.

Findings from this survey have provided the opportunity to look globally at what factors influence people to use contraceptives at first sex.

Miguel Fontes, of the Johns Hopkins Bloomberg School of Public Health, Baltimore, USA and Peter Roach, Vice President of the Durex Network, carried out in-depth statistical analysis on the question, "What demographic and behavioural variables are associated with use of contraception at first sex around the world?"

A total of 13 variables were analysed. These were gender, age, income, education, area type, age at which virginity was lost, whether there was pressure, if people had been under the influence of drugs or alcohol, if the experience had been planned, relationship status, feeling at risk from sexually transmitted infections, feeling at risk from pregnancy and feeling ready for first sex.

Two statistical analyses were then carried out, by country and by population, on first sexual experiences before a final multiple logistic regression model was developed to learn more about the predictor relationship between the variables.

Population segmentation was based on the following variables: gender, age, income, education, location and employment.

Six age groups were studied:

- 16-19
- 20-24
- 25-34
- 35-49
- 50-64
- and 65+

Education was split into four categories:

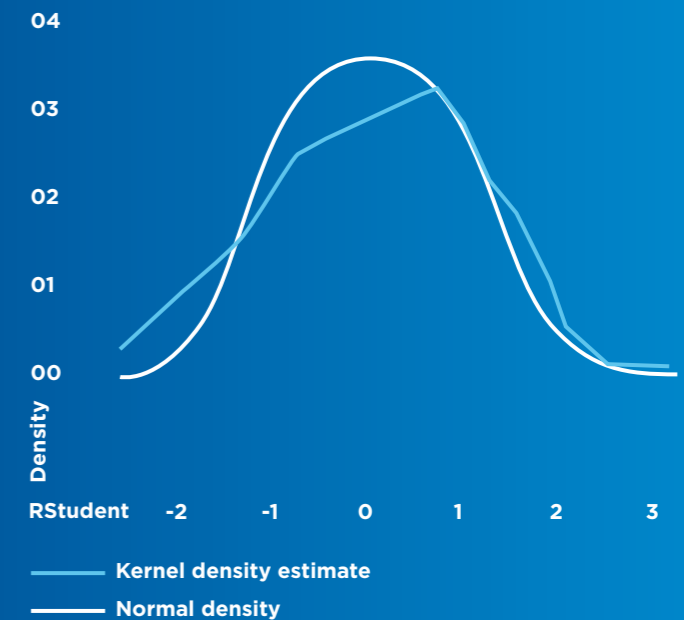
- low education level
- some college/university
- completion – college/university
- PhD or highest level

Responses were also considered by area type – urban, suburban and rural – and by seven categories of income – very much below average, below average, somewhat below average, average, somewhat above average, above average and very much above average.

The final multiple logistic regression model was developed for contraception use at first sex. Thirteen variables were selected and used as independent variables in the final model.

Fig. 1

Kernel density estimate



Results from all respondents were used in this and crude/adjusted logistical regression was performed. An ANCOVA model was further explored to check for interactions in the model.

Based on a transformation of the final model into a linear regression model, a variance inflation factor analysis was performed to check for multi-collinearity of the independent variables included in the final model.

Confounding effects were also analysed based on significant changes found between crude and adjusted logistic regression methods. In addition, for variables with significant changes, tests were performed to detect the specific variables of contraceptive use at first sex.

Different checks of fit and analyses of residuals for the final regression model of the Durex Sexual Wellbeing Global Survey also provided the opportunity to verify the robustness of the data. One important analysis was the Kernel density estimate compared with normal density. The main purpose of this analysis is to demonstrate whether the dataset used for the final regression model is parametric. The final estimate resulted in a p-value of 0.74108. This confirmed that the overall dataset of aggregate results included in the final regression model of the Durex Sexual Wellbeing Global Survey is parametric (fits normal curve).

To better illustrate this positive association, the graph above (Fig. 1) compares the Kernel density estimate curve for the final regression model and a normal density curve.

Fig. 2

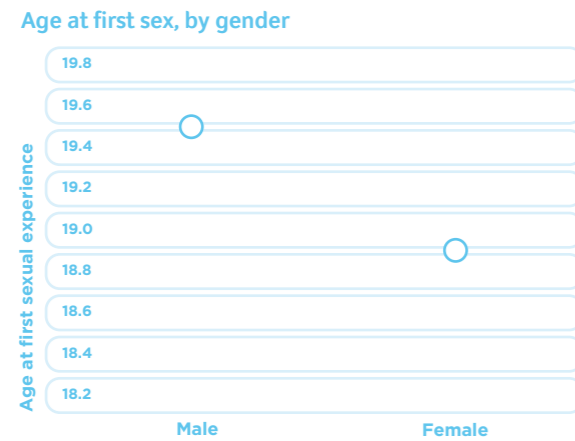


Fig. 3

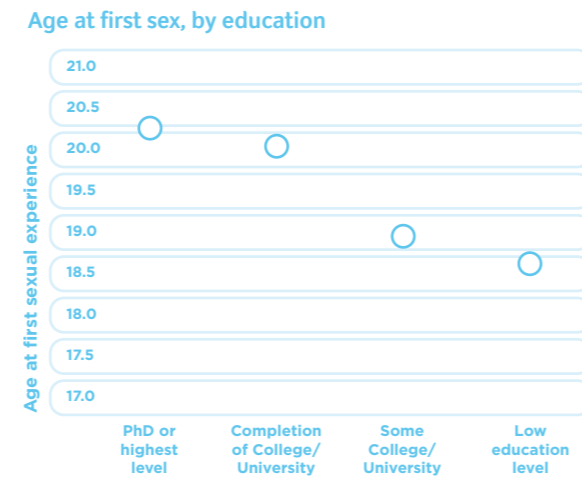


Fig. 4

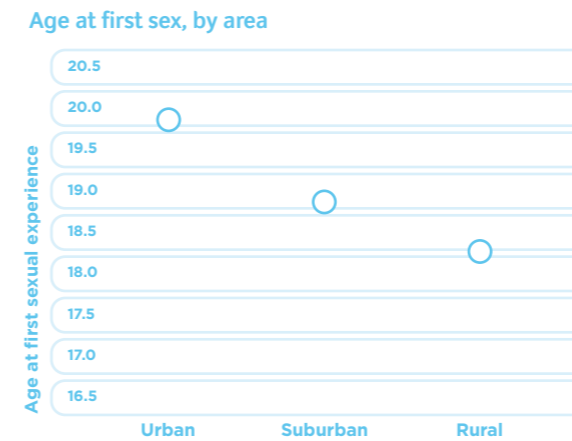
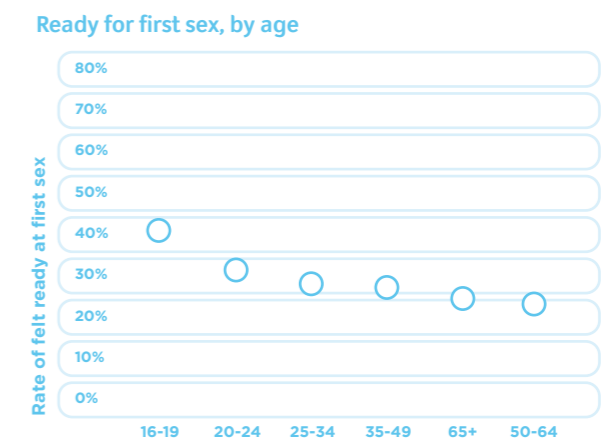


Fig. 5



First sexual experience

In the first instance the study looked at first sexual experiences, exploring the differences by gender, education, income and area type. It found that women tend to lose their virginity 7.2 months earlier than men. For women the average age is 18.9, compared to 19.5 for men (Fig. 2).

Pressured into sex

Women are also more likely to feel pressured into having sex, with 27.5% of them saying they felt this was the case for their sexual debut compared to 15% of men.

This may go some way to explaining why women are more likely to regret their first sexual experience, with 42% of females reporting negative feelings, compared to 32% of men.

A report in the Lancet entitled *Sexual Behaviour in Britain: early heterosexual experience* (Wellings et al. 2001) revealed that women are more likely than men to say they wished they had waited longer and to report not being equally willing. They are twice as likely as men to regret their first experience and three times as likely to report being the less willing partner.

This is a recurring theme as in South Africa, a National Survey of HIV and Sexual Behaviour among 15-24 year olds (Pettifor et al. 2004) found that only 30% of sexually experienced women really wanted their first experience compared to 83% of men.

The data was then analysed to see if level of education would have an impact on age of first sex and findings from The Face of Global Sex show that this is the case. In fact, people who leave education earlier are likely to have lost their virginity at a much younger age than those who go on to study for PhDs (Fig. 3).

For low education level respondents the age at first sex is 18.6 years. This increases to 18.9 for people who have some college or university education and rises again to 20 years for people who have completed a degree at university or college. Meanwhile, higher education respondents are nearly two years older when they make their sexual debuts, at 20.3 years.

The survey also found that people from the low education category are likely to experience the highest pressure to have sex, with one in four reporting that they felt some sort of pressure or were being forced at first sex.

This drops to 15% for the most highly educated people

These people are also likely to feel more ready to have sex than when compared with low education respondents and look back on the experience more positively. While just under six in ten respondents from the low education category report feeling positive about their first sexual experience, the figure rises to 71.4% for higher degree respondents.

Location

Area type also has an impact on the age at which people experience first sex, with those in rural areas losing their virginity earlier than those in towns or cities.

On average, people living in rural surroundings are likely to be aged 18.2 years when they lose their virginity. People in suburban areas are nearer 19 while those in cities will make their sexual debut even later than those in rural surroundings, at 19.8 (Fig. 4).

People in rural areas also appear to be less ready for sex, with one in four reporting that they were prepared, compared to 34% for suburban respondents. And they are less likely to receive sex education than the other area types. Compared with suburban respondents, people living in rural areas are 38% more likely to report never having received sex education. When compared to urban respondents this figure increases even further to 67%.

Income

The age that people lose their virginity is also influenced by income, the study shows. People from poorer populations are more likely to lose their virginity at an earlier age. For respondents in the “very much below average” bracket, for example, the average age of first sex is 18.1 years.

When compared to respondents at the other extreme, whose earnings are “very much above average”, they are approximately two years younger.

A similar trend can be identified between income brackets when it comes to feeling ready for sex. Those in the “somewhat above average” category are 45% more likely to be ready at first sex compared to those in the “somewhat below average” bracket.

Moreover, those in higher income groups are more likely to experience positive feelings than those in the lower income groups. The study found that more than three quarters (75.7%) of people in the “very much above” group will look back positively on the experience. In fact, they are 118% more likely to have experienced some sort of positive feeling at first sex if compared to the “very much below” group.

Current age

The Face of Global Sex has also found that youngsters today appear more ready for their sexual debut. More than 40% of teens in the 16-19 age group say they felt ready for the experience, while people aged between 50-64 say they had been the least ready – only 24% say they had felt prepared for their first sexual experience (Fig. 5).

While it is possible that this could be due to older people receiving less formal sex education than their younger counterparts, it is interesting to note that people over 65 felt slightly more prepared than those aged 50-64. In this instance, more than a quarter of them say they had felt ready for their first sexual experience.

Condom use

Looking particularly at condom use at first sex, analysis of data from the Durex Sexual Wellbeing Global Survey shows how the rate of use has increased in recent years.

I invited my girlfriend for dinner at the restaurant. I tried to create a good mood to make her feel comfortable, because it was her first time as well. After the dinner I took her to my place, well, my parents place, as they were away. I was well prepared as I bought condoms earlier. It was an incredible experience for both of us. We made it fully consciously and planned it before.

Alex, 30, sales representative

Losing my virginity was planned like a military operation, I set my alarm and crept into the room in the middle of the night – my parents were sleeping next door. It was a positive experience, we had been together for a long time – we waited until we were 16. I think the experience was very positive in the long term as we had waited until we were ready and used condoms.

Tracey, 26, designer

Fig. 6 shows that three quarters of teenagers currently aged between 16 and 19 used a condom for their first sexual experience. This compares with 33.6% of people who are now aged 35-49. In fact, the trend of higher rates of condom use for younger respondents is clear and linear.

When gender is considered, no statistical significant differences were found for rates of condom use between men and women, although there is for contraceptive use in general. There is also little difference in the rate of condom use across all area types – rural, suburban and urban.

Fig. 6

Rate of condom use at first sex, by age

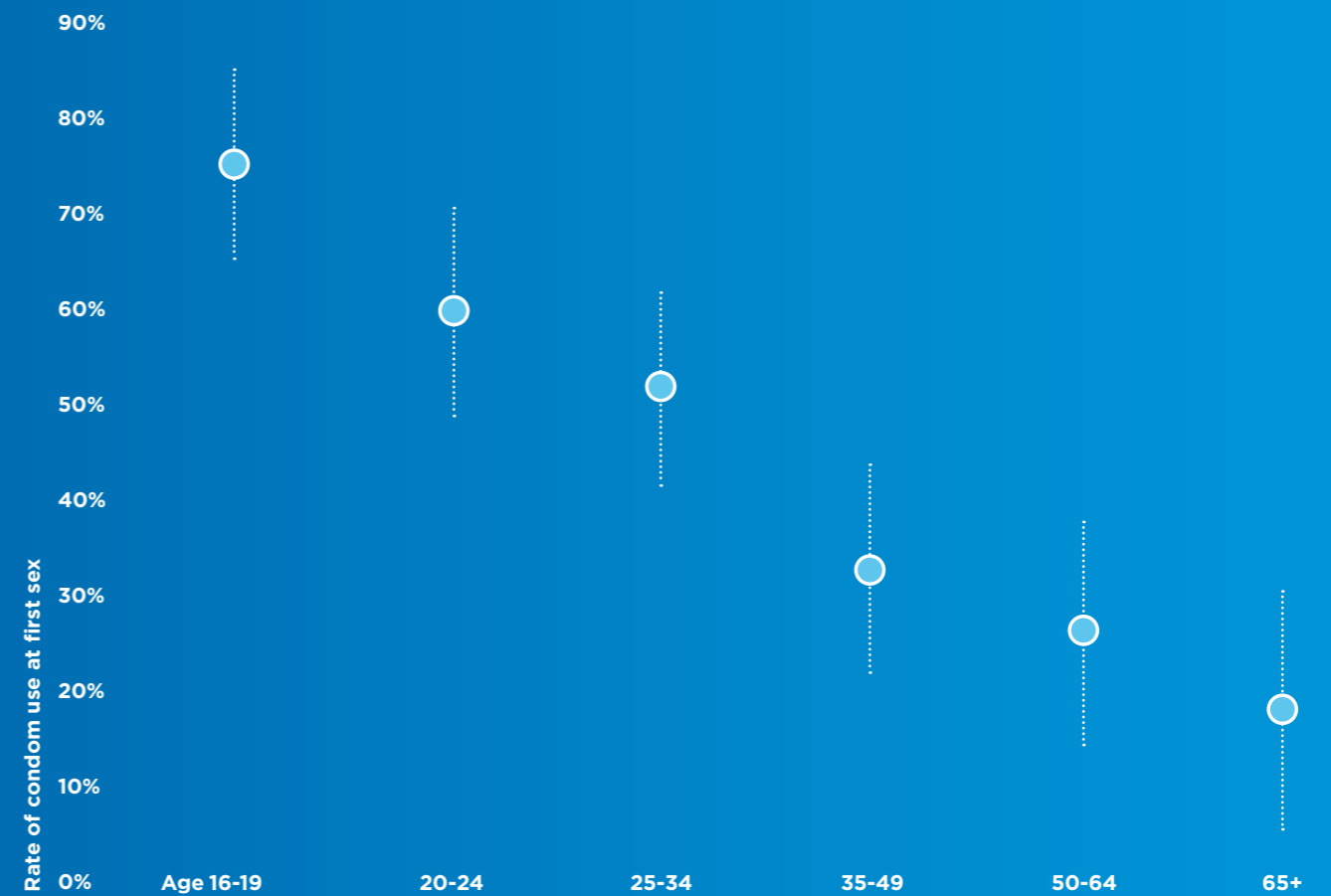


Fig. 7

Felt pressure during first sex

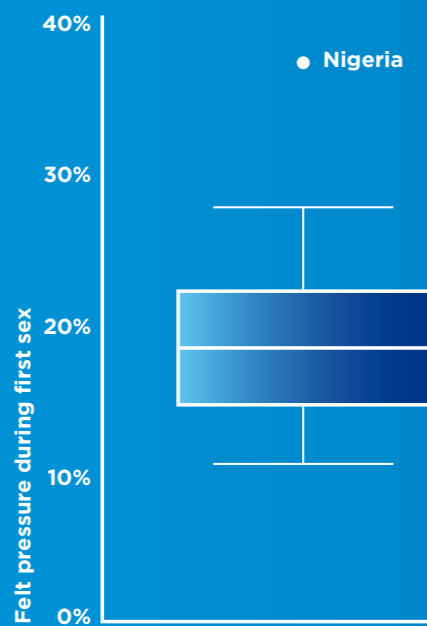


Fig. 8

I was ready

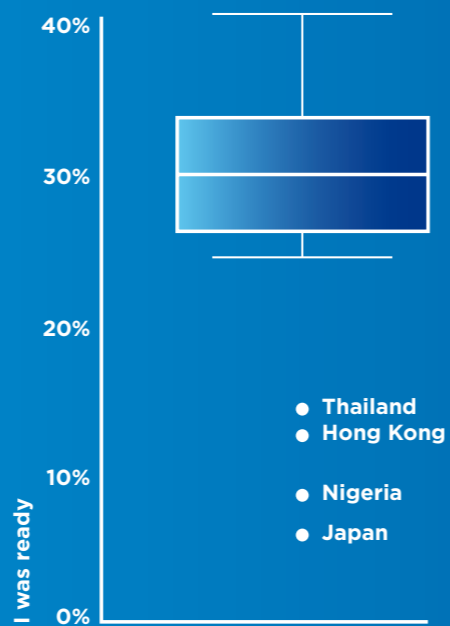


Fig. 9

Mean age at first sex, by country

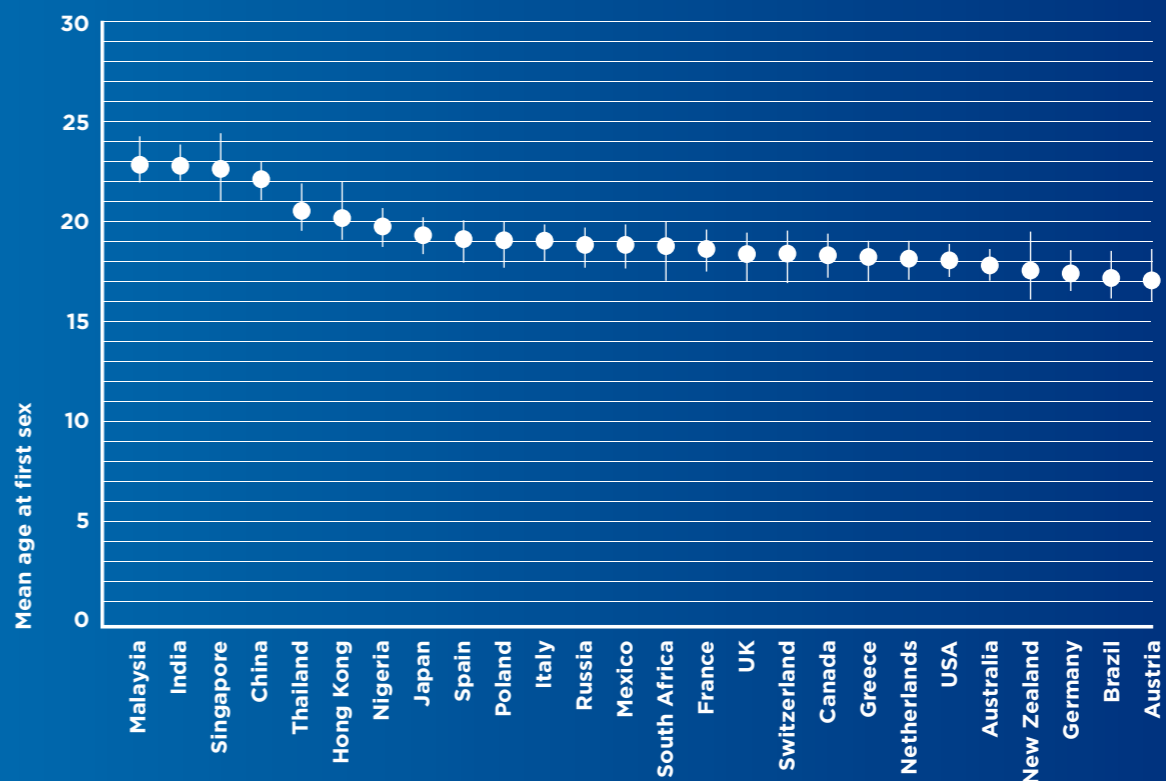
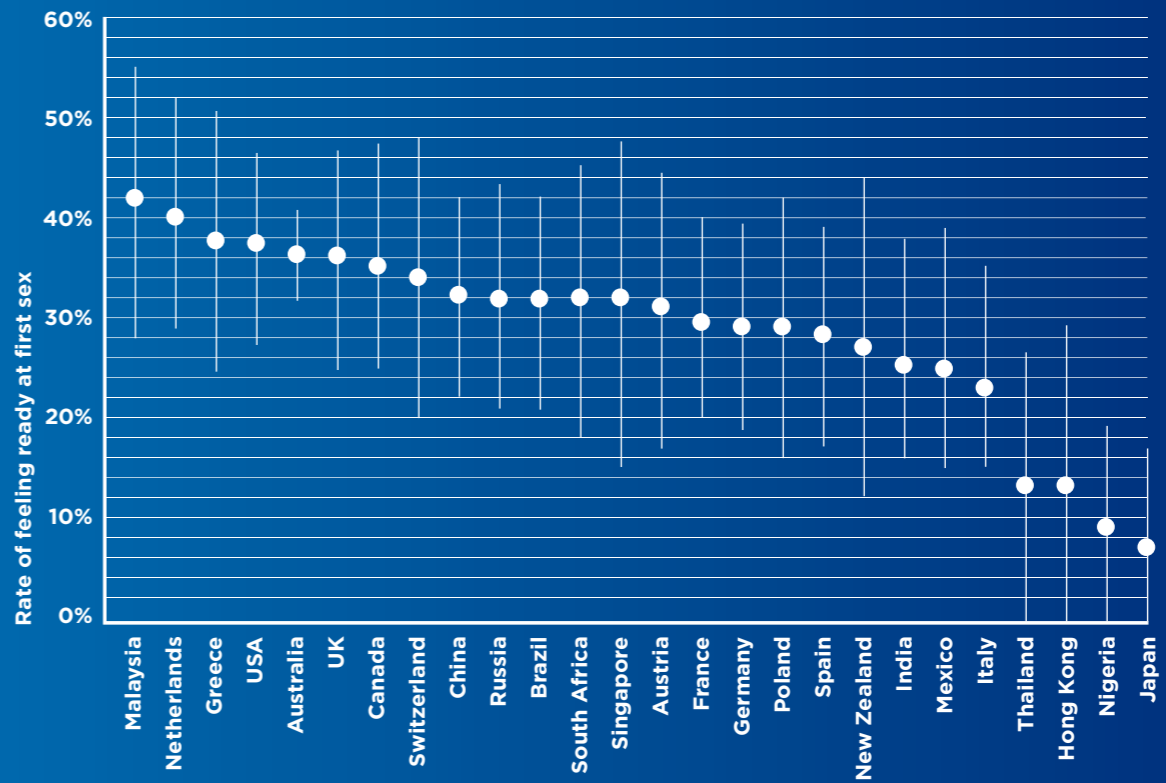


Fig. 10

Rate of feeling ready at first sex, by country



Country comparisons

Age at first sex

Attention was then turned to differences by country and The Face of Global Sex shows that globally, the average age at which people lose their virginity is 19.25 years.

However, there are significant differences between eastern and western countries with regard to the age at which people lose their virginity.

For example, people in Asian countries tend to have their first sexual experience at a much later age than those in the west. Chinese, Malaysians, Indians and Singaporeans, for example, are over 22 when they lose their virginity. In contrast, in countries such as Austria, Brazil and Germany, the mean age is below 18 years (Fig. 9).

I was on sport camp, I was 17. I met this girl at the disco. We spent a lot of time together during the week. On the last day we made love – it was my first time ever. She was more experienced and prepared – she had condoms. I was not convinced to use them but she explained why we should use them. I have pleasant memories of this time.

David, 24, student

Pressure at first sex

Differences were also reported when the study looked at pressure at first sex by country.

Analysis of the data revealed that Nigerians are more likely to feel pressured into losing their virginity than any other country. In Nigeria the rate of pressure is 37% compared to the global figure of 19% (Fig. 7). Rates in other countries ranged from 11% in Malaysia to 27% for Russians.

Readiness

In the case of readiness, again contrasts were identified between behavioural patterns in the west and east, with people in Thailand, Hong Kong, Nigeria and Japan found to be the least ready for their first sexual experience. Indeed, in these countries the rate of readiness was found to be less than 15%. Not surprisingly, these countries were considered outliers compared to others participating in the survey (Fig. 8).

However, it is interesting to note that Malaysians, who tend to lose their virginity at a later age, felt most ready for sex, with more than 40% of them saying they felt prepared. People in the Netherlands, Greece and the USA also report high rates of readiness, at over 37% (Fig. 10).

Contraception usage

When condom use at first sex was considered, three distinct groups were identified: high usage, average usage and low usage, with the rate of use ranging from more than 63% for Poland to less than 19% for Nigeria.

Countries found to be high users also included Greece, Spain and Japan while the USA, Canada, France, New Zealand, Russia, Australia and Malaysia joined Nigeria in the low usage group. All the other countries featured in the average usage group category (Fig. 11).

However, when the use of any method of contraception at first sex was considered, the differences between countries was far less dramatic, ranging from approximately 50% in Nigeria to 88% in Greece (Fig. 12).

Fig. 11

Rate of condom use at first sex, by country

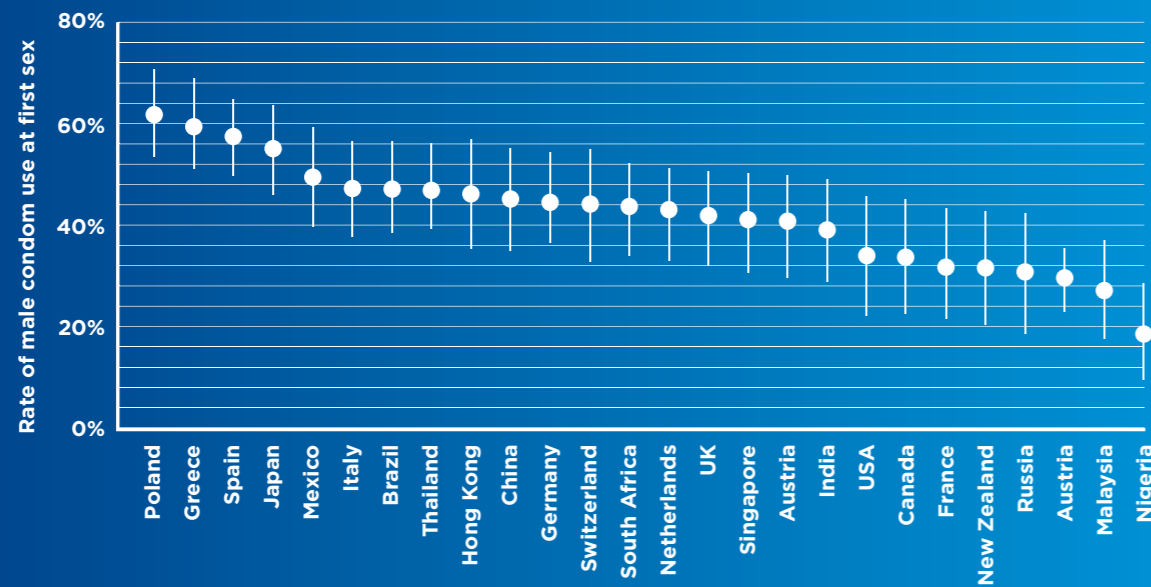
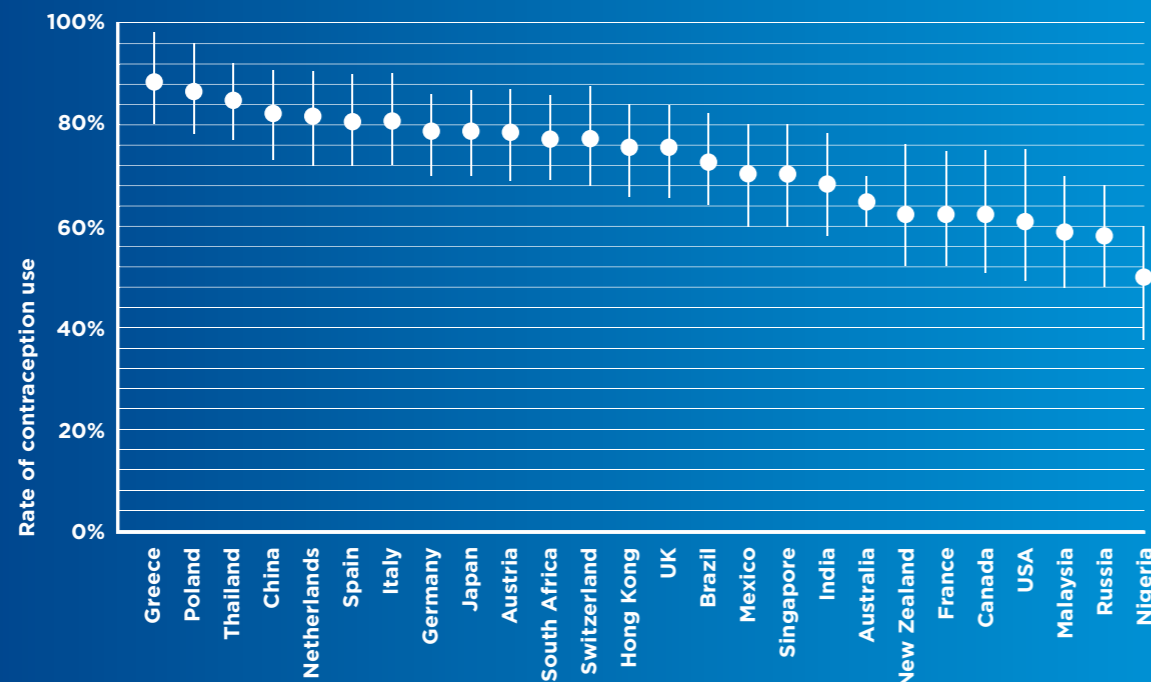


Fig. 12

Rate of contraception use at first sex, by country



Likelihood of contraception use at first sex

As international literature recognises that the non-use of contraception at first sex is a predictor of subsequent high-risk behaviour, an understanding of the factors associated with the use of contraceptives at first sex is important to determine how people will continue to use contraceptives consistently in their future sexual experiences.

The 2007 Durex Sexual Wellbeing Global Survey found that nearly three in ten people (29%) did not use any method of contraception at first sex.

Further analysis showed that nine variables are associated with the use of contraception at first sex. These are gender, age, income, education, age at first sex, planning first sex, relationship status, readiness and non-forced sex.

Gender

International literature confirms that there are significant differences between gender and contraception use at first sex. Indeed, Rissel et al. (2003) and Kiragu (1995) found females were more likely to report contraceptive use at first sex.

Based on the final adjusted logistic model, The Face of Global Sex shows that females are 28% more likely than men to use contraceptives at first sex, although these differences tend to disappear at younger ages.

Age

Earlier studies have already identified that the use of contraception at first sex has increased in the last 50 years. Rissel, for example, found that since 1950 more people have reported using some method of contraception on the first occasion they had vaginal sex, while a study by Grunseit (2004) reported lower odds of contraceptive use at first sex for older respondents.

Our findings confirm that older people were significantly less likely to have used contraceptives when they lost their virginity. Those aged 65 and over were eight times less likely to have used any method of contraception in comparison to those currently between the ages of 16 and 19.

For people in the 50-64 age group this fell to three times the number of 16-19 year olds and dropped still further for 35-49 year olds.

For the 20-24 and 25-35 age categories, while the odds ratio shows a lower likelihood of contraception use as compared to 16-19 year olds, the results were not statistically significant (Fig. 13).

Fig. 13

Regression age vs contraception at first sex

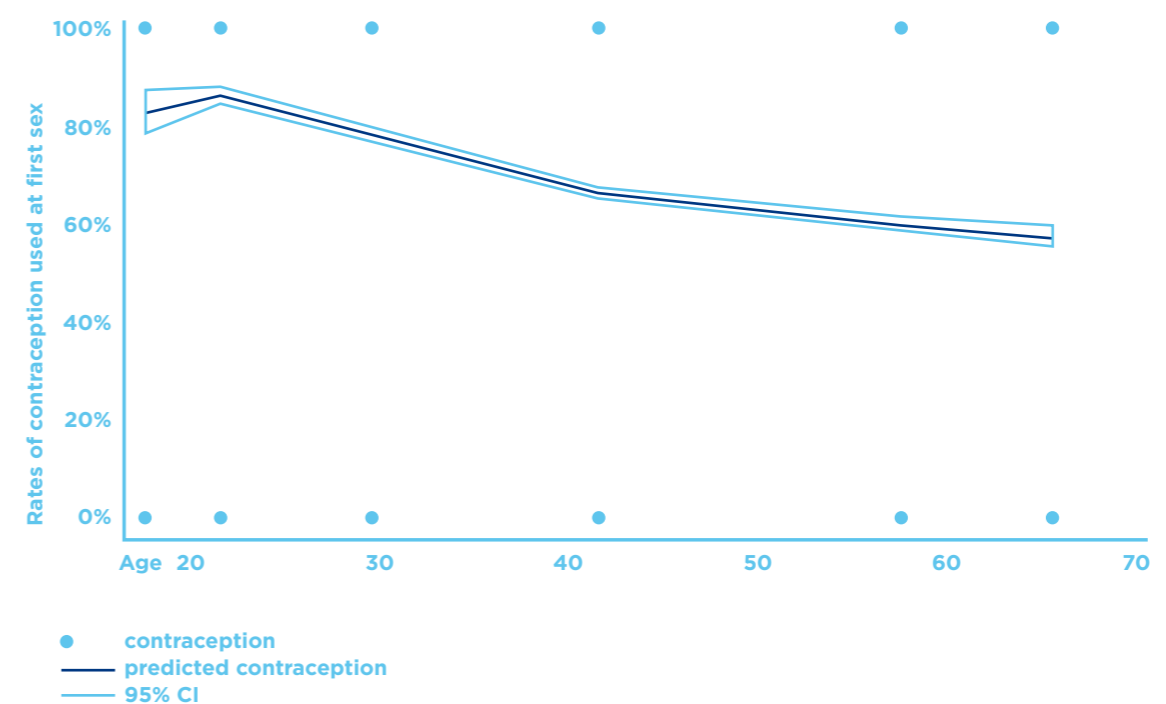
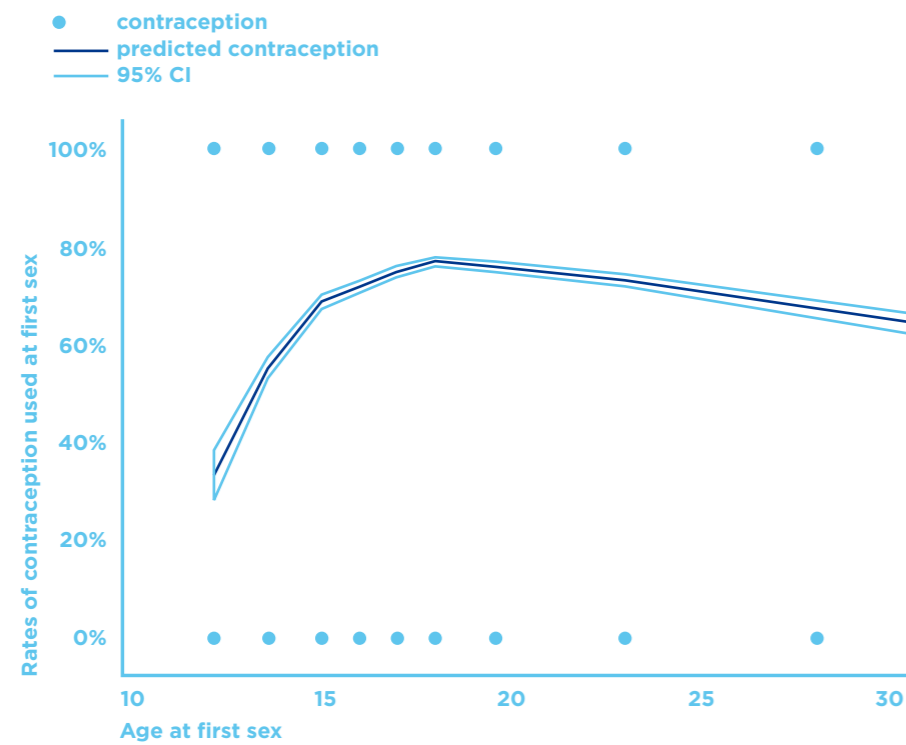


Fig. 14

Regression age at first sex vs contraception at first sex



Income

While it is widely recognised that income is a predictor of contraception use at first sex, The Face of Global Sex found that it is people within the average income group who are most likely to have taken precautions during their first sexual experience.

People of average income are 45% more likely to have used contraception than those in the “very much below average” category. In the case of the “very much above average” bracket, the odds of contraceptive use is the same as in comparison to very much below average.

Education

Significant differences are also found when the odds for contraception use by education levels are analysed, with higher educated individuals more likely to have used contraceptives.

For example, respondents spending some time at college are 25% more likely to have practised safer sex at first sex in comparison to the low education group. This rate increases to 55% for respondents who finished university and 74% for graduates with the highest degree possible.

Age at first sex

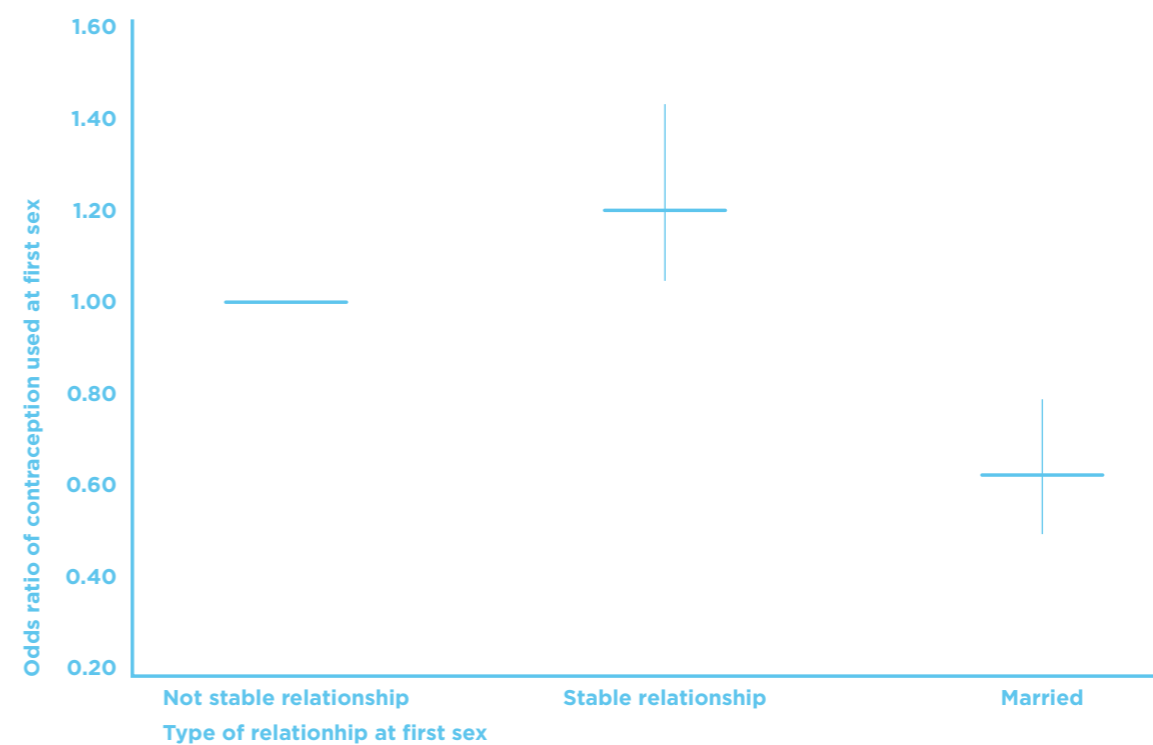
Age at first sex is also associated with taking precautions during the first sexual experience. For example, Grunseit (2004) found lower odds of contraceptive use at first sex for individuals losing their virginity at an earlier age while Manning et al. (2000) found girls having sex at less than 14 years were 47% less likely to have used contraceptives at first sex than girls of 16-17 years.

While The Face of Global Sex confirms this, it also discovers this constant increase in the likelihood of contraception use only exists up to the age of 17.

Based on the adjusted regression calculation, this means that at the age of 17, 74.5% of respondents indicated that they used contraception at first sex. This is significantly higher when compared to individuals losing their virginity below 13 years, at 37%. Furthermore, the proportion of positive responses for those losing their virginity beyond 17 is 70.4% (Fig. 14).

Fig. 15

Odds ratio of contraception use at first sex, by relationship



Preparation and planning

Discussing first sex beforehand with parents and partner is also found to have a positive influence with regard to contraceptive use at first sex.

Coleman and Ingham (1999) found individuals who planned their first sex were 464% more likely to have taken precautions while Wellings et al. (2001) found that contraceptive use was more prevalent among men and women who had discussed matters with their parents and friends.

According to The Face of Global Sex, people who had not planned their first sexual experience were 75% less likely than those who had planned to have used contraceptives at first sex.

But interestingly, while having a stable partner will increase the likelihood of contraceptives being used – a person in a relationship is 22% more likely to take precautions than someone who is in a casual relationship – this is not necessarily the case for married respondents at the time of sexual debut.

In fact our research shows that in these instances married couples are 61% less likely to have used any form of contraception in comparison to respondents with non-stable partners at the time of their first sexual experience. This is presumably because they are planning to become pregnant (Fig. 15).

In a study in America, Ku et al. (1993) found that odds for “just met” partners are 45% lower for contraceptive use at first sex compared to engaged couples, while Manlove et al. (2003) found that as the length of a relationship increases, the chances of teenagers using a contraceptive increases.

Analysis for The Face of Global Sex demonstrates an association between feeling ready and contraception use, with those who felt ready being 53% more likely to have taken precautions than respondents who claim they were not ready.

Perhaps surprisingly, feeling at risk of pregnancy or STIs, being under the influence of drink or drugs and feeling “light” pressure did not show any significance with contraception use at first sex in the final model.

Several reasons may explain this lack of correlation. For example, in the case of feeling at risk from STIs or pregnancy it is possible that respondents did not feel completely secure about the efficacy of the method they were using. Likewise, in the case of being under the influence, the study was unable to assess the level of alcohol and drug consumption and whether this had had any influence on their decision not to use contraception during their first sexual experience.

Conclusion

From 13 variables studied, gender, age, income, education, age at first sex, planned first sex, relationship status, readiness and non-forced sex were all found to have a direct influence on contraceptive use at first sex.

Perhaps surprisingly, pressure to have sex, being under the influence of alcohol or drugs and feeling at risk of STIs or pregnancy do not appear to be predictors.

On a positive note, The Face of Global Sex reveals that people losing their virginity today are more likely to use contraception than previously.

Indeed, people aged 65 and over are eight times less likely to have used any method of contraception at first sex compared to those aged between 16 and 19 today.

Moreover, three quarters of 16-19 year olds chose condoms for their first sexual experience.

However, a key finding from the report is that while contraceptives are more likely to be used each year that first sex is delayed, this is only true up to the age of 17. From the age of 18 onwards, the rate of usage declines.

The Face of Global Sex also demonstrates how talking openly about sex and sexual health with parents, other family members or with the partner, has a positive influence on use of contraception.

In fact, people who had not planned for their sexual debut are 75% far less likely than those who had planned it to take precautions.

Readiness is another predictor, with those who were feeling prepared being 53% more likely to use some method of contraception than those who were not.

Besides highlighting some key predictors, the report identifies areas that merit further attention and which have a direct bearing on health promotion activities.

In particular it re-emphasises the need for youngsters to receive greater support, through comprehensive sexual education programmes involving partners, schools, health services and societies at large, to enable them to better plan for their first sexual experience and to ensure they are equipped to make informed choices about contraception. Such sex education needs to work within a wider frame of emotions, love and relationships.



Results of the Durex Sexual Wellbeing Global Survey 2007

| | Age at first sex | Rate of condom use at first sex | Rate of contraception use at first sex | Rate of pressure felt at first sex | Rate of under the influence at first sex | Rate of planning for first sex | Rate of felt at risk of STIs/unwanted pregnancy at first sex | Rate of felt ready at first sex |
|--------------|------------------|---------------------------------|--|------------------------------------|--|--------------------------------|--|---------------------------------|
| Australia | 17.9 | 29.6% | 63.2% | 19.4% | 13.8% | 63.0% | 12.3% | 36.8% |
| Austria | 17.3 | 40.5% | 77.2% | 13.0% | 11.2% | 62.7% | 15.3% | 30.6% |
| Brazil | 17.4 | 47.9% | 72.3% | 17.8% | 6.8% | 58.9% | 17.0% | 31.3% |
| Canada | 18.1 | 34.2% | 61.2% | 22.9% | 13.0% | 63.3% | 13.3% | 35.0% |
| China | 22.1 | 46.9% | 81.5% | 18.4% | 10.6% | 34.9% | 26.4% | 31.7% |
| France | 18.5 | 33.1% | 61.8% | 13.4% | 4.4% | 72.6% | 13.6% | 29.6% |
| Germany | 17.6 | 44.6% | 77.5% | 12.2% | 9.0% | 68.3% | 11.3% | 28.8% |
| Greece | 18.1 | 59.8% | 88.0% | 12.1% | 4.2% | 54.6% | 8.0% | 37.8% |
| Hong Kong | 20.2 | 47.2% | 74.1% | 18.8% | 4.2% | 62.5% | 13.5% | 12.9% |
| India | 22.9 | 39.7% | 67.2% | 19.5% | 4.6% | 44.0% | 9.2% | 26.8% |
| Italy | 18.9 | 47.9% | 80.0% | 13.6% | 2.5% | 67.2% | 7.8% | 25.1% |
| Japan | 19.4 | 55.9% | 77.5% | 26.7% | 11.7% | 43.5% | 10.9% | 7.0% |
| Malaysia | 23.0 | 28.3% | 57.5% | 10.9% | 2.5% | 51.6% | 16.9% | 41.5% |
| Mexico | 18.7 | 49.5% | 69.3% | 26.9% | 8.4% | 52.5% | 18.6% | 26.6% |
| Netherlands | 18.1 | 42.8% | 80.9% | 13.9% | 7.0% | 77.1% | 9.0% | 40.0% |
| New Zealand | 17.8 | 32.5% | 62.2% | 20.4% | 20.7% | 67.4% | 11.4% | 27.2% |
| Nigeria | 19.7 | 18.6% | 48.6% | 37.5% | 0.7% | 48.7% | 17.2% | 9.0% |
| Poland | 19.0 | 63.2% | 86.0% | 13.7% | 10.3% | 47.4% | 17.2% | 28.8% |
| Russia | 18.7 | 31.8% | 56.5% | 27.3% | 18.3% | 49.5% | 16.2% | 31.5% |
| Singapore | 22.8 | 41.4% | 69.1% | 14.7% | 3.9% | 59.4% | 12.6% | 31.2% |
| South Africa | 18.7 | 43.9% | 76.1% | 21.6% | 14.0% | 64.9% | 18.6% | 31.3% |
| Spain | 19.2 | 57.2% | 80.2% | 23.4% | 7.4% | 62.9% | 6.2% | 28.0% |
| Switzerland | 18.2 | 44.0% | 75.5% | 17.1% | 7.5% | 73.4% | 9.8% | 33.4% |
| Thailand | 20.5 | 47.6% | 84.2% | 23.5% | 10.5% | 52.1% | 24.0% | 12.9% |
| UK | 18.3 | 42.0% | 73.8% | 17.8% | 13.9% | 60.7% | 9.0% | 36.5% |
| USA | 18.0 | 34.4% | 60.5% | 20.9% | 10.7% | 58.8% | 15.2% | 37.5% |

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