



# The Face of Global Sex 2008

The path to  
sexual confidence





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# Foreword

**The 2008 Face of Global Sex report examines sexual confidence and provides a unique perspective on the role of sex education in helping individuals make informed choices about their sexual health. This has serious implications on their ability to avoid unwanted pregnancy, prevent STIs/HIV/AIDS, reach sexual fulfilment and know where to find guidance on various sexual issues.**

It is clear that there is a strong link between sex education and sexual confidence. This analysis indicates that individuals who have no main source of sex education are significantly less likely to be sexually confident.

But the report also demonstrates how sex education remains taboo in many societies. Approximately 20 per cent of the world's population has never received formal sex education. Furthermore, recent reports have shown that many young people worldwide are less than satisfied with the quality of the sex education they are receiving.

Scientific studies have highlighted that the most effective sex education programmes are the most comprehensive ones. They have also identified that a lack of involvement from parents, and the less than adequate resources that are sometimes made available to healthcare professionals, play a big part in the creation of educational gaps.

This report, like all the Durex Network activity, represents SSL International's continued commitment to sexual health and corporate social responsibility for society at large.

More importantly, these findings stimulate the debate that is necessary to develop more effective and sustainable solutions to the sexual health problems our world faces.

**Garry Watts**  
CEO, SSL International



# Overview

## Professor Carl Latkin

The 2008 Face of Global Sex report presents detailed findings of a major and comprehensive global survey from 26 countries (the Durex Sexual Wellbeing Global Survey). The study instrument, the Durex Sexual Confidence Scale, quickly assesses key domains of sexual confidence. The survey includes questions on positive aspects of sexual health as well as asking questions on avoiding STIs/HIV/AIDS and pregnancy. As we think about HIV, STIs and pregnancy prevention programs, it is important to examine positive attributes of sexual health and how these can be promoted in diverse countries and communities. The study results are fascinating. These findings show significant cultural and geographical variations in levels of sexual confidence.

One key question raised by the study findings is how do we make discussions about sexual health more normative? That is, how do we facilitate the conversations and informational exchanges that will lead to talking about sex, pregnancy and disease prevention becoming acceptable? The results of this study point to the important role of both peers and parents in sex education. Based on these findings, social marketing and school-based sex education programs may now want to consider promoting conversations about sexual health and confidence amongst peers and family members, as well as disseminating accurate information.

The finding of the strong association between earlier age of sex education and greater sexual confidence is also of great importance. This finding suggests that providing younger students with sex education may help to normalize sex and may help to establish community level norms that promote the acceptability of discussing sex. It is likely that countries that provide earlier sexual education have less stigma and anxiety about sex and about talking about sex. Moreover, if healthy norms of sexual confidence are established at an early age, they are likely to be maintained and enhanced throughout life.

There were several key results from the survey on rural versus urban populations, level of education, and income. The study results suggest that rural residents have consistently fewer sources of sex education information. In many countries such as India, the majority of the population lives in rural areas. Policy makers and program planners should address this geographic disparity through increased rural venues for sex education.

Low income and low levels of education were both associated with lower levels of sexual confidence. Yet school is cited almost as frequently as friends and peers as a major source of sex education among individuals with lower levels of education. These results highlight the need for good school-based education. Unfortunately, in many countries high quality school-based sexual education is lacking.

The study provided detailed information on sources of sex education information. The role of the Internet in providing information has grown exponentially in the last decade. Given the vast amount of information available through the Internet, one important issue to consider is how individuals ensure that they are obtaining accurate and relevant information on sex via the web. In addition to tracking traffic on sexual health websites, it would be useful to analyze what sex information is sought on the web and how websites can provide the most useful materials to promote sexual health.

It is interesting to note that several diverse countries scored consistently high on sexual confidence. The data from these countries suggest that it is feasible to enhance sexual confidence. Future studies of sexual education in these high scoring countries may provide insights into how to improve and maintain sexual confidence. There was also a set of countries that scored lower on confidence in knowing how to prevent pregnancies. These countries should be targeted for sexual education initiatives. As citizens' health and wellbeing are at stake, all countries should strive for high rates of confidence in HIV prevention.

Proper use of condoms remains the most viable method of HIV prevention among sexually active individuals. Given that condoms are highly effective in preventing HIV, low levels of confidence about preventing HIV and other sexually transmitted infections is of great concern. Thailand, which scored low on confidence to know how to protect from STIs/HIV/AIDS, once had a highly ambitious and successful HIV prevention campaign, which included extensive social marketing. The results of this survey suggest that countries need to maintain their active HIV and STI prevention activities. One of the key components of confidence in STIs/HIV/AIDS prevention is confidence in negotiating condom use.

The 2008 Face of Global Sex report has provided invaluable information from 26 countries on four key domains of sexual health and wellbeing. Now we must utilize this data to improve and maintain sexual health and wellbeing.

**Professor Carl Latkin**  
Department of Health, Behavior and Society, Bloomberg School of Public Health, Johns Hopkins University

# Introduction

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The Durex Network has been using data collected by Durex global surveys to analyse specific sexual health issues since 2004.

Previous reports have covered the factors influencing risk-taking in sexual activity and contraception use at first sex. Papers on these and related topics have been presented at international conferences, including the 9th Congress of the European Federation of Sexology and the 10th Congress of the European Society of Contraception in 2008.

The 2008 Face of Global Sex report sets out to identify which variables are most associated with making people feel more confident on how to protect themselves from STIs, avoid unplanned pregnancy, ensure sexual fulfilment and know where to look for sexual guidance.

Analysis of data from the Durex Sexual Wellbeing Global Survey has shown that people who fully agree there is enough sexual health information available are more likely to be confident on sexual issues.

This statement defines the close links that exist between information, knowledge and confidence when it comes to sex. It also reminds us that far from being blissful, ignorance may in fact cause people to take higher levels of risk than they anticipate and prevent them from making the choice that is right for them.

Being able to source adequate sexual health information at the right time strongly influences the building up of sexual confidence and, ultimately, sexual health choices.

According to a study published in the *Journal of Sex & Marital Therapy* (King and Lorusso 1997), "For at least six decades, children have relied on peers and literature (or the media) as their primary source of information [on sex]. Although some sex educators believe that the generation of baby boomers has been more

responsible than were their own parents in providing sex information, most [sexual health] communication from parents to children is indirect."

In identifying which socio-demographic variables most influence sexual confidence, the 2008 Face of Global Sex report seeks to highlight which circumstances provide the best opportunities to gain sexual health knowledge.

Region and area of residence, age, gender, virginity status, income level, level of education and sources of sex education are all evaluated against scales of confidence on sex related issues. The analysis of these variables has made it possible to generate the Durex Sexual Confidence Scale (DSCS), an innovative statistical analysis tool that can be used as the basis of reliable assessments of sexual confidence.

The DSCS was based on responses to questions that covered areas addressing STIs, pregnancy, fulfilment and guidance on sex.

Responses for each of the four questions were scored from 0 to 60 points, where 60 was the highest possible score, and the DSCS was generated from the summation of these scores into an overall 100-point scale.

Overall, the report findings highlight the impact of sexual health information on confidence and the need for a more inclusive provision of sex education to take into account an individual's personal circumstances.

These findings are powerful and, by sharing them with sexual health experts, we hope to further stimulate debate and help formulate effective strategies to equip people with the tools to take responsibility for their sexual health and that of those around them.

# Methodology

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The data that informs the 2008 Face of Global Sex report was gathered through the Durex Sexual Wellbeing Global Survey.

This survey was developed in 2006 and sought to understand how and why sex is important for physical, emotional and psychological health. Durex surveyed more than 26,000 adults in 26 countries over a one-month period via a web-enabled panel in each country, except Nigeria where, due to low Internet use, face-to-face interviews were conducted.

Respondents were of all ages, sexual orientations, cultures and lifestyles, making the data as representative as could be, bearing in mind the inherent limitations of Internet-based data collection.

For nine of the countries included in the study (Brazil, China, Greece, India, Mexico, Poland, Russia, South Africa and Thailand), an online approach does not provide a representative sample of the entire population, but only of the online community.

For each country included in the study every effort was made to make the sample as representative as possible of the general population. This was undertaken by weighting the data.

These limitations, however, are mitigated by the anonymity and ease of use provided by such a tool, which makes it easier to have larger sample sizes. As discussed in Williams and Bonner 2006, "Participants who fill out a brief survey in the course of an Internet search may do so anonymously and without investing excessive time or effort in the process. Participation rates and response veracity may therefore be improved."

The survey took approximately 25 minutes to complete and covered three key areas: demographic and background; overall health and wellbeing; and the respondent's sex life.

This provided an unprecedented insight into all areas of sexual wellbeing. The Durex Sexual Wellbeing Global Survey gave us an understanding of how previous experiences have impacted and influenced people's later lives, and what they believe could have given them a better sexual experience.

From this, it was possible to build a clear picture of how people see their sex lives today and how these differed across the participating countries.

The quality of the data collected was such that we have been able to look at it from many different perspectives. This report identifies how variables associated with sex information and education influence sexual confidence.

## Data analysis

For the purpose of the present study, the statistical analysis was carried out by Miguel Fontes of the Johns Hopkins Bloomberg School of Public Health and Peter Roach, Vice President of the Durex Network, based on four specific statistical models:

- a) T-tests of statistically significant differences for rates of sexual confidence among countries;
- b) T-tests of statistically significant differences for sources of sexual education among groups of individuals by income, gender, area of residence and education;
- c) Linear multivariate regression between levels of sexual confidence and main sources of sexual education;
- d) Difference in levels of sexual confidence for HIV/AIDS prevention, unwanted pregnancy, sexual fulfilment, and sexual guidance.

For c and d above, a sexual confidence scale was generated based on the responses received to four different types of questions:

1. Agreement on being confident to know how to protect yourself from STIs/HIV/AIDS
2. Agreement on being confident to know how to avoid pregnancy
3. Agreement on being confident to know how to have a happy and fulfilling sex life
4. Agreement on being confident to know where to go for help/advice/guidance on sex

## The Durex Sexual Confidence Scale (DSCS)

For all of these questions, points were allocated to each of the seven categories included in the final Likert scale, ranging from complete disagreement to complete agreement. A scale of 60 points was subsequently generated for each question. The final summation of the four sub-scales resulted in the DSCS, an overall scale ranging from zero to 240 points. However, for ease of interpretation, a 100-point scale was generated by dividing the final results by 240.

Checks for reliability of the scale were also performed by examining the correlation factors among all four sub-scales included in the final overall scale and calculating the scale reliability coefficient using Cronbach's alpha test.

Table 1 presents the correlation values among all four sub-scales.

Table 1 Analysis of sub-scale correlations

	HIV/AIDS	Pregnancy	Fulfilment	Guidance
HIV/AIDS	1.0000			
Pregnancy	0.7261	1.0000		
Fulfilment	0.5342	0.5121	1.0000	
Guidance	0.5775	0.5489	0.6091	1.0000

All correlations reached statistical significance ( $p$ -value<0.05). In addition, for the Cronbach's alpha test, the scale reliability coefficient reached 0.8464. These two results are indicative that the combined overall scale is a reliable statistical tool for the purposes of this world analysis.

The 100-point scale was used as the main dependent variable of all regression analyses produced by this study. The final regression model also included eight independent variables: a) gender; b) age of respondent; c) income; d) virginity status; e) education level; f) area of residence (urban, suburban, and rural); g) age at first formal sex education; and h) main sources of sexual education.



# Main study findings

To identify which variables associated with sex education and information influence sexual confidence, the study first looked at sexual confidence variations at global region level.

Age at first formal sex education was then analysed in association with levels of sexual confidence.

The study subsequently evaluated the influence of variables including gender, virginity status, income, education and area of residence, on main sources of sex education.

Correlations between levels of sexual confidence and sources of sex education were then explored to inform how the latter influences the former.

Finally, a 'confident profile' was identified as a summation of the most influential factors to achieve a higher degree of sexual confidence.

# Regional variations on sexual confidence

The Durex Sexual Confidence Scale has shown interesting variations of levels of confidence by global regions.

## Protection from STIs/HIV/AIDS

The study found that most Asian countries fell well behind Western countries when it came to being confident about protecting themselves against STIs and HIV/AIDS (Fig. 1). Thailand and Hong Kong achieved a 65 per cent score of confidence in this area, the lowest out of all countries surveyed, with South Africa scoring the highest at 87 per cent and Spain, Mexico, Switzerland, Brazil and Canada achieving an 85 per cent score.

## Avoiding pregnancy

Similar findings appeared when respondents were asked about their confidence in how to avoid pregnancy (Fig. 2). In most cases, Asian countries' confidence levels reached a score of 70 per cent whereas Western countries' confidence levels ranged from 75 to 85 per cent. Singapore's score was 68 per cent, while South Africa's score was 85 per cent.

Fig. 1 Level of confidence in knowing how to protect from STIs/HIV/AIDS

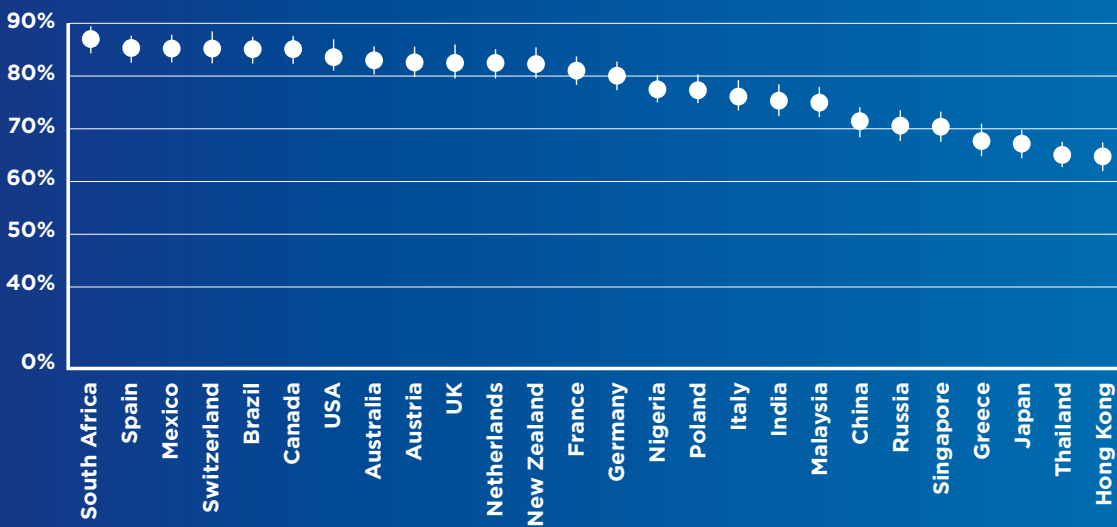
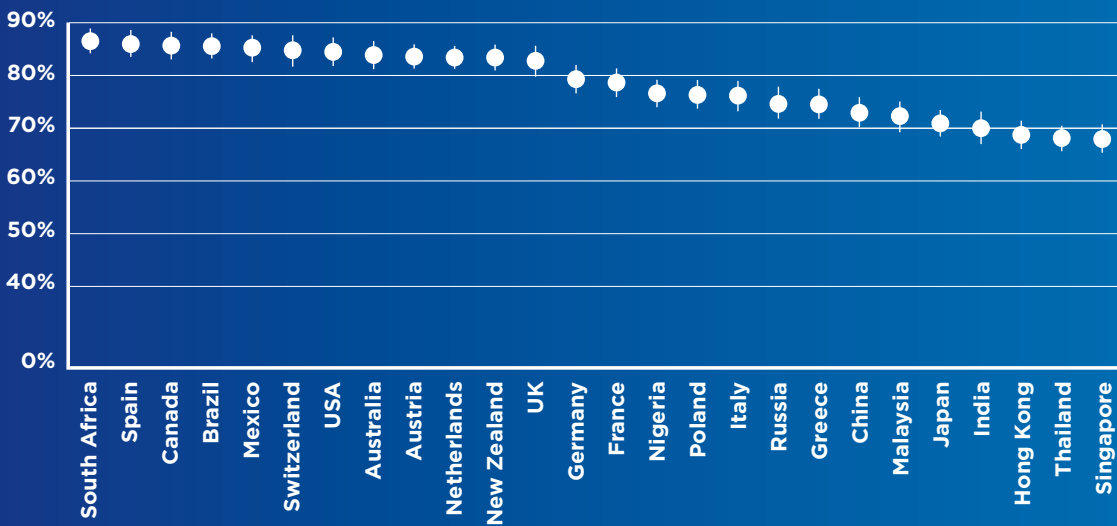


Fig. 2 Level of confidence in knowing how to avoid pregnancy



## Reaching sexual fulfilment

However, when questioned on level of confidence on how to have a happy and fulfilling sex life (Fig. 3), interesting results came to light. Asian countries such as Malaysia achieved high levels of confidence (70 per cent) compared to some European countries such as France, which achieved a result of just 63 per cent. Japan, a country that scored among the lowest globally across the range of categories, came in at well under 60 per cent for confidence in achieving a happy and fulfilling sex life.

## Looking for guidance

For level of confidence in knowing where to look for guidance on sex (Fig. 4), countries of the American continent all scored high at 76 per cent and above, with Brazil scoring highest at 80 per cent. And Asian countries once again came low at 69 per cent and under, with India scoring highest within the region and Japan lowest, at a mere 42 per cent.

Fig. 3 Level of confidence in knowing how to have a happy and fulfilling sex life

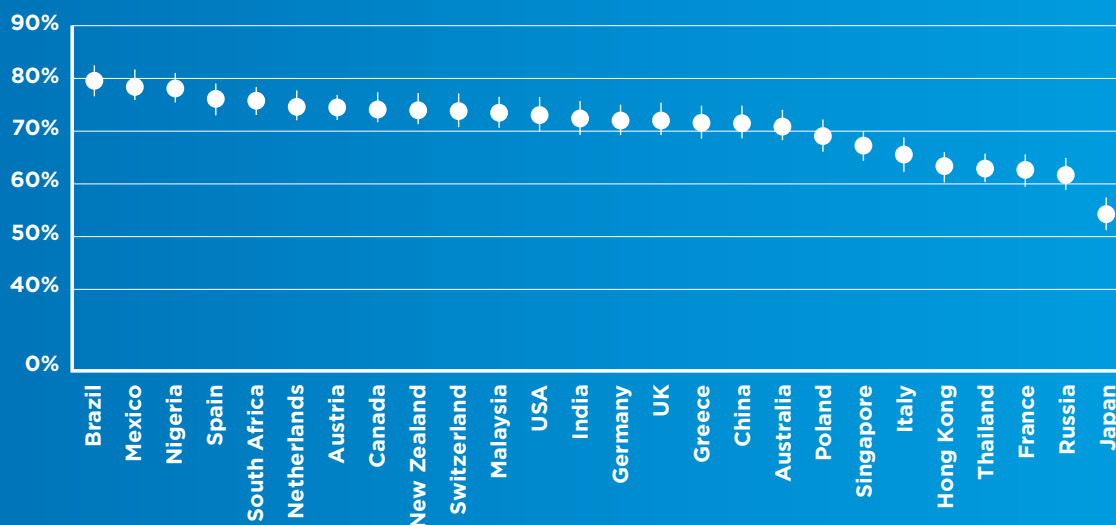


Fig. 4 Level of confidence in knowing where to go for help/advice/guidance on sex

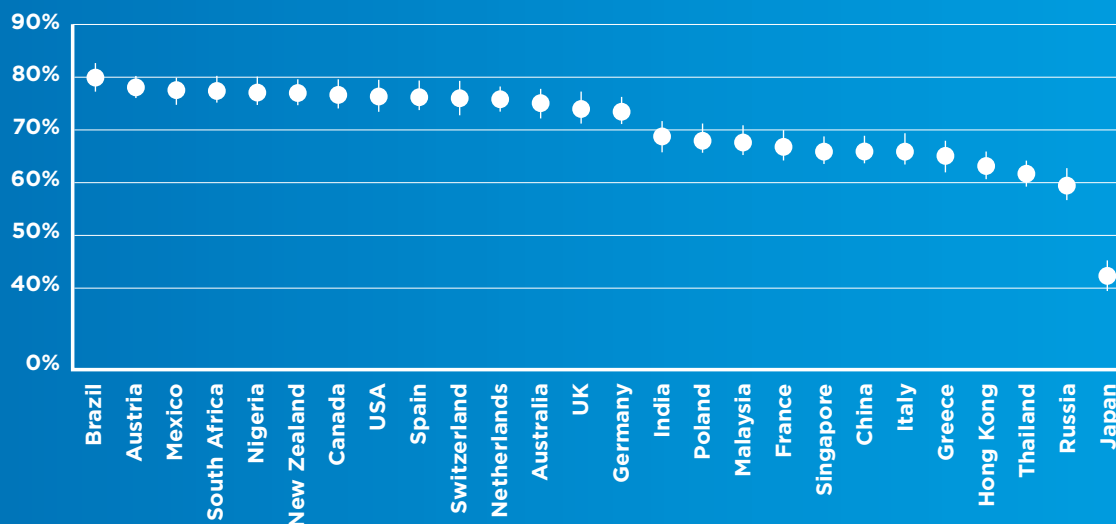
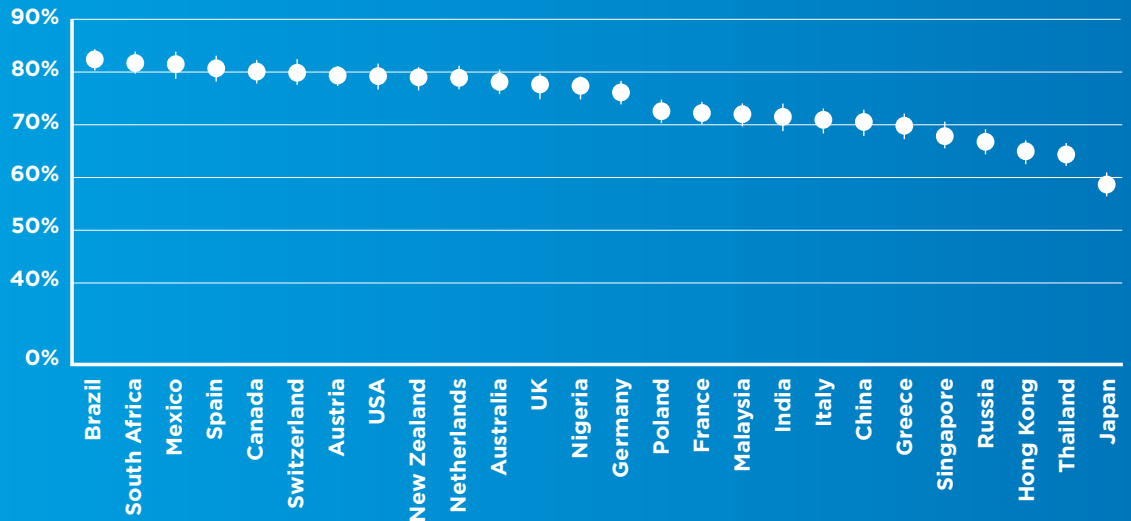


Fig. 5 Overall level of confidence about sex



### Overall level of sexual confidence

Figure 5 presents an overall summation of the four levels of sexual confidence. The pattern is revealing in terms of regional variations, especially for American and Asian countries. Brazil emerged as the highest ranking country both globally and regionally, at 82 per cent. The lowest scoring American country was the USA with 79 per cent.

For Asian countries, Malaysia was the highest overall, with 72 per cent, and Japan the lowest with 59 per cent.

European, South-Pacific and African countries seemed to range in mid scores, with South Africa and Spain at the higher end, above 80 per cent, and Greece and Russia at the lower end, under 70 per cent.

I had to develop general life confidence from a very early age. Because of my age and my general life experience I am very confident with sex. I would rate myself as an 8 out of 10 on sexual confidence. As I have got older I have learned more about sexual techniques, and how to preserve my energy. I have been married three times and my wife is a lot younger than me. Knowing how things work and how to relate to your partner really make a difference when it comes to sexual confidence.

**Male, 65, Engineer, New York, USA**

Sex was never discussed in our family. I always felt too shy to talk to my parents about it. My friends have always told me things about sex, and we discuss sex and guys and problems to do with being confident with men. I am a virgin and so you could say that I don't know about sexual confidence yet. If I had to give myself a score on sexual confidence, I would give myself 2 out of 10, but with the right husband/partner I would want that to be a lot higher.

**Female, 25, Secretary, Shanghai, China**

I lost my virginity when I got married at 28 but first learnt about sex from college friends when I was 17. For me, confidence is about sharing an experience and your knowledge with the right partner, about knowing how to perform. I have always been very sexually confident and I think I will get even more confident as I get older. I would rate myself as a 7 or 8 out of 10 on sexual confidence.

**Male, 35, Senior Manager, Chennai, India**



## Sexual confidence and age

Age was found to have a significant impact on sexual confidence at several levels.

The study found that there is a significant linear increase in sexual confidence, reaching a plateau around the age of 50 and dropping marginally after 55 (Fig. 6).

Looking at sex education, the study reported that first formal sex education was most likely to have been provided to respondents between the ages of 12 and 16 (Fig. 7).

There were significant country variations, with respondents from Mexico receiving their first sex education at 12 and Chinese respondents at 15 years and 5 months. However, no regional trend was identifiable, as for Asia-Pacific for instance, Japan's average age was 12, which is significantly lower than the average age for other Asian countries. A similar spread was also found for Europe.

In terms of the correlation between age at first sex education and sexual confidence (Fig. 8 and Fig. 9), it was found that the earlier a person receives formal sex education, the more sexually confident they are likely to be throughout their lives. This was shown to be particularly true for respondents who received their formal sexual education before the age of 17. Based on these results, the 11 to 16 age range should be considered as a "window of opportunity" for the most effective provision of sex education.

Fig. 6 Confidence scale by age of respondent

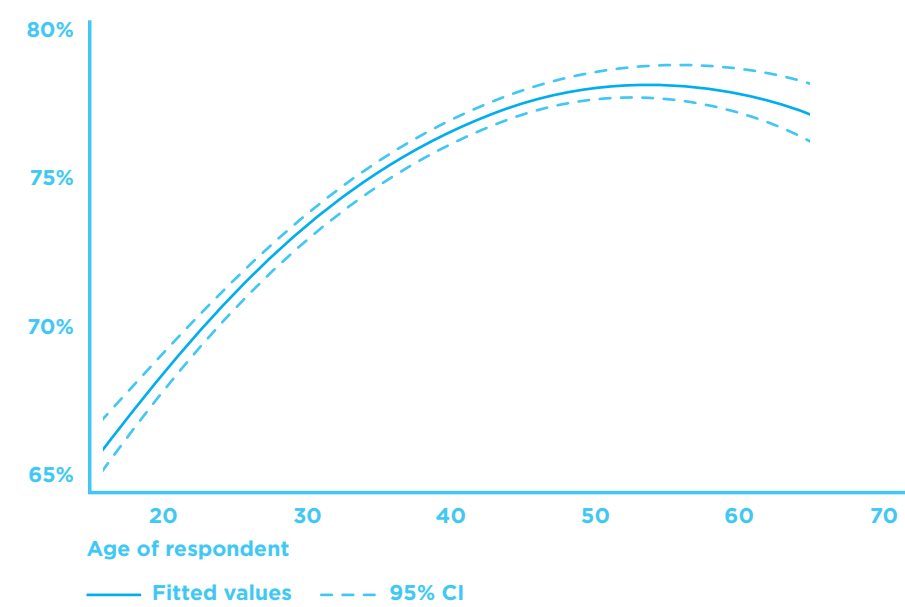


Fig. 7 Mean age at first formal sex education

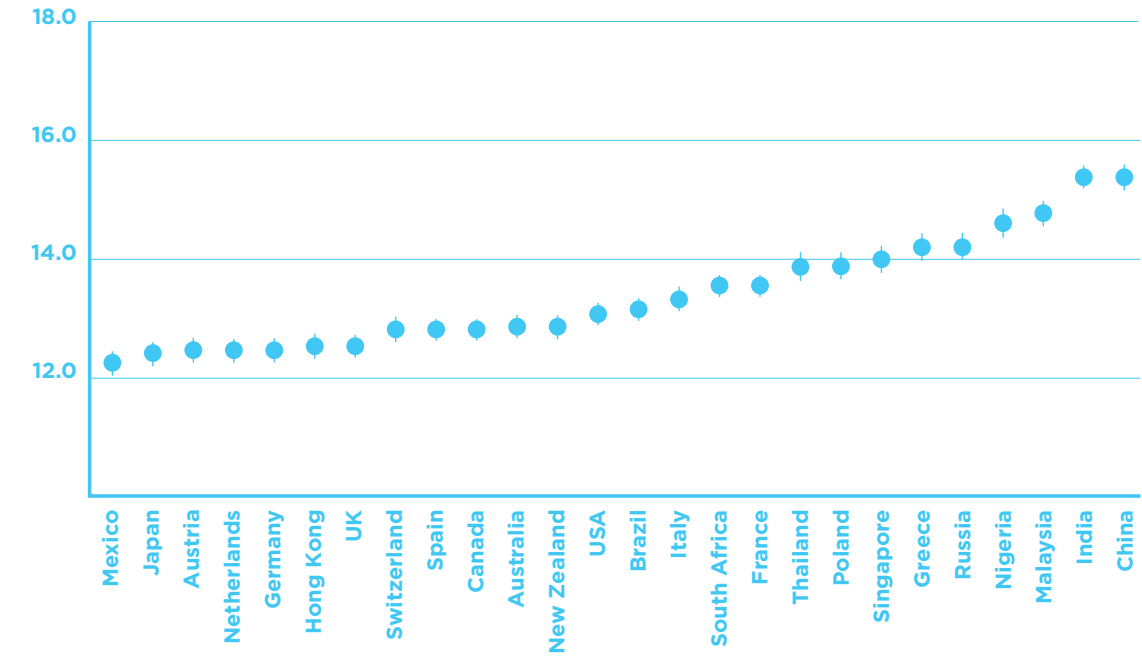


Fig. 8 Rate of confidence on sex by age at formal sex education

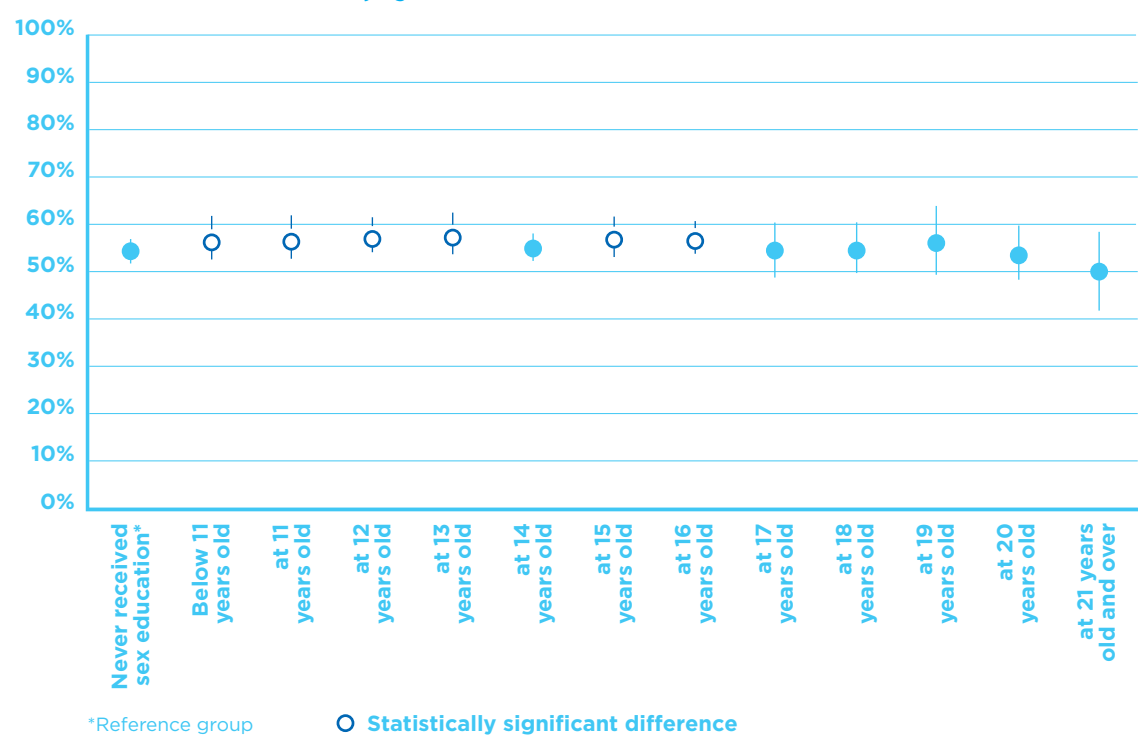
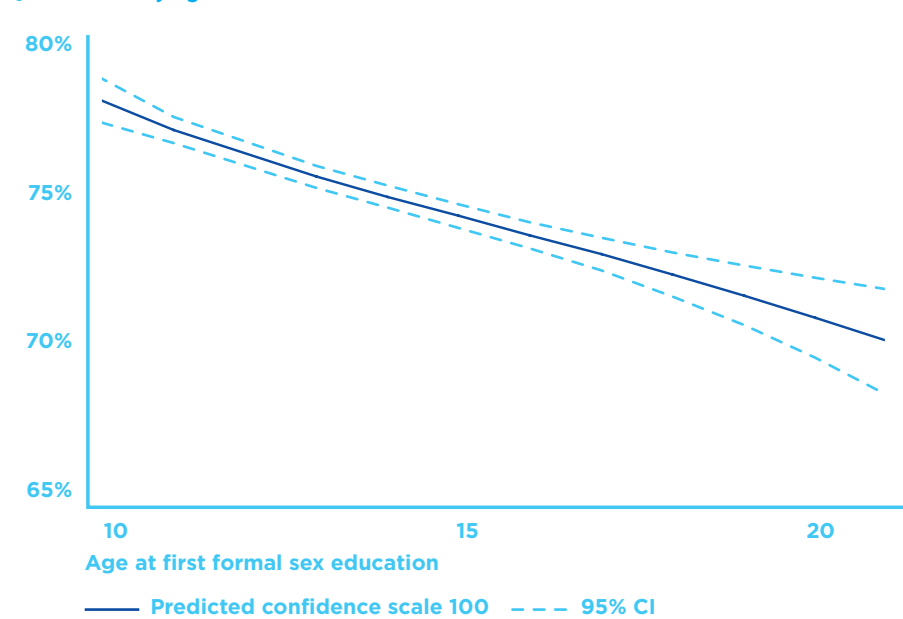


Fig. 9 DSCS by age at first formal sex education



I would say that my adolescence and early 20s were very difficult years sexually for me, and it was during those years that I desperately needed information on sex, my sexuality, being gay, sexually transmitted infections, the works, but it wasn't available then. Of course now it is, but really it's too late because I know it all now.

**Male, 39, Retailer, Melbourne, Australia**

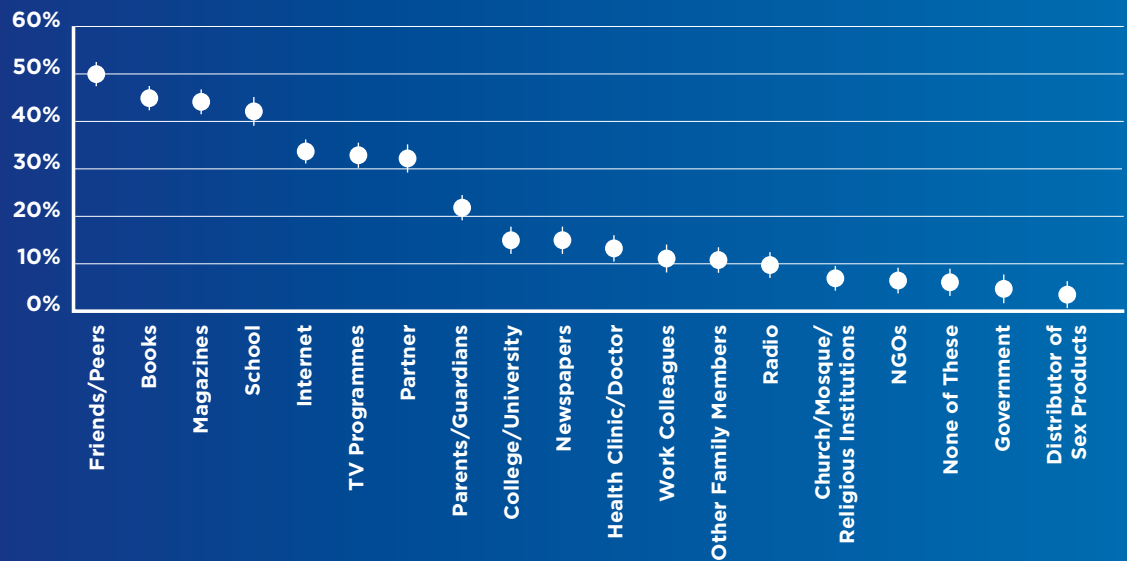
The first time I heard about sex was when I was around 10, I think. We were at a boarding school, my older brother and I, and all the older kids would talk about it at times, so my brother explained things to the best of his knowledge. I've never received formal sex education. That just didn't exist at the time I went to school.

**Female, 55, Office Worker, Paris, France**

There was never much sex education at school. I remember someone came in once for a couple of hours, but it was very basic, not proper sex education. I know things have changed in Hungary in the past five or ten years, but when I was 12 or 13 that's all we got. I have definitely got more confident sexually as I have become older. It's like everything, the more you practise, the better you get.

**Male, 28, Business Consultant, Budapest, Hungary**

Fig. 10 Main sources of sexual education



## Sexual confidence and socio-demographic variables

According to Kyman 1998, “Sexuality learning is acquired from a variety of sources, including family, peers, media, society-culture, and religion.”

Stout and Rivara 1989 also point out that “a classroom course alone cannot be expected to change sexual behavior in a direction that is in opposition to the adolescent’s sexual world as molded by the television, motion picture, music and advertising industries, as well as peer group and adult role models.”

Assessing sex education requires looking at the extended social environment surrounding an individual. The present study analysed 18 possible sources of sex education and ranked them according to significant levels of exposure (Fig. 10).

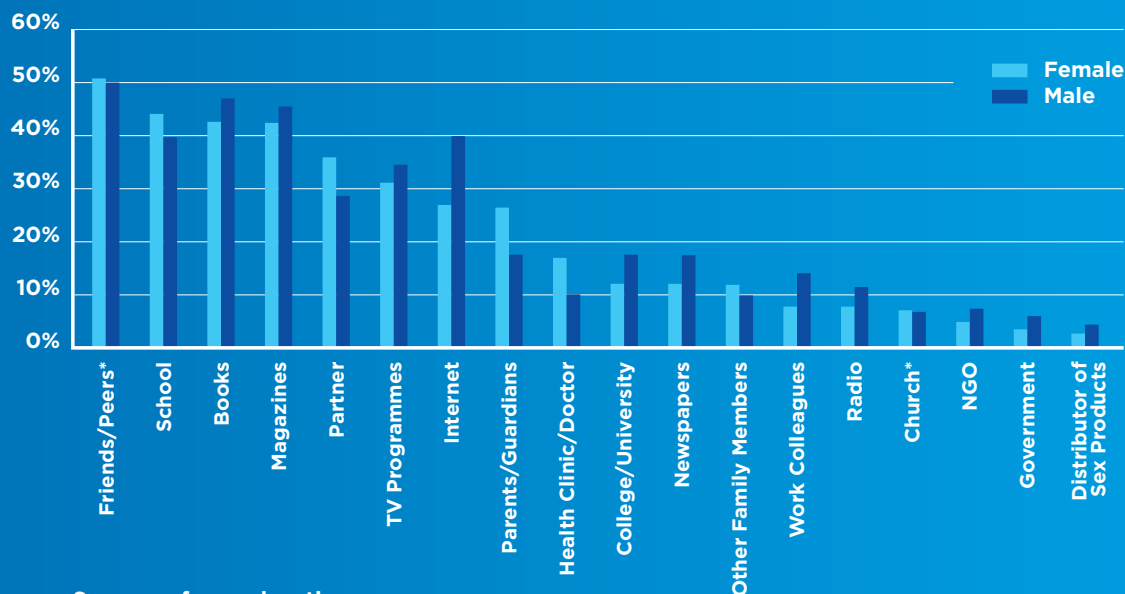
Friends and peers were cited as the main source of sex

education by over 50 per cent of the respondents. Other main sources mostly cited were books, magazines and school, all at around 44 per cent, and the Internet, TV and partners at around 34 per cent. Interestingly, parents or guardians were only cited by just above 21 per cent of the respondents. All other sources, including college or university, newspapers, doctors, work colleagues, other family members, radio, religious institutions or church, non-governmental organisations (NGOs), government and distributors of sex products all ranked at 15 per cent and under. And a notable 6 per cent of respondents stated that they had never used any of these 18 sources.

Exposure to sources of sex education was then studied at the global level by gender and virginity status, income, education, and area of residence.



Fig. 11 Main sources of sexual education by gender



## Gender and virginity status

In the case of gender, significant differences were found for most sources of sex education except for friends or peers and church (Fig. 11).

Male respondents reported being more exposed to sex education from the media, including magazines, the Internet, TV programmes, radio, or institutional sources such as NGOs or government.

Female respondents, on the other hand, reported greater exposure to more interpersonal sources such as partner, parents, family and health clinic doctors.

Interestingly however, female respondents were found to be more likely to report school as being their main source of sex education than male respondents.

But when it came to the influence of gender on sexual confidence, there appeared to be no statistically significant difference overall, with the exception of females being more confident than males on how to avoid pregnancy.

And, not surprisingly, a person's virginity status was found to have a significant impact on their sexual confidence, especially if a person loses their virginity before the age of 18.

When I was growing up I used to talk to my mum and friends about sex because I trust them, but if there was ever any problem that I didn't want anyone to know about, I would always talk to my doctor because they aren't allowed to tell anyone about what you say to them, they keep everything confidential.

Female, 20, Student, London, UK

For finding out how to have better sex, it's friends first and foremost. This goes back to my upbringing, and the responsibility I had, helping to bring up my younger brothers. There wasn't any time to go to doctors or ask older people, it always came down to my friends on the streets.

Male, 65, Engineer, New York, USA

## Income

Significant differences by income level were found for seven sources of sex education (Fig. 12).

Out of the 18 sources listed, only books, magazines, the Internet, university, newspapers, radio, and government showed levels of significant difference.

Respondents who declared above average income reached higher levels of exposure to each of these seven sources of sex education when compared to respondents with average and below average levels of income.

However, the ranking order of sources of sex education remained largely identical regardless of the respondents' income level, with a notable

inversion of ranking between the Internet and partners for respondents with below average income. A similar inversion of ranking for the same respondents was also found respectively for college/university, newspapers and doctors; work colleagues, other family members and the radio; and finally church and NGOs.

Looking at associations with sexual confidence, the study found that income played a part in making people feel sexually confident overall. In particular, income had a significant impact on confidence on how to protect themselves and others from STIs, on how to avoid pregnancy and on where to go for guidance.

However, income had no significant impact on confidence to have a fulfilling sex life.

Fig. 12 Main sources of sex education by income level

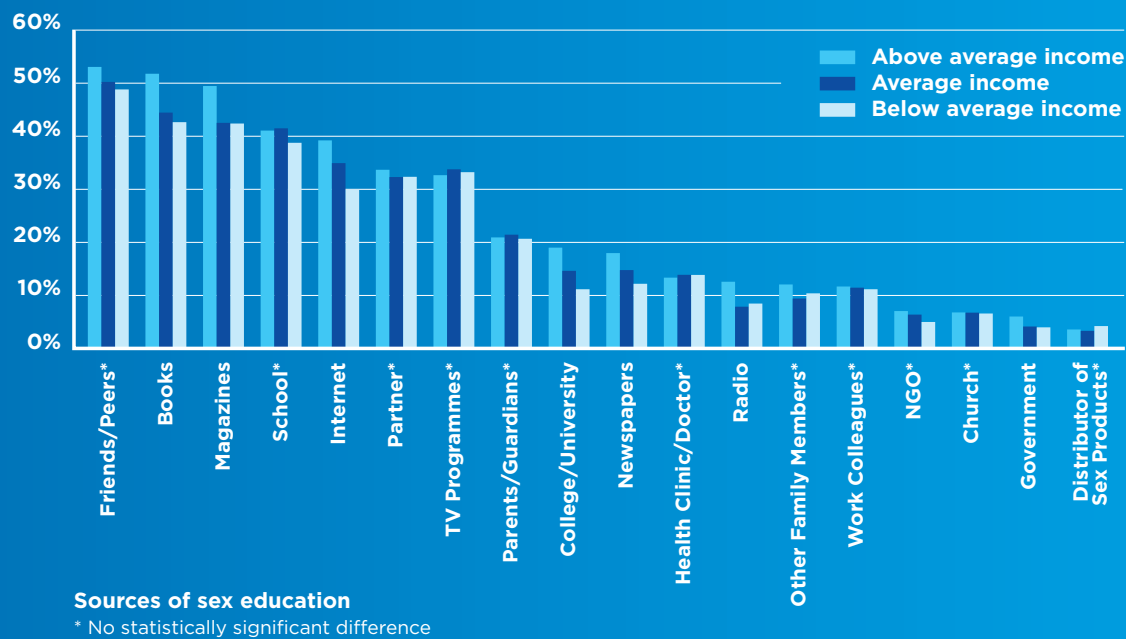


Fig. 13 Rate of confidence on sex by income level

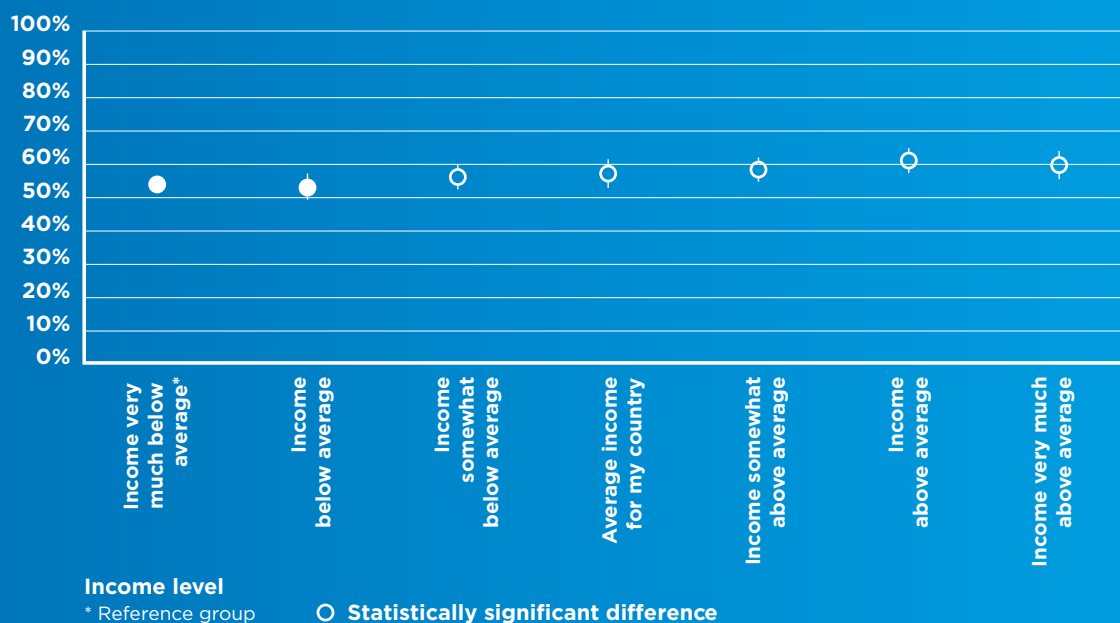
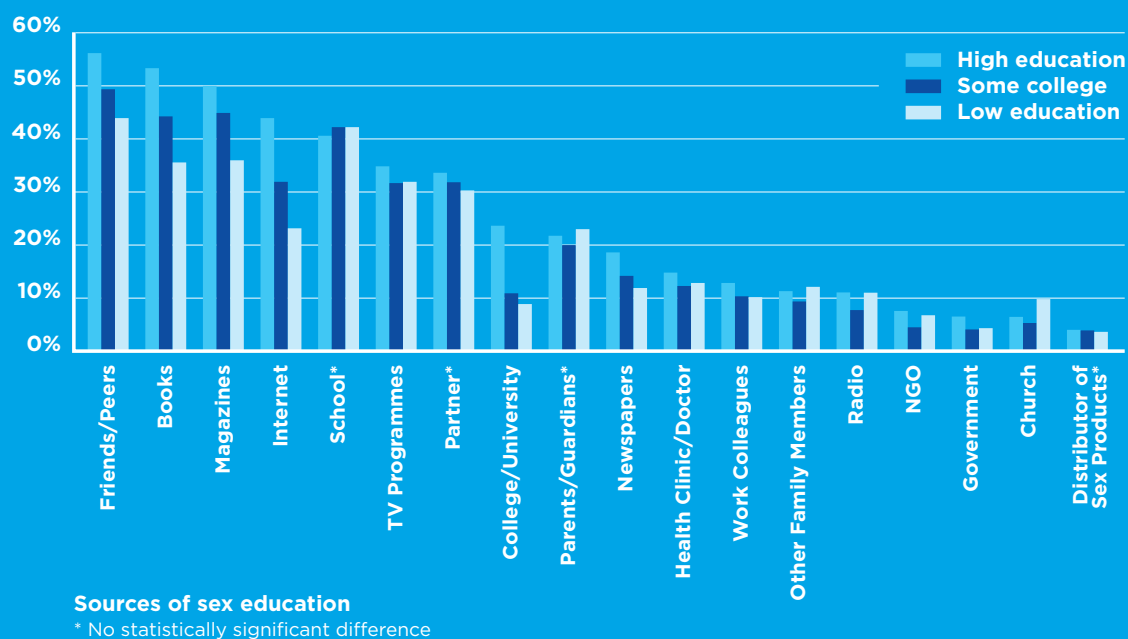


Fig. 14 Main sources of sex education by education level



## Education

The study showed that the educational level achieved by respondents had a significant impact on their choice of main source of sex education (Fig. 14).

Respondents with a higher level of education reported friends and peers, books, magazines and the Internet as their most likely source of sex education.

Meanwhile, respondents with a lower level of education were more likely to rely on their surrounding social structures including parents or guardians, church, NGOs and other family members.

Respondents in the mid-education category did not appear to demonstrate a clear trend when compared to the other two groups.

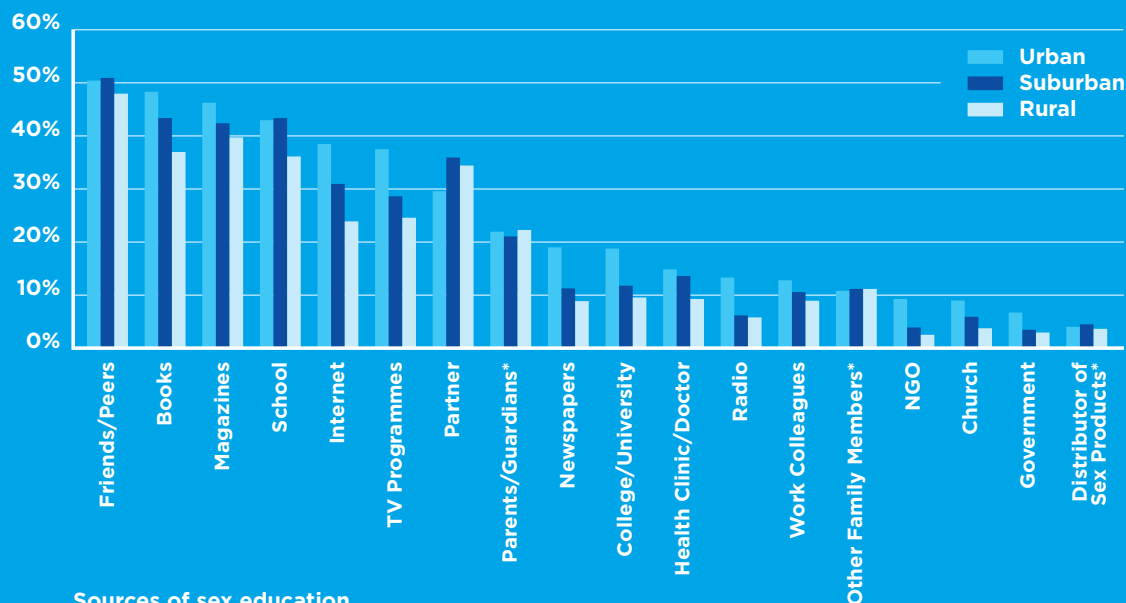
Interestingly, the Internet was the source that had the biggest difference in scores between all three categories of education, with respondents with the highest level of education, citing it as their main source of sex education nearly twice as much as respondents with the lowest level of education.

The impact of education on levels of sexual confidence was only significant when looking at the differences between higher level of education and the other two categories (mid and lower). And for confidence on how to avoid pregnancy, education was reported to make no difference at all.

I do want to know how to keep safe and how to avoid pregnancy until the time is right to have a baby. I look at the Internet sometimes to find out things, but I think it is something I would prefer to explore with my boyfriend or husband at the right time. There's lots of information out there, but I would feel embarrassed asking for that information without my partner with me.

Female, 25, Secretary, Shanghai, China

Fig. 15 Main sources of sex education by area of residence



Sources of sex education

\* No statistically significant difference

## Area of residence

Urban respondents were, perhaps not surprisingly, significantly more exposed to various sources of sex education than suburban and rural residents.

The only notable exception to main sources of sex education cited was partners, where rural and suburban residents were significantly more likely to cite this source when compared to urban residents (Fig. 15).

Turning to the impact of area of residence on confidence levels, there was no significant difference overall.

However, when it came to the four sub-scales, some minor differences appeared: urban residents showed a higher level of confidence on how to have a fulfilling sex life and on where to go for guidance, and rural residents showed a higher level of confidence on how to avoid pregnancy.

Right now, if I truly wanted to find someone to talk to, to trust, then I'd talk to an expert in the field of sexual health. If I wanted simply to research sex, I'd go on the Internet.

Male, 41, Senior Manager, Barcelona, Spain



## Sexual confidence and sources of sex education

Correlation between the sources of sex education and sexual confidence showed a very different pattern from that shown by the original ranking of main sources of sex education (Fig. 16).

Parents and guardians, listed as the eighth most frequently cited source of sexual education, were found to be the single most impactful source of sex education for achieving higher levels of sexual confidence overall.

This confirms what many studies looking at sexual education have highlighted. According to Kyman 1998, “Parents can be allies to school-based sexuality education when they see how these programs can enrich the education they provide at home. It is noteworthy that knowledgeable parents will ultimately strengthen education efforts.”

Yet only 22 per cent of respondents cited parents as one of their main sources of sex education. This may in part be explained by the relatively low level of meaningfulness that people may attribute to discussions on sex with their parents, as highlighted in King and Lorusso 1997: “Most students [interviewed for the purpose of the study] said that they had never had a meaningful discussion about sex with either parent, yet for well over half of them at least one parent believed that there has been such discussions.”

Doctors, the Internet, books, partners and college or university education also had a high impact on sexual confidence overall.

However, friends and peers, most cited as the main source of sex education, did not seem to have much of an impact on overall sexual confidence. Nor did all other sources analysed.

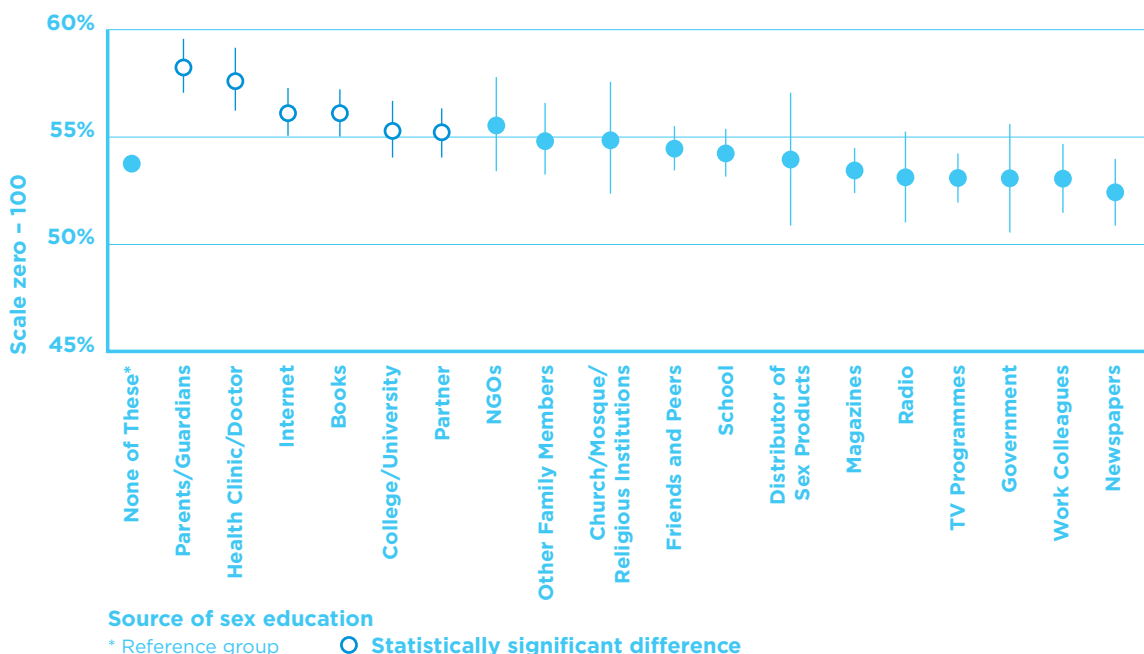
Looking at the different sub-scales of sexual confidence, however, it appears that different sources of sex education will impact sexual confidence differently.

While parents or guardians and doctors appeared to have a highly significant positive effect on all four sub-scales, it is interesting to note that NGOs only had a significant impact when it came to feeling confident about where to go for sexual guidance. This finding highlights the positive effect their specialised work has around the world.

Other family members were highly associated with sexual fulfilment and guidance on sex, showing that a dialogue about sexual health and education with other members of the family may have important implications.

Finally, friends and peers were particularly highly associated with the level of confidence on how to protect from STIs.

Fig. 16 Rate of confidence on sex by main source of sex education



I lost my virginity when I was 22 but first learnt about sex when I was 13. There was no such thing as sex education at school in India when I grew up, not even in urban areas. Sex education is now starting to be implemented in some regions but it still is very patchy and stirs many debates. So without any sex education available, I mainly got my information from friends and double-checked what they told me through books or magazines, or more recently the Internet.

**Male, 34, Media Consultant, Chennai, India**

I trust my doctor because they have studied the subject and know about the cures and effects of things. They also have loads of pamphlets and leaflets on sex at the doctor's clinic.

**Female, 20, Student, London, UK**

I'd say the Internet is my primary source of information on sex now. It gives you the anonymity you might want, and I can learn about the biological side of a woman's body, how things work and how to make sex more pleasurable. The Internet gives you the opinions of millions of different people from around the world, so it's interesting.

**Male, 28, Business Consultant, Budapest, Hungary**

# The confident profile

Except for gender and area of residence, all independent variables included in the final regression model on levels of sexual confidence reached a statistically significant level of association.

This made it possible to generate the confident profile, a profile encompassing all the variables that had an impact on sexual confidence.

This person could be male or female and would be over 40 years old, have a higher income level and a higher standard of education. They would have lost their virginity below the age of 18 and received formal sex education before the age of 17. Their main sources of sex education would be parents or guardians, doctors, books, the Internet, partners or college/university.

While in the real world the person meeting all of these criteria may not exist, there will be many individuals who have at least some of the characteristics and the profile is a useful way of linking the data analysis of this study with what might happen in real life.

I lost my virginity when I was 16. My friends taught me everything I needed to know about sex at the time. I also discovered a lot about sex from seeing films, from the TV and from magazines.

I mainly confided in my relatives – cousins who were my age or older as well as friends about sex. I trusted them. I knew they would be transparent about issues to do with sex, much more so than my parents who might lie to me or not tell me enough of what I wanted to know.

I think I am very confident sexually. I would rate myself at around 8 or 9 out of 10 on sexual confidence. Being confident sexually is about being open and honest with yourself about what you like and need. Sexual confidence is about feeling able to perform in bed and I would say that I have got more confident as I have got older. However I would say that sex hasn't necessarily got better as I have got older. It's not better or worse, it's just different now.

**Male, 41, Senior Manager, Barcelona, Spain**

I grew up in a big city, in Brasilia. When I was growing up we never talked about sex, it was unheard of.

I lost my virginity when I was 21. Before that I got to know about sex from my friends, from magazines and from TV. I might have occasionally asked my cousins questions about sex, but generally sex was never talked about.

I didn't get any sex education at university, there wasn't anyone to talk to about sex back then. By that stage I had started asking my doctor for advice and information about sex.

When I was a teenager the people I trusted most for information about sex were my friends, but that changed as I got older. I started reading more books and going to the doctor if I wanted information about sexually transmitted infections, other sexual health issues or I was worried about something to do with sexual health.

Sexual confidence to me means knowing your partner and feeling free to talk to him about your concerns. It means you are completely comfortable with yourself and your body.

I would rate myself as 10 out of 10 on sexual confidence. I have been married for 14 years so we know each other very well and this knowledge makes me very confident and happy.

My sexual confidence has definitely improved as I have got older, because I know better now. I know what I want and what I don't like. I am more comfortable being honest when I don't want to do something.

I think I have always trusted my doctor, throughout my life, and so now as a 41-year-old I get all the information I need from this source. When I was younger, my doctor gave me all the information I needed on sexual health and pregnancy, and the same applies now.

**Female, 41, Bank Manager, Brasilia, Brazil**

# Study conclusions

International literature (Marsiglio and Mott 1986; Ku, Sonenstein and Pleck 1992, Mueller et al. 2008; Kirby, Laris and Roller 2007) recognises that sex education has a positive impact on behaviour and attitudes.

Many studies highlight, however, that school-based, formal sex education programmes alone cannot succeed in providing a satisfactory answer to sexual issues. As Visser and van Bilsen 1994 point out, “If sexuality cannot be discussed outside school, the effect of the education provided will be limited.” This point is also echoed in Stout and Rivara 1989 and Kirby, Barth, Leland and Fetro 1991. And Williams and Bonner 2006 further confirm that “Given the potential for inadequate efforts from a single source, it seems that [sex] education from multiple sources is preferable”.

The 2008 Face of Global Sex report sought to identify which variables are most associated with making people feel more confident sexually. To do so, 18 sources of sex education were analysed against seven socio-demographic variables and a final regression model was created to identify significant levels of association with four sub-scales of sexual confidence.

The analytical tool that was generated to make these comparisons possible, the Durex Sexual Confidence Scale (DSCS), is a reliable mechanism to assess the impact of sexual information and, more significantly, formal sex education on the levels of confidence. The DSCS will be utilised in future analyses and evaluations of sexual information and education provision to ensure maximum impact on sexual confidence.

The results of the study were illuminating. Perhaps not surprisingly, the socio-demographic variables were

found to influence which sources of sex education are mainly used. More significantly, there isn't always a correlation between whom a person may go to for sexual education and the impact the education received may have on their sexual confidence. This finding stresses the need for a careful review of which sources should be used in priority in the elaboration of the most effective sex education programmes.

The study findings have highlighted the need for more comprehensive and inclusive sex education at all stages of life, but particularly during the 11 to 16 “window of opportunity”. In particular, the importance of multiple sources of sex education working together to enhance sexual knowledge and skills from different angles and points of view was a clear success factor in achieving higher levels of overall sexual confidence.

The role of parents or guardians and doctors was confirmed as central to any successful sexual education programme, as was that of NGOs in the area of counselling on STIs. It is also worth noting that NGOs are often key providers of sex education in hard to reach rural areas, and that possibilities of partnerships could be looked at from a policy standpoint to ensure equal access throughout a territory.

As Mueller, Gavin and Kulkarni 2008 remind us, “The purpose of sex education is to give young people information and skills to make healthy and informed decisions about sex.” The 2008 Face of Global Sex report has made it clear that the tools to enable these healthy and informed decisions are complex and multi-faceted and that sexual confidence is a useful indicator of the effectiveness of these tools.

## Results of the Durex Sexual Wellbeing Global Survey 2007

Australia  
Austria  
Brazil  
Canada  
China  
France  
Germany  
Greece  
Hong Kong  
India  
Italy  
Japan  
Malaysia  
Mexico  
Netherlands  
New Zealand  
Nigeria  
Poland  
Russia  
Singapore  
South Africa  
Spain  
Switzerland  
Thailand  
UK  
USA



Level of confidence in knowing how to protect from STIs/HIV/AIDS	Level of confidence in knowing how to avoid pregnancy	Level of confidence in knowing how to have a happy and fulfilling sex life	Level of confidence in knowing where to go for help/advice/guidance on sex	Overall level of confidence about sex	Mean age at receiving first formal sex education
82.9%	83.9%	70.9%	75.1%	78.2%	12.8
82.5%	83.6%	74.5%	78.1%	79.5%	12.4
85.0%	85.6%	79.6%	79.9%	82.5%	13.0
85.0%	85.7%	74.1%	76.6%	80.2%	12.7
71.5%	72.9%	71.5%	66.1%	70.6%	15.4
81.0%	78.7%	62.6%	66.8%	72.3%	13.4
80.0%	79.3%	72.0%	73.4%	76.2%	12.4
67.7%	74.5%	71.6%	65.1%	69.9%	14.2
64.8%	68.7%	63.4%	63.2%	65.0%	12.5
75.3%	70.0%	72.4%	68.8%	71.6%	15.4
76.1%	76.2%	65.6%	66.0%	71.0%	13.1
67.3%	70.9%	54.3%	42.4%	58.8%	12.3
75.0%	72.3%	73.5%	67.6%	72.1%	14.8
85.1%	85.3%	78.4%	77.5%	81.6%	12.1
82.4%	83.4%	74.6%	75.8%	79.0%	12.4
82.2%	83.4%	74.0%	77.0%	79.1%	12.8
77.4%	76.6%	78.2%	77.1%	77.5%	14.6
77.3%	76.3%	69.1%	67.9%	72.6%	13.9
70.6%	74.6%	61.7%	59.5%	66.8%	14.2
70.4%	67.9%	67.3%	66.1%	67.9%	14.0
86.9%	86.5%	75.8%	77.4%	81.8%	13.4
85.2%	86.0%	76.1%	76.2%	80.8%	12.7
85.1%	84.8%	73.8%	76.0%	80.0%	12.7
65.1%	68.1%	62.9%	61.7%	64.4%	13.9
82.4%	82.9%	72.0%	73.9%	77.8%	12.5
83.5%	84.5%	73.1%	76.3%	79.3%	12.9

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