

## » Youth Sexuality 9th Iteration

# In Focus: Gynaecologists

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

Specialist doctors play an incredibly important role for girls and young women, especially with regards to topics surrounding sexuality. They are a relevant reference person for more than one in ten 14- to 17-year-old girls. This is only true in rare cases (2%) for boys of the same age. This fact sheet presents the core results of the role and significance of gynaecologists regarding sexuality education and contraceptive advice, largely for the sample group of 14- to 17-year-old girls and sometimes also for the young women aged between 18 and 25.

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## Result 1

## Girls and young women are now 15 years old on average when they first see a gynaecologist, almost two years older than five years ago.

### Gynaecological practice

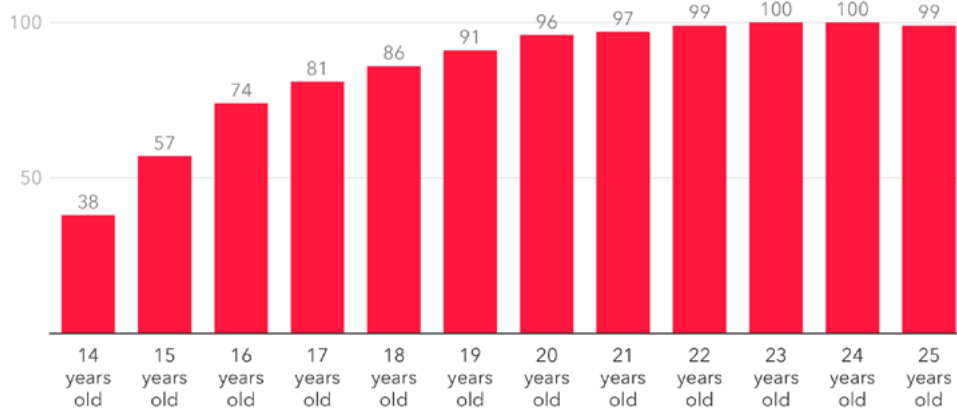
In Germany, a gynaecological practice is run by a medical specialist. In addition to preventative health measures and medical care, it also provides a wide range of advice on gynaecology, family planning, pregnancy and childbirth.

Alongside the general trend development towards becoming sexually active later (BZgA, 2020), the first visit to a gynaecological practice now takes place later than it did five years ago. In 2014 girls and young women between the ages of 14 and 25 saw a gynaecologist for the first time at the average age of 13.1. In 2019 this figure had risen to 15.0.

More than one in three 14- to 17-year-old girls (36%), but only 4 percent of the young women between 18 and 25 said they had never seen a gynaecologist before. Every second first visit takes place between the ages of 14 and 16. 7 percent of the girls and young women were twelve years old or younger when they saw a gynaecologist for the first time; a further 10 percent were 13 years old. By age 23 at the latest virtually all young women have seen a gynaecologist at least once (see Figure 1).

### Seeing a gynaecologist (by age)

Question: Have you ever been to see a gynaecologist or gone to an advice centre to get contraceptive advice?



Basis: 14- to 25-year-old girls and young women | yes-responses shown in percent | The percentages displayed here were calculated from the following question: 'How old were you when you saw a gynaecologist for the first time?' The percentages are calculated from those who gave an age as well as those who said 'I can't remember' (depending on age group 1% to 3%).

Source: BZgA dataset Youth Sexuality, 2019

Figure 1

The responses of the surveyed girls and young women show a strong correlation with religious ties. A quarter of the girls with close religious ties have never had a gynaecological appointment. Among girls with a casual or indifferent attitude to religion, only one in ten has never had such an appointment.

## Result 2

## The first appointment with a gynaecologist depends on the extent and the onset of sexual activities.

Of the girls and young women - irrespective of their socio-cultural background - who have not yet had sexual intercourse, 38 percent have not yet seen a gynaecologist. Among those surveyed who have become sexually active, that figure was just 2 percent. There is a clear correlation between the time when a girl or young woman first sees a gynaecologist and the extent/start of her sexually active life (see Table 1).

Among the sexually active respondents between 14 and 17, the percentage who have not yet been to see a gynaecologist despite having become sexually active is 8 and 10 percent, substantially higher than among the sexually active young women between the ages of 18 and 25 (both 1%).

Table 1

### The average age of the first gynaecological appointment (by age at first sexual intercourse)

Question: How old were you when you saw a gynaecologist for the first time?

First sexual intercourse at ...	14 years or younger	15 years	16 years	17 years	18 years	19 years or older
Average age at first visit	13.9 years	14.5 years	15 years	15.5 years	15.9 years	17 years

Basis: 14- to 25-year-old girls and young women with (heterosexual) intercourse experience | figures in years  
Source: BZgA dataset Youth Sexuality, 2019

Age correlates with the quantity of sexual intercourse to date here:

- Those who have had sexual intercourse often (more than 50 times) were very likely to have already been to see a gynaecologist (this was not true for only 1 %).
- Those who had sexual intercourse no more than ten times, were somewhat more likely to not have had a gynaecological appointment yet (8 %).

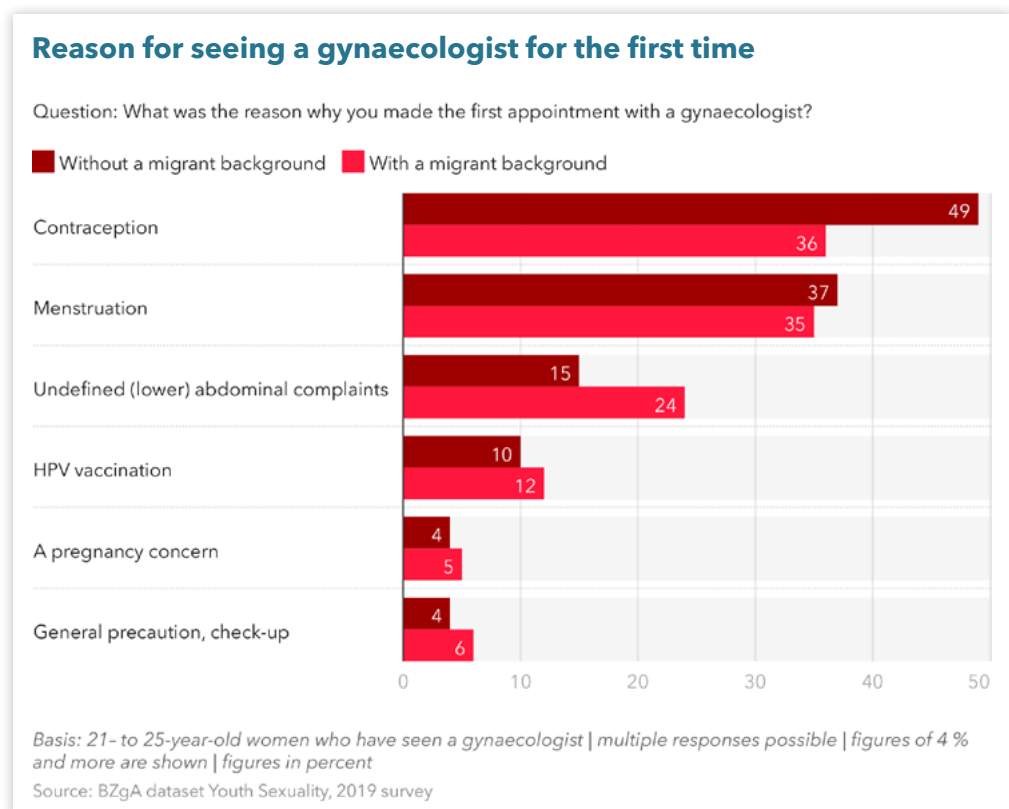
Girls and young women need a certain 'warming up period' and a reason - such as when the sexual intercourse was not a one-time event - for having their first gynaecological appointment.

## Result 3

## Contraceptive questions and menstrual problems are the most important reasons for seeing a gynaecologist for the first time.

Among their motives to seek out a gynaecologist, almost half of the girls and young women without a migrant background and aged between 14 and 25 (45 %) and almost a third of those with a migrant background (30 %, with a Turkish background: just 13 %) said the reason for making the appointment was for contraceptive advice. Looking at all respondents, contraception is the most important reason for the first gynaecological appointment (41 %), followed by menstrual problems (40 %) (see Figure 2).

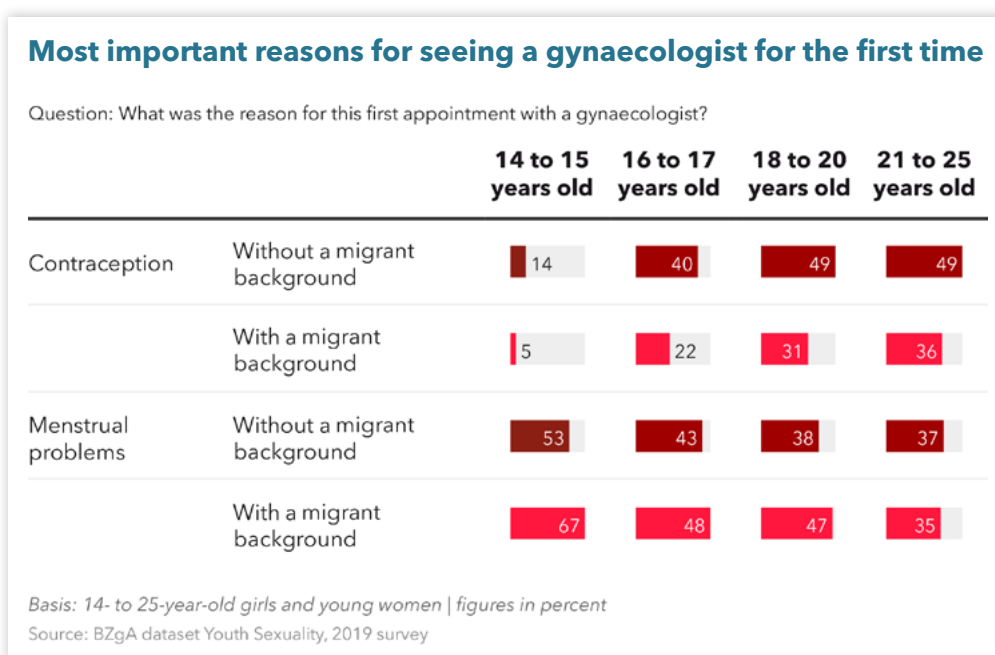
Figure 2



The desire to receive information about contraception and/or to get a prescription for contraception is more important among the sexually active (50% compared to 11% among those not yet sexually active). Among the sexually active respondents without a migrant background aged between 14 and 25, this motive is expressed even more strongly (52%) than among the girls and young women of the same age from families with a migrant background (42%). However, even among those between 14 and 25 who are not yet sexually active 14 percent said contraceptive advice was a reason for seeing a gynaecologist for the first time (sexually inexperienced with a migrant background: 6%).

Comparing the percentages to what extent contraceptive advice was a trigger for seeing a gynaecologist for the girls and young women with and without a migrant background in the various age groups, it becomes clear that the significance grows with age (and alongside increasing sexual activity), but also that the significance of this issue increases steeply among the 15- and 16-year-old female respondents without a migrant background, whereas the increase among their peers with a migrant background is more gradual and later (see Figure 3). On average, they become sexually active later, which is why the contraceptive advice only becomes relevant for them later too (BZgA, 2020).

Figure 3



Menstrual problems are by far the most important reason for seeing a gynaecologist for the 14- to 25-year-old girls and young women with a migrant background (43 %). For the 14- to 17-year-old girls with a migrant background this topic is the relevant trigger for more than half of them: 56 percent of the respondents in this current survey said that they had made an appointment with a gynaecologist for the first time because of menstrual problems (see Figure 3).

If the respondents have become sexually active, the motives shift towards wanting contraceptive advice (50 %), but if the girls and young women - regardless of their background - have not yet become sexually active, questions around menstruation are the predominant motive (55 %). The significance of this subject is highest among the cohort for whom their period has only recently started and drops with age (and alongside increasing sexual activity or the onset of sexual activity).

Further reasons for a first gynaecological appointment are:

- Unclear abdominal complaints: here it is the girls and young women (with and without a migrant background) who have not yet had sexual intercourse who are more likely (21 % and 33 %) than their sexually active counterparts (13 % and 22 %) who have sought out a gynaecologist because of this issue.
- The HPV vaccine: this vaccination is the reason for a first gynaecological appointment for around one in ten of the 14- to 25-year-old respondents (11 %).



## Nine in ten girls and young women were satisfied with their first gynaecological appointment.

In 2014 the data already revealed a high level of satisfaction with the first gynaecological appointment (2014: 85 %, 2019: 87 %). Another factor that has remained unchanged is that around half of the girls and young women were positively surprised by the experience (41 % for both years). For 46 percent the appointment went roughly as they had expected. The group who were positively surprised were also satisfied with their experience, but their surprise demonstrated that quite a few of the respondents had incorrect assumptions about what a first gynaecological appointment would be like.

Girls and young women with a migrant background were more likely to have been negatively surprised by their first appointment with a gynaecologist. In these cases the visit felt more unpleasant to them than they had initially expected (17 %). The percentage of those who were negatively surprised among the girls and young women without a migrant background was lower – 11 percent.

Among the girls and young women with a Turkish background, the gynaecological appointment did not meet expectations for one in four of the respondents and was deemed more negative than expected (25 %). The female young people from Muslim families were also significantly more likely to report negative experiences (27 %). Among the Muslim girls and young women with close religious ties one in three said that the visit felt more unpleasant than initially expected (32 %). Although the negative reactions are also disproportionately higher among others with close ties to their religion, this is much less pronounced (maximally 21 % among those with close ties to the Protestant religion).

Among those who have already become sexually active and who have had sexual intercourse, the evaluations of the first gynaecological appointment are more favourable. This cohort was negatively surprised less often than those who were not yet sexually active (11 % versus 19 %) and were also more likely to be positively surprised by their visit than they had expected (43 % versus 35 %).

The first gynaecological appointment seems to be particularly difficult for those who do not have a confidante at home or elsewhere with whom they can discuss sexual questions (percentages up to 25 %). This often corresponds to:

- Contraception and sexual topics not being discussed at home.
- The respondents not being able to or struggling to accept their own bodies.
- The respondents not considering themselves sufficiently educated about topics of a sexual nature.

## The percentage of respondents receiving contraceptive advice is falling, which is connected to becoming sexually active later and to socio-cultural factors.

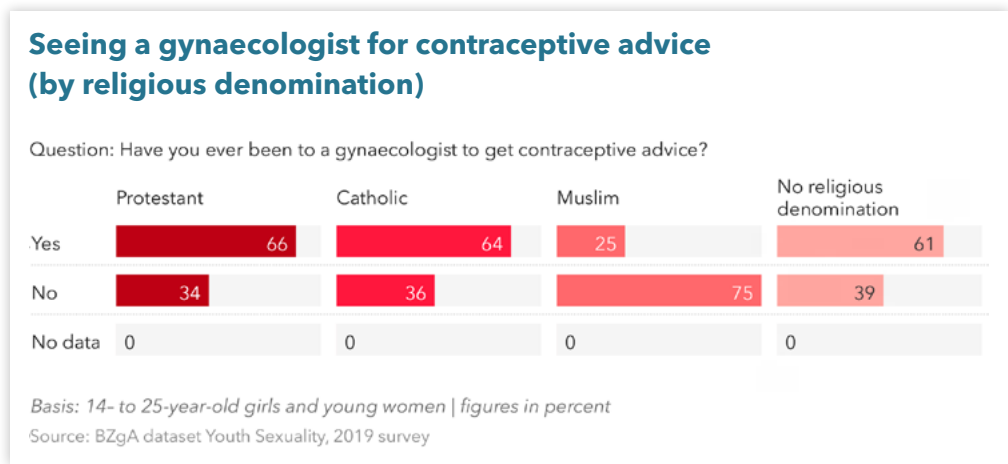
Whether the first gynaecological appointment occurred in conjunction with contraceptive questions is one thing. A big question, however, is whether the girls and young women – especially if they are sexually active – even sought out expert advice about contraception.

Among the sexually active girls and young women a good three quarters said that they have sought a doctor's advice about contraception (78%). However, it is not just the sexually active who seek out advice about contraception from a gynaecologist. Even among those who are not yet sexually active, one in five said that they had already been to see a doctor to ask about contraception (21%).

The socio-cultural background also plays a role among the sexually active girls and young women. Girls and young women with a migrant background are much less likely to seek out contraceptive advice from a doctor (70%) than those from families without a migrant background (81%). This gap has increased in the past five years: it is now 11 percentage points, but in the 2014 survey it was just 6 percentage points.

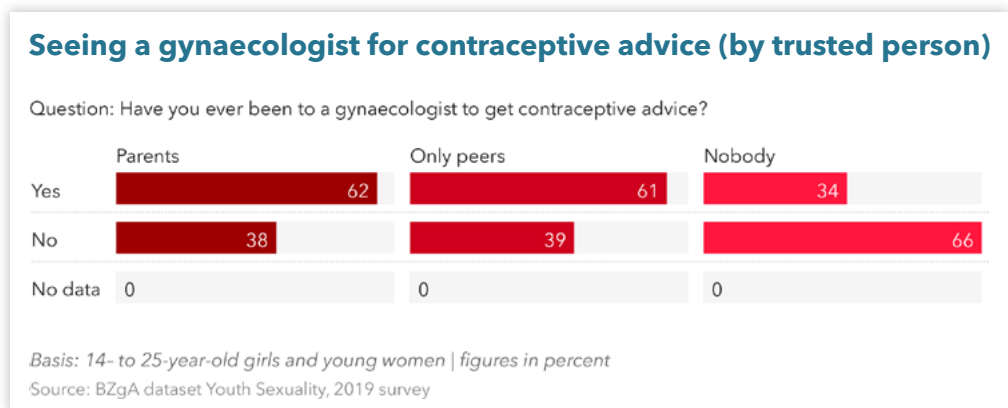
The cultural and/or religious background of the girls and young women also influences their desire for contraceptive advice from a doctor. Only one in four in this group (25%) said (see Figure 4) that they had already been to a gynaecologist in order to get contraceptive advice. Among those with close ties to their Muslim faith, this figure was a mere 17 percent. Among those with no religious denomination and even among those with close ties to other religious faiths this figure never falls below 45 percent.

Figure 4



It is quite generally the case regarding contraception that those who have access to a trusted individual – regardless of whether that is (also) in the home or just among peers – are more likely to include a doctor in their search for contraceptive advice than those who do not have anyone they can talk to about sexual matters (61 % versus 34 %) (see Figure 5). In general, the data show in this regard that those who are already able to communicate openly in the home about sexual topics and contraceptive questions are more likely to seek out a doctor’s advice about contraception. Therefore, those who already have the option to communicate at home about sexuality and contraception, seek out additional options (67 % respectively 69 %), while those who do not have that option are also less likely to make a gynaecological appointment (47 % respectively 49 %).

Figure 5



In the long-term trend since 1994, the percentage of 14- to 17-year-old girls who have received contraceptive advice from a doctor has gone up gradually over 20 years. The maximum value to date was reached in 2009, when it was 10 percentage points higher than when this question was first asked in 1994. However, in the 2019 survey there is a falling trend, showing a decrease of 7 percentage points in the past five years, which is statistically significant and which largely stems from the substantial drop in those who are sexually active/experienced (minus 12 percentage points compared to 2014), while the figure has remained relatively level among those who are sexually inexperienced. In 2019 fewer young people are sexually active, therefore fewer of them take advantage of contraceptive advice (see Figure 6).

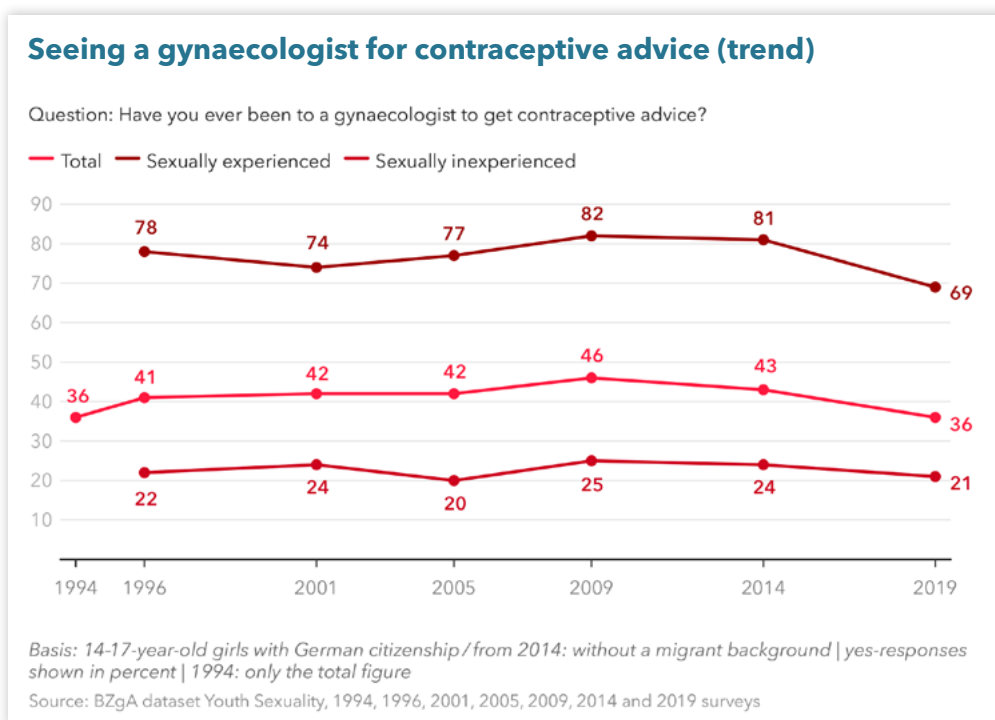


Figure 6

## Result 6

See Youth Sexuality  
9th Iteration – Fact Sheet  
'In Focus: Advice Centres'



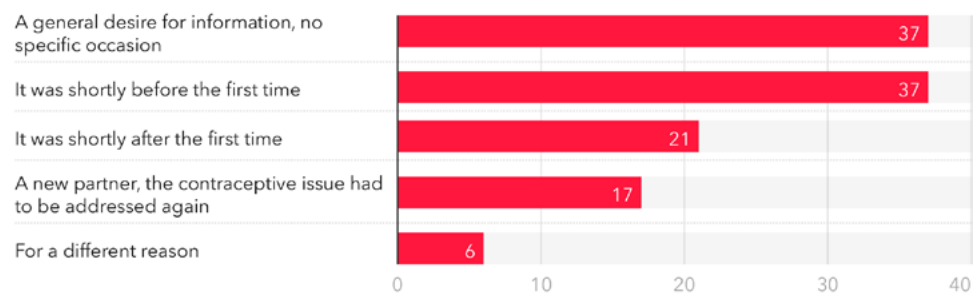
Figure 7

## The upcoming first sexual intercourse and the general desire for information are the most important reasons to get contraceptive advice from a doctor.

From the list of four possible reasons for wanting contraceptive advice, two (both 37%) are equally significant: the general desire for information and the feeling that the first time is not far off: the girls/young women want to be prepared for this (see Figure 7). These are also the reasons why they seek out advice centres.

### Reason for seeking out contraceptive advice from a doctor

Question: What was the specific reason why you sought out contraceptive advice?



Basis: 14- to 25-year-old girls and young women who made a gynaecological appointment for contraceptive advice | multiple responses possible | figures in percent

Source: BZgA dataset Youth Sexuality, 2019 survey

For 21 percent of the girls and young women the first time was the trigger to seek out advice from a doctor. They only seek out this advice 'shortly after the first time' (see Figure 7). Another significant factor is when a new relationship is on the scene and the contraceptive question has to be addressed again: 17 percent of the girls and young women cited this as a reason for seeing a doctor.

Among those between the ages of 14 and 25 who are sexually inexperienced the general desire for information, without a specific reason, was the most important trigger for seeking out contraceptive advice from a doctor (78%). But even among those who are already sexually active, one in three still cite this more abstract reason (32%).

Among the 14- to 17-year-old girls a general interest in basic information played a bigger role than among the 18- to 25-year-old women (50% versus 35%). The young women were more likely than the girls to say that they wanted to be informed prior to their first time (38% versus 31%). Furthermore, the older respondents were more likely to be in a situation where they had to re-address the question of contraception because of a new relationship (19% versus 8%).

## Result 7

## Having a contraceptive prescribed is no longer the focus of a contraceptive consultation.

The 14- to 17-year-old girls who said they had received contraceptive advice from a doctor were also asked whether they had received a prescription for contraception. The current responses of these girls point to greater changes in how the subject of contraception has been handled in doctor's offices in the past five years. During the 2014 survey almost all of the sexually active girls answered this question in the affirmative (92%), only 79 percent of the sexually active girls in 2019 said that their doctor had prescribed them a contraceptive. This signifies a substantial drop in prescriptions among the sexually active girls under the age of 18, namely 13 percentage points in the past five years. This corresponds to the decline in the use of the contraceptive pill and a more widespread sceptical attitude towards hormonal contraception.

Around one in two girls who had not yet had sexual intercourse at the time of the survey said in 2014 that they had received a prescription for contraception during their doctor's appointment (47%). In 2019 that was true for just 30 percent of the 14- to 17-year-old girls without sexual intercourse experience. The focus has therefore shifted significantly in recent years: away from prescriptions and towards advice.

The consultation with girls with a migrant background is roughly as likely to end in the prescription of a contraceptive as with girls from families without a migrant background (58% versus 59%). This was not yet the case in 2014: five years ago the girls without a migrant background were substantially more likely to say they had received a prescription than those with a migrant background (78% versus 66%).

The 14- to 17-year-old girls who sought out a gynaecologist with contraceptive questions were particularly likely to obtain a prescription for a contraceptive if their first sexual partner was someone with whom they were in a steady relationship (84%).

[See Youth Sexuality 9th Iteration - Fact Sheet](#)

['In Focus: The Contraceptive Pill'](#)





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## Notes on the data

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

## Imprint

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## The Research Project: Background, Research Team, Methodology

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

### Project profile

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



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

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