

Myth	Reality
<p>Contraception is readily available</p>	<ul style="list-style-type: none"> • Some pharmacies will not stock contraception, including emergency contraception on conscientious objection grounds. This is a particular issue in rural areas where there may be no local alternative. • Young women wanting Emergency Contraception (EC) from pharmacies can be subjected to a list of questions about their sexual activities by pharmacists,¹ often with scant regard to confidentiality. Even after answering the questions, they may still be refused. Due to time limitations, online purchasing of EC is not generally a practical option. • Pharmacists in Queensland are restricted from supplying EC to under 16 year olds. • Young people often feel uncomfortable or too concerned about confidentiality to seek information, testing or treatment about sexual health including contraception when the only general practitioner available is their family doctor². • Condom vending machines are inconsistently installed in state and local government facilities and public utilities. • Female condoms are not available in Australian pharmacies. Online stockists are the only suppliers of these.
<p>If abortion is legal it is used as contraception</p>	<ul style="list-style-type: none"> • In countries where there are unrestricted abortion laws, the World Health Organization has concluded that this does not predict high abortion rates. Conversely, in countries where there are very restrictive abortion laws that make it difficult for a women to access safe abortion, this does not predict a low rate of abortions³. • Abortion rates are lowest in countries where abortion is legal⁴. • Between 1995 and 2007, abortion laws were liberalised in 17 countries, while only 3 countries acted to restrict abortion. The abortion rate worldwide decreased during this time, from 46 million in 1995 down to almost 42 million abortions in 2003⁵.

Contraception is affordable

- “If it’s not free, most of us drop kicks don’t want to know about it” (young man)⁶.
- A common, generic PBS-listed combined pill (Levlen 30) costs the consumer between \$5.00 and \$21.89 for four months supply, depending on their concession entitlements.
- Brand named PBS items attract a price premium, even for concession card holders, making some pills cost over \$30.00 for 4 months, or over \$7 per cycle.
- Non-PBS listed combined pills (Yaz, Diane, Yasmin) range from around \$15-\$30 per month.
- Not all pills suit all women. Hormone content must be prescribed with consideration of patient suitability. Cost is not the only consideration.
- The PBS listed Implanon Implant (3 years) and Mirena IUCD (3-5 years) cost between \$5.00 and \$31.30, although these methods may have an upfront cost for insertion.
- Emergency Contraception is available at pharmacies. The cost can vary from \$25- \$40. Emergency Contraception is available for \$27.95 at online pharmacies, but this is not a practical option with delivery times factored in.
- Condoms cost around 50c each if bought in a pack of six (\$5.95), but up to \$2 from a vending machine.

Contraception is reliable and people who use it don’t fall pregnant

- Contraception must be used correctly every time to significantly reduce the risk of unplanned pregnancy.
- At the time of their unplanned pregnancy, 60% of women were using at least one form of contraception⁷ and 21% of these were using more than one method⁸.
- At the time of their unplanned pregnancy, 43% of women using contraception were on the pill and 22% were using condoms⁹.
- World Health Organisation (WHO) estimates that even if all couples used effective contraception 100% of the time, there would still be 6 million unplanned pregnancies every year¹⁰.
- In a nationally representative sample of men aged 17-22, 23% of those using condoms reported experiencing at least one condom break during the previous 12 months¹¹.

We have sex education in schools

- The value placed on providing comprehensive sexuality education largely depends on individual schools, as there is wide variation between schools (teacher confidence, school priorities) in their approach to sex education¹².
- There are no minimum standards or certified courses for teachers of sexuality education in Queensland schools.
- Most school-based sex education remains focused on fact-based knowledge within a health and physical education framework. Effective sexuality education should be sex positive and reflect on healthy relationships and situations (social pressures, alcohol and other drugs, physical and emotional safety) that influence decision making^{13, 14}.
- Evidence shows that many secondary school students have very poor sexual and reproductive health knowledge. For example Chlamydia is the most common and widespread STI affecting their age group, yet fewer than 10% of Year 10 students and 15% of Year 12 students knew that Chlamydia affected men¹⁵.
- This issue is particularly acute in regional and rural areas of Queensland where women younger than 20 years are more likely to give birth than their peers in Brisbane¹⁶.

Abstinence is the best form of contraception

- There is no evidence that programs which simply aim to delay the onset of sexual initiation are effective in reducing unplanned pregnancy, abortion or STIs¹⁷.
- Promoting abstinence, in conjunction with comprehensive sexual and reproductive health programs that include information about contraception and STIs has been shown to be effective¹⁸ and does not increase the incidence of unplanned pregnancy or STIs¹⁹.
- Extensive US Federal support of *abstinence-only* as an approach to adolescent sexuality education causes great concern to US health workers due to medical inaccuracies, lack of effectiveness and the withholding and distorting of health information²⁰.
- Australia's teenage fertility rate ranked 16th out of 24 OECD countries in 2003. Rates are substantially higher for Indigenous Australians and those living outside major cities²¹.

Young people use the morning after pill to regulate fertility

- Access to the morning after pill does not reduce young people's use of more reliable forms of contraception²².
- 80% of women with an unplanned pregnancy don't seek emergency contraception, 44% didn't because they were using contraception at the time and thought they could not fall pregnant²³.

If you have questions, or wish to discuss any of the issues raised here, please contact:

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References:

¹ Pharmaceutical Society of Australia, 2008

² Ibid

³ Sedgh G, Henshaw S et al, Induced abortion: Estimated rates and trends worldwide, *Lancet*, 2007 Oct 13;370(9595):1338-45.

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⁵ Sedgh G et al., Induced abortion: rates and trends worldwide, *Lancet*, 2007, 370(9595): 1338-1345

⁶ Keys, D., Rosenthal, D., Williams H., Mallet S., Jordan L., Henning D., op cit, p13

⁷ What Women Want: when faced with an unplanned pregnancy, Marie Stopes International 2006

⁸ Ibid

⁹ Ibid

¹⁰ WHO: Unsafe Abortion: global and regional estimates of incidence of unsafe abortion and associated mortality in 2003. 5th ed. Geneva: World health Organisation: 2007

¹¹ De Visser R et al., Sex in Australia: Experience of condom failure among a representative sample of men, *Australian and New Zealand Journal of Public Health*, 2003, 27(2), p. 217 – 222

¹² Jordan L., Bayly C., Sawyer S., The Sexual & Reproductive Health of Young Victorians, A collaborative project between Family Planning Victoria, Royal Women's Hospital and Centre for Adolescent Health p 25

¹³ Ibid p 23

¹⁴ Ferguson, R.M., Vanwesenbeeck, I. & Knijn, T., A Matter of Facts ... and More: an exploratory analysis of the content of sexuality education in the Netherlands, *Sex Education*, Vol. 8, No. 1, February 2008, 93-106

¹⁵ Smith, Antony et al. (2009) Secondary students and sexual health 2008 : results of the 4th National Survey of Australian Secondary Students, HIV/AIDS and Sexual Health, p. 15

¹⁶ Australian Bureau of Statistics- 1318.3 - Queensland Statistics, Nov 2008

¹⁷ Manlove J, Romano Pipillio A, Ikramullah E, 2001. Not Yet: Programs to delay first sex among teens. National Campaign to Prevent Teen Pregnancy, 2001 Washington DC) Refer to website for full review www.teenpregnancy.org/works/pdf/NotYet.pdf

¹⁸ Ibid p 24

¹⁹ Kohler, P.K., Manhart, L.E. & Lafferty, W.E., Abstinence-only and Comprehensive Sex Education and the Initiation of Sexual Activity and teen pregnancy, *Journal of Adolescent Health*, 42, (2008) 344-351

²⁰ Ott, M.A and Santelli, J., Abstinence and abstinence-only education, *Current Opinion in Obstetrics and Gynecology* 19 (2007) 446–452

²¹ Making Progress: The Health, Development and Well Being of Australia's Children and Young People, Australian Institute of Health and Welfare, 2008

²² Ibid

²³ What Women Want: when faced with an unplanned pregnancy, Marie Stopes International 2006

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