

Social media and contraceptive decision-making across the life course

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Introduction

The rise of social media has changed how women at different life stages access, interpret, and act on information about contraception. Platforms like YouTube, TikTok, and Instagram have become key in shaping contraceptive choices, often highlighting personal experiences, cultural stories, and misinformation. This influence is powerful where formal sexual education is limited or unavailable. For many, particularly adolescents and marginalised groups, these platforms act as alternative educators, shaping both knowledge and attitudes towards contraceptive options. As contraceptive decision-making becomes more connected to identity, values, and social norms, understanding the cultural dynamics in digital environments is vital for promoting reproductive autonomy and providing fair, effective contraceptive care throughout life. This section examines how social media affects contraceptive decisions from adolescence to middle age, emphasising cultural themes and generational differences.

Social media and contraceptive decision-making across the female life course

Lackie and Fairchild examined the complex history of the birth control pill and its connection to thromboembolic disease, emphasising how evolving scientific evidence and media portrayals have shaped public perception [1]. Introduced in 1960, the pill sparked a contraceptive and social revolution but soon raised safety concerns because of its high estrogen content, which was associated with blood clots. Although later formulations lowered estrogen doses, the risk of thromboembolism remained. Regulatory warnings, such as the 1995 UK “Pill scare”, increased public anxiety and resulted in more unplanned pregnancies. This event not only exposed the fragility of public trust in medical advice but also underscored the media’s decisive role in amplifying health risks. Controversies over newer progestins further complicated trust. These developments eventually shifted contraceptive decision-making towards patient autonomy and informed consent.

In the digital age, social media platforms have become powerful sources of information, misinformation, and influence, especially for young women making reproductive choices (Table 1). These platforms, while providing accessible peer-shared experiences, have also introduced a complex mix of culturally rooted narratives, medical misinformation, and evolving health identities that significantly influence perceptions and decisions about contraception. From adolescence to adulthood, social media’s impact on contraceptive decision-making reflects broader sociocultural trends, including changing norms around femininity, bodily autonomy, medical authority, and trust.



Table 1. Contraceptive content on different social media channels

Social media platform	Main topics	User engagement & trends	Quality of information	Impact on users
X (formerly Twitter)	Decision-making on contraceptive methods (26.7%), personal experiences and side effects (20.5%)	Most tweets are from contraceptive users (50.6%). Negative bias: only 4% of tweets denied side effects.	Mixed, as tweets reflect user experiences rather than evidence-based data.	Side effects influence method choice or continuation.
TikTok	Personal experiences, side effects, logistics of use, interaction with healthcare professionals, cycle syncing, political content on contraception and abortion.	Content is personalised through algorithms, with the most influential demographic being females aged 10-19. 92.4% of users receive unsolicited health-related information.	79.2% of the top 700 contraception-related videos were from healthcare professionals (HCP), but they had fewer likes and shares compared to non-HCP creators.	Young women are highly influenced by personal experiences and are often affected by misinformation.
Contraceptive information on social media (General studies)	Preference for healthcare professionals as information sources (82%), but only 43% received contraceptive information from professionals in the past year.	Static analyses pose challenges as social media content is dynamic.	Most popular contraceptive-related videos come from HCPs, but engagement is higher with non-HCP content.	Concerns about the influence of non-professional sources on contraceptive choices.
Implant content on social media	Focus on the insertion/removal process (44%).	16M+ views on TikTok & YouTube. TikTok videos were shorter but had more likes and views compared to YouTube.	Quality scores (DISCERN): 42% very poor, 14% poor, 19% moderate, 12% good, 13% excellent.	Higher engagement with non-professional content, despite lower-quality information.
Depo-Provera on X (Twitter)	Side effects, mainly weight gain (40%).	The most frequently mentioned short-term method (42% of tweets).	Most tweets were negative (61.49%).	Users tend to focus on weight changes over more common side effects, such as alterations in bleeding patterns.
Intra-uterine device content on social media	Personal experiences (31.6%), educational content (29.6%), humour (24.5%).	471M views on TikTok, 32M likes, 1M shares.	Poor scientific quality (DISCERN 1.2/5), 50% accuracy rate.	96.8% of TikTok videos focus on pain and side effects, and 27.6% express distrust in healthcare professionals.
TikTok and vasectomy	Procedure details, recovery (41%), pain (40%), and motivations (30%).	100 most viewed videos (261K+ views).	23% contained objectively incorrect medical information.	61% of videos had a favourable view of vasectomy, but 31% considered it controversial.
Sterilisation in social media	Concerns over abortion restrictions, procedural details, and user experiences.	Women under 30 discuss sterilisation and share lists of willing gynaecologists.	Limited academic literature on this topic.	High demand, but significant access barriers exist, with 42% of users unable to find a provider.
Hormonal contraception on TikTok	Side effects (mainly mental health, weight gain, and headaches) are rarely mentioned, while benefits are.	574 videos analysed (Dec 2022-Mar 2023). Most were educational (62.9%), followed by user testimonies (28.6%).	DISCERN score: 1.63 (low). Non-PS videos received more engagement than PS videos.	Strong focus on side effects, leading to fear and discontinuation of hormonal contraception.
Condom marketing on social media	Safe sex, pleasure, female empowerment, negotiation skills.	Instagram had the highest engagement among social media platforms.	Generally high-quality educational content.	Women show more interest in benefits, sometimes struggling with negotiating condom use.

Adolescence: misinformation, identity formation, and distrust in hormonal methods

For many adolescents, the first exposure to contraceptive information often comes not from healthcare professionals or formal sex education, but from platforms like TikTok, Instagram, and YouTube [2]. This information ecosystem provides both a space for empowerment and a breeding ground for confusion. The shift reflects a wider generational reliance on digital media for sensitive health information, especially where stigma, limited access, or inadequate curricula hinder institutional education. Studies demonstrate that adolescents value comprehensive and non-judgmental education, but often turn to social media to fill gaps left by formal systems that fail to meet their needs for anonymity, relatability, and safe dialogue [2]. Social media becomes a venue where they explore bodily changes, negotiate social norms, and construct sexual identities [3].

Unfortunately, much of the content available to teenagers highlights the negative aspects of hormonal contraception. Influencers often share personal stories about mood swings, weight gain, and depression, sometimes portraying hormonal contraceptives as unnatural or harmful [4]. Niemann further confirms that YouTubers tend to emphasise adverse side effects as the main reason for discontinuation, even when they experienced initial benefits [5]. This selective storytelling can distort perceptions of risks and benefits, reinforcing fear rather than evidence. Moreover, many YouTube users lack professional guidance, relying instead on anecdotal stories that increase fear of estrogen-related risks like mood swings and thromboembolism. Consequently, adolescents develop perceptions based not on clinical evidence but on anecdotal accounts that are amplified by algorithms and emotional appeal [5].

The desire for a “natural” lifestyle, often linked with purity or holistic well-being, has gained cultural popularity among young people. Influencers promoting non-hormonal methods, such as fertility tracking apps, present these options as healthier and more empowering [4]. However, these apps are often less effective during typical use and may foster misconceptions about contraceptive effectiveness. The “natural living” discourse mirrors broader cultural anxieties about pharmaceutical intervention, bodily autonomy, and trust in medical authority, especially in a post-pandemic and post-Dobbs social environment where reproductive rights are politically disputed [6].

Similar concerns arise in both provider–patient interactions and social media platforms, where contraception is often viewed narrowly as a way to prevent pregnancy. This simplistic view frequently overlooks

broader aims such as reproductive autonomy, well-being, and long-term satisfaction. In clinical environments, studies indicate that prevailing counselling approaches tend to emphasise method effectiveness and pregnancy prevention rather than engaging with patients’ values, preferences, or quality of life outcomes [7,8]. Reframing counselling through a reproductive justice lens, prioritising choice, user-centred efficacy, and informed consent, has been suggested as a way to restore autonomy and trust, as well as to recognise the reproductive rights of adolescents without barriers [9,10].

From a decision-making perspective, social media engagement may intensify affective and heuristic reasoning, where personal anecdotes, influencer authority, or aesthetic appeal overshadow clinical information. In contrast, shared decision-making frameworks in healthcare emphasise dialogue, clarification of preferences, and alignment with health goals [11,12]. Bridging these areas requires providers to recognise the impact of social media narratives and actively incorporate value-based discussions into consultations. This may shift the focus from “not getting pregnant” to “supporting reproductive self-determination” in both clinical and digital settings. Overall, the goal should be to achieve “user-centred contraceptive counselling”.

Young adulthood: negotiating social pressures, feminine ideals, and bodily control

In early adulthood, women’s decisions about contraception are influenced by changing priorities related to relationships, education, careers, and fertility planning [13]. Social media continues to influence this demographic in more subtle ways, often intersecting with peer group norms, lifestyle branding, and personal identity construction [13,14].

As women in this age group become more health-literate, many aim to align their contraceptive choices with perceived values of empowerment, balance, and self-care. The narrative of discontinuing hormonal contraception as a way to reclaim one’s natural cycle and emotional stability is widespread. Content creators often depict “quitting the pill” as a form of self-liberation, sharing dramatic before-and-after stories that highlight improved mental health, weight loss, and increased libido post-discontinuation [5].

This trend is reinforced by the popularity of wellness culture, which advocates holistic living, mindfulness, and scepticism towards pharmaceutical intervention. In this cultural context, contraceptive choices are no longer solely based on clinical effectiveness but also on their alignment with lifestyle and identity.

Discussions about side effects and logistics, such as forgetfulness, skin changes, or menstrual suppression, often dominate online conversations, overshadowing medically accurate information [15]. Misinformation, especially from non-professional sources, tends to be more emotionally engaging and more widely shared, particularly among younger audiences [16].

Despite this, some women use social media as a catalyst for empowerment. In Brazil, for instance, increased access to information via social media has enhanced women's ability to ask informed questions and advocate for better care [17]. This phenomenon demonstrates the dual nature of social media influence. While it can mislead, it also acts as a catalyst for cultural change by enhancing reproductive literacy and normalising open discussions of sexual health [18,19].

Middle adulthood: fertility care, health management, and class dynamics

In middle adulthood, women's contraceptive choices are increasingly shaped by concerns about long-term health, perimenopausal symptoms, and fertility care. Emerging research indicates that perimenopausal women use social media not only to access information but also to validate lived experiences that are often minimised in clinical settings [20,21]. They also utilise these platforms to seek information on bodily changes, emotional well-being, and self-care, emphasising the increasing role of digital media in shaping symptom perception and health attitudes. While such user-generated content can empower women to advocate for their preferences, it may also cause confusion or scepticism, especially when misinformation about hormone safety or fertility persists. Algorithms that prioritise anecdotal over evidence-based content might reinforce fears regarding synthetic hormones, leading some women to discontinue effective contraception prematurely [22]. While social media may play a less prominent role than in adolescence, it still influences perceptions, especially for women dealing with chronic conditions, postpartum recovery, or hormonal changes. Class and education play a significant role in determining how social media impacts this group. In countries like Mexico, access to accurate information and quality counselling is highly divided by socioeconomic status. Women with private insurance or higher levels of education often have longer consultations, follow-up through WhatsApp, and greater trust in healthcare providers. These women may critically engage with social media content, using it to supplement clinical advice [23]. In contrast, women in the public healthcare system often experience shorter appointments and depend more on the internet and media for information. In such situations, unverified content shared by influencers

can replace professional advice. The danger of misinformation increases when social media material is presented attractively, such as through visually appealing vlogs or TikTok trends, without scientific review [24-27]. Moreover, middle-aged women often face cultural expectations surrounding femininity and ageing. Social media narratives that praise youth and fertility might create ambivalence towards long-acting methods or sterilisation, emphasising the importance of age-sensitive, culturally aware counselling [28].

The increasing influence of social media influencers in the field of contraception highlights the urgent need for healthcare professionals to take a more proactive role in online communication, ensuring that evidence-based information is appealing, accessible, and engaging. Public campaigns should aim to expose the financial interests behind the promotion of contraceptive withdrawal by non-expert influencers, helping users make more informed, scientifically grounded choices. At the political level, health authorities must establish clear regulations governing the involvement of non-health professionals in the advertising or implicit promotion of contraceptive methods, to protect public health and uphold scientific standards [4,29]. Such regulation should promote transparency in sponsorships, include disclaimers for non-professionally endorsed content, and ensure visibility for medically reviewed material.

A transcultural and intergenerational challenge

Across all stages of a woman's life, the influence of social media on contraceptive choices mirrors broader cultural themes: personal agency versus medical authority, natural living versus pharmaceutical intervention, and collective storytelling versus scientific evidence. These tensions are not the same everywhere; they are shaped by factors such as race, geography, class, education, digital literacy, language background, and access to healthcare.

For example, in Latin America, where gender norms and religion may influence contraceptive discourse, social media has become a democratising force, enabling women to challenge taboos and share experiences. Platforms like Instagram and Facebook have helped raise awareness of issues such as endometriosis, polycystic ovary syndrome, and contraceptive options, allowing women to articulate their needs and advocate for better healthcare [30,31].

In the United States, however, the post-Dobbs landscape has politicised discussions on reproductive health [32]. Social media now hosts not only individual testimonies but also ideological battles over bodily autonomy, abortion, and sterilisation. This intersection of medical misinformation and political polarisation

heightens the challenges for contraceptive communication. Health professionals and public institutions must now navigate an information landscape where medical expertise competes with virality, and where reproductive health choices are intertwined with identity politics [33,34].

Artificial Intelligence in contraceptive decision-making

Artificial intelligence (AI) is increasingly incorporated into contraceptive decision-making, providing tools such as chatbots, customised decision aids, and predictive algorithms. A recent systematic review found that chatbots had no significant impact on users' intention to use contraception [35]. One small, uncontrolled cohort study suggested an increase in contraceptive uptake among adolescent girls, while a development report, based on low-quality methods, reported no improvement in access to services. There is also limited and low-quality evidence indicating that interacting with chatbot content may enhance contraceptive knowledge. User engagement varied widely, with some chatbots reaching large audiences and others only a small number of users. Feedback from users highlighted that chatbots are often perceived as acceptable, convenient, anonymous, and private. However, they were also described by some as incompetent, inconvenient, and lacking empathy [35]. These limitations underscore the emotional limitations of AI systems, particularly when addressing sensitive topics such as sexual health.

Technology-driven decision aids, particularly computer- and web-based platforms, have demonstrated apparent effectiveness in enhancing contraceptive use and continuation, as well as increasing knowledge and self-efficacy among users. A 2023 systematic review and meta-analysis of 18 studies (including 11 focusing on computer/web-based tools) found that users of these aids had significantly higher odds of contraceptive uptake or continuation (pooled odds ratio [OR] 1.36; 95% CI 1.08–1.72), along with notable improvements in contraceptive knowledge and self-efficacy scores [36]. These findings align with individual clinical trials, such as the web-based Tuune® decision aid, which improved users' reproductive health self-efficacy, contraceptive knowledge, and perception of knowledge compared with a control tool in a study of 324 women [37]. The Contraception Choices interactive website trial (n = 927) also demonstrated increased satisfaction and more informed method choices. However, it didn't notably increase long-acting reversible contraception uptake, emphasising the need to address structural and service-related barriers alongside providing information tools [38].

Beyond basic decision aids, AI provides increasingly personalised features. Early studies indicate that large language models, such as ChatGPT, Gemini, and Microsoft Bing, can produce responses for contraceptive counselling with evidence-based accuracy and acceptable readability, although performance varies across models [39].

Moreover, machine learning methods can identify individuals who most need contraceptive services, particularly in low-resource settings, by analysing demographic and health-system data to promote fair resource distribution [40].

Although still in development, AI-driven decision support for contraception has the potential to enhance reproductive autonomy by aligning contraceptive choices with user values, preferences, and health requirements. It offers the simplest way to access information on contraception during adolescence and early adulthood quickly. However, these tools face significant challenges, including the need to ensure explainability, prevent bias, and protect privacy, especially in sensitive reproductive health areas [41].

Toward a culturally responsive, digitally literate approach

To address the issues posed by social media and artificial intelligence in influencing contraceptive choices, a culturally sensitive, digitally literate approach is vital. This includes recognising the influence of social narratives, engaging with users where they are, and collaboratively creating content that resonates emotionally and culturally while remaining scientifically accurate [42].

The rise of artificial intelligence introduces a new level of complexity, acting both as a potential threat and an opportunity for women's health. While AI could spread misinformation if misused, it also provides powerful tools to personalise, scale, and enhance access to reliable contraceptive information when guided by ethical, evidence-based principles. Healthcare professionals should actively participate on platforms where women seek information, such as Instagram Reels, YouTube videos, and TikTok explainers. However, merely being present is not enough; the content must be accessible, engaging, and culturally relevant. For example, debunking myths about hormonal methods using youth-friendly language or presenting information through peer-to-peer testimonials that mirror the storytelling style of influencers can help build trust and enhance the reach of evidence-based messages [19]. It also means adopting formats that users trust, such as short-form videos and multilingual content that speaks to diverse literacy levels.

Furthermore, contraceptive counselling should actively explore where women have encountered information, including social media and artificial intelligence, and provide a safe environment to discuss doubts, fears, and personal values. As social networks increasingly influence health decisions, it is crucial to incorporate this aspect into counselling. Supporting autonomous and informed choices involves identifying and correcting misinformation by directly asking users about their online experiences. Questions such as “What have you seen on social media about contraceptives?”, “What has ChatGPT told you about hormonal contraceptives?” or “Do you believe hormones are harmful?” can foster meaningful dialogue. Therefore, it is essential to routinely ask about users’ exposure to contraceptive content on social media during both initial consultations and follow-ups. As shown by the COCO study and others, user satisfaction improves when counselling recognises diverse motivations, including non-contraceptive benefits, emotional well-being, information needs, information-seeking behaviours, and communication preferences [43].

Ultimately, cross-sector collaborations among clinicians, educators, content creators, and policymakers are necessary to promote reproductive literacy and counter misinformation. Culturally sensitive engagement must consider education levels, access to healthcare, and socioeconomic status. This approach is crucial in ensuring that digital health narratives support, rather than undermine, women’s reproductive autonomy.

Conclusion

The intersection of social media, cultural norms, and emerging technologies is transforming how women approach contraceptive choices throughout their lives. Digital spaces are no longer just optional; they are key environments where trust, identity, and health knowledge are negotiated and shared. While these platforms can spread misinformation, they also offer ways to democratise access to information, challenge stigma, and improve reproductive literacy. The challenge

ahead is not only to correct false narratives but also to meet users where they are, using formats and voices that feel genuine. Building partnerships between healthcare providers, educators, policymakers, and digital creators will be essential to ensuring that online discussions about contraception evolve into those that empower women, respect diversity, and support autonomy throughout the life course.

Knowledge gaps and future directions

From description to outcomes: Most studies map content trends rather than measure effects. Rigorous longitudinal and interventional research is needed to link digital narratives with actual contraceptive uptake, continuation, and satisfaction.

Equity and vulnerable groups: Adolescents, marginalised populations, and women with limited health access are especially exposed to misinformation. Research should examine how digital divides in literacy, socioeconomic class, and access to care shape vulnerability and identify interventions that reduce these disparities.

Life-course perspectives: Digital influences on contraceptive choices in perimenopausal and midlife women remain poorly studied. Expanding research beyond youth will help address unmet needs across the reproductive life span.

AI and digital tools: Evidence on chatbots, decision aids, and large language models is weak. Future work should evaluate usability, equity, and privacy while testing whether these tools improve knowledge and behaviour in real-world settings.

Clinical, cultural, and policy responses: There is limited evidence on how healthcare professionals and institutions can engage effectively online. Research should test best practices for culturally resonant, evidence-based content and explore regulatory approaches to non-professional influencer marketing.



Key messages

Social media as a primary source of contraceptive information, particularly for adolescents and young adults, often outweighs formal education and clinical advice.

Widespread misinformation, with hormonal methods portrayed negatively and “natural” alternatives promoted without evidence.

Adolescent decision-making is shaped by anecdotal and emotionally engaging content that influences long-term perceptions.

Contraception linked to wellness and identity in young adults, with social media reinforcing trends such as discontinuing hormones for “balance” or “natural living.”

Digital platforms as validation spaces for perimenopausal women, especially when clinical support is lacking, but with risks from unverified content.

Socioeconomic inequalities in digital engagement, with higher-educated users critically evaluating online content while others depend more on influencers.

Cultural and political contexts as mediators of social media’s impact, creating both opportunities for empowerment and risks of polarisation.

AI tools as emerging aids, offering promise for improving knowledge and access but showing limited impact on behaviour.

Clinician and institutional engagement online as a strategy to counter misinformation through accessible and culturally relevant content.

Counselling that incorporates digital exposure, addressing social media and AI content to support informed, values-based contraceptive decisions.

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