

International Journal of Innovative Technologies in Social Science

e-ISSN: 2544-9435

Operating Publisher
SciFormat Publishing Inc.
ISNI: 0000 0005 1449 8214

2734 17 Avenue SW,
Calgary, Alberta, T3E0A7,
Canada
+15878858911
editorial-office@sciformat.ca

ARTICLE TITLE	REPRODUCTIVE HEALTH MISINFORMATION ON SOCIAL MEDIA: A REVIEW OF HORMONAL CONTRACEPTION, FERTILITY NARRATIVES, AND DIGITAL HEALTH LITERACY AMONG YOUNG WOMEN
DOI	https://doi.org/10.31435/ijitss.4(52).2026.6266
RECEIVED	10 August 2026
ACCEPTED	10 October 2026
PUBLISHED	22 October 2026
LICENSE	The article is licensed under a **Creative Commons Attribution 4.0 International License.**

© The author(s) 2026.
This article is published as open access under the Creative Commons Attribution 4.0 International License (CC BY 4.0), allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

REPRODUCTIVE HEALTH MISINFORMATION ON SOCIAL MEDIA: A REVIEW OF HORMONAL CONTRACEPTION, FERTILITY NARRATIVES, AND DIGITAL HEALTH LITERACY AMONG YOUNG WOMEN

Julia Szymkowiak *(Corresponding Author, Email: juliaszymkowiak3@gmail.com)*
Medical University of Lodz: Lodz, Łódź Voivodeship, Poland
ORCID ID: 0009-0005-6558-2552

Karolina Reczka
Medical University of Lodz: Lodz, Łódź Voivodeship, Poland
ORCID ID: 0009-0003-7306-5120

Zuzanna Zalewska
Medical University of Lodz: Lodz, Łódź Voivodeship, Poland
ORCID ID: 0009-0003-4441-4782

Maria Woźniak
Medical University of Lodz: Lodz, Łódź Voivodeship, Poland
ORCID ID: 0009-0000-9240-3373

ABSTRACT

Social media has become one of the key environments in which young women seek, interpret and negotiate knowledge about hormonal contraception, fertility and their own reproductive health. The aim of this review article is to analyse the ways in which misinformation regarding hormonal contraception and narratives about fertility operates on social media, and to examine the significance of digital health literacy in this process. This qualitative review relies on a thematic synthesis of current research to explore these digital ecosystems. The data collected indicate that content published on platforms such as TikTok, YouTube, Instagram and X/Twitter is often dominated by personal testimonies, emotional accounts of side effects, mistrust of hormones, the idealisation of 'natural' methods, and oversimplified claims regarding fertility.Although social media can provide support, access to information and a sense of community, its algorithmic, visual and affective logic encourages the spread of incomplete, exaggerated or misleading content. A particularly significant problem is the discrepancy between the greater credibility of content produced by medical professionals and users' greater engagement with personal and non-professional content. The article highlights that countering misinformation requires not only correcting false claims, but also strengthening digital health literacy, improving contraceptive counselling, recognising patients' experiences, and creating more accessible, balanced and engaging health communication.

KEYWORDS

Misinformation About Reproductive Health, Social Media, Hormonal Contraception, Fertility Narratives, Digital Health Literacy

CITATION

Szymkowiak, J., Reczka, K., Zalewska, Z., & Woźniak, M. (2026). Reproductive health misinformation on social media: A review of hormonal contraception, fertility narratives, and digital health literacy among young women. *International Journal of Innovative Technologies in Social Science*, 4(52). https://doi.org/10.31435/ijitss.4(52).2026.6266

COPYRIGHT

© The author(s) 2026. This article is published as open access under the **Creative Commons Attribution 4.0 International License (CC BY 4.0)**, allowing the author to retain copyright. The CC BY 4.0 License permits the content to be copied, adapted, displayed, distributed, republished, or reused for any purpose, including adaptation and commercial use, as long as proper attribution is provided.

1.Introduction

Social media has become one of the most important platforms where young women seek information about health, the body, sexuality, contraception and fertility. It is no longer merely a supplement to traditional sources of medical knowledge, but functions as an everyday space for interpreting symptoms, comparing experiences, contrasting medical advice with the accounts of other users, and making decisions regarding reproductive health. In this context, health knowledge is not received solely in the form of structured expert advice, but circulates as a mix of short videos, personal stories, comments, influencer recommendations, educational content, adverts, emotional testimonials and algorithmically amplified trends.For young women, this form of communication may be appealing because it is fast, visual, accessible, seemingly authentic and often less stigmatising than a face-to-face conversation about sexuality or fertility in a doctor's surgery. At the same time, it is precisely these characteristics that make social media an environment particularly prone to oversimplification, selectivity, exaggeration, emotionalisation and health misinformation. [3, 4, 5, 10, 11, 12, 13, 17, 25, 27, 28]

The problem of health misinformation on social media has been well documented in relation to many medical topics, such as vaccinations, the COVID-19 pandemic, chronic diseases, alternative treatments and psychoactive substances. Existing reviews show that false or misleading health content is not a marginal phenomenon, but a constant feature of digital information ecosystems, in which unverified content can achieve wide reach, particularly when it is emotional, controversial or aligns with the audience's pre-existing beliefs.However, the reproductive health of young women requires separate analysis, as it combines high social sensitivity, bodily experiences, fear of side effects, uncertainty regarding fertility, inequalities in access to care, the intimate nature of decision-making, and the significant role of personal narratives. Misinformation in this area can affect not only knowledge but also trust in healthcare, the choice of contraceptive method, the continuation or discontinuation of hormonal contraception, the interpretation of symptoms, and the perception of one's own fertility. [4, 10, 11, 13, 21, 23, 26, 27, 29]

Hormonal contraception is a particularly important area. On the one hand, hormonal methods are among the most effective reversible methods of preventing pregnancy and also have numerous non-contraceptive uses, including regulating bleeding, reducing menstrual discomfort and treating selected dermatological and gynaecological problems. On the other hand, hormonal contraception is the subject of intense debate on social media, where narratives often focus on side effects, changes in mood, body weight and libido, 'hormonal imbalance', toxicity, a loss of connection with the natural cycle, and the alleged negative impact on future fertility. Some of these concerns relate to patients' real-life experiences and should not be dismissed; however, in social media discourse, they are sometimes presented in a one-sided manner, without any context regarding risk, without comparing methods, and without distinguishing between effects that are possible, common, rare, temporary or unconfirmed. [5, 6, 7, 9, 15, 16, 18, 21, 32, 33]

In recent years, there has been an increasingly clear shift towards 'natural' narratives in content relating to contraception. This includes the promotion of cycle tracking, fertility awareness methods, period tracking apps, thermometers, supplements, diet, 'hormonal detox' and the decision to stop using hormonal methods as a way of regaining control over one's body. This type of content may respond to the genuine needs of young women: a desire for greater agency, frustration with inadequate counselling, negative experiences with side effects, or a sense that medicine has ignored women's symptoms for too long. The problem arises when these narratives present natural methods as equally effective or trouble-free alternatives to hormonal contraception, whilst overlooking the importance of perfect adherence, cycle regularity, exercise, a partner's cooperation and the consequences of misuse. In this context, 'naturalness' ceases to be simply one of the patient's preferences and becomes an argument against evidence-based medicine. [7, 15, 21, 31, 32, 33]

TikTok, YouTube, Instagram and X/Twitter are not neutral channels for disseminating information. Each of these platforms has its own logic regarding visibility, content length, format, authority and engagement. Research into content relating to contraception shows that material created by medical professionals is usually more credible and rated higher in terms of quality, but does not always achieve the same level of popularity as content created by people without medical training. Short, personal, emotional posts about the side effects or withdrawal from the contraceptive pill may be easier to remember than a nuanced explanation of statistical risks. As a result, a young female audience member may encounter a large number of similar accounts and mistakenly interpret their repetition as evidence of frequency, even if the platform shows her content selected by an algorithm rather than being representative of the population. [5, 6, 7, 9, 15, 16, 18, 21, 23, 24]

The second key area concerns fertility narratives, covering fertility, infertility, infertility treatment, in vitro fertilisation, egg freezing, ovarian reserve, and the fear of losing fertility. Social media plays an ambivalent role here. For people experiencing difficulties conceiving, it can be a source of support, solidarity, normalisation of their suffering, information about procedures and a sense that they are not alone. At the same

time, fertility content is prone to oversimplification, commercialisation and promises without sufficient scientific basis. Research on fertility content reveals a prevalence of patient experiences, non-professional advice, unsourced content, statements whose credibility is difficult to assess, and information concerning diets, supplements, naturopathy or alleged factors impairing fertility. Such narratives may reinforce anxiety, feelings of guilt and the belief that fertility can be fully controlled through individual behaviour. [1, 2, 8, 19, 20, 22, 24, 32]

For young women, narratives about fertility are particularly significant, as they often emerge even before they actually start planning a pregnancy. Content about 'declining fertility', the 'biological clock', 'hormonal recovery', 'fertility after stopping contraception' or 'cleansing the body before pregnancy' can shape the way young women understand their own cycle, the risk of infertility and the relationship between contraception and future motherhood. One recurring myth is the belief that previous use of hormonal contraception permanently reduces fertility or significantly hinders conception after stopping it. The available evidence from reviews on the return of fertility following the discontinuation of contraception does not support a permanent negative impact of reversible contraceptive methods on the ability to conceive, although a short-term delay in the return of regular cycles may be interpreted by users as damage to fertility. This tension between individual experience and population-level evidence is one of the main mechanisms through which misleading narratives about reproduction arise. [21, 24, 31, 32, 33]

Digital health literacy provides the central framework for explaining young women's susceptibility to reproductive health misinformation. In this article, it is not understood solely as the ability to use the internet, but as the capacity to search for, understand, compare, evaluate and put into practice health information sourced from digital platforms. It also encompasses recognising the authority of the source, conflicts of interest, the quality of evidence, the limitations of personal testimony, platform mechanisms, and the distinction between educational, promotional, activist, entertainment and commercial content. For Generation Z and young adults, frequent internet use does not necessarily imply a high level of competence in evaluating medical information. Research suggests that young users are highly active in the digital space, but may still struggle to assess the credibility of health content, particularly when it is presented in an appealing, emotional and socially validated form. [17, 25, 26, 27, 28, 29, 30]

Existing research provides important but scattered findings. Some of the literature focuses broadly on health misinformation on social media, without specifically addressing reproductive health. Other studies analyse general misinformation concerning women's health, but cover a very broad range of topics, such as abortion, cancer, chronic diseases, vaccinations, pregnancy and maternal health. Another group of studies focuses on individual platforms or specific methods of contraception, such as the oral contraceptive pill, implants or content about infertility on TikTok, Instagram or YouTube. However, there is a lack of a comprehensive approach that would combine misinformation about hormonal contraception, fertility narratives and the digital literacy of young women within a single, clearly focused review of social media. [4, 5, 6, 7, 8, 9, 10, 11, 13, 15, 16, 18, 20, 21, 24]

The aim of this review article is therefore to analyse the ways in which young women encounter disinformation, half-truths and misleading narratives concerning hormonal contraception and fertility on social media, and to determine the importance of digital health literacy in interpreting this content. This article is not a general review of disinformation concerning women's reproductive health, nor is it an analysis of the internet as a whole as a source of medical knowledge. Its scope has been deliberately limited to social media platforms, young women and women of reproductive age, hormonal contraception, narratives about fertility, and digital literacy. This narrowing of focus allows us to capture the specific mechanism of contemporary reproductive disinformation: it does not consist solely of the dissemination of overtly false claims, but often involves an emotional, selective and algorithmically amplified combination of personal experiences, fears, criticism of medicine, commercial interests and incomplete scientific information. [5, 7, 8, 13, 15, 20, 21, 24, 25, 27, 29, 31, 32, 33]

From a public health perspective, the consequences of this phenomenon go beyond the accuracy of the information itself. Misinformation regarding hormonal contraception and fertility can lead to the unjustified discontinuation of effective methods, the choice of less effective methods without full awareness of the risks, increased anxiety about infertility, deepening mistrust of healthcare professionals, and delays in seeking medical advice. At the same time, the healthcare system's response cannot rely solely on simply 'debunking myths', as many anti-hormonal and pro-fertility narratives stem from real gaps in clinical communication: insufficient discussion of side effects, the marginalisation of patients' experiences, insufficient time allocated to counselling, and a lack of communication tailored to the digital habits of young women. An effective response requires a combination of reliable information, recognition of users' experiences, the enhancement of digital health literacy, and a more active presence of professionals on social media. [5, 6, 7, 9, 15, 16, 18, 21, 23, 25, 27, 28, 29]

2.Methodology

2.1 Review design

This article was designed as a focused narrative review incorporating elements of thematic synthesis. This approach was chosen because the issue under analysis is interdisciplinary in nature and encompasses reproductive health, health communication, social media, disinformation, patient experiences and digital health literacy. The aim of the review was not to conduct a meta-analysis or to quantitatively estimate the effect of exposure to disinformation, but rather to synthesise the available research findings and identify recurring patterns concerning hormonal contraception, fertility narratives and the digital literacy of young women in the social media environment. [4, 5, 10, 11, 13, 20, 21, 25, 26, 27]

2.2 Search strategy and source identification

The source material comprised 33 academic publications selected to address the topic of the review. Sources were identified primarily through targeted searches in the PubMed database, supplemented by a manual selection of publications particularly relevant to the scope of the article. The search strategy was structured around four main research themes: health misinformation on social media, hormonal contraception, narratives concerning fertility and infertility, and digital health literacy.

The search included combinations of terms such as: social media, TikTok, Instagram, YouTube, Twitter/X, Facebook, blogs, online communities, contraception, birth control, hormonal contraception, oral contraceptive pill, contraceptive implants, fertility, infertility, assisted reproductive technology, IVF, misinformation, misleading information, health misinformation, reproductive health misinformation, digital health literacy, eHealth literacy, health literacy and media literacy. [1–33]

The selection of sources was purposeful, as the article was based on publications including primary research, systematic reviews, scoping reviews, narrative reviews, content analyses, cross-sectional studies, qualitative studies, mixed-methods studies and family planning guidelines. The sources were analysed in terms of their suitability for addressing the review question: how do young women encounter misinformation or misleading narratives regarding hormonal contraception and fertility on social media, and what role does digital health literacy play in the interpretation of this content. [1–33]

2.3 Eligibility criteria

The review included publications that met at least one of the following substantive criteria: they concerned health misinformation on social media; they analysed content on hormonal contraception, the contraceptive pill, implants, IUDs or natural methods published on social media platforms; described narratives concerning fertility, infertility, infertility treatment or assisted reproduction in digital communities; examined the information-seeking behaviours of young women, women of reproductive age or young adults; or addressed digital health literacy, health literacy, media literacy or digital interventions in sexual and reproductive health. [1, 2, 5, 6, 7, 8, 9, 12, 15, 16, 18, 19, 20, 21, 24, 25, 26, 27, 28, 29, 31]

Content that was not directly related to social media, digital communication, contraception, fertility, infertility, reproductive health or digital literacy was excluded from the analysis. Potential sources of popular science, journalistic, commercial and non-scientific material were also excluded, as were publications that dealt exclusively with general internet use without reference to the social nature of communication. In the case of broad-ranging publications, such as general reviews of health disinformation or misinformation concerning women's reproductive health, these were used solely as theoretical and comparative background, without extending the scope of this article beyond hormonal contraception, fertility narratives, young women and social media. [4, 10, 11, 13, 14, 17, 23, 30]

2.4 Data extraction

Basic bibliographic information, the type of study, the aim of the study, the study population, the platform or digital environment analysed, the assessment tools used, the main findings and the limitations identified by the authors were extracted from each publication. In the case of studies analysing social media content, particular attention was paid to the type of platform, the number of posts or videos analysed, the type of content creator, the level of audience engagement, the subject matter of the content, the presence of misleading information, assessments of quality and credibility, and the relationship between content created by healthcare professionals and that created by people without medical training. [5, 6, 7, 8, 9, 15, 16, 18, 22, 24]

In the case of studies on infertility and fertility, information was identified regarding the role of social media in patients' experiences, including emotional support, the exchange of information, the normalisation of experiences, comparisons with others, the presence of non-evidence-based advice, and the potential impact of digital content on stress, anxiety and health decisions. For publications on digital health literacy, the analysis covered definitions of digital competence, measurement tools, the relationship between internet use and health agency, and the importance of media and health education in assessing the quality of information. [1, 2, 19, 20, 22, 24, 25, 26, 27, 28, 29]

2.5 Quality appraisal

Given the heterogeneity of the sources, a qualitative assessment of the reliability and usefulness of the studies was carried out, rather than using a single tool to assess the risk of error across all publications. The assessment focused primarily on the clarity of the study's objective, the appropriateness of the research design, the method of sample or material selection, the description of the analytical procedure, the tools used to assess the quality of information, the consistency of the results with the data presented, and the relevance of the study to the scope of this review. Greater interpretative weight was given to publications directly concerning social media, hormonal contraception, fertility or digital health literacy than to studies covering a very broad range of topics. [5, 6, 7, 8, 9, 18, 21, 24, 25, 26, 27]

Studies on online content took into account the use of standardised or partially standardised tools for assessing quality and reliability, such as DISCERN, modified DISCERN, the Global Quality Scale, CRAAP and PEMAT-A/V. Studies on digital health literacy took into account the use of scales or tools relating to eHealth literacy, health literacy, media literacy and the effects of educational interventions. Systematic and scoping reviews were assessed in terms of the clarity of the research question, search strategy, inclusion criteria, method of data synthesis and adherence to the stated methodology. Family planning guidelines were treated as a contextual and reference source for clinical knowledge, rather than as empirical research. [6, 7, 8, 9, 18, 20, 25, 26, 27, 31, 32, 33]

2.6 Data synthesis

The data synthesis was carried out thematically. Following an initial analysis of the sources, the findings were grouped into several recurring categories: the quality of information on hormonal contraception on social media, the predominance of narratives about side effects, anti-hormonal narratives and the idealisation of natural methods, fertility and infertility as areas of both support and misinformation, the myth of permanent loss of fertility following contraception, the relationship between professional and non-professional content creators, the importance of trust in healthcare, and the role of digital health literacy. These categories were then used to structure the Results and Discussion sections. [1, 2, 5, 6, 7, 8, 9, 15, 16, 18, 19, 20, 21, 23, 24, 25, 26, 27, 28, 29, 31, 32, 33]

No statistical synthesis was carried out due to the diversity of research projects, populations, platforms, measurement tools and data types. The sources analysed included quantitative content analysis, qualitative studies, reviews, cross-sectional studies and guidance documents. For this reason, the most appropriate method for integrating the findings was a narrative and thematic synthesis, enabling the identification of recurring mechanisms of disinformation and their significance for young women who use social media as a source of information on contraception and fertility. [1–33]

2.7 Scope and limitations of the review

The scope of the review was deliberately narrowed to social media, young women and women of reproductive age, hormonal contraception, fertility narratives, and digital health literacy. This limitation has made it possible to avoid an overly broad approach to misinformation in women's reproductive health and to focus on the specific mechanism whereby decisions regarding contraception and fertility are shaped by social media content, experiential narratives and the digital literacy of female audiences. At the same time, the review has limitations arising from the deliberate selection of a closed set of sources, the methodological heterogeneity of the analysed publications, and the fact that many studies concern individual platforms, selected hashtags or short observation periods. [4, 5, 6, 7, 8, 9, 13, 15, 17, 20, 24, 25, 26, 27, 29]

3.Results

3.1 Social media as the dominant environment for reproductive information-seeking

The publications analysed show that social media has become a significant environment for obtaining information on contraception, fertility, infertility and reproductive health, particularly amongst young women and people of reproductive age. Platforms such as TikTok, YouTube, Instagram, X/Twitter, Facebook, blogs and patient forums are used not only for passively consuming content, but also for sharing experiences, comparing symptoms, seeking support and verifying advice received from healthcare professionals. In the case of reproductive health, the importance of these platforms is heightened by the intimate and often stigmatised nature of the subject: users can seek information anonymously, quickly and outside formal contact with the healthcare system. [1, 2, 5, 7, 12, 17, 19, 20, 24, 25, 28]

Research findings on infertility and assisted reproduction indicate that women very often use the internet and social media to gain a better understanding of their diagnosis, treatment methods, the chances of success, and the experiences of other patients. In one study, 99% of women seeking advice on infertility reported using the internet to search for information on infertility or ART, with the most frequently searched topics including treatment options, success rates and causes of infertility. Other studies show a similar pattern: patients undergoing treatment for infertility often regard digital resources as a complement to clinical care, although their information needs are not always fully met. [1, 2, 19, 20, 22, 24]

3.2 The quality of information on hormonal contraception on social media

The most consistent finding across the studies analysed concerns the uneven quality of content on hormonal contraception published on social media. Research on TikTok, YouTube and other platforms indicates that content relating to contraceptive pills, implants, IUDs and hormonal methods often has low or moderate quality according to tools such as DISCERN, modified DISCERN, the Global Quality Scale, CRAAP or PEMAT-A/V. Content created by healthcare professionals usually receives higher ratings for reliability, accuracy and quality; however, it constitutes a smaller proportion of the overall content ecosystem or does not always achieve the highest levels of audience engagement. [5, 6, 7, 8, 9, 18, 21]

Content analyses of oral hormonal contraception on TikTok indicate that the most frequently discussed topic is the effects of contraception, particularly side effects and bodily experiences. In a study covering 574 videos on oral contraception, the average scores for quality and reliability were low, and creators who were medical professionals achieved significantly higher ratings than those without medical training. At the same time, non-educational content generated greater engagement than educational material, suggesting a discrepancy between the quality of information and its public visibility. [6]

Similar findings were reported in studies analysing popular TikTok content relating to contraception. In one analysis covering 100 videos from the most popular contraception-related hashtags, only 10% of the content was created by medical professionals, whilst the total number of views for the analysed videos ran into the billions. The content was characterised by low quality and poor credibility, and there was a clear trend towards promoting natural methods at the expense of hormonal contraception, often without adequately addressing limitations in effectiveness, the risk of user error and the consequences of unplanned pregnancy. [7]

3.3 The dominance of narratives about side effects and bodily experiences

In the publications analysed, the theme of the body as the central focus of narratives about hormonal contraception recurs. Users describe changes in mood, body weight, libido, skin, bleeding, headaches, mental well-being and a sense of being ‘disconnected’ from their own cycle. A study of German YouTube videos concerning the use and discontinuation of the contraceptive pill showed that the most commonly reported symptoms whilst taking the pill included mood swings, weight gain, headaches and low mood, whilst after discontinuation, skin changes, reduced mood swings, hair loss and weight loss were frequently described. [5, 15, 16, 21]

The promotion of fertility awareness methods, cycle monitoring and fertility tracking apps emerges in the analysed sources as an important element of contemporary reproductive narratives. Such content may increase interest in the menstrual cycle and fertility education; however, it often presents natural methods as a simple and equivalent alternative to hormonal contraception. Research has emphasised that the actual effectiveness of fertility awareness methods depends on cycle regularity, adequate training, consistency, accuracy of measurements and adherence to guidelines, and that their typical effectiveness may differ significantly from that achieved under conditions of perfect use. [7, 15, 31, 33]

3.4 Fertility, infertility and the emotional architecture of content

Content relating to fertility and infertility on social media is heavily dominated by personal narratives. A TikTok study on fertility and ART, covering 1,905 posts, showed that the majority of content was created by people who had experienced fertility difficulties, whilst doctors accounted for a significantly smaller proportion of creators. Personal and experiential posts were the most common, followed by educational content. Broad search terms, such as 'infertility', 'fertility' or 'IVF', generated greater engagement than more specialised medical terms, suggesting that users are more likely to come across emotional and colloquial content than neutral clinical messages. [1, 2, 8, 19, 20, 22, 24]

In infertility communities, social media plays both a supportive and a risky role. Research into forums, blogs and online communities shows that users find solidarity there, a sense that their experiences are normal, the opportunity to tell their own stories, and practical information about treatment. At the same time, these platforms also feature unsubstantiated advice, comparisons that exacerbate stress, commercial recommendations, pressure to adopt certain lifestyles, and content that may reinforce feelings of guilt. A scoping review on infertility and online communities identified four main areas: the psychosocial impact of infertility in digital spaces; coping strategies and peer support; the exchange of information and misinformation; and issues of gender, equality and a global perspective. [19, 20, 22, 24]

Narratives linking fertility to individual control are particularly prominent. In some of this content, responsibility for fertility is presented as the result of diet, supplementation, stress reduction, 'detox', lifestyle choices or avoiding hormones. Whilst certain health behaviours may be important for general well-being, oversimplified messages suggesting complete control over fertility may place an excessive burden on women by holding them responsible for biological processes that are complex, partly unpredictable and also dependent on factors such as their partner, age, medical conditions, access to diagnostic tests and the quality of care. [8, 13, 19, 20, 22, 24, 32, 33]

3.5 The myth of permanent loss of fertility following hormonal contraception

One of the most significant recurring themes is the fear that hormonal contraception may permanently damage fertility or significantly hinder conception after discontinuation. The analysed sources indicate that this fear is present in both content about contraception and narratives concerning fertility. Situations in which the menstrual cycle does not immediately return to regularity after stopping contraception, or where a woman does not become pregnant as quickly as she had expected, are particularly prone to misinterpretation. Such experiences are sometimes interpreted as evidence of the harmful effects of previous contraception, even though a delay in conception may result from many other factors. [15, 16, 21, 31, 32, 33]

A systematic review and meta-analysis on the return of fertility following the discontinuation of contraception showed that the use of contraception does not have a lasting negative effect on the ability to conceive after stopping its use. In an analysis of 22 studies involving 14,884 women, the cumulative pregnancy rate within 12 months of discontinuing contraception was 83.1%, and there was no significant difference in this outcome between users of hormonal methods and IUDs. These findings contrast with the oversimplified narratives found on social media, where a delayed return of menstruation, an irregular cycle or difficulties in conceiving are often attributed to hormonal contraception itself. [21, 32, 33]

3.6 Healthcare professionals: greater credibility, limited competitive edge in communication

Research findings indicate that healthcare professionals publish content that is more credible, more accurate and rated higher in terms of quality, but they are not always able to compete with personal narratives in terms of emotional appeal and engagement. In studies of TikTok and YouTube, content created by healthcare professionals scored higher in terms of quality, authority and accuracy, but material created by private individuals more frequently utilised the language of personal experience, strong emotions, the short-story format and mechanisms for fostering identification. This suggests that the problem of disinformation stems not only from a lack of accurate information, but also from the mismatch between the format of professional communication and the logic of social media platforms. [5, 6, 7, 8, 9, 18, 24]

Some research also suggests that young women do not always expect social media to provide traditional medical education. Rather, they are looking for a combination of knowledge, experience, empathy, normalisation and practical advice. Therefore, professional content, even if accurate, may be less effective when it fails to address patients' real concerns, does not explain how treatments work, does not discuss side effects openly, or uses overly technical language. In this sense, the findings suggest that effective professional communication should combine scientific accuracy with a format that is understandable, platform-friendly and sensitive to users' experiences. [5, 12, 18, 21, 25, 27, 28, 29]

3.7 Digital health literacy as a mediating factor

The sources analysed confirm that frequent use of the internet and social media alone does not imply high digital health literacy. Research on Generation Z shows that young users are more likely than older age groups to use the internet to search for health information, but this does not always translate into a greater sense of health agency or a better assessment of the quality of information. Digital health literacy encompasses not only access to content, but also the ability to evaluate sources, recognise the sender's intentions, compare information, identify conflicts of interest, and distinguish between individual experiences and population-level data. [17, 25, 26, 27, 28, 29]

Research on media literacy and health literacy indicates that skills relating to access, analysis, evaluation and communication influence the level of health literacy. In one study, media literacy was significantly associated with health literacy, and the sub-dimensions of access and analysis increased the likelihood of a higher level of health literacy. Meanwhile, a pilot digital health literacy intervention for young adults showed that educational programmes covering information retrieval and the evaluation of content on social media are well received and can increase knowledge regarding the use of online health information. [25, 26, 27]

3.8 Trust, correcting misinformation and the limitations of simply 'debunking myths'

The findings indicate that health misinformation on social media is linked to trust in the healthcare system. A cross-sectional study on the perception of health disinformation on social media and trust in the healthcare system found that people who perceived a significant amount of disinformation were more likely to have low trust in the healthcare system. This association was particularly strong among those reporting experiences of discrimination in healthcare, suggesting that misinformation has a greater impact where patients' previous experiences have undermined their trust in medical institutions. [13, 21, 23, 29]

Corrective interventions may reduce some misconceptions, but their impact is limited. A study on satirical and non-satirical corrections of contraceptive misinformation on TikTok found that the corrections reduced misconceptions and positive attitudes towards natural methods, but did not consistently lead to greater acceptance of accurate claims or more positive attitudes towards hormonal contraception. This finding suggests that simply correcting false information is not enough unless it is accompanied by rebuilding trust, recognising women's experiences and improving the quality of counselling. [15, 21, 23, 27, 28, 29]

3.9 The potential of digital interventions and communication designed with the involvement of young women

Despite the risks, the publications analysed also point to the potential of social media as a tool for health promotion. Reviews of digital and social media interventions show that online activities can improve knowledge, attitudes, selected health behaviours and audience engagement, particularly if they are interactive, tailored to the target group and designed with the actual needs of female users in mind. Studies focusing on young women have emphasised the importance of co-designing content, using non-shaming language, maintaining body neutrality, taking social comparison into account, and creating materials that are both reliable and consistent with the platform's format. [12, 25, 27, 28, 29, 30, 31]

In the field of sexual and reproductive health, effective digital initiatives should not be limited to the dissemination of facts. The findings indicate that strategies are needed which combine education on contraception, fertility and information evaluation with building trust, empowering individuals, improving the quality of counselling, and ensuring the presence of professionals in the spaces where young women actually seek knowledge. Digital health literacy should be understood both as an individual's competence and as the responsibility of institutions, platforms and the healthcare system to create an information environment in which reliable content is accessible, understandable and visible. [12, 23, 25, 26, 27, 28, 29, 31, 33]

4.Discussion

4.1 From isolated false claims to a narrative ecosystem

The findings of this review indicate that disinformation concerning young women's reproductive health on social media should not be understood solely as the presence of isolated, blatantly false claims. It is more appropriate to view it as an ecosystem of narratives, in which personal experiences, selectively presented side effects, mistrust of medicine, commercial interests, algorithmic visibility and limited digital health literacy reinforce one another. In such an environment, content does not need to be entirely untrue to be misleading. It is sufficient for it to present a real-life experience without clinical context, to omit the prevalence of the phenomenon, to fail to distinguish between correlation and causation, or to suggest universal conclusions based on an individual case history. [4, 5, 10, 11, 13, 21, 23, 25, 26, 27]

This shift is particularly important in relation to hormonal contraception and fertility, as both areas are closely linked to physicality, emotions, identity, anxiety and future life plans. Narratives about 'hormonal disruption', 'restoring the natural cycle', 'post-contraceptive detox' or 'loss of fertility after taking the pill' do not function solely as medical information. They function as stories about control over one's body, disappointment with the healthcare system, the need for agency, and the search for alternatives to experiences that some women feel have been disregarded by healthcare professionals. Therefore, a simple factual correction may be insufficient if it does not address the emotional and social roots of these narratives. [5, 7, 13, 15, 16, 21, 31, 32, 33]

4.2 Hormonal contraception as a medical technology and a symbolic point of conflict

Hormonal contraception in social media functions simultaneously as a medical method, a bodily experience and a symbolic point of conflict between evidence-based medicine and a growing desire for 'naturalness'.From a clinical perspective, hormonal methods are effective, reversible means of preventing pregnancy, and some of them also offer non-contraceptive benefits. From the users' perspective, however, they also constitute an intervention in the body's day-to-day functioning, mood, menstrual bleeding, libido, skin appearance and sense of personal autonomy. On social media, these two perspectives often diverge: professional messaging emphasises effectiveness, safety and the balance of benefits, whilst users' narratives highlight feelings, disappointment, uncertainty and, at times, a loss of trust. [5, 6, 7, 15, 16, 18, 21, 32, 33]

An important conclusion is that criticism of hormonal contraception should not automatically be classified as misinformation. Side effects, dissatisfaction with the method, difficulties in selecting a suitable preparation, or negative experiences when dealing with medical staff are real aspects of patients' experiences. The problem arises when an individual account is presented as evidence of the general harmfulness of hormonal methods, or when differences between preparations, doses, routes of administration, contraindications and risk profiles are overlooked. For this reason, combating misinformation cannot involve invalidating women's experiences, but rather contextualising them appropriately within clinical knowledge. [5, 6, 15, 16, 21, 31, 32]

4.3 Naturalness as an attractive but risky interpretative framework

One of the most important interpretive mechanisms present in the analysed sources is the contrast between 'natural' and 'hormonal'. In social media posts, naturalness is often equated with safety, authenticity, health and greater harmony with the body, whilst hormonal contraception is portrayed as artificial, burdensome or disruptive. Such a framework is appealing from a communication perspective, as it simplifies a complex issue and imposes a moral order upon it: natural means good, synthetic means suspect. From a public health perspective, however, this is problematic, as the effectiveness and safety of a contraceptive method do not stem from its 'naturalness', but from its mechanism of action, method of use, contraindications, typical use and suitability for the patient's situation. [7, 15, 21, 31, 32, 33]

Promoting fertility awareness or cycle-tracking methods can have a positive educational aspect if it enhances understanding of the menstrual cycle, ovulation and the physiology of fertility. The risk arises when these methods are presented as simple, universal and equivalent alternatives to hormonal methods, without discussing the limitations of typical use. On social media, the message about 'regaining control' is often more prominent than information about the need for training, consistency, a regular cycle, abstinence or contraception on fertile days, and the risk of user error. Consequently, young women may make reproductive decisions based on a narrative that emphasises autonomy but fails to provide full information about the risk of unplanned pregnancy. [7, 15, 21, 31, 33]

4.4 The myth of infertility following contraceptive use as an example of the tension between experience and evidence

The fear that hormonal contraception may permanently reduce fertility is one of the most significant examples of the conflict between experiential narratives and population-based evidence. For a user who, after stopping the pill, experiences irregular cycles, missed periods or difficulty conceiving, the causal link may seem obvious. Social media further reinforces this impression, as similar stories are easily found and algorithmically amplified. However, data from a review on the return of fertility after stopping contraception do not support a lasting negative impact of reversible contraceptive methods on the ability to conceive. [15, 16, 21, 31, 32, 33]

This example illustrates why digital health literacy is crucial. The user must be able to distinguish between temporal association and causation, between individual experience and population-level risk, and between a short-term disruption to the menstrual cycle and permanent infertility. At the same time, clinicians should provide clearer explanations of what to expect after stopping contraception, when an irregular cycle warrants consultation, and what factors other than previous contraceptive use may influence the time taken to conceive. Without such guidance, the interpretative space is easily filled by alarmist narratives. [21, 25, 26, 27, 31, 32, 33]

4.5 The credibility of experts is not enough without adapting the form of communication

The studies analysed consistently indicate that content created by medical professionals is usually more accurate and rated higher in terms of quality, but does not always generate the greatest engagement. This means that the problem lies not solely in a lack of experts on social media, but in the fact that professional communication often loses out to content that is more emotional, personal and narratively simpler. Social media platforms favour conciseness, emotion, conflict, authenticity and relatability, whilst medical communication requires nuance, conditionality and caution. [5, 6, 7, 8, 9, 18, 24]

In practice, this means that communication strategies need to be revised. A professional social media presence should not be limited to publishing simplified versions of medical leaflets. Content must address specific concerns: ‘Do the tablets affect fertility?’, ‘What is normal after stopping the treatment?’, ‘When do side effects require a change of method?’, ‘Are natural methods effective?’, ‘How can one distinguish between personal experience and evidence?’. At the same time, the message should strike a balance: it should not demonise natural methods, nor idealise hormonal ones, nor make patients feel ashamed, but should clearly communicate effectiveness, limitations and risks. [5, 6, 7, 15, 18, 21, 27, 28, 31, 33]

4.6 Digital health literacy as an individual competence and a systemic responsibility

Digital health literacy is one of the most important interpretative frameworks for understanding young women’s vulnerability to reproductive misinformation. However, it cannot be reduced to the technical ability to use the internet. Young women may be heavy users of TikTok, Instagram or YouTube, yet still struggle to assess the quality of evidence, recognise hidden advertising, distinguish an expert from an influencer, or understand why the prevalence of similar videos does not mean the phenomenon is representative. High exposure to digital content is not synonymous with high resilience to disinformation. [17, 25, 26, 27, 28, 29, 30]

At the same time, responsibility cannot be placed solely on female users. If reliable information is difficult to find, less appealing, lower in search rankings, written in institutional language, or ill-suited to the real questions young women have, then even a strong motivation to seek knowledge may not be enough. Digital health literacy should be understood more broadly: as a combination of users’ competencies, the quality of professional communication, the responsibility of platforms, the accessibility of health services, and the healthcare system’s ability to be present in the digital spaces where reproductive decisions are actually shaped. [12, 23, 25, 26, 27, 28, 29, 30]

4.7 Trust as a prerequisite for effectively countering misinformation

The findings suggest that reproductive misinformation is closely linked to trust in the medical profession. Young women do not interpret content about contraception and fertility in a vacuum, but through the prism of their previous experiences with the healthcare system, the quality of the advice they have received, instances where their symptoms were dismissed, the availability of a doctor, and the way side effects are communicated. If a patient feels that her concerns have been ignored, content on social media based on a similar experience may seem more credible than an official statement. For this reason, countering misinformation requires not only improving the information provided, but also improving the clinical relationship. [5, 13, 21, 23, 28, 29, 33]

Research on correcting misinformation shows that corrections can reduce misconceptions, but do not necessarily automatically increase trust in hormonal contraception or acceptance of true statements. This is an important finding: factual 'myth-busting' may work at the level of a specific belief, but it does not resolve the deeper problem of mistrust, dissatisfaction with counselling, and the appeal of natural narratives. Interventions that combine correcting errors with empathetic acknowledgement of concerns, explaining mechanisms, presenting options and strengthening the ability to evaluate content independently may be more effective. [15, 21, 23, 25, 27, 28, 29]

4.8 Implications for contraceptive counselling

It is crucial for clinical counselling to recognise that patients often arrive at the clinic with knowledge already shaped by social media. The doctor or other healthcare professional is not the primary source of information, but rather one participant in a wider interpretative ecosystem. Therefore, questions about sources of knowledge should form part of a routine conversation about contraception: what content has the patient seen, what are her concerns, what stories has she remembered, what methods is she considering, and what does she understand by 'natural' or 'impact on hormones'? Such a conversation allows inaccuracies to be corrected without a confrontational tone and without suggesting that the patient's experiences are unimportant. [5, 6, 7, 16, 18, 21, 31, 33]

Counselling should also discuss side effects and management strategies more explicitly, rather than merely reassuring the patient about safety. A young woman should be informed about which symptoms may occur, which usually subside, when it is advisable to change methods, what the alternatives are, and when consultation is necessary. This approach can reduce subsequent feelings of surprise or betrayal, which often fuel negative online narratives. Paradoxically, transparently discussing the limitations of hormonal methods can actually build trust, as it demonstrates that the healthcare professional is not trying to sell a particular method, but is supporting an informed choice. [5, 15, 16, 18, 21, 31, 32, 33]

4.9 Implications for public health and content design

From a public health perspective, interventions are needed that compete not only on content but also on form. Reliable information on hormonal contraception and fertility should be concise, visual, understandable, easy to share and based on questions that actually arise on social media. At the same time, they must not be reduced to paternalistic messages such as 'that's a myth' or 'trust your doctor'. An explanatory approach may be more effective: what we know, what we do not know, when a symptom is clinically significant, how to compare risks, how to assess a source, and how to recognise commercial content. [6, 7, 12, 18, 25, 26, 27, 28, 30]

It is also important to co-design content with young women. Research on digital interventions and health promotion programmes on social media indicates that acceptability and engagement increase when female audiences participate in the design of messages, and the messaging takes into account their language, concerns, experiences and barriers. In the area of contraception and fertility, this means creating content that not only conveys knowledge but also addresses fears about side effects, the need for autonomy, mistrust of hormones, interest in the menstrual cycle, and pressure relating to future fertility. [12, 25, 27, 28, 29, 30, 31]

4.10 Research gaps and limitations of interpretation

The sources analysed reveal a growing interest in reproductive disinformation on social media, but research gaps remain evident. Many studies focus on individual platforms, specific hashtags, short data-collection periods, or English-language content. This limits the ability to generalise the findings to other cultural and linguistic contexts and healthcare systems. Furthermore, whilst most studies analyse the quality and nature of the content, they less frequently measure the actual impact of exposure on contraceptive decisions, discontinuation of methods, the choice of natural methods, or the postponement of consultations. [4, 5, 6, 7, 8, 9, 13, 15, 18, 20, 24]

Another gap is the insufficient integration of research on reproductive content with research on digital health literacy. It is known that young women are heavy users of social media and that the quality of some of the content is poor, but less is known about which specific skills protect against accepting misleading narratives. Future research should analyse not only what content is published, but also how users interpret it, which elements they consider credible, how they compare personal accounts with medical advice, and what conditions facilitate a change in beliefs.Consequently, there is a clear need for future studies to assess whether these algorithmic and narrative patterns manifest similarly in local markets, such as Poland, where regional healthcare dynamics and linguistic nuances may influence user engagement. [17, 25, 26, 27, 28, 29, 30]

4.11 A synthetic interpretation

This review indicates that misinformation regarding hormonal contraception and fertility on social media is a complex phenomenon, as it arises at the intersection of patients' real-life experiences, uneven quality of counselling, low visibility of professional content, algorithmic amplification of emotions, and limited digital health literacy. Its effects may include unfounded fear of hormones, the idealisation of natural methods, misconceptions about fertility following the discontinuation of contraception, a decline in trust in professionals, and decision-making based on incomplete information. The response should be equally multifaceted: improved counselling, active and engaging professional communication, education on digital health literacy, co-designing content with young women, and recognising that the patient's experience and scientific evidence must be integrated, rather than pitted against one another. [1–33]

5. Conclusions

5.1 Summary of the main findings

This review shows that disinformation concerning hormonal contraception and fertility on social media is not merely a collection of isolated false claims, but a complex communicative phenomenon. It arises at the intersection of personal experiences, algorithmic visibility, emotional language, the poor quality of some content, commercial interests and unequal levels of digital health literacy. It is particularly important to note that many of these messages are not entirely false, but misleading: they are based on women's real-life experiences, but present them without clinical context, without information on the prevalence of the phenomenon, without a comparison of methods, and without a clear distinction between individual accounts and scientific evidence. [4, 5, 6, 7, 10, 11, 13, 15, 21, 23, 25, 26, 27]

5.2 Hormonal contraception and narratives of fertility

With regard to hormonal contraception, the dominant themes are side effects, the impact on mood, body weight, libido, skin, menstruation, the 'naturalness' of the cycle, and fears of losing fertility. Social media amplifies the visibility of emotional stories, which are often more engaging than the nuanced educational content produced by professionals. At the same time, the analysis indicates that critical accounts from female users should not be automatically dismissed as misinformation, as they often reveal genuine gaps in contraceptive counselling, a lack of satisfactory discussion of side effects, and insufficient recognition of patients' experiences. It is only when these experiences are generalised into claims about the universal harmfulness of hormonal methods that this becomes a problem. [5, 6, 7, 15, 16, 18, 21, 31, 32, 33]

Narratives around fertility on social media are similarly ambivalent in nature. On the one hand, digital platforms can offer support, solidarity and a sense of community to people experiencing infertility or fertility-related anxiety. On the other hand, they can reinforce the pressure to control one's fertility, feelings of guilt, comparisons with others, and a belief in simplistic solutions such as supplements, diets, 'hormonal detoxes' or completely giving up hormonal contraception as a condition for regaining fertility. A particularly significant myth is the belief that reversible hormonal contraception permanently reduces fertility, even though the available data do not support a lasting negative impact of contraceptive use on the ability to conceive after discontinuation. [1, 2, 8, 19, 20, 22, 24, 31, 32, 33]

5.3 The importance of digital health literacy

Digital health literacy provides a key framework for understanding young women's vulnerability to misinformation about reproductive health. Frequent use of social media does not automatically imply the ability to assess the quality of health information. Young female users may be adept at navigating TikTok, Instagram or YouTube, yet still struggle to assess a source's credibility, recognise hidden advertising, understand conflicts of interest, distinguish between anecdotal evidence and population-based data, or interpret medical risks. Therefore, digital education in the field of reproductive health should cover not only information retrieval but also the critical evaluation of sources, an understanding of how platforms work, and an awareness that the high popularity of content does not equate to its reliability. [17, 25, 26, 27, 28, 29, 30]

5.4 Implications for clinical practice and public health

The findings of the review indicate that combating misinformation cannot be limited to simply debunking myths. Better contraceptive counselling is needed, in which the healthcare professional actively asks the patient about content they have seen on social media, acknowledges their concerns, explains possible side effects, discusses alternatives and helps them distinguish between personal experience and clinical

knowledge. Such a conversation should empower informed choice, rather than imposing a single method. Paradoxically, transparently discussing the limitations of hormonal contraception may actually increase trust, as it demonstrates that the aim of counselling is not to defend a specific medical technology, but to provide genuine support for the patient's reproductive decision. [5, 6, 7, 15, 16, 18, 21, 31, 32, 33]

From a public health perspective, there is a need for a more active, engaging and platform-specific presence of medical professionals and healthcare institutions on social media. Reliable content should be concise, easy to understand, visual, easy to share and based on the real questions asked by young women. At the same time, it should avoid paternalism, shaming and simply pitting 'science' against 'the internet'. Strategies that combine medical credibility with empathetic language, co-designing messages with young women, and education on how to evaluate online health information hold the greatest potential. [6, 7, 12, 18, 25, 27, 28, 29, 30]

5.5 Directions for further research

Further research should go beyond mere analysis of content quality and more frequently assess the actual impact of social media exposure on contraceptive decisions, discontinuation of hormonal methods, the choice of natural methods, levels of fertility anxiety, and trust in healthcare professionals. Research covering different cultural and linguistic contexts and healthcare systems is also needed, as most available analyses focus on selected platforms, short observation periods or English-language content. It will be particularly important to combine research on reproductive content with research on digital health literacy, in order to determine which skills most effectively protect young women from misleading narratives. [4, 5, 6, 7, 8, 9, 13, 17, 20, 24, 25, 26, 27, 29, 30]

5.6 Concluding remarks

Social media is currently one of the most important platforms shaping young women's knowledge, fears and reproductive decisions. Its role is not entirely negative: it can provide support, access to information and a sense of community. At the same time, its nature encourages the spread of emotional, oversimplified and incomplete content, particularly in areas as sensitive as hormonal contraception and fertility. An effective response requires a combination of reliable medical knowledge, improved counselling, empathetic communication, the presence of professionals on social media, and a systematic approach to enhancing young women's digital health literacy. [1–33]

Author Contributions:
Conceptualization: Julia Szymkowiak
Methodology: Julia Szymkowiak, Zuzanna Zalewska
Software: Karolina Reczka, Julia Szymkowiak
Check: Julia Szymkowiak, Maria Woźniak
Validation/Check: Karolina Reczka, Julia Szymkowiak, Maria Woźniak, Zuzanna Zalewska
Formal Analysis: Karolina Reczka, Julia Szymkowiak
Investigation: Julia Szymkowiak, Zuzanna Zalewska
Resources: Julia Szymkowiak, Karolina Reczka, Maria Woźniak
Data curation: Julia Szymkowiak, Zuzanna Zalewska, Karolina Reczka
Writing – rough preparation:, Julia Szymkowiak, Maria Woźniak
Writing – Review and Editing: Julia Szymkowiak, Maria Woźniak
Supervision / Project Administration: Julia Szymkowiak, Zuzanna Zalewska
All authors have read and agreed to the published version of the manuscript.

Statement on the Use of AI-Assisted Technologies: The authors employed ChatGPT during the drafting of this work solely to refine linguistic expression and improve clarity. All AI-generated suggestions were carefully reviewed and edited by the authors, who take complete accountability for the final content and scientific integrity of the article.

REFERENCES

1. Bannour, I., Guerbej, E., Romdhani, M., Bannour, R., Abbassi, H., Dali, S., Chahed, S., & Boughizane, S. (2026). Internet and media use in the context of infertility and assisted reproductive technology: Empowerment or overload? *Cureus, 18*(4), e107689. https://doi.org/10.7759/cureus.107689
2. Brochu, F., Robins, S., Miner, S. A., Grunberg, P. H., Chan, P., Lo, K., Holzer, H. E. G., Mahutte, N., Ouhilal, S., Tulandi, T., & Zelkowitz, P. (2019). Searching the internet for infertility information: A survey of patient needs and preferences. *Journal of Medical Internet Research, 21*(12), e15132. https://doi.org/10.2196/15132
3. Aftab, N. (2025). Social media use during pregnancy: Risks and benefits for women's health. *Cureus, 17*(8), e90410. https://doi.org/10.7759/cureus.90410
4. Yeung, A. W. K., Tosevska, A., Klager, E., Eibensteiner, F., Tsagkaris, C., Parvanov, E. D., Nawaz, F. A., Völkl-Kernstock, S., Schaden, E., Kletecka-Pulker, M., Willschke, H., & Atanasov, A. G. (2022). Medical and health-related misinformation on social media: Bibliometric study of the scientific literature. *Journal of Medical Internet Research, 24*(1), e28152. https://doi.org/10.2196/28152
5. Caron, J., & Cahill, E. P. (2025). #Birth control: Contraception conversations on social media. *Current Opinion in Obstetrics and Gynecology, 37*(6), 409–415. https://doi.org/10.1097/GCO.0000000000001070
6. Shackleford, M., Horvath, A., Repetto, M., Thi, A., Twells, R., Sanders, M., Fernandez, S., Netski, D., Batra, K., Gomez, N., & Free, L. (2024). An analysis of oral contraceptive related videos on tiktok. *AJOG Global Reports, 4*, 100364. https://doi.org/10.1016/j.xagr.2024.100364
7. de Moel-Mandel, C., Donnelly, A., & Bugden, M. (2025). "Do you know what birth control actually does to your body?": Assessing contraceptive information on tiktok. *Perspectives on Sexual and Reproductive Health, 57*, 358–367. https://doi.org/10.1111/psrh.70025
8. Dhanoya, T., O'Marcaigh, K., Sambare, T., Sarris, I., & Vigneswaran, K. (2025). #Misinformation: The perils of using social media for medical advice regarding infertility. *Human Fertility, 28*(1), 2506787. https://doi.org/10.1080/14647273.2025.2506787
9. Mutlu Sütcüoğlu, B., & Güler, M. (2024). Social media videos on contraceptive implants: An assessment of video quality and reliability. *Journal of Pediatric and Adolescent Gynecology, 37*, 39–44. https://doi.org/10.1016/j.jpag.2023.08.004
10. Suarez-Lledo, V., & Alvarez-Galvez, J. (2021). Prevalence of health misinformation on social media: Systematic review. *Journal of Medical Internet Research, 23*(1), e17187. https://doi.org/10.2196/17187
11. Wang, Y., McKee, M., Torbica, A., & Stuckler, D. (2019). Systematic literature review on the spread of health-related misinformation on social media. *Social Science & Medicine, 240*, 112552. https://doi.org/10.1016/j.socscimed.2019.112552
12. Henderson, M. J., & Gow, M. L. (2023). A scoping review of health promotion interventions delivered via social media to women of reproductive age. *Public Health Nutrition, 26*(12), 3173–3189. https://doi.org/10.1017/S136898002300246X
13. John, J. N., Gorman, S., Scales, D., & Gorman, J. (2025). Online misleading information about women's reproductive health: A narrative review. *Journal of General Internal Medicine, 40*(5), 1123–1131. https://doi.org/10.1007/s11606-024-09118-6
14. Alvarez-Mon, M. A., Donat-Vargas, C., Llavero-Valero, M., Gea, A., Alvarez-Mon, M., Martinez-Gonzalez, M. A., & Lopez-del Burgo, C. (2021). Analysis of media outlets on women's health: Thematic and quantitative analyses using twitter. *Frontiers in Public Health, 9*, 644284. https://doi.org/10.3389/fpubh.2021.644284
15. Droog, E., Burgers, C., van Huijstee, D., & Vermeulen, I. (2026). Laughing through the myths: Using satirical humor to counter misinformation about contraceptives on social media. *Health Communication, 41*(8), 1295–1306. https://doi.org/10.1080/10410236.2025.2560034
16. Niemann, J., Wicherski, L., Glaum, L., Schenk, L., Stadler, G., & Richter, M. (2024). Youtube and the implementation and discontinuation of the oral contraceptive pill: A mixed-method content analysis. *PLOS ONE, 19*(5), e0302316. https://doi.org/10.1371/journal.pone.0302316
17. Hausmann, J. S., Touloumtzis, C., White, M. T., Colbert, J. A., & Gooding, H. (2017). Adolescent and young adult use of social media for health and its implications. *Journal of Adolescent Health, 60*(6), 714–719. https://doi.org/10.1016/j.jadohealth.2016.12.025

18. Coleman, J. K., Haas-Kogan, M. E., Pelletier, A., Stoddard, R. E., Johnson, N. R., Beatini, J. R., Sun, N. Y., Keuroghlian, A. S., & Bartz, D. (2024). Social media as health educator: An assessment of the understandability and accuracy of tiktok content about contraception. *Contraception and Reproductive Medicine, 9*, 60. https://doi.org/10.1186/s40834-024-00324-5

19. Sormunen, T., Karlgren, K., Aanesen, A., Fossum, B., & Westerbotn, M. (2020). The role of social media for persons affected by infertility. *BMC Women's Health, 20*, 112. https://doi.org/10.1186/s12905-020-00964-0

20. Dhar, S., Poojari, V. G., Mundkur, A., Adiga, P., Tomar, A., & Dhyani, V. S. (2026). Exploring the role of social media and online communities in the infertility journey: A scoping review. *Journal of Psychosomatic Obstetrics & Gynecology, 47*(1), 2660687. https://doi.org/10.1080/0167482X.2026.2660687

21. Black, K. I., Vromman, M., & French, R. S. (2025). Common myths and misconceptions surrounding hormonal contraception. *Best Practice & Research Clinical Obstetrics & Gynaecology, 98*, 102573. https://doi.org/10.1016/j.bpobgyn.2024.102573

22. Sormunen, T., Westerbotn, M., Aanesen, A., Fossum, B., & Karlgren, K. (2021). Social media in the infertile community—Using a text analysis tool to identify the topics of discussion on the multitude of infertility blogs. *Women's Health, 17*, 1–9. https://doi.org/10.1177/17455065211063280

23. Stimpson, J. P., Park, S., Adhikari, E. H., Nelson, D. B., & Ortega, A. N. (2025). Perceived health misinformation on social media and public trust in healthcare. *Medical Care, 63*(9), 686–693. https://doi.org/10.1097/MLR.0000000000002180

24. Jacobsen, G. E., Chapalamadugu, M., Lindsay, K. A., Sass, E. R., Sale, A. C. G., Patel, M. P., Maters, A., Amaro, C. M., Rodriguez, J. A., Rodriguez, S., & Patrizio, P. (2026). A quantitative analysis of tiktok content on fertility and assisted reproductive technology. *Reproductive BioMedicine Online, 52*(5), 105433. https://doi.org/10.1016/j.rbmo.2025.105433

25. Jiao, W., Chang, A., Ho, M., Lu, Q., Liu, M. T., & Schulz, P. J. (2023). Predicting and empowering health for generation z by comparing health information seeking and digital health literacy: Cross-sectional questionnaire study. *Journal of Medical Internet Research, 25*, e47595. https://doi.org/10.2196/47595

26. Mutlu, H., Bozkurt, G., Öngel, G., & Gümüşboğa, Y. (2025). Access to healthy information: The interaction of media literacy and health literacy. *BMC Public Health, 25*, 2800. https://doi.org/10.1186/s12889-025-24022-2

27. Manganello, J. A., Colvin, K. F., Hadley, M., & O'Brien, K. (2024). Get health'e': A pilot test of a digital health literacy intervention for young adults. *Health Literacy Research and Practice, 8*(4), e224–e235. https://doi.org/10.3928/24748307-20240723-01

28. Malloy, J. A., Kemper, J. A., Partridge, S. R., & Roy, R. (2024). Empowering young women: A qualitative co-design study of a social media health promotion programme. *Nutrients, 16*(6), 780. https://doi.org/10.3390/nu16060780

29. Albury, K., & Mannix, S. (2025). Digital determinants of sexual and reproductive health—Workforce perspectives on digital and data literacies. *Health Promotion International, 40*(2), daaf013. https://doi.org/10.1093/heapro/daaf013

30. Laar, A. S., Harris, M. L., Shifti, D. M., & Loxton, D. (2022). Perspectives of health care professionals' on delivering mHealth sexual and reproductive health services in rural settings in low-and-middle-income countries: A qualitative systematic review. *BMC Health Services Research, 22*, 1141. https://doi.org/10.1186/s12913-022-08512-2

31. Sewak, A., Yousef, M., Deshpande, S., Seydel, T., & Hashemi, N. (2023). The effectiveness of digital sexual health interventions for young adults: A systematic literature review (2010–2020). *Health Promotion International, 38*, daac104. https://doi.org/10.1093/heapro/daac104

32. Girum, T., & Wasie, A. (2018). Return of fertility after discontinuation of contraception: A systematic review and meta-analysis. *Contraception and Reproductive Medicine, 3*, 9. https://doi.org/10.1186/s40834-018-0064-y

33. World Health Organization Department of Sexual and Reproductive Health and Research, & Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, Knowledge SUCCESS. (2022). *Family planning: A global handbook for providers* (2022 update). World Health Organization and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs.