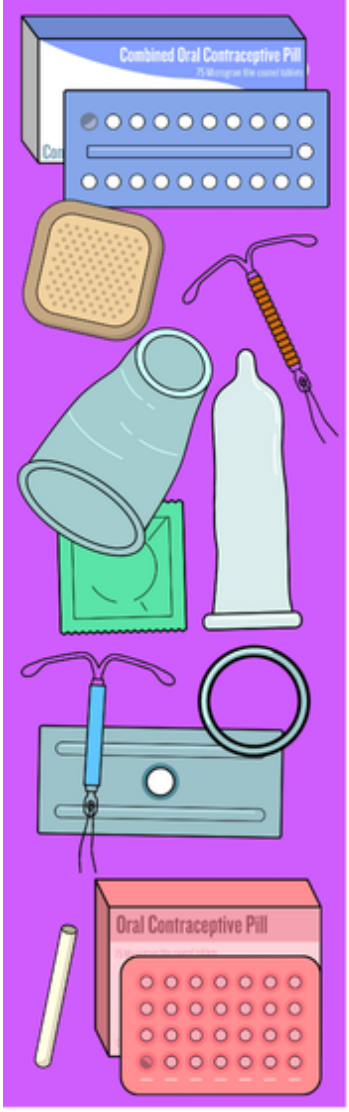


The truth about contraception

Two truths and a lie activity

Facilitator guide

Before beginning: read the pre-activity information (next page).

Suggested format of activity (30 minutes minimum)

- Print (select double sided) and cut cards (cards are set to be A5).
- Split audience into groups and give each group one of each card, or a selection of cards (cover all types of contraception between groups).
- Groups discuss their cards and decide which statement is the lie.
- Give groups the answer cards and discuss each type of contraception as a whole room.
- Discuss and invite questions.
- Use optional discussion questions to extend activity if desired.

To finish: Display and talk though final slide on accessing contraception, highlight resources like their school nurse and local sexual health service, hand out service promotion cards or stickers, etc. (available here: www.healthyrespect.co.uk/resource/sexual-health-services-promotion-digital-pack/).

Pre-activity reading for facilitators

Some young people are currently encountering messages online that encourage caution or scepticism about hormonal contraception. Not all of these concerns are misinformation, but social media often mixes genuine personal experiences with inaccurate or misleading claims, or presents individual experiences as the norm. Some people discussing adverse or unwanted health outcomes incorrectly link these to contraception when they are coincidental and caused by other things. Not everyone sharing information and experiences about health and contraception is doing so from a place of altruism with some accounts being linked to paid for 'alternative' products or monetised links.

Hormonal Hesitancy: What Are Young People Seeing Online?

A growing trend on platforms such as TikTok, Instagram and YouTube promotes "natural" approaches to fertility and contraception while expressing concern about hormonal methods such as the pill, implant, injection, patch, ring and hormonal coil. Researchers and public health organisations have noted that social media is playing an increasingly important role in shaping attitudes towards contraception.

Common concerns shared online

Young people may see claims that hormonal contraception:

- Causes infertility.
- "Damages" the body permanently.
- Causes severe weight gain in everyone.
- Causes major mood changes in everyone who uses it.
- Is "unnatural" and therefore harmful.
- Should be avoided in favour of cycle tracking or other "natural" methods.
- Increases health risks without discussing the benefits or the rarity of serious side effects.
- Causes abortions (a common misconception about emergency contraception and some coil methods).

Why these messages can be convincing

Many social media posts feature real people sharing personal experiences. These stories can feel more relatable and trustworthy than information from healthcare websites.

Young people may be hearing: "I stopped hormonal contraception and feel better.", "Nobody told me about these side effects.", "Natural is better.", "Doctors don't tell us the whole truth."

These messages can be powerful because they focus on personal stories and emotions rather than statistics or clinical evidence.

An important balance

Some concerns raised online are valid.
Hormonal contraception can cause side effects for some people, and individuals have different experiences. It is important that people understand both the benefits and possible side effects so they can make informed choices.

The problem is that social media can sometimes:

- Suggest that everyone's experience will be the same.
- Present rare side effects as common.
- Promote less effective methods as equally effective alternatives.
- Spread claims that are not supported by evidence.

What health professionals say

Healthcare professionals support informed choice. This means:

- Some people choose hormonal contraception and are very happy with it.
- Some people try a hormonal method and decide another option suits them better.
- Some people prefer non-hormonal methods.
- Different methods work for different people.

The goal is not for everyone to use the same contraception, but for everyone to have accurate information so they can choose what is right for them.

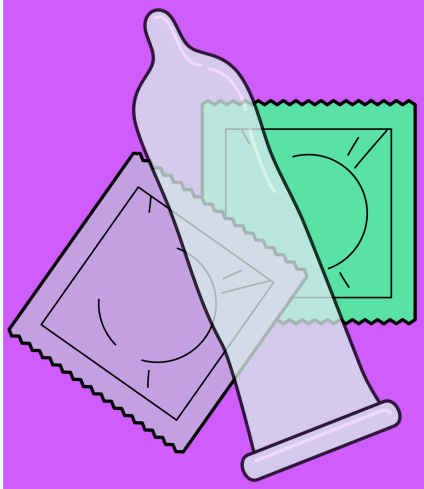
Optional discussion prompt for young people

"You may have heard people online say hormonal contraception is dangerous or that everyone should use natural methods instead. Why do you think it is important to look at more than one source of information before making a decision about contraception?"

Follow with:

- How can personal experiences be helpful?
- What are the limitations of personal experiences?
- How can we tell if health information online is trustworthy?
- Who could we speak to if we wanted advice about contraception?

External condom



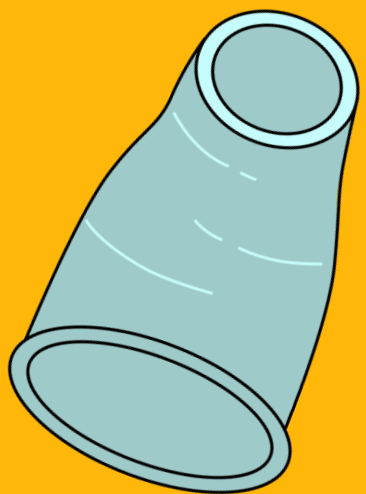
What it is
A soft cover that goes over a penis during sex.

How it works
Stops semen from getting into the vagina.

Two truths and a lie

1. External condoms can help protect against STIs (sexually transmitted infections).
2. Condoms are available free from sexual health services.
3. You do not need a condom if you are using another contraception method.

Internal condom

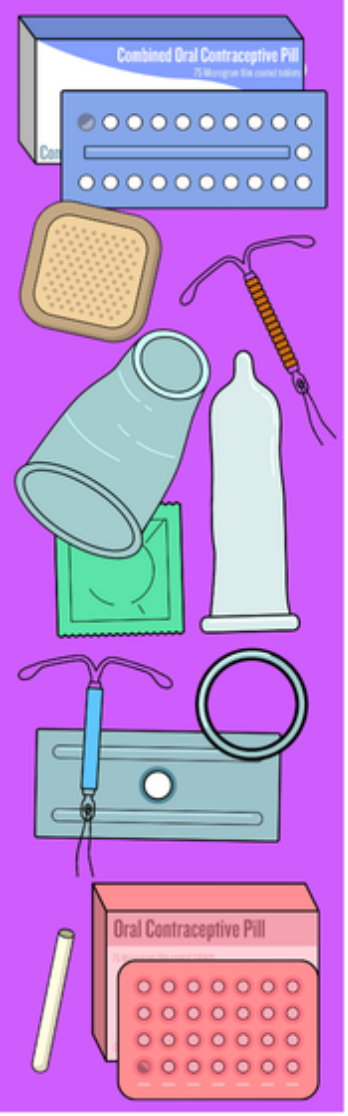


What it is
A soft pouch placed inside the vagina before sex.

How it works
Stops semen from getting into the vagina.

Two truths and a lie

1. Internal condoms can help protect against STIs.
2. They can get lost inside the body forever.
3. They can be put in 8 hours before sex begins.



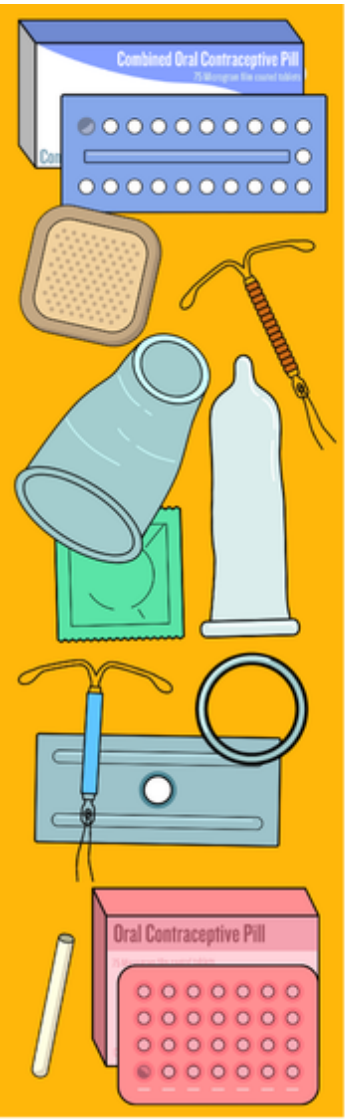
The lie: you do not need a condom if you are using another contraception method.

The truth: most other contraception methods do not prevent STIs. The only other method that helps prevent STIs are internal condoms.

Further information

- External condoms are easy to use with some practice.
- The right size and fit is important! A good fitting condom is safer and feels better.
- Free condoms are available from sexual health services, c:card points, by post and from your school nurse.

How to use condoms: www.healthyrespect.co.uk/get-condoms/



The lie: internal condoms can get lost inside the body forever.

The truth: an internal condom cannot get lost inside the body. The ring inside the condom cannot go past the cervix. It can always be removed.

Further information

- Internal condoms help prevent pregnancy and STIs.
- They can be inserted up to 8 hours before sex starts.

Learn more about how to use internal condoms at www.healthyrespect.co.uk/etu/condoms/how-to-use-condoms/internal-condoms/

You can request free internal condoms through www.ccard.org.uk/free-condoms-by-post

Implant



What it is

A small flexible rod placed under the skin of the upper arm.

How it works

- Stops ovulation (an egg releasing from the ovaries).
- Thickens the mucus around the cervix making it harder for sperm to get through.
- Thins the lining of the womb so that a fertilised egg is less likely to implant.

Two truths and a lie

1. The procedure to get the implant involves a 2cm incision (cut) that is stitched up after the implant is inserted in the arm.
2. The implant releases non-harmful hormones into the body.
3. Fertility returns to normal as soon as the implant is removed.

Combined pill



What it is

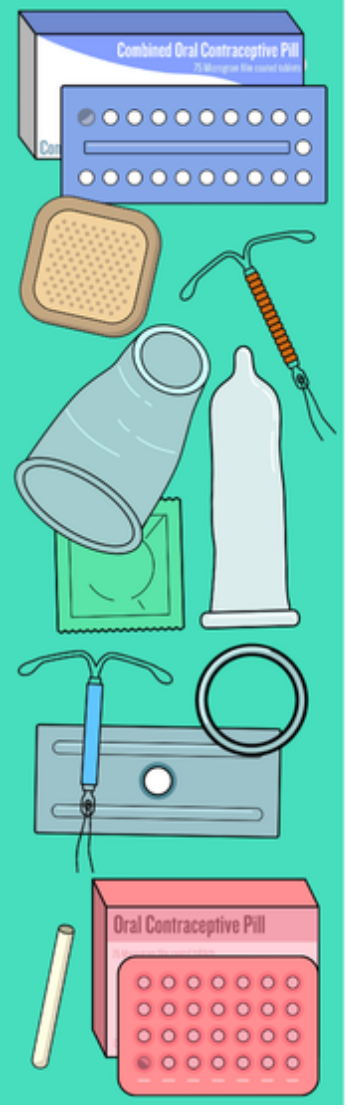
A tablet containing two hormones, progestogen and oestrogen, that is taken daily.

How it works

- Stops ovulation (an egg releasing from the ovaries).
- Thickens the mucus around the cervix making it harder for sperm to get through.
- Thins the lining of the womb so that a fertilised egg is less likely to implant.

Two truths and a lie

1. The bleeding that happens when a person stops taking the combined pill is not a period.
2. Vomiting and diarrhoea can make the combined pill not work.
3. You need to take breaks every month to clean out your body.

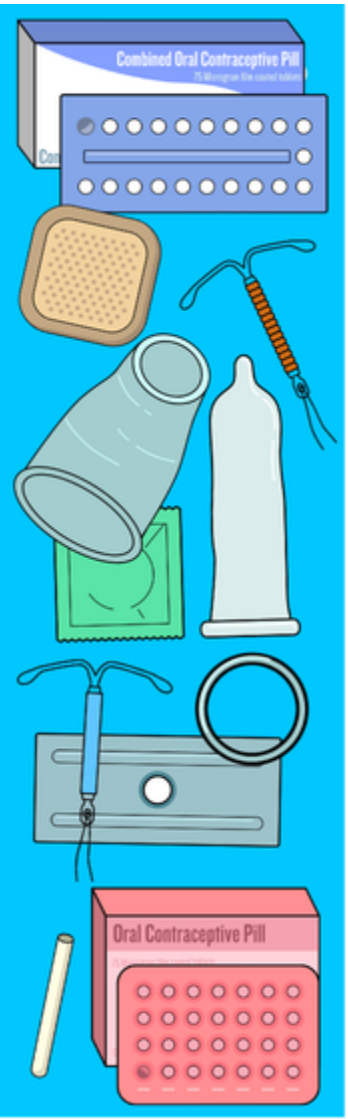


The lie: the procedure to get the implant involves a 2cm incision that is stitched up after the implant is inserted in the arm.

The truth: There is no cut. The implant is placed just under the skin of the arm using a special needle. A local anaesthetic is used so it is not painful. No stitches are needed, just a plaster or Steri-Strips.

Further information

- One of the most effective contraceptive methods.
- It works continuously for up to 5 years.
- Fertility returns to normal after removal.
- Hormones are getting some negative attention online right now but hormones are not bad or harmful. They are simply chemical messengers our bodies produce every day. The implant sends a steady low dose of the hormone Progestogen into the body to prevent pregnancy. This does not harm the body.
- The implant has been researched and tested for many years on lots of different people. It is very safe.



The lie: you need to take breaks from it to clean out your body.

The truth: the pill keeps the lining of the uterus thin so there is no increasing build-up of material in the uterus to 'clean out'.

Further information

- The pill can help with premenstrual symptoms by keeping the body's hormone levels steady.
- Periods stop while taking the pill. If a person takes a pill break, they get a withdrawal bleed, which are usually less painful, shorter and lighter than periods.
- It can be taken continuously with no breaks, or in cycles,
    - taking a tablet for 21 days then a 4- or 7-day break, or
    - tricycled - taken for 3 lots of 21 days, then a break.
- Vomiting and/or diarrhoea can stop the pill working properly. If this happens, follow the missed pill advice in the packet.

POP Progestogen -only pill

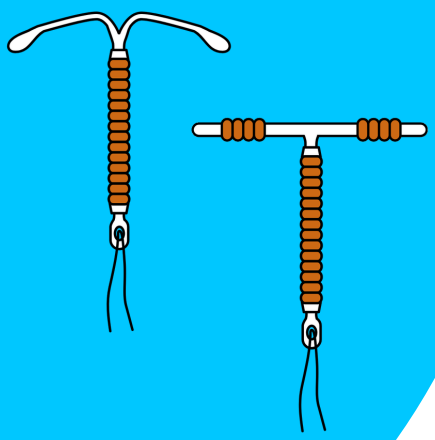


What it is
A tablet containing one hormone called progestogen that is taken once per day.

How it works
- Thickens the mucus around the cervix making it harder for sperm to get through.
- Thins the lining of the womb so that a fertilised egg is less likely to implant.
- Reduces or stops ovulation (an egg releasing from the ovaries).

Two truths and a lie
1. It needs to be taken at the same time everyday.
2. The hormone in POP stays in the body for a long time and affects fertility.
3. POP can be helpful for people who have painful periods.

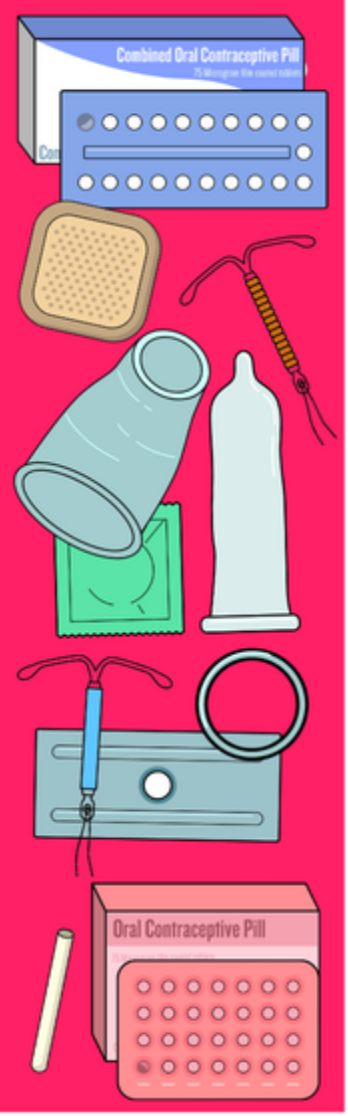
Copper IUD (IUD = intrauterine device)



What it is
A small t-shaped device wrapped in copper. It is inserted inside the uterus (womb). It is sometimes called the copper coil.

How it works
- It releases copper into the uterus which prevents sperm from surviving long enough to fertilise an egg.
- It can stop a fertilised egg implanting in the uterus.

Two truths and a lie
1. The copper IUD does not contain any hormones.
2. It can also be used as emergency contraception.
3. The copper IUD causes infertility.

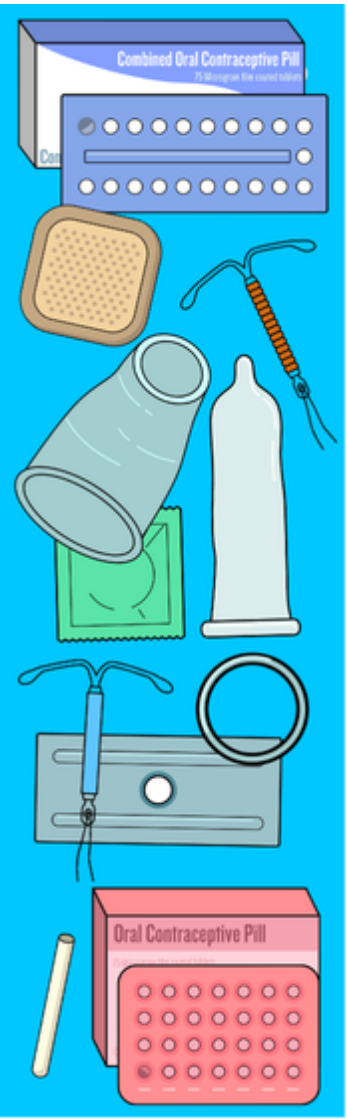


The lie: the hormone in POP stays in the body for a long time and affects fertility.

The truth: once POP is stopped, fertility can return very quickly. Hormones from the pill usually leave the body within a couple of days – no matter how long the person has been taking the pill. This is why missing a pill can result in pregnancy.

Further information

- Contains one hormone.
- Suitable for many people who cannot use oestrogen.
- POP can help people who get heavy and painful periods. POP causes a withdrawal bleed rather than a period. Around half of people who take POP do not get any bleeding. For those who do, the withdrawal bleeding is usually lighter and shorter than a period.
- Needs to be taken around the same time each day or it may not work.
- POP is taken continuously, 1 packet after another.



The lie: the copper IUD causes infertility.

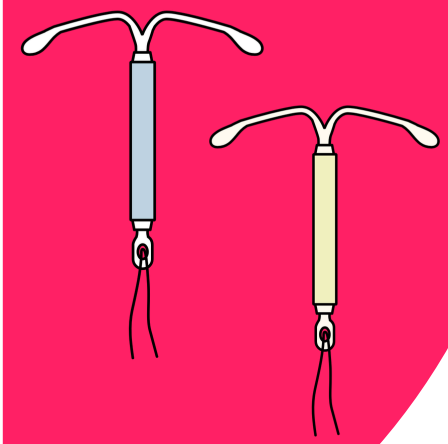
The truth: having a copper IUD does not affect future fertility. Fertility should return as soon as the copper IUD is removed.

Further information

- The copper coil lasts 5 or 10 years depending on the brand.
- It is hormone-free. It is a plastic device that contains copper. Copper is toxic to sperm and prevents sperm from surviving long enough to fertilise an egg.
- The copper coil protects from pregnancy as soon as it is inserted.
- Because it starts working immediately it can also be used as emergency contraception if inserted within 5 days of having unprotected sex.

Hormonal IUD

(IUD - intrauterine device)



What it is

A small t-shaped device placed inside the uterus that releases a low dose of the hormone Levonorgestrel (a type of progestogen). It is sometimes called just the coil and medical folks might call it an LNG-IUD.

How it works

- Thins the lining of the womb so that a fertilised egg is less likely to implant.
- Thickens the mucus around the cervix making it harder for sperm to get through.

Two truths and a lie

1. The hormonal coil starts preventing pregnancy immediately.
2. The hormonal coil is about the same size as a 50p coin.
3. Some people have lighter periods with a hormonal coil.

Contraceptive injection



What it is

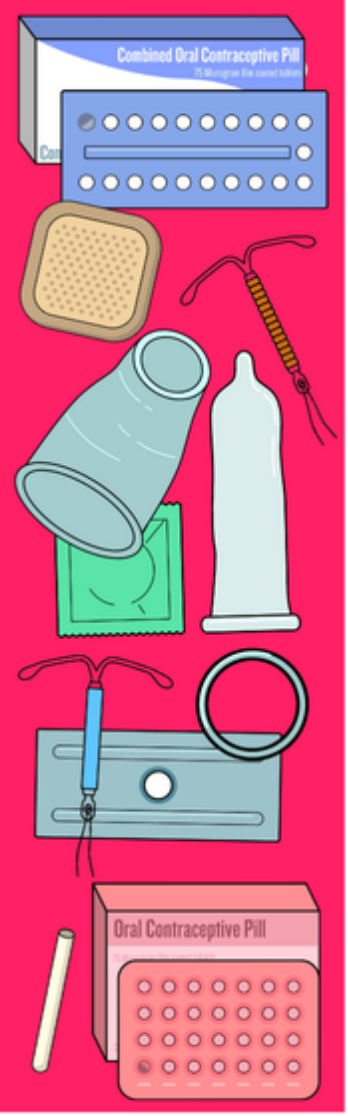
An injection given every few months.

How it works

- Stops ovulation (an egg releasing from the ovaries).
- Thickens the mucus around the cervix making it harder for sperm to get through.
- Thins the lining of the womb so that a fertilised egg is less likely to implant.

Two truths and a lie

1. It can take up to 1 year for fertility to return after stopping this method.
2. Everyone who gets contraceptive injections gains weight.
3. You need repeat injections to keep it working.

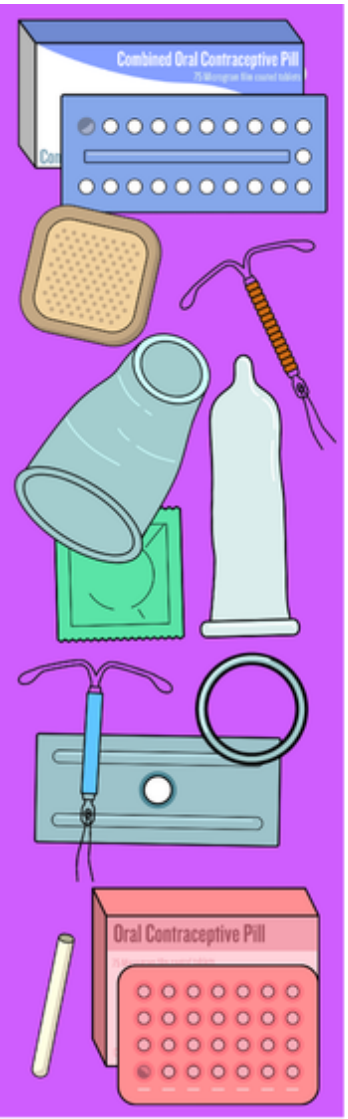


The lie: the hormonal coil starts preventing pregnancy immediately.

The truth: additional contraception needs to be used for the first 7 days after the hormonal coil is fitted, depending on what part of the menstrual cycle it is fitted in.

Further information

- The hormonal coil is a long-lasting contraception but the number of years it can be used depends on the brand. It varies between 3, 5 and 8 years.
- Some people have lighter periods whilst they have the hormonal coil fitted.
- The hormonal coil does not affect future fertility and fertility returns when it is removed.



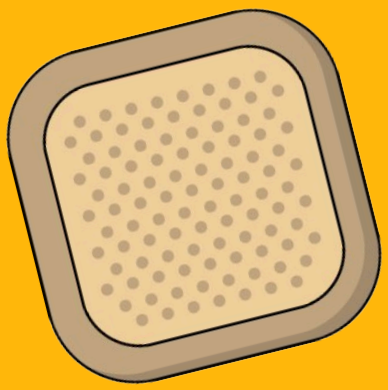
The lie: everyone who gets contraceptive injections gains weight.

The truth: Weight gain can be a side effect with the contraceptive injection, but around 75% of people had little or no weight gain in their first year. Any side effects are usually temporary.

Further information

- The contraceptive injection can make periods lighter and less painful for some people.
- Almost all contraceptive injections have to be given by a nurse or doctor.
- A repeat injection is needed every 8 to 13 weeks depending on the brand.
- There is a kind of contraceptive injection called Sayana Press that a person can inject themselves with.

Patch



What it is
A small sticky patch worn on the skin.

How it works
- Stops ovulation (an egg releasing from the ovaries).
- Thickens the mucus around the cervix making it harder for sperm to get through.
- Thins the lining of the womb so that a fertilised egg is less likely to implant.

Two truths and a lie
1. The patch can be worn in the shower and while swimming.
2. A common long term side effect of the patch is sudden mood changes.
3. It releases 2 types of hormones – progestogen and oestrogen.

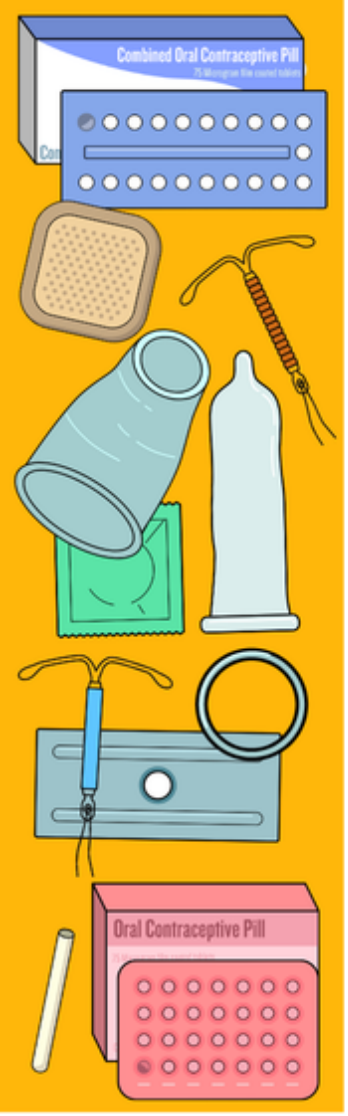
Vaginal ring



What it is
A soft flexible ring placed inside the vagina.

How it works
- Stops ovulation (an egg releasing from the ovaries).
- Thickens the mucus around the cervix making it harder for sperm to get through.
- Thins the lining of the womb so that a fertilised egg is less likely to implant.

Two truths and a lie
1. The ring sends pregnancy preventing hormones into the bloodstream through the vagina walls.
2. The ring has to be taken out during sex.
3. The ring stays in for 21 days.

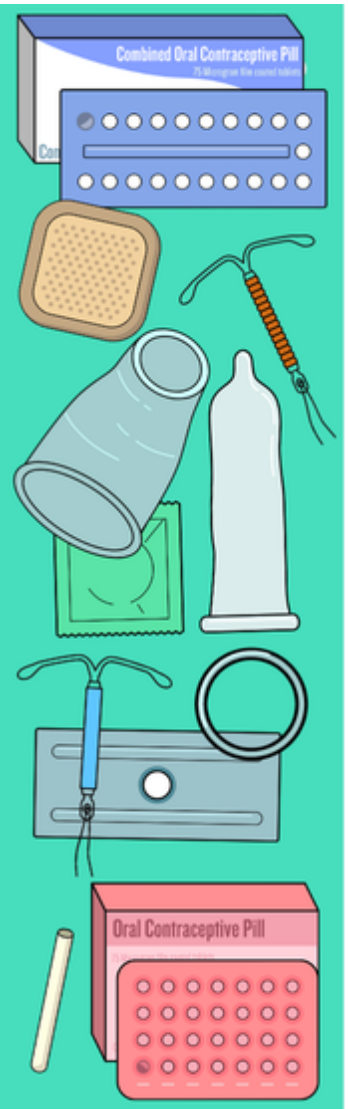


The lie: A common long term side effect of the patch is sudden mood changes.

The truth: while some people do experience mood swings as a side effect, this is usually just for the first month or so. The patch can actually help with premenstrual symptoms and feeling low or anxious.

Further information

- The patch can be used with or without breaks (a week where the patch is not worn). The nurse or doctor will explain the different ways to use the patch during the appointment.
- They are easy to use, just like putting on a plaster.
- The patch is designed to stay on during everyday activities, including showering and swimming.



The lie: the ring has to be taken out during sex.

The truth: It is safe to have sex while the ring is inside the vagina. If it feels uncomfortable to have sex with it in place it can be taken out temporarily then put back in as soon as possible. It will still work if put back within 48 hours.

Further information

- The ring can be used with or without breaks (a week where the ring is not worn). The nurse or doctor will explain the different ways to use the ring during the appointment.
- Works continuously while in place sending progestogen and oestrogen into the bloodstream through the walls of the vagina.
- The ring is soft and flexible and should not feel uncomfortable to use.
- It is inserted just like a tampon and is removed by just pulling it out.

Withdrawal method



What it is
When a penis is pulled out of the vagina before ejaculation. It is sometimes called 'pulling out'.

Two truths and a lie

1. Withdrawal is as effective as other types of contraception.
2. You can get STIs even if you pull out before ejaculation.
3. It can be difficult to time when to pull out.

Fertility awareness methods

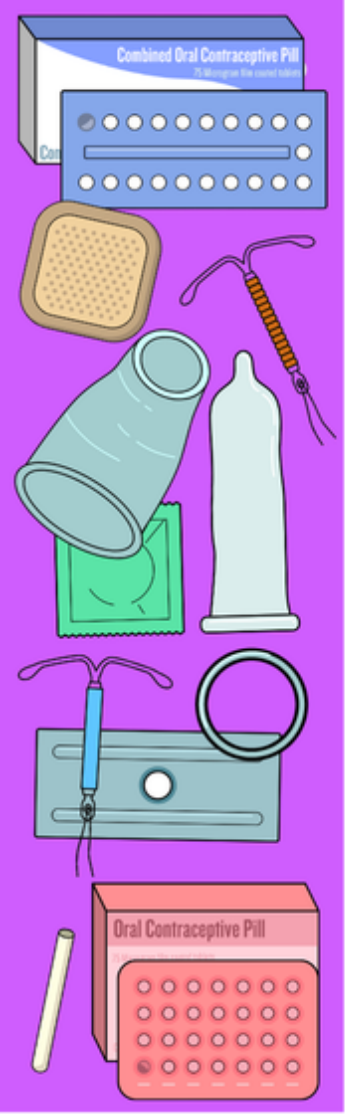


What it is
Tracking fertility signs to work out when pregnancy is more likely.

How it works
Tracking temperature, cervical mucus (vaginal discharge), and menstrual cycle to work out when a person is most likely to get pregnant (their fertile time).

Two truths and a lie

1. It is recommended to track all 3 fertility measures: temperature, cervical mucus and cycle length.
2. Fertility awareness methods are a way of preventing pregnancy.
3. General period or cycle tracking apps cannot accurately predict ovulation or fertile days.

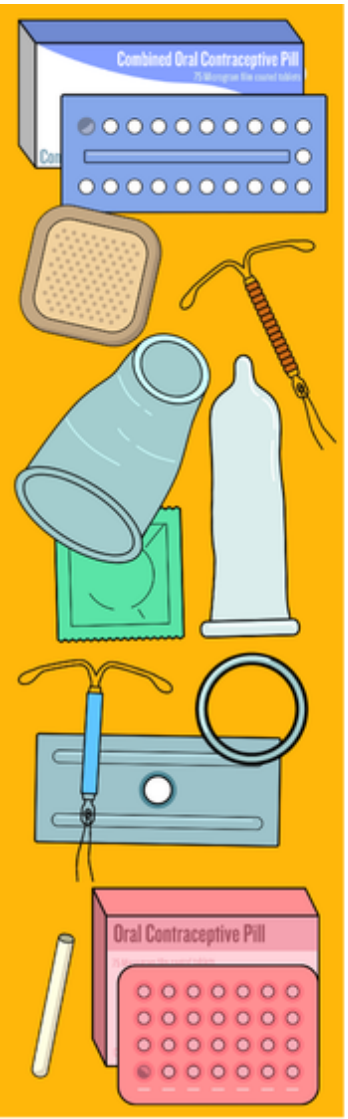


The lie: withdrawal is as effective as other types of contraception.

The truth: withdrawal is much less effective than methods like condoms, the implant, copper coil and hormonal coil (IUD and LNG-IUD). It is easy to make mistakes when trying to time when to pull out. There is a higher risk of pregnancy using the withdrawal method.

Further information

- Does not protect against STIs.
- If the penis isn't withdrawn in time, before any semen is released, sperm can enter the vagina and cause pregnancy.
- People don't always realise exactly when they're about to ejaculate. It is easy to misjudge the timing, especially in the heat of the moment.
- Sperm can be on the penis even before ejaculation so even if withdrawal is timed perfectly, there is still a risk of sperm getting into the vagina.



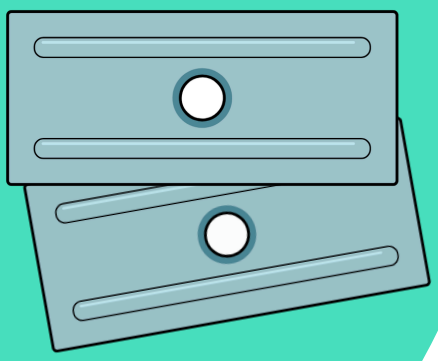
The lie: Fertility awareness methods are a way of preventing pregnancy.

The truth: Fertility awareness methods are designed to help people successfully get pregnant, not prevent pregnancy. They are not accurate enough to be a reliable form of contraception.

Further information

- Fertility awareness methods are complicated.
- They need to be used very consistently – tracking and logging results every day.
- General health apps that track periods are not detailed enough to accurately and safely predict ovulation or fertile periods.
- Fertile days can vary cycle to cycle, especially for young people.
- Young people often have irregular periods. This can make it harder to predict when ovulation will happen, especially in the first few years after periods start.
- The NHS does not recommend using these methods as a way to prevent pregnancy.

Emergency contraception pill

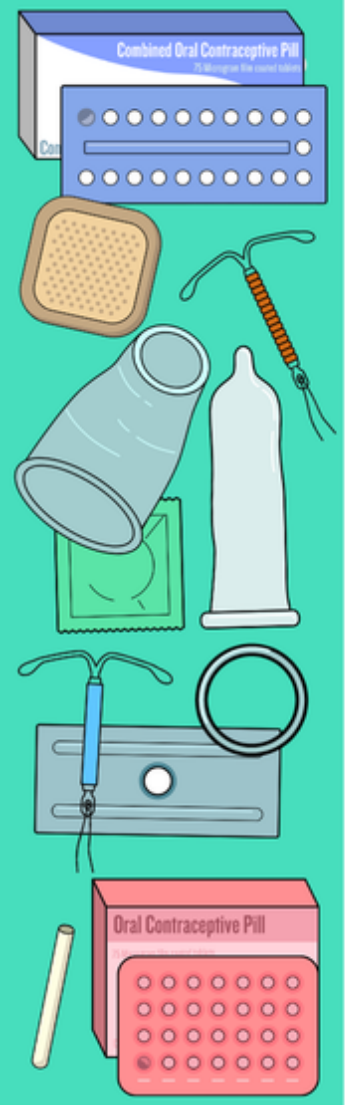


What it is

A pill that can be taken after unprotected sex to reduce the chance of pregnancy.

Two truths and a lie

1. They are free from all pharmacies and sexual health services.
2. The emergency contraception pill causes an abortion.
3. There are 2 types of emergency contraception pill, one can be taken up to 3 days after unprotected sex, and one can be taken up to 5 days after unprotected sex.



The lie: The emergency contraception pill causes an abortion.

The truth: emergency contraception pills work by helping to prevent a pregnancy from starting by delaying or stopping the release of an egg (ovulation) so that sperm cannot fertilise it. If someone is already pregnant, emergency contraception pills will not end the pregnancy.

Further information

- Works best when taken as soon as possible.
- You can get emergency contraception for free from all sexual health services and pharmacies.
- You do not need to be 16 or older to get emergency contraception.
- Getting emergency contraception is confidential.
- You do not need a parent or carer's permission.

Accessing contraception

Young People aged 13 and older have the right to free sexual health help, advice and treatment.

All sexual health services are confidential. Information will not be shared with parents, carers or friends.

If a service thinks a young person is being harmed or is in danger, they may share information with another professional to keep them safe. Find out more at www.healthyrespect.co.uk/what-to-expect-from-services/

You can get condoms from c:card (www.ccard.org.uk), your school nurse and all sexual health services.

You can get contraception from a sexual health service: www.healthyrespect.co.uk/find-services-near-me/

Whole group reflection questions

1. What surprised you most?
2. Which methods protect against STIs?
3. Why do you think misinformation about contraception spreads?
4. How can social media make it difficult to know what information is trustworthy?
5. Where can young people get reliable information and support?
6. What advice would you give a friend who was unsure where to get contraception information?
7. Why is it important that different contraception options exist?
8. What have you learned today that you did not know before?
9. How can we challenge myths and misinformation when we hear them?