

Oh Baby! A Content Analysis of Contraception Pins on Pinterest

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Abstract

Background. Social media platforms have become a popular source for health information despite concerns about the quality of content shared. We examined how oral contraceptive pills and intrauterine devices are framed on the platform Pinterest using the Health Belief Model (HBM), as well as how fertility awareness methods are portrayed as an alternative to hormonal contraception. **Methods.** We collected pins in February 2021 using searches for birth control, oral contraceptives, and intrauterine devices. After excluding paid ads and pins not relevant to contraceptive use, we conducted a content analysis of 404 pins using a coding framework grounded in the HBM. We carried out descriptive statistics for all variables in the final sample. **Results.** Following coding, we found that 54.7% of pins mentioned oral contraceptive pills, 41.58% mentioned intrauterine devices, and 11.63% mentioned fertility awareness methods. Fertility awareness pins had the highest percentage of benefits conveyed (70.21%), followed by intrauterine devices (44.05%), then oral contraceptive pills (38.91%). Pill pins had the highest percentage of barriers conveyed (52.94%) and fertility awareness had the least (25.53%). Side effects were the most mentioned barrier among pill (37.10%) and intrauterine device pins (23.21%). Very few pins were made by (2.48%) or originated with medical institutions (5.45%). **Conclusions.** Oral contraceptive pills are often negatively framed on Pinterest, whereas intrauterine devices and fertility awareness methods are more positively framed. This suggests a need for clear communication from clinicians regarding all contraceptive options and their relative merits and risks.

Keywords

contraception, social media, health communication, fertility awareness

Approximately 65% of women ages 15 to 49 currently use contraception in the United States (Centers for Disease Control and Prevention [CDC], 2021). Some of the most popular methods of female contraception are female sterilization, oral contraceptive (OC) pills, and intrauterine devices (IUDs). OC pills and IUDs are the second and third most used contraceptive methods among U.S. women, with IUDs in a shared third place with male condoms (CDC, 2021). OC pills are prescription medications taken every day that release hormones to prevent ovulation or thicken cervical mucus to prevent pregnancy. IUDs are a small, t-shaped piece of plastic implanted by a medical provider into the uterus to prevent pregnancy. There are hormonal IUDs that release a small amount of synthetic progestin to thicken cervical mucus to prevent sperm from reaching the uterus, as well as a non-hormonal IUD made of plastic and a small amount of natural copper to create an inflammatory reaction that is toxic to sperm to prevent pregnancy (National Institute of Child Health and Human Development [NICHD], 2017). In addition

to pregnancy prevention, OCs have been used to treat other medical issues, and close to 60% of the 11.2 million women who use OC pills do so at least partially for noncontraceptive reasons (e.g., to alleviate menstrual symptoms or treat acne) illustrating that uses for this contraceptive method go beyond family planning (Kavanaugh & Anderson, 2013). Hormonal IUDs can also be used to treat heavy menstrual bleeding (NICHD, 2017).

Despite their benefits, OC pills and IUDs have physical and psychological side effects that may deter use, including

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depression, weight gain, sexual dysfunction, and irritability (Gregory et al., 2018; Odden, 1999; Skovlund et al., 2016; Wallwiener et al., 2010). Negative side effects are the most common reason for discontinuation of OCs (Daniels & Mosher, 2013). Women who use IUDs report greater satisfaction with their method of contraception (Steinberg et al., 2021), although IUDs may raise concerns about bodily autonomy since they generally require a medical provider for removal (Gomez et al., 2018). Prior research indicates that providers may discourage IUD removals even when requested by patients (Amico et al., 2017; Biggs et al., 2020). Some women attempt self-removal due to side effects and lack of access to providers (Amico et al., 2020). Poor patient-provider interactions may also contribute to women being deterred from hormonal contraceptives, as providers have been documented dismissing or disbelieving patient concerns (Amico et al., 2017; Berndt & Bell, 2021; Manzer & Bell, 2022; Stevens, 2018). Failing to consider women's embodied experiences with contraceptives or to treat the patient-provider relationships as an equal partnership may also delay or deter women from seeking needed reproductive health care (Berndt & Bell, 2021). Implicit bias among providers, based on race, class, or age, may further hamper effective contraceptive counseling (Gomez & Wapman, 2017; Mann et al., 2022). Less than half of female contraceptive users in 2022 rated their most recent provider of contraceptive care as "excellent," with satisfaction significantly lower for women who are Black, Hispanic, uninsured, or low income (KFF Women's Health Survey, 2022). Provider gatekeeping and medical insurers can prevent women from accessing their preferred form of contraception (Manzer & Bell, 2022).

Fertility Awareness Methods

In 2022, over 30% of sexually active women who did not use contraceptives in the past year and were not pregnant or trying to become pregnant reported that they had not used contraceptives because of side effects (KFF Women's Health Survey, 2022). In line with these data, there has been a growing movement to reconsider hormonal contraception, exemplified in part by the 2021 documentary *The Business of Birth Control* (Donnelly, 2021; Silman, 2019). Side effects and poor experiences with hormonal contraception have turned some toward non-hormonal contraceptive methods such as fertility awareness methods (FAMs) (Urrutia & Polis, 2019). FAMs require monitoring and recording different fertility signals, such as basal body temperature and cervical mucus, during the menstrual cycle to track fertility windows (Urrutia & Polis, 2019). These methods lack the potential for side effects as they rely on behavior change informed by correct identification of the fertile window rather than synthetic hormones (Duane et al., 2022). FAMs can be used to facilitate the likelihood to conceive in addition to avoiding pregnancy (Thijssen et al., 2014), and may also be used to help identify health conditions that impact the menstrual cycle (Duane et al., 2022).

FAM use among contraceptive users doubled from 1.1% in 2008 to 2.2% in 2014 (Kavanaugh & Jerman, 2018), with some estimates suggesting it may be as high as 3% (Polis & Jones, 2018). FAMs, however, may not be as effective as hormonal methods based on typical use. With typical use, FAMs may result in 2 to 23 unplanned pregnancies per 100 woman-years, with rates varying between the different approaches (Duane et al., 2022). For example, the efficacy rate is higher for sympto-thermal and sympto-hormonal methods than older calendar methods (Pallone & Bergus, 2009; Urrutia & Polis, 2019). Most recently, mobile applications using proprietary algorithms and basal body temperatures have entered the market, with Natural Cycles gaining U.S. Food and Drug Administration marketing authorization in 2018 (Food and Drug Administration [FDA], 2018). The growing "femtech" industry has now launched several new tools to track female fertility and menstruation, although the evidence-base of many applications has been called into question (Duane et al., 2016).

Social Media and the HBM

Social media and online resources have now long been a key source of health information for adults and youth, particularly among women (Chen & Wang, 2021; Cohen & Adams, 2011; Skouteris & Savaglio, 2021). Prior research also suggests that women are more inclined to trust social media content than men (Warner-Søderholm, et al. 2018). Accordingly, it is critical to discern how contraceptives are discussed on social media to fully understand shifting patterns in decisions about contraceptive usage. This study uses the HBM to understand the portrayal and context of female contraception related posts (pins) on the social media website Pinterest. More specifically, this study aims to contribute to a better understanding of how OC pills and IUDs are portrayed on Pinterest, as well as to apply a "search as research" (Guidry, Vraga et al., 2020; Rogers, 2019) approach to examine the extent to which a Pinterest search for contraceptive information yields information about FAMs as contraception and how FAMs are portrayed relative to OC pills and IUDs. We chose Pinterest for the study because 46% of women in the United States use Pinterest, making it a potential source of information about contraceptive methods (Perrin & Anderson, 2021). The platform is home to large volumes of health information targeting women and girls, including breast cancer and the HPV vaccine (Guidry, Vraga et al., 2020; Wilner & Holton, 2020).

The HBM is a theoretical framework that has frequently been used to understand individual differences in health behavior patterns by specifying "a discrete set of common-sense beliefs" that appear to explain why someone would or would not engage in a specific health behaviors (Abraham & Sheeran, 2015, p. 31). The HBM is particularly valuable for examination of digital media frames that may shape the adoption of preventive behaviors, such as vaccinations (Guidry, Coman et al., 2020; Guidry, Vraga et al., 2020; Laestadius

et al., 2022) and mammography (Diddi & Lundy, 2017; Miller et al., 2022). Similar to the current study, these papers examine commonly shared social media frames in the context of the HBM in order to understand the online discourse that may be shaping preventive behavior decisions. In addition, the HBM has been used to help understand contraceptive behaviors (Hall, 2012; Roderique-Davies et al., 2016), although not yet in the context of the social media environment. To date, few studies have examined contraception information on social media, and none have compared framing of hormonal contraceptives to FAMs (Alvarez-Mon et al., 2021; Nguyen & Allen, 2018; Paul et al., 2017).

Previous literature summarized the key factors that influence contraceptive behaviors according to the HBM to be perceived susceptibility to and severity of unplanned pregnancy and its implications, perceived benefits and barriers to using contraception, cues to action that trigger awareness of the threat of unplanned pregnancy and different types of contraception as a strategy to address it, and self-efficacy of ability to successfully obtain and use contraception (Hall, 2012). Within the context of the model, the severity of unplanned pregnancy is defined as the perceived negative “medical and social consequences of pregnancy and childbearing” (Hall, 2012, p. 3). Differences in the portrayal of benefits and barriers of contraceptive types on Pinterest may ultimately help explain behavior changes. Prior research suggests that contraceptive choices are particularly shaped by perceived benefits and barriers of the contraceptive, making these constructs an important consideration for public health communication efforts (Hall, 2012; Roderique-Davies et al., 2016). Understanding the extent to which pins convey aspects of the HBM will provide better insight on the current discourse around contraception, as well as potential strategies for contraception awareness public health campaigns (Sundstrom et al., 2016).

Methods

Data Collection

We collected pins using six separate searches on Pinterest via the site’s search bar on February 21, 2021: (a) birth control, (b) birth control pill, (c) oral contraceptives, (d) oral contraceptive pill, (e) IUD, and (f) intrauterine devices. To minimize algorithmic targeting, we created a new user account for Pinterest and searching was done using private mode in an internet browser. Using established Pinterest sampling methods (Guidry, Vraga et al., 2020), TK collected every third pin until Pinterest stopped populating pins from the search or 150 total pins were collected for each search term, then pasting pin links into an Excel sheet and collecting static screenshots. Using this sampling strategy, we gathered 592 pins, 567 of which were unique after we deleted duplicate pins based on URL.

Content Analysis Coding

We developed a joint inductive-deductive coding frame through open coding of 40 randomly selected pins and the constructs present in the HBM model (Elo et al., 2014). We conducted pilot coding on 57 randomly selected pins to test the coding frame. After we made revisions, TK and LIL finalized and tested the codebook through double coding of 10% of posts ($n = 57$). We revised the codebook until all codes had a Krippendorff’s alpha over 0.7, with an average of 0.867 (Krippendorff, 2011). TK coded all remaining pins.

The final code frame considered pin type, pinner type, content origin, visual type, forms of contraception addressed or visually depicted in the pin (OC pills, IUD, FAM, and other), and HBM constructs. For pinner type, we only considered medical professionals to be individuals if they did not mention an affiliation to a medical organization or health focused website. We excluded pins not relevant to contraceptive methods or that were paid ads from further analysis. Paid ads are pins made by brands or retailers that they pay to have appear to target audiences based on interests, search terms, and demographics (Pinterest, 2022). Brands and retailers can also make regular pins that they do not pay to promote. Despite searching contraception related terms, our paid ads included products as baby registries, baby bottles, and prenatal supplements. We considered references to unspecified “natural” contraceptive methods in the definition of FAM for coding purposes. Since pins frequently addressed multiple contraceptive types at once, we applied HBM codes for each contraceptive type present. We included the following HBM constructs: perceived benefits and barriers for each contraceptive type, perceived severity and susceptibility, cues to action, and self-efficacy. We operationalized HBM constructs as follows for coding purposes.

Benefits and barriers codes were mutually exclusive. We coded the primary benefit and/or barrier of each pin, with contraceptive benefits treated as the primary benefit when present. Perceived benefits of hormonal contraception (OC pills and IUDs) included pregnancy prevention and other benefits, including health benefits from use. Perceived benefits for FAM included pregnancy prevention and no side effects. Perceived barriers of hormonal contraception included side effects/harms, failure, costs, and other risks. The perceived barriers of FAM included failure, costs, and other risks. For all three methods, we defined perceived severity as content suggesting negative consequences of an unplanned pregnancy and susceptibility as content about the likelihood of an unplanned pregnancy. We defined the cues to action for all methods as anything that triggered decision-making in context of contraception, such as going on or off a certain method or educating oneself. We considered self-efficacy to include any message encouraging the user to feel confident in obtaining or using a particular method.

Statistical Analyses

We performed descriptive statistics using SPSS version 28.0. PP and JPDG carried out logistic regression analyses to determine if there was an association between the presence of mentions of each the three main types of contraceptives and the mention of top-level HBM construct codes related to contraceptives.

Results

Pins Composition and Source

Of 567 unique pins related to contraception, we categorized 163 as “Paid Ad” or “Not related to contraception” and excluded them from full coding. We fully coded 404 total pins in the final sample (see Table 1 for descriptive statistics). Of these 404 pins, 389 (96.28%) had general information on contraceptive methods, with the remaining pins addressing social or political aspects of contraception. Pins were most frequently made by individuals ($n = 254$, 62.87%), with the origin of the pin content most frequently “other” ($n = 120$, 29.70%) which included sources such as lifestyle websites or other social media platforms like YouTube, followed by pins made by business/commercial entities that sold some form of product ($n = 85$, 21.04%). The least frequent pin origin was formal medical institutions, which included health organizations and government sources ($n = 22$, 5.45%).

OCs were the most addressed contraceptive method ($n = 221$, 54.70%), followed by IUDs ($n = 168$, 41.58%). Unspecified contraceptive methods ($n = 148$, 36.63%) and “other” contraceptive methods, such as condoms, ($n = 103$, 25.50%) were also present. Fertility awareness and other “natural” methods were mentioned the least ($n = 47$, 11.63%). FAM pins included both generic approaches, as well as branded femtech applications such as Daysy, Ava, and Natural Cycles. Pins also made comparisons between two or more types of contraceptive methods ($n = 92$, 22.77%). 58 pins (14.36%) addressed coming off hormonal contraception and 56 (13.86%) provided or linked to personal experiences with some form of contraception. Over half of the coded pins were either primarily an image ($n = 157$, 38.86%) or a mixture of images and text ($n = 149$, 36.88%). The most frequent image in the pins included OC pills ($n = 143$, 35.40%), IUDs ($n = 78$, 19.31%), and other contraceptive methods ($n = 65$, 16.09%).

HBM

Table 2 reports the frequency and percentage of HBM constructs conveyed in the pins for each contraceptive method. We present HBM constructs as percent prevalence among pins of each contraceptive type, rather than the full sample, to facilitate comparison across methods. FAM pins had the highest percentage of benefits conveyed ($n = 33$, 70.21%), followed by IUDs ($n = 74$, 44.05%), then OC pills ($n = 86$, 38.91%). Pregnancy prevention was the most frequently mentioned benefit for all three types of contraception, although

less than one-third of OC pill pins mentioned this benefit ($n = 63$, 28.51%) as compared with almost two-thirds of FAM pins ($n = 29$, 61.70%). OC pill pins also mentioned other benefits ($n = 23$, 10.41%), including relief of menstrual cramps and acne prevention. OC pill pins had the highest percentage of barriers conveyed ($n = 117$, 52.94%), followed by IUDs ($n = 63$, 37.50%), and FAM had the least ($n = 12$, 25.53%). Side effects were commonly mentioned among OC pill ($n = 82$, 37.10%) and IUD pins ($n = 39$, 23.21%). Contraception failure was mentioned most frequently among FAM pins ($n = 11$, 23.40%).

Regarding the risks of unplanned pregnancy, OC pill and IUD pins mentioned susceptibility to unplanned pregnancy at similar rates, 5.4% ($n = 12$) and 7.74% ($n = 13$), respectively, whereas FAM pins more frequently addressed the chances of unplanned pregnancies ($n = 9$, 19.15%). Only 0.9% ($n = 2$) OC pill pins mentioned severity of unplanned pregnancy, and no other methods’ pins mentioned it. FAM had the highest percentage of pins that conveyed cues to action ($n = 13$, 27.66%), while OC pills and IUDs pins had fewer cues to action at 19.0% ($n = 42$) and 15.48% ($n = 26$), respectively. FAM pins also had the highest percentage of pins that conveyed self-efficacy for using the method ($n = 6$, 12.77%), although the absolute number of pins was modest.

Logistic regression analyses (Table 3) showed that pins for each individual contraception type were likely to mention benefits, although pins that mentioned natural family planning had the highest odds of doing so. Pins were more likely to mention perceived barriers if they mentioned OCs and IUDs, and especially so when mentioning OCs. In addition, pins were more likely to mention perceived susceptibility to the consequences of an unplanned pregnancy if they mentioned IUDs and natural family planning, and especially when mentioning natural family planning. Finally, pins were more likely to mention cues to action to trigger contraceptive decision-making when mentioning OCs.

Discussion

In our content analysis of 404 pins found in searches for OC pills, IUDs, and general contraception, we found that that OC pills are portrayed more negatively than IUDs and FAMs. In addition, although none of the search terms focused on FAMs or “natural” contraception, over 10% of pins in the sample addressed this method of contraception. With regard to the HBM framework, perceived barriers appeared in more than half of the pins mentioning OC pills, potentially creating the impression of significant concerns about their side effects. In contrast, the perceived benefits of IUDs appeared more frequently than perceived barriers; suggesting that the high efficacy rate of IUDs is seen to outweigh concerns about its potential side effects. The support for IUDs is consistent with prior research (Nguyen & Allen, 2018; Paul et al., 2017). In addition, perceived benefits of FAMs appeared more frequently than any perceived barriers, indicating a focus on

Table 1. Contraceptive Pin Information (n = 404).

Variables	Pin content	
	n	%
Pin focus		
Information about contraceptives	389	96.28
Social/political context	15	3.71
Type of account		
Personal blogger	43	10.64
Formal medical institution	10	2.48
Online health resource	18	4.46
News source	8	1.98
Business/commercial	34	8.42
Individual	254	62.87
Other account type	37	9.16
Origin of pin		
Personal blogger	62	15.35
Formal medical institution	22	5.45
Online health resource	65	16.09
News source	50	12.38
Business/commercial	85	21.04
Other origin	120	29.70
Contraceptive type		
Unspecified type	148	36.63
OC pills	221	54.70
IUD	168	41.58
FAM/natural	47	11.63
Other type	103	25.50
Visual type/Image in pin		
Primarily image	157	38.86
Primarily text	26	6.44
Mix	149	36.88
Infographic/diagram	49	12.13
Drawing	19	4.70
Video	3	0.74
Other visual type	1	0.25
Pregnant person	17	4.21
Children	22	5.45
Implied intimacy	27	6.68
OC pills	143	35.40
IUD	78	19.31
Thermometer	15	3.71
Other type depicted	65	16.09

Note. OC = oral contraceptive; IUD = intrauterine devices; FAM = fertility awareness methods.

benefits despite some concerns about efficacy with typical use (Pallone & Bergus, 2009; Planned Parenthood, n.d.). Interestingly, pregnancy prevention as a benefit appeared in less than one third of OC pill pins. Further research is needed to explore why pregnancy prevention is not a primary feature of OC pill pins and what this means for public perceptions of contraception.

The highly positive portrayal of FAMs and relatively negative portrayal of OC pills may help explain the growing

interest in FAM, although it is unclear to what extent the pins merely reflect current sentiments and to what extent they drive further interest. Prior research suggests that side effects from OC pills can be significant and concerns about side effects may be dismissed by clinicians despite the importance of full knowledge for informed contraceptive decision-making by the patient (Stevens, 2018). Patient-provider health communication has been found to be vital to contraceptive decisions yet can act as a barrier when the provider is dismissive or undermines the patient's own knowledge or past contraceptive decisions (Berndt & Bell, 2021; Manzer & Bell, 2022). In these instances, patients may be left feeling unsatisfied with their consultation leading to some women changing doctors or not returning to the health care setting (Berndt & Bell, 2021; Gomez & Wapman, 2017; Manzer & Bell, 2022). Poor experiences may also reflect why women may be switching to FAM because, unlike OC pills or IUDs, no engagement with medical professionals is needed to adopt FAM usage. Pins critical of OC pills or offering details about how to come off hormonal contraception may reflect an underlying demand for nonhormonal approaches to contraception. Positive online discourse around IUDs (Alvarez-Mon et al., 2021; Nguyen & Allen, 2018), which may be hormonal or copper, should be further examined in light of this.

The presence of positive FAM content in these searches may also be particularly appealing to Pinterest users when viewed in contrast to the negative content about OC pills. Prior research on HBM constructs indicates that perceived benefits and barriers to using a contraceptive are predictors of use (Hall, 2012; Roderique-Davies et al., 2016), making it critical to consider if current discourse around FAM and hormonal contraception may be shaping perceptions and contraceptive use patterns. Messages about side effects may be particularly persuasive since greater expectations of negative side effects are associated with lower rates of use of hormonal contraceptives (Frost et al., 2012). More broadly, patient testimonies found online and within social networks have become a key resource for informing women's future contraceptive decisions (Gressel et al., 2014; Levy et al., 2015).

While certain sympto-thermal and sympto-hormonal approaches to FAM are within the efficacy range of OC pills with typical use, it should be stressed that FAM approaches are sensitive to inconsistent and incorrect use (Urrutia & Polis, 2019). Furthermore, not all mobile femtech applications that claim to empower women to engage in FAM are currently evidence based (Duane et al., 2016). Thus, content that encourages the adoption of FAM approaches may inadvertently increase risks of unplanned pregnancy if it does not clearly communicate the importance of proper use and of obtaining appropriate training in the method. As femtech and new interest in FAM methods grow, additional research is needed to understand how FAM is being promoted on other social media sites, as well as the overall role of social media in shifting perceptions of contraceptive methods. Clinicians should especially be prepared to address and validate patient

Table 2. Health Belief Model (HBM) Constructs.

HBM construct	OC pills (n = 221)		IUDs (n = 168)		FAM/natural (n = 47)	
	n	%	n	%	n	%
Benefits (total)	86	38.91	74	44.05	33	70.21
Pregnancy prevention	63	28.51	62	36.90	29	61.70
No side effects	—	—	—	—	3	6.38
Other	23	10.41	12	7.14	1	2.13
Barriers (total)	117	52.94	63	37.50	12	25.53
Side effects of use	82	37.10	39	23.21	—	—
Cost	2	0.90	3	1.79	0	0.00
Failure	20	9.05	12	7.14	11	23.40
Other	13	5.88	9	5.36	1	2.13
Severity	2	0.90	0	0.00	0	0.00
Susceptibility	12	5.43	13	7.74	9	19.15
Cues to action	42	19.00	26	15.48	13	27.66
Self-efficacy	16	7.24	11	6.55	6	12.77

Note. HBM = Health Belief Model; OC = oral contraceptive; IUD = intrauterine devices; FAM = fertility awareness methods.

Table 3. Contraceptive Type and Health Belief Model Constructs Overall (Logistic Regression).

Variable	B	p-value	OR	95% CI
DV: Perceived benefits				
Mention OC pills	.747	<.001*	2.111	[1.334, 3.340]
Mention IUD	.825	<.001*	2.282	[1.443, 3.610]
Mention natural family planning	1.590	<.001*	4.904	[2.426, 9.915]
DV: Perceived barriers				
Mention OC pills	1.462	<.001*	4.313	[2.715, 6.849]
Mention IUD	.498	.034*	1.645	[1.040, 2.602]
Mention natural family planning	.019	.957	1.019	[.516, 2.012]
DV: Perceived susceptibility				
Mention OC pills	.591	.326	1.807	[.555, 5.876]
Mention IUD	1.875	.004*	6.521	[1.789, 23.768]
Mention natural family planning	2.094	<.001*	8.115	[2.628, 25.053]
DV: Perceived cues to action				
Mention OC Pills	.743	.012*	2.102	[1.178, 3.750]
Mention IUD	.260	.364	1.298	[.740, 2.277]
Mention natural family planning	.609	.106	1.839	[.879, 3.850]
DV: Perceived self-efficacy				
Mention OC pills	.780	.096	2.181	[.871, 5.464]
Mention IUD	.251	.571	1.285	[.539, 3.063]
Mention natural family planning	.954	.065	2.596	[.941, 7.161]

Note. NB: Because of low frequencies, perceived severity not reported in this table. CI = confidence interval; OC = oral contraceptive; IUD = intrauterine devices.

* $p < .05$.

concerns about adverse effects from the OC pill and questions regarding all contraceptive method options. Growing interest in these questions may present an opportunity to strengthen patient-provider communication about contraceptives. Recent survey results suggest that 74% of women who use contraceptives would prefer to learn about side effects from their health care provider, compared with just 1% for social media (KFF Women's Health Survey, 2022).

While this descriptive content analysis is the first to compare the portrayal of these three contraceptive methods on social media, there are several limitations to note. First, the study only evaluates a single social media platform. Pinterest may only represent a certain niche of contraceptive discourse, whereas other platforms could have a different discussion of OC pills, IUDs, and FAMs; thus, it may not be representative of all online discussions surrounding contraception. Second,

pins should also not be seen as representative of the opinion of any group, but rather as an exposure that may shape health beliefs. Future research is needed to examine how users respond to these pins and why they re-pinned them. We also did not assess the pins for misinformation and are not able to address the accuracy of information provided, something future studies should consider including. In addition, the content on pages linked to from pins was not coded. While the sampling technique used approximated randomness, it could have been strengthened by systematically selecting every third pin after choosing a random number from 1-N and using that as the starting point for data collection. Finally, it should be noted that this study focused on contraception related content and does not reflect the larger body of FAM content on social media, which likely includes both pregnancy prevention and planning content (Blakemore et al., 2020). Further work is needed to examine FAM in greater detail, as well as to examine other forms of hormonal and non-hormonal contraception on social media.

Conclusion

OC pills are often negatively framed on Pinterest, whereas IUDs and FAMs are more positively framed in terms of risks and benefits. In particular, pins captured concerns about harmful side effects from OC pills, but the benefits less frequently so. This study provides insight into the informational environment for contraceptive use on the social media platform Pinterest, which in turn can inform clinicians on how best to prepare for contraceptive consultations with patients and inform public health professionals on how to best frame contraceptive information campaigns.

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