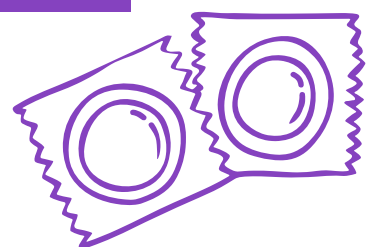


Speaking to young people about contraception

This factsheet provides key messages, myth-busting facts, and practical tips to support informed, inclusive, and stigma free conversations about contraception with young people.

Developed in collaboration with Dr. Clare Boerma, Medical Director and GP at Family Planning Australia.



Speaking to young people about contraception

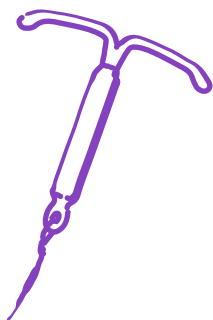


Quick facts and stats

- When used correctly, contraception is very effective at preventing unplanned pregnancy.
- Long-acting reversible contraception (LARCs) like implants and IUDs (intrauterine devices) are the most effective contraceptive methods with over 99% efficacy.
- There are lots of different types of contraception available. Your healthcare professional can help you work out which is the best option for you.
- Emergency contraception is available over the counter at pharmacies and works best when taken as soon as possible (within five days).
- Condoms are the only method of contraception that protects against both STIs and pregnancy.
- Regular STI testing is recommended and should be encouraged alongside contraception use.



Explaining contraceptive types



Long-acting reversible contraception (LARC)

A “set and forget” method. These include contraceptive implants and IUDs. They’re inserted by a health professional and can last up to 3-10 years, depending on the type.

Short-acting contraception

Includes the Pill, vaginal ring, and contraceptive injection. These rely on consistent use and missing a dose can reduce effectiveness.

Emergency contraception

Used after sex, either when contraception wasn’t used, was used incorrectly, or failed (e.g. broken condom). Includes emergency contraceptive pills or a copper IUD within five days of sex. Young people should also consider getting tested for sexually transmissible infections (STIs).

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“Young people are potentially eligible for all reversible contraceptive methods available in Australia. Long acting-reversible contraceptives are recommended as first-line options, given their higher efficacy, satisfaction and continuation rates, and overall cost-effectiveness,”

– Dr. Clare Boerma.

How effective are the different types of contraception?

	Pros	Cons
Implant (e.g. Implanon) Type: LARC Effectiveness: 99.95%	Very effective. Long-lasting (up to three years), discreet, low maintenance, can stop periods, cost-effective.	Requires insertion/removal by a health professional – may have an upfront cost. May have irregular or unpredictable bleeding / periods or hormonal side effects.*
IUD (e.g. hormonal or copper) Type: LARC Effectiveness: 99.7-99.9%	Very effective. Long-lasting (up to 5-10 years), discreet, low maintenance, cost-effective. Hormonal IUD can help with heavy periods and may stop periods.	Requires insertion/removal by a health professional - may have an upfront cost. May have irregular bleeding or hormonal side effects* (hormonal IUD). May cause heavier periods (copper IUD).
Contraceptive pills Type: Short-acting Effectiveness: 93-96%	Easy to start/stop. Some pills can regulate periods, and help with heavy periods and acne.	Must be taken daily. Less effective if vomiting/diarrhoea occurs or a dose is missed.

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Pros

Cons

Vaginal Ring

Type: Short-acting

Effectiveness: 93-96%

93-96% Monthly use, less daily hassle, can help with heavy periods.

Can be tricky to insert/remove for some people.

Need to remember to change every month.

May have hormonal side effects*.

Injection (Depo)

Type: Short-acting

Effectiveness: 93-96%

Lasts 12 weeks, low maintenance. Many people will have no bleeding by one year of use.

May delay return to fertility (up to 12 months). May cause irregular bleeding or hormonal side effects*.

Need regular appointments for injections.

Condom (external or internal)

Type: Barrier

Effectiveness: Perfect use 95-98%; typical use 79-88%

The only form of contraception that protects against both STIs and pregnancy.

No prescription needed.

Can break if not used correctly.

Used at the time of sex.

Not as effective at preventing pregnancy as long acting reversible methods.

Emergency Contraceptive Pill (ECP)

(There are also emergency copper IUDs available)

Type: Emergency

Effectiveness: The ECP is most effective if used as soon as possible, but can be taken up to 5 days after unprotected sex. It prevents around 85% of pregnancies that otherwise would have occurred.

Can provide protection from unplanned pregnancy after sex.

ECPs are generally considered less effective and more expensive than other regular contraceptives.

An ECP does not provide ongoing contraception for future sex.

*While many people use hormonal contraception without issues, some people experience side effects including headaches, mood changes, weight gain, breast tenderness. If this occurs, they should be encouraged to see a health professional to consider the cause and other contraceptive options they might try.

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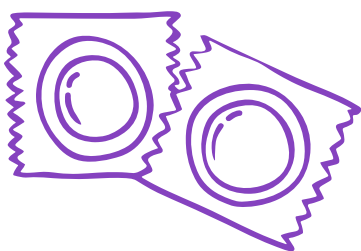
How effective are the different types of contraception? (continued)

What about other methods?

Some young people may ask about methods like the diaphragm, fertility awareness, or withdrawal methods. These aren't recommended for those wanting reliable pregnancy prevention — for example, the diaphragm is only 82% effective with typical use and 1 in 5 people relying on the withdrawal method fall pregnant.

[Print and share the Family Planning Alliance Australia Contraceptive Efficacy Guide for more information.](#)

Where can young people get contraception (and how much does it cost)?

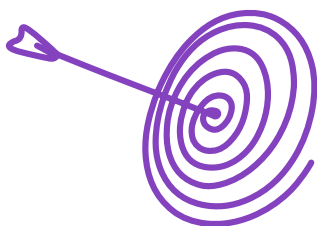


Young people can access contraception from:

- GPs
- Family planning services, women's health, some youth health clinics
- Pharmacies (for emergency contraception or to fill a script for other types)
- Online services for free condom delivery: freedomcondom.org.au

Oral contraceptives, implants, injectables, and hormonal IUDs require a prescription. Emergency contraceptive pills are available over the counter. Different options have different costs.

Helping young people choose

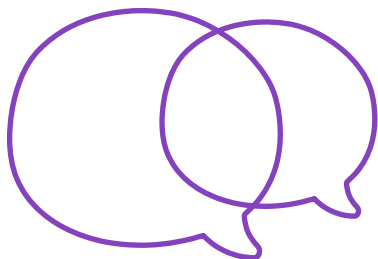


Support decision-making by discussing:

- Effectiveness
- Cost and access
- Discretion and ease of use
- STI protection

Always refer to a GP or Family Planning service for individual advice. Some methods may not be suitable due to medical conditions or medications, and others may help with symptoms like acne or heavy periods.

Speaking to young people about contraception



“There are many factors that influence young people’s contraceptive choices. It’s important to listen to their needs and provide clear, evidence-based information on effectiveness, side effects, risks, and benefits to support informed decisions,”

– Dr. Clare Boerma.

Addressing common concerns and myths

MYTH

Contraception like the Pill causes infertility.

FACT

Reversible contraception does not affect long-term fertility. Only the depo injection may delay return to fertility for up to 12 months, but there is no evidence of long-term impact.

MYTH

Hormonal contraception causes weight gain.

FACT

Only the depo injection has evidence linking it to weight gain in some users.

MYTH

The emergency pill causes abortion.

FACT

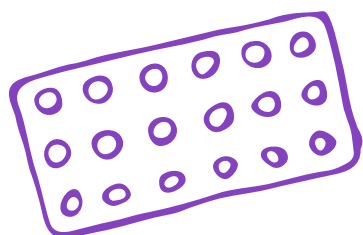
Emergency contraceptive pills work to delay ovulation (the release of the egg from the ovary). It is only effective if ovulation has not yet happened, and doesn’t harm an established pregnancy.

MYTH

I don’t need contraception, withdrawal (also known as the pull-out method) is a reliable method.

FACT

1 in 5 people relying on the withdrawal method fall pregnant.



“Professionals should listen to and validate young people’s concerns, then gently correct misconceptions with evidence-based information. Social media often exaggerates the risks of hormonal contraception, so it’s crucial to provide a balanced view and remind young people that there’s no ‘one size fits all.’”

– Dr. Clare Boerma.

Speaking to young people about contraception



Are you allowed to talk about contraception with young people?

Talking about contraception doesn't encourage sexual activity, but instead supports informed, respectful, and safe choices. Still, many professionals worry about their responsibilities when these conversations come up.



"It's a common concern, but discussing contraception is part of good care for any young person who is or may become sexually active. Consider the nature of the young person's relationship, the presence of an age difference and power dynamics with their partner, whether the contact is consensual, as well as their situation and support at home. Professionals should know their reporting obligations if concerned regarding harm,"

– Dr. Clare Boerma.

FINAL TIPS



We asked Dr. Boerma for any final tips:

- **Mind your language:** Use neutral, inclusive language — say "partner" instead of "boyfriend/girlfriend." Avoid making assumptions about someone's gender or sexuality.
- **Don't make assumptions:** Try a "parts and practices" approach: focus on the body parts involved (e.g. penis, vagina) and how they're being used, rather than the person's identity. This helps you assess pregnancy risk and give the right advice without assumptions about someone's sexual orientation or gender.
- **Encourage shared responsibility:** Everyone, regardless of gender, can be part of the contraception conversation. Talk about consent, negotiation, and healthy relationships. Ask questions like: "Have you and your partner talked about what contraception might work best for you both?" However, this should be balanced with the reality that most effective contraceptives available are used by people with uteruses, and they should be empowered to choose methods that work best for them.
- **Talk about STIs at the same time:** Condoms are the only method that protects against STIs. Because they're less effective at preventing pregnancy on their own, encourage "dual protection" — using condoms alongside a more effective contraceptive method. Regular STI testing should also be recommended.

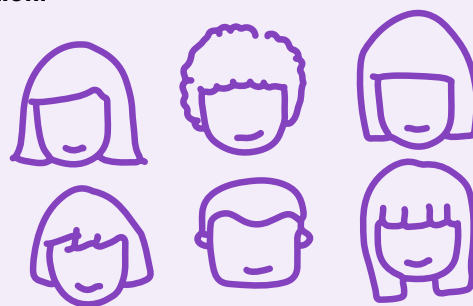
Speaking to young people about contraception



Where can young people learn more?

Refer young people to the following resources for additional information.

- [Family Planning Australia – Contraception](#)
- [Play Safe Pro – Contraception tools](#)
- [BodyTalk – Find the right fit](#)
- [FPNSW Talkline](#)
- [Nurse Nettie](#)
- [NSW Sexual Health Infolink](#)



STAY UP TO DATE



Clinical information evolves. Many reliable sources, like the [Play Safe](#) and [Play Safe Pro](#) websites, offer current guidance for youth workers and young people. Subscribe to the [Play Safe Pro newsletter](#) to stay up to date with our free resources, factsheets, tools, and interactive activities.

If you can't answer a question, or need more support, advise the young people you work with to contact [Nurse Nettie](#) or the [NSW Sexual Health Infolink](#).