



Submission: UN Office of High Commissioner - Report on disinformation

MSI Reproductive Choices

About us

From contraception to safe abortions, and life-saving services following unsafe procedures, MSI Reproductive Choices (formerly Marie Stopes International) is committed to delivering compassionate, high-quality services for all, including abortion and contraception.

Today, our organisation has over 10,000 team members working in 37 countries across the world. Since 1976, we have delivered sexual and reproductive healthcare services to over 145 million clients. We currently see over 28,000 clients daily, and over 32 million women and girls worldwide use a method of contraception provided by us. Last year, our services prevented 13 million unintended pregnancies, 6.5 million unsafe abortions and 34,600 maternal deaths. We also provide vasectomy services.

Misinformation and disinformation: Sexual and Reproductive Health and Rights

Summary of MSI Reproductive Choices UK's submission

While it is widely recognised that false medical information is extremely serious, there appears to be a lack of dedicated focus or resource given to tackling misinformation and disinformation which relates specifically to Sexual and Reproductive Health and Rights (SRHR).

In our view, this area of medical misinformation and disinformation should be given a dedicated focus (in the same way that there is a dedicated focus on COVID-19 or anti-vaccination fears), particularly in relation to abortion. There are specific and complex challenges arising from misinformation and disinformation in relation to SRHR. To illustrate why this is necessary, we have identified two specific challenges which make SRHR-related misinformation and disinformation urgent, and particularly complex. These are:

- The extent to which accurate, reliable SRHR education is linked to global gender equality.
- The complexities caused by the religious framing within which much SRHR-related misinformation and disinformation sits.

Therefore, any global strategy to address misinformation and disinformation should:

- Include an explicit commitment to tackle SRHR-related misinformation and disinformation, with a dedicated resource and focus assigned that recognises the urgency and complexity of this area.
- Ensure that protecting people from misinformation and disinformation, particularly of a medical nature, is recognised as dangerous and urgent, even where the information is framed in a religious context.
- Ensure that the differentiation between fact and opinion is upheld, particularly where there is a wilful conflation of the two in the name of medical "concern."

- Approach any proposals which would remove or stigmatise the ability to access online platforms anonymously with extreme caution, and with careful engagement with representatives from marginalised communities. Restricting the ability to engage online anonymously would be detrimental to many of the most marginalised people around the world, as anonymous online communities often provide a source of information-sharing, fact-checking and validation.

NB: for brevity, from this point onwards, we will refer to misinformation and disinformation collectively as “false information”, except where we are referring specifically to either misinformation or disinformation.

Our submission

A dedicated focus for SRHR

Access to abortion and contraception is a human right. Accurate information about abortion and contraception is an essential part of protecting this right. Without it, even with liberalised laws, abortion will remain stigmatised, and will be difficult to regulate and provide as effectively as needed. False information about abortion and contraception undermines safe access. It is disempowering to populations in countries without strong legal or cultural support for SRHR by denying people knowledge about their own health and rights.

According to the World Health Organisation (WHO), 4.7% to 13.2% of maternal deaths are attributed to unsafe abortion. Around 7 million women are admitted to hospitals every year in developing countries due to unsafe abortion. The annual cost of treating major complications from unsafe abortion is estimated at USD 553 million.

The WHO says that: “**Almost every abortion death and disability could be prevented through sexuality education, use of effective contraception** [my bold], provision of safe, legal induced abortion, and timely care for complications.” This indicates that the quality of information available about abortion, contraception and sexuality is directly impacting human lives and rights (mainly the lives and rights of women and girls).

SRHR and global gender inequality

SRHR is intrinsic to improving global gender inequality. Reproductive coercion is a fundamental tool through which women and girls are oppressed. Sharing accurate information on SRHR is about more than medical information; it is about equipping people (especially women and girls) with knowledge of their own rights regarding consent, autonomy, privacy, and sexuality.

Impact of religious framing

False information about SRHR is often presented as religious opinion. This can result in political and social reluctance to challenge false SRHR information with the same commitment that is seen in the responses to false information about COVID-19 or anti-vaccination fears. While we fully recognise the importance of religious freedom, it is critical that governments, regulators, policymakers and thought leaders do not prioritise the protection of religious expression over protecting people from false information, or over protecting the right to privacy and family life.

We urge the UN to ensure that any global strategy to tackle false information does not protect false information which is harmful to SRHR when and if it is presented as religious opinion.

False SRHR information

The repercussions of false information about SRHR, especially abortion, can be serious, often fatal.

False SRHR information is not a new issue. In 2011, Dr Sam Rowlands (University of Bournemouth) published 'Misinformation and Abortion' in *The European Journal of Contraception and Reproductive Health Care*.¹ The paper identifies five key areas of anti-abortion misinformation. These are claims of:

- Risk to life
- Risk of breast cancer
- Risk to mental health
- Risk to future fertility
- Fetal pain.

This non-exhaustive list touches upon some of the most egregious examples of false information about abortion. Beyond abortion, which is the sole focus of Dr Rowlands' report there is also false information in global circulation about sexual health products and services, such as condoms.

On 12 February 2020, a group of EU parliamentarians wrote to Stella Kyriakides as the EU Commission's health commissioner and the Dunja Mijatović as the Council of Europe's human rights commissioner, calling upon them to specifically and directly address false information concerning abortion.

This letter followed an undercover investigation into Heartbeat International by *Open Democracy*,² which identified a global false information network targeting abortion access and attempting to create barriers. False information varied from common but unsubstantiated claims such as the assertion that abortion is linked to higher cancer risks, to more unusual claims such as an assertion that having an abortion can make one's husband "experience homosexuality."³

False SRHR information is often designed to blur the lines between fact and opinion by using medical "concern" to ask questions which frighten or mislead people. For example, claims that abortion causes breast cancer could be identified as false, but repeatedly asking abortion providers or clinical bodies to prove whether there is any possible link between abortion and cancer can be harder to challenge.

A global strategy to tackle false information must recognise this tactic as intentionally misleading and design mechanisms for addressing false information which disseminates through such calculated channels and methods.

¹ [\(PDF\) Misinformation on abortion \(researchgate.net\)](#)

² [Exclusive: Trump-linked religious 'extremists' target women with disinformation worldwide | openDemocracy](#)

³ ['You could die and turn your husband gay'. How I learned to talk women out of legal abortions | openDemocracy](#)

Impact on freedom of expression

Legal case study from the UK on balancing free expression with abortion rights

In the UK, Public Safety Protection Orders (PSPOs) have been implemented by three local councils to protect the rights of those entering an abortion clinic from harassment and from privacy violations, due to anti-abortion activity outside. The first PSPO to be created (in the London Borough of Ealing) was challenged legally on grounds of free expression. The challenge was rejected by the High Court⁴ and by the Court of Appeal⁵ on the basis that in accordance with the European Convention of Human Rights, the Article 8 right to privacy and family life must be protected, in this instance, over the qualified right to free expression, and that there is a positive obligation to protect the former.⁶

This is a useful example of striking an effective balance between the right to privacy and family life, and the right to freedom of expression. When considering the possible impact on free expression, we encourage the UN to consider the priorities expressed during these rulings in the design of any global strategy to tackle false information.

Anonymity online

Encouraging or enforcing limits on online anonymity has been discussed as a possible solution in tackling false information.⁷

Any proposals which would make it more difficult for people to maintain anonymity online should be approached with extreme caution. There is an acknowledgement that “whistleblowers and activists”⁸ need to remain anonymous but these are not the only people who benefit from anonymity. Marginalised people, especially LGBTQI people, women and girls, those living with abuse, survivors of abuse and sexual violence, sex workers, people with mental health problems, people with learning disabilities, people who are not neurotypical, and people with physical disabilities all benefit disproportionately from safe, private access to online communities.

While there can be risks to online engagement, these dedicated online spaces often provide a necessary source of information, support, advice, validation, safety, and community to people who need it most. False information is often corrected online as well as perpetuated, especially in dedicated community spaces. This is especially true in countries where the disinformation is coming from the government.

⁴ The fact of being pregnant is often, in itself, one that a mother reasonably wishes to be kept private... in the early stages. The fact that one is considering, or has undergone, an abortion is, if anything, likely to be an even more intensely private affair for many women and their partners. To be the focus of open public attention, often at the very moment when sensitivities are at their highest, is an invasion of privacy even when it occurs in a public place.” Judge Turner, *Dulgheriu v London Borough of Ealing*.

⁵ “There is no doubt that it falls within the notion of private life within the meaning of Article 8”, [Court of Appeal ruling](#), 21.08.2019, Case No: C1/2018/1699. Court of Appeal Judgment Template (judiciary.uk)

⁶ [Ealing Safe Zone Court of Appeal Judgment | MSI Reproductive Choices UK \(msichoices.org.uk\)](#)

⁷ [Campaign to Clean up the Internet](#)

⁸ [New year, new internet? Why it's time to rethink anonymity on social media | openDemocracy](#)



Removing, disincentivising or stigmatising the ability to access these spaces anonymously would be harmful in tackling false SRHR information - and could worsen the very inequalities we are seeking to address.

Conclusion

Within the global approach to tackling false information, there should be a dedicated focus on false information which relates to SRHR, especially abortion. This is due to specific urgencies and complexities that apply to SRHR-related misinformation. These are:

- The extent to which accurate, reliable SRHR education is linked to global gender equality.
- The complexities caused by the religious framing within which much SRHR-related misinformation and disinformation sits.

Any international strategy to address misinformation and disinformation should:

- Prioritise SRHR-related misinformation and disinformation, with a dedicated resource and focus assigned that recognises the urgency and complexity of this area.
- Ensure that protecting people from misinformation and disinformation, particularly of a medical nature, is recognised as dangerous and urgent, even where the information is framed in a religious context.
- Ensure that the differentiation between fact and opinion is upheld, particularly where there is a wilful conflation of the two in the name of medical “concern.”
- Consider any proposals which would limit or stigmatise the ability to access online platforms anonymously with extreme caution, and only after meaningful consultation with representatives from marginalised communities.

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