



# KNOW WHERE TO GO...

*Navigating sexual & reproductive health misinformation in school and online in Ireland*

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# FOREWORD



As a young adult, I have spent most of my life within the four walls of educational institutions and, most recently, in the virtual space. Amidst all the things I have learnt on both platforms, I have also observed a gap...a gap in knowledge and an influx of misinformation on sexual health. Sex education goes beyond biology, it involves the emotional, physical and social aspects of general well-being.

In Ireland and other countries across the globe, young people have spoken up about the effects of sexual health misinformation on their mental and physical health and social relations. These negative effects are felt most by girls and young women, who are then faced with increased exposure to sexual and gender-based violence, STIs, FGM, and unintended pregnancies.

Ultimately, this can put a pause to her education, her career or even her life.

It is therefore important that we are empowered with facts and the tools to acquire facts from trusted sources of information about our sexual health... **because we have a right to know where to go.**

**-AMARACHUKWU ONYEGIRI**

Youth Advisory Panel member



# INTRODUCTION

In 2018, Plan International Ireland undertook a research project to understand the prevalence of period poverty in Ireland. One of the most striking findings from the research was that period poverty is not just limited to the lack of provision of menstrual projects, but also encompasses the shame, stigma, and lack of education around periods that people who menstruate experience. This was illustrated in the findings that **1 in 2 of those surveyed did not find school helpful for providing information on their period**, and 43% felt they did not know what to do when their period started.

In 2020, Plan International Ireland supplemented the broader State of the World's Girls report by examining the rise of online gender-based violence experienced by girls and young women in Ireland. The findings demonstrated that **67% of girls and young women in Ireland have experienced harassment or abuse on social media**, with the average age of first harassment being 13.

Recently, the Covid-19 pandemic has radically altered how many of us live around the world, limiting formal education opportunities amid school closures, and increasing our reliance on the internet. In 2021, we chose to focus our research on another dimension that threatens to interfere with the education and autonomy of young women in Ireland: misinformation on sexual & reproductive health.

The findings of this research support what our previous research demonstrated in other ways: a clear need for formal education opportunities related to sexual & reproductive health, and the prevention of the spread of false or harmful content on social media, which threatens young people's ability to learn informally online.

Foundational to Plan International Ireland's work is a focus on girls' education. All across the world, Plan International supports children and young people to claim their rights in all aspects of their lives. Misinformation and a lack of information on sexual health is having a negative effect on young people in Ireland.

This is especially true for girls and young women, who are at increased risk of STIs, unwanted pregnancy, and gender-based violence. Broader research conducted by Plan International in *The Truth Gap* (<https://planinternational.org/publications/truth-gap>) found that girls and young women who identify as belonging to a minority are more affected by misinformation online. All the factors of girls' identities - their race, ethnicity, sexuality, disabilities - play a part in how they experience this differently.

The Plan International Ireland Youth Advisory Panel (YAP) researched how misinformation on sexual health affects their peers. The survey complements the larger research by Plan International while providing specific evidence for the Irish context and how it relates to sexual health and reproductive rights.

**85%**   
OF YOUNG PEOPLE  
HAVE BEEN EXPOSED  
TO MISINFORMATION  
ABOUT SEXUAL HEALTH

 **90%**  
SAID THEIR PEERS ARE  
'FREQUENTLY' EXPOSED TO  
MISINFORMATION ON TOPICS  
RELATED TO SEXUAL HEALTH

**4 IN 5**   
SAID THEY OR  
SOMEONE THEY KNEW  
SUFFERED NEGATIVE  
EFFECTS FROM BEING  
MISINFORMED ABOUT  
SEXUAL HEALTH

**1 IN 3**   
ENCOUNTERED  
MISINFORMATION ON  
LGBTI+ IDENTITIES IN  
SCHOOL 

**2/3** SAID THEY GET MOST OF  
THEIR INFORMATION ON  
CONSENT FROM THE  
INTERNET OR SOCIAL MEDIA



THE GAP BETWEEN LEARNING  
ABOUT SEX FROM FRIENDS OR  
THE INTERNET AND LEARNING  
ABOUT SEX IN SCHOOL IS

**2 YEARS**



**LESS THAN 1%**  
WOULD LOOK TO  
SCHOOL FOR  
FURTHER  
INFORMATION  
ON SEXUAL  
HEALTH



INTERNET SOURCES &  
SOCIAL MEDIA WERE  
IDENTIFIED AS THE  
 **#1** SOURCE  
OF MISINFORMATION  
ABOUT SEXUAL HEALTH  
& SCHOOL WAS **#2**

## METHODOLOGY

This research was conducted during summer and autumn 2021, following consultation with Plan International Ireland and the Youth Advisory Panel. Data was collected using a closed question survey with 16 questions that asked young people about their experience of learning about sexual health, exposure to misinformation and its consequences. One question was open-ended to collect qualitative data. The survey was administered online and shared with the Youth Advisory Panel's schools, peers, and other youth networks using a convenience sampling method. Further responses were collected using social media advertising.

Anonymity and confidentiality were ensured throughout the data collection process. There were 503 respondents in total, aged 15-24. 63.9% of the respondents self-identified as female, while 22.9% were male. 13.2% of respondents were non-binary or preferred not to say. From these respondents, 4.6% identified themselves as from an ethnic minority, 4.6% from a religious minority, 53.9% as LGBTI+, and 15.8% as having a disability. All respondents live in Ireland, with 58.4% from Leinster, 28.8% from Munster, 9% from Connaught, and 3.8% from Ulster.

## WHERE DOES LEARNING HAPPEN?

In order to understand the root causes of misinformation, it's important to examine where and when young people are learning about sexual health. Based on our research, **the average age young people first learned about topics related to relationship and sexuality education in schools was 12, while the first time they learned about these topics outside of school (such as from friends or online) was 10.**

This indicates a significant gap where children are vulnerable to misinformation, especially if they haven't been taught skills on how to identify which information online is trustworthy.

Additionally, the research demonstrates that young people overwhelmingly get their information on sexual health online, rather than in school or from friends and family. **Only 16% of young people said they learned most of their information on consent in schools, compared to 66% who indicated social media or the internet.**

### **2/3 OF YOUNG PEOPLE SAID THEY LEARNED MOST OF THEIR INFORMATION ON CONSENT FROM SOCIAL MEDIA, OTHER INTERNET SOURCES, OR PORNOGRAPHY**

Social media and other internet sources were the favoured learning outlets for all other topics, with 80% of young people indicating it was their most used information source for LGBTI+ identities.



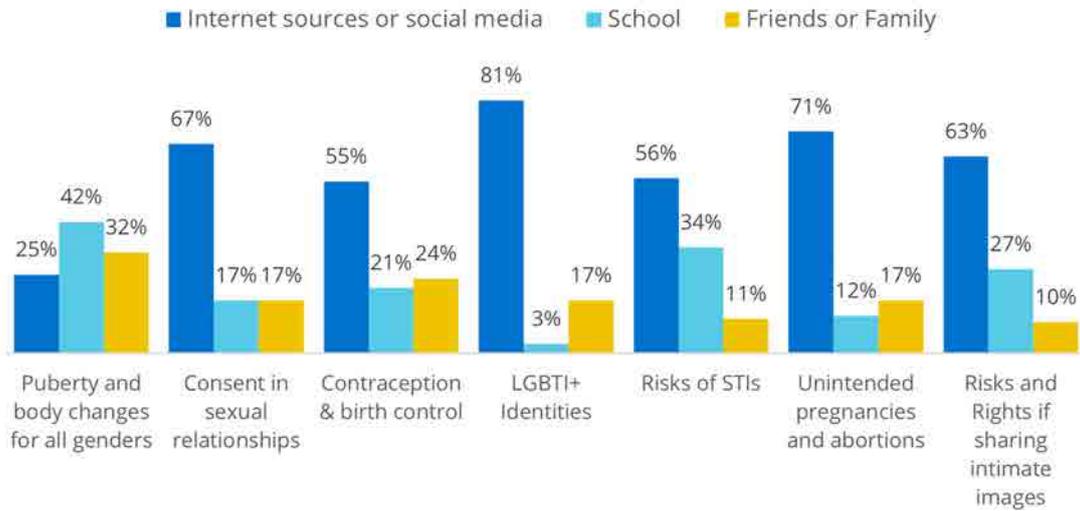
### **LESS THAN 1% OF YOUNG PEOPLE WOULD LOOK TO SCHOOL FOR FURTHER INFORMATION ON SEXUAL HEALTH**

Additional comments/qualitative findings indicated that it is not just perceived misinformation, but a lack of information on sexual and reproductive health in school, that is having a negative impact on young people, especially young women and girls. This also echoes Plan International Ireland's findings on period poverty in 2018, whereby the majority of respondents did not find school useful for providing information on their period.

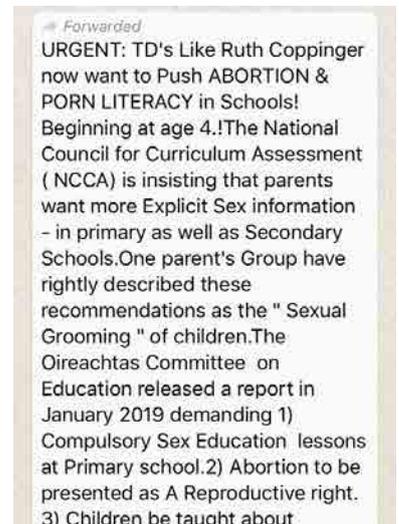
Online and social media are huge sources of learning and present a breadth of opportunities, as well as risks. For young people, these opportunities far outweigh the risks, as they have no other trusted source of sexual health information.

**Overall 84% of young people said they would look to social media, pornography, or other internet sources if they had further questions,** while less than 1% of young people would look to school for further information on sexual health.

## WHERE DID YOU LEARN MOST OF YOUR INFORMATION ON THE FOLLOWING TOPICS?



# EXAMPLES OF SOCIAL MEDIA MISINFORMATION





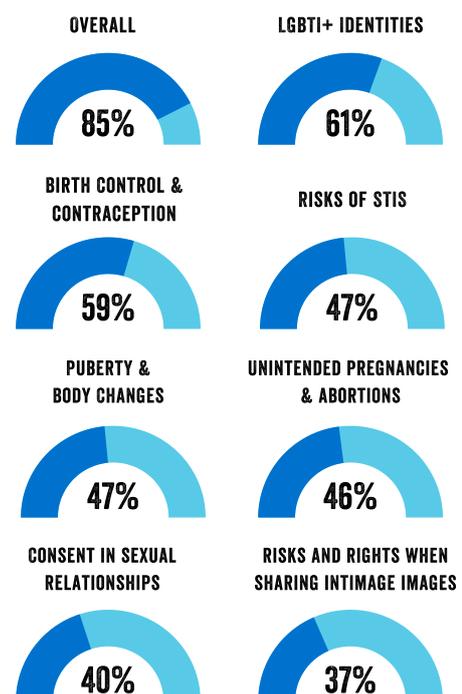
## PREVALENCE AND EFFECTS OF MISINFORMATION

Misinformation about sexual and reproductive health has huge ramifications for the well-being of young people. **91% of young people said they think people their age are exposed to misinformation 'frequently' on topics related to sexual health. 82% of those surveyed said they or someone they know had suffered negative effects from being misinformed about sexual health.** Examples of negative effects can include feeling stressed or confused, causing arguments with friends/family, feeling physically unsafe, etc.

When asked "Have you ever learned something about the following topics and then later discovered you had been misinformed or wrong?" Overall 85% of young people responded yes to at least one topic.

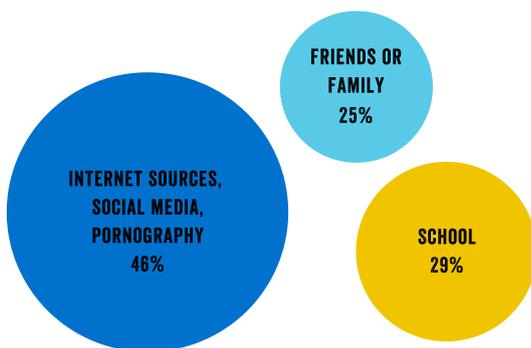
The topics most frequently cited were birth control/contraception (59%) and LGBTI+ identities (61%).

### PERCENTAGE OF YOUNG PEOPLE WHO HAVE ENCOUNTERED MISINFORMATION ON TOPICS RELATED TO SEXUAL HEALTH



Recently, social media has been highlighted as a leading driver of misinformation worldwide, especially related to the Covid-19 pandemic, vaccinations, and politics due to its unregulated nature and sharing capabilities. **In our research the internet was identified as the highest source of misinformation for young people, however as noted above it was the chosen source for further information about sexual health.**

### IF YOU HAVE BEEN MISINFORMED, OR IF YOU HAVE SEEN MISINFORMATION, WHAT WAS THE SOURCE?



This indicates the need for digital literacy training, since social media is a highly valued source of knowledge and information sharing amongst young people. Additionally, young people can be supported by an online resource providing comprehensive relationships & sexuality education to combat misinformation and supplement school-based learning.

Young people identified school as the #2 source of misinformation overall. The insufficient nature of sexual health education in Ireland's formal education sector is well documented. NCCA's Report on the Review of Relationships and Sexuality Education (RSE) found, "By and large, young people view the RSE they are

receiving as inadequate or at best partially meeting their needs. Overall, students expressed frustration about disparities in the content and quality of provision and the absence of a consistent and comprehensive approach to teaching RSE in schools."<sup>1</sup>

The formal curriculum for sexual health education takes place as part of the broader curriculum of Social, Personal and Health Education, which was introduced in 1995 and is currently under review. While the provision of sexual health education in Ireland has frequently been described as outdated, this research demonstrates that the information students are receiving in schools is not only absent, but when it is delivered it is often inaccurate.

The effects of misinformation on sexual health can be varied, from simply being confused about your own body or identity, to unintended pregnancies or STIs as a result of ineffective contraceptive use. However, when asked if they had any examples about encountering misinformation or suffering negative effects from it **there was a shockingly high number of individuals who stated they were unaware they had been sexually assaulted due to a misunderstanding around consent.**

The evidence for comprehensive sexuality education is clear. It improves knowledge and self-esteem, changes attitudes, gender and social norms and builds self-efficacy. It has a positive impact on safe sexual behaviours while not hastening sexual activity. Yet despite the clear and compelling evidence, many children and young people are not receiving access to good quality sexual health education.

1. <https://ncca.ie/media/4462/report-on-the-review-of-relationships-and-sexuality-education-rse-in-primary-and-post-primary-school.pdf>

## YOUTH VOICES

The following are answers from the survey question:  
"Do you have any examples about encountering misinformation or suffering negative effects from it?"

**SO MANY GIRLS I KNOW WERE UNAWARE THAT THEY HAD BEEN SEXUALLY ASSAULTED DUE TO MISINFORMATION SURROUNDING CONSENT**

**IN SEX ED IN POST-PRIMARY WE WERE TAUGHT THAT YOU COULD GET PREGNANT BY TOUCHING A DOOR HANDLE WITH SEMEN ON IT VIA CONTACT PREGNANCY AND THUS ABSTINENCE WAS THE ONLY WAY TO PREVENT UNWANTED PREGNANCY.**

**MY TEACHER TOLD ME PEOPLE DIDN'T USUALLY GET PREGNANT FROM RAPE, SOMETHING ABOUT NOT CONCEIVING IF YOUR BODY GOES THROUGH TRAUMA**

**I'VE HEARD PEOPLE MY AGE SAY THAT GAY/LESBIAN SEX DOESN'T REQUIRE PROTECTION, WHEN IN FACT IT ABSOLUTELY DOES.**

**IN SCHOOL AT ABOUT 15 OR 16 WE WERE TOLD THAT WOMEN COULD NOT GET PREGNANT WHILE ON THEIR PERIODS EVEN IF NO FORM OF BIRTH CONTROL WAS BEING USED... THIS KIND OF MISINFORMATION FROM SEX EDUCATION IN SCHOOL WAS CERTAINLY A COMPONENT IN THE PREGNANCIES OF SEVERAL GIRLS IN MY YEAR.**

**NEVER HAVING ANY SEX EDUCATION ON LGBT SEX IN SCHOOL WAS HARMFUL FOR US AS WE HAD NO CHOICE BUT TO SEEK ANSWERS FROM THE INTERNET (WHICH OFTEN LED TO PORN RATHER THAN EDUCATIONAL CONTENT).**

**IN SCHOOL WE WERE GIVEN A REALLY BACKWARDS VIEW OF CONSENT. OUR TEACHER TOLD US TO GET CONSENT TO AVOID BEING SUED, OR ACCUSED LATER ON, AND NEVER REALLY EXPLAINED HOW TO PROPERLY GIVE / GET CONSENT AND WHY IT'S IMPORTANT FOR THE OTHER PERSON.**

# RECOMMENDATIONS

## DEVELOPED BY THE YOUTH ADVISORY PANEL, THEY ARE CALLING FOR:

- A peer-led sexual health education programme to be introduced in each secondary school.
- An online resource developed to present factual, age-appropriate information on sexual health, developed in consultation with young people and trusted partners.
- Relationships and Sexuality Education curriculum to be reformed in line with international best practice, and with a grounding in gender transformative education, youth participation, and child rights. All modules should be compulsory and school implementation should be monitored.
- Provide comprehensive digital media literacy programmes, including, where possible, in school curricula, to meet the specific needs of girls and young women and support gender equality.



## THE GLOBAL LINK

This research project undertaken by the Youth Advisory Panel demonstrates solidarity with young people across the globe who are fighting for sexual health and reproductive rights in their communities. As a rights-based organisation committed to achieving equality for girls, it is crucial that we challenge gender inequality and the social norms which hinder the fulfillment of the sexual and reproductive health and rights of children, adolescents and young people, and in particular of girls and young women. Girls continue to be one of the most marginalised and excluded groups in the world. Across the world girls face situations where they are left without choice or control over their bodies and lives.

Fulfilling the rights of all children, adolescents and young people is fundamental to achieving gender equality, which is at the heart of the Sustainable Development Goals. As a Development and Humanitarian organisation, Plan International Ireland is committed to implementing the Sustainable Development Goals all over the world. The following goals are those crucially linked with the implementation to comprehensive sexuality education:



### SUSTAINABLE DEVELOPMENT GOALS

**3.7** Ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

**4.7** Ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

**5.6** Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

## CASE STUDIES

As the young people surveyed in this report emphasised, comprehensive sexuality education provides a key component in the realisation of sexual health and reproductive rights and the empowerment of girls. To this end Plan International has consistently prioritised projects that support young people to claim these rights all over the globe. These case studies highlight good practice that inspired the recommendations developed by the Youth Advisory Panel, and serve to centre the narrative on those who are already working in this space. The issues raised in this report are not new, but rather universal challenges, and we can look to programmes all over the world for inspiration on how best to solve them.

In Malawi, nearly half of girls marry before they are 18, and young people face a heightened risk of HIV infection. Educational attainment in Malawi is low, with many girls never attending school. Only 37% of young women between the ages of 15-19 have completed their primary education with many girls forced to drop out of school to help look after relatives, find work to support their families or because they fall pregnant.

The lack of comprehensive sex education and information about Sexual and Reproductive Health and Rights (SRHR) make it extremely challenging for young people to access their rights to reproductive health services, and achieve gender equality.

To ensure young people have access to gender-responsive health services and can obtain contraceptives at a convenient location, Plan International trains Youth Community workers who connect with their community to encourage the use of family planning in line with the national SRHR policy in Malawi.



Nester now works with her local health clinic and as part of her work, she spends a lot of time correcting misconceptions. The most common is that using contraceptives long-term can cause infertility. But some misconceptions stretch further. "Once, when I visited another community, I met a woman who had a child with disability who believed that it was due to using contraceptives," she explains.

“I've provided thousands of contraceptives to girls and women and now maternal mortality rates are low. I feel like I'm supporting our national development by helping to reduce population growth and deaths," she says, adding. "When a woman can get contraceptives, she can develop to her full potential.”



When the teachers at a school in Chimborazo, a rural, indigenous province in the Ecuador, started showing their pupils how to use condoms during class time, it caused quite a stir. “The girls were so shocked. They went bright red.” Until 2017, schools across Ecuador promoted abstinence in their sex education programmes, forcing adolescents to rely on incomplete or false information.

But slowly this is changing. With Plan International’s support, more schools are introducing “comprehensive sexuality education” – which gives pupils the full range of information and skills they need to make informed decisions about their health and sexuality. Paulina is one of 200 teachers across the country who has received training from Plan International to help develop young people’s awareness of their sexual and reproductive health.

“

“We try and be practical,” says Paulina. “We tell our young people: ‘If you’re going to have sex, protect yourselves, so you don’t have children so early.’ And most of them listen to that. It starts with them realising that the human body and sexuality are nothing to be embarrassed about.”

”



Madjidath from Benin is a young entrepreneur working with Plan International. Last month she took part in a challenge to create a technology-based solution to tackle a challenge created by the coronavirus pandemic. Madjidath and her team decided to create a web and mobile application, with the aim of helping young people in lockdown deal with sexually transmitted infections.

“This situation is preventing people suffering from sexually transmitted infections access health care and follow-up services from specialised health workers. To help while there are travel restrictions, my team and I proposed Confidence. It is a web and mobile app that enables people to connect online with doctors, psychologists, gynaecologists and specialists.

The platform offers a comprehensive sexual and reproductive education session through interactive content which includes quizzes and games. In addition, Confidence makes it possible for our clients to order contraception and coronavirus test kits and have them delivered to their home.

“

“We plan to evolve the project as it will be relevant after the COVID-19 pandemic is over. We now hope to secure the funding and launch the application in the future.”

”

## CONCLUSION

The research from Plan International Ireland's Youth Advisory Panel is evidence of what most students, teachers, and parents are already know- when young people don't have the answers to their questions, they look for that information online.

In 2019 the Oireachtas put out a report reviewing the Relationship and Sexuality Education curriculum in schools. They found, "The programme [SPHE and RSE] does not deal sufficiently with consent....The programme does not explicitly acknowledge sexism and inequality. The programme does not deal with the role of the Internet, social media, mobile phones or pornography. The programme does not start with young people's lived experiences." <sup>2</sup>

Plan International believes that all children, adolescents and young people – without discrimination – are entitled to comprehensive sexuality education to gain knowledge, explore values and attitudes, and develop the skills they need to make conscious, healthy and respectful choices about relationships and sexuality. Parents and educators should be supported to embrace children's learning about their bodies, relationship and sexuality from early childhood to allow children to explore, clarify and form life-long healthy attitudes and practices, free from coercion, violence and discrimination.

We have plenty of evidence for what happens when Comprehensive Sexuality Education is not taught in schools. It can lead to an increase in teen pregnancies, sexually transmitted infections, and significant levels of emotional distress among young people. By teaching about sexual health in schools we have an opportunity to have a lasting impact on gender equality. By ensuring young people have access to accurate information we can help keep them safe, healthy, and empowered. These are fundamental components of human rights and, the building blocks for stronger communities. The right to accurate information about sexual health cannot be ignored any longer.

<sup>2</sup><https://ncca.ie/en/resources/report-on-the-review-of-relationships-and-sexuality-education-in-primary-and-post-primary-school/>





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