

Reproductive Health in the Age of Social Media: Changing Sources of Knowledge, Misinformation and Women's Health Practices

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Abstract

For a long time, reproductive health knowledge in India passed mainly through family elders, women of the community and health workers. Today, mobile phones and social media platforms such as YouTube, Instagram, WhatsApp and Facebook have become major places where women look for information on menstruation, contraception, pregnancy, fertility and sexual health. This paper studies how this change affects women's sources of knowledge, the spread of misinformation and everyday health practices. The study follows a qualitative design and relies on secondary sources, including peer-reviewed research, international reports and Indian government documents. The reviewed material shows that social media offers privacy, easy access and peer support, and helps break the silence around topics that are rarely discussed at home. At the same time, it spreads myths, unverified remedies and commercial advice that can lead to self-treatment and delay in medical care. Unequal access to phones and low digital literacy make the situation harder for many women. The paper argues that digital health literacy, trained community health workers and responsible use of online platforms should be part of reproductive health policy and education.

Keywords: Reproductive Health, Social Media, Misinformation, Women's Health Practices, Health Knowledge, Digital Health Literacy

Introduction

Reproductive health is understood as a state of complete physical, mental and social well-being in all matters related to the reproductive system, and not only the absence of disease (United Nations, 1994). It covers menstruation, sexuality, contraception, pregnancy, childbirth and menopause. In this sense, reproductive health is not only a medical matter. It is shaped by family, community, culture, gender and the knowledge that people are able to reach.

In India, such knowledge has traditionally been passed on through mothers, grandmothers, mothers-in-law, neighbours and friends, and later through schools, frontline health workers and doctors. These sources carry useful experience, but they also carry silence, shame and old beliefs. Studies on menstruation, for example, show that many girls and women still face myths and restrictions and receive very little clear

information (Garg & Anand, 2015). Many women, therefore, enter important life stages with limited and often incorrect knowledge.

The spread of mobile phones and cheap internet has opened a new route. Women can now watch a video, join a group chat or search a question without asking anyone at home. India has a very large number of social media users, with more than 400 million user identities reported in early 2024 (Kemp, 2024). At the same time, access is unequal. According to the National Family Health Survey (NFHS-5), about 54 per cent of women in India reported having a mobile phone that they themselves use, and about one-third had ever used the internet (IIPS & ICF, 2021). Digital knowledge is therefore reaching some women much more than others.

Online spaces are not neutral. Research shows that false news can travel faster and wider than true news (Vosoughi et al., 2018), and that health misinformation is a serious public health concern (Chou et al., 2018). For reproductive health, where topics are sensitive and people often hesitate to ask, the risk is even higher. This paper examines how social media is changing the sources of reproductive health knowledge for women, how misinformation spreads, and how all this shapes health practices.

Statement of the Problem

Women are increasingly turning to social media for reproductive health information, often because family and formal sources do not give them clear answers. The same platforms, however, mix medical facts with personal opinion, myths, advertisements and unproven remedies. Women may follow such advice without checking it, which can affect their health and delay proper treatment. Research on social media and health is growing, but it is mostly based on Western settings or on general public health topics. There is limited sociological discussion of how Indian women use social media for reproductive health, and of what this means for knowledge, trust and health practices. This study attempts to address this gap.

Review of Literature

The sociological interest in the body and reproduction is old. Foucault (1978) argued that modern societies manage and regulate sexuality and reproduction through knowledge and expert discourse. Giddens (1991) described how people in late modern societies make choices about their bodies and lives by using expert knowledge, which is now available in many competing forms. The International Conference on Population and Development (United Nations, 1994) placed reproductive health and women's right to information at the centre of population policy. Bandura (2001) explained that people learn by observing models in the media and by copying behaviour that appears rewarded, a point that is useful for understanding the role of online influencers.

Eysenbach (2008) observed that the internet changed the role of traditional gatekeepers such as doctors and teachers. He used the term *apomediation* to describe how people now reach information through peers, networks and tools, instead of passing through a single expert. Moorhead et al. (2013), in a review of social media for health communication, found benefits such as wider access, peer support and more personal interaction. The same review found concerns about the quality and reliability of information and about privacy. Lupton (2013) described the digitally engaged patient who tracks and manages health through digital tools, and noted that this places more responsibility on the individual.

In India, the government has tried to reach young people through programmes such as the Rashtriya Kishor Swasthya Karyakram, which includes sexual and reproductive health as a key area (Ministry of Health and Family Welfare, 2014). Even so, Garg and Anand (2015) reported that menstruation-related myths

and restrictions remain common and that open discussion is rare. Lupton (2016), in a study of women's use of digital media during pregnancy and early motherhood, found that women valued the information and peer support they found online, while also feeling worried about conflicting advice and unreliable sources.

Epstein et al. (2017) studied menstrual tracking and found that people use such tools to understand their bodies and to plan, which also raises questions about design and accuracy. Wardle and Derakhshan (2017) separated information disorder into three types: misinformation (false information shared without intent to harm), disinformation (false information shared on purpose) and malinformation (true information used to cause harm). This division helps in understanding the different kinds of unreliable content found online. Research on misinformation has grown quickly. Vosoughi et al. (2018) found that false news spread farther and faster than true news on Twitter. Chou et al. (2018) called for a strong response to health misinformation on social media. A systematic review by Wang et al. (2019) found that health misinformation is widespread on social media, though the evidence on its effects is still limited. During the COVID-19 period, the World Health Organization used the word infodemic for the flood of true and false information, and Zarocostas (2020) described the need to manage it. Swire-Thompson and Lazer (2020) discussed the challenges of online misinformation for public health and offered recommendations. Suarez-Lledo and Alvarez-Galvez (2021) reviewed a large number of studies and found that the amount of misinformation differs by topic and platform.

Taken together, the literature shows that social media can both help and harm health knowledge. However, much of it deals with general health topics or with vaccines, and few studies look at reproductive health in the Indian social setting. Most also treat information as a technical problem, and give less attention to gender, privacy, family control and unequal access.

Conceptual Framework

The study uses three simple ideas. The first is the shift from gatekeepers to peers. Earlier, reproductive health knowledge was controlled by elders, teachers and doctors. Social media allows women to reach information through peers and networks, which fits the idea of apomediation (Eysenbach, 2008). The second is the reflexive and responsible individual (Giddens, 1991; Lupton, 2013). Women are now expected to search, compare and decide for themselves, even when they lack the means to judge the information. The third is social learning (Bandura, 2001). Women observe and copy the advice and habits shown by influencers, content creators and peers. Foucault's (1978) view reminds that talk about women's bodies is also a form of social regulation, which now appears in online spaces as well.

Objectives of the Study

1. To examine how the sources of reproductive health knowledge among women are changing in the age of social media.
2. To understand the types of misinformation related to reproductive health that spread on social media.
3. To analyse the effect of social media on women's reproductive health practices.
4. To suggest ways of improving safe and reliable access to reproductive health information.

Methodology

The study has a qualitative and analytical design and is based entirely on secondary sources. The material was drawn from peer-reviewed journal articles and review studies on social media, health communication

and misinformation, classical and modern sociological works, reports of international bodies such as the United Nations, the World Health Organization and the Council of Europe, and Indian government documents including the National Family Health Survey (NFHS-5) and the Rashtriya Kishor Swasthya Karyakram.

Sources were selected purposively on the basis of relevance to reproductive health, social media and women's health practices, and on the credibility of the publisher or journal. Only published and verifiable sources were used. The material was read closely and grouped into themes through thematic analysis. The main themes were change in sources of knowledge, reasons for using social media, types of misinformation, effects on health practices and unequal access. The limitation of this approach is that no new field data were collected, and that Indian studies on this specific topic are still few. The findings should therefore be read as an analytical understanding built on existing research.

Analysis

Changing Sources of Knowledge

Traditionally, a young woman learned about menstruation, marriage, sexuality and childbirth from older women in the family, and from doctors or health workers when illness occurred. Such learning was personal but limited, and it was often tied to rules about what should not be spoken. Social media has widened the choice. A woman can now watch a doctor's video, follow a creator who shares personal experience, join an online group or use a tracking app. Her sources are no longer only the people around her. The review by Moorhead et al. (2013) and the study by Lupton (2016) both show that people value this easy access and the sense of shared experience.

Why Women Turn to Social Media

Several reasons appear in the literature. The first is privacy. Reproductive health topics are surrounded by shame, and an online search allows a woman to learn without being questioned. The second is the gap in other sources. Where schools avoid the subject and families stay silent (Garg & Anand, 2015), the phone becomes the easiest teacher. The third is convenience, because a video or message is available at any time without the cost and travel needed to meet a doctor. The fourth is peer support, as women find others with the same experience, which reduces the feeling of being alone (Lupton, 2016). The use of tracking tools for understanding the body (Epstein et al., 2017) also shows a wish for greater control and knowledge.

Misinformation and Its Forms

Using the three-part division of Wardle and Derakhshan (2017), unreliable reproductive health content online can be seen in several forms. Misinformation includes honest but wrong advice, such as old myths about menstruation, pregnancy or fertility that are shared again in videos and messages. Disinformation includes content created to sell a product, such as herbal or supplement claims that promise quick cures. Malinformation, where true information is used in a harmful way, can occur when private health details are exposed or when information is used to shame women.

Several features of social media make the problem worse. False content may spread faster than correct content (Vosoughi et al., 2018). Platforms reward content that is attractive, emotional and shared widely, not content that is accurate. Creators with large followings may be trusted for their personality and not for their training. Women also receive conflicting advice and may find it hard to decide whom to believe (Lupton, 2016). The amount of misinformation differs across topics and platforms (Suarez-Lledo & Alvarez-Galvez, 2021), and the evidence on its exact effect on behaviour is still developing (Wang et al.,

2019). These findings come mostly from general health studies, and the same patterns are likely, though not proven, for reproductive health in India.

Effects on Health Practices

The effects can be positive and negative. On the positive side, accurate content can increase awareness, help women recognise symptoms and encourage them to visit a health centre. Online talk can also make it easier to speak about periods, contraception or pregnancy, and so reduce stigma. On the negative side, wrong or commercial advice may lead to self-diagnosis and self-medication, to the use of unproven remedies, and to delay in consulting a qualified doctor. Constant exposure to conflicting information may also increase worry. In line with the ideas of Giddens (1991) and Lupton (2013), the burden of making the right choice falls on the individual woman, even though she may not have the training or support to judge what is correct.

Unequal Access and Digital Divide

Not all women benefit equally. The NFHS-5 data show that only about half of women in India have a mobile phone that they use themselves, and about one-third have ever used the internet (IIPS & ICF, 2021). Women in rural areas, with low education or in families that control phone use may be left out, or may depend on a shared phone with little privacy. Even those who have access may lack the digital literacy needed to check a source. The digital change in reproductive health knowledge is therefore uneven and may widen the gap between women who can reach good information and those who cannot.

Findings

Change in sources of knowledge: The study finds that social media has become an important additional source of reproductive health knowledge for women, next to family, schools, health workers and doctors. It allows learning in private and from peers, which is especially valuable where open discussion is discouraged.

Misinformation: Reproductive health content online includes accurate material but also myths, commercial claims and conflicting advice. The way platforms work helps such content to spread, and women often find it difficult to judge reliability.

Health practices: The effect on practice is mixed. Social media can raise awareness and reduce stigma, but it can also encourage self-treatment, delay medical consultation and increase anxiety.

Access and responsibility: The benefits are not shared equally because of gaps in phone ownership, internet use and digital literacy. At the same time, more responsibility is placed on individual women to judge information on their own.

Discussion

The change described in this paper is not simply a move from old sources to new ones. Social media has changed who speaks about reproductive health, and who is trusted. Authority is shifting from elders and experts towards peers and creators. This can be liberating for women who were denied information, but it can also leave them without guidance. The problem is therefore not only wrong information but also the absence of reliable, friendly and easily available sources in the first place. When trusted sources are missing, unreliable ones fill the space.

Several steps follow from this. First, digital health literacy should be taught in schools and colleges along with reproductive health education, so that young women learn how to check a source and when to seek a doctor. Second, frontline health workers and existing programmes such as the Rashtriya Kishor Swasthya

Karyakram (Ministry of Health and Family Welfare, 2014) can be used to guide women on how to use online information safely. Third, qualified doctors and public health bodies can share simple, clear and reliable content in local languages on popular platforms. Fourth, platforms need to be encouraged to reduce harmful health claims and to promote trusted sources, as discussed by Chou et al. (2018) and Swire-Thompson and Lazer (2020). Finally, efforts to improve women's access to phones and the internet should go together with efforts to improve their skills and safety online.

Research Gap

Existing studies on social media and health mostly deal with general health, vaccines or Western settings. There is limited sociological work on how Indian women of different regions, classes and communities use social media for reproductive health, how they judge the information, and how this changes their practices. Field-based studies using interviews and observation are needed to add women's own voices to the analysis presented here.

Significance of the Study

The study draws attention to a quiet but important change in how women learn about their own bodies. By bringing together research on social media, misinformation and women's health, it offers a sociological understanding that can support health educators, policy makers and researchers. It also shows that improving reproductive health in the digital age requires attention not only to medical services but also to knowledge, trust and access.

Conclusion

Social media has become a powerful new source of reproductive health knowledge for women. It brings privacy, convenience and peer support, and can help break old silences. It also brings myths, commercial claims and conflicting advice that may harm health practices, and its benefits are not equally available to all women. Reproductive health in the age of social media therefore depends on how well women can reach, understand and trust the information they find. Digital health literacy, support from community health workers, reliable content from qualified sources and wider and safer access for women are needed so that this new space strengthens women's health and does not weaken it.

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