

Summary

Echo chambers and filterbubbles

An exploratory study into online misinformation about contraception, unintended pregnancy and abortion in the Netherlands

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Introduction

'The pill makes you infertile' and 'the abortion pill is dangerous' is just some of the inaccurate and misleading information about contraception, unintended pregnancy and abortion that is regularly shared online. To gain a better understanding of this, Rutgers and Fiom investigated what types of online misinformation are circulating on these topics in the Netherlands, what impact this has, who is particularly susceptible to misinformation and who is spreading it. We also looked at which strategies and interventions can help reduce the negative impact of misinformation.

We used various research methods for the study. We conducted a literature review, interviewed fifteen experts in the field of misinformation and reproductive health, and utilised social listening data (the monitoring and analysis of online conversations and posts). We also spoke with young people aged 18 to 25 in a focus group about their experiences with online information on contraception.

This is a summary of the report ***Echo Chambers and Filter Bubbles: An exploratory study into online misinformation about contraception, unintended pregnancy and abortion in the Netherlands***. This study, commissioned by the Dutch Ministry of Health, Science and Sport, is the first step in a wider initiative in which Rutgers and Fiom are investigating and testing how they, as knowledge organisations, can contribute to reducing the impact of mis- and disinformation on reproductive health.

1. Online misinformation about contraception, unintended pregnancy and abortion

Online misinformation¹ about reproductive health takes various forms, ranging from **factually incorrect claims to biased, one-sided or otherwise misleading information**. For example, inaccurate information circulates about the contraceptive pill and the abortion pill. There is also a great deal of one-sided reporting on contraceptive methods, some of which explicitly calls for a specific method to be used or conversely warns against using it. Stigmatising narratives occur regularly, such as the persistent notion that unintended pregnancies mainly happen among young single women, whereas this is factually correct. This study takes all these different forms of misinformation into account. The focus is not on the label 'misinformation' itself, but on the **potentially undesirable or harmful effects** it has **on informed decision-making** about contraception, unintended pregnancy and abortion.

Our literature review found more research has been conducted into online misinformation about contraception than unintended pregnancy and abortion. One possible explanation is that, in regards to unintended pregnancy and abortion, there is

¹In this study, the term 'misinformation' is used as an umbrella term for all misleading or inaccurate information, regardless of whether it is deliberately disseminated (often referred to as disinformation), because in practice it is often difficult to determine the intention, and the consequences for society may be similar. However, where the distinction is relevant, for example when the deliberate dissemination of incorrect information may give rise to legal action, the term 'disinformation' is used.

often greater emphasis on the use of biased and politicised frames by interest groups. Such messages are not usually labelled as misinformation, even though they often contain elements of misinformation or may have a misleading effect.

Contraception and online misinformation

Various studies show that online content about **hormonal contraception** is predominately negative. Such content places great emphasis on potential side effects, such as weight gain, mood swings and lower levels of sexual desire. Meanwhile, possible benefits of hormonal contraception (such as fewer menstrual symptoms) are scarcely mentioned (John et al., 2024; Pfender & Devlin, 2023; Pointer, 2024a; Walchenbach & van der Vlugt, 2024). Incorrect information about hormonal contraception is also circulating, such as the claims that hormonal contraception influences your choice of partner, that the pill can cause infertility and that it significantly increases your risk of cancer (Pointer, 2024b). Not all content about hormonal contraception is misinformation. Many social media users share their **personal experiences** with a contraceptive method, the side effects they have experienced or how the insertion or removal of an IUD went. Sometimes this is accompanied by misinformation, and unfounded statements are made without reference to scientific sources.

Whereas hormonal contraception is generally framed as ‘unnatural’, methods such as cycle tracking via apps are presented online as effective, **hormone-free, natural alternatives**. Studies show there is often greater emphasis online on the benefits of fertility awareness-based methods for pregnancy prevention than on their drawbacks, and that the risks are stated inaccurately or incompletely (de Moel-Mandel et al., 2025; John et al., 2024; Pfender & Fowler, 2024; Pointer 2024a; Walchenbach & van der Vlugt, 2024). Sometimes this information is promotional, with influencers promoting specific apps or supplements. In the Netherlands, such advertising is not permitted for contraceptives that are only available on prescription, as they fall under the Dutch Medicines Act.

In addition, there is contraceptive-related content circulating about **negative experiences with healthcare professionals**, such as dissatisfaction with inadequate preparation or pain during an IUD insertion, or the experience of not being taken seriously (so-called medical gaslighting) (Allen et al., 2025; de Moel-Mandel et al., 2025; Pfender & Fowler, 2024; Stoddard et al., 2024). The literature shows how this content reveals an underlying problem: while medical professionals often emphasise safety and the prevention of pregnancy, many young women focus on the prevention of side effects and the **impact on their overall wellbeing** (physical, mental and social) (Donnelly, 2024; Jansen & Cense, 2025; Schneider-Kamp & Takhar, 2023). It is therefore important not to dismiss expressions of mistrust in medical professionals as misinformation, but to take the concerns and (unmet) needs they reflect seriously and address them.

However, it should be noted that people are more inclined to report feelings of dissatisfaction (so-called **negativity bias**) (Rozin & Rozyman, 2001) and that posts sharing negative health experiences often generate more engagement, a dynamic that is rewarded by social media algorithms (de Moel et al., 2025). This can create a

with hormonal contraception and contraceptive care as negative experiences are more likely to appear in people's social media feeds.

Unintended pregnancy and misinformation

The literature review yielded few studies on unintended pregnancy and online misinformation. However, broader research into unintended pregnancy and interviews with experts reveal three key themes: misconceptions around who becomes unintentionally pregnant, the decision-making process and (online) decision-making support.

Misconceptions about who becomes unintentionally pregnant are widespread. The literature and interviews with experts report a common assumption that that the people most likely to experience unintended pregnancy are young women in vulnerable circumstances who do not use contraception, have multiple sexual partners and do not have children. However, research indicates that the range of people experiencing unintended pregnancy is far more diverse in terms of contraceptive use, age, lifestyle and whether or not they have children (Ditzhuijzen et al., 2025; Enthoven et al., 2022).

It is often assumed that the decision on whether or not to carry an unintended pregnancy to term is a purely rational one, or that the choice to have an abortion is primarily determined by external circumstances. We saw an example of this in a recent poster campaign by the conservative, reformed Christian party in the Netherlands (SGP) in which **the choice to have an abortion** was reduced to a single rational motive, such as the lack of a home or a partner. However, the research to which the political party referred actually suggests the opposite: the study found that the decision to terminate or carry a pregnancy to term cannot be summarised in a list of simple reasons, but is driven by a complex mix of emotions, intuition and more rational motives (Ditzhuijzen et al., 2024).

The literature and interviews indicate that the dissemination of **misleading or manipulative information about options in the event of an unintended pregnancy** is a widespread problem. Worldwide, this is exemplified in so-called 'crisis pregnancy centres' – non-profit organisations that present themselves as healthcare clinics while providing counselling aimed at discouraging abortion (Bryant et al., 2014; Montoya et al., 2022). There are anti-abortion organisations in the Netherlands that employ a similar strategy. This is often accompanied by the dissemination of misinformation about the risks and consequences of abortion.

Abortion and online misinformation

Online content about abortion is often **polarised between pro-choice and anti-abortion viewpoints**. This is frequently accompanied by a misrepresentation of the opposing side, or other forms of misinformation (Herold et al., 2025; Maci & Abbiati, 2023).

The media, political parties and anti-abortion organisations (sometimes) use misleading frames regarding abortion. For example, because media coverage often focuses on the **controversy** surrounding abortion, it can create an inaccurate sense of

the level of public support for abortion² (van Brouwershaven et al., 2024; Woodruff, 2019). In addition, some political parties place a great deal of emphasis on **exceptional cases**, such as abortion after twenty weeks³ and in cases of foetal abnormalities, which results in more common situations being under-represented.

The use of **highly magnified images of embryos and fetuses**, combined with **emotionally charged terms** such as 'unborn life' and 'child', creates a distorted picture of the stage of development of the embryo or foetus at the time of an abortion, the vast majority of which take place in the first few weeks (Dehue, 2023). On seemingly neutral websites run by anti-abortion organisations, this framing is sometimes accompanied by misinformation about the abortion procedure.

In addition to misleading framing, the literature and interviews show that much (online) misinformation about abortion relates to **incorrect or exaggerated claims about the risks of abortion** (John et al., 2024; Maci & Abbiati, 2023; Pagoto et al., 2023; Karp et al., 2023). For instance, depression and mental health issues are regularly linked to abortion, and it is suggested that many women regret having an abortion. Neither of these claims are supported by scientific research (Brauer et al., 2019; Ditzhuijzen et al., 2018; Rocca et al., 2020). In addition, misplaced links are drawn between abortion and an increased risk of miscarriage, breast cancer and infertility. The safety of the abortion pill is also increasingly being called into question on the basis of unfounded claims. This is an influential narrative in the United States which has also been adopted by anti-abortion organisations in the Netherlands. Sometimes, anti-abortion posts on social media are accompanied by references to **conspiracy theories**. For example, content has been circulated claiming that International Planned Parenthood was trading in aborted babies.

2. Impact of online misinformation

Research shows that the way online misinformation is framed within public debate is often alarmist and less nuanced than it should be (Altay et al., 2023; Li & Yang, 2025). Misinformation constitutes only a small proportion of the total online information available, and people generally assess information actively and often sceptically (Altay et al., 2023; De Groot et al., 2025; Li & Yang, 2025). Furthermore, it is often difficult to determine when information can be labelled as misinformation. Misleading messages are often not entirely false but rather a combination of facts and unsubstantiated claims, or personal experiences are presented as general facts.

Because exposure to misinformation does not equate to the formation of incorrect beliefs, and reproductive choices are multi-layered and take place within a broader social context, it is difficult to determine the impact of online misinformation on **individual behaviour and reproductive choices**. However, some studies do show that social media – through, among other things, experience validation, peer exchange and collective activism – can influence the way people form beliefs and make

² Survey data from 2025 suggests 75% of Dutch people view abortion as a form of medical care and 86% believe it is a personal choice ([Vrije Keuze Coalitie / Ipsos I&O, 2025](#)).

³ In 2024, 88% of abortions took place in the first trimester (up to thirteen weeks of pregnancy), 12% took place in the second trimester (from thirteen weeks onwards). Of all terminations, 83% took place in the first eight weeks; see [Wafz jaarrapportage 2024](#)

decisions about contraception (Algera, 2025; Schneider-Kamp & Takhar, 2023). Further research is needed to better understand the circumstances under which online misinformation impacts behaviour and choices regarding contraception, unintended pregnancy and abortion.

In addition, so-called **filter bubbles** or information bubbles arise on social media. These are environments in which algorithms filter information based on individual characteristics and previous search-and-click behaviour. According to some researchers, this can lead to so-called **echo chambers**: online environments in which people mainly encounter information that confirms their existing beliefs (Stein & Ometa, 2024). This can contribute to (online) groups drifting further apart from each other and misinformation being corrected less readily. This can be seen, for example, in hormone-sceptical or 'anti-gender' online environments where opposing views are less visible. Echo chambers not only affect individuals by limiting their exposure to differing viewpoints, they also reinforce polarisation in society.

Misinformation is often seen as a factor that undermines **trust in institutions**, such as the media, government, science and medical professionals, leading people to increasingly rely on informal and online sources rather than experts. This dynamic is complex and reciprocal: misinformation is not only a potential cause of mistrust, it also thrives on existing uncertainty and institutional mistrust (Boulianne & Humrecht, 2023; DNUS, 2025).

Misinformation, including through framing, can directly or indirectly influence **policy agendas and policy decisions**, particularly regarding the highly politicised issue of abortion. For example, in March 2025, several motions on abortion care were passed in the Netherlands which call existing provisions into question, including a request to investigate whether the abolition of the mandatory five-day reflection period was linked to a rise in abortions in 2023. This proposal passed, even though it is was not in line with available evidence,⁴ which demonstrates how framing and the selective or biased use of information can influence policy discussions and potentially policy agendas.

Misinformation can also hinder **access to reliable reproductive health information** and care. For example, on Meta and Google platforms, reliable information on reproductive health is sometimes censored, while unreliable content is only moderated to a limited extent (CCDH & MSI, 2024; Rotman et al., 2025).

3. Susceptibility to misinformation

The literature does not reveal a clear-cut profile of people who are susceptible to (online) misinformation; age, gender and educational level do not consistently predict this (Li & Yang, 2025; Nan et al., 2022).

⁴ ZonMw's [2020 evaluation of the Termination of Pregnancy Act](#) showed (once again) that a fixed reflection period causes friction in a number of cases, particularly if this risks certain time limits being exceeded, while in practice, sufficient safeguards have been built into the decision-making process to ensure that care providers will allow for a sufficiently long period of consideration. In addition, the increase in the number of abortions in 2023 occurred among women for whom the reflection period did not apply (up to and including seven weeks of pregnancy).

Patterns of susceptibility to misinformation vary by topic. Both the literature and interviews indicate that susceptibility is multifaceted and influenced by psychological, social and contextual factors. **Confirmation bias**, for instance, can play a role: misinformation is perceived as more accurate and convincing when it aligns with existing beliefs (Hameleers, 2022; Lewandowsky et al., 2012). Furthermore, **distrust of official bodies**, particularly when people feel unheard or misunderstood, can contribute to susceptibility to misinformation (DNUS, 2025). **Emotional and personal circumstances**, such as experiencing contraception side effects or an unintended pregnancy, can also have an influence.

Although the literature suggests there is no simple way to reduce specific risk groups' susceptibility to misinformation, young people and those who experience unintended pregnancies deserve particular attention regarding misinformation about reproductive health. **Young people** are at greater risk of exposure to misinformation due to their stage of life and high online presence, while **people experiencing an unintended pregnancy** are more likely to seek information online due to stigma and shame. Both groups need reliable information to make informed choices about contraception and pregnancy.

4. Disseminators of online misinformation

Contraception

Online misinformation about reproductive health is spread by various actors, depending on the topic. Monitoring of social media platforms (social listening), supplemented by insights from the literature and interviews, suggest that **micro-influencers** and **pseudo-experts** (such as hormone coaches) and **commercial parties** (such as sellers of cycle trackers and natural supplements) are key disseminators of biased, one-sided and/or misleading online information about contraception. This misinformation is often shared through social media and in podcasts.

Micro-influencers use **personal stories** to build a connection with their followers. These stories are sometimes accompanied by inaccurate or misleading information, for example when anecdotes are presented as facts or when there is a lack of transparency regarding commercial interests.

It is striking to note that this dissemination is not only done by prominent influencers; it also occurs in a subtle manner on **forums** and **in online peer groups** where experiences about contraception are exchanged.

Unintended pregnancy and abortion

The research shows that **anti-abortion organisations** are key players in both the dissemination of false information about abortion and the provision of biased decision-making support in the event of an unintended pregnancy. For example, websites offer biased support to people facing an unintended pregnancy without explicitly stating that it is based on religious and anti-abortion beliefs. At the same

time, anti-abortion organisations regularly disseminate (online) disinformation about, among other things, the risks and consequences of abortion. Sometimes this false information is spread by bots (automated social media accounts) and internet trolls (individuals who post online messages to provoke arguments, discussions or emotional reactions).

Within the **international anti-rights movement**, various organisations are actively spreading disinformation about sexual and reproductive health, including abortion (Datta, 2021; Muns & van der Wijk, 2025). One of the experts interviewed described how disinformation does not exist in a vacuum: narratives circulating in the United States eventually reach the Netherlands as well.

The literature and interviews also identified political parties and politicians as disseminators of misinformation about reproductive health, both online and offline (John et al., 2024). This occurs, for example, when false claims are repeated in debates or parliamentary questions, or when parties or politicians share inaccurate or misleading information online.

Journalists and **traditional media** also play a role in disseminating misinformation on reproductive health, whether consciously or not. This happens, for example, when media outlets frame abortion as controversial, focus on risks or exceptional cases or use misleading images in articles about abortion, such as photographs of heavily pregnant women.

In addition, **algorithm-driven platforms** amplify sensational content; a dynamic that occurs across all topics. There is also a risk that **generative AI**, such as ChatGPT, may (re)produce or amplify misinformation, for example when it relies on inaccurate sources regarding the alleged risks or consequences of an abortion.

It is important to note that the monitoring of social media channels (social listening) in this study provided insight into the types of actors disseminating (mis)information, the forms this takes and the platforms they use, but offered little information about their reach and influence. This is linked to 'noise' in the data (caused by our search terms generating results about unrelated topics and the social listening tool not being able to differentiate between accurate information and misinformation) and limitations we encountered when monitoring certain channels. These gaps have been partially filled by the literature review and interviews, but the study still offers limited insight into the scale and impact of the various actors disseminating misinformation in the Netherlands. Further research is needed to map this out in more detail.

5. Effective strategies and interventions

Based on the interviews and the literature, we have identified a number of promising strategies which could help reduce the impact of disinformation. Some of these strategies and interventions will be tested and evaluated in the project's second phase.

Listening to and collaborating with target groups

People are more susceptible to misinformation if the accurate information provided does not align with their experiences or lived reality. It is therefore important that healthcare providers pay attention to people's **underlying questions, concerns and needs** regarding contraception. By taking complaints about side effects and wellbeing seriously, and through **shared decision-making**, fewer women will look for alternatives online. When it comes to unintended pregnancy and abortion, it is important that healthcare providers are mindful of shame and stigma and try to make people feel comfortable to talk about these issues. By co-creating online content with target groups, knowledge centres can better connect with people's lived experiences. This increases the relatability of content, which in turn boosts its effectiveness.

Prebunking and informing: increasing resilience

'Prebunking' refers to tools and strategies that enable people to build a type of mental defence against misinformation, such as by increasing their media literacy or informing target groups about a subject before they are exposed to misinformation.

Two key ways to increase resilience are:

- Strengthening **media literacy**, building people's abilities to view media critically and recognise the strategies and commercial and ideological interests at play online.
- Improving **access to reliable information**. Building trust in good sources is often more effective than combating misinformation. Social media can be an effective platform for this, provided reliable content is offered by, or in collaboration with, (medical) experts.

Debunking: tackling misinformation and disinformation

Debunking involves correcting misinformation. But corrections must be done **with care**. Effective corrections include providing a plausible alternative narrative or a simple explanation and should be tailored to the target audience's context. **Legal action and complaints procedures**, such as lodging a complaint with the Advertising Standards Authority, can also be highly effective for combatting disinformation, as they simultaneously convey a clear communication message.

Communication tactics

It is important that communication not only presents accurate, scientific information, but also conveys these messages with **empathy, emotion and humour** or through **personal stories**. When debunking harmful narratives it is important to avoid repeating the narrative in question, but rather focus on the message you want to convey – for example, by highlighting the experiences of diverse people facing an unintended pregnancy, thereby challenging the perception that it primarily affects young single women. Personal stories can help reduce stigma and misinformation, create a sense of recognition and make information human and tangible. The key lies in **relatability**; the information being communicated must be recognisable and empathetic and resonate with the target audience. Personal contact, for example via chat functions, podcasts or interactive platforms, can reinforce a sense of trust and engagement.

Collaborating with others, building alliances

Collaborating with other organisations, such as professional associations and advocacy groups, can increase the impact of combating misinformation. Interdisciplinary collaborations are essential in combating misinformation.

Monitoring misinformation and public sentiment

The use of social listening tools can help to monitor the circulation of misinformation as well as public sentiment. Investing in regular (social) media analyses is also important.

6. Reflection

Several experts emphasise that the problem of misinformation and disinformation do not exist in isolation. Efforts to address misinformation surrounding contraception, unintended pregnancy and abortion must therefore be situated within a broader context of growing mistrust in governments and institutions, as well as the lived experiences of women and others who feel that available information and care do not always align with their everyday experiences and needs. By doing so, it becomes clear that knowledge centres alone cannot fully resolve this problem.

In light of ongoing attacks on science, the researchers interviewed for this study argue that the Dutch government has a particular responsibility to provide funding for academic institutions and knowledge centres and to actively support their credibility. Media outlets also bear responsibility for how they present news and how they report on science, and should not uncritically adopt the framing used by populist politicians, for example. For healthcare professionals, it is important to continue to align with clients' beliefs and existing knowledge, even if these contain elements of misinformation, and to act on the basis of shared decision-making.

Our research makes it clear that there is no one-size-fits-all approach to combatting misinformation. Moreover, technology, the social context and possible courses of action are constantly changing. Having meaningful impact in this area requires time and specific expertise, which must be guaranteed within organisations.

Bibliography

Algera, E. (2025). Towards collaborative tinkering in contraceptive consultations: Negotiating side-effects in contraceptive care. *Health*, 30(1). <https://doi.org/10.1177/13634593251319920>

Allen, R., Song S., Weir G. & White K. (2025). "Stop Gaslighting Your Patients": A Quantitative and Qualitative Analysis of User Experiences of IUDs on TikTok. *Journal of Pediatric and Adolescent Gynecology*, 38(4), 498–503. <http://doi.org/10.1016/j.jpog.2025.02.003>

Altay, S., Berriche, M., & Acerbi, A. (2023). Misinformation on Misinformation: Conceptual and Methodological Challenges. *Social Media + Society*, 28(1). <https://doi.org/10.1177/205630512211504>

Boulianne, S. & Humprecht, E. (2023). Perceived exposure to misinformation and trust in institutions in four countries before and during a pandemic. *International Journal of Communication*, 17. <https://ijoc.org/index.php/ijoc/article/view/20110/4093>

Brauer, M., van Ditzhuijzen, J., Boeije, H. & van Nijnatten, C. (2019). Understanding Decision-Making and Decision Difficulty in Women With an Unintended Pregnancy in the Netherlands. *Qualitative Health Research*, 29(8), pp. 1084–1095. <https://doi.org/10.1177/1049732318810435>

Bryant, A.G., Narasimhan S., Bryant-Comstock K. & Levi, E.E. (2014). Crisis pregnancy center websites: Information, misinformation and disinformation. *Contraception*, 90(6), pp. 601–5. <http://doi.org/10.1016/j.contraception.2014.07.003>

Center for Countering Digital Hate (CCDH) & MSI Reproductive Choices (2024). Digital Disparities: The global battle for reproductive rights on social media [viewed on November 28, 2025], see www.msichoice.org/wp-content/uploads/2024/03/CCDH-MSI-report-27-March.pdf.

Datta, N. (2021). Tip of the Iceberg: Religious Extremist Funders against Human Rights for Sexuality and Reproductive Health in Europe 2009 – 2018. European Parliamentary Forum for Sexual and Reproductive Rights.

De Groot, L., Scholvinck, A. & Van Huijstee, M., m.m.v. De Jong, M. (2025). Online vertrouwen: Literatuurstudie over wat misinformatie op sociale media doet met vertrouwen in de wetenschap. Den Haag: Rathenau Instituut.

Dehue, T. (2023). *Ei, Foetus, Baby*. Amsterdam/Antwerpen: Uitgeverij Atlas Contact.

De Moel-Mandel, C., Donnelly A. & Bugden, M. (2025). "Do You Know What Birth Control Actually Does to Your Body?": Assessing Contraceptive Information on TikTok. *Perspectives on Sexual and Reproductive Health*, 57(3), pp. 358–367. <https://doi.org/10.1111/psrh.70025>

De Nieuwe Utrechtse School (DNUS) (2025). Medische misinformatie ontworteld: Luisteren naar zorgen en kweken van gegrond vertrouwen. Utrecht.

Ditzhuijzen, J., Ten Have, M., De Graaf, R., Van Nijnatten, C. & Vollebergh, W. (2018). Abortus en het risico op psychische aandoeningen. *Tijdschrift voor Psychiatrie*, 60(8), pp. 527–535.

Ditzhuijzen, J., Beumer, W., Reilingh, A. & Dalmijn, E. (2024). Dit is mijn verhaal: Onderzoek naar factoren die bijdragen aan de keuze om een onbedoelde zwangerschap te beëindigen of te behouden. Amsterdam UMC.

Ditzhuijzen, J., Beumer, W., Reilingh, A., van Zon, A., Henrichs, J., Beukema, L., Bolt, S., de Kevers, G., Dalmijn, E., de Graaf, H. & Finkenflügel, R. (2025). Het begint met luisteren: Omstandigheden en zorgervaringen voor, tijdens, en na een onverwachte zwangerschap. Amsterdam UMC.

Donnelly, K. (2024). Patient-centered or population-centered? How epistemic discrepancies cause harm and sow mistrust. *Social Science & Medicine*, 341. <https://doi.org/10.1016/j.socscimed.2023.116552>

Enthoven, C., Marroun, H., Koopman-Verhoeff, E., Jansen, W., Lambregtse-van der Berg, M., Sondejker, F., Hillegers, M., Bijma, H., Jansen, P. (2022). Clustering of characteristics associated with unplanned pregnancies: the generation R study. *BMC Public Health*, 22. <https://doi.org/10.1186/s12889-022-14342-y>

Hameleers, M. (2022). Separating truth from lies: comparing the effects of news media literacy interventions and fact-checkers in response to political misinformation in the US and Netherlands. *Information, Communication & Society*, 25(1). <https://doi.org/10.1080/1369118X.2020.1764603>

Herold, S., Narendorf, P. & Hoffman, B. (2025). Reading the comments: An exploratory quantitative analysis of YouTube comments in response to abortion plotlines on fictional television programs. *Sexual & Reproductive Healthcare*, 45. <https://doi.org/10.1016/j.srhc.2025.101135>

Huang, M., Gutiérrez-Sacristán, A., Janiak, E., Young, K., Starosta, A., Blanton, K., Azhir, A., Goldfarb, C., Kuperwasser, F., Schaefer, K., Stoddard, R., Vatsa, R., Merz-Herrala, A. & Bartz, D. (2024). Contraceptive content shared on social media: an analysis of Twitter. *Contraception*, 129. <http://doi.org/10.1016/j.contraception.2023.110300>

Karp, M., Leibensperger, M., Smith, S., Bonnevill, E. (2023). Abortion Misinformation: Another Threat to Women's Health. *The Public Good*. <http://dx.doi.org/10.2139/ssrn.4417281>

Jansen A. & Cense, M. (2025). Het gebruik van cyclus apps om een zwangerschap te voorkomen: een kwalitatieve verkenning. *Rutgers*.

John, J., Gorman, S., Scales, D. & Gorman, J. (2024). Online Misleading Information About Women's Reproductive Health: A Narrative Review. *Journal of General Internal Medicine*, 40(5), pp. 1123–31. <http://doi.org/10.1007/s11606-024-09118-6>

- Lewandowsky, S., Ecker, U., Seifert, C., Schwarz, N., Cook, J. (2012). Misinformation and Its Correction. *Psychological Science in the Public Interest*, 13(3), pp.106–131. <https://doi.org/10.1177/152910061245>
- Li, J. & Yang, X. (2025). Does exposure necessarily lead to misbelief? A meta-analysis of susceptibility to health misinformation. *Public Understanding of Science*, 34(2), pp. 222–242. <https://doi.org/10.1177/09636625241266150>
- Maci, S. & Abbiati, S. "It's Never about #Prolife, It's about Punishment, Hate, and Religious Repression". *Polarising Discourses and Disinformation in the Abortion Debate on Twitter*. In Maci, S., Demata, M., McGlashan, M. and Seargeant, P. (Eds.), *The Routledge Handbook of Discourse and Disinformation* (1st edition). <http://doi.org/10.4324/9781003224495-10>
- Montoya, M., Judge-Golden, C. & Swartz, J. (2022). The Problems with Crisis Pregnancy Centers: Reviewing the Literature and Identifying New Directions for Future Research. *International Journal of Women's Health*, 14. <https://doi.org/10.2147/IJWH.S288861>
- Muns, L. & van der Wijk, S. (September 24, 2025). Wereldwijde anti-rechtenbeweging bedreigt seksuele en reproductieve gezondheid en rechten. *Soa Aids Nederland* [viewed on November 28, 2025], see www.soaaid.nl/nl/wereldwijde-anti-rechtenbeweging-bedreigt-seksuele-reproductieve-gezondheid-rechten.
- Nan, X., Wang, Y. & Thier, K. (2022). Why do people believe health misinformation and who is at risk? A systematic review of individual differences in susceptibility to health misinformation. *Social Science & Medicine*, 314. <https://doi.org/10.1016/j.socscimed.2022.115398>
- Pagoto, S., Palmer, L. & Horwitz-Willis, N. (2023). The Next Infodemic: Abortion Misinformation. *Journal of Medical Internet Research*, 25. <https://doi.org/10.2196/42582>
- Pfender, E. & Devlin, M. (2023). What Do Social Media Influencers Say About Birth Control? A Content Analysis of YouTube Vlogs About Birth Control. *Health Communication*, 38(14). <https://doi.org/10.1080/10410236.2022.2149091>
- Pfender, E. & Fowler, L. (2024). Social Media is Influencing Contraceptive Choice. *Journal of Women's Health*, 33(5). <https://doi.org/10.1089/jwh.2023.1152>
- Ploem, M., Krol, E., Floor, T., Legemaate, J., Gevers, J. & Winter, H. (2020). Tweede evaluatie Wet afbreking zwangerschap. Den Haag: ZonMw.
- Pointer (2024a, February 15). Pointer Check: Tientallen makers verspreiden op TikTok misinformatie over hormonale anticonceptie [viewed on November 28, 2025], see <https://pointer.kro-ncrv.nl/pointer-checkt-tientallen-makers-verspreiden-op-tiktok-misinformatie-over-hormonale-anticonceptie>.
- Pointer (2024b, February 21). Word je depressief van de pil? Pointer checkt #28 | NPO 3 [VIDEO]. YouTube. www.youtube.com/watch?v=29RVN6b3adM&t=1s
- Rocca, C., Samari, G., Foster, D., Gould, H. & Kimport, K. (2020). Emotions and decision rightness over five years following an abortion: An examination of decision difficulty and abortion stigma. *Social Science & Medicine*, 248. <https://doi.org/10.1016/j.socscimed.2019.112704>
- Rotman, J., Wersbe, C., Saud, M. & Owens, J. (2025). The Digital GAG: Suppression of sexual and reproductive health on Meta, TikTok, Amazon and Google. Center for Intimacy Justice.
- Rozin, P. & Royzman E.B. (2001). Negativity bias, negativity dominance, and contagion. *Personality and Social Psychology Review*, 5(4), pp.296–320.
- Schneider-Kamp & Takhar (2023). Interrogating the pill: Rising distrust and the reshaping of health risk perceptions in the social media age. *Social Science & Medicine*, 331. <https://doi.org/10.1016/j.socscimed.2023.116081>
- Snijders, A., Simpson-Kent, I., Roozenbeek, J., van Duijvenvoorde, A., Blankenstein, N. & Ma, I. (2025). Understanding Susceptibility to Misinformation in Young Adulthood. https://doi.org/10.31234/osf.io/b2f6m_v1
- Stoddard, R., Pelletier, A., Sundquist, E., Haas-Kogan, M.E., Kassamali, B., Huang, M., Johnson, N. & Bartz, D. (2023). Popular contraception video's on TikTok: An assessment of content topic. *Contraception*, 129. <https://doi.org/10.1016/j.contraception.2023.110300>
- Van Brouwershaven, A., Bolt, S. & Jonkman, J. (2024). The ongoing and contentious coverage of abortion in a progressive context: a long-term cross-outlet assessment of Dutch abortion news (2000–2022). *Culture, Health & Sexuality*. <https://doi.org/10.1080/13691058.2024.2408342>
- Walchenbach, L. & van der Vlugt, I. (2024). Informatie over anticonceptie op TikTok: Een gebrek aan nuance en expertise. Rutgers.
- Woodruff, K. (2019). Coverage of Abortion in Select U.S. Newspapers. *Women's Health Issues* 29(1). <https://doi.org/10.1016/j.whi.2018.08.008>