



TERMS OF REFERENCE (TOR) FOR A STUDY TO INVESTIGATE THE IMPACT OF MISINFORMATION ON YOUNG PEOPLE'S SEXUAL AND REPRODUCTIVE HEALTH DECISIONS.

1. INTRODUCTION AND BACKGROUND

The Sexual Reproductive Health and Rights Alliance Uganda (SRHR-AU) is a consortium of eight organizations dedicated to promoting and protecting the SRHR of adolescents and young people in Uganda; the SRHR Alliance Uganda works towards ensuring that all young people, including vulnerable groups, have access to high-quality, youth-friendly SRHR information and services in a supportive environment. The consortium operates with a multi-component approach, focusing on various aspects of SRHR programming for marginalized and vulnerable populations, such as adolescent girls and young women, young people living with HIV/AIDS, young people in emergency settings, young people with disabilities, and those among key populations.

Young people in Uganda continue to face significant barriers in accessing accurate and reliable sexual and reproductive health (SRH) information. According to the World Health Organization, access to correct SRH information is essential for young people to make informed decisions about their bodies, relationships, and future. However, many adolescents and young people still rely on informal sources such as peers, social media, and community narratives, which often provide incomplete or inaccurate information. In Uganda, cultural norms, stigma, and limited parent–child communication about sexuality further restrict young people's access to trusted information (UNFPA, 2022).

The rapid expansion of digital platforms and social media has transformed how young people access information. While these platforms provide opportunities for learning, they have also become major channels for misinformation. The United Nations Educational, Scientific and Cultural Organization (UNESCO) notes that young people are particularly vulnerable to sexual and reproductive health misinformation online, especially regarding contraception, fertility, menstruation, and HIV prevention. Myths such as contraceptives causing infertility, exaggerated side effects, and misconceptions about HIV transmission continue to circulate widely and influence young people's perceptions and decisions.

In Uganda, these challenges are reflected in national health outcomes. According to UBOS, UDHS 2022 reports, teenage pregnancy remains high, with about 25% of girls aged 15–19 having begun childbearing. Studies have linked low uptake of contraceptive services among young people partly to misinformation, fear, and misconceptions (UBOS & ICF, Uganda Demographic and Health Survey 2022). Similarly, the UNAIDS highlights that young people account for a significant proportion of new HIV infections in Sub-Saharan Africa, with misinformation and low risk perception contributing to unsafe sexual behaviours.

Misinformation not only affects individual health outcomes but also contributes to stigma and reduced utilisation of available services. According to the Guttmacher Institute, young people who lack accurate SRH information are less likely to use contraception consistently, seek HIV testing, or access reproductive health services. Fear, shame, and misconceptions can discourage young people from seeking care even when services are available.

Despite these challenges, there is still limited documented evidence in Uganda on the extent, sources, and specific impact of misinformation on young people's sexual and reproductive health decisions. Most existing studies focus broadly on access to services or adolescent health outcomes, with less attention given to the role of

misinformation itself. Therefore, this study seeks to generate evidence on the sources, nature, and impact of SRH misinformation among young people in Uganda. The findings will inform programming, advocacy, and policy interventions aimed at improving access to accurate, youth-friendly SRH information and supporting young people to make informed decisions about their health and wellbeing.

2. PURPOSE OF THE ASSIGNMENT

The purpose of this research is to examine the nature, sources, and impact of misinformation on young people's sexual and reproductive health knowledge, attitudes, and decision-making in Uganda, and to provide actionable recommendations to address the misinformation challenge.

3. OBJECTIVES OF THE STUDY

Main Objective

To assess how misinformation influences young people's knowledge, attitudes, and sexual and reproductive health decisions.

Specific Objectives

1. To identify the main sources of sexual and reproductive health information and misinformation among young people.
2. To examine the common types of sexual and reproductive health misinformation encountered by young people.
3. To propose policy and advocacy interventions that can reduce misinformation and improve access to accurate sexual and reproductive health information among young people.

Research Scope & Questions

1. How does misinformation influence young people's knowledge, attitudes, and decisions regarding sexual and reproductive health?
2. What are the main sources of sexual and reproductive health information and misinformation among young people?
3. What types of sexual and reproductive health misinformation are commonly encountered by young people?
4. What strategies can be used to reduce misinformation and improve access to accurate sexual and reproductive health information among young people?

Scope of Work

The scope of work is based on the above objectives. Specifically, the consultant will;

- Review existing literature and reports on the impact of misinformation on young people's Sexual and Reproductive Health decisions.
- Develop interview guides and conduct interviews with relevant stakeholders.
- Produce a comprehensive study report detailing findings, best practices, and recommendations.
- Validation and dissemination of the study findings

4. METHODOLOGY & APPROACH

The consultancy will adopt a participatory and mixed-methods approach to ensure comprehensive and inclusive data collection, analysis and report writing. The methodology will combine but not limited to;

- i) **Survey Questionnaires:** Structured questionnaires will be administered to young people aged 15–29 years to gather quantitative data on their exposure to sexual and reproductive health information, sources of misinformation, and how it influences their decisions.
- ii) **Key Informant Interviews (KIIs):** Interviews will be conducted with selected stakeholders such as health workers, district officials, members from Civil Society Organisations (CSOs), youth leaders, and policy actors to obtain expert insights on the spread of misinformation and existing policy responses.
- iii) **Focus Group Discussions (FGDs):** FGDs with young people will be used to explore perceptions, beliefs, and experiences related to misinformation and its influence on sexual and reproductive health choices.
- iv) **Review of literature:** A thorough review of relevant existing literature, reports and policy briefs to bring out an in-depth understanding of the subject matter.

5. DELIVERABLES & SCHEDULE

The consultant is expected to deliver the following:

- i) **Inception Report:** Outlining the proposed research methodology, work plan, and timeline.
- ii) **Literature Review Summary:** A document summarizing key insights from the literature review.
- iii) **Data Collection Tools:** Finalized tools for qualitative and quantitative data collection.
- iv) **Draft Research Report:** A comprehensive report based on the data analysis, including findings, conclusions, and recommendations.
- v) **Validation Workshop:** Presentation of key findings to SRHR-AU and stakeholders.
- vi) **Final Research Report:** A refined report incorporating feedback from the validation workshop.

6. DURATION AND TIMELINES.

The consultancy is expected to be completed within **30 working days** from the date of signing the contract. A detailed timeline will be agreed upon during the inception meeting.

REPORTING AND SUPERVISION The consultant will work under the supervision of the Monitoring, Evaluation and Research and Learning Coordinator at the SRHR Alliance Uganda.

Ethical & Risk Considerations

The consultant must adhere to strict confidentiality regarding all information, data, and findings related to this assignment. Ethical considerations, especially when engaging with vulnerable populations, must be prioritized throughout the research process.

7. CONSULTANCY QUALIFICATIONS AND EXPERIENCE

The consultant should possess the following qualifications and experience:

- An advanced degree in Public Health, Social Sciences, Population Studies, Development Studies, Economics, Gender Studies, or a related field.
- Minimum of 7 years proven experience in conducting research, Monitoring, Evaluation, and Learning (MEL), Sexual and Reproductive Health and Rights (SRHR) and/or economic empowerment programs, preferably within consortium or multi-partner settings.
- Proven expertise in designing and implementing mixed-methods research on multi-sectoral or integrated approaches, particularly at the intersection of SRHR, economic empowerment, gender, and youth development.
- Strong understanding of youth SRHR issues and economic inclusion in Uganda, including the specific challenges faced by marginalized and vulnerable groups such as adolescent girls and young women, youth with disabilities, refugees, and rural youth.
- Excellent analytical, report writing, and communication skills, with the ability to translate research findings into clear, actionable recommendations for policy and programmatic use.
- Experience working with NGOs, civil society organizations, or consortiums in Uganda or the East African region will be considered an added advantage.

8. PROPOSAL SUBMISSION DETAILS

Interested candidates should submit the following:

- i) **Cover Letter:** Expressing interest and suitability for the consultancy.
- ii) **Technical Proposal:** Detailing the proposed approach, methodology, and work plan.
- iii) **Financial Proposal:** Including a detailed proposal budget.
- iv) Sample reports from the previous work conducted.
- v) **Curriculum Vitae:** Of the lead consultant and any team members, highlighting relevant experience

9. SUBMISSION DETAILS

All applications should be submitted by the **7th April, 2026** to procurement@srhrallianceug.org.