

## Digital Technologies in Sexual and Reproductive Health: Evidence, Rights, and Equity

**Abstract Submission  
Deadline:  
September 15, 2026**

Digital health technologies are reshaping many aspects of Sexual and Reproductive Health (SRH) service delivery. Technologies such as AI-enabled clinical decision support, telemedicine platforms, electronic health records, provider training tools, and service-integrated digital interventions are intended to improve the quality and reach of services, build health provider capacity, educate and orient the public, and assist individuals on their reproductive health journeys.

Digital technologies are being visualized as solutions to many long-standing challenges including underfinanced health systems, shortage of health workers and inequitable access across population segments. Despite the promise of technology, critical questions remain about their effectiveness, equity implications, and whether they genuinely support user autonomy and informed choice.

Realizing the promise of these technologies depends on more than the tools themselves. Effective deployment requires shared understanding and capacity across the many actors who constitute a health system: clinicians and frontline health workers who counsel and provide methods; pharmacists and community providers who deliver services at the edges of formal systems; managers and policymakers who govern adoption; civil society organizations that hold systems accountable; and the communities and individuals whose reproductive lives these services support. The reach of services also depends on community awareness of what is available and on people's ability to navigate to and through care, the supply-demand interface where digital tools such as chatbots, referral platforms, and decision aids have a particular role to play. Evidence on how all of these actors come to understand, trust, and effectively use new digital tools, and on the training, governance, and engagement approaches that build that shared understanding and connection, remains thin.

It is imperative that research and evidence keep pace with the speed and diversity of technological innovations being deployed in health systems. This special issue centers digital technologies as they are deployed within, integrated with, or designed to extend formal Sexual and Reproductive Health and Rights (SRHR) services and the health systems that deliver them. Consumer-facing tools are in scope where they connect to or measure formal services, rather than as standalone consumer products.

### Objectives

This special issue invites contributions that examine digital health across multiple domains of sexual and reproductive health: clinical service delivery, provider training, public health communication (including misinformation), research applications, and service-integrated self-care and task-shifting. We also seek papers that will emphasize user-centered evaluation frameworks that situate individuals within health systems. Manuscripts can describe empirical research, implementation science testing specific digital tools, methodological advances, theoretical frameworks or policy analyses. We encourage authors to consider how individual rights are protected, and equity and autonomy enhanced. We welcome contributions from across the globe with particular attention to low- and middle-income (LMIC) contexts.

## Special Issue Themes

We seek manuscripts across the following themes (but are not limited to):

- (1) **Clinical Service Delivery:** Effectiveness of telemedicine for contraception and abortion care; AI-enabled contraceptive counseling; digital tools for cervical cancer screening; service-deployed chatbots and conversational agents linking users to providers, supplies, and follow-up care.
- (2) **User Perspectives and Measurement:** Developing user-centered metrics for digital SRHR interventions; measuring algorithmic fairness; factors influencing trust, engagement, and disclosure; participatory design approaches.
- (3) **Equity and Access:** Who benefits and who is excluded from digital health interventions; algorithmic bias in clinical decision support and service algorithms used in reproductive health; technology assisted gender-based violence and its role in stifling voice and participation; digital divides by income, geography, language, disability; data ownership and governance.
- (4) **Provider Training and Capacity Building:** Digital tools for clinical training in SRHR; decision support systems for providers; impacts on clinical workflows and quality of care.
- (5) **Public Health Communication:** Digital strategies for SRHR education and behavior change; combating misinformation; social media and health information seeking; search engine optimization and its impact on reproductive health information access.
- (6) **Research and Surveillance Applications:** Novel data sources for SRHR research (social media, search data, digital traces); machine learning for epidemiological analysis; ethical considerations in using found digital data.
- (7) **Self-Care and Task-Shifting Within Health Systems:** Service-linked digital protocols for self-managed contraception, medical abortion, and STI testing; provider linkage and continuity-of-care models for at-home testing and self-administered methods; integration of self-care platforms with formal service supply chains, referral systems, and quality assurance; evidence on hybrid service models combining self-care with provider support.
- (8) **Ethics and Governance:** Data privacy and ownership; consent challenges with AI-enabled tools; algorithmic transparency and accountability; search engine optimization and algorithmic steering (e.g., manipulation of search results to direct users away from their expressed preferences); ethical frameworks for reproductive autonomy; regulatory approaches across countries.
- (9) **Implementation Science:** Integration of digital tools within health systems; sustainability and scalability; cost-effectiveness; factors enabling and constraining adoption; comparative effectiveness studies.
- (10) **Evidence Synthesis and Research Priorities:** Systematic reviews of effectiveness; evidence gaps; methodological innovations; critical assessment of hype vs. evidence.
- (11) **Digital User-Validation of Service Performance:** Consumer-facing digital channels (WhatsApp, SMS, IVR, chatbots) used as instruments to surface user-experience data that audits or validates formal SRHR services; patient-reported outcomes and experience measures (PROMs/PREMs) for contraception, abortion, maternity, and HIV prevention care; digital mystery client and simulated patient methodologies; citizen-generated accountability data on facility-level quality; method continuation, side effects, and discontinuation tracking through user channels; methodological work on sampling, selection bias, and validation against gold-standard measures.

## Types of Contributions

We welcome original research (quantitative, qualitative, mixed methods), systematic reviews and meta-analyses, implementation science studies, economic evaluations, conceptual and ethical analyses, methods papers, policy analyses, and critical commentaries.

All submissions should clearly articulate how they contribute to evidence on whether and how digital technologies advance SRHR rights, autonomy, equity, and quality of care.

We encourage submissions from diverse geographies and career stages, with particular attention to LMIC-based researchers and early-career professionals.

## Submission Details and Timeline

We ask for submissions to be abstracts of at least one page in the main body, excluding references, figures, and tables. Abstracts should specify whether the authors envision submitting a commentary, theoretical perspective, report, or original research article.

Please **send abstracts by September 15, 2026** to [rfriedman\[@\]popcouncil.org](mailto:rfriedman[@]popcouncil.org). Authors will be notified by October 15 whether a full paper is invited for submission. The deadline for full papers is February 1, 2027. All submissions will be reviewed through the *Studies*' double-anonymized peer review process.

Articles are posted on Early View as they are accepted and processed. Special issue publication is planned for late 2027 or early 2028.

## Guest Editors

Saumya RamaRao, Population Council  
Benjamin Bellows, Nivi, Inc.

Additional invited guest editors with demonstrated expertise in digital SRHR, as well as experience in editorial leadership, peer review, and collaborative special issues.