Making sense of reproductive health messages in the Global South:

A case study of Brazil's NGO Reprolatina

Carolina Matos (City, University of London)

Abstract:

How do young members of disadvantaged communities in countries like Brazil, which have been affected by attacks from far-right populist politicians on women's rights, make sense of messages on reproductive health in the misinformation age? Two focus groups were conducted in 2021 in collaboration with the Brazilian NGO Reprolatina to assess how disadvantaged women's groups from Campinas, Sao Paulo, were making sense of messaging on reproductive health within a highly politically polarised local context. The findings revealed also how many women from lower income groups are exposed to a lack of information, as well as even 'myths', around fertility treatments and reproductive health matters in the mediated public sphere. The results showed how these groups of women from different age groups felt that there is need for better coverage of reproductive health, and of 'scientific' information on health matters more generally, both in the mainstream media as well as online. This study concludes in favour of improving health literacy approaches, as well as the overall communications on sexuality and reproductive health.

Keywords: health communications, advocacy communications, gender equality, misinformation, reproductive health, social justice

Introduction

Sexual and reproductive health and rights (SRHR) are vital components of democratic societies and are central to human rights commitments as well as to the very agenda of advancement of gender equality for women and girls. Since the decade of the 1980s however, with the expansion of women's rights in fields such as gender discrimination in the workplace, wider access to higher education and reproductive health, conquests which are often credited to the transnational activism of feminists groups and other NGOs in the UN conferences of the 1980s and 1990s (Friedman, 2003; Cornwall, Correa and Jolly, 2008; Alvarez, 1998; 2009; Correa and Petchesky, 1994), there has been growing opposition to the 'gender agenda' across the world, from the US, to Eastern Europe and Latin America (Butler, 2019), and particularly in more contagious areas such as sexuality and reproductive health. The overturning of the 1973 *Roe v. Wade* legislation in 2022 in the US for example can be seen as being the victory of oppositional movements in securing setbacks in rights until previously taken for granted. But this is not an isolated episode and is in fact the result of the increase in the attacks on women's reproductive health and rights seen throughout the world.

This study has thus had the aim of examining how women from lower socioeconomic income groups who reside in Campinas, Sao Paulo Brazil, respond to health messages on SRHR, including the ways in which they understand health communication discourses, language and rhetoric around women's bodies and reproduction. As part of the expansion of research from a larger *Global Challenges Research Fund* (GCRF) project, concluded in 2022 and which examined the use made by 52 health and feminist NGOs from the North to the global South of

communications to strategically advocate for reproductive health rights, this research conducted two focus groups with different groups of women from lower income backgrounds in July 2021 in Campinas, Sao Paulo, in partnership with one of the Brazilian organizations which participated in the previous GCRF project, NGO *Reprolatina*. Making use of a mixed methods approach, in depth interviews were conducted with gender experts whilst a survey-style questionnaire was applied to the communication professionals of the organizations. Media content and Critical Discourse Analysis (CDA) of the communications content and campaign material of the organizations was also conducted, with a further investigation of the social media engagement of the NGOs, done during specific data collection periods (March-April 2019, March-July 2020 and June-July 2021).

Questions asked here include how do disadvantaged women's groups, inserted within specific local contexts where they were subject to misinformation on women's sexuality and health and to various other forms of constraints, made sense of media messages and communications on reproductive health? How also does misinformation about women's rights affect people's perceptions of reproductive health, and how does this translate into impediments to the advancement of policies? I argue here that the challenging context of pushbacks on women and minority rights that has taken place in the last decades here has required new thinking and approaches of NGOs and feminist movements on their advocacy communication practices around sexuality and reproductive health[i], one which can move beyond the more knowledgeable 'public health professionals' or the orbit of 'elite UN conferences', being more culturally sensitive as well as engaging more fully with members of the affected communities within *a praxis* that promotes wider inclusivity and which is also post-colonial and participatory (McLaren, 2017; author, 2023).

The focus group results underlined for instance how various groups of women want to be heard on SRHR issues that affect their lives, in 'safe spaces', and that they want also better media content and are further seeking to be more active agents in the construction of health messages that directly impact them. These findings share some similarities with the results obtained from the previous research project, which revealed that many NGOs have sought to combine 'hard facts' and statistics, e.g. public health arguments, with 'emotion' and communication formats that make use of human interest stories, including *digital storytelling*, in order to reach out to wider communities and engage them in meaningful conversations around issues concerning women's bodies, sexuality and reproduction.

Before moving to the discussion of the methodology, particularly regarding the use of focus group, I provide a brief overview of the geopolitical context under which the current debates on sexuality and reproductive health took place. This refers mainly to the rise of misinformation and manipulation by vested interests and conservative groups around the 'gender agenda', particularly the targeting of these groups of issues concerning female sexuality, women's bodies and reproductive health in the mediated political public sphere, issues which are examined throughout this chapter.

a) Health communication and media messages on SRHR in an age of misinformation

Gender politics and women's rights in the last decades have reached center stage of the so-called 'sexual (and cultural) wars' that have been fought in various countries throughout the world (Friedman, 2003; Cornwall, Correa and Jolly, 2008; author, 2023), ranging from Eastern Europe to the US. The last decades have seen a substantial growth throughout much of the West, including in Europe, of 'populist' far-right political parties which have managed to intelligently navigate the anxieties and fears of large sectors of disenfranchised and disillusioned voters, many dissatisfied with the limits of the Western political liberal project and its failure to deliver on democratization, equal opportunities and equality for all. They have managed to capitalize electorally on the climate of economic (and cultural) insecurity unleashed in the last decades and

particularly in the post-2008 global recession, and Covid-19 global pandemic, context, culminating in cultural backlashes and attacks against the advancements of the 'gender agenda' and other rights obtained during the decades of the 1980's and 1990's (Correa at al, 1994; Friedman, 2003; Cornwall et al, 2008).

The decision to overturn the Roe v. Wade legislation in June 2022 in the US has since then had serious consequences on the lives of various groups of women for instance in many different forms, affecting from couples' decisions for choosing to opt out of fertility treatment to problems created for women who want to terminate their pregnancies due to fetus abnormalities. The rise of 'populist' right wing movements throughout the world thus has culminated in various pushbacks against the advancement of progressive policies on women's rights, with accusations made by conservative groups of the existence of a supposedly 'gender ideology' which has been 'imposed' by governments, the corporate world and progressives on the legislations of countries and their national policies throughout the world since the decades of the 1980's and 1990's, with the *1994 International Conference on Population and Development* in Cairo and the *1995 Fourth World Conference on Women in Beijing* (Correa and Petchesky, 1994; Friedman, 2003; Harcourt, 2009).

Politics around reproductive health rights has thus started to take on center stage in the political arena, entering even presidential campaigns throughout the world, even after 'populist' presidents like Trump in the US and Bolsonaro in Brazil left office in 2020 and 2022 respectively. Various ultra-conservative and religious groups have engaged in both online and offline protests against LGBTQ and minority rights, among others, including targeting issues such as climate change, to the mandatory policies around Covid-19 vaccinations and women's reproduction. Feeling 'empowered' by (floating) voter support and resources, these groups often manipulate information in the mediated political and global public sphere, particular on online platforms and social media, inciting prejudice and stigmatization around complex issues such as women's fertility, which are still subject to the impact of cultural, social or religious pressures.

These attacks against reproductive health rights have thus been in a context of rising economic inequalities, giving rise to fear and anxieties against 'immigrant' and other minority groups, as well as resistance to change. The distinction between 'biology' and 'gender' as social constructs is again being deplored by many conservatives in their attempts to denounce the agenda on women's rights, from advocacy to policy-making, including the very work of NGOs in the field in attempts to equate the struggle for the advancement of rights to other grand 'ideologies', such as communism, Nazism and socialism (Butler, 2019; Machado, 2017).

However, as Ratzan (2001) has underlined, health is an essential component of global civil society. It is also through the media and various communication channels that people have access to important information on health matters that affect their lives. Today many are getting information on reproductive health from a variety of media sources, from the private sphere of the family, to educational professionals and the media, and are thus being highly susceptible to influence from media accounts or peer pressure. The reality is that people throughout the world, and particularly more in disadvantaged communities in developing countries, engage with media messages through a pattern that includes distrust of traditional institutions and a tendency to seek information for themselves on online networks, thus moving away from the mainstream media and traditional instittuions. There is a propensity to interpret facts differently, and to not necessarily act on information given. Information is thus processed amid a series of personal, cultural values and beliefs, all of which are filtered through people's lived experiences (Scrimshaw, 2019).

The findings of the focus groups conducted with *Reprolatina* also shared similarities with some of this literature on science communications (e.g. Scrimshaw, 2019, 265), which has shown how people process scientific facts through a series of filters, from generational differences, to culture, language, different levels of literacy as well as socio-economic status. The region of Latin America, and the specific case of countries like Brazil, are also interesting localities to research given the

slow advancement of women's rights in the continent under a context where gender inequalities persist and far-right conservative movements have sought to manipulate issues such as reproductive health in the mediated political sphere as well as during elections, issues further examined next.

b)The debate on sexuality and reproductive health in the polarised context of Latin America

Latin American countries have traditionally navigated between double standards when it comes to issues of sexuality and reproduction. Various nations have been known for the persistence of *chauvinistic* attitudes, with the region having one of the highest statistics in the world on female homicide and gender-based violence (GBV). The *Gender Equality Observatory for Latin America and the Caribbean* of the Economic Commission for Latin America and the Caribbean (ECLAC) for instance has also noted that 15 countries in the region registered at least 3.282 women victims of femicide in 2018, with *feminicide* rate in countries like Brazil being 4.8 homicides per 100.000 women, according to the *Mapa da Violencia* published by FLACSO 2015. The *2016 Montevideo Strategy* has even recognised the existence of "cultural and social barriers" to the full implementation of reproductive health rights, despite the countries in the region having various legislations that guarantee these rights, establishing thus a link between 'patriarchal cultural patterns' and the 'limitation of the full exercise of sexual and reproductive rights.'[ii]

Various polls throughout Latin America nonetheless have also shown that not everyone is so 'polarised', and that many want more debate on sexuality and reproductive health matters, and are not necessarily always negative about attempts to de-criminalise abortion.[iii]Arguably, the Latin American continent has seen some social and economic advancements in the last decades, albeit insufficient**,** including the increase in educational levels across various groups to the growth of the participation of women in governmental politics. There has also been some decline in the 'sexism culture', as well as wider participation of segments of the population in the political sphere and wider access of various groups to the mainstream media, including a rise in access to online networks due to various economic and social changes and the expansion of political democratisation throughout the region.

These have produced however mixed results when it comes to the specific case of women's health issues, and particularly reproductive health (Richardson and Birn, 2011, 186). The region for instance is known for being the continent with the second highest rates of adolescent motherhood, after sub-Saharan Africa, with 30-50% of sexually active women aged 15 to 24 who do not use any contraceptive method (Richardson and Birn, 2011; Kulezycki, 2011). Abortion is seen as an illegal practice for over 90% of the women in Latin American, however it is still widespread, with clandestine abortions leading to more than 1.000 deaths and 500.000 hospitalizations per year.[iv]

Research has also shown how various health and feminists NGOs from the global South, including throughout Latin America but also in Asia, played an important role in the last decades in advocating for reproductive health at both the local and global levels (Richardson and Birn, 2011; Alvarez, 1998; Narayanaswamy, 2017). Scholars like Richardson and Birn (2011, 190) have acknowledged the essential role played by women's health organisations and NGOs in advancing reproductive health rights in Latin America, having stated that 'NGO service providers, such as *Orientame* and *Profamilia Colombi',* which work alongside advocacy and research organizations, have helped raise issues around sexual and reproductive health, making them also less 'taboo' and more acceptable in the public sphere.

Although the literature on NGOs, activism and politics within development has been critical of the capacity of NGO's to 'make a difference' (e.g. Bebbington, 2009), with also scholars from

both Latin America and Asia having argued that many women's NGOs have distanced themselves from the grassroots during the decade of the UN conferences (1980-1990s), becoming more like 'card carrying feminists' and creating a *dissonance* with feminist movements that operate 'on the ground' (Alvarez 2009; Narayanaswamy, 2017), the reality is that a lot of their work is still seen as crucial for some women's groups working in specific local contexts. Many Latin American NGOs for instance operate on a *bottom-up*, participatory manner, engaging with local communities and offering various educational and other services to support them. Many have actually been recognised by some members of disadvantaged communities as their main source of contact and support on women's health matters, within a context where local and national governments are either indifferent or carrying out setbacks. It is through access to some of these NGOs that women's groups have found the means to seek justice in courts and engage in the upholding of human right around SRHR issues.

This is the case of the Brazilian *NGO Reprolatina* for instance, which is based in Campinas, Sao Paulo, and who collaborated with me on the focus group sessions. The organization was frequently mentioned by the women participants during the sessions as a reliable source of information on sexuality and reproductive health matters. Founded in 1999 by Margarita Diaz and Francisco Cabral, *Reprolatina* has developed innovative and strategic actions in the pursuit of sexual and reproductive health rights, both in Brazil and throughout Latin America. Making use of an educational philosophy grounded on the principles of Paulo Freire's work, and further upholding a human rights and *participatory* framework, the organization since 2010 started a collaboration with the United Nations Populations Fund (UNFPA) to build the capacity of health workers in the use of the World Health Organization's (WHO) techniques for family planning programmes.[v]

This research thus applied a feminist 'standpoint theory' epistemology (Harding, 1993) in the conduction of the focus groups with *Reprolatina,* emphasizing participation and a research ethics of care for the participants. It is first to the methodological concerns of this research that I turn to next.

Methods

Use of focus groups for 'empowerment' of women's communities in the global South

Feminist standpoint theories and feminist empiricists among have contributed widely to the critiques of the so-called 'blind spots' and the 'scientific bias' inherent in the 'conventional research' carried out across the Sciences (McHugh, 2020; Wickramasinghe, 2011; Montell, 1999; Harding, 1993; Haraway, 1991), placing greater emphasis on the need to engage with marginalised groups and their perspectives on the world as imperative for conducting research that can be 'fairer', more in depth as well as more 'objective' (Harding, 1993), and which can fully examine the complexities of the world in order to be more truly transformative and more impactful policy-wise. Questions posed by feminists during the 1980's and 1990's included the existence or not of a 'feminist method', as well as how research can be to conducted more ethically, reducing biases and harm done to participants.

Decades after the formulation of these critiques, these questions continue to be relevant for feminist researchers who are committed to conducting research that engages with real world problems, and which attempts to tackle gender inequalities globally. This research has done previously this. These methodological epistemologies and intellectual concerns I believe have not disappeared from the feminist - and non-feminist – debates within the Social Sciences, and perhaps are more relevant than ever in a context where neoliberalism - combined with the promises of Western liberal democracy of democratization of their societies - has not fully delivered, becoming thus fragile to attacks from far-right groups.

There has been continuous rise of social and economic inequalities across much of the Western world in the last decades, with stagnation - and even reversal - of the conquests obtained in the area of women's rights and reproductive health, with the shift away from the 'population control' discourse to the *human rights* framework not having been fully realised 'on the ground' (Correa et al, 1994; Cornwall et al, 2008; Harcourt, 2009: Lottes 2013). The need to engage with disadvantaged and marginalised communities *from their standpoint* (Harding, 1993) has remained more relevant, particularly within a context where inequalities have not been fully tackled. This also includes feminism itself, with its focus still on the lived experiences of more privileged (and white) groups of women, despite the slow acknowledgement of the diversity of women's experiences and the need to 'decolonise feminism' (Mohanty, 1984, 2000; Mohanty, 2017; author, 2023), as well as the arguments put forward by feminist scholars like Harding (1993) on the need to engage with marginalised groups in research that can be truly transformative and which can shape policy.

Applying a *feminist epistemological standpoint* which argues in favour of 'situated knowledges' (Haraway, 1991), and which is capable of connecting individual circumstances to wider societal and economic influences (Harding, 1993; Wilkinson, 1998; Montell, 1999;), I have sought to engage with women members of specific local communities, many who have been the prime targeted publics of health communication messages on SRHR, in order to better understand how these groups interpret content on reproductive health. Michailidou (2018) has made use of Haraway's (1991) 'relational concept' of agency to discuss how the research process can be transformative for both the knower and the known. This was precisely what I sought to do here.

The use of interviews in health communication can be seen as useful for researchers as a means of gaining in-depth understanding of topics that are underrepresented, and how individuals make meaning of health situations (Okamoto and Burress, 2023). Focus groups are seen as being a well-suited method to examine the experiences of groups with stigmatized identities, and these have been seen as being an effective method to get at a *socially produced knowledge* (Montell, 1999, 44-71). Nonetheless, despite the limits of focus group methodology (Montell, 1999; Wilkinson, 1998; Wickramsinghe, 2011), and the ways in which forms of peer pressure can occur during sessions, impacting on results, I still believe that the method remains pertinent for conducting research with disadvantaged communities in the field of health communications and gender and sexualities studies. A particular feminist epistemological concern which I sought to make use of here was my *listening skills*, particularly in the listening to the stories, accounts, narratives and opinions articulated by the engaged groups of women that participated in the sessions. These groups found in the ethics of care, and in the provision by us of 'safe spaces' to voice their concerns over reproductive health matters, to be a very rewarding experience.

Participants were thus made to feel comfortable in these safe spaces, which they saw as rewarding and 'empowering' in contrast to the difficulties that they experience voicing their views and opinions on sexuality and reproductive health in (ideologically charged) offline settings. The focus groups thus sought to assess how members of the community can be active communication participants in the formation of health content, and how they envision better communication messages on SRHR. The aim here was also to assess the mainstream media's coverage, including what is provided from official government bodies, institutions, and NGOs. The objective was also to identify some of the reasons for the "sensitivity" around the topic (e.g. situating this within specific social and political settings), and to collect suggestions around improvements in communication messages. The participants however showed themselves to be very aware of various forms of societal, religious and political constraints on discussions of SRHR in both the public and private sphere.

A topic guide for the sessions was developed with *Reprolatina*, and this was divided into two different parts: the first one examined their understandings around sexual and reproductive health and rights (SRHR), including issues from terminology to how society in overall discusses

these topics, whilst the second set revolved around the media content delivered by NGOs, government and other bodies. This included the ways in which the groups thought these messages were accurate or not. The data was then analysed using *thematic analysis*, with the intention of identifying patterns and to classify the responses according to dominant themes. The first included understandings around SRHR, and what is meant by 'gender' and 'gender ideology'? (a); problems around SRHR topics and women exercising their 'choice' (b); societal, institutional and religious constraints on talk around SRHR (c); personal narratives and lived experiences (d); how the media communicates on SRHR (d); how they inform themselves on SRHR issues, and what media they consume (e) and how can NGOs, governments, institutions and media improve communication campaigns around SRHR?

The focus groups took place in July 2021 and were all conducted online via Zoom, as this was still during the Covid-19 pandemic when restrictions were beginning to be lifted. Participants were provided with consent forms and participant information sheets a prior to the start of the sessions, guaranteeing confidentiality and anonymity. The sessions were attended by the PI and Margarita Diaz, CEO of *Reprolatina,* who was the main facilitator of the discussions, whilst vice-president Francisco Cabral and the PI listened to the participants. It is to the discussions of the findings that I turn to next.

Findings and Discussion

a) Understandings of 'women's rights and media messages on reproductive health: focus groups core findings Group 1

Focus groups were conducted with two groups of women in July 2021 by the NGO *Reprolatina* in partnership with the researcher. They were divided by age (group 1 from 19 to 29 years old) and group 2 (30-49 years). Both groups highlighted the impact of Brazil's patriarchal society on attitudes and beliefs on women's sexuality and reproductive health, underlining the lack of circulation of information on the topic in the mediated public sphere, with more knowledgeable discussions restricted mostly to small groups of professionals or to those 'in the know', thus inserted within a cycle of continuously 'preaching to the converted'. The results showed some similarities and differences between both. Many said that they actively seek information online or engage with an NGOs working in the field, as they feel that the mainstream media is also constrained by the oppositional political context and does not cover these topics in depth enough. They also thought that there is lack of information on the topic in overall, making it easy prey for political and 'ideological' manipulation by certain vested interests.

Both focus groups were shown a 2021 media report from the UOL Brazilian mainstream website on the proposal of a senator on creating financial incentives for rape victims to abandon the idea of having an abortion, a proposal which was withdrawn in April 2022 by the senator himself. The second older group emphasized the role of the then Bolsonaro government (2018-2022) and the fear of censorship by Brazilian institutions on the work carried out by health and educational professionals in the field. Both groups saw the need for wider debate in the mediated public sphere, and better health communication campaigns that can be both more attractive as well as informative.

These results share some similarities with the findings obtained from the wider GCRF research project (2018-2021), which engaged with the communication practices of NGOs working in the field and showed that many are seeking to combine 'hard facts' and statistics, e.g. public health arguments, with more human interest stories and personal narratives ('emotion'). The first group included a total of 6 participants from the ages of 19-29, all of them students – with the exception of two who were either doing an internship or were working – and from lower socio-economic income groups, resident in the city of Campinas, 95 kms from the capital of Sao Paulo, in Brazil.

The participants were classified according to the letters of the alphabet (from A to F). Some of them showed themselves to be more engaged and knowledgeable about the topic than others, with some responding more than others.

The interactions of the participants with themselves, with the PI and with the NGO, were largely constructive and engaging. No participant exercised peer pressure over the other. The groups were largely pro-active and media savvy, particularly the younger group with social media platforms, being further weary of misinformation on reproductive health matters. They revealed how they actively seek to obtain 'facts' and 'scientific', accurate and reliable information on SRHR, be it from the web, from *Facebook* or *Instagram*, and from websites of NGOs like *Reprolatina*[vi]. Regarding the first question on assessing understandings around SRHR, and some of the problems women face, a core answer was the impact of a 'patriarchal Brazilian society' on women's choices. This was confirmed by respondents A, B and D. As respondent B outlined:

> Chauvinism is what impeded us to be free... If you are in a relationship, there is all the pressure to be a mom… it is taken for granted that we will be taking care of the house. The other is the lack of access to contraceptive methods. I speak from my experience and that of my friends…We know that no contraceptive method is total 100% efficient. If it fails, the women is obliged to take forward the pregnancy because abortion is a crime in Brazil… you also suffer due to rape and still with people that call you an assassin…people judging your right to do an abortion. Thus all the time they are obliging us to have children… If a method fails, you were wrong, you got pregnant because you wanted it…

The group commented on how society imposes constraints on talk around SRHR, both in the private and public spheres. They argued that different generations have diverse approaches to sexuality and reproductive health, pinpointing the existence of a generational gap in understandings on SRHR. The mainstream media is also seen as exercising some form of restraint and does not cover fully topics around sexuality and reproductive health. There was a general consensus of the absence of proper information on the topic. Some reported a lack of receiving information from doctors and family members. As participant C stated:

> The lack of information and the access to information many times is precarious. I remember the first time I went to a gynaecologist who was a man and who still questioned me on my virginity… I was there as a 16 year old with that sentiment of constraint. Then came "you cannot get pregnant" and the hormonal question… I got pregnant in my last year of university. And the father abandoned my daughter because she had Down Syndrome… I thought about having an abortion… but I ended up going along with the pregnancy, and then I discovered she had… a heart problem. I ended up giving birth to Maria Clara and went through various difficulties… even through her death… Regarding parents, the majority of them have a very archaic mindset about the issue and pass it on to their children... There is no point in information if they will not accept it and will continue to pass on wrong information to their kids. Because it would be much easier if the mother went to their child and taught them everything, contraceptive methods… (Participant C)

When it came to the ways in which the group consumed media messages on reproductive health, many underlined the preference for actively seeking out information online, on specific websites and social media platforms, as well as on sites of organizations like the NGO *Reprolatina* itself. On the chat participants B and C, as well as E and F, underlined how they research on *Google*, access *Youtube* videos and podcasts, as well as make use of some of the mainstream media, from *Greg News* of the BBC, to mainstream TV and channels like HBO. As participant B argued, the websites function almost like a supportive 'community'. It is within easy reach of women who feel that there is too much misinformation on the topic 'offline', as well as too little information provided by the media.

> It is very broad to talk about the internet, there are pages that bring scientific evidence, and the person to know what is and what is not 'scientific evidence' is difficult, even if the information is not being given by professionals, we find very serious things. As for the groups, they also work a lot as a community to understand that the problem we face is not just ours. Within these conversations, there are even

> disagreements, there is a conversation and things are not taken as an absolute truth… I opted for the IUD because of such a group… It works a lot like a 'start' to understand how these methods can work... (Participant B)

The respondents underlined also that the media often does not talk enough about SRHR. They outlined the reasons for their preference for social media and online websites, including concerns with the ideological manipulation of messages . As participant D stated, "…in these groups they are sincere, and it works more like a network of support. And we have a lot of pharmaceutical companies manipulating information,…..which appears to be neutral, but which has other interests behind."

They were asked to comment on the Brazilian media's coverage of SRHR, having been shown an image of a Senator in Congress who sought to pass a law to pay women to opt out of pregnancy terminations as a means of discouraging abortions even in the few cases permitted by the Brazilian legislation, such as rape or when there is a foetus abnormality. Participants D and B provided interesting comments, highlighting the importance of seeking accurate information and not being manipulated by 'fake news', suggesting that scientific bodies and doctors need to work more with the media to provide this type of information, making better use of social media platforms given their reach. Participant D stated that:

> I think that the media and the institutions need to adapt to social media because it is well worth it. For example, if there is a team of doctors and chemists of one institution with information, I think they should seek support from publicity professionals, design to generate scientific content checked in the official page to populate also this social media environment. There are some councils that have this, Salvador has a beautiful Instagram, many things go viral... (Participant D)

They were further encouraged to point out to suggestions for improvements in communications around health issues, and what they would do should they be involved in the production of communication campaigns on reproductive health. Participants seemed to be in agreement that information should be 'accurate' and 'factual', but that it also needed to be more 'attractive'. They emphasised the role of *memes* in encouraging online engagement with messages on health communications. One of the participants emphasised the role of *emotions* in communications about reproductive health, underlining its appeal and capacity to influence and shape debate on SRHR, as I have argued elsewhere (2023). According to participant B:

> There is a video of Atila (Iamarino, visiting professor of Unicamp) which explains that people are much more susceptible to change opinion through the emotional avenue than the rational one, even though the argument makes sense….in order to speak to your parents or to older people, I think it would be good to go through the avenue of reminding them of their own journey in relation to their sexuality….before thinking that they are parents and should educate and talk with their children, think that they are also humans who had their sexuality neglected…

Participant C underlined the role of religion and community work in giving comfort to more vulnerable women:

> It is really in the churches, we see many of them be very dependent on their faith, because it is also not only digital inequalities that are taking place, there is domestic violence, hunger, unemployment. Thus women grab hold of the faith that they have… and that is what they are focusing on and developing the information, it is going to the church and talking to the 'sisters'. We in our institution are open to talk to these women, we always made available these means to them…

It is to the second focus groups sessions which I conducted with *Reprolatina,* with participants in the older age group, that I turn to next.

b)'Self-censorship practices and talk on SRHR on social media: focus group findings group 2

The second group included largely working women aged from 30 to 45 years old, with most working either in social care or in children's education, based also in the city of Campinas. Only one was a student of Education. Similarly to the first group, participants received the letters A to G as a means of identification. There were also similarities in some of the concerns raised by this older group with the first group, including the recognition of the impact of a 'patriarchal society' on the status and position of women within it, resulting in constraints imposed on the topic both in the private and public spheres. Contrary to the other group however, the second one underscored less the use of social media for obtaining accurate information on SRHR. They instead emphasised more the impact of censorship (and self-censorship) on institutions, as well as on the advancement of policies and discussions on reproductive health, including having pointed to the problems of misinformation and 'fake news' around health matters, and the need to be weary of this.

Regarding the first questions on understandings around SRHR and the problems women face, participants B and D underscored the lack of control over their bodies as part of living in a patriarchal society. This is irrespective of being provided with accurate health information. As participant B argued, "not all of them can exercise their rights, and not all of them have this knowledge. Even though they have access to information, many times even with this information, they cannot put this into their own reality…"

Similarly to the first group, a few participants were more active in the discussions than others, who felt less compelled and preferred to use the chat forum option. This was perhaps due to fact that the latter were an older group, more inserted within the workplace and thus more attentive to power dynamics. The group largely examined issues concerning women's access to contraceptives, underlining the barriers encountered in the public sector – in the Brazilian SUS system in Mococa – in contrast to the wider accessibility to pills available to more privileged women who can pay for health insurance. They showed wide understanding of how women's health can be impacted by their economic circumstances, as well as the specific reproductive problems that middle-aged working women often face. As participant D outlined:

> I… think that one of the problems that women have in relation to their sexual and reproductive health is that often they cannot choose one method of prevention… I would have liked… in my third gestation to have been operated so I could not have more children… I was already at that age but the doctor simply did not want it… We cannot yet choose, but in reality we can as it is our right, but most of the doctors do not want to do it… And I think that this is a problem, the issue of the method…the responsibility for the gestation usually falls on the women's shoulders… We see how many women take care of children by themselves. It is the result of this lack of prevention and responsibility of the man…

The group also underscored the importance of having sexual education in schools, and the need to have primary teachers, as well as health and social care staff, prepared to deal with sexual identity questions for instance. They argued that public setting and institutions, and their professionals, where largely pressured not to "educate, speak or talk" about these issues given the political climate, as well as the fact that the topic still remains largely 'taboo'. As participant B stated:

> The problem is how people think these topics are dealt with. People think we are going to deal with pornography and not with the rights of this child, if they are suffering an abuse, if they are going through a situation which is not natural for a child… There lies the difficulty in denouncing… we as educators, we know that many times children open themselves up to the teacher, they bring the reality of everyday life to the teacher. So, if the teacher does not have this right of dealing with the topic, how can they help this child?...

Participant D further agreed:

> I think it is very important the issue of sexual orientation in schools. I have worked with this for over 15 years… When we enter a school to do a workshop… we are seen as if we were only going to be talking about sex… We will be talking about care… I was working in an institution for five and a half years, it is a Catholic institution… two months ago I was called to talk abut sexually transmitted diseases to teenagers of a professional group of 16 to 19 years of age… I had to take all my material and return it to the health centre… I was called to talk in a one week workshop, but I could not talk about penis, vagina, preservatives…a nd I could not use my working materials. I felt suffocated to the point that I left the institution…

The group were also asked about how they access information on SRHR in the media, how they evaluate the mainstream media's coverage of the topic – being asked on specific health communication campaigns that they remember of – as well as how they would seek to improve communications on sexuality and reproductive health. The participants pointed out that they seek access to information on the web, as well as on specialised magazines and through health NGO's like *Reprolatina*. They argued that there is room for improvement in debate on SRHR.

Participants also discussed the link of religion with SRHR, and how it impacts discussions both in the private and public spheres. This was seen also as being a direct impact of the dominance of the *Bolsonarista* political movement, and how it has sought out the votes of evangelicals and other religious groups, a discussion pursued by me elsewhere. Participant F mentioned the 'self-censorship' practices that professionals who work in the area of education and healthcare can come up against, and how often they find themselves in difficult situations:

> I say that some professionals accept and find it wonderful to talk about these issues… even so, they are a little resistant to this type of information… as in the government, there is a certain censorship, and in schools in Campinas, which do not want people to talk about it… when we don't know something, we are afraid to talk about it… About self-censorship, sometimes it is the person themselves who has something inside them and does not want to talk… In society we repress people a lot... I check the website of the Ministry of Health for academic texts…I research on more than one source that I consider reliable… I had an experience in the evangelical church, that I used to be a part of, and which made me distance myself… there was talk about homosexuality, that it was not good… I was shocked, I thought, 'oh gosh, now I am going to have to break up with my friendships… I thought to myself, 'gosh, they are really closed when it comes to dealing with this question. I do not know if it is a lack of knowledge or what it is... (Participant F)

Speaking within the context of the government of Jair Bolsonaro in Brazil (2018-2022), participant D further underscored that the media does not speak enough about SRHR either, and could be doing much more. The participants argued for more in-depth coverage, one which could discourage stereotypical representations and explore the complexities of the topic. Similarly to the first group, they were shown the media report of the MP and his proposed legislation. They were further asked to talk about some successful media campaigns on reproductive health that they came across, and were also asked on what they would do to improve these.

Participant B stated that media professionals also need better training on this topic to cover it better:

> I think that to build the capacity of opinion leaders, educators, those who have access to communities, I think that is one way of going about it. And also through social media… when they speak about homosexuality for instance, the media always puts it in the negative side of this, brings in the violence against homosexuals, does not bring enough about the relationships that are working… The media has a lot of weight here… This is the same issue as when we talk about the sexual education of children…About the story you showed me… again this will hit harder those women on lower incomes… Women who have money will still be going after the clinics… (Participant B)

Participant D also expressed anger with the story, stating how they "again want to shut us up and not let us exercise our rights", however saying that women with less money might be "drawn to it as there is a financial incentive". Participant F further emphasised the importance of using the Internet to 'open up' more spaces of debate on the issue, but however not only limiting this to

social media. Suggestions for improvements in communications included how different communication vehicles could seek more to target different publics, including influencers speaking more on SRHR to the general public, whilst radio programmes could cater more to housewives:

> I think it is sometimes difficult to open up spaces… It is not only on social media, as not everyone has access… health needs to open up spaces in education, and cannot, but in counter-part, both in education and in schools, and in the public spaces that exist where you are going to be, it is a good place for you to start… or in groups that exist in the neighbourhood, or in the church… I agree with the girls when they say that actors… and influencers of the media could provoke a discussion, and could encourage more people to have an opinion on the topic, depending on how this is put forward in the media. The action of radio and TV… more people would access and there would be more discussion… but only if it was more elaborated so that it does not remain ambiguous… (Participant F)

According to participant D:

> Most women are housewives and I, when am doing my household chores, I tend to listen to radio… This information (on SRHR) should reach the radio, because I have never heard this type of information on radio, it would be good a radio programme or channel to speak about women's health. I think it would have a big reach and would… be very interesting, it is an idea." (Participant D)

And participant C complemented:

> I think that the communication vehicles that reach people more easily are TV and social media… social media and famous people could do this work of speaking to people more about this topic, including TV propaganda, I think this would reach more people in an easier way… (Participant C)

One of the core issues thus taken from the two focus groups was how many women from across different age groups would like to see more quality, interesting and "entertaining", as well as informative messages, on health communication campaigns on SRHR in the content put out by NGOs and governments. Some of these results were in line with what some authors have claimed to be a growing shift within the field away from the 'passive' receivers of health communication messages to the more 'active participants in meaning-making and media-making' (Lewis and Lewis, 2015, 13). It is to the final conclusion of this paper that I turn to next.

Conclusion

This study has had the aim of examining how women from lower socioeconomic income groups who reside in the city of Campinas, Sao Paulo Brazil, respond to health messages on sexual and reproductive health and rights (SRHR). The local perspective is inserted within the contemporary global challenging context of rising opposition against women's reproductive health rights throughout the world. As part of the expansion of research from a larger *GCRF* project, I collaborated with the *NGO Reprolatina* in the conduction of focus groups to strive to better understand their concerns, as well as the problems with the resistance to certain messages and the impact of misinformation on SRHR.

Results of the focus groups showed some similarities as well as differences between the two groups. Both groups, from the younger generation to the older, underlined the impact of Brazil's patriarchal society on attitudes and beliefs on women's sexuality. They underscored the lack of circulation of knowledge and information on the topic in the mediated public sphere, still mostly restricted to small groups of professionals or to those 'in the know' and who often 'preach to the converted'. Many women also actively seek information online or engage with NGOs who work in the field. Some of the results thus showed that many are seeking to combine 'hard facts', such as public health arguments, with personal narratives and human interest stories of hardship and

difficulties (e.g. 'emotion') to make communications more engaging, and are also further restoring to more *popular culture* formats, including *rap* music videos and digital storytelling.

The wider findings on the communication strategies of the NGOs, and the proposals on messaging improvements, are currently being developed separately in an NGO practioner toolkit, which targets development practioners and NGO's working on women's health. Further research should attempt to examine from a global perspective the impact of NGOs' health messages on SRHR, engaging more with communities through the conduction of focus groups to assess the connection between women's health rights and SRHR with misinformation and political manipulation. This involves particularly the impact on people's understandings, as a means of tackling the current stagnation of women's rights in the field and the wider climate of resistances to the advancement of policies on reproductive health for various communities of disadvantaged women not only in Brazil and Latin America, but from across the world.

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CONTRIBUTOR DETAILS

Carolina Matos is a Senior Lecturer in Media and Sociology at the Department of Media, Culture and the Creative Industries (MCCI) at the School of Communication and Creativity at City, University of London, and the Director of Research of the MCCI department. She is a visiting researcher and also a former visiting associate professor in Global Communications at the School of Communication, University of Miami, USA. She investigates the role of media and communications in processes of democratisation and development, paying particular attention to structural inequalities of gender and race as well as class. Her latest book is *Gender, health communications and reproductive health in international development* (McGill Queen's University Press, 2023).

Contact:

Department of Media, Culture and Creative Industries, School of Communications and Creativity, City, University of London, Northampton Square, Room: A229B, London EC1V 0HB, UK.

Email: Carolina.Matos.1@city.ac.uk

ORCID: 0000-0001-6304-3591

Endnotes

[i] For the purposes of abbreviation, I shall be using the acronym SRHR here

[ii] See ECLAC-UN's 2021 "Sexual and reproductive health laws in Latin America" (https://oig.cepal.org/sites/default/files/c2100783_web_0.pdf)

[iii] Studies such as FLACSO's 2011 cross-national one done in Brazil, Chile, Mexico and Nicaragua revealed support from all four countries for more flexible abortion legislation (https://issuu.com/flacso.chile/docs/boletin_n_5)

[iv] Most nations allow abortions in exceptional circumstances, such as when the pregnancy is a threat to a women's life, whilst others ban it altogether (Kulezycki, 2011). In countries like El Salvador, Honduras, Haiti, Nicaragua, Dominique Republic and Suriname, abortion is forbidden, whereas Uruguay, Cuba and Guyana allow women to interrupt their pregnancy up until the 12th week. Brazil, Panama and Chile permit abortion when the women's life is at risk or in cases of rape.

[v] See: https://reprolatina.org.br/

[vi] They included in the chat Instagram pages and other websites. These included: Facebook's "Tua Saude" (Your Health), as well as @fiqueamiga, @sentomesmo, @caos_a, 'share your sex', @feminismo, Marilia Moschkovich, @catiadamasceno and @sagradofeminista.