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Community engagement with health messages on reproductive health in an age of misinformation and political polarisation: A case study of the US NGO Open Arms in Florida^{1 2}

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ABSTRACT

How do young members of disadvantaged communities in countries like the US, which has been affected by political polarisation and attacks from far-right populist politicians on women's rights, make sense of messages on reproductive health in the misinformation age? Following from the conclusion of a Global Challenges Research Fund (GCRF)³ funded project which examined how 52 NGOs from across the world are making use of communications tools for advocacy on sexuality and reproductive health (SRHR)⁴, this study engaged with communities in Florida, US, in partnership with the NGO *Open Arms*, to assess how they consume media content on reproductive health, particularly on social media, within a context of proliferation of 'fake news'. Applying a feminist methodological epistemology and a participatory approach which aims to 'empower' participants, two focus groups with males and females from diverse ethnicities, between 18 and 40 years of age, were conducted with *Open Arms* in July and August 2023. Findings revealed how groups are exposed to a lot of inaccurate news, misinformation and 'myths' around fertility treatments on the web, and how they feel there is a need for better scientific information on reproductive health in the media and on the Internet, one which is also more 'entertaining' and which speaks directly to their

¹ This research builds on a previous GCRF project, published as a manuscript by McGill Queen University Press (*Gender, communications and reproductive health in international development*),

² This chapter benefited from the contribution of the research assistance Songyi Liang, PhD student at the School of Communication, University of Miami, US, in the collection of data.

³ The GCRF has supported cutting-edge research which aims to address challenges faced by developing countries, such as the UN SDGs, with the aim of maximising impact to improve opportunities.

⁴ This study draws from some of the data explored in the AEJMC paper "Use of focus groups research on health communication messages on SRHR: experiences of 'empowerment' from the global South in an age of misinformation on gender and minority rights" (August 2023).

experiences. This study concludes in favour of improving health literacy approaches as well as communications on reproduction health.

KEYWORDS:

1. community engagement
2. NGOs
3. Gender equality
4. Social media
5. Reproductive health
6. Misinformation

Introduction

Gender politics and women's rights in the last decades have reached centre 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; Matos, 2023), ranging from Eastern Europe to the US. The last decades have seen substantial growth throughout much of the world, including in Europe, of 'populist' far-right political parties which have managed to intelligently navigate the anxieties and fears of large sectors of disenfranchised citizens, many dissatisfied with the limits of Western political democracy and its failure to deliver on promises of equality and social inclusion. They have managed to capitalise electorally on the climate of economic (and cultural) insecurity unleashed in the last decades particularly in the post-2008 and Covid-19 global recession and pandemic, context, culminating in cultural backlashes against the advancements of the 'gender agenda' and other rights obtained during the decades of the 1980's and 1990's at the UN conferences, such as at the 1994 International Conference on Population and Development (ICPD) in Cairo and the 1995 Fourth World Conference on Women in Beijing (Correa et al, 1994; Friedman, 2003; Cornwall et al, 2008).

Politics around sexual and reproductive health and rights (SRHR) has thus started to take on centre 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, 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, inciting prejudice and stigmatisation around complex issues such as women's health, and which are still also subject to the impact of cultural, social or religious pressures. Thus information on reproductive health that circulates in the mediated public sphere is often ideologically manipulated, having an impact on women's rights to have access to accurate information that could assist them in making decisions and choices, thus feeding on to fears and cultural anxieties which can further lead to disengagement from the consumption of health communication messages as well as self-censorship practices.

Two focus groups with members of disadvantaged communities in the Miami-Dade country were thus conducted in July and August 2023 with the NGO *Open Arms*, a community centre in the Miami capital which provides various types of services. The sessions aimed to engage with younger segments of the population from diverse ethnicities and backgrounds, from students to the unemployed and particularly within the reproduction age, in order to better understand how they exercise their reproductive rights and how they

consume communication messages at a time of growing polarisation around women's health rights. Social media networks and new technologies, such as *Whatsapp*, also are emerging as spaces for both obtaining accurate and scientific information about the topic as well as being sites where misinformation on SRHR circulates, seeking to create confusion and adding fuel to the polarised and ideological climate around reproductive health. Results showed also that there is some awareness on what constitutes "true" or factual information from "fake" stories and narratives, as well as an appetite for more accurate and "attractive" information that can speak better to people's lived experiences.

A core question asked here was how does misinformation about women's rights affect people's perceptions, and how does this translate into impediments to the advancement of policies on reproductive health? The focus groups explored understandings around sexual and reproductive health and rights and examined also the media consumption habits of the participants as well as their engagement with the communications around SRHR matters. I argue here that not only communication messages on SRHR need to be improved, but also there is a need to improve discourses and rhetoric around reproductive health in the mediated public sphere so that people can exercise their rights more fully, something which is also dependent on better quality public information campaigns and NGO advocacy around the topic but which also includes attention to investments in media and health literacy practices.

Before discussing the methodology and findings, the debate on how sexual and reproductive health and rights is articulated in the mediated public sphere is examined, including also the role of new technologies and social media in the advocacy on SRHR and the ways it can be used for social change.

The debate on sexual and reproductive health and rights (SRHR) in the US and Floridian context: an assessment

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 in many different forms, affecting couples' decisions for choosing fertility treatments or not to problems created for women who want to terminate their pregnancies due to foetal abnormalities, among others. Although the measures have resulted in abortion bans in 13 US states, the tide has not favoured the electoral chances of the Republican party as perhaps previously anticipated, with the latter losing voters' support amid a boost to the Democrat's chances of re-election in the 2024 presidential campaign.

The rise of 'populist' right-wing movements throughout the world has culminated in various push backs 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 1980s (Correa and Petchesky, 1994; Friedman, 2003; Harcourt, 2009). These attacks against reproductive health rights have been in the context of rising economic inequalities, giving rise to fear and anxieties against 'immigrants' and other minority groups, as well as resistance to advancements in the women's rights agenda.

In Florida, the governor Ron De Santis, a Republican frontrunner for the US presidency, has followed in Trump's footsteps and has made the 'cultural wars' the hallmark of his presidential bid. De Santis has been notorious for having attacked gender and LGBTQ rights, as well as race education and policy. In 2022 he signed a 15-week abortion ban passed by the Republican controlled legislature. He also passed the highly criticised 'Don't Say Gay' law, approving a ban on classroom instruction about sexual orientation and gender identity across all grade levels, including restricting gender-transition treatments for minors in clinics as well as introducing new guidelines on the teaching of black history in Florida's state schools.

This highly politicised climate is thus also contributing to a growing distrust from communities of institutions, posing also a whole series of challenges on how people consume news and traditional media reporting on complex topics such as SRHR. The online sphere has thus emerged as both a space where there

are more opportunities for access to specialised and trusted medical information on SRHR, either through specific websites or through information shared by NGOs working in the field, as well as being a site for the spread of polarised political information, misinformation and lies on SRHR. The choice of conducting fieldwork in Florida was thus due to some of these factors, and the fact that the state is, alongside others in the US, such as Texas and North Carolina, a central place where political battles around 'sexual and cultural wars' are taking place among political groups, and who are also posing a threat to Western political liberalism and the institutions of democracy and governance.

Thus the Floridian NGO *Open Arms*, which took part in this research, is a community-based agency which provides services to the community of Miami-Dade County residents. It is involved in capacity building training as a means of diversifying funding and works with a series of partners, from the State of Florida Department of Children and Families to the City of Miami Beach. It aims to offer services to the community for them to be 'self-sufficient'. Among its core values, the organisation underlines that it is to "improve the conditions of the social services for the economically disadvantaged people in the community. It is to the feminist epistemological and theoretical concerns of this research, and to a brief examination of the literature on the forms of engagement with science and health messages, within the specific context of this research on SRHR advocacy communications, that I turn to next.

Feminist epistemologies, social media use and engagement with communication messages on SRHR in an age of 'fake news'

The debate on SRHR in the mediated public sphere, both locally and globally, is still quite poor and subject to misinformation, stigma as well as ideological manipulation. This hinders the ability to provide in-depth, detailed and critical information on SRHR, permitting citizens to question messages, as well as making connections between reproductive health rights to issues of poverty, inequality and wellbeing. As it stands today debates on reproductive health, as well as on sexuality issues and bodily autonomy, are still largely restricted to public health professionals, NGO advocates and specialised feminist movements, mainly to those 'in the know', perpetuating 'echo chambers' and inequalities in knowledge and access to information and rights.

Compelled with media and health literacy problems that often members of disadvantaged communities can experience due to a lack of educational resources and access to health services, all of this can place an added risk on the capacity of community members to access quality information on reproductive health matters. This is due to them being exposed to misinformation and manipulation of messages in the mediated public sphere, particularly on online platforms. Many thus can have limited understanding of both their health and civic rights, often assuming from the information that circulates through the overall media that it is all about 'forcing abortion practices' by 'feminists that cultivate a culture of death'. There can thus be little understanding of how the acronym SRHR is an umbrella term that can encompass pregnancy issues, infertility treatments, comprehensive sexual education, maternal health and gender-based violence against sexual identities.

As Ratzan (2001) has argued, health is an essential component of global civil society. It is 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, being thus highly susceptible to influence from media

accounts or peer pressure. These findings share some similarities with others revealed in the literature on science communications (e.g. Scrimshaw, 2019, 265), which has shown how people process scientific facts through filters, including generational differences, culture, language, literacy and socio-economic status. Moreover, 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. 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, and cultural values and beliefs, all of which are filtered through people's lived experiences (Scrimshaw, 2019).

The findings of the previous GCRF research revealed that there is still insufficient engagement with the affected communities and that there are problems with NGOs communicating on reproductive health. The conclusions of the project pointed to the need to assess the reasons for the current 'resistance' of the targeted groups, as well as the anxieties towards sexuality and reproduction issues due to cultural and social constraints, including political pressures and economic barriers. Some NGOs recognized that public health arguments, such as the mere adherence to advocating reproductive health based on 'facts', is not enough and is not 'winning hearts', at a particular time where emotions and cultural values around various political, cultural and social issues runs high amid a context of increasing political polarisation and rise of opinionated commentary in the media and online sphere around a range of women's issues.

Many feminists have thus argued that the increased and active use of digital platforms for gender politics has influenced and shaped feminism in the 21st century by giving rise to different kinds of conversations and new configurations of activism. Despite assessments of the limitations of the Internet in deepening democracy and combating structural inequalities, a key discussion has been the potential of the Internet for citizenship, political mobilisation, debate in the global public sphere and the expansion of transnational feminist mobilisation and creative modes of protest. Digital platforms are seen as offering opportunities for the dissemination of feminist ideas, shaping discourses around gender and sexuality for instance, either through more conventional channels, such as through the advocacy practices of women's organisations and NGOs, or the activism of grassroots women's groups and of other individual bloggers, from politicians to social media influencers.

Feminist scholars in the last decades have examined the potential of new technologies for political mobilisation amid the contradictions of these new technologies and how these can be seen as both 'empowering' and enabling as well as oppressive or 'precarious' for women (Fotopoulou, 2016; Mendes et al, 2019). Here the 'female body' emerges also as a site of *precariousness* within neoliberalism, with feminist politics being played out with all the contradictions of our current post-modern and capitalist age (Baer, 2016; Fotopoulou, 2016). In previous research, I (Matos, 2017), alongside other scholars (e.g. Khamis, 2015; Harcourt, 2013), I examined the potential offered by new technologies, and particularly by social media platforms, to advocate for women in developing countries of the global South, particularly within the Latin American context. Similarly to other authors (McPherson, 2015; Michaeilidou; 2018; Fotopoulou, 2016; Mendes et al, 2019; Wilkins, 2016), I conducted research on women's organisations to assess their advocacy communications efforts, and how they have sought to push for social change in the field of reproductive health (Matos, 2023).

Developing further from the results of the GCRF project, I have been concerned with also the *educational* potential of new technologies, and how these can provide more accurate and 'entertaining' information on SRHR that can be 'empowering' for women's communities and disadvantaged groups. Thus I am interested in assessing the potential of media, and of online communications in particular also,

to strengthen health literacy skills, providing more avenues for marginalised communities to engage with health matters from a citizenship perspective so that these groups can exercise their rights. I argue here that this will thus better enable them to actively participate in the mediated public sphere of debate on SRHR, including in the *co-construction* of communication messages, content and campaigns on this.

Methodology

There has been a 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). Moreover, the persistence of structural social and gender inequalities also has not deemed the feminist political movement, as well as its critique of the dominance of empiricism in research (Harding, 1993; Wilkinson, 1998; Montell, 1999; McHugh, 2020), obsolete. The need to engage with marginalised communities *from their standpoint* (Harding, 1993) has remained more relevant than ever, particularly within a context where inequalities have not been fully tackled, with a lot of research coming from the Social Sciences still benefitting largely the upper strata of societies. Thus applying a *feminist epistemological standpoint* which argues in favour of 'situated knowledges' (Haraway, 1991) and the relevance of focus groups as an important method that 'empowers' less powerful participants (Harding, 1993; Wilkinson, 1998; Montell, 1999), I have sought to engage with women members of 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

Questions posed by feminists during the 1980's and 1990's also included the existence or not of a 'feminist method', as well as how research can be 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 previously done this. I have thus adopted here both a feminist methodological and theoretical epistemological perspective, as I believe that these intellectual concerns have not disappeared from the feminist debates within the Social Sciences, and perhaps are more relevant than ever in a context where neoliberalism has not fully delivered, becoming fragile to attacks from far-right groups.

This study conducted two focus groups with the local Miami NGO *Open Arms* during the months of July and August to examine how sectors of disadvantaged communities are making sense of health messages on SRHR within a highly politicised context, as examined previously. As active users of social media as a means of obtaining information on health-related issues, I was concerned with identifying patterns of engagement, talk and discourse online on media messages on reproductive health, particularly to try to understand how information is processed, how the participants understand these as well as how susceptible they are to manipulation. The NGO *Open Arms Community Centre*⁵ recruited the participants from the community programmes that they work with to be part of the focus groups sessions.

Both focus groups were done online via Zoom. When it came to the power dynamics of both, the first group of the younger age range (18-24) saw a dominance of the two males in the conversation during the conduction of the focus groups in comparison to the other females. This was not the same with the older group (25-40), which consisted of all females and saw a more even discussion, although similar to the first, there were also some participants that had more knowledge and/or felt more comfortable to speak and to articulate their thoughts more than others. The consent from the participants was obtained orally before

⁵ See the full website of the organisation here: <https://openarmscommunitycenter.org/>

the session, guaranteeing them confidentiality and anonymity. Each participant received a small fee payment in the amount of 50 dollars as Amazon vouchers.

The focus groups were divided into two parts: the first part attempted to examine their knowledge on SRHR as well as to assess their forms of engagement with communications, particularly looking at the ways in which they sought out information on the web, and if they could tell if the information is accurate or not or if they were being subject to manipulation. The second part sought to evaluate their consumption patterns, particularly looking at the type of media they consume and the information that they find available on reproductive health. Questions included what vehicles they accessed, as well as how they sought out information on SRHR. Both groups were asked to imagine themselves as communication professionals, and how they would construct communication strategies and campaigns on reproductive health in accordance with their needs, including being asked what they felt these communication messages lacked and how they would seek to improve them.

The PI and Co-PI conducted the sessions in a participatory and egalitarian manner. The first group had a total of eight participants who were predominantly Hispanic (only two were included as 'non-hispanic'), and half claimed to be 'white' and the other half 'blacks'. The yearly income disclosed varied between 0 and 30.000 dollars, with the average income being 15.000. There were also two males in the first group, and all self-disclosed themselves as being 'students', with four also claiming to be "employed". None of them disclosed a disability or said they were unemployed. The second consisted of a total of six people between 25 and 40 years of age, and out of these, three claimed to be employed and the other three unemployed. All of them were of Hispanic ethnicity. There was one white participant, one American Indian and all the others were white. The income disclosed ranged from zero to 40.000 dollars annually, with most indicating an average income of 20.000.

The data collected from both focus groups was examined through thematic analysis. An Excel spreadsheet was created to include the categories, which consisted of a total of ten phrases which aimed to capture the main themes explored in the sessions. These were: 1) *knowledge of SRHR*; 2) *women's problems and choice*; 3) *information/disinformation*; 4) *campaigns on SRHR*; 5) *media vehicles*; 6) *SRHR information on the Internet*; 7) *talk on SRHR in the private sphere* (NGOs, doctors, schools, etc); 8) *US and local media coverage*; 9) *personal narratives on SRHR* and 10) *improvements in communications on SRHR*.

Findings and Discussion

The results of the focus groups showed some similarities with the sessions carried out in Brazil in July 2021, in partnership with the Brazilian NGO *Reprolatina* in Campinas São Paulo. Similarly to the sessions conducted in Florida, US, the all female groups in Campinas, from both age groups, managed also to make connections to the political climate of their countries (e.g. Bolsonaro in Brazil, De Santis in Florida within the legacy of Trumpian politics), and to the particularities of their local contexts, highlighting the impact of patriarchal thinking on knowledge and on assumptions on SRHR as well as overall attitudes on women's sexuality and reproductive health.

The groups in both local contexts underlined the need for more 'direct' communication campaigns that could speak directly to the everyday experiences of women. They also underlined the lack of circulation of information on the topic in the mediated public sphere. The results for both settings share similarities with the findings obtained from the GCRF project, which showed that many NGOs are seeking to combine 'hard facts', e.g. public health arguments, with 'emotions' and communication formats that make use of human interest stories to reach out to larger communities.

The presence of two males in the first group slightly skewed the tone of the conversations towards their perspectives over those of the female participants. However, the PI and CO-PI worked to ensure everyone's inclusion. Many personal narratives and stories focused also on the proliferation of "myths" and lies that circulated online. The participants also showed that they exercised critical thinking in relation to the messages that are available and that they consume, stating that the Internet is their main source of

information when it comes to SRHR matters, from conducting searches on websites, such as Google, to accessing specialised websites or engaging with influencers.

Both sessions started with a brief introduction of the research and what it was about, connecting to the previous results of the GCRF project. Participants had the opportunity to ask questions. Some also admitted to having prepared themselves, seeking information ahead of the focus groups. They thus revealed how they were eager to engage in 'safe spaces' where they could communicate their doubts and learn from others, whilst at the same time being asked to think critically about the role of media in reporting and communicating on SRHR. They revealed how they think reproductive health is not examined fully in public and private settings, either due to intergenerational differences, or also due to censorship practices exercised by public institutions, or due to a lack of in depth coverage on the topic provided by the media.

Understandings around SRHR and "women's choice"

Regarding the first questions on how they understood SRHR, and if they could connect this to some problems faced by women, both groups showed themselves to have some knowledge, underlying issues of 'birth control' and 'to have sex to reproduce or not to reproduce'. The second group composed of women emphasised more 'women's rights', particularly the decisions that they take regarding their own bodies. In the focus group 2 however, participant 2 underlined that this referred to women's reproductive rights. Participant 3 underscored, however, the importance of power, and of women's rights to not only choose their pregnancy but also have rights to access healthcare and information:

I think that sexual and reproductive rights are about the knowledge that women have about her own body, and her decision on her body and in her life, such as to live her sexual rights freely, and choose the partner and choose the precise time to get pregnant... (Participant 2)

Well, I think rights is also about *power*, it is the way that women can have a say and be in control of her body. 'I am in control of what I want, what I need, and when I want to get married, with who I want to get married, when I want to have kids. How many kids do I want to have?...it's also about your right to a good health service....Do you need to have access to institutions of health where you can find whatever you need...., whatever you need is not only a doctor..... I'm talking about information. and we need to have the right to information. I think that in these days, women have no right to information...." (Participant 3)

The issue of lack of knowledge on SRHR as well as poor information, in contrast to a more nuanced understanding of it, was explored by participants in both groups. A participant in group 2 mentioned the US overturning of the 1973 legislation *Roe v. Wade*, and the confusion it had caused. Other participants from the first focus group stated how issues on SRHR are explored more within the private sphere, but that this is often done under constraints. As participant 3 from the second focus group argued:

Is very well known that with the annulment of Roe versus Wade, women have been in a lot of trouble because they don't know how can they access.....the institutions that they can have an abortion....A lot of information.....a lot of wrong information. And we don't know where we can go if we want to have an abortion. And women are scared. Women are afraid of what can happen to them... (Participant 3).

The discussion of how the participants obtain information, both online and in the private sphere, is explored in the next section.

Information/disinformation on SRHR in the private sphere and online

The participants from both focus groups also tended to form a 'consensus' that there was poor information overall about the topic circulating in both the private and public spheres for different reasons, including a general sense of lack of in-depth coverage provided by the mainstream media, which often covered the topic in a political manner. Many mentioned that they actively seek information online, from doing Google searches to engaging with specialised groups on the topic. They claimed that this works as an antidote to a general lack of discussion in the private sphere, including among family members, as well as in educational settings. As Participant 2 from Group 2 mentioned, women do not have access to adequate quality information about SRHR either from local or national governments:

"...there is misinformation, and lack of information, about precise topics such as sexual and productive health. Because women in various situations....don't know how to...and don't know where to go. Because they don't have the right information....I don't know the right way, but...women today don't have this information".
(Participant 2)

Participant 2 from the second group talked more about the problems of lack of information on SRHR circulating in the family, and how more 'traditional' or elderly family members might inhibit talk. This was also agreed upon by Participant 4. She emphasised how women seek the Internet to obtain more precise information, and to this extent, this can be 'empowering' for women, who can thus obtain knowledge that they can use to exercise their rights.

"....most of...women....in rural places....don't have access to technology, to the Internet to find that information. In some situations all women have access...., but maybe they will need to Google it.... And maybe they can find the solution....There are problems with location....we must have access to the Internet, but some don't have that way to solve their problems.... she will have to find some information from her family. But maybe not all families are the same. Maybe traditional families will not answer questions....in traditional families, the men are the head of the whole family, and they can decide what women can do..."
(Participant 4)

The focus groups were asked to explore more the communications that they receive, including public information campaigns, and to comment on the mainstream media's overall coverage.

Campaigns on SRHR and media coverage of reproductive health in the US and abroad

The participants in both groups also struggled to remember any major public information campaign on SRHR, with some pointing to local campaigns on HIV/Aids as an example or also discussing the spread of various misconceptions about the topic instead in the online sphere, reinforcing the confusion and lack of information. Not anyone in the group could clearly remember any health communications campaign on women's reproductive rights. Both the US and local Miami media coverage on the topic was deemed insufficient.

Participant 3 from focus group 1 talked about the topic being discussed in the mediated public sphere in a polarised manner, almost like a football match between opposing sides (e.g. the 'pro-choice' stance versus 'the pro-life' campaign). Participants revealed how it is hard to pinpoint a clear example of a successful information campaign. Participant 3 could not name the campaign that she was thinking about, which seemed to refer to the media coverage of pro and anti-abortion protests, and how people engaged with these. She was endorsed by the two male participants of the first group, who elaborated on some of the lies and myths that they had come across online:

"....I feel it'd be like 'pro choice and against'.... But the whole campaign that happenedI don't remember when it started...there was pro-choice and pro-life. That campaign is one example that....really stuck out like the past for like a while now.....because I

remember it through social media, mostly like everyone will post videos of them, protesting...there's people talking to the opposite team,...and then like their opinions and everything. So everyone will get that information from social media...., I remember seeing it...specifically on *TikTok*.....” (Participant 3)

Participants 1 and 2 from the same group also stressed how a lot of information online is often unreliable. Many participants showed distrust of the information that they receive, including also a suspicion of institutions. The lack of more in-depth information provided by the media, and by public information campaigns, was reflected in the fact that participants struggled with particular health communication campaigns. It was also unclear if participant 2 was talking about a new type of contraceptive medicine. The participant underscored how they have mostly heard about campaigns on HIV, and not on reproductive health:

“Yeah, I've seen that (campaign) as well....I'm sure it was backed....by the government health....But on *Instagram* there was this...so this like medical device to prevent pregnancy, and the women would like put it...I think you have....to inject it.....And then, like she puts it inside.... It was like being marketed pretty quickly, and on a lot of people who have been using it. It's like they were targeting.....Christians.... and it is more like natural birth controlI don't get much info from like any kind of news.....it's a bit like a friend...or people that I work with in film.....But it's not anything about reproduction....the main focus that Florida has is the HIV free like Miami, HIV-free....A lot of billboards, and like local media, like on the bus....that's like the main focus.....not really anything on reproductive help, though I mean, yeah, just one part, like preventing....”(Participant 2)

The participants of the first focus groups also highlighted some of their experiences with false and misleading information online. Participant 3 for instance focused on reproductive narratives on the *Tik Tok* platform:

“.....mostly on *TikTok* is where you can see other women....implementing other contraceptives....I remember seeing a girl talking about it, it was one that goes through her arm....And then, like the pill and all the different ones which mainly targets women....like the feed that you're watching...the target is towards what you like and what your views are....You're going to see what you want and what your views are..... I would say for false information, it could be through social media. But I do believe it's also through shows, like TV shows....But if....someone with not that much information watches a show.....they're gonna try to copy. And they could do harm...more to themselves...like believing it. Anything you see like on social media, on shows....targeted towards women 'cause they carry the baby. They're the ones who have all the control.....Now you think there's more woman getting hurt by misinformation...yes”. (Participant 3)

It is to the personal narratives told by the groups, as well as their suggestions for improvements in communication messaging, that I turn to next.

Personal narratives, storytelling, and improvements in health communication messages

The second group also discussed the differences in the discussion of SRHR matters in the US compared to Cuba, and the ways in which they seek to obtain accurate information on reproductive health online. Participants 1, 2 and 3 talked about their experiences engaging with some Cuban groups. Some noted how specialised websites can be a space for women to ‘get together’ in a kind of solidarity and ‘sisterhood’

fraternity, which is very much part of a 'feminist ideal', but which was not explicitly spelt out by the participants as such:

"...I have some kind of experience, but not in *Whatsapp* groups. Instead, in *Telegram*.... I have a Cuban family..., and classmates...that are in...some of these groups. There are specialists like psychologists, and they talk about interesting topics, about sexuality....some of the members are...friends, and they invite me."
(Participant 2)

They also emphasised problems with debating SRHR matters, stressing the vacuum that exists between different generations. This leads to groups of women seeking to engage with others online whom they can connect with, and who can provide them with personal narratives and share their experiences. Participant 3 stated how the discussions among women on social media, including in *Whatsapp* groups, often feel like a 'fraternity':

"...I just recently came to the US. I lived in Cuba and in Cuba we have...groups of *Whatsapp* about women's....health. In that group we put our doubts...seeking the knowledge of other women.... But in those groups, there are no specialists.... It is the stories of other women. That's what I found the most interesting. Because in *Telegram*, I don't know why, it's more common to see people more prepared to share their knowledge. But in *Whatsapp* it is not the same, it's more like a fraternity....Sometimes that's good, because we can....share our history....but it can go the other way....because there's a lot of misinformation. Maybe we're trying to find the way to solve our problems.....the person who tells what to does not have the right information...."

Participant 3 further elaborated on the problems with the focus on personal stories, connecting these to the emphasis of opinions given by celebrities and social media influencers, indicating that this stress on individual accounts can cast aside 'scientific expertise', making room also for the proliferation of unsupported facts. There was also an emphasis on how the media do not provide proper context, including offering more solutions to women's SRHR problems:

"...when Alex told us about this meeting, I went searching for information because I wanted to prepare myself...I was exploring the Internet, I found....a lot of information not real, for example, many pages...with information that said that if women who need an abortion, they needed to go to an emergency room, they will be deported. And in the comments a lot of women said: "If I had to have an abortion in the U.S.A., I wouldn't go to a hospital or a health care institution, because I'm afraid that they would deport me... I...don't think that if anybody here needed an abortion they will be deported.....And on the other way you can have the right information from studies that have been undertaken by different universities..... you can find the right information....that will lead you to a good conclusion about what you're looking for....but the way that people consume....information has changed..., and you can see that in the way people believe more in *youtubers* and influencers than a specialist..... People follow them more than the right information, the person who has the right information....the big media., the New York Times....none of that talk about what women can do.... no solutions...I think a lot of women go to big media looking for solutions....but they just put the problem. "Okay, this is what's going on right here. We are talking about this and Roe v. Wade, the importance of that".....So what can women do?...If they and talk about the

problem, it is with a political agenda.... So there are no solutions....they're trying to lead us to think a way or another.... ..” (Participant 3)

The participants in both groups also discussed where they access information on SRHR, with all of them emphasising social media, mentioning Google but also specialised websites. They also discussed the mainstream media coverage, providing some suggestions on improvements in communication campaigns. A few newspapers were mentioned as vehicles for accessing information, such as the *New York Times*. The participants of the focus groups were also able to connect the difficulties of discussing SRHR in more depth with the national political climate. Participant 2 in focus group 1 underscored the polarised coverage provided by the media, with participant 3 adding that it does not help that the topic is not widely discussed in the private sphere due to ‘self-censorship’ practices:

“Well, the media definitely mentions (SRHR), like the current issues at hand and the ones that have the most conflict between....the left and the right, so like birth control....and how after like 9 weeks, there's no more abortion that a doctor can do. And there's like online stories about people who have had an abortion, and had to drive across 2 States and illegally do it.... But doctors are afraid to lose their licenses... when I see the newspaper...I only see things that are happening with like the mayor's budget, and...But nothing on reproductive rights So I could tell you that for sure....there is nothing on reproductive rights. From anything like the *New York Times* or the *Miami Times*....” (Participant 2)

“....my teacher in my class, like in the school that I went to....She's not allowed to talk about it. It's why I want to mention now, because then we don't go in depth with information about...reproductive systems.... She did put out chapters.... But for her to talk about it, she said she didn't want to lose her licence.....But now it's going to be more difficult for sexual reproductive systems. They're not going to be allowed to talk I do mean it's going to get worse.....” (Participant 3)

The participants of group 2 also were very specific on the places where they do obtain information, with two participants (2 and 3) having engaged in a discussion over “sexuality”, e.g. if it is still seen as a taboo, and how this differs from the US context to countries like Mexico. Participant 2 talked about her work as an intern in a women’s organisation whilst she was doing a masters in Mexico:

“.....we have one facility that is like a national facility of sexual education.... In this facility you can find all kinds of information about....reproduction...I had the opportunity to take a master in Mexico.... I did an internship in a women’s association...we talk about our experience.....I participated in like an internship with the team of the organisation to help women with knowledge about sexuality and reproduction...in drug situations....I did research....in my masters about sexual and productive rights of the person of the same sex....it was my research. And I have access to a lot of information, but not in social media, just in Google and websites....” (Participant 2)

“....Is it a taboo?....nowadays....it's not....Sexuality is...everywhere. So where is the taboo? People don't talk at home because they don't want to....you go out and you see sex shops, and you see, magazines, social media has everything about sex. Why don't you talk? So there's no taboo....They just don't talk because they don't want to.....They attire kids...in their own work, with their computer or their mobiles....It's no taboo....But yes, in Mexico, it is. But here, no. It is in Cuba, of course....maybe if I talk to my dad about sex he will slap me...in other cultures, you can see that's it's a toxic topic....this is a big country, and there are a lot of types of families, and they keep their culture. So maybe it's hard to talk about sex.....” (Participant 3)

Both groups were asked to imagine if they could participate in the co-construction of health messages and communication campaigns, and what they would seek to improve. All of them seemed to agree over the need to make information less political, more accurate and attractive. They suggested that celebrities and influencers should assist in advocating more on SRHR, indicating the need for science and health professionals to work more closely with communication teams to make their messages more meaningful, speaking directly to lived experiences. Participant 4 from group 2 stressed the importance of using various channels to communicate, such as radio, whereas participant 3 highlighted the need to use more relatable people to communicate in a way which resonated with audiences:

“.....The first thing is that the message, it's needs to look like the public....what I am trying to say is that the main message of your campaign, It's gotta look like the people you're trying to reach....let's see, I'm a mother. I will say “I'm a young mother. I don't follow scientific information.....maybe I will follow a lady who dresses like me.....I would like to search for help in sexual health or reproductive health, and I will maybe follow her. I... will want to know what she's talking about.....do you look at young people, and how they talk about their sexuality? They have cell phones....following a lot of people....They don't have the right information, but they follow them. And maybe you tell a teenager, “Hey, Why don't you look for these channels, they seem interesting? They talk about contraception methods and other information.....” And they look and say, “that's boring. I don't like it”, and they go to the other guy that doesn't know what he's talking about.... I think that it would be very good that the media....the scientific part of the issue looks for the influencers....to make ...the content more attractive and...more fun”. (Participant 3)

One participant in group 1 underlined how people should be more educated on this, and that some do not feel well equipped to talk precisely because of this, underscoring the importance of health literacy in people's capacity to debate. Similarly to the previous group, when asked about how they would make communications better, they stated the need to make messages more “attractive”, including using new technological platforms such as *Apps* to provide more information as well as adopting more journalistic devices, such as *storytelling*:

“.....if somebody wants to speak out about it, they should be educated, and when people feel like they have a restraint on it, they don't. They know something about the topic....if like, I get taught a lesson, and then I have to teach it to somebody else. But I only get a portion of the lesson instead of the full whole....” (Participant 4)

“I think there should be.....a front runner or a model....somebody popular or famous, could help spread....unbiased information. And that could be something....trendy to do...Maybe they can just be supported or be sponsored byprograms. So maybe it could be something....trendy....like a YouTube ad would help....and sometimes an ad that is like attractive and more informational could help.....there's so many different media going on.... Maybe this could be like a middle ground then....People are quick to pick two sides on a political question....but maybe it should be more socially accepted to just look above both of them....because I know the Guardian is this newspaper, that online is unbiased. And that's like Apps as well..... that it's like you have to scroll a little bit longer to find their links or just go to their website first. So it's a lot more of a nice research that you have to be doing rather than just finding it. I guess then also to make it easier to access online. You have to kind of go out of your way to find unbiased information.... I think a lot of people....just go for the first media that they find and don't really delve into research and finding arguments against their own beliefs. Yeah, a lot of people don't really do that...what I would say is watch out where the

misinformation is coming from, and the forms that they come in....like the opinions they have on TikTok.....” (Participant 2)

Conclusion

The results of this study have shown how members of disadvantaged communities in Miami, Florida (US) had some understanding of sexual and reproductive health matters. Participants from both focus groups were able to detect misinformation and inaccuracies in communications about the topic both offline and online, making connections between the poor debate around SRHR in the mediated (and global) public sphere with the local political polarisation and the difficulties of talk around issues of bodily autonomy and reproduction within the private sphere. Despite being inserted within a different local context, that of Miami Florida, the results had some similarities with the findings of the focus group study carried out in Campinas, São Paulo (Brazil), in partnership with the NGO *Reprolatina*, in July 2021, where participants also shared concerns of the negative impact of misinformation on SRHR matters on themselves, as well as on how this is contributing to hinder the advancement of women’s rights.

Similarly to the focus group sessions conducted in Brazil, participants from Miami also saw an impact of political populism on the conversations around SRHR in the mediated public sphere, including culminating in polarised media coverage and a proliferation of information/misinformation about the topic online. Thus due to the scarcity of reliable public information sources, individuals often seek emotional support and empathy through *personal* channels rather than relying on factual information to keep informed. However, in private communication settings, they also may come across misinformation, or experience the avoidance of certain topics by people due to various factors, from religious beliefs, and traditional norms, to intergenerational conflicts. This emphasises the importance of promoting public health campaigns.

The results from the focus groups carried out here thus showed that the participants consider it vital to: 1) improve the overall mainstream media coverage on the topic, to make it less polarised; 2) make better use of online networks and social media, with the scientific community, communication professionals and influencers joining more forces to produce information for the public interest that is free of vested interests, and which can be also more ‘entertaining’, thus speaking better to the lived experiences of women and also 3) women’s groups and community members should be invited more to *co-participate* in the construction of health communication messages and campaigns so that they feel that they are having their voices heard and that their concerns are better taken into account by NGOs, public information campaigns and other governmental initiatives.

As I have argued here, feminist researchers have been enthusiastic about the potential offered by the Internet for political mobilisation and advocacy around various issues. It is also vital to improve the health literacy skills of sectors of the communities, with NGOs working in the field conducting more workshops activities with the targeted groups to engage them more in the debate on SRHR matters, assessing also more closely the cultural, social and linguistic barriers that exist in an attempt to make them more *participatory* players in the co-construction of health messages on SRHR that can speak more to their lived experiences.

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