Abstract:

This study examined how women from lower income groups from Campinas Brazil responded to health messages on sexuality and reproductive health rights (SRHR). As part of the expansion of a larger GCRF[i] project, two focus groups with various women were conducted in 2021 by the researcher in collaboration with *Reprolatina*. Applying a *feminist standpoint*, the study argues for the relevance of focus groups as an important method for 'empowering' participants, connecting individual circumstances to wider societal influences (Wilkinson, 1998; Montell, 1999; Michaeilidou, 2018). Both groups saw the need for wider debate on SRHR in the public sphere, arguing for better health communication campaigns that can be more attractive and informative.

Keywords: empowerment, NGOs, development, feminist methods, focus groups

Title: *Use of focus groups research on health communications messages on SRHR: experiences of 'empowerment' from the global South in an age of misinformation on gender and minority rights*

1.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 various regions of 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 sexual and reproductive health and rights (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 NGOs which took part in the previous GCRF project, *Reprolatina*. The previous research made use of a mixed methods approach, including in depth interviews with gender experts, to the application of survey-style questionnaires to communication professionals, having also conducted content analysis and Critical Discourse Analysis (CDA) of the communication practices of women's health organizations in both the North and the South, and examining both offline and online communications during separate data collection periods in 2019 (March-April), 2020 (March-July 2020) and 2021 (June-July 2021).

Questions included how women, who are inserted within specific local contexts where they are subject to misinformation on women's sexuality and health, including being under pressure and subject to various forms of constraints, can make sense of media messages and communications on SRHR. How 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 has taken place in the last decades requires new thinking and approaches of NGOs and feminist movements on their advocacy communication practices around SRHR[ii], one which can move beyond the knowledgeable public health professionals or the orbit of elite UN conferences, being more culturally and socially sensitive, and engaging more fully with members of the affected communities within *a praxis* that promotes wider inclusivity, is post-colonial and widely participatory (McLaren, 2017; Matos, 2023).

The focus group results underlined 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 GCRF 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 in meaningful conversations around women's bodies, sexuality and reproductive health.

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 reproductive health are taking place. This refers mainly to the rise of misinformation and manipulation of issues around sexuality and reproductive health in the mediated (global) political public sphere due to the proliferation of attacks perpetuated by far-right groups, issues examined next.

2.The 'gender debate' and SRHR in an age of misinformation and 'fake news'

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; Matos, 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).

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. The future of 'populism' has become much more uncertain, albeit the attacks to Western institutions and to liberal democracy have firmly persisted. 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.

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. 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 boast to the Democrat's chances of re-election in the 2024 presidential campaign. Thus the rise of 'populist' right wing movements throughout the world 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).

These attacks against reproductive health rights have been in a context of rising economic inequalities, giving rise to fear and anxieties against 'immigrant' and other minority groups, as well as resistances to social change. Arguably, the distinction between biology and gender as social construction 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).

Various polls throughout Latin America in the last decades have also shown that not everyone is so 'polarised', and that many want more debate on SRHR matters, and are not necessarily always negative about attempts to de-criminalise abortion[iii]. Latin American countries however 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.'[iv]

The Latin American continent has nonetheless seen some advancements in the last decades, albeit very insufficient**,** from the increase in educational levels to the growth of the participation of women in politics, including a decline in the 'sexism culture' because of the expansion of political democratisation throughout the region. These have produced however mixed results when it comes to SRHR (Richardson and Birn, 2011, 186). The region 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). As the *Centre of Reproductive Rights* has further stated, many countries have problems of access to proper maternal health services, including comprehensive sexuality education. 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.[v]

Research however 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, stating that 'NGO service providers, such as *Orientame* and *Profamilia Colombi* which work alongside advocacy and research organizations, have helped to make sure that sexual and reproductive health issues are raised'.

Many NGOs have been criticised nonetheless by scholars, from both Latin America and Asia, for having distanced themselves from the grassroots during the decade of the UN conferences, becoming 'card carrying feminists' and creating a *dissonance* with feminist movements that work 'on the ground' locally, and often with little resources (Alvarez 2009; Narayanaswamy, 2017) Many Latin America NGOs nonetheless operate on a *bottom-up*, participatory manner, engaging with the local communities and offering various educational and other services to support them. Many have actually been recognised, for having placed pressure on local governments in order to impede setbacks, contributing to seek justice through courts and other human right bodies on SRHR issues. Countries like Mexico, Argentina, Chile, and Peru for instance submitted various reports to UN treat bodies on reproductive health matters in the region (Richardson and Birn, 2011, 191; Alvarez, 1998). They thus have credibility with various local women's groups, and are also frequently contacted by women who are also weary of official institutions and distrust the mainstream media on information around women's health. This is the case of the *NGO Reprolatina* for instance, who collaborated with me on the focus group sessions, and who was frequently referred to by the women participants during the sessions as a reliable source of information and support for SRHR matters.

Founded in 1999 by Margarita Diaz and Francisco Cabral, *Reprolatina* is based in Campinas, Sao Paulo, Brazil, and has developed innovative and strategic actions in the pursuit of sexual and reproductive health rights, both in the country and throughout Latin America. Making use of an educational philosophy grounded on the principles of Paulo Freire's work, 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 techniques for family planning programmes. It was further invited to be a

partner in the implementation of SRHR technical support in various countries in Latin America and the Caribbean, focusing particularly on teenagers.[vi]

This research has 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 and 'empowerment' for the participants of both groups. It is first to the feminist methodological concerns of this research that I turn to next.

3.Feminist methodologies and the use of focus groups for emancipation and social justice

Feminist standpoint theories and feminist empiricists among others 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; Ramazanoglu and Holland,, 2012; 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 the harm done to participants. Questions included also how researchers can make use of qualitative methods, to the detriment of an overreliance on quantitative methodology with its empiricist and *positivist* tradition, and particularly how the methodology could be used to understand more the lives of disadvantaged communities.

Decades after the formulation of these critiques, these questions continue to be quite relevant for feminist researchers who are committed to conducting research that engages with real world problems,

and which attempts to tackle gender inequalities locally and globally. This research has done previously this. These methodological epistemologies and intellectual concerns thus 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 and wider social inclusion - 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 in the field not being fully realised 'on the ground' (Correa et al, 1994; Cornwall et al, 2008; Harcourt, 2009: Lottes 2013). The persistence of structural social, economic and gender inequalities has also not deemed the feminist political agenda and movement, as well as its methodological concerns and critique of the dominance of empiricism in research (Harding, 1993; Wilkinson, 1998; Montell, 1999; Ramazanoglu and Holland, 2011; McHugh, 2020), obsolete.

Thus the need to engage with disadvantaged and 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 Humanities and Social Sciences as well still benefitting largely dominant groups or the upper strata of societies. 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; McLaren, 2017; Jonsson, 2021; Matos, 2023), as well as the arguments put forward by feminist scholars like Harding (1993) on the need to engage with marginalised groups in research.

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, 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 the content. 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, and in the case of the GCRF-funded project developed previously before the focus groups with members of the community. This was expressed clearly by the organizations and gender experts, CEOs and communication directors who were interviewed and stated how their participation in the research had been rewarding for them, gaining knowledge and expertise on the topic.

Thus, outside of feminist theory and methodology even, the usefulness of qualitative methodology for research on health, particularly the use of in-depth interviews and focus groups, has been widely acknowledged as essemtial (Okamoto and Burress, 2023). 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. Focus groups are also seen as being a well-suited method to examine the experiences of groups with stigmatized identities. Focus groups can be an effective method to get at a *socially produced knowledge* (Montell, 1999, 44-71). Recognising nonetheless the limits of focus group methodology (Montell, 1999; Wilkinson, 1998; Wickramasinghe, 2011), and the ways in which disruptions and forms of peer pressure can occur during sessions, I believe that the method still remains pertinent for studies within

the Social Sciences, particularly for research on health communications and gender and sexualities studies. This is in line with the researcher's aims of seeking to better investigate how women's groups 'on the ground' understand a complex topic such as reproductive health. A particular feminist epistemological concern which I sought to make use of here was thus my listening skills, standing very much at the background and listening to the stories, accounts, narratives, and opinions articulated by the various engaged groups of women that participated in the sessions.

The utilization of the focus groups as a method was thus selected with the explicit intent of providing participants with 'safe spaces' to tell their stories, and were thought of as spaces where they could be comfortable in, could get together to discuss topics that are part of their daily lives, in contrast to the difficulties that they find in offline settings, and in workplace institutions, difficulties which range from 'speaking their mind' to the acting of conscious acts of 'self-censorship'. Many thus actively engage in strategies of resistance and *negotiation*, amid a current local (and global) climate of attacks, misinformation and stigmatization on SRHR.

The focus groups thus sought to assess how members of the community can be active communication participants in the formation of these health messages, and how they envision better communication messages. The aim here was also to assess the mainstream media's coverage, as well as what is provided from official government bodies, institutions, and NGOs on SRHR. The objective was 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. I developed with the NGO *Reprolatina* the focus group topic guide, which was divided into two different parts: the first one examined their understandings of what sexual and reproductive health and rights (SRHR) is, from issues around terminology (e.g. what is understood by 'reproductive health', 'gender', etc), to how society and people in overall discuss these topics; and the

second set of questions revolved around health communication messages and comprehension around media content delivered by NGOs, government and other bodies. This included the ways in which the groups thought these messages were accurate or not, and how these could be improved (e.g. what media do you use to get information on sexual and reproductive health?).

The data obtained was then analysed using thematic analysis, with the intention here of identifying patterns and to classify the responses according to dominant themes, with the first including 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, as well as media coverage? The research was also sensitive to the existence of possible societal and political constraints, which could impact the production of these messages in news organizations, as well as in the media and campaign materials of NGOs working in the field, culminating in restrictions and misinformation around how these health messages are discussed. The participants showed themselves to be very aware of various forms of societal, religious and political constraints on discussions of SRHR in the public sphere, as well as within the private sphere.

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 slowly beginning to be lifted. The PI of the project did the focus groups topic guide, and *Reprolatina* adapted it. The 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 me and Margarita Diaz, CEO of *Reprolatina,* who was the main facilitator of the discussions, whilst vice-president Francisco Cabral

and myself listened to the participants. This contributed to create a non-hierarchical as well as a comfortable environment for them to respond to the questions and to interact with each other, enabling 'safe spaces' for talk, albeit some were more engaging and less shy than others. I participated from the UK, and Francisco and Margarita were in Brazil, with a four hour difference in time. It is thus to the results of both focus groups that I turn to next.

4.Findings and Discussion

A)Understandings on 'gender' and 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 the two groups Many for instance 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 and 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, as well as better health communication campaigns that can be both more attractive and 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, as well as with the PI and with the NGO, were largely constructive and engaging, with no participant exercising peer pressure over the other or imposing any form of constraint. The groups were largely pro-active and media savvy, particularly the younger group with social media platforms, being further weary of 'fake news' and misinformation around 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*, as well as on the website of specialized NGOs like *Reprolatina*[vii]. 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 sometimes. If you are in a relationship, there is all the pressure to be a mom and get pregnant…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…There is all a society that tells us, since we are kids, that we need to be moms, because if we do not we will not be a complete woman and all that. 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 cases or if there was a foetus abnormality. This proposal was withdrawn by the Senator himself. 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 further good use of social media platforms given their accessibility and 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. According to participant C, it was necessary to "analyse the target audience and to do something more dynamic, with a language that leaves the person feeling more comfortable at the time of reading, and not being something so technical." And participant B complemented by saying that "it is important to have something virtual" and that it needs to be connected to something for instance that is going "viral on Tik Tok, a type of meme, something that is on the up" or a "a song that is capable of being catchy."

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….'

Finally, the participants commented on the role of religion also as a barrier for improvements in discussions on SRHR in the mediated public sphere of debate. Speaking within the context of the Covid-19 pandemic, which saw many activities and work shift to online and remote work, including seeing the rise of inequalities and of unemployment in Brazil, 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, institutions and governments and talk on SRHR through celebrities and 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 an Education student. 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…" Participant D agreed and complemented by underlining the "chauvinistic culture that women live in", where "the majority of women cannot decide if they want to have children or not…"

Similarly to the first groups, a few participants were more active and participated more in the discussions than others, who felt less compelled and preferred to use the chat forum option on Zoom. Perhaps due to being an older group more inserted within the workplace, and thus more attentive to

power dynamics and to assessing the spaces in which they insert themselves in before feeling more comfortable to talk and 'let their guard down'. This took the initial first minutes, before the group started to respond and articulate also some of the problems around SRHR that women face.

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 for instance 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 issue if we want or not to have more children…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…and 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. Participant F gave her personal account of her experience being part of an evangelical church, having left it due to ideological divergences around issues of sexual orientation and identity:

"*.....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…what…About self-censorship, sometimes it is the person themselves who has something inside them and does not want to talk about who they are…In society we repress people a lot. People oppress, and so does the government.. 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. She believes though that those who hold power in overall do not what people to be more informed about topics that affect their lives and where they could exercise their citizenship rights:

"*I think they speak very little. The majority of people have some form of access, but I think they speak very little about it. Always when I have a doubt, I search for Reprolatina…I think the more you have people who are uninformed, the less information que have, whoever is in power will continue in power…. The government in itself does not want people to know and to have access to rights, because the more they have access, the more they will fight, they will guarantee that right*…"

The participants argued formore 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 legislation proposal and were asked to comment. 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 D showed 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. They pointed to some improvements they would like to see from the mainstream media. Suggestions included how different vehicles could target different publics, including influencers speaking more on SRHR to the general public and radio programmes catering 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)

Thus one of the core issues 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). Thus is to the final conclusion of this paper that I turn to next.

5.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 from far right populist groups throughout the world. As part of the expansion of research from a larger *Global Challenges Research Fund* (GCRF) project, which examined the use made by 52 NGOs from the North and the South of communications to strategically advocate for SRHR, 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 health communication campaigns.

The results of the focus groups showed some similarities as well as differences between the two groups. Both groupsn, from the younger generation to the older, underlined the impact of Brazil's patriarchal society on attitudes and beliefs on women's sexuality and reproductive health. 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 actively seek information online or engage with NGOs who work in the field.

These results share some similarities with the wider findings obtained from the wider *Global Challenges Research Fund* (GCRF) research project (2019-2021), which engaged with the communication practices of NGOs working in the field, resulting in a published full manuscript by McGill University Press in 2023. Some of the results showed that many are seeking to combine 'hard facts' and statistics, 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. After the conclusion of the four year project, I developed with *Reprolatina* an advocacy communications plan for their organization, a sample which will be included in the NGO toolkit currently being developed by me with the key results of the GCRF project.

Thus 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 data will be collected during the summer of 2023 in the US within the specific Floridian (Trumpian political) context. Finally, I believe also that 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, particularly the impact on people’s understandings in order to tackle 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 women across the world.

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Endnote

[i] The *Global Challenges Research Fund* (GCRF) supports cutting-edge research that addresses challenges faced by developing countries.

[ii] For the purposes of abbreviation, I shall be using the acronym SRHR throughout this paper

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

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

[v] 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.

[vi] For further information, see: https://reprolatina.org.br/

[vii] During the course of the session, 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.