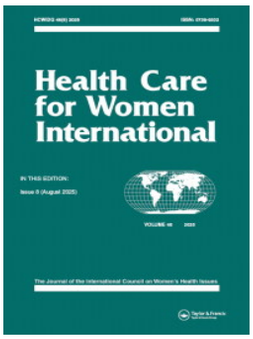

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Discourses of care, wellbeing and women's rights: A case study of *saving Mothers' comadronas'* understanding of reproductive health in Guatemala in the misinformation age

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ABSTRACT

The pushback on women's health rights, particularly when it comes to more vulnerable groups like indigenous women, has necessitated new approaches for targeted communication strategies by health NGOs on sexuality and reproductive health rights (SRHR). To assess indigenous women's understanding of health communications on SRHR, the researchers conducted focus groups with the comadronas of Saving Mothers in Guatemala to explore their reception to these messages. Our results underscored the difficulties of access of these groups to quality information on reproductive health matters, placing limits on their capacity to navigate a complex (and manipulated) media landscape on SRHR. Based on our findings, the necessity to foster partnerships between NGOs, indigenous women's groups, researchers and government to enhance health literacy skills, engaging with communities so as to co-create communications material that attends specifically to their needs is highlighted.

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The authors contribute theoretically and empirically in this paper on women's health in the global health field, particularly to a recent body of research on the way misinformation on reproductive health online (as well as within the media) is having an impact on women's understandings of their health rights, including their capacity to consume accurate information on sexual and reproductive health (SRHR) matters. Focusing on the case of Guatemala, the researchers sheds light on the barriers that exist for indigenous women's groups to access adequate information on reproductive health, exposing the difficulties of information flows and underlining the existence of poor communications on the topic, all which impact their access to services as well as disempowering them in their overall

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'reproductive health rights'. We thus offer an original contribution to growing research on misinformation on reproductive health, particularly work on social media and the abortion 'infodemic' (John et al., 2024; Malki et al., 2023; Pagoto et al., 2023; Selvi & Arulchelvan, 2024), with its focus on understanding women's health within local contexts through a feminist and participatory lens (Matos, 2023). We further contribute to debates on the 'de-colonising of global health' by increasing the shift to local contexts to better understand health inequities and their interconnection to political, economic, social and cultural constraints, emphasizing further how communications can be a double-edged sword, potentially enabling 'empowerment' as well as reproducing inequalities. The research here is highly interdisciplinary and draws from the fields of health communications, sociology, development and gender studies, and public health.

Background

Sexual and reproductive health rights have come under attack in the last years across the world, amid the rise of far right populist groups from Europe to Latin America and the US. In the post-pandemic context, and among a growing disillusionment with Western institutions, there has been a proliferation of misinformation and manipulation of reproductive health matters online (John et al., 2024; Malki et al., 2023; Selvi & Arulchelvan, 2024). Operating under various socio-economic and geopolitical constraints that have impacted their communications and messaging on reproductive health rights (Matos, 2023), various women's health NGOs have faced many challenges in their advocacy on SRHR, from India to the US. The challenging global geopolitical context puts pressure on their advocacy communications, with organizations doing 'fact checking' on public health arguments, whilst the stigmatization of SRHR issues contributes to distort messages, all of which have consequences on women's abilities to consume accurate health information (Matos, 2023).

Many NGOs have been targets of conservative attacks orchestrated by political 'populist' groups as part of their crusade against a supposedly 'imposed gender ideology' on governments and communities by feminists, challenging their efficacy in their communities (Matos, 2023). This has included from a few incidences of online attacks on their social media to the organizations largely adopting a 'defensive' position, and engaging with their communication campaigns with extra caution and apprehension (Matos, 2023).

A lack of access to health literacy resources further limits their capacity to navigate through a complex media ecosystem rife with manipulation and misinformation, one which is not restricted to online spaces but is rather a part of a larger body of either stigmatized, manipulated or distorted discourses on SRHR in the mediated (global) public sphere (Matos, 2023).

Consequently, this *discursive* strategy can lead to 'alarmist' understandings of SRHR, such as that it promotes 'forced abortions', and is perpetuated by 'feminists' who want to undermine 'traditional family values' (Matos, 2023), undermining an informed and holistic understanding of SRHR.

The authors thus contribute here to previous research in the medical field that has shown the growth of manipulation of information on reproductive health in online platforms (e.g. John et al., 2024; Malki et al., 2023; Pagoto et al., 2023), with scholars having found out misleading information on *Reddit* around a range of topics, from family planning to contraception (Selvi & Arulchelvan, 2024) to other scholars (John et al., 2024) identifying misinformation on websites, *Tik Tok*, *Youtube* and *Facebook*. A lot of the work however is recent, with studies mostly focusing on the US context in the post-Covid-19 and the 2022 overturning of the *Roe versus Wade* legislation and identifying a decline in trust in public health (John et al., 2024; Pagoto et al., 2023). Few have explored misinformation on SRHR from a global or local context, underlining that it is a current problem worldwide (e.g. Malki et al., 2023; Matos, 2023; Selvi & Arulchelvan, 2024, p. 27), with some authors aiming to assess the relationship between misinformation exposure and misperceptions on SRHR within the Chinese context (Dong et al., 2023).

Reproductive health however is an under-researched topic, and there have not been studies which have explored the *nature* of discussions on SRHR in the media, including assessing the role of NGOs in communicating on SRHR (Matos, 2023). In this research we have engaged with women's indigenous communities in Guatemala who do not have access to discussions on SRHR online, and who largely obtain their information through the radio and/or through medical local centers. Moreover, this lack of access to online information on SRHR differs from other local contexts which are more *media-saturated*, and where ideological political manipulation by politicians runs high, such as in the case of the US or Brazil (Matos, 2024a, 2024b).

As the Matos (2023) has also evidenced, the consumption of 'hard facts' on SRHR is not enough, as people need to feel more connected to the messages from their own lived experiences. These findings further resonate with the literature on science communications (Nutbeam et al., 2018; Scrimshaw, 2019), which revealed how people process 'scientific facts' through a series of filters, from generational differences, culture, to socio-economic status. Given how SRHR is under-researched, scholars who have examined the rise of misinformation online (John et al., 2024) have also argued that information vacuums on reproductive health are conductive to misinformation environments, which can shape health beliefs. Such a scenario thus threatens to harm health outcomes, making it more challenging for women to navigate a polarized information landscape. This is

particularly more pronounced for Latin American women's indigenous communities, who are inserted within deeply rooted authoritarian, patriarchal and highly unequal societies, as is the case of Guatemala.

Guatemala is thus an important country to examine misinformation on reproductive health,. as it has some of the largest disparities in health in Latin America, particularly among indigenous women (Speizer et al., 2003). Abortion is criminalized, with the health service being prohibited in all cases, with the exception being when pregnancy poses a life risk. Guatemala has signed international agreements ensuring SRHR rights, but these have not been fulfilled. Women's access to healthcare services is limited, and only 10% of adolescents use any contraceptive method, with more than 56.47% not having received information on how to prevent pregnancies. International organizations have underlined the need to prioritize the SRHR rights of indigenous women, with medical workshops being organized to provide information to rural and indigenous women.[1]

Guatemala has also a historic deficit in Comprehensive Sexual Education (CSE). A research study conducted in 2015 by the *Facultad Latinoamericana de Ciencias Sociales-Guatemala* (FLACSO-Guatemala) and the U.S.-based Guttmacher Institute (2017), looked at sexuality education programs for adolescents at 80 secondary schools in Guatemala City, Huehuetenango and Chiquimula and found that only 7% of students aged 14–17 had been taught the topics that constitute Comprehensive Sexuality Education (CSE), with the least being those related to contraceptive methods to prevent unwanted pregnancies as well as HIV/STIs (Monzón et al., 2017).

Various NGOs have also underlined setbacks regarding SRHR rights. According to the organization *IncideJoven -We Lead* ('Nosotras Lideramos'), this has been the case with the approval of the decree 18-2022 "Law for the Protection of Life and Family" in March 8 2022 which increased penalties for abortion and prohibited CSE education which called into question traditional values.[2]In the 'Demystifying Data Fact Sheet' published in 2014, the *Guttmacher Institute* and the *International Planned Parenthood* (IPPF) underlined both married and unmarried women's unmet need for contraception, underscoring the necessity for SRHR information *and* services (Guttmacher Institute and International Planned Parenthood Federation, 2014, p. 2), particularly for indigenous communities.[3] The 2014 fact sheet emphasized how 'action was needed' to address various factors, from 'the lack of affordable health services to stigma surrounding sexual activity among unmarried women and lack of agency among young women… .'

Sexual and reproductive health services in indigenous communities remain limited and unevenly distributed. Contraceptives are technically available, but access is limited due to multiple factors, including the inconsistency of supplies in rural areas. While efforts have been made to integrate

SRHR into national health programs, access remains a challenge due to geographical, cultural, linguistic, and systemic barriers. There are barriers of access for minors particularly due to social stigma, as there is a strong cultural expectation that teenagers should not be sexually active, often leading to refusal in services. Language barriers also complicate access, as many health providers do not speak indigenous languages. Information on contraception is also not provided comprehensively at the *Centro de Atencion Permanente* (CAP) and at the Ministry of Health (MSPAS), with the tendency of the latter to provide these primarily to married women. The CAPs also do not always have sufficient resources to meet the demands of women seeking information and access to contraceptives.

Many indigenous women thus rely on the *comadronas* (traditional birth attendants) for maternal care, but these providers often lack formal integration into the healthcare system, discussing mainly family planning options at the postpartum period. Most may also only be educated on natural methods of family planning, with many not being aware of services outside the government because advertising messages do not exist, as people often learn about these through word to mouth or through the radio.

Moreover, prior HIV prevention research among indigenous Guatemalans revealed low levels of HIV knowledge as well as high levels of perceived HIV severity, high risk sexual behaviors and stigma against people living with HIV/AIDS (PLWHA). The high degree of severity associated with HIV/AIDS was due to incomplete information about the disease and its treatment, coupled with privacy concerns about HIV testing that may reduce testing uptake in addition to a decrease in access to treatment (Dunleavy et al., 2017, 2018, 2019). The *comadronas* showed low levels of familiarity with HIV, expressing a desire to learn about HIV risk and prevention. (Dunleavy et al., 2020). This lack of HIV prevention necessitates a call for new community based and culturally tailored interventions, which could utilize local stake holders, NGO's and relevant media platforms (Dunleavy et al., 2017, 2018, 2019).

The consumption of information on sexuality and reproductive health matters is thus vital for the adequate access to services, but it is impacted by a complex web of cultural and social norms, values and beliefs that shape the understandings that people have of these communication messages (Matos, 2023). *Saving Mothers*, based in New York and with offices in Kenya, Guatemala, and the Dominican Republic, is a global NGO of allied healthcare professionals dedicated to preventing maternal deaths and birth related complications among marginalized women.[4] *Saving Mothers* programs are tailored to the needs of each community, with initiatives emerging from partnerships with local institutions. It has been working with local governments in the western highlands department of Solola since 2009, providing education and training to local healthcare providers

and *comadronas* on reproductive health. While each program differs in structure and objectives, they share a common goal: to improve maternal health by integrating culturally appropriate care, education and access to reproductive health services in collaboration with governmental and health institutions. In Guatemala, *Saving Mothers* also established a local sister chapter, "Salvando Madres", which operates as an independent NGO focused on bridging biomedical care and ancestral Mayan obstetric practices.

In rural indigenous communities, *comadronas* play a crucial role in maternal care but often face systemic barriers, including stigma and exclusion from formal healthcare systems. Guatemala's indigenous culture is also deeply rooted in longstanding traditional practices that believe traditional healers and *comadronas* possess Mayan ancestral medical lore, and their legitimacy is upheld in the trust placed in them by their indigenous communities (Chaudhry et al., 2018). In 2014 the NGO established the School of PowHER (*Providing Outreach in Women's Health and Educational Resources*, SOP), a model of *comadrona* recruitment and training that equips them with skills in basic prenatal care and safe labor practices, fostering values of knowledge sharing, apprenticeship and collaboration with local health facility providers (Chaudhry et al., 2018).

We thus partnered with *Saving Mothers* to conduct two focus groups with the *comadronas* in order to assess their reception of reproductive health communication messages, with the goal of better understanding the barriers that these groups face, to highlight routes to enhanced communications and education on reproductive health and rights.

Method

Participants

Feminist researchers within the Social Science have long highlighted the effectiveness of the focus groups method as a means of giving voice to marginalized and other stigmatized identities, raising awareness and being a vital tool to reach at *socially produced knowledge* of the social world (Haraway, 1991; Wilkinson, 1998). Thus applying a *feminist epistemological standpoint* which argues in favor of 'situated knowledges' (Haraway, 1991), and seeing the relevance of focus groups as an important method that 'empowers' participants (Harding, 1993; Montell, 1999; Wilkinson, 1998), the researchers sought to engage with local women's communities, many who have been the prime targeted publics of health messages on SRHR, in order to understand how they interpret them.

We also adopted a participatory approach, applying active listening skills to the sessions, with researchers standing 'in the background' and listening to the accounts and narratives articulated by the engaged groups of women. The utilization of the focus groups was thus selected with the intent of

providing participants with 'safe spaces' to tell their stories, where they felt they could be comfortable getting together to discuss topics that are part of their daily everyday lives, further providing them with an opportunity for discussing with other women possible options for improvements in communication content.

Two focus groups with *Comadronas* from *Saving Mothers* were conducted online *via* Zoom on September the 7th and 8th 2023, connecting the researchers in the UK and Miami to the *comadronas* in Santiago Atilan, Guatemala, which has a population of approximately 44.854 residents and is the principal population center for the *Tz'utujil* indigenous group. The groups had a total of 10 ($n = 10$) participants in the first group (FG1) and 8 ($n = 8$) in the second (FG2). Each of the sessions last two hours and the researchers developed the guide for the sessions. The focus groups included *abuela comadronas,* elder midwives with lower literacy levels, and younger or trained ones who have studied with *Saving Mothers* and have greater access to medical supplies.

The first group consisted of *comadronas* aged between 27 and 59 years old, and who had an average of 10 years experience, whereas the second group was composed of elderly *comadronas* (59—82), who had 20 to 50 years work experience and no formal training. The former session was conducted entirely in Spanish and translated to English, whereas the latter was conducted in their original native tongue *Tz'utujil*, one of the 26 Mayan languages, having also been translated into both Spanish and English[5].

Ethical considerations and procedure

The research obtained IRB approval from the US's institution where the PI was based in 2023. Participants were recruited through *Saving Mothers* in Guatemala. Researchers were aware of the sensitivities around SRHR matters, including how participants might feel, and how certain social, cultural and religious beliefs could constrain certain responses. Therefore, the PI build rapport with the participants, whilst providing an introduction to the research project at the start of the sessions.

A total of 500 dollars disbursed for the participant payment in the form of small gifts. The first group received water bottles, nail files and polish, and hand lotion whereas the second group of the *abuelas* received a box of latex gloves and a birthing kit. The *abuela comadronas* are more likely to participate in activities when provided with supplies as incentives, but they show less interest in other types. Participants were asked at the start of the sessions to grant their verbal informed consent. Participants were anonymized and identified according to the letters of the alphabet (A, B, C) for each group, all composed by indigenous Mayan women. The first group included five who identified themselves as 'educators', two 'principal

educators', one 'administrative assistant/nursing student', one 'director of school' and another a 'programme coordinator', with a yearly income which varied between U$ 1,384.61-2,153.85. The second group all identified as 'midwife', however the income was not disclosed.

Instrumentation

The researchers in the focus groups sought to assess how members of the community can be active communication participants in the formation of these health messages. The aim here was to examine the mainstream media's coverage, as well as what is provided from official government bodies, institutions and NGOs on SRHR to communities, including identifying some of the reasons for the 'sensitivity' around the topic and to collect suggestions around improvements in communicating, informing and creating messages around reproductive health matters. The focus groups were thus divided into two parts: the first part examined the understandings around 'sexual and reproductive health rights', whereas the second part moved on to examine the role of media and communication messages.

The focus groups were guided by three research questions*: 1) How do disadvantaged women's communities respond to messages on SRHR?* 2) *How does misinformation about women's reproductive health affect their perceptions, and their ability to access accurate information? and* 3) *How can messages and campaigns on the topic be improved, catering better to the needs of local women's groups?*

Results

Analysis

The data collected was then analyzed by the researchers using thematic analysis (Braun & Clarke, 2022), which allowed us to identifying patterns and insights across the responses collected from both focus groups. A coding scheme was developed by the PI which had the aim of exploring seven key aspects related to SRHR, and which consisted of the following codes: 1) knowledge of SRHR; 2) media consumption; 3); SRHR online information; 4) talk on SRHR in the public/private sphere; 5) local media coverage; 6) personal narratives on SRHR and 7) improvements in communications on SRHR. The researchers used open and axial coding to gain insights from the focus groups.

A comparative analytical method was employed (Kendal, 1999) by the researchers to identify the categories, reflecting on the participants' responses to the questions and situating these within the seven key codes chosen. The use of axial coding thus permits data to be put back together in new ways after open coding, making connections between categories

(Kish-Doto et al., 2014). This allowed the researchers to first break up the data and to categorize it (open coding), before linking codes to contexts and causes (axial coding) (Strauss & Corbin, 1998) and thus comparing responses.

The data was then organized by the researchers so that similarities and differences between the responses of both groups could be identified, with connections being made between the responses regarding the constraints in the public sphere on SRHR talk for instance (e.g. 4) with those on how discourses unfold in the public sphere and within private settings (codes 4 and 6) (see supplementary coding sample file). Both groups showed similar concerns, irrespective of age, with the seven codes found in both sessions.

Community responses to SRHR messages

The results of the first part of the focus group sessions (FG1 and FG2) revealed how the comadronas were aware of the problems around sexual and reproductive health rights in Guatemala, underscoring the cultural and religious constraints that they thought impacted talk (and communications) on reproductive health matters in the private and public spheres (code 4). Many of them provided personal narratives and lived experiences of dealing with the challenges of accessing information on SRHR, including being able to transmit this to other women (code 6). They further lamented the little support from local governments and authorities.

The first group (FG1) connected women's rights and bodily autonomy with reproductive health rights, highlighting also the problem of lack of adequate and more quality information on the issue (code 1). Participant 2 specifically emphasized the 'right to your own body' and the choice that women should have in family planning, whereas participant 1 stressed the lack of information:

> …….Women's reproductive rights do exist here in Guatemala. One has the right to decide how many children they have, when they want to have them, and whether they want to use contraception. You have the right to your own body… (Participant 2, FG1)

> ……The problem I've observed here in the village is a lack of accurate information regarding women's sexual and reproductive health, family planning, and the examinations that women should undergo, such as Pap smears and transvaginal ultrasounds. They are not familiar with these exams and have inadequate information." (Participant 1, FG1)

The Abuela group of *Comadronas* also identified similar concerns. Participant 3 (FG2) stated how she seeks to 'educate' other patients, further outlining the role of education in opening up more debate on the topic:

> A lot of people are becoming aware of women's health. I personally educate my patients….although today's generation….already have a lot of information…. today's

> generation is much more open to these themes compared to our generation because educational spaces, such as schools, have influenced this topic. However, there is still a big part of our population that does not accept or rejects this theme… (Participant 3, FG2)

Participants 2 (FG2) further mentioned how they received their training through the *Centro de Salud,* with doctors making them aware of their reproductive health rights. Participant 2 affirmed that the government had been 'careless' in the health sector, leaving women with no choice but to use 'natural' herbs in their family planning and pregnancy prevention methods:

> Sexual/reproductive rights is when a woman becomes aware and decides about her reproduction…. After working as a midwife for 6 years, the first clinic in my town opened, and one of the doctors there made me aware of my sexual health and oriented me to use a contraceptive ….my husband was bothered with me for working as a midwife and asked that I become pregnant ….He insisted…but I decided that 'no'…. I had 9 pregnancies, 7 children that are alive, and 2 abortions. Now I advise my patients that they do the same, that they can prioritize themselves as women ….there are many family planning methods….In terms of pregnancy prevention, I didn't know any clinical method for women, it was using natural herbs that women could space out their pregnancies. (Participant 5, FG2)

> The government has been careless in the health arena…. At the Centros de Salud (governmental public health clinics), we cannot count on resources and medications for everyone….The solution that we midwives have found is to utilize natural medications for spacing out pregnancies." (Participant 2, FG2)

Participants 8 and 9 (FG1) also made connections between the lack of information on SRHR matters with education, starting from early childhood in the family (code 4). Participant 8 highlighted how women in Guatemala frequently are not provided with adequate information on the need to take folic acid to prepare themselves for pregnancy. The participants also noted that SRHR is also still seen as being a bit of a 'taboo' due to cultural and religious constraints. Participant 9 (FG1) further affirmed that 'conservative groups' also block communication channels, preventing information from reaching the wider population':

> …I can speak from my context. There is very little information about reproductive health…. Here in our town, we have media outlets like radio, television, and the internet, but there is still a significant gap because those who control these media outlets are older individuals who do not provide access to reproductive health information to the population….there are many conservative groups that block these channels to prevent information from reaching the entire population, especially in rural areas. So they do not have information about their health, let alone their reproductive health… (Participant 9, FG1)

> … I believe this issue has deep roots…. Most parents do not possess the ability…to educate their sons and daughters…today we see a scarcity of information, but we are already conditioned to consider it a 'taboo'. Many people in our community do not

> accept discussing this topic… There's a less-than-adequate system in Guatemala that provides vitamin supplementation like ferrous sulphate and folic acid. Women are supposed to take these supplements for three or six months after treatment to prepare their bodies for pregnancy. However, we see that people in the community lack this education. When they receive these vitamins, they often do not take them and leave them unused…." (Participant 8, FG1)

The *comadronas* underlined some of the problems they experienced when it came to communities having adequate knowledge on reproductive health, outlining the constraints imposed by religious and cultural norms on information (code 1), as well as the lack of investment and support received from governments. The next section explores the barriers they encounter in accessing accurate information on SRHR.

Access to information (and misinformation) as barriers to 'empowerment'

The *comadronas* revealed in the focus group sessions that their main medium of information is the radio, and that they do not have access to more in depth information on SRHR (code 2). Some participants pointed out that the information that does circulate in the media tends to be more concentrated on basic facts, such as on women's anatomy (body parts). Both groups stated that they do not access information on reproductive health from the internet and are not familiar with technologies such as *WhatsApp* (code 3).

> ….in the past, there were no means like television, radios, or the internet, and we did not have access to those topics. But nowadays, it's somewhat available, although not in-depth topics related to sexuality, only basic information about body parts…. it's about anatomy. Some people do access those topics, while others do not….there are people for whom the body is sacred… (Participant 6, FG1)

Participants 1, 2 and 8 (FG2) stated that radio is a source of information for women's health (code 1), however communications here on SRHR could improve, respecting more the needs of the communities (code 7):

> When I was young, I heard no information about women's health in general, it was a taboo… Now I have heard campaigns about women's health on the radio. There is more talk about pregnancy prevention, and now we can see that many more women are already using some form of contraception. But you can also see that some people disagree, it is each individual's decision… (Participant 1, FG2)

> There is a lot of information disseminated through the popular radio of our town, but we also ask that it respects our culture because the information that is delivered in some way the people don't utilize it correctly anymore. Therefore, we want our natural medicine to be strengthened… because each body is different…. For many youngsters, the more information they have, the more mistakes they make…The internet is good, and I imagine that there is true information, but also through this

> means of communication, it is possible to violate the integrity of women's rights…. (Participant 8, FG2)

> In the radio and Centros de Salud, they do a lot of campaigns but unfortunately it is only information propagated, they have no commitment to following through. On many occasions, they violate women's rights because they don't attend to them. We educate the women and when they go to the Centros de Salud, they don't follow them or orient them about their health. (Participant 2, FG2)

Despite the topic still being seen as constrained within the private and public sphere settings (code 4), the *Comadronas* pointed to some change in the last years, with more talk about pregnancy prevention, despite the resistance still in pursuing more in-depth discussions. The media were also seen as part of the problem, for not providing more in depth coverage (code 5). Information was mainly through the church, health centers and specialized medical NGOs like *Saving Mothers*. The *comadronas* underscored the multiple barriers that they encounter in assisting women with their reproductive rights.

Participants 5 and 1 (FG1) talked about some incidents of confusion around conversations on SRHR, which often have been constrained by social and cultural factors which influence understandings on reproductive health matters (code 6). Communities are thus left highly dependent on the knowledge that the mid-wives bring to obtain accurate information:

> ….There are organizations here in Santiago that talk about family planning…, and health personnel do so as well, provided the husband is present. Sometimes, the mother-in-law is present, and they interpret things differently. That's why mothers-in-law or husbands do not accept family planning topics….According to what my colleague Juana tells me….she says that she has experience with patients who not only lack information but also encounter contradicting beliefs. Some women believe that when a person uses family planning methods, it can cause ovarian cysts…. Additionally, women believe that family planning methods can cause uterine tumors,….Juana tells me….her patients have mentioned that when a woman uses family planning, it may cause a cyst or a tumor in the uterus. That's why women are afraid to use a family planning method. …. (Participant 5, FG1)

> ….We obtain the information to go with patients to explain or provide information about the topic from various sources. We attend training sessions at the health centre, where we can also gather information about reproductive health….they also provide us with brochures that explain methods, and that's what we use as a guide when we provide information about family planning…. (Participant 1, FG1)

After outlining the barriers that the *comadronas* have in obtaining accurate information on SRHR, and their sense of *disempowerment*, the next section moves on to discuss their understandings of communication campaigns, with their suggestions for improvement (code 7).

Constraints on talk on SRHR matters

The researchers also explored in the focus group sessions (FG1 and FG2) the c*omadronas*' consumption of health campaigns on SRHR. Discussions on SRHR matters were seen as very much restricted, impacting women's access to reproductive health services as well as 'disempowering' them of their rights due to a lack of a more nuanced understanding of the topic (code 4). Participants 6, 8 and 9 (FG1) discussed how there are still constraints within institutions, outlining the combined impact of conservative beliefs and of religion, such as Catholicism and Evangelicalism, on debate on SRHR, with the persistence of difficulties in receiving adequate information through the media or institutions, impacting the access to reproductive health services (codes 1, 2 and 4). This all contributes to limits in knowledge that these communities have about their own sexual health (code 1).

Participant 9 stated how abortion is still an illegal practice in the country, although widely practiced:

> … I believe in many other countries, religion and politics are closely intertwined…. in our population, abortion is practiced illegally, either by the woman's own decision or by family…. There have been initiatives to promote change, but it has not been possible to enact legislation ….due to religious and political reasons….we also see a high rate of teenage pregnancies, which occur for many reasons, including cases of abuse, and there is no legislation that can protect….women… speaking about the change in presidency, Guatemala is still not ready for these changes because the conservative sectors here are very strong…I believe that for the time being, legislating for such changes is not possible. We have heard about laws…in Argentina, where the abortion law was approved, but the information we receive suggests that this is wrong…(Participant 9, FG1)

Participants 7 and 2 (FG1) also talked about the 'cultural values' that exist within Guatemalan society, shared by indigenous and Maya people, including the 'right to live'. Participant 2 showed distrust of governmental bodies and institutions, outlining the need to improve promotional campaigns (code 7):

> I think that due to the budget constraints of the Ministry of Health here in Guatemala, they don't prioritize our health. This is maintained by the authorities and the limited information available when one visits the clinics. I believe that the healthcare sector is very weak here, and there's no way to produce any promotional materials or campaigns. This requires funding: for example, if they want to create a TV spot, it requires financial resources, monthly, quarterly, or annual payments. (Participant 2, FG1)

> .In the debates that have taken place, within the culture that we, as Maya people, practice, the legalization of abortion will not be approved. This is due to our cultural beliefs, and it would be something very divisive for Guatemala. At no point would all four ethnic groups that make up Guatemala agree to such a law….. (Participant 7, FG1)

Suggestions for improvements on SRHR communications

Finally, the *Comadronas* from both groups were also asked about their opinions concerning media coverage (code 5), as well as how they would go about improving messages (code 7). Participant 9, 6, 1 and 2 (FG1) highlighted the construction of campaigns more tailored to the communities and their needs, including some in the *Tz'utujil* language, as well as the creation of more 'dialogue' and 'dramatized messages' that can reach out more to communities.

> …we would have to introduce information gradually, not all at once, because we might also create conflict within the community…perhaps it will work, but the information would need to be presented gradually, so that it is accepted by the community…. it would be in our language, in the Tz'utujil language, and we would also have to create it as a dialogue. People like to see small dramatizations, so right now, I'm thinking about how to create small dialogues, dramatize them… (Participant 9, FG1)

> …I believe it would also depend on each population: there are communities with varying levels of education, and some may struggle to understand certain information. We might either be helping or harming them….it's necessary to categorize the population and determine if they require visuals, explanations, or just descriptions. (Participant 6, FG1)

Other participants emphasized how there should be better use of social media platforms (code 3). Participant 1 talked also about creating videos on *TikTok*, whereas participant 2 talked about creating 'dramatized storytelling content':

> …What we were discussing with our colleagues is that perhaps on internet platforms, we could create some videos or manage it on TikTok…. when it comes to radio stations or local television media within the community, it's a bit impossible due to the policies in place and our culture. I believe that in those cases, we would have to be very cautious when creating videos and dialogues. We would have to carefully choose our words and convey them precisely to avoid misinterpretation and also prevent the community from turning against us. (Participant 1, FG1)

> ….we could create like a poster, or, you know, a piece of paper that tells a story. So the story ….develops and has pictures, like cartoons… a story….that starts from the very beginning, and then it develops as the story goes… (Participant 2, FG1)

Participant 8 (FG2) discussed also the implementation of more partnerships between the state and municipal governments in the health field, including engaging more with 'educating' women about their reproductive health, such as in cases of use of contraceptive methods (code 1). Participant 5 talked about the importance of having access to 'correct' information, and not 'misinformation' and manipulation:

> The distribution of drugs is increasingly being done without major problems, so it is time to educate children and give them adequate information. Work in the

> community must first begin to raise awareness among patients about the dangers that exist in having unsuitable information and the effects of drug addiction, mainly for women… (Participant 5, FG2)

> The process is slow, since there is a lot of information in different media, and it is difficult to demonstrate the truthfulness of that information. So the coordination of the municipal and state government is necessary. Just as I mentioned the re-education of a population is so slow so it must be done together. (Participant 8, FG2)

Thus, it is important to create more culturally sensitive content, tailored to the communities who will also actively participate in these interventions.

Discussion

The researchers have underscored in the findings of this study how the *comadronas* do not feel that they receive adequate and in-depth information on reproductive health matters, and that they generally feel disempowered from debates in the public sphere on SRHR as well as disconnected from local governmental institutions. These results answer our first and second research questions, on how communities understand SRHR matters and how misinformation (here understood as 'poor information' or 'the lack of information') has an impact on women's comprehension of reproductive health, making it challenging for them to navigate the media landscape and thus excluding them from participation in the SRHR mediated public sphere of debate.

As Malki et al. (2023, 420) have noted, misinformation, or the lack of adequate information, is seen as a threat to public health and to the erosion of democratic institutions. Within the US context, misinformation is largely associated with ideological pro-choice arguments and anti-feminist rhetoric, whereas in Guatemala it is about the lack of information as well as restrictions on information flows and in-depth discussions, leading to the stigmatization of the topic and ultimately resulting in a form of 'manipulation'. In the case of *comadronas*, the findings of the focus groups revealed how there are multiple barriers when it comes to quality information on SRHR, with *comadronas* expressing a strong sense of *disempowerment* in their engagement with communication messages on reproductive health, from problems of access to information from media and other institutions, to talk and discussion about the topic within their communities.

The *comadronas* stated in overall that they have little access to information on SRHR matters from the media, largely obtaining their information through the radio, or through their own training or at health centers. They underlined the limited media coverage of SRHR, coupled by the social, religious and cultural barriers to debate on SRHR topics. They further noted that do not obtain information on reproductive health

online, and that they are not users of technologies like *Whatsapp* to engage with other groups of women on the matter. They underlined the overall superficiality of the information on SRHR that does circulate in the media, largely focused on anatomy.

The *comadronas* further expressed wide interest in being co-participants in the construction of health communication messages that could better attend to the interests of their communities, answering our third research question, on how media messages and campaigns can be improved. The participants did not however make direct links between the political situation in Guatemala with the quality of information circulating on SRHR. Reproductive health was classified as being still a bit of a 'taboo', despite a growth in discussions in the last years. They largely identified a media coverage constrained by religious, social and cultural norms that penetrate talk on SRHR in the mediated public sphere. The findings of both the focus group sessions thus showed similar concerns shared among both age groups, with the *comadronas* underlining the little access they have to the media in Guatemala, underscoring the largely 'poor' or almost 'non-existent' coverage on SRHR.

Both groups also identified gradual changes within Guatemalan society in terms of discussing more SRHR matters, however it was seen as still being a bit of a 'taboo', subject to constraints. Given however that the *comadronas* work 'on the ground' providing health services to women, both women's groups showed quite a bit of knowledge of reproductive health matters, managing to establish important connections between SRHR to the upholding of women's rights and outlining local government accountability. Moreover, similarly to other Latin American countries in the 1970s and 1980s, Guatemala has also experience with military dictatorships, and today paves a slow path toward democratization. In such a context the church and religion play still a central role in shaping and 'controlling' discourses on SRHR, something also found in other media saturated Latin American countries (Matos, 2023, 2024a, 2024b).

These results have some resemblance with the findings from the previous focus group sessions conducted in Sao Paulo, Brazil, and in Florida, US (2021-2023), where participants identified a connection between the impact of religion and Christian views on reproductive health with the constraints on debate around the topic in the mediated public sphere. Differently from the previous studies though, this was the first that engaged with indigenous communities, and particularly with traditional birth attendants that work 'on the ground' and assist other women, in contrast with the previous two that focused on participants from low socio-economic backgrounds from different professions, from students and unemployed to care workers. This study also differs from the previous two settings in relation to the role played by the media and the degree of use of communications.

As stated before, both Brazil and the US in varying degrees are media saturated societies with citizens actively engaging in the media landscape, and which have a presidential system with a strong personalization of politics. In these countries various political groups also make use of digital platforms to manipulate and spread misinformation on women's rights and on reproductive health matters.

The *comadronas* from Guatemala thus did not see their new political regime as necessarily paving the way for improvements in women's health rights, as they pointed to the persistence still of cultural, social and religious constraints and structural inequities, impacting the quality and accuracy of the information available on SRHR in the media, as well as within the institutions. As John et al. (2024, 1128) have noted, "comprehensive sexuality education has been proposed as an antidote to social media misinformation, and information voids left by existing sex education." Arguably, improvements in communication messages, information and discussion on SRHR are interwoven with the provision of better sexuality education, strengthening of health literacy levels in communities as well as more opportunities for indigenous women's groups to get more involved in the thinking and in the creation of health messages that can fully attend to their needs.

Limitations of the research

Previous research of the PI (Matos, 2023) engaged with communities in Latin America (Brazil) as well as with over 50 women's health NGOs located in the US, Europe, UK and India. This study has extended the focus to include Central America (Guatemala). More work however needs still needs to be done to better comprehend the complex interplay of upholding reproductive health rights 'on the ground' amid the persistence of socio-cultural and religious barriers as well as political and economic challenges, which contribute to impact health communication messages on reproductive health, and how these are understood in the mediated public sphere and consumed by targeted groups. The researchers are thus still pursuing further studies with more lower socioeconomic groups within local contexts, including in South Asia and other parts of the world, aiming to conduct further press and social media analysis of networks to examine media misinformation to assess how media messages that circulate in the media landscape are received by targeted communities within specific local contexts.

Conclusion

Both focus groups conducted with the *comadronas* underscored the necessity of improvements in communications on SRHR, from a more nuanced media coverage to better media campaigns on reproductive health. Although

they do not access online media to debate SRHR matters due to access issues, they nonetheless showed knowledge of the topic and expressed interest in participating more in the *co-construction* of health communication messages to attend better to the needs of their communities.

Studies like these can assist interventions aimed at improving narratives and discourses around reproductive health and by introducing media and health literacy to these communities through toolkits and capacity training. It is thus important to establish partnerships between local NGOs, the indigenous rural women's communities with the researchers, government bodies and health professionals for the improvement in the media and health literacy skills of the communities, leading to the co-creation of communications messages and campaigns on reproduction health. This should be recognized as a key aim for the advancement and progress of reproductive health rights for various groups of women across the world.

Notes

1. See "Guatemala has a historic opportunity to demonstrate its commitments to the rights of women and girls" in *Equality Now* (July 26, 2024) and "Sexual and reproductive right: an unsettled issue in Guatemala" in *Entremundos* (https://www.entremundos.org/revista/women/sexual-and-reproductive-rights-an-unsettled-issue-in-guatemala/?lang=en).
2. See UPR Info's information sheet: https://upr-info.org/sites/default/files/country-document/2022-12/TANUXIL_Factsheet_EN_Guatemala.pdf.
3. Guttmacher and IPPF fact sheet (2014): https://www.guttmacher.org/sites/default/files/factsheet/fb-dd-guatemala.pdf.
4. According to the organization's statistics, up to 73% of global maternal deaths are from preventable obstetric cases, leading 830 women to die everyday from preventable cases related to pregnancy and childbirth.
5. The translation of the sessions was done by *Saving Mothers* as well as by the PhD student at the US institution where the PI was based in 2023.

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