

Selected Papers of #AoIR2024: The 25th Annual Conference of the Association of Internet Researchers Sheffield, UK / 30 Oct - 2 Nov 2024

DE-CONSTRUCTING 'GENDER IDEOLOGY' MYTHS ON REPRODUCTION AND DIGITAL STORYTELLING THROUGH CDA: A CASE STUDY OF WOMEN'S NGOS SOCIAL MEDIA ENGAGEMENT ON TWITTER AND FACEBOOK

Carolina Matos City St. George's, University of London

Introduction

Sexual and reproductive health and rights (SRHR) matter both for gender equality as well as for democratic politics, whilst communications when strategically used has potential for advancing progressive policies. This research explores the findings on the social media engagement and advocacy activities of 52 women's health NGOs from across the world during the year of 2019, amid an environment of hostility and attacks of far-right groups against women's rights, and particularly in areas such as women's sexuality and female bodies. These findings are only a small part of a larger four year study, funded by the *Global Challenges Research Fund* (GCRF), which examined the advocacy communication activities of NGOs working on women's health in the US, Europe, Latin America, Brazil and India.

Methods

The research made use of a mixed methods approach which included in depth interviews with 50 CEOs from the organizations as well as a short survey applied to the communication directors of these NGOs, including from *Care International UK* to *Crea India* and *Anis Brazil*. This was combined with critical discourse analysis (CDA) of their institutional websites, as well as their social media engagement on social network platforms. This paper focuses on the CDA results of the social media engagement of the organizations conducted during the months of March and April 2019, when a total of 1.505 tweets were collected. There were a total of 521 tweets collected from the US, 358 from Asia, 327 from Latin America, 265 from Europe and another 34 were 'international'.

Suggested Citation (APA): Matos, C. (2024, October). *De-Constructing 'Gender Ideology' Myths on Reproduction and Digital Storytelling Through CDA: A Case Study of Women's NGOs Social Media Engagement on Twitter and Facebook*. Paper presented at AoIR2024: The 25th Annual Conference of the Association of Internet Researchers. Sheffield, UK: AoIR. Retrieved from http://spir.aoir.org.

Findings thus showed an emphasis on the use by the organizations of tweets and discourses which contained 'hard facts', statistics and reports around public health arguments on reproductive health, including the use of NGO journalism devices such as 'fact checking'. However, there was also a growth in use of more human interest stories, particularly the use of storytelling, to reach out to larger audiences and to make difficult, sensitive and medical arguments on women's reproductive health more direct, attractive as well as informative. Thus questions asked here included how could communications be used for advocacy on SRHR, and specifically how health and feminist NGOs' communication strategies reflect on their daily activities amid the challenges that these organizations are currently encountering.

Literature Review

This research has thus sought to contribute to the work of scholars within the field of gender and development, health and development communications, advancing discussions on the role of feminist NGOs, particularly from the global South but as well as the global North, in advocating for women's rights (Alvarez, 2009; Harcourt, 2009), further assessing the ways in which communication strategies and new technologies can be better used for gender and health activism. Drawing from the fields of Communications, Development and Feminist Studies, as well as Sociology and Health Communication, this research contributes to theoretical and empirical research in the fields of gender development, media and sexuality (Correa and Petchesky, 1994; Cornwall, Correa and Jolly, 2008; Harcourt, 2009; Butler, 2019), and NGOs use of media for advocacy communications for social change (Obregon and Waisbord, 2012; Wilkins, 2016). Particular case studies were carried out with Latin American NGOs, and their strategic use of communications for advocacy on reproductive health throughout the region, as well as with the NGOs working in South Asia, with full results published in a book manuscript.

Challenges encountered by the NGOs range from the growth of far-right movements and conservative resistance throughout the world, and their opposition to the advancement of women's rights - seen as 'gender ideology' - to cuts and pressures on public health services at the local level as well as the increasing climate of competition faced by these organizations in their pursuit of more funds, attention and publicity in what is currently a saturated media (and online) political environment (Kingston and Stam, 2013; Thrall et al, 2014; McPherson, 2017, Powers, 2017). Notably, the debate on sexual and reproductive health and rights (SRHR) in the mediated public sphere, both in local contexts but also globally, is still quite poor and subject to misinformation, stigma as well as ideological manipulation and political polarization. This includes the ability to provide in depth, detailed and critical information on SRHR, permitting that citizens can guestion messages and information, and can also make connections between reproductive health rights to issues of poverty and inequality. For reproductive health rights not only is part of women's rights, but it also contributes to social inclusion, to quality health and well-being and to better citizenship and functioning of democracies. As it stands today debates on reproductive health, sexuality and bodily autonomy are still largely restricted to public health professionals, to NGO advocates and to other specialized feminist movements and groups, perpetuating 'echo chambers' and inequalities in knowledge as well as access to services and rights.

Findings

The overall findings of the GCRF research revealed that there is still insufficient engagement with the affected communities, and that there are problems with communicating on complex health topics such as reproductive health. The conclusions pointed to the need to assess the reasons for their 'resistance', fear and anxieties towards sexuality and reproduction issues due to cultural and social constraints, as well as political pressures and economic barriers. The research concluded that communications about and for sexual and reproductive health and rights, despite the use of various creative approaches by the organizations, is still largely directed to the publics 'in the know', including NGO advocates and health professionals and could be improved in order to teach out to larger publics.

Some of the experts interviewed recognized that public health arguments and the mere adherence to advocating on reproductive health based on facts, reports and statistics is not enough and is not 'winning hearts", at a particularly crucial time where emotions and cultural values around various political, cultural and social issues run high, particularly in the digital age and in the context of increasing political polarization, populism and rise of opinionated commentary in the media and online sphere. Many of the organizations acknowledged the need to advocate for 'facts' ('reason") combined with the need to appeal to human interest and personal narratives, appealing to emotions and to everyday experiences and making use of entertainment-education formats, digital storytelling and other approaches which can reach out to people.

Conclusion

There was thus the recognition of a wider need to embed health communication messages within wider narratives of personal lived experiences, enabling more spaces for the participation of communities in the co-construction of their own health messages and campaigns through a combination of online media tools with offline traditional communication vehicles, with different types of media targeting diverse groups, including across generations.

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