



SRHR & COVID-19

INSPIRATION FOR MESSAGING

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INTRODUCTION

The novel coronavirus impacts all of us. Besides the obvious health threat of COVID-19, sexual and reproductive health and rights (SRHR) are heavily affected by the global pandemic. The main challenges include SRHR services being classified as non-essential during the COVID-19 pandemic, resulting in access becoming more difficult or impossible and a decrease in the funding of reproductive health programs. Furthermore, already existing inequalities are exacerbated, meaning that marginalised groups that usually face difficulties accessing SRHR currently face even more challenges. Additionally, conservatives use the pandemic as an excuse to restrict access to SRHR services or make, for instance, abortion laws stricter.

How do we make sure that sexual well-being and SRHR continue, especially in a context of increased polarisation and growing conservatism? Just as we have had to adapt to new ways of living in the pandemic, we also have to adapt communication to the current context. This document is an initiative from the Share-Net Netherlands' Community of Practice (CoP) on SRHR Messaging. It aims to provide inspiration to Share-Net members and others working in the SRHR field on how to construct effective messaging on SRHR and COVID-19. This document is a follow-up on the webinar [Effective messaging around SRHR and COVID-19](#) organised by the CoP on SRHR Messaging and further informed by several interviews with members of other Share-Net Netherlands' CoPs.

The first part of this document consists of information about the framing of messages. We provide recommendations for framing in general and specifically for the COVID-19 context, including how to avoid stigma and deal with myths and conspiracy theories. To make it practical, it ends with a checklist that can help with the construction of effective messages on COVID-19 and SRHR. The second part describes SRHR challenges related to COVID-19. For each SRHR topic covered, we give some ideas regarding messaging.

THE MAIN CHALLENGES OF COVID-19 ON SRHR

1. SRHR is not seen as essential care. With the emergence of COVID-19 as a direct global threat to human health, sexual and reproductive healthcare is seen by many as non-essential. With the prioritising of COVID-19 over SRHR, funding has been taken away from reproductive health programs. Health professionals are expected to help with COVID-19 rather than SRHR services. People are not allowed to leave their house and travel for SRHR services. It differs per country if SRHR and what forms of it are seen as essential care. For example, a government might classify maternal health as essential and abortions as non-essential.
2. Marginalised groups are mostly affected. COVID-19 exposes and exploits pre-existing inequalities. Hence, people who are already marginalised will face more challenges and risks during the COVID-19 pandemic. Among those challenges and risks are less access to SRHR services and being more vulnerable to COVID-19.
3. Conservatives use pandemic to restrict SRHR. Worldwide, conservatives take advantage of the pandemic by advocating for restraining these rights or restricting abortion laws.

ON THE BRIGHT SIDE

Besides the challenges the pandemic poses on SRHR, the current context could be an opportunity to advocate for advances in some cases. For example, now is the time to advocate for SRHR services that are more essential during the pandemic, such as tele-medical abortions, as well as to reduce the stigma around sex that is usually taboo but during the pandemic are being seen as 'safer ways of having sex', such as masturbation and safe ways of cybersex.

AUDIENCE & CONTEXTUALIZATION

This document is for Share-Net members and others working in the SRHR field. We acknowledge that the messages that are constructed are diverse regarding topics, goals, audiences and contexts. Realising that it is difficult to make one profile of all those people and different contexts, this document offers general information and tips to take into account while constructing messages. It is designed to inspire readers in developing their own messages according to their aim, audience and context. Although we cannot give recommendations for specific contexts, we would like to stress the importance of contextualization. Messages only work when they are placed in context and if they speak to the interest and concerns of the specific audience. It is necessary to bear in mind the cultural, political and economic context you work in – which is best known by local people – as well as the level of access that people have to messages. When you contextualize messages, ensure that they are always based on evidence-based facts, transparency, gender equality, inclusivity and human rights.

THE POWER OF NARRATIVES

“It is not just about finding the right words to spread particular messages, but the ability to activate the underlying values and beliefs behind those messages. It’s about normalising justice, inclusivity and equity.”- [Narrative Initiative](#).

Narratives construct the way people understand the world. Stories create narratives, and how these stories are told is called framing. People always frame their communication. This includes deciding what (not) to tell, what values and emotions to focus on and what language to use. Read more about narratives, stories and framing in [this report](#) by the Narrative Initiative.

Why is framing important? Firstly, it helps in the construction a convincing message, because framing affects how the audience receives a message. Solely giving hardcore facts does not seem sufficient to convince an audience, because if people do not like the facts, they will look for and find others. To frame a message in a way that convinces the audience, think about what parts, values and emotions to emphasize in the message and what words to use. At the basis of convincing messaging lies non-violent communication (a method by Marshall Rosenberg) which is based on listening with empathy, expressing honesty and empathy and acting with compassion.

Secondly, consciously framing messages and therewith choosing narratives can help create social change, because the more certain narratives, frames and language are used, the more they become normalised by people:

“New stories reflect new ways of thinking and can help new worlds come into being”
- [Blackmore and Sanderson](#).

That is why effective messaging is helpful in times where the access to SRHR is being impeded by the global COVID-19 pandemic. In the next section you will find some recommendations regarding effective messaging and framing.

PART 1: MESSAGING & FRAMING



Positive framing – People are more likely to believe something that is positively framed. For example, a 90% success rate sounds more appealing in comparison to a 10% failure rate. People look for something desirable instead of more problems (probably especially during a pandemic).



Shared values – Create common ground by starting with shared moral values or experiences. Use universal shared values and/or do research on the values that appeal to the audience. This way, a feeling of 'we' is created instead of 'us-them'. This solidarity with the shared value or experience makes people more supportive of the message.



Facts – Sharing facts can be important, but solely sharing facts does not seem to be effective. People would rather listen to their gut feeling instead of facts. They will look for facts that suit them. Therefore, messages should not consist of facts alone, but facts can be used to support the message.



Make it real – Only facts do usually not convince people. Make a message more 'real' by including beliefs, feelings and values. For example, tell (shared) stories with an added human angle and powerful images. It can help to tell the story of a specific person as an example to make the message feel more real.



Language and words – The language and words used, is a part of the chosen framing. It is essential to use understandable and inclusive language and use words that are clear and give the right associations. You can find more about language and words in the part on language.



Context – The message should be appropriate to the cultural context of the audience. Take into account culture, religion, (body-)language and symbols. Also take into account that in some contexts non-verbal communication is more critical than in others.



Images – Be aware that images are also framed. Someone chooses who and what is in the picture and how: this tells a story. Make sure that the images you use, are inclusive and do not enforce stereotypes.



Focus on the good – Some shared moral values are human intrinsic values, like humanity, kindness and affiliation. Emphasise such shared intrinsic values and remind people that they are good people. Point out that the message you advocate for is for the good and will make society better.



Heroes & Villains – To address the moral urgency of a message, it is helpful to talk about the ones that create the problem (villains) and the ones that can solve it (heroes). Without knowing the source of a problem, it seems as if this problem just appeared and there are no motives behind it. However, even though the words villain and hero are easy to understand, they are also dehumanising. Instead, it is better to acknowledge that people can change. Hence, it may be better to talk about the system, policy and/or political decisions that caused a problem instead of blaming individuals.



Myth-busting – Myth-busting, saying that a claim is not true, requires some caution. Some argue that correcting misinformation, fact-checking or myth-busting causes a so-called ‘backfire effect’, meaning that people’s belief in the misinformation is strengthened. Telling people to not think about an elephant will make them immediately think of one. That is why several informative communication sources do not encourage to repeat misinformation and myth bust, but rather focus on the particular message you want to spread. However, scientists currently debate whether a backfire effect actually exists. So, think about the aim of your message before deciding whether to bust myths or not. If the aim is not to correct misinformation, focus on your message without myth-busting. If the message aims to correct misinformation, avoid unnecessary repetitions of the misinformation and pay more attention to the corrective feature instead of the misinformation (without avoiding it at all). [More on myth-busting and COVID-19.](#)



Audience – Know your audience and frame the message accordingly. Always try to aim at an inclusive audience. To reach a diverse audience, consider using different languages and audio or visual aids. With advocacy messages, focus the message on people from the middle ground, instead of hardcore opponents. Opponents are unlikely to change their minds, and the framing that appeals to them does not appeal to your own values and base audience. Instead, use messages that engage your base and convinces the middle.



Messenger and medium – Think about how to spread your message: what medium you should use and who will tell the message? A messenger should be someone both you and the audience trusts. Often local people can shape a message that attracts the audience and is trusted by the audience. Health professionals are often trusted to give correct information regarding health care (including SRHR services).



Solutions – Offer pragmatic and workable solutions for the problem that you are introducing. A call to action makes clear what the audience’s role is to the solution.



Testing – After you have developed the message, you need to test its effectiveness. Messages can be tested, for example, with interviews or focus groups. For detailed information on message, testing, see [PIRC & ILGA-Europe’s Testing Guide.](#)

Message order – The message order can make it more effective. Messages often start with a problem, but this is a negative way to begin and can discourage people. Encourage people by starting with a shared moral value.



Lead with **SHARED MORAL VALUE** – Starting with a shared moral value creates solidarity, which makes people more supportive of the message



Describe the **PROBLEM** – Usually there is a problem that needs to be dealt with, but only introduce this after the shared value



Offer a **SOLUTION** – The problem needs to seem solvable for people to be motivated to act. Make clear what the audience’s role is to the solution

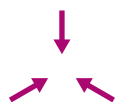
MESSAGING & FRAMING COVID-19

Our working and living contexts have entirely changed since the start of the Covid-19 pandemic. Therefore, we not only have to change the content of certain messages, but also their framing. The following section provides some recommendations regarding effective SRHR messaging specific to the COVID-19 context and metaphor usage, stigma, myths and conspiracy theories about COVID-19 (and SRHR) are discussed.



Shared values – Starting your message with a shared value creates solidarity. Examples of such shared values can be for example the desire to stay healthy, justice for all people or that SRHR services remain accessible. Shared values which are based on human intrinsic values like kindness and affiliation can encourage people to act. Collective action is essential, especially during the pandemic, so use language that affirms collective action and shared outcomes, foster feelings of solidarity instead of polarisation and make the audience understand how to cooperate.

Example: “This is the time to act for the justice for all people”.



Avoid polarisation – The pandemic has pushed polarisation because with a contagious virus circulating, it is easy to fear ‘the other’. ‘Us-them’ framing already started at the beginning of the pandemic with naming COVID-19 the ‘Chinese virus’. Such framing can lead to fear, stigma, hostility and hate and can cause polarisation, which is best to avoid. However, instead of commenting on the increased polarisation, try to think of a positive framing that enhances a feeling of solidarity and provides hope and solutions with a clear role for the audience. Read more tips on avoiding fuelling polarisation [here](#) and more on countering hate-speech [here](#).

Example: “Working together, our actions can help make sure that SRHR services can remain accessible without contributing to the spread of COVID-19.”



Positive framing – To frame a prevention-message positively, try not to focus solely on rules, but present positive behaviour (like hand washing) with a positive outcome for the society. Try to avoid blaming and shaming (like in the case of not washing hands regularly), but instead focus on explaining what factors may increase or reduce harm. Read more about tips on positive framing [here](#).

Example: “By regularly washing our hands, we can reduce the spread of the virus and thus help keep our loved ones safe.”



Avoid ‘victim’ framing – The pandemic exacerbates already existing inequalities (in the access to SRHR) and this is a problem that should be addressed. However, do not frame people that are affected by (intersecting forms of) inequalities as the ‘vulnerable’ groups or ‘victims’, as this does not empower them and can reinforce ‘us-them’ thinking. Instead, explain how people are affected without victimizing them and use accurate labels for the people you are referring to. [Read more on carefully framing messages regarding marginalised groups’ needs.](#)

Example: “Sex workers do everything in their power to work in a safe and hygienic way. It is very important for them to take care of their bodies. Therefore they deserve to have the same rights as other ‘contact-professions’ during lockdowns.”



Avoid individualising – Talking about individuals (either blaming or heroizing them) enhances ‘episodic framing’, which means that the pandemic is framed as an isolated event instead of focusing on finding the root causes of the virus. Therefore, it is better to talk about communities and community responses and to point out that epidemics/pandemics are reoccurring events.



Emphasise causes – To avoid talking about the pandemic (response) as a problem without origin, try to emphasise causes, but in a sensitive and non-dehumanising or blaming way. Talk about failed systems rather than individuals.



Amplify (missing) voices – To show the pandemic’s complexity, you should show local and missing voices. This is also the case for SRHR.



Use correct language – Sometimes specific words, phrases or expressions become so mainstream we easily use them without thinking about them. It is advised, however, to remain critical about language. In terms of COVID-19, for example, we commonly hear about social distancing, but this term is misleading, as we have to stay physically apart but socially and emotionally connected. Hence, it is preferable to talk about ‘physical distancing’.

More information:

- [Framing COVID-19 by FrameWorks Institute.](#)
- [Pandemic Beliefs: Understanding the Narrative by PIRC.](#)
- [Collection of resources on progressive framing and messaging of the COVID-19 pandemic at The Commons Social Change Library.](#)

BE CAREFUL WITH METAPHOR USAGE

War, disaster and crime metaphors (e.g. “the coronavirus has invaded the world” or “violating the lockdown”) are widely used. Using war metaphors can justify fighting the enemy at all costs and could more easily justify authoritarian powers. Framing healthcare workers as “soldiers at the frontline” or “heroes” creates the idea that they need to be heroes to do their job instead of focusing on providing them with safe conditions to work. The language of criminality is also often used. When people break the COVID-19 prevention rules, they are ‘violating’ them. This framing implies that a government’s role is to fight a war or to take part in criminal activity, and is thus not helpful. Be sure to avoid such metaphors to make sure that the message does not enhance polarisation, fear and hostility.

RECOMMENDATIONS ON METAPHOR USAGE:

TRY TO AVOID THESE METAPHORS

- War metaphors, which justify violence, othering and authoritarian power. (“the coronavirus has invaded the world”)
- Metaphors that portray the virus as a beast, which individualise and isolate the virus as a concept. (“we have to protect the country against the virus”)
- Crime metaphors (“people are violating the lockdown”)
- Metaphors that imply that the infections are exploding, because these cause panic. (“the infection rate is exploding”)
- Talking about the pandemic as if it is putting life on a pause, because this is not accurate for those who have to work extra hard (e.g. in healthcare) and those who are hit hard. (“life is on hold since the coronavirus emerged”).

POTENTIALLY HELPFUL METAPHORS

- ‘Society as a body’ metaphors can enhance feelings of connectedness, but be aware that it will not become nationalistic (and thus othering). (“our healthcare system is the backbone/ heart of society”)
- Response as construction and transformation, a positive framing. (“despite physical distancing, we all work together to keep everyone safe”)
- Response as a journey metaphor can bring some perspective. (“there is light at the end of the tunnel”)

More information:

- The initiative [#ReframeCovid](#) promotes non-war-related language and give examples of (verbal and visual).
- An [‘Embrace and Replace’ Guideline](#) by Uplift, a people-powered campaigning community.
- [More about metaphors in the time of coronavirus.](#)

PREVENT AND ADDRESS STIGMA

From the field of SRHR, we know that stigma is undesirable. For example, stigma restricts access to abortions and people living with HIV experience adverse physical and psychosocial health outcomes due to stigma. Framing discourses affect stigma, so it can also be used to counter stigma. Regarding COVID-19, there is stigma against people with certain ethnicities and people who are thought to have been infected. COVID-19 is causing stigma because the disease is new, and therefore uncertainties surrounding the disease cause fear which is easily associated with the ‘other’. According to The International Federation of Red Cross and Red Crescent Societies (IFRC), UNICEF and the World Health Organization (WHO) the stigmatisation around COVID-19 is problematic because it can subvert social cohesion, make people hide their illness and therefore, not seek immediate health care, and discourage people from adopting healthy behaviours. Consequently, the way we communicate about COVID-19 is crucial for an effective response to the pandemic.

RECOMMENDATIONS FOR PREVENTING AND ADDRESSING STIGMA:

SPREAD CORRECT INFORMATION

Spread information based on scientific data and do not repeat them at all. If there is insufficient knowledge, spreading facts can help, for example, by using social media to reach a big audience.

USE POSITIVE FRAMING

Stress the effectiveness of prevention and treatments and the effectiveness of taking measures to prevent infection.

AMPLIFY A VARIETY OF VOICES

Share the experiences with COVID-19 of all different kinds of people. Positive framing can mean also sharing recovery stories or people that have helped others.

USE THE RIGHT LANGUAGE

- Use language of inclusion, unity, empowerment and justice to counter the fear and stigma around COVID-19.
- Use the technical terms (COVID-19) to avoid stigmatisation and not names linked to locations or ethnicities (like “Chinese virus” or “UK Variant”).
- Terminology that counters stigma regarding HIV or AIDS can be an inspiration for less stigmatising terminology for COVID-19 (see, for example, [UNAIDS terminology guidelines](#)). Try to avoid talking about “COVID-19 cases” or “COVID-19 suspects”, but instead talk about “people who have COVID-19” and “people who might have COVID-19” (see more on this in the section on [language](#)).
- Use empathic instead of criminalising and dehumanising language when talking about people that (may) have COVID-19. For example, try to not talk about people “spreading the virus” or “infecting others”, but instead try “people contracting COVID-19”.

More information:

- [A guide to preventing and addressing social stigma related to COVID-19](#) by IFRC, UNICEF and WHO.
- [A guide to addressing stigma and discrimination in the COVID-19 response](#) by UNAIDS.

HOW TO DEAL WITH MYTHS AND CONSPIRACY THEORIES SURROUNDING COVID-19

Conspiracy theories have been present throughout human history, but the rate of people that belief in conspiracy theories flare up in times of crisis. That has not been any different during the current global pandemic. Myths and conspiracy theories are circulating widely not only about the coronavirus itself but also about the vaccines that should get us out of the crisis. According to the WHO, new technologies and social media are causing an ‘infodemic’ on top of the pandemic – a tsunami of both accurate and incorrect information. The extensive belief in incorrect information can directly affect the prevention of COVID-19 – and thus public health – as people that believe in those theories have less trust in government interventions and science. People who believe in conspiracy theories are less likely to adhere to governmental regulations, such as physical distancing.

Furthermore, conspiracy theories hinder societal unity and instead increase existing social inequalities and stigma. Ultimately, vaccine-critical messaging, which has increased notably since the emergence of COVID-19, enhances vaccine hesitancy and hinders public health.

Besides myths and conspiracy theories about COVID-19, SRHR is also surrounded by myths and even conspiracy theories (e.g. regarding HIV, AIDS and contraception). Additionally, myths and conspiracy theories exist that link COVID-19 and SRHR issues. For example, some people believe that COVID-19 vaccines lead to infertility or homosexuality. Furthermore, conservatives target people that (are prone to) believe in conspiracy theories. For example, this article shows how the QAnon conspiracy is spreading throughout the right wing in the United States, and the anti-choice movement is no exception. In Poland, the ruling party leader claimed that pro-abortion protesters were trying to destroy the country and called upon his supporters to defend Poland.

Conspiracy theories are narratives. They show how powerful narratives can be and how such narratives can encourage people to act in a certain way. To refute these conspiracy theories, as well as myths, use narratives that promote people to adopt preventative measures, promote vaccinations, prevent stigma and make sure that SRHR services are still available and accessible – rather than solely claiming they are not true. However, with so many myths and conspiracy theories surrounding COVID-19 and the vaccines, correcting misinformation is necessary. This has to be done with caution though, as was explained before, because even though scientists are still debating whether a ‘backfire effect’ is real, according to UNICEF, evidence suggests that correcting anti-vaccination messages can backfire. Again, first think about the aim of the message before deciding to correct misinformation or to bust myths. If the aim of the message is to correct misinformation, consider the following recommendations.

RECOMMENDATIONS ON CORRECTING MISINFORMATION:

DO RESEARCH

Before framing a message, know what myths or conspiracy theories people in the audience might believe in. Do research to familiarise yourself with the myths and conspiracy theories that exist.

MYTH-BUSTING WHILE STRESSING FACTS, NOT THE MYTH

When busting myths, follow this order:

1. Fact: State the facts
2. Warning: Warn about the misinformation (that exists or a weakened version of what might be coming) once.
3. Fallacy: Explain why the misinformation is wrong and reveal the hidden motives.
4. Fact: Repeat the facts.

CONSIDER 'PREBUNKING'

Prebunking, that is, precautionary warning people of misinformation – is proven to be an effective tool to create psychological resistance to misinformation. To do this, follow the same order as with myth-busting. It is especially important to explain why certain information is incorrect and make people understand and recognize deceiving strategies and hidden agendas.

MAKE SURE THAT PEOPLE REMEMBER THE MESSAGE

- Capture people's attention by using visuals (promoting your message), making the message appeal to people's emotions (like surprise, curiosity or urgency) and show personalised content.
- The message should be easy to understand, concrete and feel familiar, so avoid jargon or technical language.
- Repeat the message: this enhances familiarity, which feels real.
- Tell stories.

CREDIBILITY OF THE MESSAGE AND TRUSTWORTHY COMMUNICATORS

For people to believe the message, it is better to be trustworthy than to be an expert. Use credible sources relevant to the audience and make sure the person giving the message is seen as trustworthy by the audience. For example, health professionals and scientists, and on a local level, community leaders, media and social media influencers can all be trusted persons.

BE MODEST

Talking to someone who is convinced of certain myths or conspiracy theories can be challenging. Convincing them to change their minds by giving a corrective lecture will not be effective. Discuss the issue as equals. Talk about similarities, shared values or shared struggles (for example, finding correct information).

INVEST IN BUILDING TRUST

People might be reluctant to accept or look into alternative information sources than their own, but they might be more willing if you take an interest in where they got their information as well. Focus on building interpersonal trust, communicating with empathy and listening while offering accurate information sources.

More information:

- "[Vaccine Misinformation Management Field Guide](#)" by UNICEF (more on how to detect misinformation and assess its potential impact; also includes examples of debunking messages).
- How to myth bust in [The Debunking Handbook 2020](#) (includes examples of debunking messages).
- How to talk to someone you believe is misinformed about the coronavirus.
- [The Conspiracy theory handbook](#).
- [Tips on professional reporting on COVID-19 vaccines](#) by the WHO.

LANGUAGE

Language is part of framing. As much of communication goes through language, it is recommended to be conscious of the language used in messaging. Here are some aspects regarding language while constructing messages.

INCLUSIVE LANGUAGE

Inclusive language is framed based on equality. To achieve this, take into account the following steps:

1. Be aware of stereotypes and challenge them.
2. Try to avoid excluding people or making them invisible.
3. Be respectful and avoid subordination.

This means that the language should be equally accessible. Think, for instance, about using multiple translations, translating the language into audio or visuals for people that cannot see or read, and not using complicated jargon. Furthermore, some narratives are so socially normalised and internalised that we might not notice we reinforce stereotypes or exclude people. For example, regarding gender, think of using ‘gender-sensitive language’ instead of solely using binary gender concepts (read more in [this toolkit](#) on gender-sensitive communication). For example, when a person’s gender is unknown or regarding certain professions that are usually associated with one gender, it is recommended to use gender-neutral pronouns (they/them).

Examples:

Instead of talking about women who need access to abortions, talk about women and other “people who can become pregnant”/“people who menstruate”/ “people with a uterus”. Instead of referring to nurses in general as ‘she’ or doctors as ‘he’, use ‘they’.

PEOPLE-FIRST LANGUAGE

Consider using ‘person-centred language’ or ‘people-first language’. This acknowledges that people have multiple and layered identities and emphasises the shared identity as human beings. This can be simply done by putting people or person before the highlighted identity.

Examples:


Instead of “HIV-positive people”, try “people living with HIV”.
Instead of talking about “the disabled”, try talking about “persons with a disability”.

DECOLONIAL LANGUAGE

When taking a decolonial approach, radical equality is pursued and predominant power relations that superiorizes the Global North over the Global South are contested. To dispute narratives that confirm the Global North and Western ways of thinking as superior, take into account the following:

- Instead of merely using ‘official’ languages to communicate a message, try to spread the message in various languages, including native languages.
- Instead of clinging to common Western understandings, try to understand the audience’s context and take this into account while writing the message.
- Try to use official names for countries that do not imply some countries being superior. Do not refer to the United States as ‘America’, as America is a whole continent and using this name for the United States reinforces imperialism.

Read [this article](#) about putting an end to supremacy language in international development.



INSTEAD OF...	TRY USING
Social distancing	Physical distancing
Naming the virus with a name including a location or ethnicity	COVID-19
COVID-19 cases/victims	People who have COVID-19/people who are being treated for COVID-19/people who are recovering from COVID-19/people who died after contracting COVID-19
COVID-19 suspects/suspected cases	People who may have COVID-19/people who are presumptive for COVID-19
People transmitting COVID-19/infecting others/spreading the virus (implies intention and assigns blame)	People 'acquiring' or 'contracting' COVID-19

CHECKLIST

- ✓ What is the **aim** of the message?
- ✓ Who is the target **audience**, and do you know about its **context**?
- ✓ Is the **shared value** between you and the audience stated at the beginning of the message?
- ✓ What is the **problem** that needs to be addressed? Is the **origin or cause** of the problem clear and is a workable solution offered?
- ✓ Is the **language** clear, inclusive, person-centred and decolonial?
- ✓ Is the message **anti-stigma** and also promoting **equity and human rights** (anti-racist and non-discriminating)?
- ✓ Which people in my target audience can **understand and access** this message and who cannot? How can I help other people understand or access this message?
- ✓ Is the message **positively framed**? Does it avoid 'us-them' thinking, polarisation and/or stigma, and negative metaphors?
- ✓ Do the elements used make the message **real and memorable** (e.g. telling a story including beliefs, feelings and values; using visual aids and/or using repetition)?
- ✓ Does the message **avoid unnecessarily repeating** the words of the opponent, myths and/or conspiracy theories?
- ✓ Is the **messenger** a trusted person, and does the **medium** that spreads the message interact with the audience?
- ✓ Is the message **tested** before use and is the message adjusted to the outcomes of these tests?

PART 2: SRHR CHALLENGES RELATED TO COVID-19 AND INSPIRATION FOR MESSAGING

In this section, the SRHR challenges that are a consequence of the COVID-19 pandemic are described, as well as some messaging ideas for specific SRHR topics (or groups). Please bear in mind that this is a generic summary, and the challenges can differ across contexts and communities.

CONTRACEPTION & FAMILY PLANNING SERVICES

- Disruption in the supply chain of contraceptives.
Lockdown policies have resulted in a production halt for large manufacturers of contraceptives. The shipping and distribution of contraceptives can also be obstructed by the closing of borders and other restrictions. Production and delivery have been delayed globally, leading to stockouts of contraceptive supplies. People are advised to build a stockpile of contraceptives, but this is often not possible, for example, when insurance companies only allow one-month prescriptions at a time. Countries and people with more means will probably have better access to contraceptives; hence inequalities are exacerbated.
- Disruption in access to contraceptive care and family planning services.
 - SRHR services, health staff and funds are redirected to COVID-19.
 - People have to stay inside, are quarantined or have other mobility restrictions.
 - Many people have more financial insecurity and additional care-giving tasks due to lockdowns.
 - People may avoid seeking or postpone contraceptive care because of fear of infection.
 - People may not be aware that SRHR services are continuing during a lockdown or how services work (e.g. telehealth).

Fewer contraceptive and family planning services are available or accessible and it is harder for people to visit a health care facility for contraceptive and family planning services. Thus, contraceptives that require medical service (which are often more long-term contraceptives such as IUDs) may be even harder to access. Less access to contraception will mean more unintended and forced pregnancies, an increase in sexually transmitted infections (STIs) and HIV, and an increase in unsafe abortions.



Ideas for messaging:

- Make sure that people know they can still access contraceptives and contraceptive care and how to access this. To do this, construct positively framed messages to ensure that fear will not prevent people from seeking care.
- Ensure that access to contraceptives and family planning remains a priority in your messaging. Consider aiming the messages at a broad audience to promote solidarity.
- Consider explaining the reasons why it can be harder to access certain contraceptives during the pandemic (i.e. disruption in the supply chain) and be very clear in offering alternatives and what this will mean for people's lives.

ABORTION

According to an estimate published by the Guttmacher Institute, a 10 per cent decline in SRH services due to COVID-19 could result in 48.5 million extra women without modern contraceptives, 15 million more unintended pregnancies, 3.3 million more unsafe abortions and 1,000 more maternal deaths as a result of unsafe abortions. More unintended pregnancies mean that more people will need abortions during the pandemic. The rise in unsafe abortions can be attributed to the fact that access to abortions during the pandemic is more challenging because of various reasons:

- Abortion care is not always defined as essential care and therefore is not always accessible during lockdowns

- People cannot reach an abortion clinic or abortion provider due to mobility restrictions, fear of infection while taking public transport, or mothers' inability to leave their home when childcare facilities are closed. When abortion is illegal in a country, people cannot travel to other countries when they need an abortion.
- There are fewer abortion caregivers available because health professionals are relocated to help with COVID-19.
- As abortion services are harder to access, people may have delayed access even though late abortion services are often more complicated legally and can cause more health complications. Late abortion services should be available.
- According to the WHO, telemedical abortion is a safe method and a solution for when people cannot reach abortion clinics or abortion caregivers. However, in most countries, telemedical abortion services and self-administration of the abortion pill is not allowed.
- MSI Reproductive Choices UK found that in countries where they are allowed, there has been a rise in medical abortions. However, as with contraception, the supply chain of abortion medicines is also affected.
- During the pandemic, many people have suffered from financial problems. When abortion services are not covered by insurance, more people will be unable to access abortion services because of costs.
- Quarantines result in less privacy, and if a pregnant person wants or needs to keep the abortion a secret, this is very difficult.
- Conservatives worldwide are using the pandemic as an excuse to make abortion laws stricter (this happened, for example, in the United States and Poland). They have also censored information about abortion (for example in Spain).

UNDOCUMENTED MIGRANTS' ACCESS TO CONTRACEPTION AND ABORTION:

Undocumented migrants' access to contraception and abortion can be especially complicated, as is the case in the Netherlands. Undocumented migrants need access to information about SRHR. The information should be available in different languages, and consider making it available in text, audio and visualisation. Bear in mind that people might also look for information in other spaces than you may expect (e.g. online/offline or trusted areas if they do not feel safe or do not have access to the internet). Read more [about the access to SRHR of migrants without documentation in the Netherlands](#) (in Dutch).



Ideas for messaging:

- Ensure that people know they still have access to safe abortion care. Construct positively framed messages to be certain that fear will not prevent people from seeking care. Also, provide information on where and how people can access safe abortion services to prevent them seeking unsafe abortions.
- The importance of telemedicine for safe abortion services becomes even more obvious when people are not able to travel to access safe abortion services. Therefore, this is a crucial time to advocate for telemedical abortions.
- Consider sharing stories of people that were/are unable to access safe abortion services due to COVID-19 regulations. Stories make messages more real and the audience will be more likely to remember and sympathize with the cause.

SEXUAL AND GENDER-BASED VIOLENCE (SGBV)

Sexual and Gender-based Violence (SGBV) has increased during the pandemic:

- Quarantine forces people to stay at home with their abusers and at the same time, they have no or less access to people or services that can help them.
- Disruptions in education increase vulnerability to SGBV.
- The pandemic causes stress (e.g., about health and finances) which can heighten tensions at home.
- People who deal with SGBV have lesser access to support services (for example, in some countries, services are reduced or seen as unnecessary). In turn, not prioritising SGBV responses can lead to more forced pregnancies and abortions.
- Child marriages, female genital mutilation and teenage pregnancies have increased during the pandemic, according to Save the Children International and UNFPA and UNICEF. An article in the Lancet stated that years of progress made on these issues had been reversed by damage to the economy and education and early and forced marriages can hinder access to comprehensive sex education and increase the chance of teenage pregnancies.

More information:

- [Factsheet on Violence Against Women and Girls and COVID-19](#) by UN Women.
- The publication [“From Insights to Action: Gender Equality in the Wake of COVID-19”](#) by UN Women.
- UNFPA Report [“Impact of the COVID-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage”](#).



Ideas for messaging:

- People may be afraid of leaving their house because of COVID-19 and regulations (for instance lockdowns and curfews) while their life may be in danger. Therefore, messages are necessary that make people know their safety is a priority even it means breaking lockdowns or curfews. People should have accurate information on how to deal with strict lockdowns or curfews when they are not safe at home and where they can find help.
- Use understandable language that is accessible for a broad audience, as many different people are dealing with SGBV.
- Consider including cis men in the audience of messages, aiming at breaking toxic masculine gender norms and, for example, to provide them with information on how to cope with aggression.

COMPREHENSIVE SEXUALITY EDUCATION (CSE)

- When a country is in lockdown, schools are often closed as well. Although education can be continued to some extent online or at home, this is not accessible to everyone. In other words, inequalities around access to online and/or home education are exacerbated.
- In online and home education CSE is mostly not seen as a priority.
- The lack of CSE affects other SRHR issues, such as teen pregnancies, STIs, SGBV, and sexual pleasure.
- Physical distancing is interfering with young people's sexual development, and CSE can help them learn to cope with their feelings.
- Youth will spend more time online (if they have access) during lockdowns. The internet increases sexting and brings risks such as grooming, and therefore, we need to address safe online interactions.



Ideas for messaging:

- CSE should be youth centred. That means, when constructing a message, try to understand youth's needs first instead of solely providing them with information about 'good' behaviour.
- Instead of focusing on what is not allowed sexually because of COVID-19, try to use positive framing and focus on what can still be done (e.g., masturbation).
- Provide CSE messages in a way that it is safe for everyone. While an online space for CSE could be safe, pupils may not be able to talk openly about sexuality in their home setting. Therefore, provide the pupils with information on how to safeguard their privacy during online CSE lessons. Also, confirm guidelines on how to be safe online.

SEXUALLY TRANSMITTED INFECTIONS INCLUDING HIV

The information that is currently available suggests there are no direct effects of COVID-19 on people living with HIV. However, for people living with HIV, who have advanced or poorly controlled HIV or heart or lung problems, UNAIDS advises them to stay safe and to pay close attention to all COVID-19 prevention measures.¹ COVID-19 vaccines (approved or in development) are believed to be safe for people living with HIV.

Effects of the pandemic on STIs including HIV:

- Disruption in the supply chain:
 - A global shortage of condoms.
 - Test kits and drugs that prevent (e.g. PrEP) and treat (e.g. antiretrovirals (ARVs), antibiotics) STIs are or will probably get out of stock in many countries.
- STI testing is not seen as essential healthcare. As a result, testing is not prioritised, clinics are being closed, and health professionals are being diverted to help with COVID-19.
- HIV testing services are disrupted in most countries.
- People go less to health clinics to get a STI test: they might think that during the pandemic STI testing is not significant enough or fear getting infected with COVID-19. Therefore, the number of STIs recorded might be less, but in reality, they may be under the radar. Untreated STIs can cause serious problems, some of them can lead to infertility.
- Financial constraints and mobility restrictions limit access to HIV services (and probably STI services as well) during lockdowns.
- Digital services and STI testing by post have risen since the pandemic started. However, these are not accessible for everyone (e.g. people who do not have internet access).



Ideas for messaging:

- Share information about the safety of COVID-19 vaccines for people living with HIV, based on the currently known evidence-based facts.
- There are several myths surrounding COVID-19 and HIV. For example, some people may think PrEP can prevent them from getting the COVID-19 virus. It is important to correct this misinformation, however, keep in mind the recommendations for myth-busting (earlier in document).
- Ensure that people know they still can get tested for HIV. Use positively framed messages to spread this information to prevent the fear of contracting COVID-19 making people avoid HIV testing.
- Prevent stigma and use accurate language.

1. It is important to acknowledge that in some cases people might not see COVID-19 prevention as a priority compared to ensuring access to HIV medication or being able to work to afford medication.

INFERTILITY

Besides the effects of the COVID-19 pandemic on fertility and infertility care, it is important to acknowledge that other SRHR issues are related to infertility. The impact of COVID-19 on other SRHR issues affects the issue of infertility and vice versa. For example, a lack of STI testing and the resulting increase in untreated STIs could lead to more infertility. Likewise, more unsafe abortions can also lead to more infertility. When a couple is dealing with infertility, heightened tensions can lead to more gender-based violence.

Regarding the direct effects of COVID-19 on fertility, a few recent studies suggest that COVID-19 may impact male fertility. However, more research is necessary to fully understand the impact (see the recent articles by [Hajizadeh Maleki](#) and [Tian](#)). Yet, there is a significant impact of COVID-19 on fertility care. Fertility treatments are often not seen as essential care. As a result:

- Many fertility treatments were suspended or delayed during lockdowns.
- Fertility treatments are expensive and there is little availability of low-cost assisted reproductive technology (ART) in low- and middle-income countries. Therefore, the financial impact of job or business losses due to COVID-19 can further reduce the ability to cover ART out of pocket.
- Suspensions or delays in fertility treatments can negatively affect people's mental health and quality of life.
- 'Cross-border reproductive travel' has been put on hold. People who were using surrogate mothers abroad have been unable to get their baby or are stuck abroad unable to get documents for their new-borns to travel. People are also not able to travel to access ART.
- Increased gender-based violence under lockdown—as frustrations mount—could go hand-in-hand with increased blaming of women for gaps in fertility.



Ideas for messaging:

- Use positive framing: speak in terms of possibilities and hope, emphasising that fertility care and treatment remain important. Also stress, for example, that movement away from vaccine nationalism – and thus sharing patents and knowledge – will increase vaccine rollouts, which can help make fertility care and treatment more accessible again.
- Make sure to use inclusive language. This means continuously shifting away from focusing on women and infertility and instead speaking of infertility affecting couples wishing to conceive. Remind people that men also experience and are psychosocially affected by infertility. Using neutral non-binary language helps avoiding cis- and heteronormativity.
- Argue that the pandemic has revealed to a wider group of decision-makers how essential strong health systems and universal health coverage are for all of us, and that SRHR services, including comprehensive fertility care and treatment, should be an integral part of any well-functioning health care system.

SEXUAL PLEASURE

Physical distancing is having a big influence on sexual behaviour. Having sex with someone that is not your live-in partner is being discouraged, but sexual desires still exist, resulting in different sexual behaviour:

- If people have no steady partner, they may have less sex, which can affect how people experience their sex life and sexual well-being.
- People without a steady partner who have sex may have fewer one-night stands, less changing sex partners and are more inclined to have one friend for casual sex (sex buddy).

- When sex between people is discouraged, masturbation and porn use may increase.
- Real-life dates decrease, and online dating and flirting increases.

Although masturbation is often still taboo, in some countries, masturbation is now referred to as a safe way of having sex. In this case, the view of masturbation as something that is not done or spoken about has changed into a way of having sex during the pandemic. We should take the opportunity to incorporate the positive approach of promoting sexual pleasure and sexual well-being during the pandemic (in this case encouraging masturbation) to help to break the stigma that exists around certain aspects of sexual pleasure.

WHAT CAN THE POSITIVE NARRATIVE OF SEXUAL PLEASURE AND WELL-BEING TEACH US?

Sex education is often negatively framed, focusing on risks and dangers of having sex and therefore stating what cannot be done or should be avoided. There is now a shift to framing sexuality education more positively and to incorporate sexual pleasure. What can we learn from the positive narrative of sexual pleasure and well-being? This positive framing – talking about what you can do instead of what you cannot do – should be used instead of narratives based on fear. Also, narratives about sex and social media can often be negative, while positively focusing on what sexual activities people can do (of which some are using online methods) may enhance sexual well-being.

More information:

- [An example](#) of The Pleasure Project on pleasure during the pandemic.



Ideas for messaging:

- To promote sexual pleasure in messaging use a sex positive framing.
- People's sexual behaviour has changed during the pandemic, so use this situation to promote different ways in which people can have sex whilst still taking into account the COVID-19 safety regulations. Use a positive framing that emphasises pleasure and does not focus too much on the rules. Provide concrete information on how to enjoy sex safely both on and offline.
- Be careful that messages about sex and COVID-19 do not contribute to a new taboo on having sex – for instance the unacceptability of changing sex partners during COVID-19.
- To check if your SRHR messages integrate sexual pleasure and well-being, check Share-Net's [Sexual Pleasure Checklist](#).

SEX WORK

- Existing inequalities and injustice are increasing. Usually, sex workers have to face intersecting forms of discrimination because they belong to multiple marginalised groups. That is to say, besides discrimination because they are sex workers, they might also face discrimination because they are people that are female or not cisgender, gay or bisexual, black, indigenous and people of colour (BIPOC), migrants, living with HIV, using drugs and/or have disabilities.
- As a result of COVID-19, poverty is increasing, which may result in more people being forced to do sex work to make a living.
- Most sex workers lose most or all of their income if they cannot work due to lockdowns. Many sex workers are forced to continue working and take bigger risks (in terms of sexual health but also general health because of COVID-19) to make a living. Additionally, if they are not earning enough income, moving is very difficult for sex workers because they are not accepted in many places.
- Sex workers are often excluded from governmental economic support schemes, as is the case in the Netherlands.

- An increased risk of arrests, penalties or (police) violence during lockdowns cause sex workers to have more risk of be arrested, harassed or violated because of the already existing discrimination and because their work can be seen as a threat to public health.
- Sex workers are often mistakenly viewed as the spreaders of diseases such as STIs, but also COVID-19.
- Even though sex workers are more vulnerable to health risks, violence, discrimination and criminalisation, they do not receive protection.
- Sex workers also have diminished access to health services as well as less access to COVID-19 prevention information and supplies. Moreover, when accessing the care, they may not tell their full story to the health professional when having a criminalised status. Sexual and reproductive health care has been affected by the pandemic and sex workers who need this have less access to this as well.
- Initiatives for safe workspaces for sex workers shut down due to the pandemic.

More information:

- [Factsheet on COVID-19 and Sex Work](#) by Mama Cash.
- [Public statement](#) by Amnesty International on including sex workers in the COVID-19 response.



Ideas for messaging:

- Sex work should be addressed from a human rights perspective.
- Try to avoid victim framing. Framing sex workers as ‘victims’ is common, but often not beneficial. Remember that victim framing is not empowering and can reinforce ‘us-them’ thinking. Explain how people are affected without victimizing them.
- Language on sex work. Use ‘sex work’ instead of ‘prostitution’ as the latter term is stigmatising and does not recognise the work sex workers do. Read more about language and sex work on [this factsheet](#).

LGBTI+

LGBTI+ people often experience stigma, marginalisation and discrimination and during this pandemic it is often exacerbated. Effects of the pandemic on LGBTI+:

- LGBTI+ people often experience healthcare discrimination and stigma, impeding access, quality and availability of healthcare.
- LGBTI+ health (e.g., hormonal and gender-affirming health care –including mental health care–and HIV testing and treatment) is de-prioritised and this can also impact mental health.
- Stigma, discrimination and hate against LGBTI+ people increase as a result of the pandemic. LGBTI+ have been blamed for disasters and therefore stigmatised. There have been reports from many countries of statements from religious and political figures blaming LGBTI+ people for the pandemic.
- Domestic violence and abuse towards LGBTI+ people increases because some have to stay at home with families that do not accept them.
- LGBTI+ people are more often living in poverty or have a bigger chance of losing their jobs because of discrimination, which exacerbates their vulnerability for COVID-19 and its consequences.
- Anti-LGBTI+ laws make LGBTI+ people more vulnerable to random arrests and police abuse in contexts of lockdowns. This is especially the case for trans, non-binary and gender-diverse people and even more so if they are also black, indigenous or people of colour (BIPOC).
- Conservatives are trying to make changes in pro-LGBTI+ legislation and in some contexts, measures have been enacted that specifically target LGBTI+ people.

Read more on the impact of COVID-19 on LGBTI+ people in this [document](#) by OHCHR.



Ideas for messaging:

- LGBTI+ people are often already facing inequalities and injustices, which are increased during COVID-19. Therefore, when constructing messages for LGBTI+ rights, always frame the message from a human rights approach.
- Use terminology that is used by community itself. Therefore, know your audience, do research before constructing messages and consult people from the community.
- Think about the messenger. It is best to work together with the LGBTI+ people on the construction and spreading of the message.

MENSTRUAL & VAGINAL HEALTH AND HYGIENE

Menstrual poverty – when women and others with an uterus do not have access to sanitary products and hygienic spaces including water and clean toilets – affects people's health and well-being but also, for example, access to education and ability to work. If people are dealing with financial stress due to a decreased income, sanitary products are one of the first products that will not be purchased. This is not only limited to menstruation, as in the rest of their cycle women and people that menstruate can have vaginal discharge, and when people get older, they may have to deal with incontinence. Therefore, having access to sanitary products and water, sanitation and hygiene (WASH) facilities is essential to menstrual and vaginal health and hygiene.

Effects of the pandemic on menstrual and vaginal health and hygiene:

- There is no evidence that COVID-19 impacts the menstrual cycle, but factors like stress, anxiety, and malnutrition resulting from the pandemic can affect the menstrual cycle.
- Many people (especially of marginalized groups) have a lack of access to sanitary products and WASH facilities, because:
 - When the pandemic causes financial stress for people they will not have the means to buy sanitary products.
 - Sanitary products get more expensive due to the global disruption of the supply chain and panic buying.
 - When hospitalised or in quarantine (in special centres or at home), people can lack access to WASH facilities and sanitary products.
 - Most frontline health workers are people that menstruate. There are additional challenges regarding the management of their menstruation, for example, when there is unawareness of menstrual health and hygiene in the health setting, when there is a lack of sanitary products in the health setting and protective clothing prevents quick changing of sanitary products. When this is the case, people may miss days of work or choose to suppress their menstruation using oral contraception to avoid this.
- There is little knowledge and education on menstrual and vaginal health and hygiene and menstrual poverty. Closing schools and disruption in health services results in even further limited access to critical information on menstrual and vaginal health and hygiene.
- Menstrual and vaginal health is not seen as essential care during the pandemic and therefore, less accessible. Furthermore, more people will change contraceptives because of the lack of access, resulting in different menstruation experiences.
- Increased stigma, shaming or harmful cultural practices are associated with menstruation and vaginal health.

All these factors that lead to not being able to manage the menstrual cycle or vaginal health and hygiene properly in the pandemic can then again lead to negative impacts on the lives of those who menstruate, for example: restricting mobility, freedom and choices; reducing participation in school, work and community life; compromising safety; causing stress and anxiety (which in turn can affect menstrual cycle).



Ideas for messaging:

- The COVID-19 pandemic poses extra challenges on menstrual and vaginal health and hygiene. Therefore, construct messages that expand people's knowledge on menstrual and vaginal health and hygiene, framing menstruation and vaginal health positively.
- It is also important to include cis men in your audience, as they have even less knowledge on menstrual and vaginal health and hygiene, but are often in positions to make decisions on COVID-19 prevention decisions.
- Put the dignity of people that menstruate and women of all ages first in your message.

YOUTH

It is essential to work with young people to ensure that COVID-19 response plans are sensitive to young people and youth-specific healthcare needs, including sexual and reproductive health, mental health, and psychosocial support. This means working together with youth while constructing messages, making sure that there are also messages that appeal to youth. Often young people feel left out when it comes to COVID-19 regulations and messaging. They may feel that there is little attention to their (emotional) needs. Also, on a global level, young people may not have adequate health literacy levels to enable them to gain access to, understand, and use information in ways that protect their health and (sexual) well-being, while health literacy is critical for keeping themselves and others safe. Try to incorporate youth in the audience of messages on COVID-19 and SRHR and engage youth in the construction of effective messages.



Ideas for messaging:

- Make sure that the messages are relevant, acceptable and understandable for youth.
- Use the right messengers and media. As most young people are highly digitally connected, social media, including smartphones apps, can be used to reach them. Trusted persons can be other young people that are recognized on social media, for example influencers.
- Connect with youth networks. Another way to easily reach youth is to connect with youth networks.

Read more about engaging youth in the COVID-19 response in [this document](#) by UNFPA.

CIS MEN

In the field of SRHR, cis men are often overlooked, because women and non-conforming genders are more affected by inequality. However, cis men also have sexual and reproductive health needs that should not be neglected. Moreover, traditional masculine norms result in several issues during the pandemic:

- There is a higher rate of deaths in men from COVID-19. Masculine norms (such as toughness) can prevent some men from seeking help or getting tested when they may have COVID-19 or suppress emotions when dealing with loss.
- Sexual violence in homes (mostly by cis men) has increased.
- Masculine perspectives in governments have hindered responses to COVID-19. For instance, when leaders have the feeling they do not need to worry about the virus, when they excessively use war-metaphors or when having an aggressive approach to responding to the virus and, lastly, when justifying violence by authorities and undermining democracy to act against COVID-19.



Ideas for messaging:

- Consider using a ‘gender transformative approach’ (more about this [here](#) and [here](#)).
- To decrease violence perpetuated by men, use effective messaging that breaks toxic masculine norms and provide information on how to deal with aggression.
- When your audience includes cis men, make sure the message appeals to them and that they can trust and relate to the messenger and medium. To engage cis men, the message should make them want to be involved.
- Consider breaking rigid gender norms in order to promote health-seeking behaviour among cis men.
- To break with toxic masculine norms, make sure to engage men in the construction of effective messaging which is aimed to counter toxic masculinity.

More information:

- Find [examples of campaigns and actions worldwide promoting healthy masculinity here](#).
- [This report](#) shows connections between men, masculinities and the impact of COVID-19 and recommends to take masculinities into account for an effective response to the pandemic.
- [Do and don'ts for engaging men and boys](#).
- More information on [Men, masculinities and COVID-19](#).

ADDITIONALLY

- The COVID-19 pandemic affects gender equality:
 - Women and girls have more negative economic consequences than men. More women have lost their jobs and businesses compared to men. Forty-seven million women and girls are being pushed into poverty due to COVID-19.
 - The pressure of unpaid care and domestic work (which is mostly done by women) has increased due to the pandemic. This also includes caring for children. If women cannot access childcare, they face barriers to seeking healthcare (including SRHR).
 - Seventy per cent of health and social care workers are women. They are more often frontline workers and have an infection rate three times higher than men. Moreover, long-term care workers are mostly migrant women or women from marginalised (ethnic) groups, who have an even higher risk of infection.
- According to a [modelling study](#) on maternal and child mortality in low-income and middle-income countries, COVID-19 could indirectly lead to an estimated 56,700 additional maternal deaths.

More information:

- Factsheet [“From Insight to Action – Gender Equality in the Wake of COVID-19”](#) by UN WOMEN.

EPILOGUE

WHAT WILL HAPPEN AFTER COVID-19?

It is hard to know how long we will live with COVID-19 and the long-lasting impact it will have on SRHR, but we need to think about future trends in our work, for example, new approaches to sex and sexuality. This includes the decreasing interest in body-to-body sex in some parts of the world, the influence of technology on sexual behaviour – think for example about sex robots, which is already a multi-billion dollar business. It is also predicted that by 2050, most people with good health coverage will choose to conceive in a laboratory. These trends can create a wider gap between the Global North and the Global South. We need to be constantly prepared and to adapt the framing of our messages on sex, sexuality and SRHR.



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