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POONAM MUTTREJA

*Executive Director of the Population Foundation of India
(PFI)*

1. Poonam you have said in one of your interviews “Disasters are never gender-neutral and the aftermath of Covid-19 has reaffirmed this in more ways than one. The economic and social fall out of the pandemic is pushing women further into poverty and ill-health, undoing decades of progress made towards gender equality.” Can you talk a little more about it?

COVID-19 has brought out what is well-known: that vulnerable sections of society, particularly women, in India or for that matter anywhere are not a homogeneous category. The pandemic has added new strains to the existing challenges faced by them, be it access to essential health services, increase in cases of violence against women or adversely impacting their economic security.

► **COVID-19 and Women’s Health:** Evidence from past epidemics like Ebola and Zika showed that the diversion of health resources to respond to the pandemic restricted women’s already access to health services, including contraceptives, and therefore put women and girls of unintended pregnancies, maternal health risks and sexually-transmitted illnesses (STIs). Similarly, the COVID-19 pandemic and the Lockdown has had a profound impact on women’s access to essential health services. The lack of agency among women to exercise their reproductive choices, inadequate access to health services as well as regressive social norms which often prevent women from accessing and negotiating contraception have been a pre-COVID-19 problem, which have been exacerbated as a result of the pandemic. As a result of the pandemic and disruption in essential health services:

- a. **26 MILLION couples** in India will have no access to contraceptives due to lock down in 2020
- b. The inability to access contraceptives during the lockdown is likely to result in an **additional 2.4 MILLION unintended pregnancies** in India
- c. Close to **2 MILLION Indian women** will be unable to access abortion services in near term due to COVID-19
- d. COVID-19 will disrupt efforts to end child marriage, resulting in an **additional 13 MILLION child marriages** taking place globally between 2020 and 2030 that could otherwise have been averted
- e. South Asia will witness the **worsening of gender poverty gaps**.
In the 25-34 age group, there will be 118 poor women for every 100 poor men. This ratio will increase to 129 women to 100 men by 2030

► Violence against Women: Even before COVID-19, violence against women was one of the most widespread violations of human rights. During the nationwide Lockdown there was a surge in cases of domestic violence as well as disruptions to mental health and psychosocial support services. With limited permissible movement, a number of women are locked in with their perpetrators and are finding it difficult to leave the house to register formal complaints even if they wanted to. Reliable large scale data on the prevalence of domestic violence is not available. All we can say is that whatever numbers we see, they are grossly under-reported.

► **Women's economic security:** Unequal gender norms are deeply entrenched in Indian society and mindsets. Women are disproportionately represented in informal sector jobs that are more vulnerable to disruption and which fail to provide health coverage or paid leave. According to UN Women's report, 740 million women work in the informal economy and their income fell by 60% in the first month of the pandemic. Closures of schools and day-care centres have also added disproportionate child care responsibilities for women. The lack of economic security along with the increased caregiving burden not only threatens to push many women to quit the labour market permanently but will also significantly compromise their mental and physical health.

► According to **UN Women and UNDP's COVID-19 Global Gender Response Tracker**, the social protection and jobs response to the pandemic has largely overlooked women's needs. The tracker, which includes over 2,500 measures across 206 countries and territories, specifically analyses government measures with a gender lens in three areas: those that tackle violence against women and girls (VAWG), support unpaid care, and strengthen women's economic security. The results show that 42 countries, one fifth (20 per cent) of those analysed, have no gender-sensitive measures in response to COVID-19 at all. Only 25 countries, 12 per cent of the world, have introduced measures that cover all three areas.

2. Moving forward what according to you should be some of the things that we need to focus on to ensure that women's health, social and economic wellbeing doesn't remain on the fringes?

The COVID-19 crisis provides an opportunity for countries to transform existing social, economic and public health models towards one that prioritizes women and their needs.

Going forward we must:

- Ensure women's equal representation in all COVID-19 response planning and decision making
- Collect gender disaggregated data to understand the challenges faced by women and develop gender-responsive strategies which in the long run could support the provision of an evidence-based, gender responsive public health model.
- Protect women's health and well-being, including ensuring access to sexual and reproductive health and mental health services.
- Develop a public health response to violence- provide preventive, promotive, curative and systematic referral support to the survivors of violence and early detection.
- Train healthcare providers and frontline health workers to provide better quality of care and counseling services to women
- Introduce gender-inclusive social protection measures for unpaid caregivers and introduce economic support packages for vulnerable women
- Increase investment in education and vocational training for women which can lead to higher female labour force participation in the formal sector in the long run.
- Prioritize social and behavior change communication strategies to not only fight stigma, myths and misconceptions surround COVID-19 but also to change false notions of masculinity and ensure greater agency and autonomy to women in order to reduce persistent gender inequalities

3. What are your thoughts on responsible and thoughtful communication in times of a global pandemic like COVID 19.

The COVID-19 pandemic presented an immense humanitarian and health crisis. Social and behaviour change communication (SBCC) has always been an effective way to communicate and promote adoption of large-scale behaviours critical to our health and wellbeing. In the scenario of a global pandemic where millions of people were complying with lockdown or stay home orders, SBCC delivered through technology and mass media became even more relevant as the most effective and safe way to encourage the practices of personal protection (mask wearing and handwashing) as well as social distancing. As the pandemic and its ramifications on economic and social relations and dynamics and health outcomes continued to spread, SBCC strategies played a crucial role in the fight to prevent stigma and discrimination and encourage solidarity amongst audiences.

There is a broad global consensus on the behaviours required to reduce the risk of contracting or transmitting COVID-19. Research on the 2009 H1N1 epidemic, shows that the proportion of people routinely engaging in the necessary preventive behaviours is likely to be low. A larger percentage claim to know about the required behaviours, but as has been well demonstrated, neither knowledge nor intention on their own lead to action. For any behaviour to occur, people need: 1) capability, 2) opportunity and 3) motivation. Therefore an effective and inspiring messaging had to be at the heart of a more resilient, empathetic, and effective communication response to COVID-19.

As the lockdown was announced, Population Foundation of India in partnership with Facebook and the MyGov citizen's portal had the opportunity to roll out a comprehensive communication campaign under the hashtags #TogetherAgainstCOVID. The campaign which stretched over 6 months addressed key issues, from simple messages around covid appropriate behaviours (masks and physical distancing) the campaign also tackled stigma and discrimination and finally showcase the resilience of individuals and their communities in the face of the pandemic.

The campaign used insights from social and behavioural sciences on human behaviour with recommendations from epidemiologists and public health experts to create a powerful SBCC campaign on digital platforms. Messages were designed to be digital first and friendly as social distancing concerns made community engagement and outreach impossible. The present and post-COVID-19 scenario provides an opportunity to leverage SBCC expertise and technological innovations to integrate communication more holistically in health programmes and policies.

4. Tell us a little about the television soap opera MKBKSH as a vehicle to raise awareness on vital gender issues, questioning gender norms and shifting attitudes among India's rural poor.

Social and Behaviour Change Communication (SBCC) is used as an approach across Population Foundation of India's programmes, recognising that social norms drive individual behaviour and actions. Issues like reproductive and sexual health, family planning, adolescent health and access to information are personal to the individual, yet governed largely by society. Population Foundation of India uses the power of entertainment through television serials, Interactive Voice Response System (IVRS) and chatbots, reaching out to women, men and young people to inform and empower them.

There is global and Indian evidence that entertainment education used as a **key approach or strategy** does transform social norms. By designing and implementing media messages in a compelling story that simultaneously entertain and educate, Entertainment Education, especially when reiterated on multiple media platforms, increases knowledge, promotes positive attitudes and changes behaviour.

Population Foundation of India (PFI) uses **innovative and entertaining communication to transform regressive social norms** and deeply entrenched behaviours. Fundamental to our approach is the understanding that behaviour does not occur in a vacuum and is grounded in regressive social norms and customs. Our Social and Behaviour Change Communication (SBCC) strategy is an evidence based, bottom-up approach that uses communication to reach young women and men in mediums and on platforms that are relevant and familiar.

Population Foundation of India (PFI) launched Main Kuch Bhi Kar Sakti Hoon (**MKBKSH – I, A Woman Can Achieve Anything**), a transmedia entertainment education initiative in March 2014. While challenging existing social and cultural norms around family planning, early marriage, domestic violence and sex selection, the serial also sought to increase knowledge and change perception and attitudes of people on the social determinants of sexual and reproductive health.

Main Kuch Bhi Kar Sakti Hoon, (MKBKSH) PFI's transmedia edutainment program has been on air for 3 seasons over 5 years. Evaluations of the program have shown that **audience members have reported either an intent to change behaviour or a change in behaviour on issues such as spousal communication, domestic violence and girls' education**. Audiences recognize and appreciate the social messaging in the serial - including the very name of the serial, Main Kuch Bhi Kar Sakti Hoon, which was found to be very inspiring, particularly among the female viewers.

A total of 183 episodes over three seasons of MKBKSH have been broadcast till date over Doordarshan (DD) and All India Radio (AIR). The serial has been aired in 12 languages across 50 countries, on DD National, DD regional Kendras, DD India and 216 radio stations. Millions have viewed the series and it received approximately 2 million calls of viewers on its integrated Voice Response System (IVRS) from 400,000 unique numbers across 29 states of India. The series is now hosted on India's leading digital and mobile entertainment platform **Hotstar**.

Third party independent evaluations conducted underscored a positive shift in knowledge, attitude and perception among viewers. MKBKSH increased awareness among young men and women (both married and unmarried) and mothers-in-law on social determinants of health and family planning. Season 2 end line survey also demonstrated good viewer retention and audience interest in watching future seasons of MKBKSH.

IMPACT

Across seasons:

- Acceptability of domestic violence among men and women – reduced to 44% from 66% at baseline.
- Right to decide whether to continue with their pregnancy among women – increased from 63% to 76% (baseline to endline).

- Knowledge about the law against sex determination among mothers-in-law – increased to 73% from 45% at baseline.
- Interval between two consecutive pregnancy - Exposure to the show has increased the belief that the ideal gap between pregnancies is 3 or more years by 24 percentage points.
- Knowledge about modern contraceptives – especially about injectable contraceptives - Knowledge of injectables has increased for women viewers by 30 percentage points.
- 69% viewers reported to likely discuss about gap between two children or limit the total number of children in family.
- 66% viewers are likely to discuss about the timing for first child post marriage.

5. On this International Women's Day what is your message to the women of this country?

In India, across every sphere, health, economy, social protection, education, the impacts of the pandemic have been exacerbated for women and girls. The pandemic underscored existing inequalities and magnified the harmful impacts of regressive social norms and gender inequality. This disproportionate impact on the lives of women is not receding as the pandemic recedes. And even if it did, women should not accept a return to pre-COVID levels of inequality. We must aim higher and “build back better”. This is a critical moment in time where investing in women and girls and their leadership and vision will ensure that they are healthy, educated and equipped to make positive choices for themselves and their communities.

Government and policy makers must take a closer look at how women's lives have changed in the face of COVID-19 and suggest response and recovery measures that lead to a more equal world and one that is more resilient to future crises. While fiscal stimulus packages and measures to address gaps in public health have been put in place, now is the time for our national response to place women and girls at the centre of policies and programmes.