

Guidance on Social and Behavior Change for Family Planning During COVID-19

The Impact of COVID-19 on Family Planning

COVID-19 is already impacting family planning and reproductive health (FP/RH) in some countries through disruptions to supply chains of contraceptive commodities, closures of FP/RH services, and public fear about visiting health facilities. At the same time, orders to stay at home, loss of employment, and school closures are also likely to impact typical sexual and reproductive behaviors in the home. These impacts present a great risk to the health and well-being of women and girls in need of FP/RH products and services. For example, during the Ebola crisis, unintended pregnancies among adolescents in Sierra Leone rose dramatically and led to long-term consequences for girls' education.¹ Furthermore, current reports suggest an increase in domestic violence against women and children during the COVID-19 pandemic.² Unfortunately, social and physical distancing is further isolating those experiencing gender-based violence (GBV), making it more difficult to seek help or services and the availability of these services is also being interrupted.

The Evolving Role of Social and Behavior Change

UNFPA has emphasized that, during the COVID-19 pandemic response, “**provision of modern short- and long-acting contraceptives, information, counselling, and services (including emergency contraception) is lifesaving and should be available and accessible.**” Social and behavior change (SBC) approaches remain essential tools to achieving this goal. However, the new environment created by COVID-19 means that communities are dealing with a host of challenges. For example:

- Vast amounts of new information around COVID-19, including abundant misinformation and rumors, leading to high levels of fear.
- The need to learn new behaviors to protect themselves from the virus.
- Changes in typical patterns of communication and trusted sources, with reduced personal contact and, where accessible, greater virtual communication.

¹ *Assessing sexual and gender based violence during the Ebola crisis in Sierra Leone.* (2015). Irish Aid and UNDP. https://www.sl.undp.org/content/sierraleone/en/home/library/crisis_prevention_and_recovery/assessing-sexual-and-gender-based-violence-during-the-ebola-cris.html

² *COVID-19: Emerging gender data and why it matters.* UN Women Data Hub. (April 4, 2020). <https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters>



It is in this environment that SBC practitioners may need to adapt messages about family planning to ensure they **resonate** with the audience's current emotional state and **provide calls to action** that are practical in the reality of their new daily lives. SBC practitioners must also find new ways of working that follow physical distancing guidelines while **reaching** audiences via trusted sources. And they must do this while ensuring that **voluntarism and informed choice** remain central to all family planning information and counseling.

About This Guidance

This short guide includes important considerations, messages, and resources to support country programs in adapting their FP/RH-focused SBC programming in response to the challenges presented by COVID-19. Program adaptations and messaging should be adapted in line with country context, available services, and local government response, including that of coordinating bodies responsible for COVID-19 risk communication and community engagement efforts.

Considerations for FP/RH-Focused SBC Programs

- Draw upon evolving national guidance for FP/RH and GBV and continue to work with national coordination mechanisms in SBC (e.g., to harmonize updated messaging on family planning and GBV).
- Ensure an open and ongoing dialogue with local service delivery partners to understand continued changes in contraceptive commodity and availability of family planning services at public and private facilities. This should be reflected in SBC messaging to ensure clients have up-to-date information on the availability of FP/RH services.
- Link family planning programs to existing work on GBV, such as by raising awareness of potential increases in violence among communities and health providers, training family planning providers to probe for and respond to reports of violence, and providing information on available GBV support services as part of family planning SBC programs.
- Expand partnerships with private sector distribution points, such as pharmacies/drug shops and non-traditional outlets (e.g., kiosks) that offer contraceptives such as oral pills, emergency contraception, DMPA-SC, and condoms. Based on the availability of supplies, modify messaging to direct clients to these service points.
- Consider offering digital-based training to pharmacists/kiosk owners to improve their ability to counsel women, men, and couples on available methods and share other family planning-related information, including up-to-date information on access to services for longer-term methods.
- Promote self-care for family planning, including fertility awareness among women and men, girls and boys, through engaging and interactive online approaches; for example, digital guidance on how to make cycle beads, based on the Standard Days Method, at home or instructions on how to use the existing digital app available for [Android](#) and [Apple](#) devices.
- Link self-care messaging with SBC approaches for broader sexual and reproductive health, including HIV prevention and treatment.

- Pretest new messages, materials, and interventions using virtual channels such as WhatsApp or Facebook.
- Modify content and increase the promotion of existing health hotlines and other digital and mobile services (SMS/IVR) for family planning and GBV information and counseling, such as “[3-2-1](#),”³ WhatsApp, and Facebook, to advise callers about where to find modern contraceptives, how to manage side effects, and how to access GBV resources in the community. Use virtual training to strengthen hotline counselor/staff capacity to make referrals to GBV resources.
- Consider using community-based public address systems and community radio stations to share messaging on family planning and GBV, especially to reach audiences without mobile access.
- Identify new opportunities to reach existing clients and those with unmet need to share information and referrals for family planning during this time, such as providing family planning information and services at quarantine centers.
- Consider the special needs of sub-populations, such as youth and women with disabilities, by including targeted messaging that takes into account their family planning needs during this time.

Illustrative Family Planning Messages for SBC Programs

The following recommendations for messaging are illustrative and should be adapted to local country contexts.

General

- Shift messaging away from “See your health provider” to promote alternative information and service sites. For example, “*Learn more about family planning at [local mobile/digital source]*” for general information about family planning, and “*See your pharmacist to access a variety of short-term methods*” for access to modern contraceptives.
- Expand the concept of “preparedness” to family planning by promoting the acquisition of extra cycles of contraceptives such as oral pills and DMPA-SC. For example, “*Ask your pharmacist for an extra supply of contraceptives.*”
- Increase family planning counseling during antenatal and postpartum care to reduce the need for return visits to health centers by linking family planning to the ongoing promotion of safe delivery. For example, “*Delivering with a skilled provider is the best thing you can do for your health and the health of your baby. At delivery, ask your provider about family planning methods you can use right away to help you space your next pregnancy.*”

³ Family planning content is currently included in the 3-2-1 service in Afghanistan, Burkina Faso, Cambodia, Democratic Republic of the Congo, Ghana, Madagascar, Mali, Mozambique, Nigeria, Rwanda, Tanzania, Uganda, and Zambia.

Family planning methods

- Increase feelings of empowerment and efficacy by promoting positive self-care for family planning, including promoting self-care methods such as pills, condoms, emergency contraception and, where available, DMPA-SC. For example, *“Even in these difficult times, you can decide if and when you want to get pregnant. If you can’t access a health care provider right now, use a short-term method available from your local pharmacy.”*
- Add or expand messaging that promotes modern contraceptive methods that are not dependent on access to a health facility or provider, including increasing knowledge and awareness about lactational amenorrhea method and fertility-based awareness methods. For example, *“If you can’t access a health provider or pharmacist for your usual family planning method, use a back-up fertility-based method that you can control.”*
- Empathize with women and girls and help them feel supported despite difficulties and limited methods by reminding them that they can use an available method for now and can return to access their preferred method at a later time. For example, *“If your preferred method is not available during these challenging times, you can use another short-term method now and return to your preferred method at a later time.”*
- Promote confidence in family planning methods to help existing users manage side effects and, thereby, reduce discontinuation. For example, *“Remember, changes in bleeding and other side effects can be bothersome but they are normal for women using contraception. You can talk to someone about side effects by calling [local hotline].”* Messages can also be directed to influencers such as male partners and friends. For example, *“Changes in bleeding and other side effects can be bothersome or worrying for women but they are completely normal. Support your partner/friend as they deal with side effects and encourage them to continue using family planning methods during this challenging time.”*

Supportive couples

- Promote open and equitable couple communication about fertility intentions and pregnancy prevention—both in general and during this time. For example, *“If you want to avoid becoming pregnant during this uncertain time, talk to your partner about family planning.”*

Gender-based violence

- Provide information for women experiencing violence on where they can access help, especially if local FP/RH services that typically provide support have been reduced. For example, *“If you are experiencing violence in your home, reach out to supportive family and friends, seek support from [hotline/other local service for survivors], and make a safety plan.”*
- Promote awareness among communities and health workers about the increased risk of sexual and physical violence due to stay-at-home orders and quarantines and encourage collective support. For example, *“For some women, COVID-19 isn’t the only threat. Keep in touch and support women subjected to violence in the home, and let them know they can get help [at hotline/other local service for survivors].”*

Young people

- Promote positive partner communication between young couples while they are apart. For example, *“Time apart doesn’t mean time lost. Now is the time to find out more about who your partner is. What are his or her dreams for the future? What are yours?”*
- Help young people navigate their emotions and relationships during this time, especially if they are separated from romantic or sexual partners. For example, *“If you are apart from your partner right now, don’t risk your health to meet. Instead, see who can be most creative in showing their affection through mobile chat.”*
- Leverage the important influence of peers for young people who may be facing pressure to continue normal activities instead of remaining at home. For example, *“Remind your friends that keeping physical distance is important during the time of the coronavirus pandemic. Encourage them to stay safe now. Physical love can wait!”*
- Encourage parents and other adults in the household who are at home due to quarantine and lockdown orders to use this time to talk to their adolescents about relationships, sex, and fertility. For example, *“Use this time at home to have a lasting positive impact on your teenage children. Talk to them about relationships, puberty, sex, and fertility.”*

Online Resources

- [Contraception/Family planning and COVID-19 Q&A \(WHO, April 2020\)](#)
- [Sexual and Reproductive Health and Rights: Modern Contraceptives and Other Medical Supply Needs, Including for COVID-19 Prevention, Protection and Response. Interim Technical Brief \(UNFPA, March 2020\)](#)
- [COVID-19 and violence against women: What the health sector/system can do \(WHO, March 2020\)](#)
- [COVID-19: A Gender Lens \(UNFPA, March 2020\)](#)
- [Springboard for SBC \(Breakthrough ACTION\)](#)

This fact sheet was made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Breakthrough ACTION and do not necessarily reflect the views of USAID or the United States Government.