



# OVERVIEW

UNICEF’s Regional Office for South Asia (ROSA) has been actively responding to the COVID-19 pandemic by supporting Governments and partners in their national response, through UNICEF country offices. MAGENTA, a social and behavioural change research and communications agency, has been commissioned by UNICEF ROSA to develop an overarching creative concept and a set of social and behavioural change communications (SBCC) interventions that can be deployed by country offices to address the harmful impacts of COVID-19 and reinforce safe and positive behaviours across the region.

To inform the creative development process and ensure that the

interventions designed are rooted in evidence, MAGENTA conducted a series of consultations, desk review and primary research.

This research brief highlights key challenges, trends and perceptions emanating from across South Asia in the era of COVID-19 and serves as an evidence base to develop the communications messaging and materials. A full research report with detailed findings is also available.

The findings presented in this policy brief stem from the desk review, consultations, and surveys conducted in Afghanistan, Pakistan, India, Sri Lanka and Bangladesh tackling the following themes:

Framework	Thematic Area	Research Questions
<b>KNOWLEDGE</b> <b>ATTITUDES</b> <b>PERCEPTIONS</b> <b>BEHAVIOURS</b>	<b>WELL-BEING AND RESILIENCE</b>	<ol style="list-style-type: none"> <li>To what extent are people feeling fearful, angry and hopeful about COVID-19 and its impact?</li> <li>What are people most worried and stressed about with regards to the impact of COVID-19? (specific focus on children’s outcome)</li> </ol>
	<b>DOMESTIC ABUSE AND VIOLENCE</b>	<ol style="list-style-type: none"> <li>To what extent are people aware of trends such as increased child and domestic abuse as a result of COVID-19 lockdown measures?</li> </ol>
	<b>DISCRIMINATION AND STIGMA</b>	<ol style="list-style-type: none"> <li>What are people’s perceptions about the cause and consequence of COVID-19 and how is it likely to manifest in their behaviours towards others of different religious, socio-economic, cultural and national backgrounds?</li> </ol>

**Table 1: Key themes and research questions of the study**

Given the context of COVID-19, the approach to the research component of this assignment was remote in adherence to strict do-no-harm principles. MAGENTA undertook (1) a rapid desk review of existing literature, U-reports and analysis on COVID-19 in South Asia; (2) key informant consultations with UNICEF ROSA and Country Offices C4D sections and (3) phone polling with our partner IPSOS, targeting a sample of n=400 in each of the five selected countries.

Across the five countries, the phone poll captured a 60%- 40% split between men and women respectively. To the extent possible, a wide geographical spread was aimed for across all the countries, however, in Afghanistan, respondents were particularly concentrated in Kabul and in the Eastern provinces.

Due to the modality of the survey, the questionnaire was short and contained closed ended questions only. The questionnaire was translated into seven languages.

# KEY FINDINGS

The key findings presented below provide an analysis of selected data points and their implications for the COVID-19 response in South Asia. This research has confirmed, at a regional level, the existence of trends on stigma and discrimination, mental health and the roll-down of life-saving practices, three areas which are at

the core of the SBCC intervention being developed. The findings confirm the need for an overarching campaign at the regional level, promoting kindness and solidarity to find common solutions in order to mobilise individuals and communities to take responsibility in reducing the effects of COVID-19.

## 1. PERCEIVED INCREASE IN DOMESTIC VIOLENCE AND MENTAL HEALTH ISSUES ON THE RISE

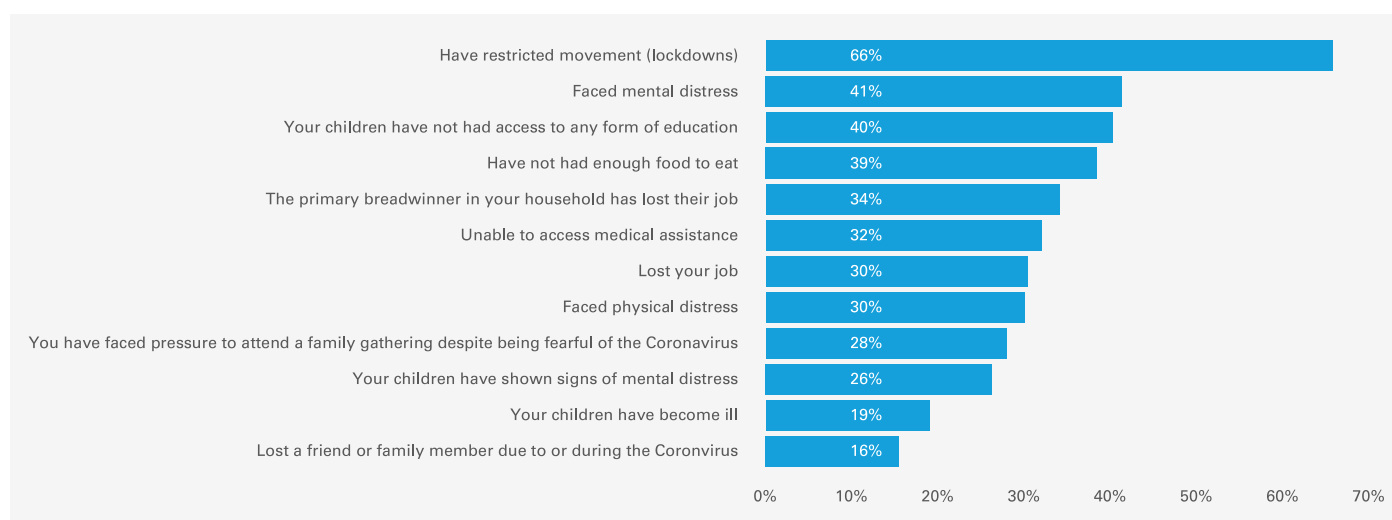


Figure 1: Respondents overall reporting challenges that they have faced so far during COVID-19

Academic research<sup>1</sup> has demonstrated that stressors such as economic hardship, a breakdown in the routines of caregivers, disruption of support networks and mental distress contribute to violence in the home. While more evidence is needed to confirm this correlation in the case of this research, we can posit that the **perceived rise of domestic violence** observed (39% increase in gender-based violence and 30% increase in violence against children) can be at least partly associated to the **high level of psychological distress** (41% of respondents reported facing mental distress during COVID-19) and the **high socio-economic impact of**

**the pandemic** highlighted by the respondents (64% of respondents expressed concern about an economic recession and 59% about unemployment, 39% of respondents also said that they had not had enough food to eat during COVID-19 and 47% are worried about restricted access to food). It is also safe to assume that with rising economic uncertainties that will outlast pandemic restrictions, mental health issues and negative coping mechanisms are only likely to rise further.

### Domestic violence

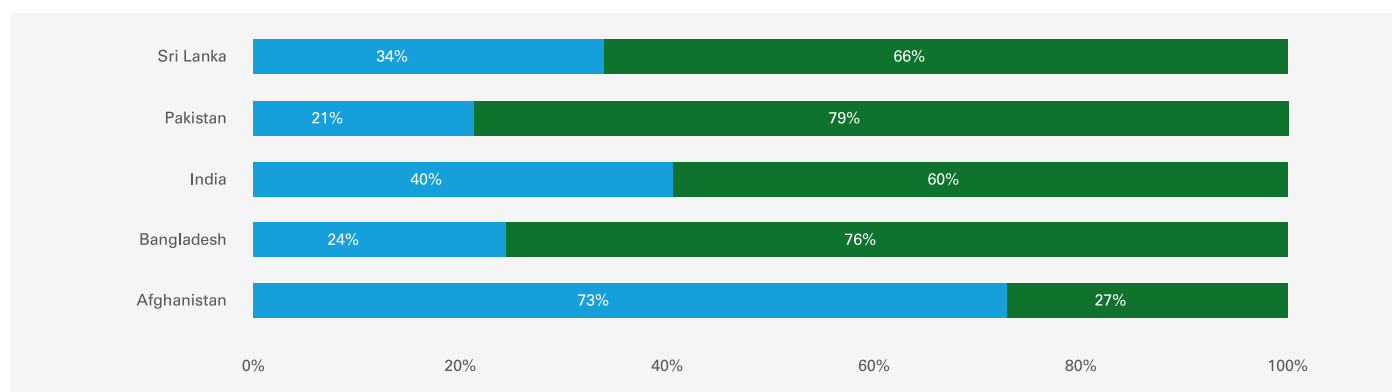


Figure 2: Responses per country on “has GBV increased in your community since COVID-19”

There is a perception among respondents across the region that domestic violence has increased, a significant number of them reporting that they believe that gender-based violence (GBV) and violence against children (VAC) have increased as a result of

lockdown (39% and 30% respectively).

In Afghanistan this perceived increase is largest with 72% of those surveyed reporting an increase in GBV and 60% in VAC. This could

1 N. van Gelder, A. Peterman, A. Potts, M. O'Donnell, K. Thompson, N. Shah, S. Oertelt-Prigione, COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence, *EClinicalMedicine* (April 2020), DOI: <https://doi.org/10.1016/j.eclinm.2020.100348>

either indicate a worse situation in the country's domestic violence prevalence, or perhaps greater awareness of domestic violence and therefore willingness to report it. The latter explanation is unlikely, given there is little reason to believe Afghans are more inclined to accurately report GBV and VAC than their neighbours.

### Mental health

Mental health is shaping up to be a significant issue across the region. In all five countries surveyed, 67% of respondents reported "thinking about COVID-19 all the time", linking it to worry (75%), stress (71%), helplessness (66%) and depression (66%) - a strong indication of the impact of the crisis on mental health.

A chief concern for UNICEF is the disconnect between the realities that people are experiencing and their perception of the upcoming challenges. For instance, while the fear of the loss of a loved one due to COVID-19 was the main concern of respondents in all regions, it was the least commonly experienced challenge as a result of COVID-19. Conversely, mental health was rated as the second most common issue faced by respondents but was only ranked as the eleventh (one before last) main point of concern, suggesting that **respondents are unlikely to seek basic psychosocial support (such as selfcare tools) despite facing mental health challenges.**

## 2. THE CONTINUITY OF LIFE-SAVING PRACTICES: A SPACE TO WATCH

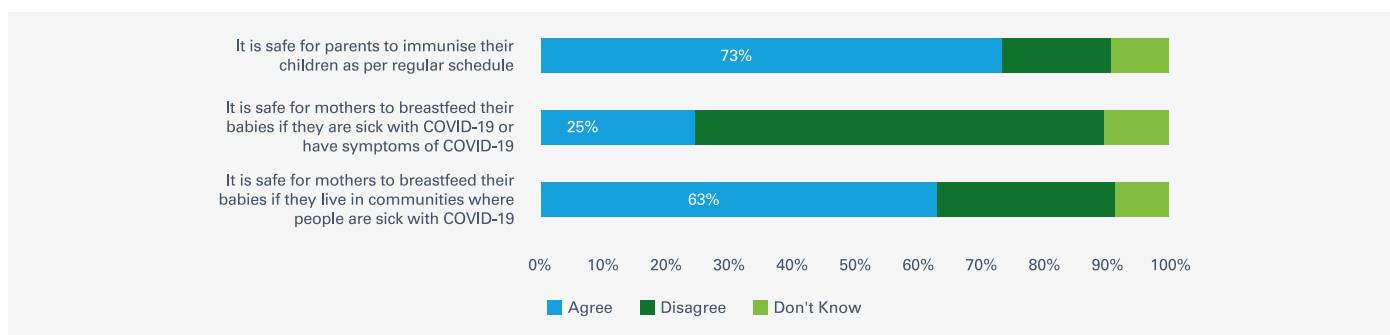


Figure 3 Knowledge of safe practices around breastfeeding and immunisation during COVID-19

**Only 25% of respondents agree that it is safe for mothers to breastfeed their babies if they display COVID-19 symptoms.** Although a majority of respondents across the five countries consider it is safe for parents to continue with routine immunisation of their children (73%) and that it is safe for mothers to breastfeed even if they live in communities where there are cases of COVID-19 (63%), those numbers are important to keep monitoring, as a dip in trust might lead to a roll-back of those practices. Indeed, **32% of respondents have already indicated that they would not get their children immunised** once restrictions are lifted for fear of going to the hospital (this figure is as high as 63% in Afghanistan), and comparing immunisation intentions with current national rates of routine immunisation paints a grim picture. The Sri Lankan

example is illustrative of the trend observed in all the surveyed countries: 99% of Sri Lankan children are immunised<sup>2</sup> while only 57% of respondents in Sri Lanka indicated their intention to get their children immunised.

Education gains are also at risk. Although not a life-saving practice per se, the fact that **43% of respondents indicated they would not send their children back to school** is a significant cause of concern. Men however seem less reluctant to send their children back to school than women (40% of men indicated they would do so compared to 32% of women). The numbers varied significantly by country with Afghanistan (68%), Pakistan (58%) and Bangladesh (58%) being the most at risk.

<sup>2</sup> <https://www.unicef.org/rosa/reports/sustaining-vaccination-coverage>

### 3. MISINFORMATION ON COVID-19 IS STILL HIGH DESPITE TRUST IN UN AND NGO MESSAGING

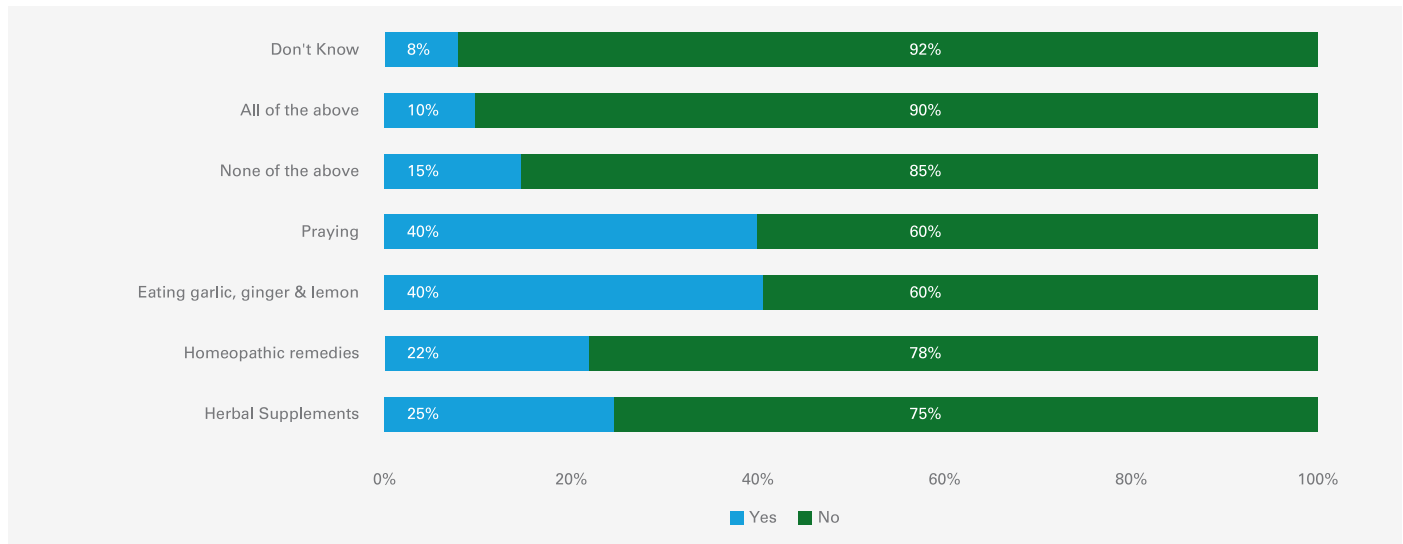


Figure 4: Responses to the question “Which of the following measures do you think are effective towards preventing COVID-19?”

Whilst 84% of respondents across the region believe they know what the right protective measures are, **when probed 86% of people actually selected incorrect measures** including praying or eating ginger, garlic and lemon. This is indicative of the fact that knowledge and understanding of COVID-19 remains poor, and behaviour remains guided by tradition and belief. Additionally, respondents in Muslim majority countries are particularly prone to believing that prayer is an effective measure (62% in Bangladesh, 54% in Afghanistan and 49% in Pakistan).

Interestingly, **53% of respondents considered that COVID-19 was somewhat or highly media hyped** which could erode risk perception around the disease and create fertile ground for suspicion. It is therefore important to have a measured approach to communications around COVID-19 to avoid fatigue that could lead to the issue being ignored.

Significantly however **UN and NGO messaging is regarded as trustworthy** by 76% of respondents, confirming their key role in challenging misinformation on COVID-19.

### 4. STIGMA AND DISCRIMINATION ARE BEING EXACERBATED

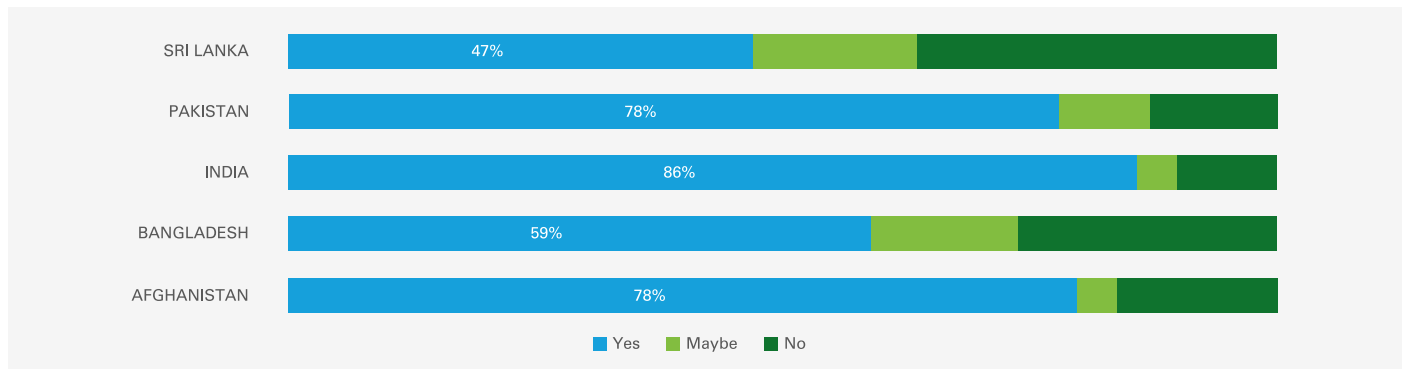


Figure 5: % of respondents who say that they will avoid people who come from countries where COVID-19 cases have occurred

Stigma and discrimination are well entrenched in the region, and inner-group biases has been exacerbated as a result of COVID-19. **Respondents across the five surveyed countries were most likely to avoid people from countries where COVID-19 cases have happened (70%)**. This is particularly true in India (86%), Afghanistan (80%) and Pakistan (78%) and more prevalent in urban areas (72% compared to 67% in rural areas).

**Discrimination based on profession is also prevalent**, with 50% of respondents agreeing that it was appropriate to avoid people on the basis of their profession, bearing witness to the trend in stigma directed towards frontline workers (the majority of which tend to be women) as reported in consultations with C4D focal points in the region and anecdotal evidence. This finding is also validated to a

certain extent by the number of respondents who declared that they would not get their child immunised for fear of going to the hospital (32%). The additional discriminatory burden on frontline workers associated to COVID-19 is likely accompanied by additional pressure for many women workers having to balance extra work with life at home and their “second shift”.

**Discrimination based on religion however appeared low**, with only 26% of respondents who stated they would avoid people based on their religion, with the significant exception of Afghanistan where this statement was true for 52% of respondents. Those findings seem linked to the increase in sectarian intolerance (51% of respondents in Afghanistan reported that sectarian intolerance has increased in their community compared to 33% at the regional level).

# CONCLUSION & RECOMMENDATIONS

The consequences and impact of COVID-19 are going far beyond the public health risk associated with a pandemic as demonstrated by concerns around lack of access to food, unemployment and restrictions on travels. As discussed, mental health issues and domestic violence are on the rise, compounded by unprecedented socio-economic stressors. Decades of progress on the uptake of safe and positive behaviours such as immunisation, breastfeeding and education are at risk.

And despite high trust in NGOs, misinformation on COVID-19 in the region is running high, contributing to exacerbating pre-existing stigma.

With this in mind, the following recommendations have been developed and have been included in the development of the social and behavioural change communications interventions in the South Asia region:

## MENTAL HEALTH AND DOMESTIC VIOLENCE

- Conduct further research on correlation between economic hardship, mental health and domestic violence in South Asia (especially in Afghanistan);
- Encourage solidarity and local initiatives which can play a key role in palliating the socio-economic impact of COVID-19 on the most vulnerable populations;
- Encourage positive parenting and access to existing support services.
- Support women's organisation that are providing support services.
- Provide guidance to those who suffer or will suffer from mental health issues as a result of COVID-19, as well as tools for families and communities to identify early signs of mental distress;
- Create demand for psycho-social services and self-care tools while reducing taboos around mental health issues;
- Increase public awareness of increased risk of domestic violence and how to safely access support services.
- Reinforce messaging on ending violence against girls, boys and women.

## CONTINUITY OF LIFE-SAVING PRACTICES

- Reassure the public as to the safety of continuing to access health services and communicate around safe ways of accessing those services; dispel fears associated with past experience or media narrative;
- Use social proofing<sup>3</sup> to encourage parents and communities to continue life-saving practices;
- Reinforce the message that all women that are able to, including those suspected of having coronavirus, should continue to breastfeed. If they cannot breastfeed it is important to support complimentary feeding.
- Encourage women to practice self-care and provide guidance on where they can access support (nurses, midwife).
- Conduct further research in women's experiences in accessing food and support while breastfeeding during COVID-19, and its impact on their wellbeing

## MISINFORMATION

- Continue to challenge misinformation around effective preventative measures;
- Maintain a sense of perceived self-efficacy around the ability to protect one-self while maintaining an accurate level of risk-perception;
- Continue to use the UN and NGO channels and brand to convey informational messages around COVID-19 as they benefit from a high level of trust;
- Find the right balance on communicating about risks associated with COVID-19 to avoid audience fatigue leading to lower risk perception (issue being media-hyped).

## STIGMA AND DISCRIMINATION

- Correct misperceptions as well as emphasise the role solidarity can play to mitigate the impact of the crisis will be key to avoid further marginalisation of vulnerable groups;
- Promote kindness and sympathy toward professions particularly exposed to COVID-19 to decrease stigma and increase trust.
- Speak up and encourage positive deviance to break self-reinforcing in-group dynamics;

<sup>3</sup> Social proofing describes the psychological and social phenomenon where individuals tend to copy the behaviours of others in given situations (for more details see: Goldstein, Cialdini and Griskevicius (2008))