

Stories to Action 

NOT YOUR USUAL SUBJECTS

EVIDENCE BRIEF

Lessons learned and key findings of the Not Your Usual Subjects Podcast project to guide policy and practice on youth's sexual and reproductive health and rights.

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The Not Usual Subjects Podcast is driven by Stories To Action and funded by our good friends at Share Net Netherlands as innovative research that centres the stories of young people to contribute to a COVID-19 informed SRHR future that is more equitable, sustainable and compassionate.

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GLOSSARY

AYSRRH

Adolescent and Youth Sexual and Reproductive Health and Rights

COVID-19

Novel coronavirus, SARS-CoV-2

CSE

Comprehensive Sexuality Education

LGBTQI

Lesbian, gay, bisexual, transgender, queer and intersex

NYUS

Not Your Usual Subjects, the podcast on which this brief's data and content are based upon.

PCC

Person centered-care

SOGIE

Sexual orientation, gender identity and expression

SRH

Sexual and Reproductive Health

SRHR

Sexual and Reproductive Health and Rights

Youth / young people

Used to describe those around the range of 15-30 years of age, but understanding that the constructions and experiences of 'youth' are also socio-culturally bonded



INTRODUCTION

Background problem

Globally, nations have attempted to find responses that directly manage COVID-19 while balancing the protection of psychosocial health and the human rights of their citizens. However, growing research, policy and practice shows that the ongoing pandemic has had a detrimental impact on young people's sexual and reproductive health and rights (SRHR) worldwide: both by exacerbating existing SRHR challenges and unearthing new barriers to care [1,2]. Simultaneously, there continues to be a tangible lack of young people's voices and perspectives in public and expert-level discussions aiming to identify structural, systemic, and sustainable solutions to these challenges. [3]

Situating our project and this evidence brief

As youth advocates and researchers (as well as youth ourselves!), we have seen that evidence regarding youth SRHR is often based on academic or civil society research studies that are published in exclusionary formats where youth appear as mere data points or as isolated quotations.

To counter this, we experimented with podcasting as a method to center and activate the voices of marginalized youth left out of mainstream media, research and policy. Our emphasis was on reaching the most silenced voices - thus focusing on local lived realities and the perspectives of youth spread across diverse geopolitical areas.



We produced Not Your Usual Subjects (NYUS) to be a podcast series focusing on COVID-19's impact on long standing SRHR issues affecting youth. The series placed youth's stories at its core: both in content and in its youth-designed and youth-led production. In total, six podcast episodes were published that focused on pressing yet under-reported thematic SRHR issues: sexual pleasure; sexual orientation, gender identity and expression (SOGIE) rights and violence; sex work; self-managed abortion; SRHR and disability; and SRHR in humanitarian settings.

We used podcasting as a participatory method of data generation and collection through co-created storytelling. The aim of our project was to co-produce knowledge with youth that is meaningful, relevant and actionable.

Our objectives were to surface, center and disseminate youth stories in ways that allowed for

- Self-determination
- contextual understanding
- empathetic connection, and
- influence on relevant actors in the adolescent and youth sexual and reproductive health rights (AYSRHR) field.

The qualitative outcomes of the podcast series were coded through a grounded theory methodology and transformed into this brief which calls to action policymakers, researchers and practitioners within the AYSRHR ecosystem to consider and take appropriate actions towards co-creating a just and equitable SRHR future with youth during and following the ongoing pandemic. We hope to have highlighted the shared needs, desires, framings, and recommendations for future-building across the youth we were in deep conversation with.

This brief [...] calls to action policymakers, researchers and practitioners within the AYSRHR ecosystem to consider and take appropriate actions towards co-creating a just and equitable SRHR future with youth during and following the ongoing pandemic.

OVERARCHING CONSIDERATIONS ACROSS THEMATIC EPISODES

Building a Sexual & Reproductive Health Justice Ecosystem

Findings:

Our guests asserted that we must first recognize that while many SRHR constraints are currently exacerbated, they are not new but instead come from deep inequities in youth healthcare and rights. Research agrees that “solely fixating on the impacts of COVID-19 may neglect the structural, systemic inequality affecting SRH access” and that “understanding the multiple dimensions of power, historical structural inequalities, and the role of the underlying social context and complexity of lived experiences are critical in informing policy and action, and equalising access to SRH”. [4]

Aligned with this, our guests overwhelmingly described their desires, their work, and the movements they embed themselves within as pursuing a future in which AYSRHR is grounded in sexual and reproductive justice. An approach of reproductive justice is grounded in the expansion of what SRH access is, moving beyond conventional public health indicators of success and beyond the rights-based focus on individual choice alone.

Through the rich storytelling of their lived experiences, youth across our thematic episodes highlighted the diversity of ways that their choices within SRH have been constrained through compounding and multi-level oppressions.

Youth describe sexual and reproductive justice as untangling the interconnected web of policies that constrain sexual and reproductive freedom by looking broadly at systemic barriers and acknowledging that SRH is a necessary element of youth’s human rights, health, and well-being.

Youth emphasised that the intersectionality inherent in reproductive justice is a non-negotiable core element of building just SRH futures.

This intersectionality recognizes and engages with the multiple aspects of identity that enrich our lives and experiences and that compound and complicate our oppressions and marginalizations. Our guests contend that all engagements with AYSRHR need to honor and address the specifics of youth's experiences of reproductive and sexual oppressions.

Applying this will include 1.) refusing to see youth as a homogenous group and 2.) collectively basing AYSRHR research, practice and policy on the deconstruction of intertwined systems of power such as white supremacy, imperialism, colonialism, ableism, patriarchy, neo-liberal capitalism, etc. According to our youth guests, reproductive justice in both its conceptualization and needed application is fundamentally anti-essentialist. It is also viewed by them as a process that is in flux within a collaborative ecosystem of care that is open to iterative and emergent adaptation to fit youth realities. It is important to note that sexual and reproductive justice is not seen as replacement for the service provision of SRH or the legal advocacy of SRHR but it is intended as a guiding process for strengthening strategies to build a human rights based movement to improve AYSRHR.



SEXUAL AND REPRODUCTIVE JUSTICE

Expands our understanding and approach to SRHR access by centering access in health equity and intersectionality, both grounded in youth's lived experiences.

○ Health equity wherein youth are able to receive care when they need it and such care is not lowered in quality based on any personal identities or characteristics such as race, gender, ethnicity, socio-economic status, geographic location, sexual orientation, disability, occupation, citizenship status, religion, etc.

○ Intersectionality wherein youth's access to SRHR is informed by and responsive to

- Youth's intersecting categories of identities
- A multi-level analysis of inequity
- Analyses of processes and systems of power



SEXUAL AND REPRODUCTIVE JUSTICE

RECOMMENDATIONS

1

Base research, programming, service provision, and policy-making success on indicators that pursue and achieve sexual and reproductive justice.

2

Include a diversity of youth in the full process of embedding reproductive justice, from theorising through implementation and evaluation. Youth should always be included in the analysis of AYSRHR intervention 'success', ensuring that such interventions are meaningful, acceptable, and truly experienced as improving SRH access and well-being.

3

Increase opportunities for meaningful intergenerational collaboration between adults and youth working to improve AYSRHR.

4

Commit to mixed methods research that includes expanded identity categories for disaggregated quantitative data collection contextualized with rich and participatory narrative qualitative data.

5

Invest in supporting diverse youth in stepping into decision-making spaces and roles to increase meaningful and accountable representation in policy.

"There's still a lot of people around us telling us indirectly that we aren't worthy of entering certain spaces."

"Or do they exclude us from their mindset? We don't even come to their mind when they say the word people."

"There were all of a sudden these constraints built on the constraints that already existed."

"The COVID-19 pandemic has exposed the already existing state of inequality that exists. We've seen this in how others have been left more vulnerable than others. Cases of violence towards sexual and gender minorities have really gone up during this pandemic period, given that in most countries globally, LGBTQI folk are either criminalized or shunned by society and discriminated upon. Many have been afraid to report or seek medical treatment because of stigma."

"When you think why this community organizing was needed, it was needed because it was a neglect, and that women and people who can get pregnant were completely neglected by the state. They were denied the right to choose over their bodies. Then they took these resources and convert them into something that can amplify this access."

"We would not be in a position where disabled lives are being compromised for the comfort of abled people if there were people like me with lived experience directly in decision-making positions and informing those that had the power to make decisions because, unfortunately, we don't typically have that power."

"If there were people like us embedded into those systems and the systems were forced to be accountable to us, we wouldn't be in this position."

Need for Affirmative Person-Centered Care within SRH

Findings:

COVID-19 has fundamentally changed both the delivery as well as the experience of sexual and reproductive healthcare for youth. Namely, the pandemic has affected youth's trust in their healthcare systems and providers while also increasing their desire for experiences of safety and empathy within their care. While guests describe wanting to transform the systemic ecosystem of SRHR through reproductive justice, across our thematic episodes youth also emphasized a desire for their personal care to be responsive to their lived realities and affirmative of their complex and intersecting identities.

These identities include, but are not limited to: race, ethnicity, sexual orientation, gender identity, gender expression, sex, age, disability, nationality, degree of urbanization, and indigenous identity. Prior to and through the pandemic youth have felt themselves erased or shamed in their encounters with their healthcare system through both passive and active non-affirmation of their identities.

This has shown up through assuming gender pronouns or misusing pronouns, deadnaming, neglecting youth as sexually desiring persons, shaming youth for their sexual orientation and sexual behaviors, assuming that youth are too young to make informed and empowered decisions, the loss of access to identity-specific friendly clinics and centers, and denying youth timely access to educational and material sexual and reproductive healthcare. Based on their own experiences of inadequate and harmful care, youth are invested in transforming the way SRH care is provided to themselves and their respective communities in ways that increase their well-being within and throughout the biological, psychological, and social levels of their lives.

While guests describe wanting to transform the systemic ecosystem of SRHR through reproductive justice, across our thematic episodes youth also emphasized a desire for their personal care to be responsive to their lived realities and affirmative of their complex and intersecting identities.

Need for Affirmative Person-Centered Care within SRH [continued]

A person-centered care (PCC) approach understands youth as individuals who are composed of a unique system of dynamic interwoven identity components. [5] PCC acknowledges and engages with people holistically, viewing each of them as integrated totalities in their own right along their life-course, and in this way it enacts our understanding of intersectionality into the individual level of biopsychosocial care. As a complement to PCC, affirmative care is a health care delivery approach in which healthcare actors explicitly “recognize, validate, and support the identity stated or expressed by the individuals served” by “contextualizing identity and developing safe, supportive, and identity affirming networks”. [6] Principles of affirmative care are based on creating a safe healthcare environment for full expression of identity and highlight the importance within care of integrating identity with the rest of youths’ lived experiences.

It is important to note that equitable access to care is necessitated for care to truly be affirmative through application and as such,

an affirmative person-centered care approach is inherently challenging of continuing power structures and oppressions within our healthcare systems and societies that limit SRHR access by any account. Youth around the world are challenging those in the AYSRHR community to embrace them as full and complex individuals who are situated within specific socio-political and geopolitical spaces. Ultimately, youth are asking for care that truly focuses on care and for health provision to center on creating space for empathy and a holistic approach to their sexual and reproductive well-being.



AFFIRMATIVE PERSON-CENTERED CARE PRINCIPLES

Commit to personal learning and reflection on interpersonal power dynamics, socio-political power structures, and culturally responsive empathy as a foundation for creating youth affirmative person-centered care environments. Iteratively integrate these reflections and feedback from the youth that you serve and work with back into your practices.

Strive to create safe and supportive environments for youth to express themselves by:

Recognize, validate and respond accordingly to the identities stated or expressed by youth.



Affirm that all youth are the experts of their own identity.

Engage in open dialogue and empathize with the multi-faceted experiences of youth.



Affirm that all youth are the experts of their own lived experiences.

Validate oppressions felt by individuals served and work to counter the oppressive contexts individuals experience care.



Affirm that all youth are deserving of the highest achievement of dignity and care.



AFFIRMATIVE PERSON-CENTERED CARE PRINCIPLES

RECOMMENDATIONS

1

Providers and policy-makers commit to centering Affirmative PCC in the re-designing of patient experience during and post COVID-19 in order to remain responsive to youth needs.

2

Researchers, practitioners, and policy-makers working with AYSRHR develop themselves within Affirmative PCC methods to improve the quality of care youth experience (see previous page).

3

Guidelines and tools regarding Affirmative PCC research, health provision and education within AYSRHR should be co-created with youth themselves.

4

Ensure access to mental health support and counseling for all youth as an integrated part of their SRH and overall well-being.

“Lived experiences are everything. They are the crux of all major points, all major structures, and just similar communication.”



“Abortion doulas and abortion companions are embedded in reproductive justice by creating a whole new and whole different care model. One that it's community based, one that puts the person in the center and one that accounts for the injustices that we live and want to transform it into something more meaningful that can reaffirm our place in the community.”

“I didn't have to explain myself because the environment I was in was inherently infirming and safe because it was defined by people like me was so fundamental and also something that not a lot of people have access to.”

“Recognizing, and actually seeing us for the group and the people that we are, especially when we're intersectionally identified is so necessary to actually achieving this change, and it's just not something the world is willing to do just yet, which is not good enough.”

“So doing the things that were necessary for my livelihood, my existence, and my functioning, getting my medication, having regular checkups, or what have you, were kind of existing in an inaccessible realm that meant I had to deny my identity, or it would be denied for me anyway, in often kind of quite violent ways.”

“I dream of the world where I don't become a statistic, where I don't die, like become a number of who died of suicide, who died in the hands of violence. My fantasy every night is to live in a world where I don't become a statistic. And I live free without fear, without discrimination, where I don't feel judged, where I'm accepted and where I'm celebrated for who I am.”

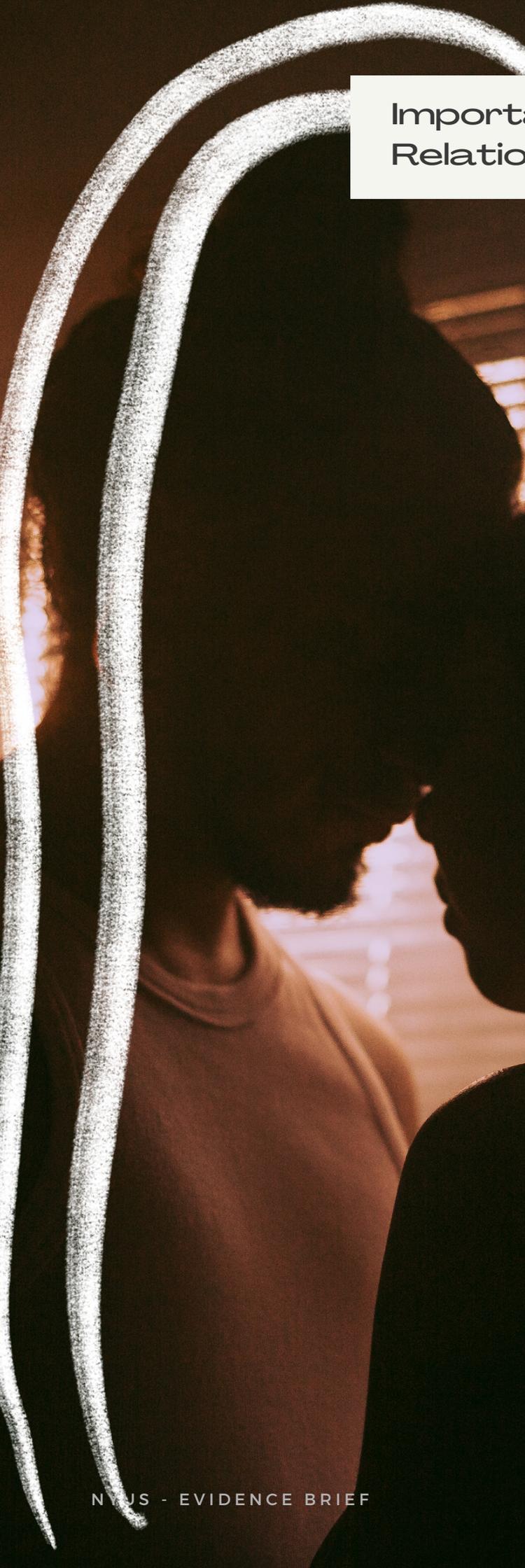
Importance of Intimate Relationships and Cultivating Joy

Findings and support

Youth's engagement with sex and relationships changed throughout the pandemic in ways that motivated them to find new ways of navigating their needs and desires. The consequences of COVID-19 on sexuality has uniquely impacted youth. Our podcast has supported the understanding that sexuality is a vital aspect of human development and this time period is important for youth to build healthy sexual, intimate, and romantic relationships with one's self and with others. Ongoing research has found that "adolescents and young adults are the age groups who might be less vulnerable to the virus, but seem to suffer greatly from psychosocial consequences" [7]. Still, throughout the increases in SRH constraints and psychosocial isolation, youth were committed to building lives, communities, and systems of well-being that are centered in joy and intimacy. Youth are calling for their sexual and reproductive health to be taken seriously as a indivisible element of their holistic well-being throughout the pandemic and beyond. Exploring the psychosocial needs and desires of youth's sexual and reproductive lives highlights its importance on healthy and intimate interpersonal and community-level relationships.

Our guests explained that the communities they found, built, and engaged with throughout the pandemic were significant contributors to their overall well-being. These communities were often either hybrid or fully virtual and were central to cascading experiences of liberation, joy, safety, intimacy and friendship which built resilience for youth throughout this pandemic. Youth's focus on close friendships and inclusive communities challenges conventional approaches to AYSRHR by expanding our understandings and responses to fulfilling youth's needs for intimate and romantic relationships that go beyond traditionally understood sexual behavior.

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Importance of Intimate Relationships and Cultivating Joy

Simultaneously, youth are expanding our understanding of pleasure. As a consequence of the multiple manifestations of social stigma and shame around desire and sexual pleasure, youth assert their right to pleasure as active resistance against systemic sexual and reproductive oppression. Pleasure is utilized as both a vehicle towards reproductive justice as well as a valid outcome worthy of celebration all on its own. The isolation of the pandemic has given youth new spaces to explore what pleasure means and feels like within their individual lives and bodies. Youth have been navigating sexual self-pleasure, partnered pleasure, pleasure in holistic care, pleasure in friendships, and pleasure in community building while acknowledging that pleasure is a compounding force within each of these integrated areas of their lives. Ultimately, youth outlined that self-care within SRHR is bounded to community-based care and grounded in practices of bodily autonomy and self-determination.

Pleasure is utilized as both a vehicle towards reproductive justice as well as a valid outcome worthy of celebration all on its own.

RECOMMENDATIONS

1

Adopt pleasure-based approaches to SRHR research, policy, and programming and healthcare rooted in principles of fulfilling bodily autonomy and self-determination of youth.

2

Integrate pleasure within comprehensive sexual education programming that tackles taboos surrounding pleasure and encourages the exploration of healthy and satisfying sexual/intimate lives.

3

Continuously integrate and incorporate pleasure in the wider SRHR and AYSRHR discourse.

4

Acknowledge the importance of intimate friendships and community-building as resilience factors for youth's sexual and reproductive development and well-being. Embed policies and programming to strengthen opportunities for healthy relationship building among these relationships alongside self-care and partnered-care.

5

Support and fund youth in building and maintaining virtual, hybrid and in-person communities that are affirming of their needs to experience pleasure and joy and to improve their SRHR.

"We have the right to pleasure and the right to true inclusion, and it applies in all, absolutely all senses of everyday life."

"Some of the ways in which we can care for ourselves include extending that care within the collective so that we are also centering collective care within our solidarity work that we are centering collective and self care within our ways of living and working."

- Kwem

"Perhaps we have a need to expand that it's not just a reproductive system, it's also a pleasurable part of our bodies and maybe we need to even add that in our language."

"Bodies are bodies and the work that you do when it comes to that I think that it is very important and necessary because our bodies are the spaces in which we access pleasure, and therefore, it is important and necessary that we love our bodies and we take ourselves on that journey of loving our bodies."

"We also need to talk about how there's also a desire for platonic intimacy. There's a desire to just have friends who understand you."

"I remember spending most of my life waiting for a friend who would understand my disability, more than even waiting for a significant other or partner. I waited for a friend who would be capable of understanding that my disability had ups and downs."

"Here is a new narrative, a new pleasure wave, telling me that pleasure pursuits are mine to explore and that's such a wonderful message."

"Disability joy is being in full acceptance of yourself, of your body, and of your disabled body, and to also be in friendship and to be in full understanding that there will be ebbs and flows, and being in acceptance and in love with all of that and all the emotions that come with that."

"I want us to stop treating it as a taboo, as something that does not exist and that only exists in intimacy because no, sexuality does not only imply sexual intercourse, it involves many things."

"From the moment you relate to someone, in the way that you begin to explore the world, you are already exercising your sexuality."



HIGHLIGHTING SPECIFIC THEMATIC CONSIDERATIONS

Sexual Pleasure

- * Changes to dating: desires in dating (especially in beginning), changed activities, risk considerations,
- * Many youth for the first time through the pandemic have reflected on how to bring pleasure into themselves and their lives and navigated with deconstructing the shame around pleasure for themselves.
- * Discourses surrounding pleasure have shifted from Comprehensive Sexuality Education (CSE) / in-person programming to more grassroots online efforts led and bolstered by youth - bringing new challenges but also new opportunities for programming pleasure-focused and youth-centered CSE.
- * Continuation of shame in accessing sexual health information or materials combined with the shame by some of youth engaging in sexual practices during a pandemic.

Many youth for the first time through the pandemic have reflected on how to bring pleasure into themselves and their lives and navigated with deconstructing the shame around pleasure for themselves.

Sexual Pleasure

- * Increases in exploring gender identity and gender presentation during the pandemic
- * As many youth moved back in with their families, there was a loss of privacy and feelings of independence when it came to exploring or enacting their sexuality and intimate practices.
- * Lock-downs, pro-longed long-distances and the increased stressors of job loss and mental health strain through the pandemic led to the loss of some stable relationships during the pandemic and initially increased feelings of loneliness, depression and hopelessness.
- * Experienced that sex and pleasure are being more widely discussed, from policy-levels down through the interpersonal and intra-personal relationships too.

"It has just pushed conversations into this new area where they may have been going anywhere but the COVID-19 pandemic definitely pushed this idea of online sex and people in and governments having to talk about it more, and people having to navigate new relationships where they weren't necessarily able to meet in person."



SRHR & Disability

Nurturing 'disability joy' was a key for many youth in the navigation of the pandemic.

- * Higher susceptibilities to contracting COVID-19 from chronic illnesses have further secluded and isolated disabled youth indoors.
- * Those experiencing disability are known to be at a higher risk of both gender and intimate partner violence—both of which are understood as a worrying shadow pandemic through COVID 19.
- * Changes to digital spaces in schooling, dating, work and healthcare has brought both exclusion and inclusion. On one side virtual spaces are rarely accessible to many disabled youth with lags in connectivity combined with difficulties in lip reading, lack of closed captioning, lack of audio description.
- * Feelings of being neglected, left-behind or de-valued by others due to policies and behaviors that continued to exclude disabled youth from daily life or putting their health at higher risk.
- * Moments of non-affirming care through digital spaces, such as tele-health, were felt as exacerbated as through the pandemic these were some of the only times disabled youth were interacting with other people.
- * Nurturing 'disability joy' was a key for many youth in the navigation of the pandemic.
- * Programmes that committed resources to reaching and creating spaces for youth with disabilities (both digital, hybrid, and in-person) were seen to have a significantly positive impact in their wellbeing.

"The particular exacerbated conditions and struggles of people like me, of multiply-marginalized, disabled people not to be understated, and then everyone else's rush to move forward and escape that and escape the things that have been keeping us safe like restrictions and staying home."



Self-managed abortion

More youth are experiencing, accepting and preferring health care that is centered on self-care and self-management, including being supported in learning how to manage their own abortions.

- * Necessitated switch to telemedicine to maintain a semblance of regularity for health systems opened up opportunities for telehealth models to be tested and highlighted its overwhelming efficacy and acceptance by youth.
- * More youth are experiencing, accepting and preferring health care that is centered on self-care and self-management, including being supported in learning how to manage their own abortions. Those working to support youth in providing emotional, financial and informational assistance felt an increase of interest in the telehealth model of self-managed abortion and abortion accompaniment models.

- * Increase globally in political and media coverage related to self-managed abortion has moved self-managed abortion even more forward in public discourse and SRHR advocacy.
- * Loss of livelihoods and incomes added to layered constraints to accessing abortions during the pandemic.

“Normally you see people talking about, oh, is that abortion is a public health issue. Abortion is a social justice issue. Abortion is legal issue, is a medical issue. But then in all of these wording, in all of these discussion, we tend to forget that it's a human rights issue, and the person, the human is the one that should be at the center of it, at the center of care.”

SOGIE rights

- * Immense cuts to funding access for LGBTI+ friendly clinics, centers and SRHR programming
- * Stay at home orders are unsafe for a number of LGBTI folks and along with noted increases of violence generally against LGBTI+ folks there is a noted increase in intimate partner or familial violence as well.
- * Many countries have seen increases in fundamentalist anti-LGBTI+ ideologies. Entrenched discrimination of those in the LGBTQI+ community have manifested sometimes in them being blamed for the pandemic itself along with other simultaneous natural disasters. Multi-faceted discrimination have made many afraid to report violence or seek medical treatment due to internalized and enacted stigmas.
- * Burdened by the loss of livelihood through loss of jobs in many sectors impacted by the pandemic where LGBTI+ youth had begun finding independence, such as the tourism sector or other informal sectors.



SOGIE rights

* Cascading impacts of pandemic on health from losing access to needed healthcare. For example, access to needed ARVs became challenged at the same time that many were losing their incomes and unable to afford medicines to begin with as well as the nutritional food that is needed to ensure the efficacy of their medications.

* A mental health crisis related to loss of livelihoods, isolation and hopelessness among some youth were observed as associated with an increase of alcohol and substance abuse, depression, anxiety, and suicide.

* Leveraged digital community building through online databases, social media outreach, WhatsApp, Telegram, TikTok groups and other platforms to provide needed emotional support and informational SRHR resources to LGBTI+ youth.

A mental health crisis related to loss of livelihoods, isolation and hopelessness among some youth were observed as associated with an increase of alcohol and substance abuse, depression, anxiety, and suicide.

"I'm telling you the Twitter pages, the Instagram pages, the Facebook pages are watched with beautiful comments. And some people are saying, "I never saw this day coming." So, that visibility alone in Zimbabwe it's a celebration"

Sex work

- * Sex workers are having to risk their health and lives for livelihood.

"Sex workers are still struggling right now and we do not want to put ourselves or others at risk of Covid, but it is difficult to do so when we aren't given proper support and when the government and law enforcement punishes instead of helps us."

"I had a friend who said that, "I'd rather contract COVID than go hungry." Because she mentioned that it's been pretty tough on sex workers. They've been risking their lives to provide food on the table for their families."

- * Supply interruptions and loss of access to clinics has led to increased risks in contracting STIs due to lack of contraception, condoms, lubricant and SRH services.
- * Due to continued harm and/or neglect from governmental and public service bodies, sex worker-led or -centered organizations and collectives have stepped up to provide comprehensive needed services to members of their communities.
- * Sex workers are continually left out of governmental income support schemes desperately needed by workers from all sorts of occupations throughout the pandemic. Although most sex workers are experiencing increased levels of economic insecurity, criminalization and increased violence, migrant and undocumented sex workers are particularly unprotected and at risk. Punitive and complex laws have also made it difficult for sex workers to support themselves as countries moved to a cashless systems withing countries where banks and tax authorities were hostile to sex workers, specifically migrant sex workers status.



“The clients got really afraid, I think more afraid on the second wave, and that was a very bad time for sex workers here. You can see literally that escorts didn't have any clients at all. So yet at that second wave, we also missed the helping package from the government.”

“Unfortunately, I heard from many colleagues that either they or other SWers they know have experienced increased violence from clients. The clients knew that SW was not allowed and that SWers were not likely to go to the police because the police would likely punish instead of help them.”

Although most sex workers are experiencing increased levels of economic insecurity, criminalization and increased violence, migrant and undocumented sex workers are particularly unprotected and at risk.

“Even if they were here legally within the 90 days, they can be here, and even if they have anything for work here, they was deported because the Health Department here saw them a threat”

Sex work

- * The need and advocacy for decriminalizing sex work in all locations has only become more urgent through this pandemic.

“We are just regular people trying to survive this awful time like everyone else.”

“Support sex workers. Sign the petitions. Follow somebody on Only Fans that you really like that doesn't necessarily have a lot of followers. Make sure you pay for porn. Find a nice website that produces content that you love and share it. Make sure that you find sex workers on Instagram that you can follow and like, and just be there for the community.”

- * Like most other forms of work, sex workers have adapted their approaches and integrated digital innovation through the pandemic such as Only Fans which has also allowed sex workers to interact with clients from all over the globe. Nonetheless, sex workers have also been struggling against bans, censorship and payment procedures from online platforms such as Only Fans and Instagram.

“During the pandemic and because of the social distancing, many escorts had to reinvent themselves by being more creative in how they got in contact with their clients and how they sold their services.”



“WhatsApp was a very good platform to communicate with persons in the north part of Norway in the south or...they could suddenly contact me from Germany, from Belgium, from South Africa, from Colombia, and and start talking to us and tell us their stories and how frustrating it all was and how scared people were.”

SRHR in Humanitarian Contexts



- * Pandemic has brought a doubling of burden of crisis for youth in fragile contexts who were already intensely struggling with accessing SRH information and services prior to the introduction of COVID-19.
- * The access of SRHR information is particularly important and there continues an urgent need to provide knowledge that informs embodied understandings and embodied decision making. This is a prerequisite to health seeking behaviours towards services that may or may not exist yet in fragile humanitarian environments. Such knowledge is necessary for youth to have access to, but it is also necessary for the social ecosystem youth find themselves in (family, friend groups, community, schools, etc.) to be included as well in an attempt to overcome socio-cultural barriers.
- * Youth have been leveraging digital technology even more so through the pandemic and are leaning into peer resource-sharing and peer support in navigating their SRHR during these times.
- * Mobile apps in regards to one's SRH, such as menstruation apps, have been positively utilized by youth and are a branch of SRH education as well as encouraging SRH self-care.
- * Like youth from all over the world, the increased availability of telemedicine has helped in the navigation of their SRH throughout the pandemic. Through phone calls, video calls, and even WhatsApp messaging, youth are utilizing various digital models to connect with health care providers to address their SRH needs and queries. Even for those living in extremely rural and hard to reach areas, interventions and outreach through SMS have seen to have an impact—though more innovations to overcome the digital divide of SRHR technology are needed.

The access of SRHR information is particularly important and there continues an urgent need to provide knowledge that informs embodied understandings and embodied decision making.

* SRHR efforts need to continue integrating care and support regarding traumatization, safety, and grief that many youth are experiencing in their crisis environments.

* Economic empowerment and stable meals are a crucial key within improving SRHR in humanitarian contexts, helping to protect youth against predators of sexual exploitation wherein food and essential health supply rations are currencyed.

Governments are additionally called upon to:

1 Ensure comprehensive sexuality education is accessible to all youth.

2 Increase public funding to ensure that all adolescents and youth, especially girls, have access to comprehensive and age responsive social and reproductive health education and services, especially in humanitarian situations.

3 Uphold commitments or make commitments to international conventions such as the Maputo Protocol.

4 Understand and promote that sexuality is a critical necessity to youth's comprehensive well-being.

"There has been in lack of safe spaces, youth friendly spaces for young people to access sexual and reproductive health."

"Young people are adapting and navigating barriers to sexual and reproductive health by looking at and seeking and finding opportunities within tech, within using internet."

"Even when we are having conversations about sexual and reproductive health, it really is rooted in the fact that there is love, there is pleasure, there is intimacy. And in moments of crisis, in my belief, I believe that these are some of the things that powers and fuels our resistance."



“They are humans. Nothing has been subtracted from them. They still have their bodies. They still have feelings. They are still emotional. They still have the intimate part of them. And so, therefore, saying that, in a fragile humanitarian context, sex, intimacy should not be spoken...is a wrong notion.”

**NOT YOUR
USUAL
SUBJECTS**

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