



DIGITAL  
**SEXUAL  
HEALTH**  
INITIATIVE

# Sex in the time of COVID-19:

Preliminary results from a survey conducted on  
July 21 to August 4, 2020

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## Why did we do this survey?

We conducted this study to better understand how the COVID-19 pandemic has affected people's sex lives and access to sexual health services in BC. We also wanted to know whether alternate ways of delivering sexual health services during the COVID-19 pandemic would be acceptable.

In March and April, 2020, the initial months of the pandemic, we saw a decrease in the number of tests for sexually transmitted and blood borne infections (STBBI) in British Columbia (BC), including through BC's internet-based STBBI service GetCheckedOnline. We thought that there may have been multiple factors behind this, including less perceived need for testing, as people may have been having less sex with others because of COVID-19. Having less sex with others was a focus of public health guidelines at the time, which emphasized masturbation, virtual sex, then sex with a partner you live with, and to avoid sex with anyone outside your household as strategies to reduce the risk of COVID-19. We also knew that many sexual health services in BC either closed or reduced their services offered as a result of the COVID-19 pandemic, including those of the BC Centre for Disease Control (BCCDC), and that expanding access to sexual health services safely was a top priority for many decision-makers. Other possibilities for decreased numbers of STBBI tests included people not seeking care due to fear of being exposed to someone with COVID-19, or people being worried about being judged for having sex during the pandemic.

By doing this survey, we hoped to collect information that would help to inform future decisions about changes to sexual health services in BC.

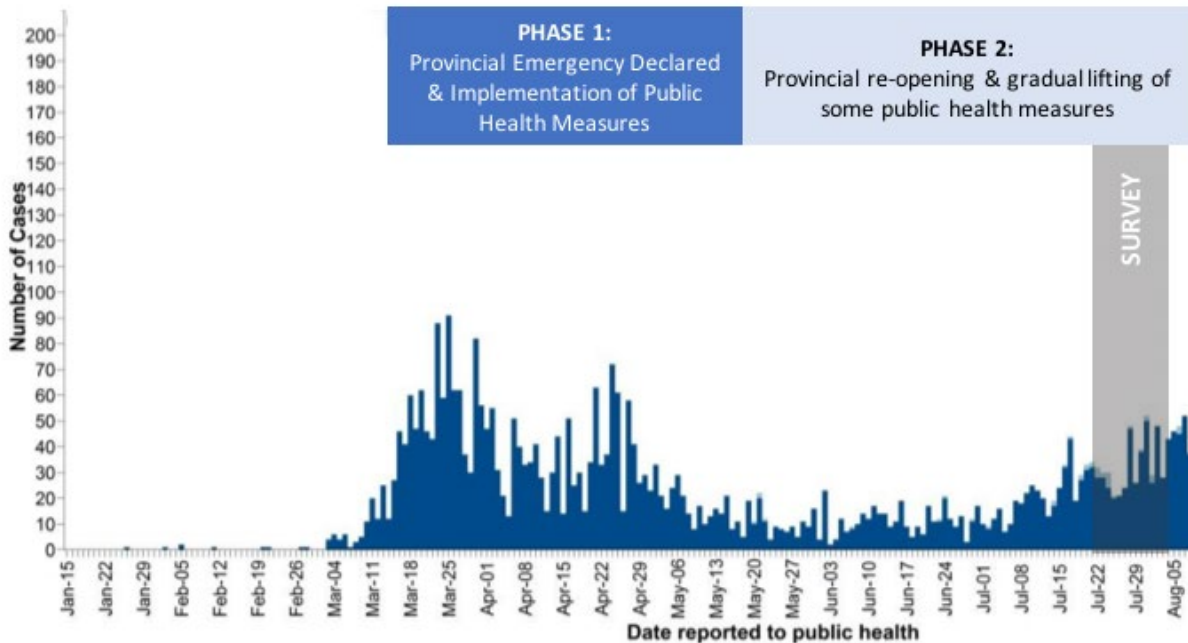
## How did we do the survey?

Between July 21 and August 4, 2020, we conducted an online survey of BC sexual health service clients, which included asking questions related to phase 1 (which we defined as March to mid-May, 2020) and phase 2 (mid-May to time of survey) of the COVID-19 pandemic. We sent email invitations to clients of the BCCDC West 12th sexual health clinic in Vancouver (which had reduced its services on March 18) and GetCheckedOnline, available in 8 communities across BC (Figure 1, Appendix). GetCheckedOnline remained accessible throughout the pandemic, although the partnering LifeLabs locations may have had reduced hours. These clients had previously consented to be contacted for research and had used either service in the year prior to the COVID-19 pandemic. No honorarium was provided; however, participants could enter a draw for a \$200 Amazon gift card. The survey occurred after the first wave of COVID-19 cases and progressive relaxing of public health measures, and at a time when cases were beginning to increase again in BC (Figure below).



Because this survey focuses on existing clients of sexual health services, the survey findings do not apply to the general population in BC. These findings may be relevant for populations that may have more active sex lives and have been able to access sexual health care in the past.

**Reported COVID-19 cases in BC, phases of the provincial response, and survey dates:**



Adapted from: British Columbia Weekly COVID-19 surveillance report Sept 25, Oct 1, 2020, BC Centre for Disease Control.

## Who answered the survey?

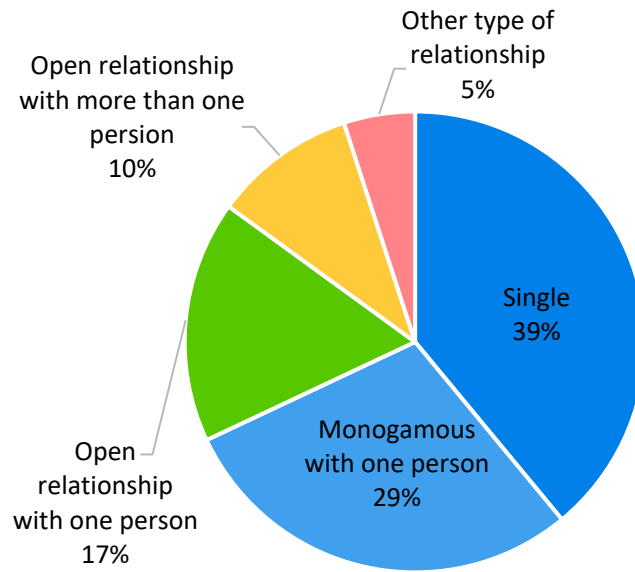
We sent out 4212 email invitations, leading to 1518 (36%) people starting the survey and 1198 (28%) people completing it. More participants were recruited through GetCheckedOnline (71% of the final sample) than the West 12<sup>th</sup> Clinic (29%). Some of the key characteristics of people answering the survey were:

- 72% resided in the Greater Vancouver Regional District, 28% in the rest of BC.
- Median age was 32 years, ranging from 17-76 years.
- 48% identified as a man, 47% as a woman, and 5% as non-binary, genderfluid or other gender.
- 3% of the participants had lived experience as trans or a history of gender transition.
- 52% identified as straight (heterosexual), and 47% as a member of a sexual minority.

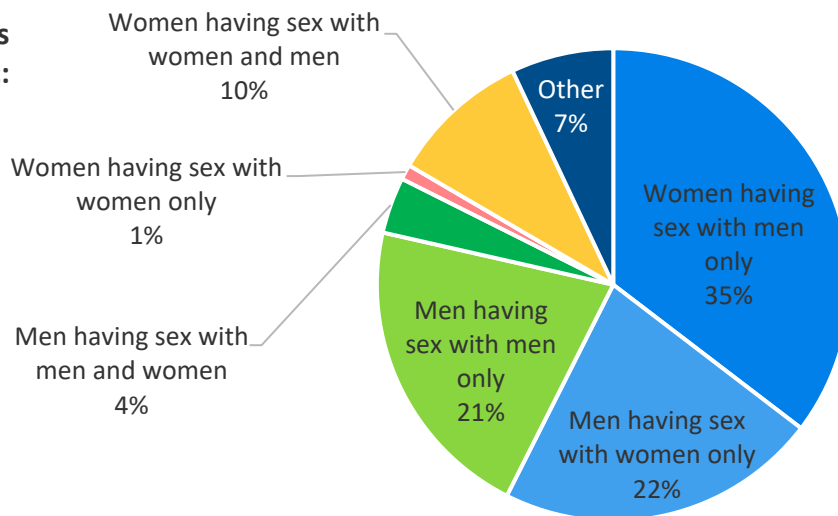


- 4% identified as Indigenous (of whom 14% identified as Two-Spirit), 24% as a racialized minority, and 72% as White.
- 89% had post-secondary education.
- 64% were employed full-time prior to the COVID-19 pandemic.
- 81% had an income greater than \$20,000 in 2019.

**Relationship type prior to the pandemic:**



**Classification by gender of sex partners prior to the pandemic:**





## What did we find?

### Part 1: Changes in sexual behaviours and sexual health related to COVID-19

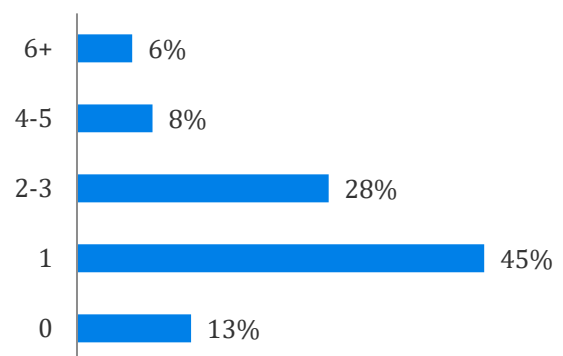
#### Key findings from this section:

- 58% of participants had no partners or one partner since the start of the pandemic.
- 80% of partners were regular sex partners, and 31% of partners lived in the same household.
- 40% reported no change in their number of sex partners during the pandemic and 31% reported a decrease. Of the 25% reporting an increased number of partners, most (20%) reported the increase in partner number later in the pandemic.
- Overall, 26% of participants agreed that they were, or would soon be, having sex with more people than earlier in the pandemic.
- In the first phase of the BC pandemic, 65% of participants reported worry about getting COVID-19 during sexual encounters. By the time of the survey, 26% reported feeling less worried.
- 64% of participants had looked for or received information about the risk of being exposed to COVID-19 infection during sexual encounters.
- Over a third (35%) of participants indicated they would feel judged by others for having sex during the pandemic.

We asked participants about the number and types of partners that people had had since the beginning of the pandemic. Reducing the number of sexual partners was a main focus of public health messaging in the pandemic, in order to limit the spread of COVID-19 (e.g., having sex only with people that you lived with).

- The greatest proportion of participants (45%) had had only one partner since the start of the pandemic (i.e., since March 2020), followed by 28% having two to three partners, 14% having four or more partners, and 13% having had no partners since the start of the pandemic.

#### Number of sex partner since the start of the pandemic:



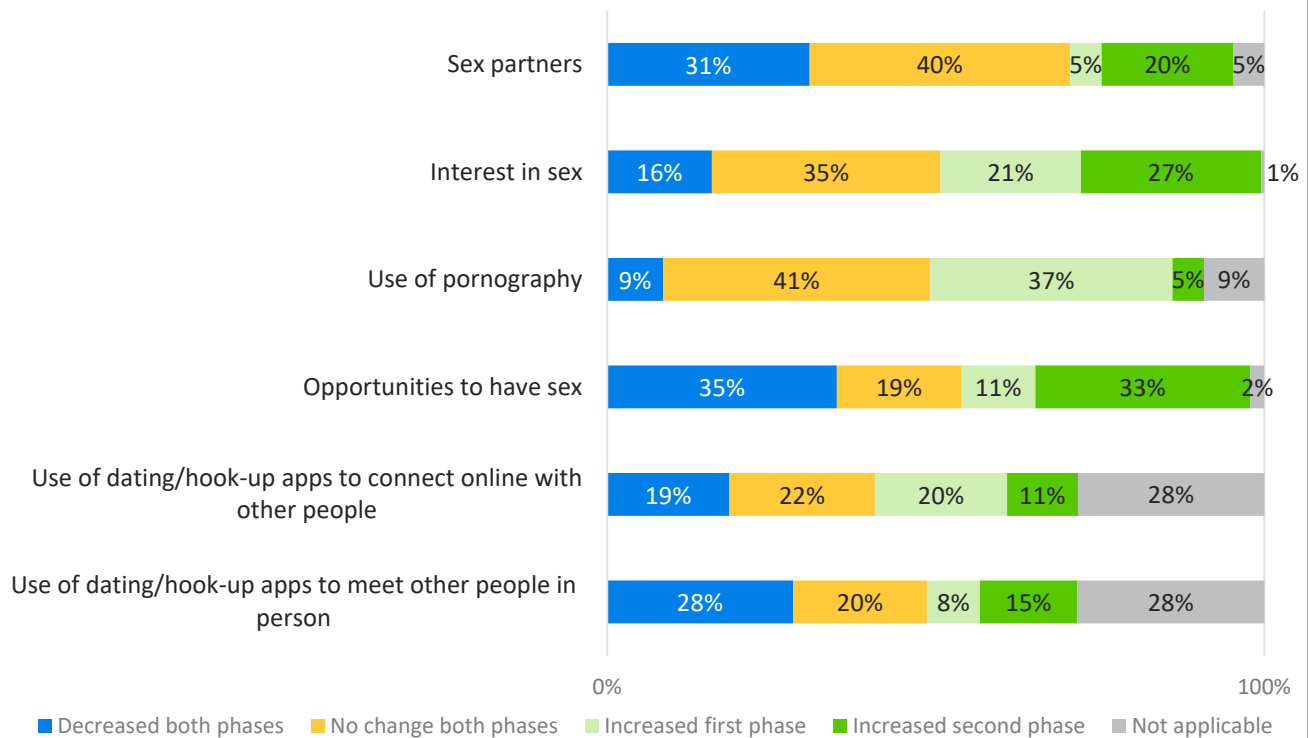


- Describing these partners, most participants had sex with persons they have sex with regularly (80%), followed by 31% with a casual partner, 26% with a new sexual partner, and 5% reported having group sex.
- Only 31% of participants said they lived with their sex partner(s), suggesting that most partners were not within participants' households.

We also asked about how the number of sex partners changed during the first and second phase of the pandemic (i.e. March to mid-May 2020 and May 2020 to time of survey, respectively) compared to prior to the pandemic (i.e. pre-March 2020), as this may reflect changes in risk of exposure to COVID-19 during sex.

- Overall, 71% of participants reported a decrease (31%) or no change (40%) in their number of sex partners during the pandemic.
- 25% reported an increased number of sex partners, mostly (20%) during the second phase.
- At the time of the survey, 26% of participants agreed that they were, or would soon be, having sex with more people than they were earlier in the pandemic.

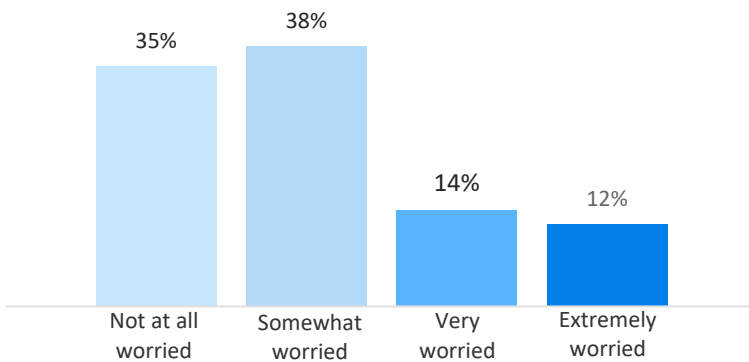
**Changes in sex partner numbers and other sexuality measures:**  
(phase 1: March to mid-May, phase 2: May to time of survey)



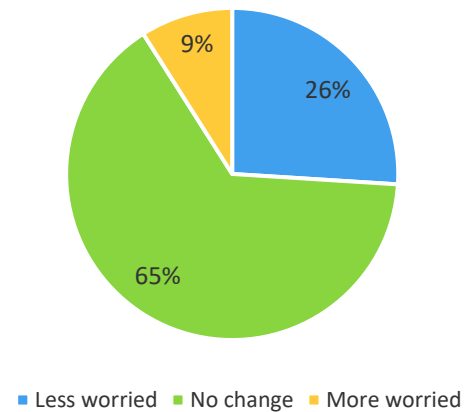


We asked participants how worried they were about getting COVID-19 during sexual encounters during phase 1 of BC’s pandemic. Overall, two-thirds (65%) of participants reported worry, with 26% being very or extremely worried. By phase 2, 26% of participants reported being less worried about getting COVID-19 during sexual encounters.

**Worry about getting COVID-19 during sexual encounters in phase 1:**



**Worry in phase 2, compared to phase 1:**



Almost all participants (91%) reported using strategies to reduce their risk of COVID-19 during sex, listed below:

COVID-19 risk reduction strategy	Percent*
Masturbation	53%
Asking partners about symptoms or their precautions	49%
Limiting sex to a small number of regular partners (“bubble”)	44%
Not having sex	44%
Avoiding sex if unwell	42%
Limiting partner number (casual partners, group sex)	41%
Washing hands with soap and water before and after sex	34%
Limit sex to person(s) lived with	29%
Precautions during sex (e.g., avoiding kissing, wearing mask, avoid face-to-face contact)	28%
Having online or virtual sex	16%

\*Of people who reported using any strategy



64% of participants said they had looked for or received information about the risk of being exposed to COVID-19 infection during sexual encounters, from the following sources:

Information source	Percent*
From a public health agency website (e.g., the BCCDC website)	59%
By searching online	56%
Through social media (Facebook, Twitter, etc)	48%
Through news media (TV, radio, newspapers)	44%
From friends or family, or a relationship/sexual partner	38%
From a community-based organization or a healthcare provider	17%

*\*Of people who had looked for or received information about COVID-19 risk and sex*

While 37% agreed that their satisfaction with their sex life had not changed during the pandemic, 44% of participants disagreed. We also found that shame and worry about being judged related to having sex during the pandemic was common among participants:

- 35% agreed that they would be judged by other people for having sex during the pandemic.
- 17% agreed that they would feel ashamed if people knew about their sex life during the pandemic.

## Part 2: Ability to access needed sexual health services

### Key findings from this section:

- 59% of participants reported needing a sexual health service since the beginning of the COVID-19 epidemic, of which 48% accessed the service and 52% did not. In some cases, access differed by type of service needed.
- Despite service closures, a substantial number of participants accessed sexual health clinics to meet their service needs (20% for a testing need, 27% for another sexual health service need). Seeing a family doctor or a nurse practitioner was the next most common service access point.
- Overall, 66% reported avoiding or delaying seeking sexual health services during the pandemic. The most common reason given was because of public health messaging to avoid seeking non-urgent care (52%), followed by concern about getting COVID-19 while at a clinic or a lab (48%), and sexual health service closures (40%).





Over half of all participants (59%) reported wanting or needing to access a sexual health service since the beginning of the pandemic. Of those who reported wanting or needing to access one or more sexual health services, 48% accessed all services they needed, having their sexual health need met, while 52% did not (i.e., had an unmet sexual health need). A greater proportion of participants who had their sexual health need met reported testing for a new, specific reason, or to access birth control or HIV pre-exposure prophylaxis (PrEP) compared to participants with unmet health needs. A greater proportion of participants not having their needs met reported testing as per their usual testing routine, suggesting they may have deferred routine or non-urgent testing.

Sexual health need	% Reporting Need Among:		
	All participants*	Participants with need met	Participants with need unmet
Testing as per usual testing routine	57%	48%	66%
Testing for a new, specific reason (e.g., symptoms)	26%	30%	22%
Speak with a health care provider about a sexual health concern	21%	18%	24%
Speak with a health care provider about a mental health concern	14%	12%	16%
Access birth control	13%	18%	9%
Access to HIV Pre-exposure prophylaxis	10%	14%	6%
Access treatment for a new STI	6%	9%	4%
Access treatment for ongoing symptoms (e.g., warts)	5%	6%	5%
Get a pregnancy test	4%	5%	2%
Access to condoms	4%	4%	4%
Access to harm reduction supplies	1%	1%	1%

\*All participants who reported any sexual health need

For participants who accessed sexual health services since the pandemic, many accessed a sexual health clinic despite service closures. For testing, 46% reported testing through GetCheckedOnline (BC’s online STBBI testing service):

Location where service was accessed	For testing	For other sexual health need
Sexual Health Clinic	20%	27%
GetCheckedOnline	46%	---
Family doctor or nurse practitioner	13%	32%
Walk-in clinic	10%	17%
Other location	11%	24%



Overall, 66% of participants with a sexual health need reported avoiding or delaying seeking services during the COVID-19 pandemic, due to these barriers:

Factors leading to avoiding or delaying seeking care	Percent*
There was public messaging that I was not supposed to seek non-urgent care	52%
Concerned about getting COVID-19 while at a clinic or lab	48%
The place I usually go for service was closed or had reduced services	40%
Concerned about getting COVID-19 while travelling to a clinic or lab	34%
Worried that a healthcare provider might judge me for having sex during COVID	19%
Didn't know where to access services	18%
I live or am in close contact with someone at risk of COVID-19	9%
Other reason	10%

\*Of people who reported avoiding or delaying seeking service

### Part 3: Informing future planning for sexual health services during the pandemic

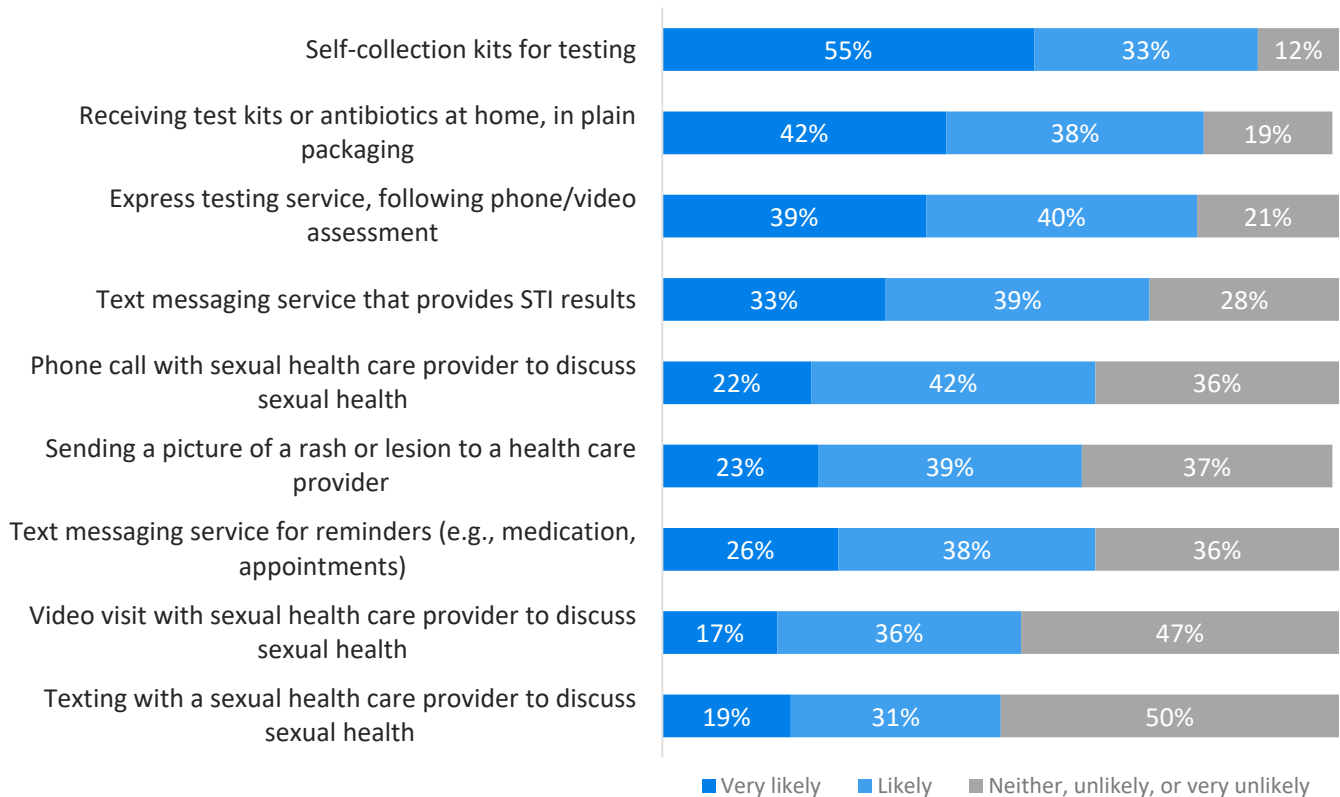
#### Key findings from this section:

- The most appealing new options for accessing sexual health services were receiving self-collection kits for testing, receiving test kits or antibiotics at home in plain packaging, and express testing.
- Overall, 41% of participants preferred to test through GetCheckedOnline as a result of the pandemic.
- Participants reported other impacts of the pandemic that may affect sexual behavior, including worsening of mental health, difficulty meeting financial needs, and increases in alcohol and recreational drug use.

Given the ongoing COVID-19 pandemic and possibility of increased cases and (re-)implementation of public health measures in BC, we asked all participants how likely they would be to use a number of different types of sexual health services if these were available. The three most appealing options were self-collection kits for testing, receiving test kits or antibiotics at home (in plain packaging), and express testing<sup>1</sup> services. For self-collection kits, most participants preferred to receive their kit by mail (59%).

<sup>1</sup> Expressing testing is a service where clients can get tested at a clinic for STBBI without seeing a nurse or physician if they do not have symptoms and do not have a concerning event.

### Interest in new options of sexual health services:



Overall, 41% of all participants said that they preferred to get tested through *GetCheckedOnline* because of the pandemic.

We also asked participants a few general questions about how their lives may have changed as a result of the pandemic. These factors may be related to risk of getting STBBI, and these issues will be important for sexual health care providers to understand when they see clients as sexual health services re-open:

- 40% of participants said that it had been more difficult meet their or their household’s financial needs since the pandemic began.
- 21% of participants reported consistently poor mental health during the two phases of the pandemic.
- 48% of participants reported an increase in the use of alcohol and 10% reported an increase in the use of recreational drugs (excluding marijuana) during the pandemic.



## What are the implications of these results for sexual health services in BC?

There is very little information about how people's sexual behavior, sexual health and need for sexual health services has evolved over the course of the COVID-19 pandemic – a gap this survey helps to fill. The number of STI diagnoses was also lower during the pandemic, and the findings from this study shed some light as to potential reasons for these decreases, such as decreases in testing frequency and changes in sexual behaviours. These findings speak to the experiences of BCCDC sexual health service clients, individuals who were likely more sexually active prior to the pandemic and who were already engaged in sexual health care, and as such the findings are not applicable to the general population of BC. This survey was also conducted in late July and early August 2020, and there may have been further evolution in these trends over time (for example, changes related to BC's increase in reported COVID-19 cases since the survey began, or continued re-opening of sexual health services).

Overall, the study findings are encouraging from a public health perspective as they do not suggest changes in sexual behavior that would contribute greatly to increased spread of COVID-19 in BC. Most participants reported no change in or a lower number of sexual partners compared to before the pandemic. Of those who had an increased number of partners, this occurred mainly later in the pandemic during the time when the province was re-opening and easing of some public health measures. Encouragingly, almost all participants reported using strategies to reduce their risk of COVID-19 infection during sexual encounters. However, over a third of participants indicated a sense of judgement or shame about from having sex during the pandemic. The findings support the importance of using sex-positive, harm reduction educational messages related to sex and COVID-19.

These findings are informative for sexual health services during the pandemic. Over half of our sample had need of a sexual health service during the pandemic and, for 52% of those participants, the need was not met. Many participants reported avoiding or delaying seeking sexual health care for a variety of reasons, most commonly being because of messages to avoid non-essential health care, or fear about being exposed to COVID-19 while seeking care. Closure of sexual health services was also a barrier, cited by 40%. This may have negative impacts on sexual health outcomes, such as later diagnosis and treatment of STBBI facilitating their spread (e.g., by postponing routine testing). However, alternative methods of sexual health care that minimize person-to-person contact were highly acceptable to survey participants, with the greatest being for self-collection kits (at home), and express testing services. These services should be a priority for development to facilitate access during the pandemic (and will likely have a lasting legacy in improving access to sexual health services beyond the COVID-19 epidemic).



We also found that the COVID-19 pandemic has had other impacts on some participants' lives that are relevant to the provision of sexual health care, due to their potential concurrence with sexual activity, risk of STBBI. These include worsening of mental health (about one fifth of participants), stress due to financial pressure (40% of participants), and increases in substance use, notably alcohol (48%). These findings support the role for providers of sexual health services in supporting client needs in these areas both during and beyond the pandemic.

#### **Study team:**

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#### **Community Advisory Board members:**

Andrew Hou, Adrian Bustamante, Elizabeth Benson, Hugo Nuñez-Angel, Jazzy Aul, Jonathan Degenhardt, Kyla Turner, Marshall Kilduff, Shannon Moore.

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## APPENDIX

**Figure 1: Locations in British Columbia where GetCheckedOnline is available as of Oct 30, 2020**

