

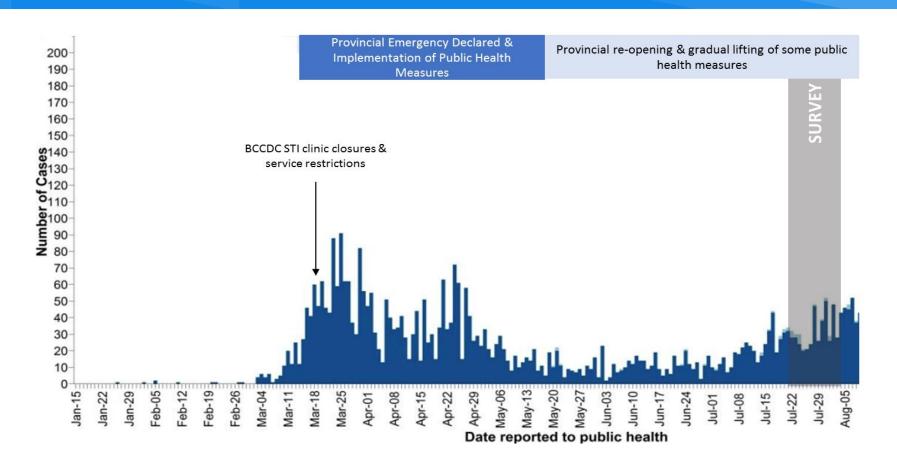
Accessing needed sexual health services during the initial phases of the COVID-19 pandemic in BC

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CAHR 2021 Virtual





COVID-19 cases in BC in 2020



• Saw decreases in STI testing & diagnoses after March 2020 (first phase)



Research Goal & Aims

Goal:

To understand how the COVID-19 pandemic affected access to sexual health services

Specific Aims:

- To understand the characteristics of existing SH service clients who did not access needed sexual health services during the pandemic (i.e. who had unmet sexual health needs)
- 2. To assess the relationship between pandemic-related reasons for avoiding care on having unmet sexual health needs



Methods: Sex in the Time of COVID-19 survey

- Recruited from Provincial STI clinic & GetCheckedOnline* clients who had previously consented to be contacted for research via email
- Inclusion criteria: accessed service year prior to pandemic; ≥ 16 years old;
 complete English language survey
- Email survey conducted July 21 Aug 4, 2020
- Analysis:
 - Restricted to participants reporting needing STI test/sexual health service since March 2020
 - Primary outcome: unmet sexual health need
 - Logistic regression
- Ethics approval





Results: Participation

4,212 e-mail invitations sent

1,518 (36%) started survey

1,198 (28%) completed survey

706/1,198 (59%) reported needing an STI test or another sexual health service since March 2020

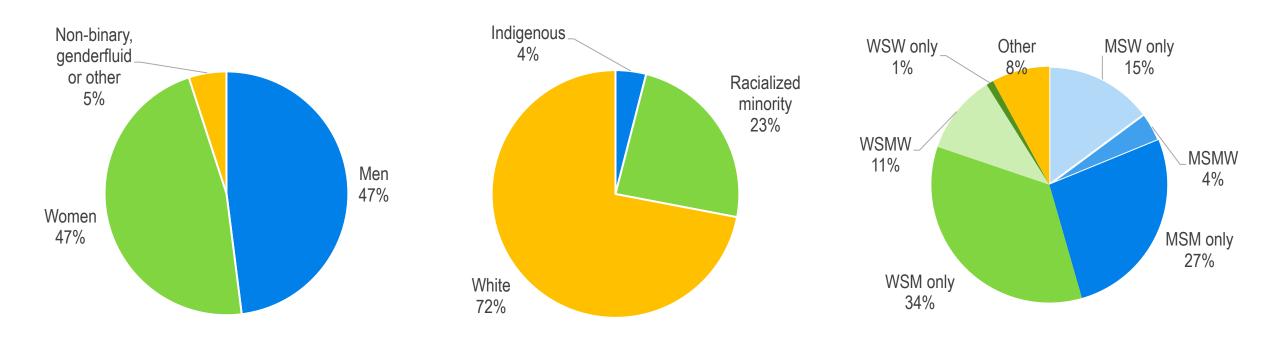
Study Sample

365 (52%) had unmet sexual health needs



Socio-demographics of the study sample (n=706)

Median age: 32 years (inter-quartile range: 26-39 years)





Characteristics of individuals with unmet sexual health needs (1 of 3)

| Variable | At least one need unmet (N=365) | All needs met (N=341) | Unadjusted OR (95% CI) | | | |
|--|---------------------------------|--------------------------|---------------------------|--|--|--|
| Gender identity | | | | | | |
| Man | 43% | 51% | Ref | | | |
| Woman | 51% 44% | | 1.37 (1.01-1.86) | | | |
| Non-binary / Genderfluid / Other | 6% | 5% | 1.36 (0.69-2.70) | | | |
| Gender of sex partners prior to the pandemic | | | | | | |
| Men who have sex with women only | 18% | 12% | Ref | | | |
| Men who have sex with men and women | 4% | 4% | 0.81 (0.35-1.93) | | | |
| Men who have sex with men only | 20% | 35% | 0.37 (0.23-0.61) | | | |
| Women who have sex with men only | 35% | 34% | 0.67 (0.42-1.07) | | | |
| Women who have sex with men and women | 14% | 7% | 1.24 (0.67-2.35) | | | |
| Women who have sex with women only | 1% | 1% | 0.61 (0.11-3.43) | | | |
| Other | 8% | 7% | 0.71 (0.36-1.38) | | | |



Characteristics of individuals with unmet sexual health needs (2 of 3)

| Variable | At least one need unmet (N=365) | All needs met (N=341) | Unadjusted OR (95% CI) | | | |
|---|---------------------------------|--------------------------|---------------------------|--|--|--|
| Type of sexual health service need | | | | | | |
| Testing for a new, specific reason (e.g., symptoms) | 22% | 30% | 1.27 (0.79-2.04) | | | |
| Testing as per usual testing routine | 66% | 48% | 2.48 (1.64-3.79) | | | |
| Speak with a health care provider about a sexual health concern | 25% | 18% | 1.44 (1.00-2.08) | | | |
| Access birth control | 10% | 18% | 0.48 (0.30-0.75) | | | |
| Access to HIV pre-exposure prophylaxis | 6% | 14% | 0.39 (0.22-0.66) | | | |
| Access treatment for a new STI | 4% | 9% | 0.40 (0.21-0.76) | | | |
| Access treatment for ongoing symptoms (e.g., warts) | 5% | 6% | 0.84 (0.43-1.65) | | | |
| Get a pregnancy test | 3% | 5% | 0.52 (0.22-1.17) | | | |
| Access to condoms | 5% | 4% | 1.01 (0.49-2.10) | | | |
| Access to harm reduction supplies | 1% | 1% | 2.39 (0.51-16.79) | | | |



Characteristics of individuals with unmet sexual health needs (3 of 3)

| Variable | At least one need unmet (N=365) | All needs met (N=341) | Unadjusted OR (95% CI) | | |
|---|---------------------------------|-----------------------|---------------------------|--|--|
| Comfort with accessing in-person sexual health services during the pandemic | | | | | |
| Strongly agree / agree | 42% | 79% | 0.19 (0.14-0.27) | | |
| Neither / disagree / strongly disagree | 66% 48% | | Ref | | |
| Use of testing services prior to the pandemic | | | | | |
| Get Checked Online user | 73% | 82% | 0.62 (0.43-0.88) | | |



Barriers associated with having unmet sexual health needs

| Reason for avoiding or delaying seeking care | Total with sexual health need (N=706) | At least one need unmet (N=365) | All needs met (N=341) | Unadjusted OR (95% CI) | Adjusted OR* (95% CI) |
|---|---------------------------------------|---------------------------------------|--------------------------|---------------------------|--------------------------|
| Public messaging that wasn't supposed to seek non-urgent healthcare | 35% | 52% | 17% | 5.50 (3.85-7.96) | 4.27 (2.88-6.42) |
| Concern about getting COVID-19 at clinic/lab | 32% | 46% | 17% | 4.21 (2.95-6.08) | 2.63 (1.73-4.04) |
| Place usually go for testing/care was closed or had reduced services | 27% | 34% | 19% | 2.30 (1.61-3.31) | 2.52 (1.68-3.82) |
| Concerned about getting COVID-19 while travelling to a clinic/lab | 22% | 32% | 11% | 3.87 (2.58-5.95) | 2.21 (1.38-3.58) |
| Worried that healthcare provider might judge me for having sex during COVID | 12% | 17% | 7% | 2.64 (1.61-4.46) | 2.56 (1.47-4.57) |
| Didn't know where to access services | 12% | 16% | 7% | 2.54 (1.53-4.35) | 2.46 (1.38-4.48) |
| Live/close contact with someone at risk of COVID-19 | 5% | 8% | 3% | 3.41 (1.60-8.13) | 2.64 (1.11-6.92) |

^{*} adjusted for age, gender, sexual orientation (behaviour), race/ethnicity, education, comfort accessing in-person services, and being a GetCheckedOnline user



Conclusions

- Over half of existing sexual health service clients did not access needed sexual health services during the initial months of the COVID-19 pandemic
- Urgency of need likely important factor (e.g., STI treatment vs routine testing)
- Most common reasons for reporting avoiding/delaying care were public messaging, concern about acquiring COVID-19, services closure/reduction
- Offering alternative service delivery methods may help to improve access
- Findings may not be generalizable beyond existing sexual health service clients in BC



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