



DIGITAL  
**SEXUAL  
HEALTH**  
INITIATIVE

# Impacts of the COVID-19 pandemic on accessing needed sexual health services during March–July 2020 in British Columbia (BC), Canada

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Hsiu-Ju Chang, Aidan Ablona, Travis Salway, Gina Ogilvie, Troy Grennan, Jason Wong, Devon Haag, Heather Pedersen, Sophie Bannar-Martin, Laurence Campeau, Geoffrey Ford, Daniel Grace, Catherine Worthington, Mark Gilbert

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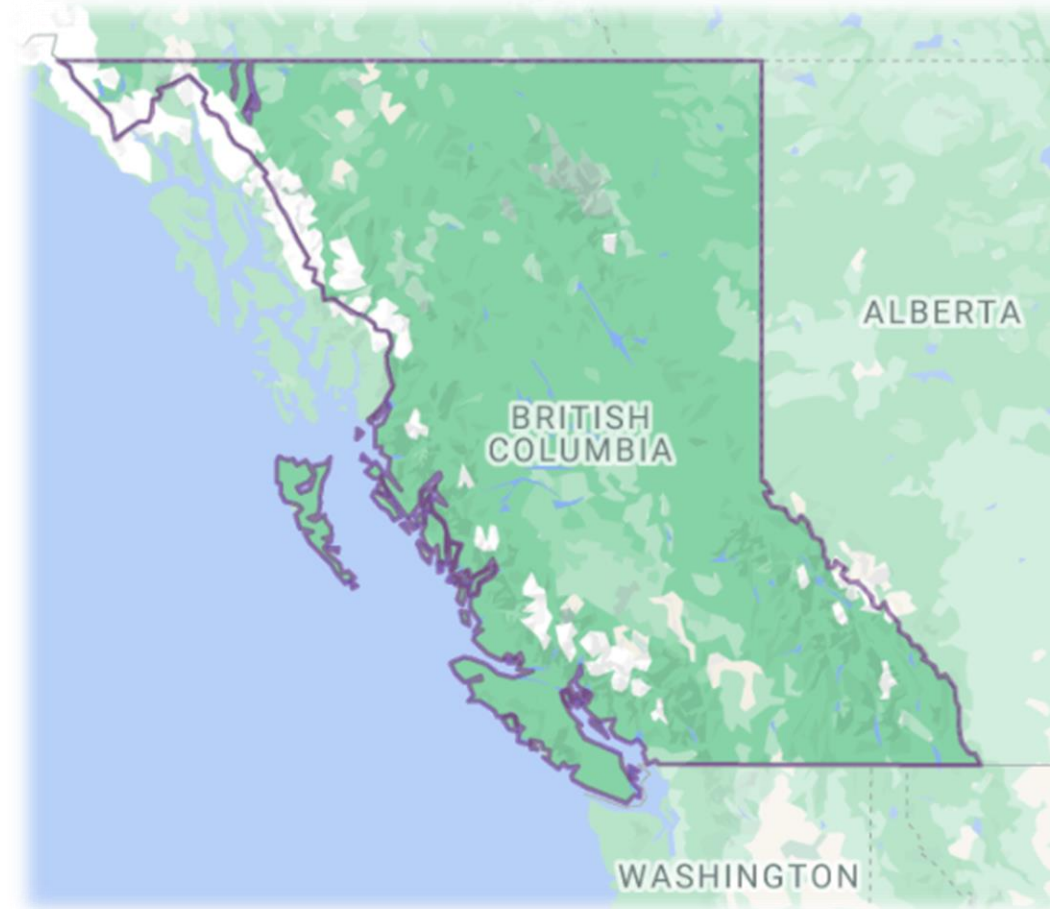


# Conflict of interests disclosure

- All authors declare they have no conflict of interests.
- Funding for this study was provided by the Canadian Institutes of Health Research (FRN: #CTW-1553878), which played no other role in this study.



I live and work on the traditional, ancestral and unceded territories of the Coast Salish peoples, the x<sup>w</sup>məθk<sup>w</sup>əy'əm (Musqueam), Sk<sub>w</sub>x<sub>w</sub>ú7mesh (Squamish), and Səlílwətaʔ/Selilwítulh (Tsleil-Waututh) Nations

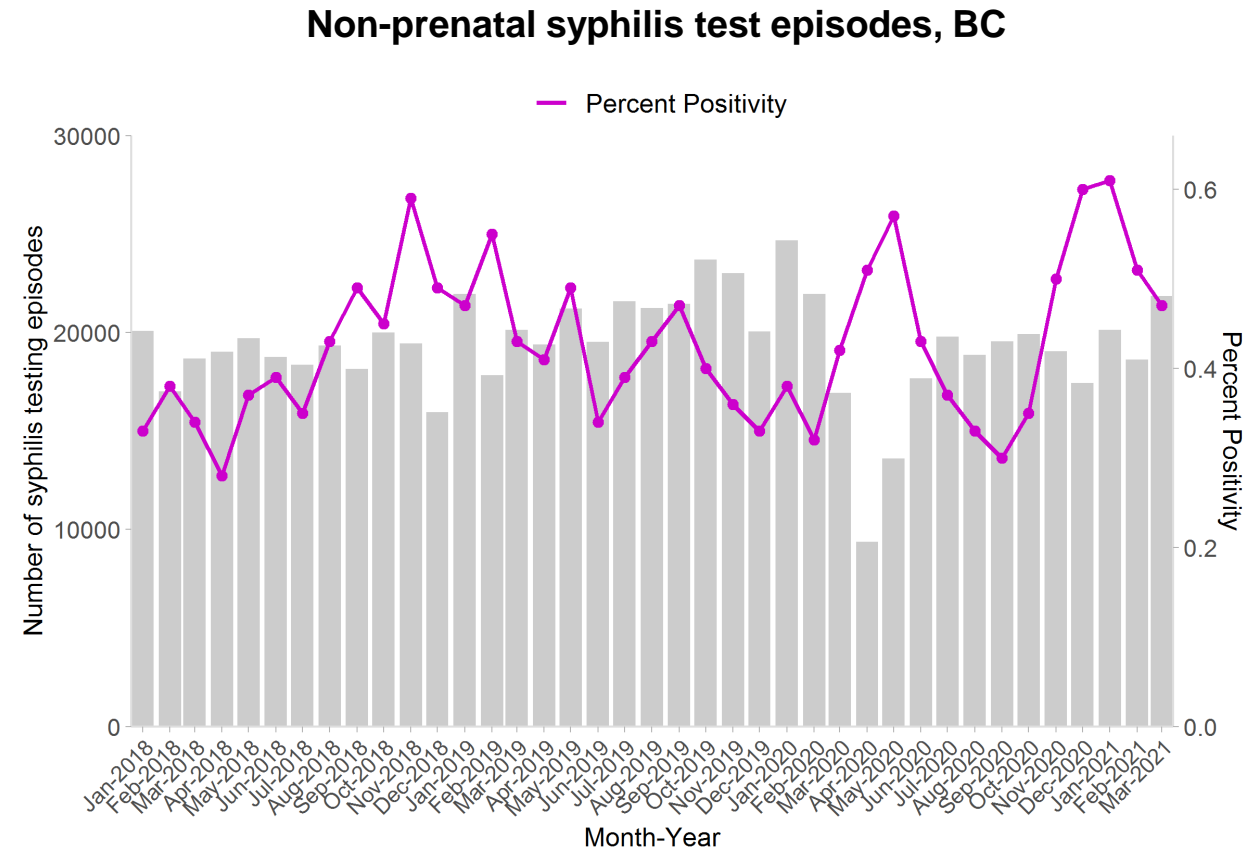




# Impact of COVID-19 pandemic

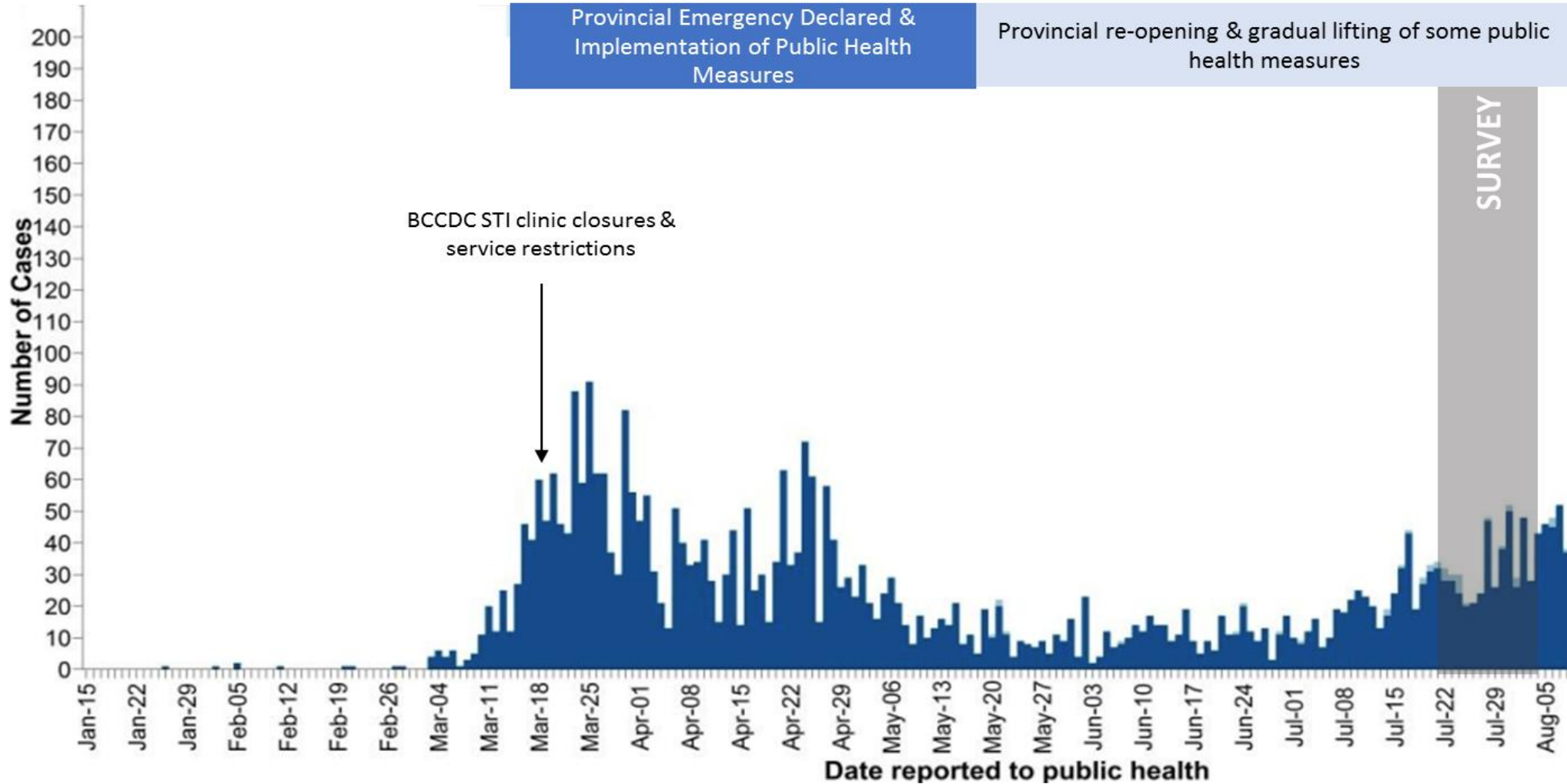
- Decreased use of sexual health services, STBBI tests and diagnoses in many jurisdictions including BC
- Reasons?
  - Reduced partner number\*
  - Clinic closure as non-essential service
  - Diversion of staff to support COVID-19 work

\* Separate analysis of this research study, findings not presented.





# COVID-19 cases in British Columbia (BC), Canada in 2020





# Research Goal & Aims

## **Goal:**

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

## **Specific Aims:**

1. To understand the characteristics of existing sexual health 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



# Hypotheses

- Pandemic-related barriers to service access:
  - Service closure or restrictions
  - Perceived stigma related to having sex outside of household
  - Public messaging to avoid non-essential health services
  - Worry about exposure to COVID-19 if accessing health services
- *GetCheckedOnline*\* would facilitate accessing services (for testing)

\*BC's Internet-based STI testing service offering testing for Chlamydia, Gonorrhea, HIV, Syphilis, HCV





# Methods: Sex in the Time of COVID-19 survey

- Recruited from BC's provincial STI clinic & *GetCheckedOnline* clients who had previously consented to be contacted for research via email
- Inclusion criteria: accessed service year prior to pandemic;  $\geq 16$  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**

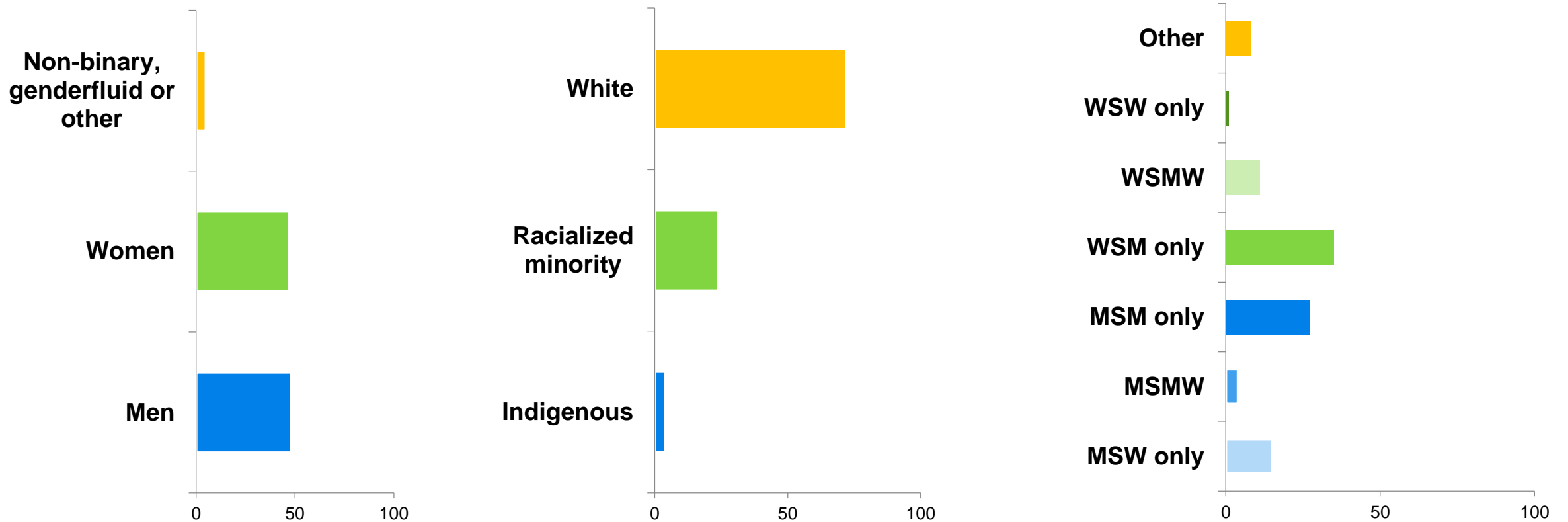


365 (52%) had unmet sexual health needs



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

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





# Variables associated with reporting unmet sexual health needs (1 of 3)

Variable	At least one need unmet (N=365)	All needs met (N=341)	Unadjusted OR (95% CI)
<b><i>Gender identity</i></b>			
Man	43%	51%	Ref
Woman	51%	44%	<b>1.37 (1.01-1.86)</b>
Non-binary / Genderfluid / Other	6%	5%	1.36 (0.69-2.70)
<b><i>Gender of sex partners prior to the pandemic</i></b>			
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%	<b>0.37 (0.23-0.61)</b>
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)



# Variables associated with reporting unmet sexual health needs (2 of 3)

Variable	At least one need unmet (N=365)	All needs met (N=341)	Unadjusted OR (95% CI)
<b><i>Type of sexual health service need</i></b>			
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%	<b>2.48 (1.64-3.79)</b>
Speak with a health care provider about a sexual health concern	25%	18%	1.44 (1.00-2.08)
Access birth control	10%	18%	<b>0.48 (0.30-0.75)</b>
Access to HIV pre-exposure prophylaxis	6%	14%	<b>0.39 (0.22-0.66)</b>
Access treatment for a new STI	4%	9%	<b>0.40 (0.21-0.76)</b>
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)



# Variables associated with reporting unmet sexual health needs (3 of 3)

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



# 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



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## Conclusions (1 of 2)

- Reductions in STBBI testing during initial phases of COVID-19 pandemic in part related to avoiding or delaying use of needed services
- Over half of participants 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 avoiding/delaying care were public messaging, concern about acquiring COVID-19, services closure/reduction.
  - Perceived stigma was not common, but concerning
  - *GetCheckedOnline* may have facilitated access to testing\*

\* See: O04.6 Pedersen et al. "Increased use of internet-based testing for sexually-transmitted and bloodborne infections during the COVID-19 pandemic in British Columbia, Canada"





## Conclusions (2 of 2)

- Limitations:
  - Skewed towards clients with resources to access services
  - Not generalizable beyond existing sexual health service clients
- Offering alternative service delivery methods may help to improve access\*\*

\*\* See poster: Ablona et al. "Acceptability of alternative sexual health service delivery methods during the COVID-19 pandemic in British Columbia (BC), Canada"



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