

Coronavirus (COVID-19) and young people's sexual health

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BACKGROUND

COVID-19 has reduced health-seeking behaviour in the UK¹ including in sexual health services (SHS).²

We sought to describe changes in sexual health attendances among young people (YP) within a semirural service setting (A) and at services based in London and Surrey (B) during the weeks preceding and following lockdown.

RESULTS

Our findings (table 1) confirmed a large fall in attendances across all age ranges in all settings following lockdown in keeping with the rapid reconfiguration of services during COVID-19 response. In those aged under 18 years there was a disproportionately larger reduction in attendances compared with those aged 18 and over, and this discrepancy was particularly marked in setting A (semirural).

Attendances for emergency contraception (EC) (emergency hormonal contraception and postcoital intrauterine devices were compared (table 2). Both services demonstrated that during the first 6 weeks of lockdown, no under 18 year olds sought EC from SHS (100% reduction). In those patients 18 years and over, lesser falls (80% and 84%) in those seeking EC within SHS was observed.

DISCUSSION

Reduction in demand for SHS may reflect reduced sexual activity and partnerships among this group as they adhere to national guidance around social distancing; however, the observed fall may not be attributed to a risk or need reduction. The drivers for the change among YP's health seeking behaviour and the potential effect on future STI

and unplanned pregnancy rates remain unclear. Better understanding will inform future service provision and mitigate adverse sexual and reproductive health outcomes among YP in the UK.

Barriers for YP accessing SH may include changes to clinic opening times, cessation of walk in services and the closing of outreach and smaller 'spoke' provision. Limited access to public transport and concern around COVID-19 exposure may further discourage clinic attendance. Rapid service reconfiguration and adoption of remote methods of managing patients, that is, telephone consultations, telehealth, home delivery of STI testing, treatment and contraception, may present problems of confidentiality and privacy for YP living at home. Other barriers include inadvertent disclosure of sexual activity due to lack of privacy for telephone calls as well as more visibility of children by carers. YP may fear judgement by adults (including professionals) if they have not adhered to social distancing guidance. Limited access to online devices, lack of credit/data on mobile phones and a poor household internet connection are potential further barriers. YP with intersecting

vulnerabilities such as mental health concerns, learning disability and language barriers may struggle with navigating new ways of accessing sexual healthcare, aggravated by the interruption of their usual professional carer support.

The fall in YP seeking care within SHS is particularly worrying where unseen abuse and exploitation may be occurring. The public messages urging people to stay home and maintain social distance, increasing the isolation of YP from usual support services and trusted adults, have potentially increased risk. Reports suggest that attendance of vulnerable children at hub schools are low³ making the identification of safeguarding concerns within universal services more difficult.

In their COVID-19 response, services in any setting providing YP sexual healthcare must consider involving this group and prioritising their accessibility. The mainstay of STI testing in the general population during lockdown has been online, however many under 16 year olds across the country will not be eligible for, and unable to access, remote testing and will need walk in and face to face appointments. Examples of innovative service provision connecting with YP safely and confidentially include dedicated phone lines, texting of advice or appointments, prioritising calls, using trusted social media platforms and early provision of long acting reversible contraception clinics for this population.

Information is needed on whether YP are seeking EC from other providers such as pharmacy, online and primary care. Strong local and national partnership

Table 1 Comparison of attendances at two sexual health services (A/B) pre and during the COVID-19 lockdown period

Setting	17 and under attendances (A)	17 and under attendances (B)	18 and over attendances (A)	18 and over attendances (B)
Prelockdown (10/02/2020–22/03/2020)	307	490	1914	16834
During lockdown (23/03/2020–30/04/2020)	37	90	753	4485
Reduction in attendances (%)	87.9%	82%	48.6%	73%

Table 2 Comparison of emergency contraception attendances at two sexual health services (A/B) pre and during the COVID-19 lockdown period

Setting	17 and under emergency contraception attendances (A)	17 and under emergency contraception attendances (B)	18 and over emergency contraception attendances (A)	18 and over emergency contraception attendances (B)
Prelockdown (10/02/2020–22/03/2020)	40	72	80	462
During lockdown (23/03/2020–30/04/2020)	0	0	16	71
Reduction in attendances (%)	100%	100%	80%	84%

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between SH and other professional disciplines particularly children's services, education, primary care, local pharmacies and third sector organisations is crucial to engage and prioritise YP access to sexual healthcare.

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