



What's the issue?

In the UK, the COVID-19 pandemic is impacting on the delivery of Sexual and Reproductive Health (SRH) services, including those providing free condoms and contraceptive care. Reduced capacity, and the range of remote workarounds currently on offer to enable access to SRH services have particular implications for young people — a group who are at greater risk of sexually transmitted infection (STI) and unplanned conception.



About the study

We analysed data from an online survey taken by 2,005 16-24-year-olds living in Scotland in June-July 2020, immediately after the first UK-wide lockdown. We asked: "Have social distancing measures (i.e., because of coronavirus) made any difference to the way you get or use condoms or contraception?" Approximately one quarter of respondents who used condoms or contraception said yes, and 91 per cent of these young people opted to tell us more about their experiences in an open text box.

Key data insights

The vast majority of young people who submitted an open text response reported negative experiences and increased challenges to accessing and using condoms and contraception in the early months of the pandemic. From their answers, we highlight three overarching barriers to STI and pregnancy prevention in the context of COVID-19:

Self-censoring of SRH needs:

"I feel embarrassed prioritising getting contraception over someone who could have a serious problem." (Woman, 19, heterosexual/straight)

Public health messaging about reducing pressure on health services led some young people to self-censor their need for freely provided condoms and contraceptive care, with some even discontinuing use.

Confusion created by contradictory messaging on sexual health care and prevention:

"I have the implant which I was told lasted 3 years and it ran out a couple of months ago, now I've been told it lasts for 4 years? I've checked online and nothing backs this up. Very worrying." (Woman, 24, heterosexual/straight)

Sudden changes to standard SRH care and routine advice on contraception and STI prevention, coupled with an inability to find reassurance online left many young people frustrated, anxious and confused.



Exacerbation of existing barriers to accessing condoms and contraceptive care:

"I get my condoms from a youth group which is shut due to social distancing and do not feel comfortable getting them somewhere else" (Man, 16, pansexual)

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Pre-existing access challenges, such as embarrassment about interacting with health care professionals, or difficulties getting appointments, were intensified by the pandemic. Young people's ability to advocate for their own SRH needs was inhibited by a range of factors, such as service gatekeepers, lack of confidence interacting with health professionals via telephone or video calls, and constraints to privacy. These, plus uneven access to social support and financial barriers to paying for products from online shops and pharmacies, widened health inequalities, exposing some young people to increased risk of an STI or unplanned pregnancy.



Recommendations

- Clear SRH messaging should be communicated widely online and via social media to help young people navigate SRH care during the evolving COVID-19 restrictions; understand that access to SRH services and contraception is a fundamental right and an essential part of overall health and wellbeing; and that current changes to standard SRH care are safe but not best practice. These messages should be co-produced with young people.
- Cross-sectoral sharing of resources (e.g. between national and local government, NHS, third sector) that enables the SRH workforce to quickly develop and communicate public messaging that is responsive to changing restrictions should be prioritised.
- Greater investment is needed in improving digital sexual health literacy among young people, including how to find and evaluate accurate SRH information online.
- Existing digital tools that facilitate young people's contraceptive decision-making and use should be more widely promoted.
- Young people should be able to choose from a range of modes (e.g. phone call, text, video) for their consultations about SRH with a health professional.

Link to paper

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Further Resources

- Find out more about the study, visit www.gla.ac.uk/conundrum
- #ProjectCONUNDRUM

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