

University of Glasgow

LONDON SCHOOL OF HYGIENE & TROPICAL MEDICINE



A mixed-method investigation into challenges in accessing sexual and reproductive health (SRH) services in Britain during the COVID-19 pandemic (Natsal-COVID)

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Introduction

COVID-19 restrictions have led to widespread disruption of SRH services in Britain.

At the beginning of lockdown, BASHH, BHIVA and the Faculty of Sexual and Reproductive Healthcare recommended actions and priorities; to maintain routine contraception, access to emergency care and management of symptom based STIs and the scale up or temporary transition to digital services.

Those working in sexual health, reproductive health and HIV services adapted by increasing Telehealth provision and temporarily suspending of some services, in order to accommodate reduced staff and to reduce SARS-CoV-2 transmission risk.

Approximately one in ten people who tried to access SRH services in the 4 months after the start of lockdown reported being unable to do so though 77% of these had also accessed a SRH service successfully. (Natsal-COVID presentation 0017)

The Natsal-COVID study was conducted to understand how SRH in Britain had been affected by the COVID-19 pandemic in the 4 months after lockdown. We used mixed-methods research to quantify unmet need, and to explore its context and impact.



Methods

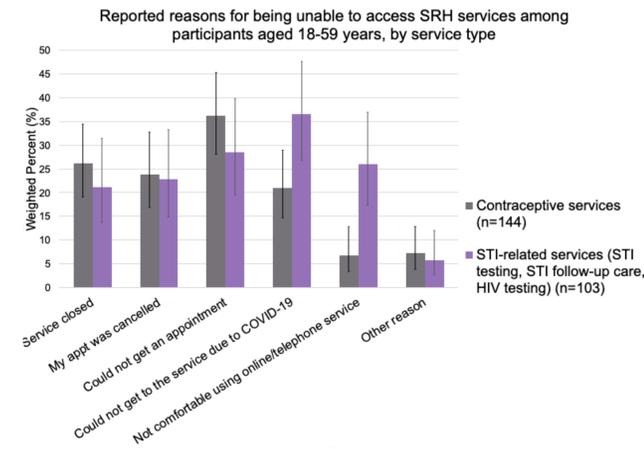
Survey: 6,654 participants aged 18-59 years completed a web-panel survey (29/07-10/08/20). Quota-based sampling and weighting enabled a quasi-representative population sample to be achieved. Quantitative analysis focused on participants' challenges accessing contraception and STI-related services since lockdown.

Interviews: We analysed data from 20 follow-up interviews with survey participants in which experiences of unmet SRH need were discussed. Thematic analysis of interview transcripts identified themes salient to experiences of seeking SRH services and attitudes towards Telehealth.

Ethical approval was obtained for both aspects from the University of Glasgow MVLS College Ethics Committee (reference 20019174) and London School of Hygiene and Tropical Medicine Research Ethics committee (reference 22565).

Survey Results

Reasons for not being able to access STI-related (n=103) or contraception services: (n=144) included that appointments were unavailable (STI-related services: 28.6%)/ Contraception services 36.3%), were cancelled (22.8% / 23.9%) or services were closed (21.2% / 26.1%). Discomfort with using online/telephone services was more common amongst those not being able to access STI-related services (26.0%) than for contraception services (6.7%).



Interview Findings

Interviewees gave accounts of disruption and inability to access services. Many were offered - and received - alternatives to in-person service (e.g. telephone/online/postal) and some had to use less preferred contraceptive methods.

Hesitation in seeking and using services arose from fear of contracting SARS-CoV-2, judgement and self-censorship.

*"I didn't even think it would even be an important subject for them, which probably it still might have been, but I think I felt like **coronavirus is just ruling everything**. ... [...] I might have got laughed at.. [] I just felt like it would be like, 'come on, we're in a lockdown, why are you phoning us up?'" (Male 20s who did not seek usual free condoms from SH clinic and engaged in unprotected sex)*

Some challenges were 'insurmountable' for some participants, while others required tenacity and skills in navigating. These included: uncertainty, reduced choice, reluctance for face to face contact, gatekeeping and attending without a partner.

Impacts varied including distress and postponement of health seeking, self medication and changed contraception. Some participants reported that sexual satisfaction was reduced and regular health practice undermined or that shared experiences were lost.

*"We're not going to be doing any family planning, sort of coils or what have you. And that was that really. I was left helpless, **stuck with menopause symptoms**". (Female, early 50s seeking contraception)*

Most understood restrictions on face to face provision to limit SARS-CoV-2 transmission and found telehealth alternatives convenient, comfortable and complementary, though inferior in some aspects due to interaction limitations.

Discussion

While some people were unable to access an anticipated service, many were offered alternatives with varied consequences. Telehealth services were generally considered positively and complementary. Services may need to adapt further to improve access by offering face-to-face and remote provision while reassuring patients that it is acceptable to seek help during a pandemic.

Acknowledgements

Study participants

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