

“How COVID-19 has affected the sexual health of three populations already at a higher risk of poor sexual and reproductive health”

Findings from: [Evidence synthesis to understand the extent to which COVID-19 exacerbated inequalities among 3 populations who already experience a disproportionate burden of poor sexual and reproductive health \(SRH\)](https://journals.sagepub.com/doi/10.1177/09564624231180641)

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What was the study about?

Three populations who are more likely to experience the negative effects of poor sexual and reproductive health are 1) young people, 2) men who have sex with men, and 3) ethnic minority groups. NATSAL stands for the national surveys of sexual attitudes and lifestyles, which was first run in 1990 and repeated approximately every 10 years. People are randomly selected across Britain to take part in the surveys, meaning that the results are broadly representative of the British general population. We looked at data from NATSAL and other studies to see how COVID-19 affected sexual and reproductive health in these three populations.



Why is this important?

Before the COVID-19 pandemic three populations, including some Black communities, were affected by sexually transmitted infections (STIs) more than expected. It is important to keep track of this throughout the pandemic, so the right support and services can be developed to help these communities both now and for any future pandemics. During the pandemic many sexual health services were moved from in-person visits to online. One example is the use of online self-sampling, where instead of attending an in-person service to be tested, people order a kit online to take a sample at home, which is then sent off to be tested for STIs. We need to understand how these changes have affected people's ability to use sexual health services and be tested for STIs, especially in those communities that have been more affected and may not have access to online services. This will help sexual health services to reduce any negative effects to sexual health from these changes.



What did we do?

We used information on all chlamydia, gonorrhoea and syphilis tests and diagnoses from 2019-2020 from people aged 15-24, living in England. We looked at the data to see differences in tests and diagnoses between 2019 and 2020, and to look at the characteristics of people tested/diagnosed. We also looked at information from 5,240 English residents aged 18-59 who completed the NATSAL-COVID survey. The survey asked about sexual behaviours and levels of unmet testing need (if people at a higher risk of STIs/HIV have been recently tested), and how these varied by ethnicity. We looked at data from before and after the pandemic to see differences in rate of STI tests and diagnoses by ethnicity.

Key findings

- Compared to in 2019, there was less testing and fewer diagnoses for chlamydia, gonorrhoea, and syphilis among young people in 2020. These differences were greater amongst participants aged 15-19 compared to participants aged 20-24.
- Amongst participants tested for chlamydia, those living in well-off areas were more likely to be tested using an online self-sampling kit.
- We showed that there were differences in sexual health during the first year of the pandemic, with evidence of more unmet testing need among minority ethnicities.

What do these findings mean?

- We need to continue to look at access to and the use of STI testing among young people, to ensure people are diagnosed and treated to help reduce the impact and spread of STIs. It is important to look at the effect of online self-sampling kits, to ensure that people who are not able to or do not wish to use self-sampling kits can still access STI testing when needed.
- Further work is needed to look at how minority ethnicities are negatively affected by STIs, and if this continues to get worse. Minority ethnicities can be targeted to improve their access to sexual health services, to help reduce their unmet STI testing need.