

# YOUTH SEXUAL HEALTH PROMOTION: PRIORITIES FOR HEALTH CARE PROVIDERS

Health care providers play an important role in delivering sexual health information and services to young people. This resource is intended to alert health care providers to key issues that should be addressed to help youth maintain their sexual health and well-being as we emerge from the COVID-19 pandemic.

The COVID-19 pandemic has had a substantial impact on the sexual health and well-being of young people (Kumar et al., 2021; Lindberg et al., 2020; SIECCAN, 2021a). Physical distancing guidelines, restricted mobility, and the redeployment of a wide range of health professionals to COVID-19-related services has significantly reduced youth's ability to access sexual health services and information.

## WHAT ARE THE KEY SEXUAL HEALTH ISSUES THAT HEALTH CARE PROVIDERS SHOULD BE AWARE OF?

### THE COVID-19 VACCINE: PART OF SAFER SEX

During the pandemic and its immediate aftermath, safer sex should include COVID-19 risk reduction.

Receiving the COVID-19 vaccine is an important tool youth can use to reduce their risk of getting or passing COVID-19 during partnered sex. In addition to being fully vaccinated themselves, asking sex partners about their vaccine status can help to inform decision-making about relationships and sexual activity.

Young people may have questions related to the COVID-19 vaccine and their sexual and reproductive health. For example, they may be concerned about whether they can get the vaccine when pregnant or if it will interact with medications (e.g., antiretroviral treatment; ART).

### **WHAT CAN HEALTH CARE PROVIDERS DO?**

- **Discuss COVID-19 vaccination status with youth and describe the risk of getting or passing COVID-19 during sexual interactions when partners are vaccinated vs. unvaccinated.**
- **Discuss safety aspects of the COVID-19 vaccine as it relates to youth's sexual and reproductive health concerns.**
- **Encourage young people to discuss vaccination status and other COVID-19 risk reductive strategies with romantic and sexual partners.**

## **SEXUALLY TRANSMITTED INFECTIONS (STIs)**

Moving out of the pandemic, many youth may need enhanced access to STI/HIV prevention information and testing and treatment services.

Reports suggest that STI incidence was reduced in the early months of the pandemic (Kumar et al., 2021). However, reduced incidence may reflect decreased access to STI and HIV testing rather than an actual reduction in prevalence (Kumar et al., 2021; Ogunbodede et al., 2021; Oltain et al., 2021; Sanchez et al., 2020; SIECCAN, 2021b). In the United States, gay and bisexual men aged 15-24 years were more likely to report declines in access to services, compared to older age groups (Sanchez et al., 2020).

#### **Among Canadian university students:**

30% of cisgender women, 27% of cisgender men, and 26% of trans and non-binary participants reported decreased access to STI testing and treatment, due to the pandemic.

Compared to white students, students of colour were more likely to report decreased access to HIV testing and treatment.

Almost a quarter of students reported decreased access to the HPV vaccine (SIECCAN, 2021b).

In some regions of Canada, school-based HPV vaccine programs were paused during the pandemic (Loriggio, 2020). This may result in youth delaying their first dose of the vaccine or missing subsequent doses.

Young people may be experiencing ongoing STI-related health challenges that have been exacerbated by the pandemic (e.g., stress-related flare ups of herpes simplex virus). They may also be engaging in sex more frequently, or with new partners, as public health guidelines change. To prevent new STIs and ensure care of ongoing STI-related challenges, young people need information on safer sex strategies and access to STI testing and treatment.

### **WHAT CAN HEALTH CARE PROVIDERS DO?**

- **Assess young people's needs for STI testing.**
- **Ensure youth have access to STI testing and treatment services.**
- **Provide youth with information on HIV home-testing kits (see Harrigan, 2020).**
- **Assess HPV vaccination status. If regional school-based vaccine programs have been paused, discuss options for accessing the HPV vaccine.**
- **For youth living with HIV, provide information about how to access ART if the individual needs to isolate due to COVID-19.**
- **Discuss STI prevention and safer sex strategies.**
- **Provide links to print and online information about safer sex and other locally available STI testing and treatment services.**

## REPRODUCTIVE HEALTH

There is clear evidence that the pandemic has had a significant impact on reproductive health and access to services (Cousins 2020; Lindberg et al., 2021).

- Women in Canada and other countries report COVID-19-related changes to their contraceptive use (e.g., switching to long-acting contraceptives, discontinued use) and difficulty accessing contraceptives and reproductive health services (Caruso et al., 2020; Lindberg et al., 2021; SIECCAN, 2021b).
- Among a sample of cisgender women in the United States, 33% reported delaying or canceling visits to a healthcare provider for sexual and reproductive care or had trouble accessing their birth control (Lindberg et al., 2021). Barriers to reproductive health care were reported more often among Black and Hispanic women and queer women.
- **In Canada, 31% of undergraduate women experienced reduced access to reproductive health services (SIECCAN, 2021b).**

Throughout the pandemic, abortion was still considered an essential service. However, services in some areas were reduced and the pandemic presented additional barriers to access (e.g., travel restrictions, temporary shortages of materials needed for medical abortion; Abortion Rights Coalition of Canada, 2021).

Pregnancy, labour, and delivery protocols may have changed during the pandemic (e.g., partners may not be able to attend appointments; there may be limits on the number of people present during the birth). Health care providers can update pregnant people about what to expect throughout their pregnancy and in the post-partum period.

### WHAT CAN HEALTH CARE PROVIDERS DO?

- Identify youth's needs for contraceptive information and services.
- Discuss which contraceptives also help to reduce the risk of getting or passing STIs.
- When providing information on the range of contraceptive options, include details about what to expect if a person must isolate or if lockdown measures are in effect (e.g., do they have enough oral contraceptives to last through the isolation period?).
- Some forms of contraception may require more in-person appointments. Describe the benefits and challenges of contraceptives that are self-administered vs. those that require the regular aid of a healthcare provider.
- Provide information on the types of abortion options available (e.g., surgical abortion, medical abortion) and how each type can be accessed in their community.
- Describe how abortion procedures may have changed due to the COVID-19 pandemic. (e.g., if bloodwork, ultrasound, surgical procedures are completed in a single appointment to avoid additional interactions).
- Provide information on changes to pregnancy care services related to the COVID-19 pandemic.

## GENDER-AFFIRMING CARE

It is important for health care providers to remember that trans and non-binary youth have had distinct experiences during the COVID-19 pandemic that directly impact their sexual and reproductive health and well-being.

Gender-affirming care includes health care services and supports that recognize and affirm a person's gender identity and expression (e.g., hormone therapy, surgery; Trans Care BC, 2021).

During the pandemic, access to gender-affirming care has been significantly reduced (Jarett et al., 2020).

**In Canada, trans and non-binary people report that the COVID-19 pandemic has altered their ability to:**

begin or access hormone replacement therapy (HRT),

access gender-affirming surgery, and

access surgical after-care (O'Handley et al., 2020).

The inability to access gender-affirming resources and care is linked to mental health challenges, including depression and anxiety (Jarett et al., 2020; Jones et al., 2021; van der Mieson et al., 2020).

In research with gender diverse youth, young people reported a preference for in-person visits with health care providers (Sequeira et al., 2021). However, youth were also satisfied with, and wanted to maintain, telemedicine as an option for care. Telemedicine may increase access to gender-affirming care for youth who experience geographic and economic barriers.

## WHAT CAN HEALTH CARE PROVIDERS DO?

- Ensure that trans and nonbinary youth have information on and access to gender-affirming care.
- Provide information on how gender-affirming care procedures may have changed due to the COVID-19 pandemic (e.g., are some assessments still in-person while others are conducted virtually?).
- Offer flexible care provision options (e.g., in-person visits, virtual appointments).
- Connect gender diverse youth with appropriate community-based organizations and mental health support services.

## GENDER-BASED VIOLENCE (GBV)

Throughout the COVID-19 pandemic, there has been an increase in the prevalence and severity of GBV (Mittal & Singh, 2020; Trudell & Whitmore, 2020; UN Women, 2020).

In Canada, young women and Indigenous women are disproportionately at risk for GBV and the COVID-19 pandemic has further increased their risk:

- A significantly higher percentage of young women (12%) aged 15-24 reported being very anxious or extremely anxious about violence in the home during COVID-19, compared to young men of the same age group (8%) (Statistics Canada, 2020a);
- 13% of Indigenous women reported concern about violence in the home, more than twice the percentage of non-Indigenous women (approximately 5%; Statistics Canada, 2020b).

Racialized women, women with disabilities, and 2SLGBTQINA+ people face social and structural barriers (e.g., racism, transphobia, ableism) that increase their vulnerability to GBV during the COVID-19 pandemic (Egale, 2020; Khanlou et al., 2020; Prokopenko & Kevins, 2020; Rezaee, 2020; Women Enabled International, 2020). **Many young people may need enhanced access to GBV information and support services both during and following the pandemic.** Healthcare providers should have the information on hand to equip youth to access community shelters.

It is important to recognize that people may communicate about GBV in different ways in online appointments, especially if they are being monitored or lack privacy at home. For example, global educational campaigns have encouraged the use of hand signals and code words during video calls to signal for assistance and support (Slakoff et al., 2020; Canadian Women's Foundation, 2020).

**As pandemic restrictions lift and youth begin to re-engage with romantic and sexual partners, it is critical to remind young people about the importance of consent.**

**Education on sexual consent and healthy relationships is key to reducing and preventing GBV.**

**2SLGBTQINA+:** Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, nonbinary, asexual, and other emerging identities.

### **WHAT CAN HEALTH CARE PROVIDERS DO?**

- Review locally available GBV support services to inform youth which services are available and which services have been reduced.
- Create a list of available services (including accessible shelters) that can be provided to youth during in-person visits or sent to youth virtually.
- When conducting online appointments:
  - Providers should educate themselves on how to detect signs of sexual exploitation/trafficking (Greenbaum et al., 2020).
  - Adapt online communications with patients to allow them to communicate the need for assistance or support related to GBV in ways that are private and safe.
  - Consider sending GBV support service and information links in chat boxes or via text messaging.
- Provide young people with accurate information about COVID-19 so they can recognize if parents/caregivers or partners are using COVID-19-related misinformation to maintain control over them (Slakoff et al., 2020).
- Counsel young people about concepts that are central to the prevention of GBV (e.g., healthy/unhealthy relationships, the importance of consent, respect for others, autonomy, breaking down harmful gender stereotypes).

## SEXUAL HEALTH AND TELEMEDICINE

Throughout the pandemic, many health care providers had to shift to virtual care (i.e., telemedicine). During the early months of the pandemic, virtual appointments accounted for 71.1% of primary care visits in Ontario (Glazier et al., 2021).

Telemedicine offers the benefits of reduced risk of COVID-19 and increased accessibility for some youth (e.g., young people in remote regions). However, there are also challenges to providing sexual health education and care via virtual platforms. Youth may not have access to a private location or have reliable internet access. Certain assessments that are key to sexual health and well-being (e.g., STI testing, assessments for gender affirming care needs) may need to be conducted in person.

### WHAT CAN HEALTH CARE PROVIDERS DO?

- Ensure that digital health platforms are secure and encrypted.
- Be aware that youth may not have access to private a location. This may impact the sexual health information they are willing to disclose during virtual appointments or the online resources they are able to access.
- Be aware of how telemedicine experiences may differ for 2SLGBTQINA+ youth. Some 2SLGBTQINA+ youth may be in an environment where references to their sexual and/or gender identities could put them at risk for harm (Cohen & Bosk, 2020).
- Link youth to credible, online and/or printed sexual health education resources that they can access on their own time.
- Link youth to relevant community-based sexual health support services and organizations.
- Provide sexual health care and information through multiple platforms (e.g., online telehealth, face-to-face appointments, texting services). Some appointments may be best conducted in person to ensure privacy, whereas others could be completed virtually to increase accessibility.

## TRAUMA-INFORMED AND CULTURALLY SAFE AND COMPETENT CARE

**The impact of the COVID-19 pandemic reinforces the importance of taking a trauma-informed approach to sexual health promotion.** A trauma-informed approach recognizes that in addition to COVID-19-related stressors, youth may have experienced multiple forms of trauma (e.g., GBV, structural racism) that have implications for their sexual health and well-being.

As sexual health is closely linked to mental health (SIECCAN, 2019), it is important that health care providers discuss mental health supports with youth and link them to appropriate services. **Over 60% of 15-24-year-olds in Canada said their mental health had worsened since the beginning of the COVID-19 pandemic (Garriguet, 2021).**

Compared to older age groups, young people had greater levels of stress, anxiety, and depression during the early months of the pandemic (Nwachukwu, 2020).

The COVID-19 pandemic has disproportionality impacted:

- women,
- 2SLGBTQINA+ people,
- Indigenous people,
- Black people,
- racialized people, and
- people with disabilities (Cheung, 2020; City of Toronto, 2021; Mashford-Pringle et al., 2021; Rezaee, 2020; Statistics Canada, 2020a; 2020b; Tai et al., 2021; Women Enabled International, 2020).

It is critical that health care providers understand the specific sexual health needs of different groups of youth and consider how social factors intersect to create differential sexual health outcomes.

### Culturally safe and competent care includes:

Developing the skills to provide meaningful, inclusive, culturally relevant information and sexual health care.

Examining one's own position of power and privilege, while considering the "historical, social, and political contexts of racism, discrimination, and prejudice" (Baba, 2013; Mashford-Pringle et al., 2021).

Acknowledging barriers to effective sexual health care that arise from power imbalances between the patient and the provider (Curtis et al., 2019).

Changing the relationship between providers and patients to emphasize patients' needs and voices.

Coming out of the pandemic, the provision of culturally safe and competent sexual health education and services will be key to ensure that all young people have access to services that meet their unique needs.

### WHAT CAN HEALTH CARE PROVIDERS DO?

- Become familiar with the principles of trauma-informed care and consider how the principles can be applied when providing sexual and reproductive health information and services.
- Be aware that young people may be experiencing the compounded effects of COVID-19-related and non-COVID-19-related trauma.
- Tailor sexual health education and promotion activities and resources to the needs of young women, 2SLGBTQINA+ youth, Indigenous youth, Black youth, and racialized youth.
- Consider the ways that intersecting social factors (e.g., racism, ableism, transphobia) have resulted in differential sexual health outcomes and access to services during the COVID-19 pandemic.
- Link youth to relevant mental health support services and care.

See SIECCAN's accompanying Adapting to the COVID-19 Pandemic Factsheets:

- *Sexual Health Checklist for Health Care Providers*  
[www.covidsexualhealthchecklist.ca](http://www.covidsexualhealthchecklist.ca)
- *Getting Back Out There: Time for a Sexual Health Checkup*  
[www.covidsexualhealthfactsheet.ca](http://www.covidsexualhealthfactsheet.ca)

## REFERENCES

- Abortion Rights Coalition of Canada. (2021). Abortion rights and healthcare during COVID-19. <https://www.arcc-cdac.ca/covid-19/>
- Baba, L. (2013). Cultural safety in First Nations, Inuit, and Métis public health: Environmental scan of cultural competency and safety in education, training, and health services. *National Collaborating Centre for Aboriginal Health*.
- Cheung, J. (2020). Black people and other people of colour make up 83% of reported COVID-19 cases in Toronto. Canadian Broadcasting Company. <https://www.cbc.ca/news/20canada/toronto/toronto-covid-19-data-1.5669091>
- City of Toronto. (2021). COVID-19: Ethno-Racial Identity & Income. <https://www.toronto.ca/home/covid-19/covid-19-pandemic-data/covid-19-ethno-racial-group-income-infection-data/>
- Cohen, R. I. S., & Bosk, E. A. (2020). Vulnerable youth and the COVID-19 pandemic. *Pediatrics*, 146(1).
- Cousins, S. (2020). COVID-19 has “devastating” effect on women and girls. *The Lancet*, 396(10247), 301-302.
- Curtis, E., Jones, R., Tipene-Leach, D., Walker, C., Loring, B., Paine, S. J., & Reid, P. (2019). Why cultural safety rather than cultural competency is required to achieve health equity: a literature review and recommended definition. *International Journal for Equity in Health*, 18(1), 1-17.
- Egale. (2020). Impact of COVID-19: Canada’s LGBTQI2S Community in Focus. <https://egale.ca/wp-content/uploads/2020/04/Impact-of-COVID-19-Canada%E2%80%99s-LGBTQI2S-Community-in-Focus-2020-04-06.pdf>
- Garriguet, D. (2021). Portrait of youth in Canada: Data report. Chapter 1: Health of youth in Canada. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/42-28-0001/2021001/article/00001-eng.htm>
- Glazier, R. H., Green, M. E., Wu, F. C., Frymire, E., Kopp, A., & Kiran, T. (2021). Shifts in office and virtual primary care during the early COVID-19 pandemic in Ontario, Canada. *Cmaj*, 193(6), E200-E210.
- Harrigan, M. (2020). HIV self testing. CATIE. <https://www.catie.ca/en/fact-sheets/testing/hiv-self-testing>
- Jarrett, B. A., Peitzmeier, S. M., Restar, A., Adamson, T., Howell, S., Baral, S., & Beckham, S. W. (2020). Gender-affirming care, mental health, and economic stability in the time of COVID-19: a global cross-sectional study of transgender and non-binary people. *MedRxiv*.
- Khanlou, N., et al. (2020). COVID-19 pandemic guidelines for mental health support of racialized women at risk of gender-based violence: Knowledge synthesis report. [https://nknhanlou.info.yorku.ca/files/2020/11/Khanlou\\_COVID19-Pandemic-guidelines-for-mental-health-support-of-racialized-women-at-risk-of-GBV.Nov2020.pdf?x36566](https://nknhanlou.info.yorku.ca/files/2020/11/Khanlou_COVID19-Pandemic-guidelines-for-mental-health-support-of-racialized-women-at-risk-of-GBV.Nov2020.pdf?x36566)
- Kumar, N., Janmohamed, K., Nyhan, K., Forastiere, L., Zhang, W. H., Kågesten, A., ... & Tucker, J. (2021). Sexual health (excluding reproductive health, intimate partner violence and gender-based violence) and COVID-19: a scoping review. *Sexually Transmitted Infections*.
- Lindberg, L. D., Bell, D. L., & Kantor, L. M. (2020). The Sexual and Reproductive Health of Adolescents and Young Adults During the COVID-19 Pandemic. *Perspectives on Sexual and Reproductive Health*.
- Lindberg, L. D., VandeVusse, A., Mueller, J., & Kirstein, M. (2020). Early impacts of the COVID-19 pandemic: Findings from the 2020 Guttmacher Survey of Reproductive Health Experiences. <https://www.guttmacher.org/report/early-impacts-covid-19-pandemic-findings-2020-guttmacher-survey-reproductive-health>
- Loriggio, P. (2020). Ontario schools won’t provide grade 7 vaccinations amid COVID-19. Canadian Broadcasting Company. <https://www.cbc.ca/news/canada/toronto/ontario-school-vaccine-changes-1.5745898>
- Mashford-Pringle, A., Skura, C., Stutz, & Yohathassan, T. (2021) What we heard: Indigenous peoples and COVID-19. Supplementary report for the chief public health officer of Canada’s report on the state of public health in Canada. <https://www.canada.ca/en/public-health/corporate/publications/chief-public-health-officer-reports-state-public-health-canada/from-risk-resilience-equity-approach-covid-19/indigenous-peoples-covid-19-report.html>
- Nwachukwu, I., Nkire, N., Shalaby, R., Hrabok, M., Vuong, W., Gusnowski, A., ... & Agyapong, V. I. (2020). COVID-19 Pandemic: Age-Related Differences in Measures of Stress, Anxiety and Depression in Canada. *International Journal of Environmental Research and Public Health*, 17(17), 6366.
- O’Handley, B., Blair, K., Courtice, E., Hoskin, R.A., Holmberg, D., & Bell, K. (2020). COVID-19 Pandemic: LGBTQ+ experiences. <https://static1.squarespace.com/static/527403c4e4b02d3f058d2f18/t/5f3c62be4207255654555017/1597793002299/KLB+Research+COVID+19+LGBTQ%2B+Report+Final.pdf>
- Ogunbodede, O. T., Zablotska-Manos, I., & Lewis, D. A. (2021). Potential and demonstrated impacts of the COVID-19 pandemic on sexually transmissible infections. *Current Opinion in Infectious Diseases*, 34(1), 56-61.
- Oulman, E., Kim, T.H., Yunis, K., & Tamim, H. (2015). Prevalence and predictors of unintended pregnancy among women: An analysis of the Canadian maternity experiences survey. *BMC Pregnancy and Childbirth*, 15, 260-268.
- Prokopenko, E., & Kevins, C. (2020). Vulnerabilities related to COVID-19 among LGBTQ2+ Canadians. Statistics Canada. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00075-eng.htm>



Rezaee, J.R. (2020). An intersectional approach to COVID-19 she-covey. <https://www.ywcatoronto.org/takeaction/additional/intersectional>

Sanchez, T. H., Zlotorzynska, M., Rai, M., & Baral, S. D. (2020). Characterizing the impact of COVID-19 on men who have sex with men across the United States in April, 2020. *AIDS and Behavior*, 24(7), 2024-2032.

Sequeira, G. M., Kidd, K. M., Rankine, J., Miller, E., Ray, K. N., Fortenberry, J. D., & Richardson, L. P. (2021). Gender-Diverse Youth's Experiences and Satisfaction with Telemedicine for Gender-Affirming Care During the COVID-19 Pandemic. *Transgender Health*.

SIECCAN. (2019). Canadian guidelines for sexual health education. Toronto, ON: Sex Information and Education Council of Canada (SIECCAN). [www.sieccan.org](http://www.sieccan.org)

SIECCAN. (2020). Questions & Answers: Sexual Health Education in Schools and Other Settings. Toronto, ON: Sex Information & Education Council of Canada (SIECCAN). [www.sieccan.org](http://www.sieccan.org).

SIECCAN. (2021a). Youth, COVID-19, and Sexual Health: Background Information for Educators. Toronto, ON: Sex Information & Education Council of Canada (SIECCAN). <http://sieccan.org/wp-content/uploads/2021/05/2021-COVID-1-Youth-COVID19-and-Sexual-Health-Background-Information-for-Educators.pdf>

SIECCAN. (2021b). SIECCAN national university student sexual health survey. Sex Information and Education Council of Canada.

Statistics Canada. (2020a). Impacts of COVID-19 on Canadians: First results from crowdsourcing. <https://www150.statcan.gc.ca/n1/daily-quotidien/200423/dq200423a-eng.pdf>

Statistics Canada. (2020b). Perceptions of safety of Indigenous people during the COVID-19 pandemic. <https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00071-eng.htm>

Statistics Canada. (2020c). COVID-19 in Canada: A six-month update on social and economic impacts. <https://www150.statcan.gc.ca/n1/pub/11-631-x/11-631-x2020003-eng.htm>.

Tai, D. B. G., Shah, A., Doubeni, C. A., Sia, I. G., & Wieland, M. L. (2021). The disproportionate impact of COVID-19 on racial and ethnic minorities in the United States. *Clinical Infectious Diseases*, 72(4), 703-706.

Trans Care BC Provincial Health Services Authority. (2021). Gender-affirming care for trans, two-spirit, and gender diverse patients in BC: A primary care toolkit. <http://www.phsa.ca/transcarebc/Documents/HealthProf/Primary-Care-Toolkit.pdf>

Trudell, A.L. & Whitmore, E. (2020). Pandemic meets Pandemic: Understanding the Impacts of COVID19 on Gender-Based Violence Services and Survivors in Canada. Ottawa & London, ON: Ending Violence Association of Canada & Anova.

UN Women. (2020). Infographic: The shadow pandemic violence against women and girls and COVID-19. <https://www.unwomen.org/en/digital-library/multimedia/2020/4/infographic-covid19-violence-against-women-and-girls>

van der Miesen, A. I., Raaijmakers, D., & van de Grift, T. C. (2020). "You have to wait a little longer": Transgender (mental) health at risk as a consequence of deferring gender-affirming treatments during COVID-19. *Archives of Sexual Behavior*, 49, 1395-1399.

Women Enabled International. (2020). COVID-19 at the intersection of gender and disability Findings of a global human rights survey, March to April 2020. <https://womenenabled.org/blog/covid-19-survey-findings/>