Access to sexual healthcare during New Zealand’s COVID-19 lockdown: cross-sectional online survey of 15–24-year-olds in a high deprivation region

Sally B Rose, Susan M Garrett, Eileen M McKinlay, Sonya J Morgan

ABSTRACT

Background New Zealand’s response to the COVID-19 pandemic involved a nationwide stay-at-home lockdown in March–April 2020 that restricted access to primary healthcare services.

Methods An online survey of 15–24-year-olds in a high deprivation region of New Zealand asked about the need for, and receipt of, sexual healthcare during lockdown. Experience of telehealth and preferences for future receipt of sexual healthcare were also explored. Social media advertising was used to recruit participants over five weeks in August and October 2020.

Results The survey sample included 500 respondents comprising 58.8% females, 25.4% Māori (indigenous) ethnicity and 21.4% LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex +) young people. During lockdown, 22.2% of respondents reported sexual health needs (111/500), but fewer than half this group got help (45%, 50/111), believing their issue could wait, or due to barriers contacting services and lack of information about service availability. Experience of telehealth consultations (by 28/50 participants) was mostly favourable though only 46% agreed it was easier than going to the clinic. Telehealth methods were the preferred option by some participants for future receipt of sexual healthcare; but for most scenarios suggested, respondents favoured in-person clinic visits.

Conclusions Young people experienced unmet need for sexual healthcare during lockdown in New Zealand, but not because services were unavailable. Findings point to the need for targeted information dissemination to young people about available services and the importance of seeking help during lockdown. More research is needed to understand the advantages and disadvantages of sexual healthcare delivered via telehealth to inform future service provision.

INTRODUCTION

COVID-19 was declared a global pandemic by the World Health Organization (WHO) on 11 March 2020.1 Soon after, the New Zealand Government implemented a four-tiered system of alert levels designed to minimise and eliminate the spread of infection in the community.2 On 25 March, a move to alert level 4 saw the country go into a ‘lockdown’ that lasted for 7 weeks (inclusive of a shift to level 3 on 27 April).3 Everyone except essential workers were required to stay at home, border and travel restrictions were enforced, non-essential workplaces and schools closed, and social gatherings were banned. During lockdown, access to healthcare services radically
changed. Primary healthcare providers closed their doors on business as usual, and rapidly embraced new ways of working to protect both staff and vulnerable patients. In-person consultations were reserved for limited numbers of patients and conditions as determined by telephone triage, and consultations were conducted by telephone, video and messaging applications (telehealth or telemedicine).

Researchers have already explored patient experiences of primary healthcare delivered by telehealth during lockdown in New Zealand, but the extent to which telehealth is appropriate for, and was used for, sexual and reproductive health (SRH) issues is unclear. SRH consultations often involve discussion of confidential, sensitive issues. People without access to a quiet, private place will be at a significant disadvantage if only offered telehealth. Furthermore, many aspects of SRH care necessitate in-person consultations, and some aspects of SRH care were temporarily unavailable. For example, access to asymptomatic testing for sexually transmitted infections (STIs) was limited as laboratories prioritised resources for processing COVID-19 swabs. Intramuscular antibiotic treatment for gonorrhoea was not available in many services, and cervical screening and human papillomavirus immunisations were deferred. Long-acting reversible contraceptive methods could not be inserted or removed and access to oral contraceptives was limited to repeat prescriptions or new starts only for the minipill. Supply chains were disrupted, resulting in short supply or unavailability of some subsidised oral contraceptives and condoms. Young people are likely to have been most impacted by these restrictions. This study explored young people’s need for sexual healthcare during lockdown, their experience of care received, and preferences for future receipt of sexual healthcare. This was an opportunistic addition to a broader survey of young people’s access to sexual healthcare planned prior to the COVID-19 pandemic.

METHODS

Participants and recruitment
Survey participants were recruited via Facebook and Instagram, with sponsored posts presented to 15–24-year-olds in Hawkes Bay, New Zealand. This region is home to high proportions of young Māori (the indigenous people of New Zealand) and people living in more socioeconomically deprived sections of society – groups more likely to be disadvantaged in their sexual health, as evidenced by high population rates of chlamydia. Participants were invited to anonymously share their views on healthcare for young people and offered the chance to enter a prize draw for one of six NZ$100 cash prizes. The advert ran for five weeks between 26 August and 12 October 2020 (with a break to revise the advertisement to target males who had lower participation rates during the first three weeks). The survey was delivered using the Qualtrics online survey platform. An estimated 24,000 individuals living in the study area were deemed to meet inclusion criteria (age, region of residence). A sample size calculation performed using OpenEpi.com determined that 370 participants would provide a 5% margin of error (ie, a confidence interval (CI) of ±5 percentage points around the proportion of responses to selected survey items). Ethical approval was granted by the University of Otago Human Ethics Committee Health (Ref. H19/154).

Survey design
The survey questionnaire was customised for the current study and comprised 34 items (including nine questions in the ‘lockdown substudy’ we report on here, see online supplemental file). Sexual healthcare was defined as including “talking about staying safe when sexually active, sexually transmitted infections (STIs), an STI or symptom check, contraception or anything else you think is related to your sexual health and well-being”. Questions were formatted as multiple choice, Likert scales, and matrix questions. Questions with responses that led to branching required a response to proceed, but otherwise respondents could skip any questions they did not want to answer. Demographic information was sought at the end of the survey.

Patient and public involvement statement
A draft survey was reviewed by two groups of young people convened by a large Māori family-focused organisation in Hawkes Bay (that includes a health service). Participants included 15–24-year-olds, 12 males, eight females and a mix of ethnicities and young people in education, employment or neither. They were asked to comment on the recruitment advertisement, draft survey questions and response options, and were paid NZ$20 for their input. This feedback guided the final survey and advertising campaign. Study results and recommendations will be reported back to this group and survey participants.

Data cleaning and analysis
Data were exported into Microsoft Excel for collation and analysis. Responses were reviewed for completeness and partially completed surveys were included only if the first ‘block’ of questions was answered in full. Response frequencies were tabulated for all survey items (numbers, percentages and 95% CIs where appropriate) and cross-tabulated tables were populated for selected questions. Missing data are reported as ‘not stated’ in tables.

RESULTS
Of the 1187 people who clicked on the advertisement, 560 submitted a survey (47.2%). Of these, 500 were included in the analysis (comprising 439 complete surveys and 61/121 partially completed surveys).
### Table 1  Demographic characteristics of survey respondents and proportions (95% confidence interval) who needed, and received, care for a sexual health matter during lockdown

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total</th>
<th>Had SH needs during lockdown*</th>
<th>Received SH care during lockdown*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>95% CI</td>
</tr>
<tr>
<td>Total</td>
<td>500</td>
<td>100</td>
<td>111</td>
</tr>
<tr>
<td>Age (years)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15–17</td>
<td>151</td>
<td>30.2 (22.4)</td>
<td>22</td>
</tr>
<tr>
<td>18–21</td>
<td>147</td>
<td>29.4 (16.0 to 30.1)</td>
<td>33</td>
</tr>
<tr>
<td>22–24</td>
<td>149</td>
<td>29.8 (26.7 to 42.4)</td>
<td>51</td>
</tr>
<tr>
<td>Not stated</td>
<td>53</td>
<td>10.6 (3.1 to 20.7)</td>
<td>5</td>
</tr>
<tr>
<td>Ethnicity (total count)†</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Māori</td>
<td>127</td>
<td>25.4 (22.1 to 38.7)</td>
<td>38</td>
</tr>
<tr>
<td>Pacific</td>
<td>27</td>
<td>5.4 (13.8 to 50.2)</td>
<td>8</td>
</tr>
<tr>
<td>NZ European</td>
<td>357</td>
<td>71.4 (19.2 to 28.3)</td>
<td>84</td>
</tr>
<tr>
<td>Asian</td>
<td>21</td>
<td>4.2 (3.0 to 36.3)</td>
<td>3</td>
</tr>
<tr>
<td>MELAA</td>
<td>4</td>
<td>0.8 (0.6 to 80.6)</td>
<td>1</td>
</tr>
<tr>
<td>Not stated</td>
<td>56</td>
<td>11.2 (3.0 to 19.6)</td>
<td>5</td>
</tr>
<tr>
<td>Gender‡</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>294</td>
<td>58.8 (28.0 to 39.0)</td>
<td>98</td>
</tr>
<tr>
<td>Male</td>
<td>138</td>
<td>27.6 (1.6 to 9.2)</td>
<td>6</td>
</tr>
<tr>
<td>Gender diverse</td>
<td>11</td>
<td>2.2 (0.2 to 41.3)</td>
<td>1</td>
</tr>
<tr>
<td>Not stated</td>
<td>57</td>
<td>11.4 (4.0 to 21.5)</td>
<td>6</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heterosexual or straight</td>
<td>315</td>
<td>63.0 (18.6 to 28.2)</td>
<td>73</td>
</tr>
<tr>
<td>Bisexual</td>
<td>72</td>
<td>14.4 (17.9 to 39.6)</td>
<td>20</td>
</tr>
<tr>
<td>Gay or lesbian</td>
<td>27</td>
<td>5.4 (6.3 to 38.1)</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>11</td>
<td>2.2 (0.2 to 41.3)</td>
<td>1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>9</td>
<td>1.8 (7.5 to 70.1)</td>
<td>3</td>
</tr>
<tr>
<td>Not stated</td>
<td>66</td>
<td>13.2 (6.4 to 24.3)</td>
<td>9</td>
</tr>
<tr>
<td>LGBTQI+§</td>
<td>107</td>
<td>21.4 (16.5 to 33.5)</td>
<td>26</td>
</tr>
<tr>
<td>Education/employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>At school or studying</td>
<td>213</td>
<td>42.6 (13.8 to 24.7)</td>
<td>40</td>
</tr>
<tr>
<td>Working full- or part-time¶</td>
<td>197</td>
<td>39.4 (20.4 to 33.1)</td>
<td>52</td>
</tr>
<tr>
<td>Not in employment, education or training (NEET)</td>
<td>65</td>
<td>13.0 (17.3 to 40.2)</td>
<td>18</td>
</tr>
<tr>
<td>Caring for child(ren)/someone else</td>
<td>27</td>
<td>5.4 (22.4 to 61.2)</td>
<td>11</td>
</tr>
<tr>
<td>Not stated</td>
<td>58</td>
<td>11.6 (5.0 to 23.3)</td>
<td>7</td>
</tr>
<tr>
<td>Usual place for healthcare</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GP/nurse clinic</td>
<td>432</td>
<td>86.4 (19.0 to 27.2)</td>
<td>99</td>
</tr>
<tr>
<td>Māori or Pacific clinic</td>
<td>11</td>
<td>2.2 (0.2 to 41.3)</td>
<td>1</td>
</tr>
<tr>
<td>Student health/school clinic</td>
<td>25</td>
<td>5.0 (6.8 to 40.7)</td>
<td>5</td>
</tr>
<tr>
<td>Youth health clinic</td>
<td>13</td>
<td>2.6 (5.0 to 53.8)</td>
<td>3</td>
</tr>
<tr>
<td>After hours clinic</td>
<td>4</td>
<td>0.8 (0.8 to 90.6)</td>
<td>0</td>
</tr>
<tr>
<td>Emergency department</td>
<td>3</td>
<td>0.6 (0.8 to 90.6)</td>
<td>1</td>
</tr>
<tr>
<td>Other/don’t know/not stated</td>
<td>12</td>
<td>2.4 (2.1 to 48.4)</td>
<td>2</td>
</tr>
<tr>
<td>Sexual healthcare history</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sought SH care in the past</td>
<td>300</td>
<td>60.0 (26.1 to 36.9)</td>
<td>94</td>
</tr>
<tr>
<td>Tested for STIs in the past</td>
<td>192</td>
<td>38.4 (30.6 to 44.8)</td>
<td>72</td>
</tr>
<tr>
<td>Treated for an STI in the past</td>
<td>79</td>
<td>15.8 (33.1 to 55.9)</td>
<td>35</td>
</tr>
</tbody>
</table>

*Continued*
Table 1 Continued

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Total</th>
<th>Had SH needs during lockdown*</th>
<th>Received SH care during lockdown*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>95% CI</td>
</tr>
<tr>
<td></td>
<td>n</td>
<td>%</td>
<td>95% CI</td>
</tr>
</tbody>
</table>
| *Responses to question about SH needs during lockdown: 387 answered ‘No’ and 2 ‘Don’t know’. When asked if they got help during lockdown, 50 answered ‘Yes’, 58 answered ‘No’ and 3 answered ‘Don’t know’.
†Total count ethnicity means that individuals self-identifying with multiple ethnicities are included in each of the ethnic groups with which they belong, therefore column percentages sum to more than 100%.
*Gender diverse group includes: 2 transfemales, 3 transmales, 2 gender fluid, 1 gender apathetic person.
§LGBTQI+ is used as an umbrella term that includes individuals who identified with gender and/or sexual orientation subcategories including lesbian, gay, queer, bisexual, and/or transgender or gender diverse (note we did not ask participants whether they identified as ‘LGBTQI+’).
*People in job training or apprenticeships are included with those in full-part-time work. Respondents could select more than one option here so column percentages sum to more than 100%.
CI, confidence interval; GP, general practitioner; MELAA, Middle Eastern/Latin American/African; NZ, New Zealand; SH, sexual health; STI, sexually transmitted infection.

Table 2 Reasons sexual healthcare was not accessed during lockdown (total n=58)

<table>
<thead>
<tr>
<th>Reasons sexual healthcare not accessed during lockdown</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue viewed by individual as unimportant/non-urgent†</td>
<td>29</td>
<td>50.0</td>
</tr>
<tr>
<td>Didn’t think it was important/necessary</td>
<td>20</td>
<td>34.5</td>
</tr>
<tr>
<td>Thought it could wait</td>
<td>23</td>
<td>39.7</td>
</tr>
<tr>
<td>Barriers to seeking healthcare†</td>
<td>24</td>
<td>41.4</td>
</tr>
<tr>
<td>People in my household would ask where I was going</td>
<td>15</td>
<td>25.9</td>
</tr>
<tr>
<td>Tried calling but couldn’t get through</td>
<td>11</td>
<td>19.0</td>
</tr>
<tr>
<td>No way to get to a clinic</td>
<td>9</td>
<td>15.5</td>
</tr>
<tr>
<td>No privacy to make a telephone call</td>
<td>8</td>
<td>13.8</td>
</tr>
<tr>
<td>No telephone credit</td>
<td>4</td>
<td>6.9</td>
</tr>
<tr>
<td>Don’t have my own telephone</td>
<td>1</td>
<td>1.7</td>
</tr>
<tr>
<td>Lack of information about service availability during lockdown†</td>
<td>24</td>
<td>41.4</td>
</tr>
<tr>
<td>Didn’t think I was allowed to during lockdown</td>
<td>19</td>
<td>32.8</td>
</tr>
<tr>
<td>Didn’t think anywhere was open</td>
<td>12</td>
<td>20.7</td>
</tr>
<tr>
<td>Didn’t know who to call</td>
<td>6</td>
<td>10.3</td>
</tr>
<tr>
<td>COVID-19/lockdown-related concerns†</td>
<td>15</td>
<td>25.8</td>
</tr>
<tr>
<td>Didn’t want to leave house during lockdown</td>
<td>14</td>
<td>24.1</td>
</tr>
<tr>
<td>Worried about catching COVID-19 if I went out</td>
<td>8</td>
<td>13.8</td>
</tr>
<tr>
<td>Other reasons given*</td>
<td>7</td>
<td>12.1</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1</td>
<td>1.7</td>
</tr>
</tbody>
</table>

*Other reasons given: was homeless (1); no childcare (2); not called for routine contraception (1); working so missed call-backs (1); bad experience with care in the past (1); usual contraception not currently available in New Zealand (1).
†These are subheadings created for subcategories of similar types of reasons, number and percentage denotes the number of people who selected one or more reason in this subcategory.

Sexual healthcare needs and receipt of care during lockdown

Table 1 presents characteristics of the sample, with the number (% and 95% CIs) who needed and received care for their sexual health during lockdown. The sample included 25.4% Māori, 13% not in education, employment or training (‘NEET’) and 21.4% LGBTQI+ (lesbian, gay, bisexual, transgender, queer, intersex +). During lockdown, 22.2% (95% CI 18.6 to 26.1) of respondents reported having sexual health needs that they wanted to talk to a nurse or doctor about. Those more likely to have reported sexual healthcare needs included females (33.3%) and 22–24-year-olds (34.2%). Just under half this group received sexual healthcare during lockdown (45%, 50/111).

Reasons for not receiving sexual healthcare are presented in table 2 and include not thinking their issue was important or urgent, limitations in their ability to contact health services, and lack of awareness about service availability. Of those who viewed their issue as unimportant/non-urgent, 69% also selected one or more other category of reasons. COVID-19 and lockdown-related concerns were reported by a quarter of this group, and various other reasons noted as free-text comments (detailed in footnote to table 2).

The majority of the 50 people who did receive care during lockdown received it from their usual general practitioner (GP)/nurse clinic (41/50). Others accessed the nationally available telephone health advice service ‘Healthline’ (n=5), the local sexual health service (n=3), the youth health service (n=1), a different GP (n=5), an online GP (n=1) or the hospital emergency department (ED) (n=2). A small number accessed help from more than one place. Healthcare was received in a variety of ways: 40% had an in-person clinic consultation (20/50), includes two people visiting the hospital ED) and the rest received care via telehealth methods (29/50, one person did not specify). Telephone consultations with their usual GP/nurse clinic were the most commonly reported (24/29), with a different GP/nurse clinic (n=3) or the sexual health service (n=1). One person reported having had a video call with a sexual health clinic, and one person used a messenger service.

Experience of Telehealth consultations and care during lockdown

Participants who received care for their sexual health during lockdown were asked to indicate how happy they were with the care, advice or treatment received using a pictorial ‘happy face slider scale’. The majority (82%, 41/50) indicated that they were happy or very happy. Two people responded with a neutral face, one...
Table 3 Respondents agreement with statements about sexual healthcare provided via telehealth methods during lockdown (n=28)

<table>
<thead>
<tr>
<th>Statement</th>
<th>Agree*</th>
<th>Neutral</th>
<th>Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>I trusted that what I told the nurse/doctor would be kept confidential</td>
<td>24</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>I had enough time to talk about everything I wanted to talk about</td>
<td>20</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>The technology worked well</td>
<td>20</td>
<td>6</td>
<td>0</td>
</tr>
<tr>
<td>I had enough privacy to talk to the nurse/doctor from my home/place of lockdown</td>
<td>18</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>The nurse/doctor I spoke to was someone I knew</td>
<td>15</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td>It was easier than going to the clinic</td>
<td>13</td>
<td>9</td>
<td>5</td>
</tr>
</tbody>
</table>

*Don’t know (DK) responses are not shown in the table: only one person responded ‘DK’ to all questions, and one person responded DK to “the technology worked well”. Percentages were calculated using n=28 as the denominator.

Future access to sexual healthcare

Participants were asked to indicate their preferred method of contact with the nurse or doctor (clinic visit, telephone/video consult or messaging options) for seven different scenarios that are presented in figure 1. In-person clinic visits were the preferred option for the majority of respondents in all scenarios, particularly for STI testing (90.2%) and treatment (89.9%). Fewer than 20% of participants indicated a preference for receipt of care via telephone or video-call: to get information or advice about a sexual health matter (18.8%), to discuss HIV medication (18.1%) or if they had symptoms they were worried about (15.6%). Access to free STI testing both within, and outside, clinic settings appealed to survey participants, 55.1% would want to be able to pick up a test kit to use at home (248/450), and 42.2% want to be able to order a test kit online (190/450).

DISCUSSION

One in five survey respondents reported having sexual healthcare needs they wanted to talk to a nurse or doctor about during New Zealand’s COVID-19-driven nationwide lockdown, but fewer than half received care. Reasons for not getting care were generally not related to lack of service availability, but to perceptions
that their needs were unimportant or non-urgent, barriers to seeking healthcare, and lack of aware-
ness about service availability during lockdown. This
highlights the need for targeted communication from
service providers to inform young people about avail-
able services during lockdown (eg, via text message or
social media posts). Young people need to be encour-
aged and supported to contact health services during
lockdown, and indeed in ‘usual times’ to minimise the
unintended consequences of delayed or missed health-
seeking for their SRH needs.

Of those who did receive care for their sexual health
during lockdown, 60% did so via a telehealth method
(most often a telephone call) and most reported a posi-
tive experience. Pre-COVID-19, telehealth consulta-
tions have been suggested as a way to reduce access
barriers related to travel, geographic location, wait
times and childcare.14 15 However, telehealth consul-
tations can disadvantage people without a reliable
internet connection, without permanent accom-
modation, or who live in shared or crowded places
with no access to a private space for a confidential
conversation with a health provider. 16 These kinds of
constraints on connectivity and privacy more often
impact young people, ethnic minority groups, and
members of the LGBTQI+community.17 Our survey
sample was too small to identify clear differences in
the sociodemographic characteristics of those unable
to access services, but there was some evidence that
individuals in the NEET group were less likely to have
received sexual healthcare during lockdown. This
group is known to face more challenges accessing
sexual healthcare in New Zealand.18

There are particular confidentiality and privacy
issues when using telehealth methods,19 and we
observed that trying to talk to nurses or doctors
about sexual health during lockdown was difficult for
some young people participating in this study. Partic-
ipants preferences for receipt of sexual healthcare in
the future predominantly centred around in-person,
clinic visits. While favoured by some, telephone or
video consultations were generally less preferred than
messaging options. We did not seek information about
reasons for choice of consultation method in this
study, but personal circumstances, familiarity/existing
relationships with service providers, and perceived
convenience are likely factors driving choice of
method.8 8 Hesitancy to use video consultations for
sexual healthcare (and healthcare in general) has been
associated with fears about confidentiality and secu-
ity in previous research.20 21 It has been suggested that
despite being avid mobile phone users, many
young people are not comfortable making or taking
calls,22 which could partly explain the lack of support
for telephone consultations. Young people can find it
hard to seek sexual healthcare at the best of times,23
and so the conditions under which telehealth options
might help or hinder access to sexual health care need
to be more clearly understood so that these options
can be offered if, and when, appropriate.

Study limitations
Strengths of the study include the diversity of the
sample, with participation by young people known
to face more challenges in accessing sexual healthcare
(young Māori, LGBTQI+ and NEET).18 Although the
total sample included 500 participants, the number of
young people who had experienced sexual healthcare
during lockdown was small, as was the proportion of
those with experience of telehealth during lockdown.
Therefore, we could not draw conclusions about
potential differences in need or access for important
demographic subgroups (eg, Māori). A larger study
sample and/or qualitative research would be useful to
provide more robust data on the acceptability of tele-
health methods for sexual health needs. This study
only involved young people in one region, (although
selected for its high deprivation population) so find-
ings may not be generalisable to the experience of
young people in other areas of New Zealand, or other
countries. Our recruitment method was both a strength
and a weakness of the study. As has been reported
elsewhere,24 we were able to reach a diverse group
of young people but would have missed anyone not
engaged in the social media platforms used to advertise
the study, as well as those unable to access a device,
data or WiFi – a group known to have faced significant
challenges during lockdown. The survey was adminis-
tered some 5 months after the nationwide lockdown
which may have resulted in recall bias. Some of the
challenges identified by participants as impacting on
their ability to access healthcare will not have been
specific to lockdown. To keep survey completion time
to a minimum, questions were kept brief. To avoid
privacy and confidentiality concerns, participants were
not asked about the nature of their sexual health care/
issues, so we cannot comment on specific aspects of
care that were able/unable to be accessed during lock-
down. Presumably some of the in-person consultations
will have been for care that could not be provided
virtually by telehealth.

Implications for future research
As primary healthcare providers take the time to
revise and develop new protocols and policies to guide
future responses to COVID-19,4 consideration must
be given to the safe and effective provision of SRH
care. Sexual health service providers surveyed during
lockdown in Australia noted that telehealth does not
allow for the same level of engagement as in-person
consultations, and reduces the likelihood of opportun-
istic conversations about sexual health.25 Furthermore,
a range of SRH issues necessitate in-person care, so
if or when access is limited only to telehealth, some
important aspects of care will be delayed or missed.
The range of ways in which New Zealand providers
limited or adapted their provision of SRH services during the nationwide lockdown have not yet been fully documented. Research to understand the impact of COVID-19 on the SRH provider landscape and documentation of lessons learnt by SRH providers in New Zealand would be valuable. Limitations in telehealth and young people’s concerns about these methods for SRH care need to be more clearly understood to inform future service provision, particularly for groups known to experience inequity in their SRH such as young Māori. This will allow mitigating strategies to be identified and implemented during future periods of lockdown to avoid exacerbation of current inequities in access to SRH care.

Acknowledgements The authors would like to acknowledge the young people who took part in focus groups during survey development and those who completed a survey. They thank staff at Te Taiwhenua o Heretaunga for their support of the survey development and organisation of focus group participants.

Contributors SBR and SMG conceived of the original research question and obtained funding. SBR, SMG, EMM and SJM planned the study and designed the survey questionnaire. SBR and EMM organised, and liaised with, the organisation hosting the focus groups. SMG prepared the online survey and cleaned the dataset. SBR collated data, undertook analyses, prepared tables and figures, and wrote the first draft of the manuscript. SBR, SMG, EMM and SJM contributed to data interpretation, revised the first and subsequent drafts critically for intellectual content, and approved the final manuscript. All authors agree to be accountable for all aspects of the work. SBR is the manuscript’s guarantor.

Funding This work was supported by the Hawkes Bay Medical Research Foundation (grant-in-aid, 2019) and a University of Otago Dean’s grant (grant-in-aid, 2019). The funding bodies played no part in the study design, collection, analysis or interpretation of the data, writing of the report, or decision to submit the manuscript for publication.

Competing interests None declared.

Patient and public involvement Patients and/or the public were involved in the design, conduct, or reporting, or dissemination plans of this research. Refer to the Methods section for further details.

Patient consent for publication Not required.

Provenance and peer review Not commissioned; externally peer reviewed.

Data availability statement No data are available. All data collected in the study survey are being analysed and published by the research team. Ethical approval was not sought to make data publicly available and study participants were advised that their data would only be used and viewed by the immediate research team.

This article is made freely available for use in accordance with BMJ’s website terms and conditions for the duration of the covid-19 pandemic or until otherwise determined by BMJ. You may use, download and print the article for any lawful, non-commercial purpose (including text and data mining) provided that all copyright notices and trade marks are retained.

ORCID iD
Sally B Rose http://orcid.org/0000-0002-5626-5142

REFERENCES


SURVEY QUESTIONS: Sexual healthcare during COVID-19 lockdown in New Zealand.

1a Where do you usually go to see a nurse or doctor (DR) about your health?
- GP/nurse clinic
- Māori or Pacific clinic
- Youth health clinic (YOSS)
- School clinic
- Student health clinic
- After hours clinic
- Hospital emergency department (ED)
- Other, please state________________________________________________
- Don't know

1b Have you ever talked with a nurse or Dr about a sexual health matter?
This could include talking about staying safe when sexually active, sexually transmitted infections (STIs), an STI or symptom check, contraception or anything else you think is related to your sexual health and wellbeing.
- Yes
- No

Display This Question: If Have you ever talked with a nurse or Dr about a sexual health matter? This could include talking... = Yes

10a Have you ever been tested for sexually transmitted infections (STIs)? STIs are infections like chlamydia and gonorrhoea that are passed on through sexual contact.
- Yes
- No
- Don't know
- Choose not to answer

Display This Question: If Have you ever talked with a nurse or Dr about a sexual health matter? This could include talking... = Yes

10b Have you ever been treated for an STI?
- Yes
- No
- Don't know
- Choose not to answer

Access to healthcare during COVID-19 lockdown

During the COVID-19 alert level 3-4 nationwide lockdown (24 March - 12 May), our access to healthcare changed. Please answer the following questions about your sexual healthcare needs during this time.

18 During Lockdown, did you have any sexual health needs (including contraception) that you wanted to talk to a nurse/Dr about?
2. Access to sexual healthcare during COVID-19 Lockdown in NZ

19 Did you get help from a nurse/Dr about your sexual health care needs during Lockdown?

- Yes
- No
- Don’t know

20 Where did you get help from? Mark all that apply.

- Healthline
- My usual GP/Nurse clinic (where I am enrolled)
- A different GP/Nurse clinic (where I am not enrolled)
- Youth health clinic (YOSS)
- Sexual health clinic
- School clinic/Student health clinic
- After hours clinic
- Hospital Emergency department (ED)
- On-line doctor
- Don’t know

21 How was help provided to you by the Nurse/Dr?

- Phone call
- Video call
- In person at the clinic
- Email
- Text
- Messenger

22 If you had a phone or video call related to sexual health care during the level 3-4 Covid-19 lockdown, how did it go? Choose whether you agree or disagree with the statements below.

<table>
<thead>
<tr>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

2 Access to sexual healthcare during COVID-19 Lockdown in NZ
The technology worked well

The Nurse/Dr I spoke to was someone I knew

I had enough privacy to talk to the Nurse/Dr from my home/place of lockdown

It was easy to understand what the Nurse/Dr was saying

I trusted that what I told the Nurse/Dr would be kept confidential

The Nurse/Dr checked I understood everything

I had enough time to talk about everything I wanted to talk about

It was easier than going to the clinic

I understood what (if anything) would happen next or what I needed to do next

Display This Question: IfDid you get help from a nurse/Dr about your sexual health care needs during Lockdown? = Yes

23 Use the slider scale to show how happy you were with the advice, care or treatment you got for your sexual health during Lockdown.

1. Very unhappy face
2. Unhappy face
3. Neutral face
4. Happy face
5. Very happy face

Display This Question: If Did you get help from a nurse/Dr about your sexual health care needs during Lockdown? = No

24 What were the reasons for not seeking help for your sexual health during Lockdown? Choose all that apply.

- Tried calling but couldn’t get through
- Didn’t know who to call
- Didn’t think it was important
- Didn’t think anywhere was open
- Didn’t think I was allowed to during lockdown
- Thought it could wait
- No privacy to make a phone call
- Don’t have my own phone
- No phone credit
- No way to get to a clinic
- Didn’t want to leave house during lockdown
- Worried about catching Covid-19 if I went out
- People in my bubble (household) would ask where I was going
25 Which method of contact with the nurse/Dr would you most want to use in the following situations?

<table>
<thead>
<tr>
<th>Scenario</th>
<th>Clinic visit (in person)</th>
<th>Phone or video call</th>
<th>Text/email/messaging</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>To get information or advice about a sexual health matter</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you had symptoms you were worried about</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you wanted to get checked for STIs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To get treatment for an STI</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you wanted to get condoms/barrier protection</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you needed contraception (ignore if you don’t have female reproductive system)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If you wanted to discuss HIV medication</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26 STI testing - a test for an STI usually involves taking your own vaginal swab or peeing in a pot at a clinic, but other options for testing might be more appealing to young people. Where might you want to get a free STI test if you needed to? Mark all that apply.

- At the nurse/Dr clinic
- Pick up a test kit to use at home
- Order a test kit online
- At a mobile clinic (e.g. bus or caravan)
- At a marae
- At a pharmacy
- At a community or Youth centre

Let us know a bit about who is taking this survey.

28 How old are you?

- 15 - 17 years
- 18 - 19 years
- 20 - 21 years
- 22 - 24 years
29 Which ethnic group do you belong to? Tick all that apply to you.

- New Zealand European
- Māori
- Samoan
- Cook Island Māori
- Tongan
- Niuean
- Chinese
- Indian
- Other such as Dutch, Japanese, Tokelauan. Please state: ________________________________
- Choose not to answer

31 What is your gender identity?

- Female/Wahine
- Male/Tāne
- Transfemale/Whakawahine
- Transmale/Tangata ira tāne
- Genderqueer or gender diverse (state if you wish): ________________________________
- Different identity, state if you wish: ________________________________
- Choose not to answer

32 Do you consider yourself to be:

- Heterosexual or straight
- Gay or lesbian
- Bisexual
- Not listed above, state if you wish: ________________________________
- Don’t know
- Choose not to answer

33 Which of these best describes you? Tick as many as apply.

- At school or studying
- Working part time
- Working full time
- Looking for work
- Caring for children or another person
Access to sexual healthcare during COVID-19 Lockdown in NZ

34 Which Hawkes Bay town do you live in, or is closest to where you live?

- Napier
- Hastings
- Havelock North
- Waipukurau
- Wairoa
- Clive
- Waipawa
- Other, state if you wish ________________________________
- Choose not to answer