

YOUTH, COVID-19, AND SEXUAL HEALTH: BACKGROUND INFORMATION FOR EDUCATORS

This resource is intended to provide educators with up-to-date information about how COVID-19 is impacting the relational and sexual lives of young people. For specific recommendations on how educators can adapt sexual health education to incorporate the challenges associated with the COVID-19 pandemic, please refer to our document *Providing Effective Sexual Health Education During COVID-19: Suggestions for Educators*.

Young people navigate important developmental tasks and transitions related to their sexual health and well-being. Youth learn to develop a sense of autonomy, establish close interpersonal relationships, experience the changes associated with puberty, develop and consolidate their sexual and gender identity, and make decisions about the types of sexual activity they engage in, among others (Rathus et al., 2020). The COVID-19 pandemic has significant implications for how youth are able to approach these tasks and the types of resources and supports they can access to help them make decisions about their sexual health and well-being.

HOW IS COVID-19 IMPACTING THE RELATIONAL AND SEXUAL LIVES OF YOUNG PEOPLE?

RELATIONSHIPS

Peer relationships provide youth with significant benefits and are critical to psychological well-being, identity development, and social-emotional learning (Furman & Rose, 2015; Pennsylvania State University, 2018). Currently, youth may not be able to connect with their peers as frequently or in the manner they were able to prior to the COVID-19 pandemic. Students' in-person social interactions are considerably limited by physical distancing guidelines and stay-at-home measures.

Adolescents say that the most distressing aspect of the COVID-19 pandemic is not being able to see their friends and report high levels of concern regarding limited/no participation in their normal social events and activities (Magson et al., 2021).



Feeling socially connected is important for young people's well-being. It is important that students find safe ways to maintain connection with friends in order to access their social support systems during the pandemic. In research with adolescents, feeling socially disconnected during the COVID-19 pandemic was linked to greater feelings of anxiety and depression and lower levels of life satisfaction (Magson et al., 2021).

Older students may also be looking for ways to safely navigate the development and maintenance of dating relationships. The majority of adolescents in dating relationships say that they have remained in contact with their partner and have provided them with support during the pandemic (Pigaiani et al., 2020).

It is important that young people are given information and skills that help them to:

- safely connect with their dating partners;
- communicate with their partners about physical, emotional, and sexual boundaries;
- express support and respect for their partner's boundaries; and
- navigate differences in household approaches to COVID-19 management strategies.

TECHNOLOGY USE

The COVID-19 pandemic has significantly altered the way many young people engage with technology. Youth are spending more time in online spaces in order to navigate COVID-19-related guidelines and stay connected.

While digital platforms allow for social connection and access to programs, services, and school, there are also substantial privacy and equity challenges that can impact students' relationships and sexual health.

SOCIAL CONNECTION

Digital platforms allow students to connect with family, friends, dating and sex partners, and to engage in academic and social activities. In a survey of adolescents aged 15-21 years, almost all (93.5%) reported using online social networks to keep in contact with their friends and 20% made new acquaintances online (Piagani et al., 2020). Almost half (49%) of university students in Canada said that they used technology more often to connect with a partner in non-sexual ways (SIECCAN, 2021).

While online social interactions have significant benefits, they also come with opportunity for miscommunication. Miscommunications that occur via text or in online environments can often be processed and resolved through in-person discussion (MediaSmarts, 2015). With the current COVID-19 guidelines and sporadic in-person school-closures, youth may have limited opportunities to engage in these conflict resolution strategies with friends and dating partners.

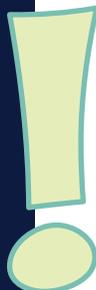
SEXTING

The COVID-19 pandemic has resulted in fewer opportunities for young people to connect in person with dating partners. As such, youth may be more likely to turn to technology to interact in sexual ways with their partners. **In Canada, 42% of young adults used technology more often to connect sexually with a partner during the pandemic (SIECCAN, 2021).** In a study of adolescent gay and bisexual men, most individuals engaged in similar amounts of sexting as they did prior to the pandemic; 10% increased their virtual connections (e.g., sexting, video chatting; Nelson et al, 2020).

In the context of COVID-19, sexting can be viewed as an alternative and safe sexual behaviour as it allows partners to connect without the risk of getting or passing COVID-19. Sexting can also be an alternative way to experiment sexually when youth are not ready to engage in physical sexual behaviour (Anastassiou, 2017).

It is critical that youth understand the social and legal consequences of sexting (SIECCAN, 2020). Youth should be aware that it is against the law to share a photo or video of someone of a sexual nature without their consent (Criminal Code, 1985).

It is imperative that youth also appreciate the ethical considerations of non-consensual sharing of sexts and learn about problematic stereotypes and attitudes that are linked to sharing sexts without the sender's consent (e.g., victim blaming; Johnson et al., 2018).



REMOTE LEARNING

As schools across Canada periodically shift to remote learning, there are several sexual health and well-being questions to consider:

- Are youth still receiving access to sexual health education that meets their needs (e.g., Is adequate time allotted to sexual health education in the digital environment? Are youth being linked to appropriate sexual health services in their community?).
- Do youth have a private learning space to discuss and process the sexual health information that they are receiving with their teacher and their peers?
- Do youth have supports at home to help them process the sexual health information they learn in their online environment?
- Does the remote sexual health education include additional supports for finding and verifying information online? It is critical that youth develop the skills to discern between credible and problematic sources of sexual health information found online (SIECCAN, 2019).

SAFETY AND PRIVACY

As young people spend a greater amount of time online, there is the possibility for increased risk of sexual exploitation, especially if youth have limited support and supervision (Greenbaum et al., 2020; Todres & Diaz, 2020).

At home, youth may have varying degrees of parental monitoring of their digital communication and online platform use and the extent to which family guidelines are discussed. Students and their families may be struggling to balance youths' privacy with safety and security. Having open communication about—and clear guidelines for—technology use within the home is key to helping youth safely navigate online environments (MediaSmarts, March 2021).

It is important that youth understand the privacy levels of the digital platforms that they use, have access to reliable sources of information about healthy sexuality and relationships, and learn to recognize warning signs and grooming tactics (MediaSmarts, March 2021).

More than ever, it is critical that young people receive the support, information, and skills to safely navigate online environments and to seek help from trusted adults when needed.

GENDER AND SEXUAL ORIENTATION

Students of all gender identities and sexual orientations are impacted by COVID-19 and the strategies used to prevent COVID-19. However, LGBTQ2INSA+ youth may face unique COVID-19-related stressors that differentially impact their sexual health and well-being.

LGBTQ2INSA+: Lesbian, gay, bisexual, transgender, queer, intersex, Two-Spirit, nonbinary, asexual, and other emerging identities.

LIVING ARRANGEMENTS

While some LGBTQ2ISNA+ students have support from their families and the people they live with, others may not. LGBTQ2ISNA+ youth and young adults report concerns about being at home with parents or family who are not supportive of their sexual and/or gender identities (Fish et al., 2020; O’Handley et al., 2020). Transgender and gender diverse youth report significantly less support from their family members during COVID-19 compared to cisgender youth (Hawke et al., 2021). In a study of LGBTQ+ experiences of COVID-19, over one quarter of LGBTQ+ participants who had moved during the pandemic experienced less freedom to express themselves (O’Handley et al., 2020).

SOCIAL SUPPORT

LGBTQ2ISNA+ students may experience disruptions to social support systems that are relevant to their sexual and gender identities. LGBTQ+ youth and young adults report a loss of access to safe spaces, friends, and LGBTQ+ community groups (Fish et al., 2020; O’Handley et al., 2020). In one study, 19% of LGBTQ+ participants felt their access to relevant LGBTQ+ social support had changed during COVID-19 (O’Handley et al., 2020). A small number said that online access to LGBTQ+ communities has been helpful (e.g., having Gay-Straight Alliances switch to online formats; O’Handley et al., 2020).

A loss of social support that is specific to sexual and gender identity may especially impact LGBTQ2ISNA+ students who lack access to affirming social support and resources outside of the school environment (Salerno et al., 2020).

GENDER-BASED VIOLENCE

Gender-based violence is violence that is committed against someone based on their gender identity, gender expression, or perceived gender identity (Women and Gender Equality Canada, 2020). People of all backgrounds and identities experience violence. However, young people, especially young women with LGBTQ2ISNA+ identities, are disproportionately impacted by violence (Cotter & Savage, 2019).

During the COVID-19 pandemic, there has been a rise in incidence of gender-based violence and an increase in demand for services related to gender based violence (e.g., shelters; Mittal & Singh, 2020; UN Women, 2020). A significantly higher percentage of young women (12%) aged 15-24 report being anxious or extremely anxious about violence in the home during COVID-19, compared to young men of the same age group (8%; Statistics Canada, 2020). School closures, changes to health service provision, and stay-at-home guidelines may impact youths’ access to appropriate sexual assault and violence support services (Chiang et al., 2021).

SEXUAL AND REPRODUCTIVE HEALTH

SERVICE DISRUPTION

Young people often face barriers in obtaining appropriate sexual and reproductive health services (e.g., stigma, lack of culturally safe services, geographic location). The COVID-19 pandemic has imposed additional barriers for youth, such as:

- **Stay-at-home Guidelines:** Youth may be limited in their ability to leave their home and have few transportation options (Mmeje et al., 2020). Youth may have limited information as to which in-person services are available but may also refrain from accessing in-person services due to worry about COVID-19 exposure (UNFPA, 2020).
- **Privacy Concerns:** Virtual healthcare can help increase access to sexual and reproductive health services for some students, especially youth who live in remote areas. However, not all young people have access to a private location in the home from which to have video or phone conversations with healthcare providers.
- **Reduction of Sexual and Reproductive Health Services:** Sexual health services may be redeployed during the COVID-19 pandemic, resulting in decreased access. In some parts of Canada, school-based HPV vaccination programs have been postponed (Loriggio, 2020). According to the Public Health Agency of Canada, 44% of sexually transmitted infection (STI) prevention, testing, and treatment service providers experienced a decrease in their

ability to provide services (Public Health Agency of Canada, 2021). **This is in line with young people's experiences: in a recent survey, approximately one quarter of Canadian university students reported decreased access to STI testing, HIV testing, reproductive health services, and the HPV vaccine (SIECCAN, 2021).**

ACCESSING SEXUAL HEALTH INFORMATION

School is a primary and preferred source of sexual health information for young people (Frappier et al., 2008; Pound et al., 2016). Due to lockdown measures that were in place across Canada during the 2020 and 2021 school years, many students may have missed sexual health education that is important to navigating various developmental phases. For example, elementary students may have missed information critical to their understanding of the social, physical, and emotional changes associated with puberty. Secondary students may have missed important information focused on safer sex and the development of healthy relationships. Key concepts may need to be repeated and reinforced to ensure that students have opportunities to learn about and ask questions related to content that they may have missed or had limited exposure to.

Youth also obtain sexual health information through additional sources, such as peers, parents, and media (Lavery et al., 2021). It is likely youth are relying more heavily on digital sources of sexual health information during the COVID-19 pandemic. While this may help youth navigate their sexual health questions with greater privacy, it is critical that young people are able to distinguish between accurate and inaccurate and otherwise problematic sources of sexual health information (e.g., online sources that are biased, homophobic, transphobic or reinforce harmful stereotypes related to gender, race, and class).

Youth need continued access to school-based sexual health education in order to develop and hone their digital media literacy skills and receive accurate, up-to-date sexual health information that is relevant to their lives.

SEXUAL BEHAVIOUR

Currently, COVID-19 is not considered an STI. Although COVID-19 has been found in semen and feces, other coronaviruses do not easily spread through sexual activity (Li et al., 2020; World Health Organization, 2020). COVID-19 is passed through respiratory droplets and aerosols via personal contact. This means that behaviours, such as kissing are high risk for getting or passing COVID-19.

Since most types of partnered sex involve close personal contact, young people's sexual interactions with partners may be significantly impacted. In order to follow public health guidelines, youth may not be meeting in person with dating and sex partners and opportunities to meet new partners may be limited.

In the context of COVID-19, solo sexual activities, such as masturbation, are considered low risk. Technology-mediated sexual interactions (e.g., sexting) also allow for partnered sexual connection without the risk of COVID-19. As noted above, privacy, consent, and attention to digital safety (e.g. not sharing sexts with others) are necessary.

During the pandemic, it is critical for young people to know about their options for safer sex and contraception and consider what safer sex strategies they may want to engage in to reduce their risk of unplanned pregnancy and/or STIs. This is especially important given the documented decrease in access to sexual and reproductive health services.

INTERSECTING IDENTITIES

It is important to recognize that not all students are impacted by the COVID-19-pandemic in the same way.

Students' experiences of the COVID-19 pandemic will differ based on intersecting factors:

- social (e.g., gender identity, race, [dis]ability)
- economic (e.g., income level, parent/guardian employment status and job type);
- geographical (living in urban or remote communities)

For example, research indicates that Black Canadians and people from lower-income households are disproportionately impacted by COVID-19 (Cheung, 2020; City of Toronto, 2021). Existing health disparities and systemic forms of discrimination (e.g., racism) may explain these differences (Public Health Agency of Canada, 2020).

Intersecting and diverse experiences should be included when considering how COVID-19 is impacting youths' sexual health and well-being.

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Young people report differential access to sexual health services during the COVID-19 pandemic as a result of different social identities.

In a study of university students, students of colour were more likely to report decreased access to STI testing/treatment services compared to white students (31% vs. 23%); women were more likely to report decreased access to reproductive health services compared to men (31% vs. 22%; SIECCAN, 2021).

In research on LGBTQ+ experiences during COVID-19, transgender and nonbinary people reported limited access to gender-affirming care (e.g., hormone replacement therapy, gender affirming surgery; O'Handley et al, 2020).

See SIECCAN's accompanying document titled *Providing Effective Sexual Health Education During COVID-19: Suggestions for Educators*. www.covideducatorsuggestions.ca

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