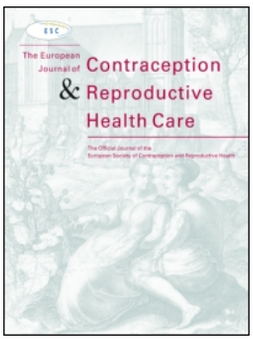

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CLINICAL STUDY

Sexual activity and contraceptive use during social distancing and self-isolation in the COVID-19 pandemic

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ABSTRACT

Objectives: The aims of the study were to investigate the effects of social distancing during the COVID-19 pandemic on the use of hormonal contraceptives, their discontinuation and the risk of unplanned pregnancy.

Methods: The study enrolled 317 women listed in the database of the Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy, family planning clinic who were known to be using hormonal contraceptives. The women were contacted by telephone and asked whether they would like to participate in the study. If they agreed, they were then emailed a questionnaire about their social behaviour and sexual activity during the pandemic, according to their cohabiting status, i.e., whether they were continuing to use their hormonal contraception and whether they had had an unplanned pregnancy.

Results: The questionnaire was completed by 175 (81.8%) women who were using short-acting reversible contraception (SARC) and by 90 (87.4%) women who were using long-acting reversible contraception (LARC). All married and cohabiting women were continuing to use their contraceptive method. None had had an unplanned pregnancy. On the other hand, 51 (50.5%) non-cohabiting or single women had discontinued their SARC method while social distancing, for non-method-related reasons; however, 47 (46.5%) non-cohabiting or single women had continued their sexual activity, infringing social distancing rules, and 14.9% had had an unplanned pregnancy, for which they had sought a termination.

Conclusion: Several non-cohabiting women using SARC had discontinued their contraceptive method during the pandemic but had continued to engage in sexual activity and had had an unplanned pregnancy. Clinicians should counsel women about what they should do in regard to contraception in the event of new, future social distancing measures.

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Contraception; COVID-19 pandemic; LARC; SARC; sexual function

Introduction

Social distancing and self-isolation at the start of the COVID-19 pandemic quickly changed people's lifestyles and habits [1]. Sexual behaviours had to adapt, both in terms of forced coexistence and of forced social distancing [2]. Cohabitation might have raised the frequency of sexual activity and increased the risk of unwanted pregnancy and domestic violence [3]. Self-isolation, however, caused a steep fall in sexual intimacy, with the availability only of remote intimacy, through online sexting [4].

Women may stop using hormonal contraception if they consider it unnecessary. Although short-acting reversible contraception (SARC), such as oral, transdermal or vaginal ring contraceptives, may be discontinued [5], long-acting reversible contraception (LARC), such as subdermal implants or intrauterine contraceptive devices, require removal by a health care professional. The aim of this study was to investigate whether women were continuing to use their contraceptive method during social distancing due to the pandemic (primary endpoint) and whether there were any unintended pregnancies after discontinuation (secondary endpoint).

Methods

An observational cross-sectional survey study was carried out at the family planning service of the Department of General Surgery and Medical-Surgical Specialties, University of Catania, Italy. The study conformed to the ethical guidelines of the 2013 Helsinki Declaration. Participants who had consented to their data being held in the service's database and used in future studies were interviewed by telephone to obtain their oral consent to participate in the current investigation. Data on the sociodemographic characteristics of the study sample and their contraceptive use were taken from the database and updated during the interview. A questionnaire was then emailed to each participant. The questions were on social behaviour and sexual activity during the COVID-19 pandemic according to the women's cohabiting status; specifically, whether the woman: (a) was cohabiting with a partner; (b) was continuing to use hormonal contraception; (c) had been sexually active; (d) (if responding 'yes' to part c) had had an unplanned pregnancy; (e) (if responding 'yes' to part d) had sought or was seeking a termination; and (f) had had sexual activity after sharing sexually explicit images or videos, or had watched them together with her partner.

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Results

Women whose data were in our database ($N = 376$) were contacted by telephone and invited to participate in the study (Figure 1). After being informed of the aim and details of the investigation, 59 (15.7%) women refused to participate, leaving 317 (84.3%) who were subsequently enrolled and sent a questionnaire. The questionnaire was not returned by 39/214 (18.2%) women who were using a SARC method, i.e., the oral contraceptive pill (OCP) or vaginal ring, and by 13/103 (12.6%) women who were using a LARC method, i.e., the etonogestrel-releasing subdermal implant or levonorgestrel-releasing intrauterine system (LNG-IUS). Consequently, 175 (81.8%) women using a SARC method and 90 (87.4%) using a LARC method completed the study.

Table 1 shows the sociodemographic characteristics of the study participants. Specifically, 221 (69.7%) women had adopted their method of contraception to avoid an unplanned pregnancy, and 96 (30.3%) for additional non-contraceptive benefits. As regards cohabiting status, 117 women were married, 99 were cohabiting with a partner and 101 were not cohabiting.

Table 2 shows the women's responses to questions about their social behaviour and sexual activity during social distancing. All married/cohabiting women were continuing to use their contraceptive method. None had had an unplanned pregnancy. On the other hand, 51 (50.5%) non-cohabiting women had discontinued SARC use during social distancing, for non-method-related reasons. Of these, 44 (86.3%) had been using the OCP, and seven (13.7%) the vaginal ring, mainly to avoid an unplanned pregnancy. However, 46.5% of these women had continued their sexual activity, infringing social distancing rules, and 14.9% had had an unplanned pregnancy, for which they had sought or were seeking a termination. None had asked for emergency contraception.

Twenty-five non-cohabiting women were using a LARC method to avoid unplanned pregnancy, 11 (44.0%) of whom had engaged in sexual activity without having an unplanned pregnancy. None of the women had requested removal of the LARC. Moreover, 2/61 (3.3%) women who were using a subdermal implant and 5/42 (11.9%) who were using an LNG-IUS had been taking advantage of the effectiveness of extended use beyond the labelled duration, for 3–4 months.

Finally, 51.4% of married or cohabiting women and 63.4% of non-cohabiting women had engaged in sexual activity after watching or sharing sexual images or videos.

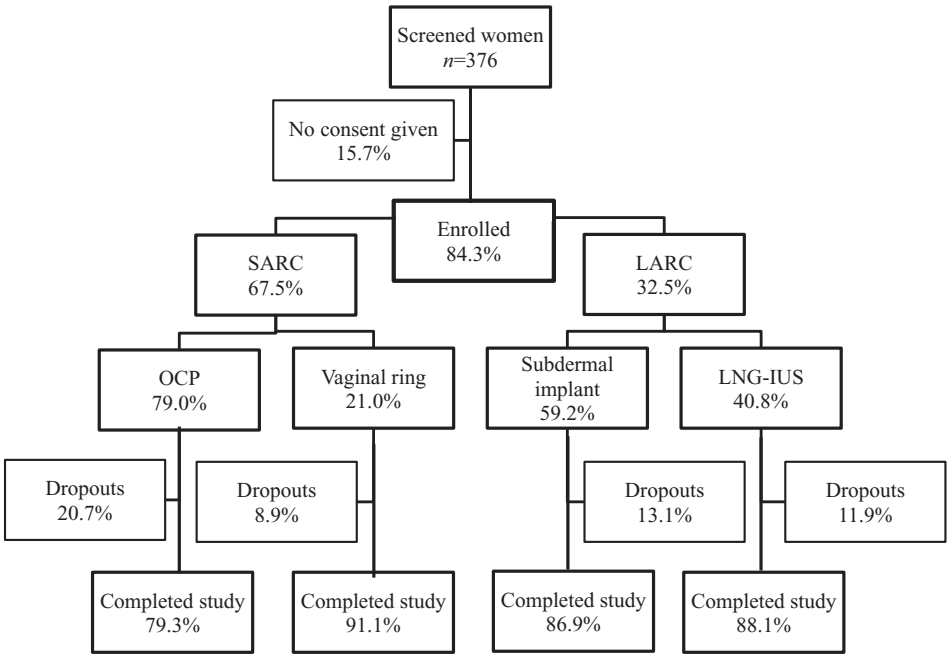

Figure 1. Flow chart showing the recruitment process.

Table 1. Sociodemographic characteristics of the study participants ($N = 317$).

Characteristic	OCP ($n = 169$)	Vaginal ring ($n = 45$)	Subdermal implant ($n = 61$)	LNG-IUS ($n = 42$)
Duration of contraceptive use, months	6–74	5–36	8–40	5–39
Main reason for contraceptive use, *n* (%)				
To avoid unplanned pregnancy	82 (48.5)	45 (100)	61 (100)	33 (78.6)
For non-contraceptive benefits	87 (51.5)			9 (21.4)
Age, years				
Range	18–48	18–32	18–38	18–35
Mean ± standard deviation	26.8 ± 5.3	23.8 ± 3.8	27.2 ± 2.1	26.5 ± 5.2
Menstrual cycle length, days	26–29	24–28	24–48	27–45
Duration of menses, days	2.4 ± 1.7	4.3 ± 2.1	2.4 ± 2.2	3.3 ± 1.8
Amenorrhoea, *n* (%)	34 (20.1)	0	13 (21.3)	8 (19.0)
Cohabiting status, *n* (%)				
Married	59 (34.9)	15 (33.3)	25 (41.0)	18 (42.9)
Cohabiting with a partner	46 (27.2)	18 (40.0)	20 (32.8)	15 (35.7)
Not cohabiting	64 (37.9)	12 (26.7)	16 (26.2)	9 (21.4)

Table 2. Social behaviour and sexual activity during the COVID-19 pandemic according to participants' cohabiting status.

	Cohabiting status	
Question	Married/cohabiting ($n = 216$)	Not cohabiting/single ($n = 101$)
Have you continued using contraception?		
Yes	216 (100)	50 (49.5)
No		51 (50.5)
If not, why did you discontinue?		
For non-method-related reasons		51 (50.5)
Have you engaged in sexual activity?		
Yes	216 (100)	47 (46.5)
No		54 (53.5)
Have you had an unplanned pregnancy?		
Yes		15 (14.9)
No	216 (100)	86 (85.1)
Have you or will you ask for a pregnancy termination?		
Yes		15 (14.9)
No		
Have you engaged in any sexual activity after forwarding or sharing sexually explicit images or videos or after watching them with your partner?		
Yes	111 (51.4)	64 (63.4)
No	105 (48.6)	37 (36.6)

Data are presented as *n* (%).

Discussion

Findings and interpretation

This study investigated the social and sexual behaviour of women who were using contraception during social distancing and self-isolation due to the COVID-19 pandemic. The sample may be considered representative of hormonal contraceptive users and was made up of women who were using a SARC (OCP or vaginal ring) or LARC method (subdermal implant or LNG-IUS).

Fifty-one women (16.1%) discontinued their SARC method for non-method-related reasons, having independently decided to take a contraceptive break while social distancing. Most of these were non-cohabiting women and had been using hormonal contraception to avoid unplanned pregnancy. However, 47 (92.1%) of the 51 women who had discontinued SARC use had not abided by social distancing rules and had continued their sexual activity; 15 (31.9%) of these women had had an unplanned pregnancy and sought a termination. None had used emergency contraception. Eleven (44%) women who were using LARC methods had the long-term advantages of the method [6] and continued their sexual activity without experiencing an unplanned pregnancy.

Strengths and weaknesses of the study

Direct telephone contact made it possible to update participants' sociodemographic characteristics and limit the number of women who did not return the emailed questionnaire. Those who responded took advantage of the lockdown period to participate actively and effectively in the study. Women who reported an unplanned pregnancy asked the interviewer (SC) how to terminate it and received specific counselling on how to obtain an abortion.

The main weakness of our study was that we had not planned an information programme aimed to educate participants about not discontinuing their contraceptive method if they had difficulty contacting the clinic. Unfortunately, the speed of the pandemic event did not allow us to prepare for this. This experience taught us that not only should adherence to hormonal contraception be strictly monitored but also appropriate and continuous counselling should be given to avoid method discontinuation [7]; even women who appear not to be at risk of contraceptive failure should be encouraged to adopt a safe and effective method [8,9].

Differences in results and conclusion in relation to other studies

The rapidity with which COVID-19 appeared and spread found us unprepared to deal with emergencies that we had never previously experienced. This also limited the number of studies on contraceptive use during the pandemic. The World Health Organisation has issued recommendations for social distancing to limit COVID-19 transmission and support sexual and reproductive health [10]. According to the recommendations, we avoided direct personal contact with the study participants, restricting ourselves mainly to telephone counselling of women requesting contraception and abortion services [11,12].

The Italian Society of Contraception recently issued advice on contraceptive use during the pandemic that hormonal methods are not contraindicated and may continue to be used [13].

Clinical implications and future research

Women may independently decide to discontinue hormonal contraception for non-method-related reasons. This was the case among some women during the COVID-19 pandemic, when in order to comply with social distancing rules they were not supposed to engage in sexual activity with a non-cohabiting partner. Some did, however, infringe the rules. Although we do not know whether another pandemic event will happen, we must build on our experience by adding new information and education to contraceptive counselling in the event of new future social distancing requirements [14]. Consequently, we must ask women to contact their clinician before stopping a contraceptive method.

Conclusion

In our study, several women who were not living with a partner and were using SARC, but not LARC, methods discontinued their hormonal method during the COVID-19 pandemic, for non-method-related reasons. However, some continued to engage in sexual activity and had an unplanned pregnancy. Clinicians should counsel women about what they should do in regard to contraception in the event of new, future social distancing measures.

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Disclosure statement

The authors report no conflicts of interest. The authors alone are responsible for the content and the writing of this article.

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