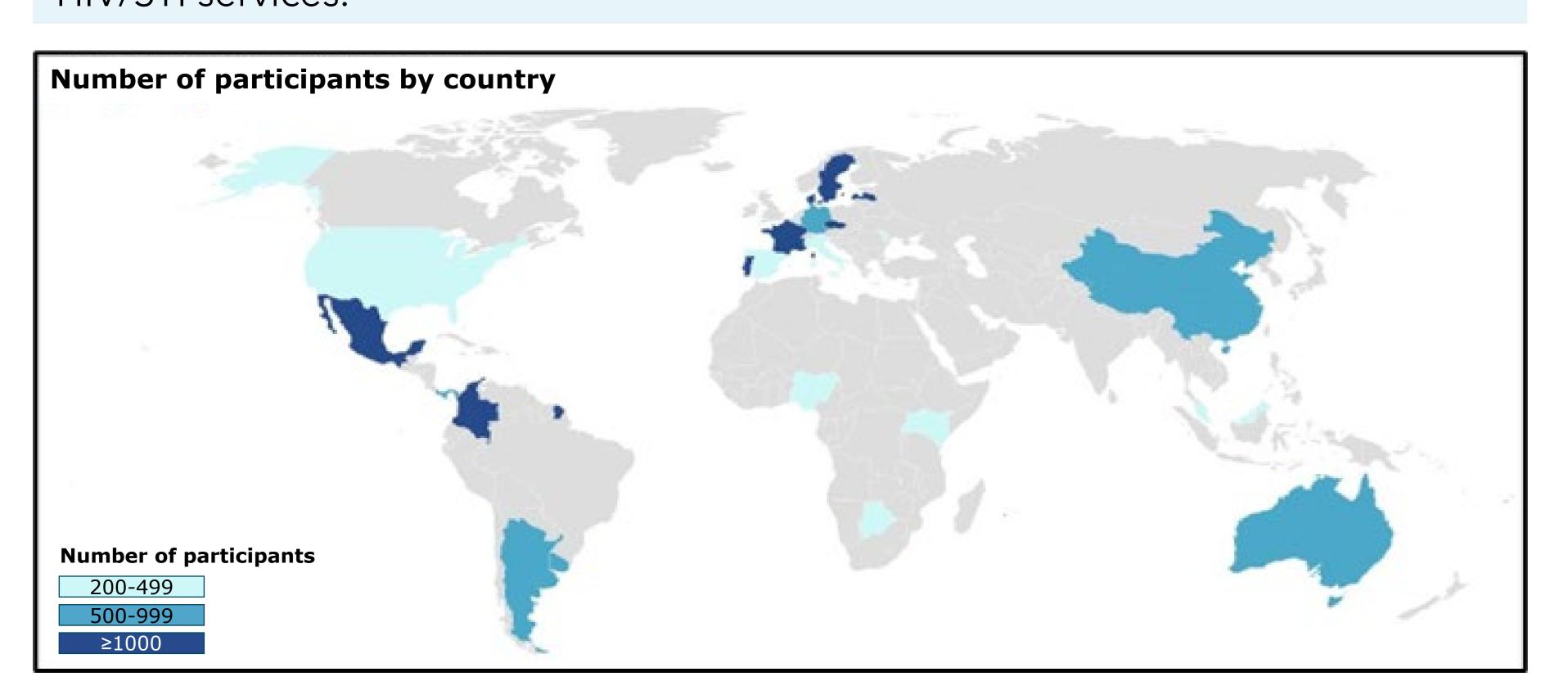
The International Sexual Health And Reproductive Health Survey (I-SHARE-1): A Multi-Country Analysis of Adults from 30 Countries Prior to and During the Initial COVID-19 Wave

Jennifer Toller Erausquin, Rayner K. J. Tan, Maximiliane Uhlich, Joel M. Francis, Navin Kumar, Linda Campbell, Wei-Hong Zhang, Takhona G. Hlatshwako, Priya Kosana, Sonam Shah, Erica M. Brenner, Lore Remmerie, Aamirah Mussa, Katerina Klapilova, Kristen Mark, Gabriela Perotta, Amanda Gabster, Edwin Wouters, Sharyn Burns, Jacqueline Hendriks, Devon J. Hensel, Simukai Shamu, Jenna Marie Strizzi, Tammary Esho, Chelsea Morroni, Stefano Eleuteri, Norhafiza Sahril, Wah Yun Low, Leona Plasilova, Gunta Lazdane, Michael Marks, Adesola Olumide, Amr Abdelhamed, Alejandra López Gómez, Kristien Michielsen, Caroline Moreau, Joseph D. Tucker, I-SHARE research consortium*

Key Findings: The I-SHARE-1 study was convened across 30 countries to assess sexual and reproductive health outcomes among adults. During COVID-19 measures, 35.3% of people needing HIV/STI testing had hindered access, 4.4% experienced partner violence, and 5.8% decreased casual partner condom use.

Background

- •The COVID-19 pandemic has profoundly disrupted social relationships and health services that are fundamental to sexual and reproductive health (SRH but there is limited data on SRH during the initial wave of policy measures to mitigate COVID-19 ('COVID-19 measures').
- •To address this gap, our team organized a multi-country, cross-sectional online survey focused on sexual behaviors, intimate partner violence, as well as essential HIV/STI services.



Methods

- Where and when: Consortium research teams conducted online surveys in 30 countries from July 2020 to February 2021.
- <u>How</u>: Sampling methods included convenience, online panels, and population-representative.
- •<u>Primary outcomes</u>: Sexual behaviors, partner violence, and HIV/STI service utilization, which we compared three months prior to, and during COVID-19 measures.
- •Inclusion criteria (analytic sample): each country was required to have obtained ethics approval from a local ethics authority, locally translated and field-tested the instrument, and obtained responses from at least 200 participants.
- •<u>Analytic approach</u>: We first conducted simple descriptive analyses, and then ran meta-analyses for primary outcomes (treating each country's data as its own study) and graded the certainty of the evidence using the GRADE approach

Results

- •25 out of 30 countries met the inclusion criteria for analysis.
- •Initial descriptive analyses: A total of 22724 respondents participated across 25 countries (3 lower- to middle-, 8 upper middle-, and 14 high-income countries). Among 4546 respondents with casual partners, condom use with these partners stayed the same for 3374 (74.4%) and 640 (14.1%) people reported a decline. Fewer respondents reported physical or sexual partner violence during COVID-19 measures (1063/15144, 7.0%) compared to the period before COVID-19 measures (1469/15887, 9.3%). Respondents indicated COVID-19 measures impeded access to condoms (933/10790, 8.7%), contraceptives (610/8175, 7.5%), and testing for HIV/STI (750/1965, 30.7%).
- •<u>Meta-analyses:</u> During COVID-19 measures, 35.3% of people needing HIV/STI testing reported hindered access, 4.4% reported experiencing partner violence, and 5.8% reported decreased casual partner condom use (See **Figures 1-3**)

Conclusions

•Difficulty accessing conventional HIV/STI testing services suggests the need for HIV/STI self-testing or sampling, and other decentralized approaches. Further research on the impact of the COVID-19 measures on sexual behavior, sexual violence, and SRH service access is warranted.

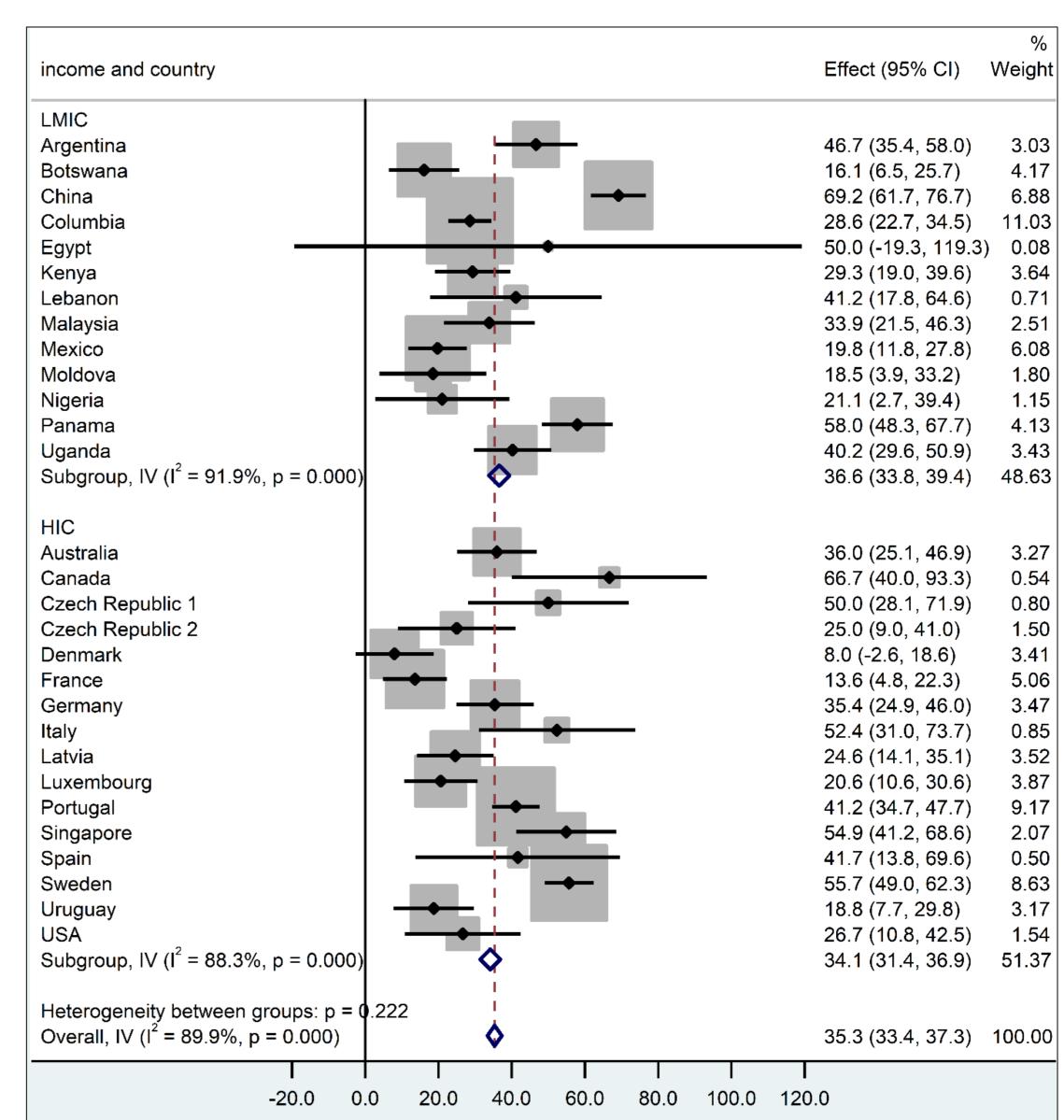


Figure 1. Hindered access to HIV/STI testing during COVID-19

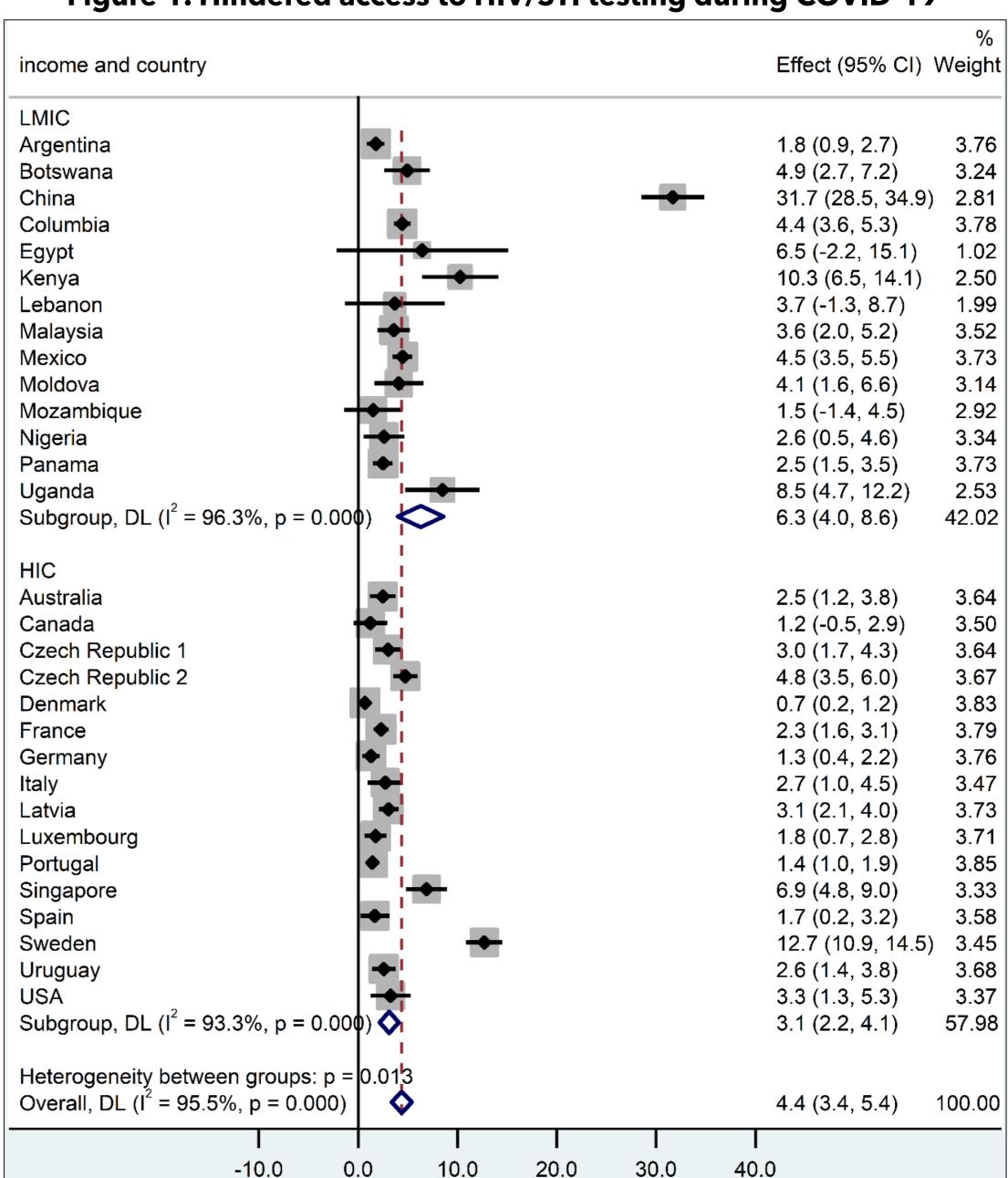


Figure 2. Exposure to intimate partner violence during COVID-19

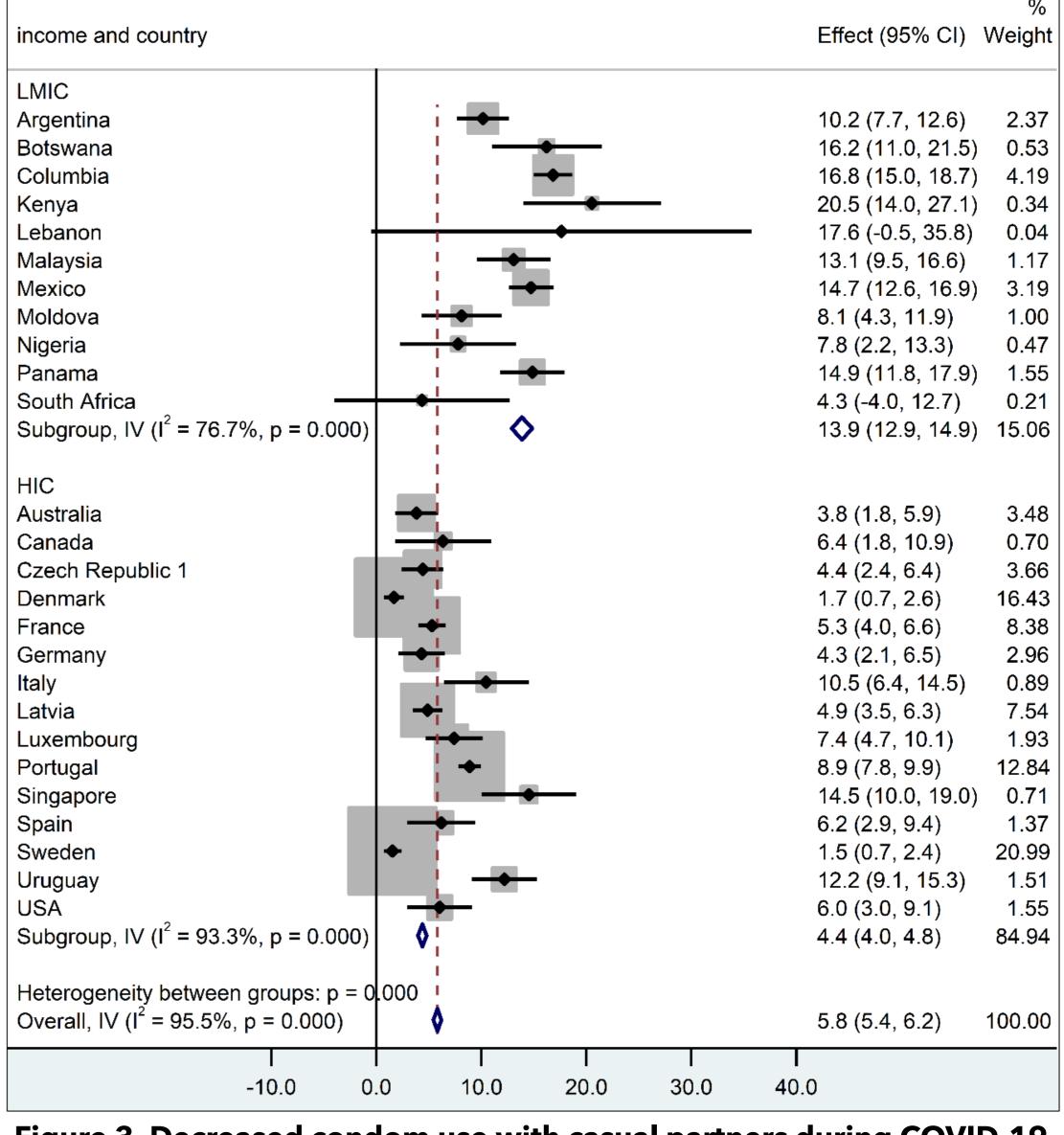


Figure 3. Decreased condom use with casual partners during COVID-19