



Editorial

COVID-19 and sexuality

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The COVID-19 pandemic has affected almost every aspect of human lives across the globe; sexual life is not an exception to it. However, larger robust studies are warranted to determine the effects of COVID-19 and/or lockdown on human sexuality. In the context of COVID-19, some immediate questions should be addressed regarding the sexual transmission of Coronavirus (Holtmann et al., 2020), safe sexual practice, regular sexual behaviour, pornography, sexual minority group concerns, pregnancy and childbirth during COVID-19 (Kumar, 2020), effective ways of dealing sexual medicine emergencies, domestic violence during the COVID-19 lockdown, effects of COVID-19 on fetus and pregnancy outcome, effect on marriage and cohabitation, challenges of commercial sex workers and customers etc. Studies reported that during this lockdown as well as post-lockdown period, pornography consumption has been substantially increased (Mestre-Bach et al., 2020). Erectile dysfunction can be found in the COVID-19 survivors due to endothelial dysfunction (Sansone et al., 2020) and COVID-19 can also cause male infertility

(Vishvkarma and Rajender, 2020). One study from the three countries of South-East Asia (Bangladesh, India, & Nepal) found no major change in sexual habit and increased emotional closeness among heterosexual couples (Arafat et al., 2020). Other studies from Italy revealed a significant reduction of sexual frequency and reduction in Female Sexual Function Index (FSFI) score (Schiavi et al., 2020).

COVID-19 affecting the sexual life can be speculated in several ways such as the biology of Coronavirus, risk of transmission, psychological consequences of the pandemic itself as well as the lockdown measures, sudden changes in lifestyle, changes in income, social aspects like social exclusion and isolation which can be in either direction. It has been seen that people with psychiatric disorders (e.g. depression, anxiety disorders, schizophrenia, bipolar affective disorders, etc) also experience sexual dysfunction (due to the nature of the illness and side effects of the medications). It has been seen that during this pandemic there is increase in depression and anxiety (Roy et al., 2020), which is likely to affect the sexual functioning too. Similarly, people many times self-medicate for their mental health issues and encounter several side effects, which might affect the sexual functioning. It is known that sexual difficulties also produce distress, worsening the anxiety and

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depressive symptoms as a result of the vicious cycle repeats (Figure 1). There is a need to break this vicious cycle through appropriate intervention.

Figure 1: COVID-19 and vicious cycle of sexual difficulties



People with sexual difficulties have poor access to healthcare facilities due to the COVID-19 lockdown. Sexual difficulties are also not considered as emergency or life-threatening conditions, by the patient as well as the healthcare providers. So medical consultations for sexual difficulties are either deferred or avoided. But, the impact of sexual difficulties in various domains of health and interpersonal relationships is undeniable. So, it is likely to happen that during lockdown period, people with sexual difficulties will live with those difficulties for a longer time, which is likely to affect their mental well-being. Digital healthcare may be able to address sexual difficulties to an extent. Many patients face difficulties to discuss about their sexual health issues during offline consultations. The online consultation may help in breaking the ice. However, the trust and confidentiality concerns may stand as a barrier to online consultation for sexual difficulties. There is a need to generate more evidences regarding the use of digital technology in sexual healthcare and the effectiveness of tele-consultation for sexual difficulties. Robust replicative studies are warranted to comment, to identify the exact ways, and to address the problems.

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