



Review Article

The 'New Normal' in sexual life during pandemic: Are we ready for a discussion and acceptance?

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Abstract

The COVID-19 pandemic will create stupendous changes around us by the time it becomes endemic. Social and physical distancing, along with the regular usage of masks and hand sanitizers, has become a must. During these current crucial times, everything is getting unlocked in the new normal mode with specific guidelines. What is the new normal for our sexual activity? Is sexual activity safe with precautions? Public Health Management of COVID-19 has to consider sexual health a priority and provide the people with correct information, guidelines, and appropriate solutions accordingly. This systematic review tries to accumulate evidence from the published literature, news articles, and other information on the internet on the pandemic's sexual life effect.

Keywords: Pandemic, Sexuality, Sexual health, COVID-19

Introduction

The epidemiological reality is that COVID-19 might never go away completely, shortly,

and will forever remain in the population as an endemic disease (BBC News, 2020). There is no other alternative left but to accept this situation as the 'new way of life.' Under this 'new way of life,' one should follow all the available scientific measures to prevent oneself from getting infected. The present course of action should be so adaptive that these measures should suffice even if one turns positive.

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Everything that is non-essential should be avoided. But this leaves our sexual life, sexuality, and satisfaction in the doldrums. Sexuality is all about satisfaction, but its ramifications are rather uncomfortable. To explore the answers to these series of questions, this review article was formulated. The purpose was to get a glimpse into the impact of the new normal in the sexual life of people, including the 'Corona Warriors'. This topic is of utmost significance because sexuality is one of all human beings' very basic and essential requirements, either warriors or prisoners.

Methodology

As very few researches have been done on this subject, as many search platforms as possible like Google, Google Scholar, and PubMed Central for published literature were searched. Efforts were made to include guidelines released from various health departments, opinions of expert psychiatrists and psychologists, various blogs, and advocacy articles related to sexual behaviour and psychological health in the pandemic. The various steps of conducting a systematic review were applied in this article (Khan et al., 2003).

- ◆ STEP 1: Research question: What changes have occurred in the sex life of people due to COVID-19? What is the new normal in sexual health?
- ◆ STEP 2: Identifying work done: Extensive search was conducted by the team using various online platforms and offline print media. Local languages were also included for searching. The research studies showing preliminary results were excluded.
- ◆ STEP 3: Studying quality assessment: All this research work has been conducted online, with the help of a self-answered questionnaire, utilizing social media.

- ◆ STEP 4: Evidence accumulation & analysis: Using tables.
- ◆ STEP 5: Interpretation & discussion:

The inevitable changes in our life

Though the first visible social impact due to the pandemic was food scarcity in migrant laborers, the deeper impacts will keep on emerging with the progression of time. This pandemic has affected humans across the globe. The indentation of COVID-19 would be very deep on the quality of our psychosocial and sexual life. Ironically an essential need of our life is not being discussed. In our Indian context, it still comes with an added inhibition of discussion. This becomes a challenging situation, as the new normal needs many behavioural changes, which in turn needs acceptance and discussion. For behavioural change to happen, one has to be informed in the way they understand and accept. Appropriate communication is required at all levels for the acceptance of this new normal in sexual life (Hensel et al., 2020). In the words of William James, US Philosopher & Psychologist, it has been rightly explained as:

"Human beings, by changing the inner attitudes of their minds can change the outer aspects of their lives".

Impact of pandemic on sexual and reproductive health: Systematic review

One survey reported a decrease in sexual behaviour of about 20% of adults during the Lockdown period. Those with smaller children at home, depressive symptoms, and worried about the consequences of COVID-19 were more likely to experience a decline in bonding and sexual behaviour. Those with greater knowledge had stable behaviour (Li et al., 2020).

A survey conducted in China also showed a decrease in the number of sexual partners by 44% and a decline in sexual frequency by

37% adults. A rapid reduction in risky sexual behaviour was observed. Reports of low sexual desire and unsatisfying relationships have been a causative factor for a decrease in sexual frequency (McKay et al., 2020).

Researchers in the US have reported significant changes in the sexual behaviour of gay and bisexual men. About 90% of them reported having either one partner or no partner in the last 30 days. Men also made changes to the kind of partners they had and their sexual activities with those partners (e.g., more virtual sex), engaged in new strategies to reduce their risks of infection, and expressed high levels of concern about how HIV may affect COVID-19 risk, treatment, and recovery. The sustainability of this type of sexual behaviour is a concern for the researchers (Yuksel and Ozgor, 2020). All New Yorkers have been advised to stay at home, as much as possible, by the NYC Health Department. The NYC Health Department has also released a set of guidelines to practise safe sex during COVID times (Safer Sex and COVID-19, 2020).

In Turkey, female sexual behaviour was found out to be increased during the pandemic compared with 6-12 months prior (2.4 vs. 1.9, $P = 0.001$). There was a reduction in the desire to become pregnant 3 (5.1%) vs. 19 (32.7%) and also lowered the use of contraception (24 vs. 10, $P=0.004$). However, the quality of sexual life has decreased (Psychology Today, 2020).

Psychologists advise taking this lockdown as a unique opportunity to spend quality time with one's family, to get more connected, and lower stress levels. Sexual encounters are one of the best ways to get rid of the worldly perturbations; it also strengthens long-term happiness (Mayo Clinic, 2020).

The vulnerable population, like LGBT and MSM, have also been affected. It is reported that they have reduced sexual activity, consistent use of condoms, follow less risky behaviour, and more use of online app

(UNAIDS, 2020) (Sanchez et al., 2020). The Israel study showed 39.5% of MSM continued to have sex with casual partners, which is alarming and will require more in-depth research. International agencies are working on key populations to protect them and also to sustain the gains made in other infectious disease control, including HIV (Shilo and Mor, 2020).

These findings have to be seen in the light of the financial losses, fear of disease, and psychological stress of inhibitions due to lockdown. The present data reflect a shrinkage and warns us to be prepared for the practices after lockdown. The risk of sexually transmitted diseases might escalate and again affect an already jeopardized healthcare system.

What are the scientific suggestions for safe sex?

Close contact (within 2 meters) with a COVID-19 infected person can cause exposure to the virus; therefore, no sexual activity is safe with an infected person. The virus spreads through droplets released while talking, sneezing, or coughing, and can land in another person's mouth or nose during any sexual activity. Touching personal belonging or surfaces can also transmit the virus. This means we need to avoid sexual contact with anybody who is not living with us. Coitus should be avoided if the partner is not feeling well, already has a chronic disease, or is at a higher risk of contracting COVID-19. This puts special focus on those directly involved in treatment and control, such as the 'Corona Warriors'. The safest way out is masturbating, ensuring the hygiene of sex toys and hand. Other means include the usage of text, photos, or videos (Lehmiller et al., 2020).

The newer modalities of sexuality: Adapting to the pandemic

People are trying new ways to adapt their sexual lives in a pandemic with the use of

Table 1 shows a comprehensive summary of the findings from all the included research work from around the world.

Table 1. Evidence on impact of COVID-19 on sexual behaviour

| Study done by, Place, Sample size, population | Decrease in Sexual Activity/frequency | Increase in Sexual Activity/frequency | Different or Change in Sexual Behaviour | Determinants of these changes, if any |
|---|--|---------------------------------------|---|--|
| Devon et al, USA | 20% decrease | | | Presence of smaller children at home, depressive symptoms, worried about Covid-19 consequences |
| | | | Stable behaviour | Greater Knowledge about Covid-19 |
| Weiran Li, China, 270 men, and 189 women | 37% decrease | | | Low sexual desire, Unsatisfying relationships |
| | | | 44% decrease in Sexual partners, A rapid decrease in risky behaviour, | Fear of Covid-19 |
| Sanchez, US, 1051, MSM | 50 % had fewer sex partners | | Most had no change in condom access or use | 15–24 years were more likely to impacts |
| US, Gay & MSM | | | 90% had one partner or No Partner in the last 30 days More of virtual Sex | Gay & Bisexual Men due to Covid-19 |
| Shilo, Israel, 2562, MSM | 1,012 (39.5%) continued to meet new casual sex partners during this period | | MSM reduced sexual risk spent more time in dating applications | Being of a younger age, single, and with higher levels of mental distress |
| Turkey, Female | A decrease in Quality of Sexual Life | Increased (2.4 vs.1.9 odds) | A decrease in the desire to become pregnant | |
| Justin Lehmiller, Indiana University, US, 1010 adults | 49.2% Frequency of Sex Quality of Sexual Life both decreased | 12.5% increased sexual intercourse | Decreased hugging, kissing, cuddling Increased use of sexual technology 20% made a new additional activity since lockdown | Elementary children at home |
| Lovehoney, 1200 Americans. Erotic toys site | Only 32% reported Sexually Happy | | 63% have intimacy challenges 19% not having sex at all | Regional variation in data due to different strategies of lockdown across America |
| Report of sexual wellness company, India | | | 95% increase in a visit to porn sites by Indians | 65% growth in sales post lockdown |

technology. Researchers from Indiana University, United States, in an online survey, showed that the frequency of sex and quality of sexual life has decreased (43.5%), but sexual technology has increased. One in five participants (20.3%) reported making a new addition to their sex life since the pandemic began. The most common methods were trying new positions, sexting, sending nude photos, sharing sexual fantasies, watching pornography, filming oneself masturbating, and having cybersex (Hensel et al., 2020).

In Indian culture, sexuality is still not a very comfortable topic for discussion. It is associated with hesitation, denial, avoidance, and objectionability. This eventually creates a gap in research on sexual habits, the preference among the Indian populations, especially during pandemic or disasters. In reality, it is crucial to understand these practices and the psychological determinants of such activities to learn from them and correct any fallacies.

Evidence of changes in sexual behaviour due to a pandemic is being reported in India. A sexual wellness e-commerce company "Thats Personal" claimed a tremendous 65% growth in sales of toys in India post lockdown as compared to the last year (cashkaro.com, 2020). This, in itself, is surprising data from the Indian society. The most common products purchased were massagers and male penile pumps, 19% and 16%, respectively. Other demand products are performance enhancement products such as pleasure rings, strokers, and lingerie, etc. Maharashtra led in sales, followed by Karnataka, Tamil Nadu, and Uttar Pradesh. Among metro cities, Mumbai was followed by Bengaluru, and in tier 2 & 3 cities Lucknow and Panipat were on top (cashkaro.com, 2020).

Gender wise majority were male buyers (66% vs. 34%). However, Uttar Pradesh has 75% male buyers. This gender gap is a subject of

further research to find out the level of female sexual autonomy. Most of the female buyers of sexual wellness products were from Karnataka and Telangana. This data needs extensive secondary analysis to establish the determinants.

Similar growth trends in sales of sex toys (20%) were also witnessed in Kaamashastra, another Indian start-up selling sexual wellness products. Kaamashastra also gives advice related to sexual health, and wellness products saw a 25% growth in phone inquiries during the lockdown. Indians showed a 95% increase in a visit to porn websites in lockdown (cashkaro.com, 2020).

Current movement restrictions have led to the resurgence of another social adaptation, which is online dating. A bunch of dating apps, social media platforms, and video chatting applications enable people to enjoy the intimacy of their relationships in a digital way. Apps like Bumble, Hinge, and Tinder have reported an increase in their usage since lockdown in March, thus evidencing the change (NPR, 2020).

Discussion

The actual repercussions of COVID-19 on the sexual life of people will be visible in the coming months and years. Human sexuality is a complex equation with many underlying determinants. The absence of good behavioural and qualitative research based on the Indian population would lead to underestimating the actual problem. In such a scenario, data from other populations could prove to be a learning experience. It could help in strategizing and staying conscious of the happenings in our country. Different situations affecting sexual relationships have been enumerated below.

Case 1: Couples living apart (different cities or states)- Such couples are unable to travel during the lockdown.

Case 2: Couples living together in a joint family- These people cannot find moments of intimacy as everyone is staying at home, and one cannot go to a suitable place. A massive part of the population is living in urban slums whose sexual needs remain unaddressed.

Case 3: Couples living together in nuclear families- With the crèches and schools closed, one has around the clock responsibility, as there is nobody to take care of the children. On top of it, there is the work from home situation, again demanding space.

Case 4: Couples live together, but both are involved intensively in COVID-19 related jobs- The corona warriors are avoiding any contact with the family as much as possible, due to the fear and guilt of infecting their loved ones. The extra burden for doctor couples or where both are involved, their children, and family members are all at high risk. But abstinence as a solution has a limit. Therefore, frontline workers need to cope up differently.

Case 5: Prospective Couples (those who were dating)- The physical appearance and meeting were essential to create the bond. For some, it is difficult to go out of home, and secondly, there is no place to date. Alternative options are essential for nurturing the relationship.

Case 6: Those having a partner in the workplace- With the work from home orders, many are affected as all such workplaces are closed. These situations will give rise to mental health problems in the coming months.

Case 7: Extra marital affairs- Both partners get equally affected as neither can go to someplace else nor travel to his partner's place as all are staying at home with family.

Case 8: Commercial sex workers- This group depends on sex for survival. It has to be addressed.

Case 9: Vulnerable groups like MSM, LGBT- More prone to HIV, which lowers immunity and makes them susceptible to COVID-19. They are also facing monetary hardships and discrimination. Therefore, special support and protection need to be meted out to them.

The list is endless. Variegated permutations and combinations can only work. The safety guidelines also have to be specific. Therefore, it cannot be a one fit for all. The new normal of the COVID-19 era educated us to stay connected digitally over various platforms to ensure that one's love-bond smoothly tides over these tough times. Many things can be done to make it work, like doing work-outs together. Dual goals of health and love could be achieved. One could engage in working together on productive goals instead of getting negative thoughts and depressive moods. Activities like gardening, cooking, or music could help in sustaining the excitement of life. One could focus on completing tasks for their partners, which they earlier could not, for the lack of time (Hindustan Times, 2020).

Give everyone the space needed by them. Social distancing has to be interpreted correctly as it is to maintain distance in social places. Specifically, physical distance is important and not emotional isolation. China witnessed an unprecedented rise in divorce rates among couples after months of lockdown due to a lack of personal space, constant interdependence, and quarrel (MDLinx, 2020).

Conclusion

A simple physical touch has a calming effect by decreasing the cortisol level and increasing oxytocin, the hormone involved in social bonding (Hindustan Times, 2020). Sexual activity is known to assuage stress and increase positivity. Unsatisfied sexuality will deteriorate mental health. In these tough times, we need to bond with our loved ones

for our survival. Further behavioural research is required to understand the effect of the COVID-19 pandemic on the sexual behaviors of Indians and find out their determinants. There is a need for guidelines on safe sexual practices concerning COVID-19. Many countries have shown concern for their citizens and provided the same. Even contact tracing should question sexual history and behaviour to strengthen epidemiological linkages and our understanding of the disease. There is an urgent responsibility to make the people aware of safe practices in a pandemic. Without the spread of correct information, one cannot expect to have behavioural changes, and sooner or later, we will be needed in our fight against COVID-19.

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