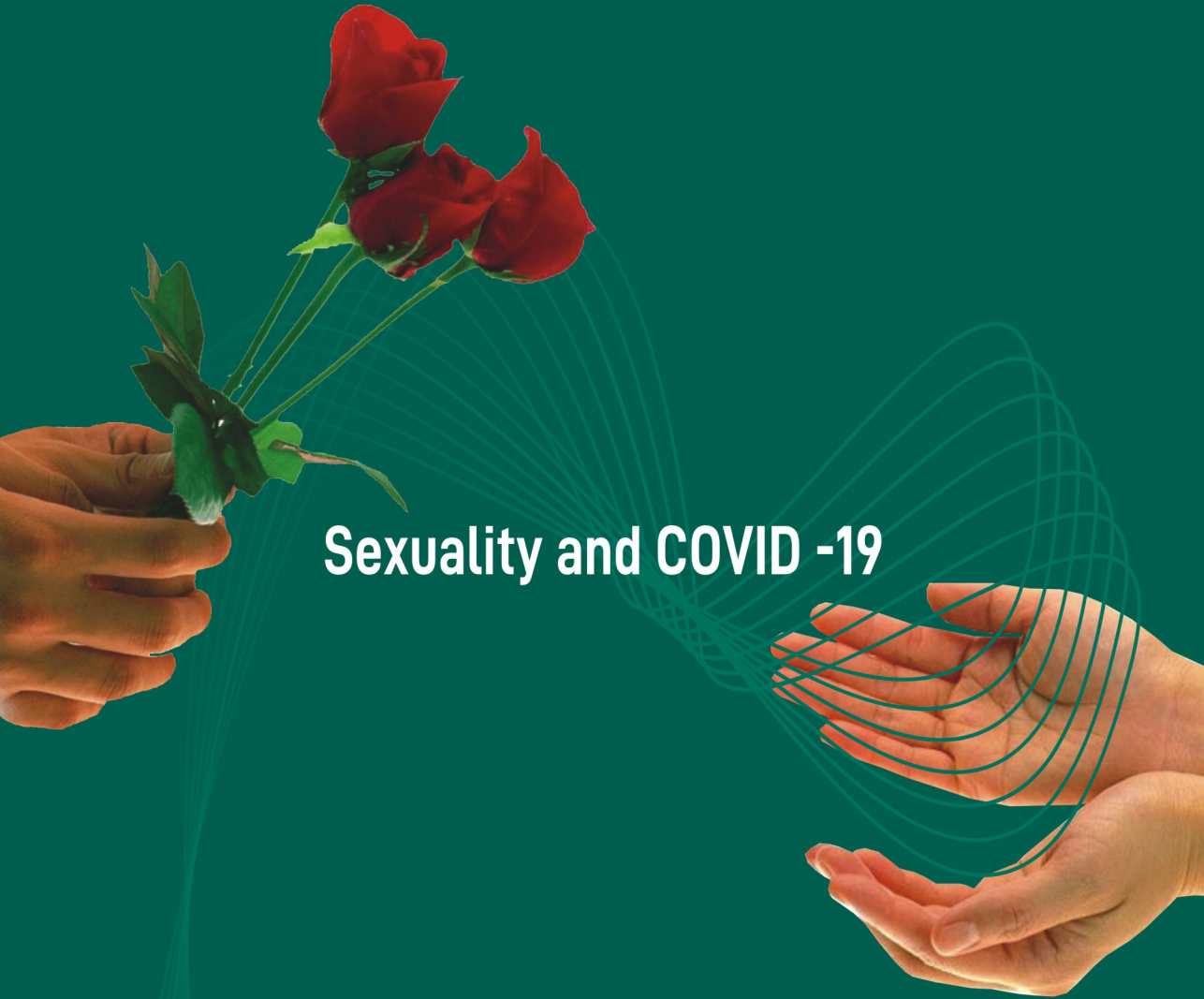




# Indian Journal of Health, Sexuality & Culture

Vol (6), Issue (2), December 2020

ISSN: 2581-575X



## Sexuality and COVID -19

Indian Institute of Sexology  
Bhubaneswar

## International Editorial Advisory Board Members

**Prof. Rainer Schulze**  
Professor Emeritus  
Department of History and  
Human Rights Centre  
University of Essex, UK  
E Mail- rainer@essex.ac.uk

**Dr. Senthoran Sunil Raj**  
Lecturer in Law  
Cluster Lead-Gender, Sexuality & Law  
Keele University, UK  
E Mail- s.raj@keele.ac.uk

**Dr. Surya B. Parajuli**  
Assistant Professor  
(Community Medicine)  
Birat Medical College & Teaching  
Hospital, Nepal  
E Mail- drsathii@yahoo.com

## National Editorial Advisory Board Members

**Dr. Santosh Kumar Mishra**  
Senior O & G Specialist  
Sanjita Maternity Care & Hospital,  
Bhubaneswar, Odisha, India  
E Mail- drskmishra@rediffmail.com

**Dr. Adarsh Tripathi**  
Additional Professor  
Department of Psychiatry, King  
George's Medical University,  
Lucknow, UP, India  
E Mail- dradarshtripathi@gmail.com

**Prof. Nov Rattan Sharma**  
Professor  
Department of Psychology  
Maharshi Dayanand University,  
Rohtak, Haryana, India  
E Mail- sharman5@gmail.com

## Editor-in-Chief

**Dr. Sujit Kumar Kar**  
Associate Professor  
Department of Psychiatry, King  
George's Medical University,  
Lucknow, UP, India  
E Mail- drsujita@gmail.com

## Executive Editor

**Dr. Saumya Ranjan Mishra**  
Indian Institute of Sexology, Sanjita  
Maternity Care & Hospital  
Plot No-1, Ekamra Marg, Unit-6,  
Bhubaneswar-751001  
E Mail- sexualityinfo@gmail.com

## Issue Editor

**Dr. S.M. Yasir Arafat**  
Assistant Professor (Psychiatry)  
Enam Medical College & Hospital,  
Dhaka, Bangladesh  
E Mail- arafatdmc62@gmail.com

## Editorial Board Members

**Prof. Ambalika Sinha**  
Professor  
Dept. of Humanities and Social Sciences  
Motilal Nehru National Institute of  
Technology, Allahabad, UP, India  
E Mail- ambalika\_sinha@mnnit.ac.in

**Dr. Manju Agarwal**  
Prof. & Dean  
Amity University, Lucknow Campus,  
UP, India  
E Mail- manju.agrawal@gmail.com

**Dr. Pawan Sharma**  
Lecturer, Department of Psychiatry  
Patan Academy of Health Sciences,  
School of Medicine, Kathamandu, Nepal  
E Mail- pawan60@gmail.com

**Dr. Russell Kabir**  
Sr. Lecturer in Research Methods  
& Course Leader, MSc Public Health  
Faculty of Health Education, Medicine  
& Social Care, Anglia Ruskin  
University, Chelmsford, Essex, U.K.  
E Mail- Russell.Kabir@anglia.ac.uk

**Dr. Aditya Somani**  
Assistant Professor (Psychiatry)  
All India Institute of Medical Sciences  
Raipur, Chattisgarh, India  
E Mail- dr.adityasomani@gmail.com

**Mrs. Meha Jain**  
Child Psychologist  
All India Institute of Medical  
Sciences, Patna, Bihar, India  
E Mail- jainmeh@gmail.com

**Miss. Deblina Roy**  
Nursing Officer  
All India Institute of Medical Sciences,  
New Delhi, India  
E Mail- kittuzx@gmail.com

**Dr. Rati Ranjan Sethy**  
Assistant Professor  
Department of Psychiatry,  
SCB Medical College,  
Cuttack, Odisha, India  
E Mail- ratisetthy@gmail.com

**Dr. rer.med Marthoenis**  
Lecturer, Department of Psychiatry  
& Mental Health Nursing  
Syiah Kuala University, Indonesia  
E Mail- marthoenis@unsyiah.ac.id

**Dr. Apurva Kumar Pandya**  
Scientist-D  
Regional Resource Centre for  
Health Technology Assessment  
Indian Institute of Public Health,  
Gandhinagar, Gujarat, India  
E Mail- drapurvakumar@gmail.com

**Dr. Rajnikanta Swain**  
Assistant Professor (Forensic Medicine)  
All India Institute of Medical Sciences,  
Kalyani, West Bengal, India  
E Mail- rajanikanta.swain09@gmail.com

**Dr. Pranab Patnaik**  
Associate Professor  
Dept. of Urology, IMS &  
SUM Hospital, Bhubaneswar, Odisha  
E Mail- drpranabpatnaik@gmail.com

**Dr. Ehsanul Hoque Apu**  
Postdoctoral Research Associate &  
Faculty, Institute for Quantitative  
Health Science-IQ, Dept. of  
Biomedical Engineering, Michigan  
State University, USA  
E Mail- e.hoqueapu@gmail.com

*If you have any comments or suggestions,  
Please Write to us*

**Indian Institute of Sexology**  
Sanjita Maternity Care & Hospital, Plot No.-1,  
Unit-6, Ekamra Marg  
Bhubaneswar-751001, Odisha, India  
E Mail- sexualityinfo@gmail.com

**We acknowledge the help of our esteemed reviewers, who have given their  
valuable time in doing meticulous peer review of submissions to IJHSC in 2020.**

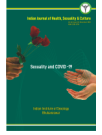
The reviewers of the year 2020 are:

Dr. Priitha Roy, Ranchi, Jharkhand  
Dr. Bhavuk Garg, New Delhi  
Dr. Debadatta Mohapatra, Bhubaneswar, Odisha  
Dr. Akanksha Shankar, Lucknow, Uttar Pradesh  
Dr. Praveen Pandey, Lucknow, Uttar Pradesh  
Dr. Bheemsain Tekkalaki, Belgavi, Karnataka  
Dr. Ajay Kumar, Raipur, Chhattishgarh  
Dr. Sarvodaya Tripathy, Berhampur, Odisha

## Contents

<b>Sl. No.</b>	<b>Subject</b>	<b>Page</b>
01	Editorial COVID-19 and sexuality	3-4
02	Guest Editorial “Too Far or Too Close...”: The changing scenes of sexuality during the pandemic	5-12
03	Review Article Emotional changes due to COVID-19	13-21
04	Review Article Online dating: A motivated behavior during pandemic	22-32
05	Review Article The ‘New Normal’ in sexual life during pandemic: Are we ready for a discussion and acceptance?	33-40
06	Perspective Changes in sexual behavior during the COVID-19 pandemic: Patterns and recommendations	41-45
07	Perspective COVID 19 and impact on places with sex tourism	46-52
08	Commentary COVID-19 and its effect on intimate partner violence: Example from US	53-55
09	Commentary COVID-19 and pregnancy	56-59
10	Original Article Effect of COVID-19 lockdown on sexual minorities: A pilot survey study in India	60-65
11	Original Article The effect of lockdown following COVID-19 on the online pornography seeking and related behaviors among general population in India: An infodemiology study	66-73
12	Brief Research Communication Change in sexual well-being during COVID-19 pandemic	74-79
13	Original Article Impact of COVID-19 on commercial sex workers in India	80-86
14	Correspondence Global COVID-19 pandemic booms ‘E-sex’	87-88

---



Editorial

## COVID-19 and sexuality

S.M. Yasir Arafat<sup>1</sup>, Sujita Kumar Kar,<sup>2</sup> Saumya Ranjan Mishra<sup>3</sup>

<sup>1</sup>Department of Psychiatry, Enam Medical College and Hospital, Dhaka, Bangladesh.

<sup>2</sup>Department of Psychiatry, King George's Medical University, Lucknow, UP, India.

<sup>3</sup>Indian Institute of Sexology, Bhubaneswar, Odisha, India.

**Date of Submission :** 07 August 2020

**Date of Acceptance :** 13 September 2020

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

**Corresponding Author:** Dr. S.M. Yasir Arafat

E Mail: [arafatdmc62@gmail.com](mailto:arafatdmc62@gmail.com)

**How to cite the article :** Arafat, S.M.Y., Kar, S.K., Mishra, S.R. (2020). COVID-19 and sexuality. Indian Journal of Health, Sexuality & Culture, 6(2), 3-4.

**DOI :** 10.5281/zenodo.4295654

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.

**Funding:** None

**Conflict of interest:** None

## References

- Arafat, S.M.Y., Alradie-Mohamed, A., Kar, S. K., Sharma, P., & Kabir, R. (2020). Does COVID-19 pandemic affect sexual behaviour? A cross-sectional, cross-national online survey. *Psychiatry Research*, 289, 113050.
- Holtmann, N., Edimiris, P., Andree, M., Doehmen, C., Baston-Buest, D., Adams, O., Kruessel, J. S., & Bielfeld, A. P. (2020). Assessment of SARS-CoV-2 in human semen—a cohort study. *Fertility and sterility*, 113, 233-238.
- Kumar N. (2020). COVID 19 era: a beginning of upsurge in unwanted pregnancies, unmet need for contraception and other women related issues. *The European journal of contraception & reproductive health care*, 25, 323-325.
- Mestre-Bach, G., Blycker, G. R., & Potenza, M. N. (2020). Pornography use in the setting of the COVID-19 pandemic. *Journal of Behavioral Addictions*, 9(2), 181-183.
- Sansone, A., Mollaioli, D., Ciocca, G., Limoncin, E., Colonnello, E., Vena, W., & Jannini, E. A. (2020). Addressing male sexual and reproductive health in the wake of COVID-19 outbreak. *Journal of Endocrinological Investigation*. <https://doi.org/10.1007/s40618-020-01350-1>
- Schiavi, M. C., Spina, V., Zullo, M. A., Colagiovanni, V., Luffarelli, P., Rago, R., & Palazzetti, P. (2020). Love in the Time of COVID-19: Sexual Function and Quality of Life Analysis During the Social Distancing Measures in a Group of Italian Reproductive-Age Women. *The journal of sexual medicine*, 17, 1407-1413.
- Roy, D., Tripathy, S., Kar, S.K., Sharma, N., Verma, S.K. and Kaushal, V., 2020. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry*, 51, 102083.
- Vishvkarma, R., & Rajender, S. (2020). Could SARS-CoV-2 affect male fertility?. *Andrologia*, 52, e13712.



Guest Editorial

## **“Too Far or Too Close...”: The changing scenes of sexuality during the pandemic**

**Debanjan Banerjee<sup>1</sup>, TS Sathyanarayana Rao<sup>2</sup>**

<sup>1</sup>Department of Psychiatry, National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, Karnataka, India.

<sup>2</sup>Department of Psychiatry, JSS Medical College and Hospital, JSS Academy of Higher Education and Research, Mysore, Karnataka, India.

**Date of Submission :** 06 October 2020

**Date of Acceptance :** 09 October 2020

**“The only unnatural sexual behaviour is none at all”. (Sigmund Freud, 1970)**

### **The Premise of the pandemic**

The above-quoted words of the renowned psychoanalyst resonate more than ever in the present times. The unprecedented threat of the Coronavirus disease 2019 (COVID-19) has engulfed the world since the beginning of this year. Besides its immense public health impact, it has rarely happened before that the 'basic structure' of human lives has been re-ordered for 'new norms'. The pandemic, the consequent lockdown, the ongoing rise in the case-curve, the fear of infection, social distancing, and stigma have generated 'emotional distancing' and eventually leads to social disconnectedness (Wang et al., 2020; Banerjee and Rai, 2020). With more than 34 million cases globally, and fatalities crossing one million, the pandemic has been a persistent threat to human sustenance. It has challenged the social fabric of life and living (World Health Organization COVID-19 Situation Report as on 2nd

October 2020). The pandemic's psychosocial offshoots have been well-researched and can increase the risk of depression, anxiety, insomnia, post-traumatic stress, and impaired quality of life. The various psychosocial factors contributing to the same are isolation and quarantine, the global lockdown and travel restrictions, the plethora of misinformation, the 'morbid' fear of the infection in the masses, and financial plights. Added to that are the vulnerabilities of specific special populations like the age, gender minorities, the socially impoverished, and the frontline workers (Xiong et al., 2020). The 'life-changes' due to COVID-19 and containment measures have affected physical proximity and intimacy, thereby altering the relationship dynamics among millions of couples and families. This brings us to the sensitive yet stigmatized area of 'psychosexual health', one of the highly affected areas during the pandemic, but at the same time less spoken about. Sexual relations and sexuality have been important determinants of relationship dynamics, psychological resilience, and well-being: more than ever necessary attributes during the present times of crisis. Furthermore, considering the established fact that

**Corresponding author :** Dr. Debanjan Banerjee  
E Mail: [dr.djan88@gmail.com](mailto:dr.djan88@gmail.com)

**How to cite the article :** Banerjee, D., Rao, T.S.S. (2020). "Too Far or Too Close...": The changing scenes of sexuality during the pandemic. *Indian Journal of Health, Sexuality & Culture*, 6(2), 5-12.

**DOI :** 10.5281/zenodo.4295660

COVID-19 is a highly infectious disease, it generates a cascade of fear, guilt, and physical separation, especially in those exposed (like the frontline workers), that can alter the sexual dynamics and sexuality, thereby impacting psychological well-being and general health. In that sense, this pandemic is an 'eye-opener' for us to understand and appreciate the integration of sexual health into public health, for the greater good.

### **Psychosexual Health and Infectious outbreaks: The Intersections**

Sexual health, as defined by the World Health Organization (WHO), is "not merely the absence of disease, dysfunction or infirmity. Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence"(WHO, 1975).

The pathways to hamper psychosexual health during a biological crisis such as COVID-19 can be multi-faceted, depending on demographic factors, interpersonal relationships, and situational contexts. Throughout history, global infectious outbreaks have had critical implications on sexual and reproductive health at all levels: individuals, systems, and society. Traditionally, sexuality and pandemics' intersections have been compounded by stigma, prejudice, and ostracization (Tsiamis et al., 2018). Thus, the critical question arises: when an outbreak is claiming millions of lives globally, what can be the possible reason to discuss intimacy and sexuality at that juncture? Sadly, humankind is more used to 'snapshotting' distress, leading to the short-sightedness for long-term reactions. 'Social touch' being an irrevocable part of human development, relationships and intimacy can get significantly affected by the ongoing

pandemic, which might continue affecting the lives of millions for years to come (Cascio et al., 2019). Decades back, during the bubonic plague, classically termed as the 'Black Death', Tsiamis et al. (2018) quoted the "fear of infection disrupting love and lives". His article the "The Knights Hospitaller of Rhodes and the Black Death of 1498: a Poetic description of the Plague", describes how newly married couples were physically separated during the outbreak that affected their mental status. They were mentioned to 'crave for the proximity' of their partners, which they believed will generate 'fresh air'. On the other hand, history has numerous examples when the 'spread of an infectious disease' has been linked to illicit sexuality, immorality, and 'bad air'. As always, public health has been overshadowed by the age-old myths and misinformation related to sexuality, stigmatized 'intimacy', and 'sexual abstinence' was regarded as an effective strategy in controlling the plague in the European sub-continent during the Victorian era (Cantor, 2001). These decisions of 'immoral standards' of sexuality being responsible for 'a disease' have both socio-cultural beliefs and religious connotations wherein 'Bad air', 'Bad emotions', and 'Bad interactions' were the equivalents of sexual discourse, sexual thoughts, and sexual practices respectively. It was theorized by the German physicians that 'ill feelings' that included sexual attraction might be the breeding ground for 'infectious agents' and thus diseases (Karras, 2017). On the other hand, there has been reported an increase in incest, promiscuity, and exogamy (marrying outside clan or community) in the post-pandemic aftermath after the plague in 13th Century Europe. As a paradoxical reaction to the suppression of sexual intimacy, the industry of prostitution bolstered manifesting as a surge in sex-parlours and 'royal safeguards' as places for safe and consensual sex (Cantor, 2001). Hatcher

(1977), while describing the plague in England, mentioned an increase in sexual practices between newly married and elderly couples.

This increase could be conceptualized in various ways (Cohn and Cohn, 2003; Karras, 2017):

- ♦ A coping mechanism- the pandemic resulting in losses at a financial, personal, and societal level, leading to incorrigible frustration and adaptation of a coping strategy debatably maladaptive as Maslow's hierarchical model's basic needs were not being met.
- ♦ A revolt against the orthodox blame put by the Medieval Church on the society.
- ♦ An existential bewilderment resulting from the introspection of the personal mortality and purpose with prevailing uncertainty of life and togetherness.
- ♦ Increased sexuality arising out of sexual frustration and 'social touch' hunger.

The gender and sexual minorities were more vulnerable, especially to the religious organizations, as the 'Divine Will' and the need for 'sanitary legislation' claimed them to be 'unholy sinners' responsible for the breeding of infections (Byrne, 2004). From the idea of 'sex and intimacy' being responsible for the pathogenic spread of infections and the discriminatory idea of morality, we have evolved into 'biological' understandings of pandemics. This has led to a better appreciation of the emotional distress and frustration resulting from chronic deprivation of love, affection, and sexual desire during the disease outbreaks, primarily when physical proximity generates the 'fear and taboo' of infection. The level of permissible intimacy during a pandemic has been a concern even in the earlier related outbreaks of Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS). An increase

in familial discord, sexual dysfunctions, and arousal disorders have been reported as a long-term psychosocial offshoot of the SARS pandemic (Chua et al., 2004). It is understandable that under stressful circumstances, especially when one of the partners works in a 'high-risk' area, there tends to be increased performance anxiety, stress about sexual practices, impaired perceived sexual satisfaction, and associated mood changes. The rise in substance use and intimate partner violence, which have been growing concerns globally during the entrapment due to pandemics, can further compound couples' sexual and reproductive health (Bradbury-Jones and Isham, 2020). Adverse pregnancy outcomes like miscarriages, abortions, and intrauterine growth retardation have been reported earlier in SARS, MERS outbreaks, and even during the present pandemic, which add to the uncertainty and stress of child-births (Schwartz and Graham, 2020). Any new infection with 'novel' ways of transmission thus has a chance to generate fear, stigma, and physical distancing that can impair sexuality and quality of relationships. This tends to be all the more critical during pandemics, as sexual well-being has been significantly linked to positivity, hope, personal growth, and optimism: attributes most needed during the present times.

### **Sexuality and intimacy at times of COVID: A neglected horizon?**

Undoubtedly sexual well-being is one of the neglected constructs during the pandemic. Bearing the already existing prejudices related to disclosure and discussion of sexuality, especially in certain cultures, the associated problems are also under-reported. SARS-CoV-2 is a highly contagious virus with extensive aerosol transmission and can persist for a long on fomites and inanimate surfaces (Singhal, 2020). This makes 'fear of intimacy' a relevant consequence. Both the



partners' desire and arousal might be discrepantly leading to an alteration in the relationship dynamics. While on the other hand, many have expressed increased sexual practices with thousands stranded at home for a prolonged duration, leading to increased abortions and unplanned pregnancies. Coercive sexual practices amounting to domestic violence have been rising and can have profound psychosocial consequences (Nair and Banerjee, 2020). Sexual and reproductive rights are vital components of human rights and need to be safeguarded during difficult times. Especially populations like those who are separated from their newly-wed spouses, partners who are stranded apart like never before, the frontline workers with increased risk of exposure, the gender minorities (Lesbian, Gay, Bisexual, Transgender, Queer population), those with pre-existing psychiatric disorders and finally the commercial sex workers, face unique challenges concerning the 'safety and quality' of sexual practices during this pandemic. Arafat et al. (2020) performed a multi-centric online survey to explore the effects of COVID-19 induced lockdown on subjects' psychosexual health in India, Nepal, and Bangladesh. This was one of the first studies to explore this neglected impact of the pandemic worldwide. The majority of the subjects were sexually active during the lockdown, while 10% showed an increase during the 'unlocking' period.

The authors highlighted the importance of understanding the psychosexual impact of the outbreak, especially in developing countries with varied socio-cultural dimensions. They advocated sexual health as a vital modality of psychological resilience. Another Indian study with the physicians reported an increase in depression, anxiety, and sleep disturbances, which were adversely related to relationships and family dynamics (Chatterjee et al., 2020). Roy et al. (2020)

assessed the knowledge, attitude, and perceived mental healthcare need in 662 Indian adults and reported misinformation related to the modes of infection spread, social media exposure, and disinformation to be directly linked to perceived stress, anxiety, paranoia about contracting COVID-19 and sleep disturbances; all of which impaired interpersonal relationships. Social distancing has led to enhanced emotional distress in adolescents in an age-structured impact study (Singh and Adhikari, 2020). During the historical three-month lockdown in India, sentiment analysis from Twitter revealed fear, disgust, and stigma related to intimacy (Barkur and Vibha, 2020). These statistics apart, many of us who work on the frontline may have experienced or heard about the persistent 'fear and guilt' of transmitting the infection to our closed ones, leading to burnout, stress, and depression. The authors would urge reflective participation from the audience to appreciate the effects of 'social distancing', one of the many consequences of which is chronic deprivation of 'social and affective touch', popularly known in the literature as 'touch hunger' (Cascio et al., 2019). It is a well-researched concept with neurobiological and psycho-behavioural implications, which can surface during times of distancing, travel restrictions, and 'fear' of social interactions to impair psychosocial well-being.

Finally, Banerjee and Rao (2020), in their recent review in the Indian Journal of Psychiatry, have comprehensively detailed the intersections of sexual well-being and the ongoing pandemic highlighting the at-risk populations, and have focused on various ways rather than 'complete abstinence' that can be advocated as 'safe sexual practices' during the ongoing times. Few of these vital attributes related to sexuality and intimacy to consider during times of COVID-19 are (Banerjee and Rao, 2020):

- ◆ Fear of intimacy and travel history leading to complete sexual abstinence

- ◆ Uncertainty and misinformation related to the sexual spread of the virus
- ◆ Chronic 'social and intimate touch deprivation' leading to 'touch hunger' and its psychosocial offshoots.
- ◆ Possibilities of marital discord/issues with couple interpersonal relationship
- ◆ Rise in coercive sexual practices and intimate partner violence: compounded by substance abuse
- ◆ Knowledge-attitude-practice gap related to healthy sexuality during pandemics
- ◆ The rise in sexually deviant practices
- ◆ Loneliness, isolation, chronic stress, grief, depression, anxiety: contributing to disinterest in sex
- ◆ Increased unprotected sex and rise of abortions, unplanned pregnancies
- ◆ Possible increase in sexual dysfunctions, performance anxiety, and altered perceived sexual satisfaction (increased in those with pre-existing psychiatric disorders)
- ◆ High-risk sexual behaviours
- ◆ Indiscriminate sexual practices without precautions can contribute to the spread of infection
- ◆ 'Digital sex' as a 'dual-edged sword': Healthy versus compulsive use of pornography; implications of cyber-safety and digital security during online sex

### **The 'New Normal' of sexuality: Ways ahead**

Based on Maslow's hierarchy, sexuality is one of the 'basic needs' for survival, which, if not satisfied, leads to a state of despondence and inability to graduate to higher needs and thus result in a significant hindrance to the desire of self-actualization. Therefore, sexuality is a primal instinct for survival and sustenance and cannot be neglected while promoting health practices. As mentioned before, the virus's aerosol spread makes any form of in-person sexual activity a potential risk. The literature on the sexual transmission of the virus is still unfounded, though that remains

a legitimate fear in many minds. During such 'fear and panic', like any other human interactions, intimacy has also borrowed a digital platform to set the 'new normal'. The use of pornography and digital sexuality has increased, while long-distance relationships have derived a renovated significance (Turban et al., 2020). Sexual abstinence (referring to complete cessation of all forms of sexual activity) cannot be considered a universal solution for obvious reasons, and sexual intercourse and foreplay have often been reported as 'stress-relievers' and factors helpful for coping (Rao et al., 2012). It is vital to remember that situations like COVID-19 cause 'obligatory' sexual abstinence due to fear or concerns of infection instead of voluntary sexual abstinence, which is entirely different in context. Pre-existing marital issues can be amplified as there might be discordance of opinion related to sexual practices between the partners. Chronic sexual repression affects performance anxiety and sexual confidence, which can eventually lead to arousal disorders, anorgasmia, premature ejaculation, and erectile dysfunction (Banerjee and Rao, 2020). Fear of intimacy can lead to emotional distancing from the partner, which perpetuates loneliness, maladaptive coping, and sleep disturbances, all of which are independent risk factors for depression, anxiety, and chronic diseases like diabetes, hypertension, cardiovascular illness, etc. (Lotfi et al., 2020). Especially infectious disease outbreaks are times when one critically needs to weigh between sexual abstinence and intercourse practices, based on the risks involved.

The Center for Disease Control and Prevention (CDC) recommends a minimum distance of six feet to avoid transmission, which is impossible for intimate relationships (CDC, 2020). Safety of sexual intercourse is to be ascertained individually for a couple: asymptomatic, have been

practicing precautions, have no history of travel or after exposure: then touching, hugging, kissing, and intercourse are likely to be safe. After community transmission in many countries, asymptomatic carriers are rising, which poses a threat to health in general and sexual health in particular. If symptomatic self-quarantine is necessary without bed-sharing or any form of intimacy till at least 7-14 days after the symptoms started, or till full resolution of all symptoms or at least up to 72 hours of being fever-free without any medications (Planned Parenthood, 2020).

Under such circumstances, few propositions for alternative healthy sexual practices can be (Farid, 2020; Banerjee and Rao, 2020; CDC, COVID-19 and HIV, 2020):

- ◆ Masturbatory practices with hygiene caution as followed in sexually transmitted diseases (STD)
- ◆ Informed decision making by both the partners
- ◆ Digital sexuality which needs to involve consensual agreement, protection from online extortion, cyber-bullying and with obvious concerns of cyber-safety
- ◆ Unique strategies to prevent sexual abuse of children and adolescents
- ◆ Sexual practices with a quarantined partner
- ◆ Usual sexual practices with minimum acceptable risk, with the standard precautions (Risk-reduction counseling)
- ◆ Awareness about the stress, performance anxiety, and symptoms of sexual disorders
- ◆ Reduction in the number of sexual partners
- ◆ Special safety precautions for the commercial sex-workers
- ◆ Finally, mutually consented exploration of sexuality and alternate sexual practices (that can involve non-penetrative sex, kissing, fondling, etc. and various other connotations of foreplay)

Again, intimacy, love, and affection in relationships equated with 'sexual intercourse' is a grossly inappropriate and reductionistic approach. Under trying times, regular connectedness via virtual media in those separated and spending 'quality couple time' for those living together can foster emotional support and closeness, vital parameters to fight social isolation and loneliness. The pandemic has not been all about 'distancing.' Several families have got a renewed chance to nurture lost time and mend broken bonds while living together during the lockdown. Many couples have explored each other's company like never before, strengthening their communication and sharing of happiness. Such activities might not be strictly 'evidence-based' but are pragmatic, help building resilience, improve relationships, and finally promote healthy sexuality. Consent is a vital factor, especially for minors, and awareness and prevention of any form of sexual abuse are of paramount importance.

### Epilogue

*"A loveless world is a dead world."*

(Albert Camus, 'La Peste', The Plague, 1947)

COVID-19 is a situation which has also allowed nurturing and mending relationships as people spend more time together, realizing the importance of vitality and the importance to be with loved ones, as man is but a social animal with an advanced neocortex but nevertheless regulated by the centers of hunger, fear, and sex. Darwin's theory of evolution has translated over the longitudinal course of time and has shown structural and physiological changes translating across species, the same may not hold true for more meta concepts like intangible mindsets and thought process. In a country which has been the epicenter of the earliest civilizations known to man, one of

the most populous countries and the land of origin of the 'Kamasutra'; India still ironically shies away from discussions about sex and sexual practices. The socio-cultural acceptance of sex only being the act of physical intimacy and rigidity to adapt to contemporary concepts of intimacy are roadblocks in applying many of the concepts discussed above (Rao et al., 2012). Thus, concepts of digital intimacy may be perceived as perverted, obscene, and unacceptable. In that context, even with the use of technology for psychosexual well-being, the partners need to discuss and tailor it according to their beliefs, values, and ideals. The learning from past pandemics is that sexuality and relationships are severely disrupted due to many factors aptly conceptualized in the bio-psychosocial framework of psychiatric illness (Schwartz and Graham, 2020). Acknowledging the magnitude of morbidity arising from psychological dysfunction, including psychosexual health impairment, provides a holistic perspective that will act in tandem with physical health. With that background, the skeptical stance of challenging the need to study or discuss sexual health in the presence of more serious physical health consequences, including death and the need for critical care, is unfounded. More systematic research exploring lived experiences and consideration for the vulnerable populations might help awareness in this neglected area, improve the sexual health in the community and integrate its importance in public health interventions and policies that will help even in the post-pandemic times and during such futuristic crises.

**Conflicts of interest:** None

**Acknowledgment:** None

**Funding:** None

## References

- Arafat, S.Y., Mohamed, A.A., Kar, S.K., Sharma, P., and Kabir, R., 2020. Does COVID-19 pandemic affect sexual behaviour? A cross-sectional, cross-national online survey. *Psychiatry Research*. Online First
- Banerjee, D. and Rai, M., 2020. Social isolation in Covid-19: The impact of loneliness. *International Journal of Social Psychiatry*, 66(6), pp 525-527
- Banerjee, D. and Rao, T.S., 2020. Sexuality, sexual well being, and intimacy during COVID-19 pandemic: An advocacy perspective. *Indian Journal of Psychiatry*, 62(4), p.418.
- Barkur, G., Vibha, & Kamath, G.B. 2020. Sentiment analysis of nationwide lockdown due to COVID 19 outbreak: Evidence from India. *Asian journal of psychiatry*, 51, 102089.
- Bradbury-Jones, C., & Isham, L. 2020. The pandemic paradox: The consequences of COVID-19 on domestic violence. *Journal of clinical nursing*, 29 (13-14), 2047-2049.
- Byrne, J.P., 2004. *The black death*. Greenwood Publishing Group.
- Camus A. *La Peste (The Plague)*. New York: Vintage. 1947. pp 35
- Cantor, N.F., 2001. In the wake of the plague: the Black Death and the world it made. Simon and Schuster.
- Cascio, C.J., Moore, D. and McGlone, F., 2019. Social touch and human development. *Developmental Cognitive Neuroscience*, 35, pp.5-11.
- Centers for Disease Control and Prevention. COVID-19 and HIV. [https:// www.cdc.gov/hiv/covid-19/index.html](https://www.cdc.gov/hiv/covid-19/index.html) [last accessed on 02/10/2020]
- Centers for Disease Control and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html> [last accessed on 02/10/2020]
- Chatterjee, S.S., Bhattacharyya, R., Bhattacharyya, S., Gupta, S., Das, S. and Banerjee, B.B., 2020. Attitude, practice, behavior, and mental health impact of COVID-19 on doctors.

Indian Journal of Psychiatry, 62(3), p.257.

Chua, S.E., Cheung, V., McAlonan, G.M., Cheung, C., Wong, J.W., Cheung, E.P., Chan, M.T., Wong, T.K., Choy, K.M., Chu, C.M. and Lee, P.W., 2004. Stress and psychological impact on SARS patients during the outbreak. *The Canadian Journal of Psychiatry*, 49(6), pp.385-390.

Cohn, S.K. and Cohn, S.K., 2003. *The Black Death transformed: disease and culture in early Renaissance Europe* (p. 10). London: Arnold.

Farid, H., 15th April, 2020. Intimacy, sex, and COVID-19 <https://www.health.harvard.edu/blog/intimacy-sex-and-covid-19-2020041519550> [last accessed on 02/10/2020]

Freud, S., 2007. *The psychology of love*. Penguin. pp 92 (originally published in 1970)

Hatcher, J., 1977. *Plague, population and the English economy 1348-1530*. Macmillan International Higher Education.

Karras, R.M., 2017. *Sexuality in medieval Europe: Doing unto others*. Taylor & Francis.

Lotfi, R., Salehifar, D. and Jahromi, A.G., 2020. Predictors of condom use among people living with HIV in Karaj: A cross-sectional study. *Shiraz E Medical Journal*, 21(1).

Nair, V.S. and Banerjee, D., 2020. "The Cries behind the Closed Rooms": Domestic Violence against Women during COVID-19, A Crisis Call. *NIMHANS, Bangalore, India*, p.31.

Rao, T.S., Gopalakrishnan, R., Kuruvilla, A. and Jacob, K.S., 2012. Social determinants of sexual health. *Indian journal of psychiatry*, 54(2), p.105.

Roy, D., Tripathy, S., Kar, S.K., Sharma, N., Verma, S.K. and Kaushal, V., 2020. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian Journal of Psychiatry*, p.102083.

Schwartz, D.A. and Graham, A.L., 2020. Potential maternal and infant outcomes from (Wuhan) coronavirus 2019-nCoV infecting pregnant women: lessons from SARS, MERS,

and other human coronavirus infections. *Viruses*, 12(2), p.194.

Sexual and Reproductive Health and Rights, Maternal and Newborn Health & COVID-19. <https://www.plannedparenthood.org/learn/sex-pleasure-and-sexual-dysfunction/masturbation> [last accessed on 02/10/2020]

Singh, R. and Adhikari, R., 2020. Age-structured impact of social distancing on the COVID-19 epidemic in India. arXiv preprint arXiv: 2003.12055.

Singhal, T., 2020. A review of coronavirus disease-2019 (COVID-19). *The Indian Journal of Pediatrics*, pp.1-6.

Tsiamis, C., Vrioni, G., Poulakou-Rebelakou, E., Gennimata, V., and Tsakris, A., 2018. The Knights Hospitaller of Rhodes and the Black Death of 1498: a poetic description of the plague. *Le infezioni in medicina*, 26(3), pp.283-294.

Turban, J.L., Keuroghlian, A.S., and Mayer, K.H., 2020. Sexual Health in the SARS-CoV-2 Era. *Annals of Internal Medicine*.

Wang, C., Pan, R., Wan, X., Tan, Y., Xu, L., Ho, C.S. and Ho, R.C., 2020. Immediate psychological responses and associated factors during the initial stage of the 2019 coronavirus disease (COVID-19) epidemic among the general population in China. *International journal of environmental research and public health*, 17(5), p.1729.

World Health Organization, 1975. [https://www.who.int/reproductivehealth/topics/sexual\\_health/sh\\_definitions/en/](https://www.who.int/reproductivehealth/topics/sexual_health/sh_definitions/en/) [last accessed on 02/10/2020]

World Health Organization. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports> [last accessed on 02/10/2020]

Xiong, J., Lipsitz, O., Nasri, F., Lui, L.M., Gill, H., Phan, L., Chen-Li, D., Jacobucci, M., Ho, R., Majeed, A. and McIntyre, R.S., 2020. Impact of COVID-19 pandemic on mental health in the general population: A systematic review. *Journal of affective disorders*.



Review Article

## Emotional changes due to COVID-19

**Perna Sonthalia<sup>1</sup>, Aishwarya Rohatgi<sup>2</sup>, Sabhya Pritwani<sup>3</sup>**

<sup>1,2,3</sup>MPH Student, Indian Institute of Public Health-Delhi, Public Health Foundation of India

### Date of Submission :

26 September 2020

### Date of Acceptance :

26 October 2020

**Keywords:** Emotional changes, COVID-19, Sexual behavior

### Abstract

The COVID-19 pandemic has done a disservice not only to the cause of physical health but has irrevocably hampered the emotional wellbeing of the entire population. However, a paradigm we usually undermine is sexuality and sexual health while discussing the impacts. A myriad of emotional changes such as corona phobia, anxiety, sadness, altered sexual behavior has been observed, being further aggravated by certain factors like misinformation, stigma, or imposed preventive and restrictive measures. Many sections of the society across gender, occupation, socioeconomic status, and vulnerabilities have been disproportionately affected, which needs specifically focused interventions and overarching redressal mechanisms to alleviate their health issues in a complete holistic sense.

### Introduction

Human civilization is passing through one of the most critical phases of human history, challenging its existence is Coronavirus disease 2019 (COVID-19). COVID-19 was first declared an international public health emergency on 30 January 2020 by World Health Organization (WHO). Since then the disease was first reported in China in December 2019, has continued to surge in

many different countries. Due to home confinement strategies and intermittent lockdowns as preventive measures, this infection has caused emotional and mental health impacts.

'Emotional health' by definition is the ability to express and manage feelings through different phases of life in an age-appropriate manner (PFBH Assessment Center, 2019). It includes emotional intelligence as well as regulation and comes under the purview of mental health (positivepsychology.com, 2020). Emotional wellbeing depends upon the individual experiences, behaviors, socio-demographic factors, external environment (home and workplace), economic factors, health status indicators, and interpersonal relationships. It has been seen that social

**Corresponding Author :** Dr. Perna Sonthalia

E Mail: [pernasonthalia03@gmail.com](mailto:pernasonthalia03@gmail.com)

**How to cite the article :** Sonthalia, P., Rohatgi, A., Pritwani, S. (2020). Emotional changes due to COVID-19. *Indian Journal of Health, Sexuality & Culture*, 6(2), 13-21.

**DOI :** 10.5281/zenodo.4295663

interaction, intimacy boosts wellbeing and serves as critical coping factors during such disasters. Although literature related to this pandemic and psychological health is increasing, there is a shortage of discussion on a vital aspect, the sexual and reproductive health at all levels: individual, systems, or society.

Sexuality has been an essential determinant of relationships and health in general, but the discussion of the chronic impact it suffers is still in its infancy. Ultimately, the balance that existed amidst all these factors has been dismantled, which has propelled many emotions to predominate these times.

### Varying emotional changes during COVID-19 pandemic

#### ◆ Corona phobia

There has been a mass fear of COVID-19, termed as "corona phobia," which means the fear of contraction, moving out, concerns about the safety of family, has generated a plethora of psychiatric manifestations across the different age groups and strata of society (Dubey et al., 2020).

#### ◆ Fear & anxiety

Fear is a natural, powerful, distressing human emotion secreted with the adrenaline rush, making us anxious or enacts inappropriately under normal circumstances. This fear about a new disease and what could happen is overwhelming. Public health actions such as social distancing have made people feel isolated and lonely, thus increasing specific mental health problems, including depression, anxiety, and increased stress (CDC, 2020; Loneliness during coronavirus, 2020).

#### ◆ Obsessive-Compulsive Disorder (OCD)

In this uncertain scenario of the

pandemic, the disproportionate use of preventive strategies like maintaining hygiene, sanitizing, and mask usage may lead to OCD. It is a type of anxiety disorder in which a person gets caught up in a pattern of obsessions, causing recurrent thoughts and urges that make an individual anxious. Any flu-like symptom under the current circumstances, along with many Covid-19 precautions like stress on cleanliness, effective panic buying, hoarding, and repetitive actions of sanitization regularly advertised at media platforms, may intensify the condition and prove to be harmful (Chatterjee et al., 2020).

#### ◆ Cognitive dissonance

Psychologists believe that people are experiencing mental discomfort due to opposing thoughts and feelings, known as 'Cognitive dissonance'. To maintain their wellbeing by reducing their discordance between lockdown compliance and loneliness, people are endeavoring in different ways like US mass protests, denial of a pandemic, claiming virus-free country, and virtual rallies (Levy, 2020).

#### ◆ Anger and sadness due to a feeling of being stuck in a helpless situation, where people are not only losing their loved ones or their health but facing financial issues leading to more flawed precautionary measures acceptance and economic distress(How we make decisions during a pandemic, 2020).

#### ◆ Altered and discriminatory decision making in the pandemic due to peer pressure to follow the new norms (masking, social distancing, self-quarantine, and hand sanitization) comply with a different and changing status quo and battle the uncertain disruption in old routines. A better understanding of how we make

decisions can not only help us make better ones, but it can also help experts learn how to nudge us toward healthy behaviors (Nowak et al., 2020; How we make decisions during a pandemic, 2020).

#### ◆ **Changes in sexual desires and behavior**

COVID-19 being a contagious infection, has generated fear among the couples regarding the guilt of transferring the infection to the partners. These altered sexual dynamics have led to voluntary or imposed sexual abstinence, inducing distress, and loss of sense of emotional belonging. This chronic sexual repression has shown to cause performance anxiety and affected sexual confidence, which can eventually have lead to arousal disorders, erectile dysfunction, and anorgasmia and in extreme forms aggravate mental health disorders like depression, insomnia, and anxiety.

Sexual frustration has been observed among couples who didn't live together, had pre-existing marital discordance, and resorted to extramarital affairs. They have been subjected to extreme negative behaviors like verbal abuse, oppression, inter-partner violence, or marital rape leading to separation or divorces. A few couples abstaining from sexual intercourse, people in long-distance relationships, or singles have been reverting to masturbation as a replacement of partnered sex, which is considered emotionally binding. This has resulted in high levels of perceived dissatisfaction and declining self-gratification (Banerjee and Rao, 2020).

#### **Theories**

Everyone reacts differently to stressful situations, which science tries to explain through theories. Such as:

- ◆ Behavioral Immune System (BIS) theory, which states people develop

negative emotions (e.g., aversion, anxiety, etc.) for self-protection when faced with potential disease threat, adopt avoidant behaviors (e.g., avoid contact with people who have pneumonia-like symptoms), and obey social norms strictly (e.g., conformity)(Li et al., 2020).

- ◆ Stress theory and perceived risk theory, public health emergencies trigger more negative emotions and affect the cognitive assessment. However, long-term negative emotions may reduce people's immune function and destroy the balance of their standard physiological mechanisms. So, they may overreact to any disease in case of less appropriate guidance from authorities. Therefore, it is essential to understand the potential psychological changes caused by COVID-19 promptly (Li et al., 2020).
- ◆ A study conducted in Poland examined dark personality correlates and health beliefs using the health belief model to understand adaptive (preventive measures including hand washing, masking, and following government-imposed restrictions) and maladaptive behavior (hoarding supplies, non-compliance to physical distancing) related to COVID-19. The sample included Dark Triad traits (manipulative instincts, cynicism, and psychopathy) and collective and singular narcissism to study preventive health behaviors.

Researchers assumed that personality traits are likely to be associated with mechanisms that facilitate adopting certain behaviors about one's health. Put otherwise; traits may be indirectly linked to health behaviors through beliefs. Post the completion of the study, the results were concurrent with the researcher's observations as participants characterized by the 'Dark Triad' traits and narcissism were engaged less in the



prevention and more in self-interest and risk-taking behavior like hoarding supplies. This points to the utility of health beliefs in predicting behavioral changes during the pandemic, explaining (at least in part) problematic behaviors associated with the dark personalities that cater to these sections through targeted approaches and strengthening the pandemic response (Nowak et al., 2020).

### **Common factors inducing emotional changes during COVID-19**

Print, electronic, social media and Infodemic Media platforms have always been considered a valuable resource for surveillance and interventional mass campaigns. But within days of the outbreak, an unrelenting abundance of false facts and negative news has increased much more rapidly than the disease itself, creating 'social media hysteria'.

Coronavirus Infodemic has led to panic by rampant rumors, flamboyant news propaganda, and misinformation beyond our health systems and administration's curbing capacity, resulting in mental pressure, phobia, and irritability. Ramifications of disease outbreaks and its communalization, death headlines, increasing case updates have played an instrumental role around the world in disseminating "covidocy" long-lasting stigma, false insecurities, and multiple emotional health issues (Dubey et al., 2020).

### **COVID-19 stigma**

Stigmatization has been quite evident in the history of pandemics worldwide, and COVID-19 has been no different. The major brunt of this discrimination is faced by all essential workers and the marginalized sections of society. There has been a rise in stigmatizing factors like alienation, sexism, bigotry, and segregation, with all its social and economic consequences. Infection-

related 'Xenophobia' has been seen as accounting for a particular community or culture. It has been noted that a stigmatized individual tends to hide critical information and is hesitant to seek medical care, which increases the burden of infection (Dubey et al., 2020).

### **Emotional effects due to quarantine and isolation**

The quarantine and isolation measures imposed to halt the spread of COVID-19 have cornered people, separating them from their families. The emotional upheavals range from irritability, fear of transmitting the infection to dear ones, despair, indignation, uncertainty, dissatisfaction, isolation, denial to severe conditions like depression, insomnia, suicide. Suspected and quarantined cases have been feeling perplexed about their health status. Post quarantine and isolation have resulted in dire consequences such as post-traumatic stress disorder (PTSD) due to exclusion or rejection from society (Dubey et al., 2020). To cope with loneliness in these periods, people have taken online dating, digital sex, which has given rise to additional concerns of online sexual extortion, cybercrimes, and digital safety (Banerjee and Rao, 2020).

### **Factors affecting sexuality**

The sudden lifestyle change, adaptation to virtual work demands, the constraint of space in homes, kids being around all the time, additional household chores, professional commitments and obligation to share every moment of the day have resulted in monotony and inhibited sexual stimulation and sexual activity frequency among couples. Sexuality is also influenced by the sense of desire for the other, and performing different roles during the lockdown has meant less time to invest in self-care. People feel less physically attractive and hence don't feel like indulging in sex.

This is emotionally unhealthy and indicative of a paradox; disharmony between sentiments of being loved, desired, and cared for by a partner on one side and requirement of one's own space and privacy on the other (Dewitte, Otten and Walker, 2020).

## **Impact of COVID-19 on different sections**

### **Healthcare workers**

During the pandemic, with an increase in healthcare force requirements, working in long-hour shifts with limited resources, infrastructure, and treatment, there is a fear of contracting the infection and the possibility of spreading it to their family members. The fear of transmission of novel coronavirus and apprehension about sexual practices makes them stay away from their partner. When returning to their partners, they feel a sense of guilt of returning back to sexual life, which eventually limits their emotional support & bonding. All these determinants result in emotional pressure, which may trigger feelings of chronic loneliness, helplessness, stress disorders, and burnout (Banerjee and Rao, 2020; Dubey et al., 2020).

The attack of doctors and violence against them following COVID-19 patients' deaths has also unleashed emotional and psychological havoc on the entire community. A trend that has triggered all of this is the status of 'superheroes' or 'warriors' which on the one hand has added value to their work whereas on the other hand has compelled them not to give up or fail, further parking them in the corner seeking emotional support or appreciation. Health professionals have been experiencing indirect trauma in the form of appetite loss, attention disorders, irritability, numbness, and misery due to continued exposure (Dubey et al., 2020; Ornell et al., 2020).

### **Children**

With online classes and constant toil switching to virtual adaptation with almost negligible social interaction, children are severely affected by emotional changes. This pandemic has been throwing all the children to a work-oriented environment sans physical activity and a sedentary lifestyle. The confinement of youngsters in houses has increased child sexual abuse, pornography, and digital abuse, instilling terror, agitation, and angst hampering their personality development. Children have too much exposure to COVID-19 related information through media and daily conversations in the family, instilling traumatic thoughts of ultimate life events, like falling very sick or die.

The story of economically deprived children is way more unfortunate in terms of sexual and emotional health. Struggle for a two-time meal and loss of livelihood of parents is petrifying, paving the way for extended ill-consequences of this pandemic, such as child labor, child trafficking, and forced early age marriages. Also, with no exposure to education in any form due to financial, physical constraints and the digital divide; children are sinking into a long term mental health crisis (Ghosh et al., 2020; Robson, 2020; Times of India, 2020).

### **Elderly**

The senior citizens, often the neglected ones, face the wrath of this mandatory phase of social distancing more than ever. Either staying alone or with no domestic help around, no transport system, and inadequate family support, they can't leave their houses even for essentials like food and medicines. Also, being at the heightened risk of susceptibility to the infection, they are excessively anxious, fear the death of their own and others, and become vulnerable to

abuse. Their daily routines have changed, and the kind of medical care and support they received has declined due to being confined in secluded homes. The ability to stay socially connected has been affected as some live alone and are on a pension, which may have unleashed additional financial hurdles. (Dubey et al., 2020; UNICEF, 2020; WHO, 2020).

## Women

COVID-19 has affected women disproportionately due to various social, cultural, and economic factors. Women face a sharp increase in caregiving responsibilities with even less freedom, space, and financial security (What Covid-19 teaches us about women's mental health, 2020).

Lockdowns have increased the rates of domestic violence resulting in psychological distress. Young girls and women suffer from poor menstrual hygiene due to disparate distribution and availability of safe menstrual products adding to their woes.

It's been observed that women have also faced increased pressure from families to conceive, which is reflected in the rise in the number of pregnancies. Pregnant and postpartum women are also experiencing emotional changes as even routine visits to health care facilities for antenatal care and infant immunization amidst the pandemic are likely to create a great sense of anxiety in mothers about their health and that of their unborn or newborn baby (Manjunatha, Kumar and Bada Math, 2020). Previous literature from SARS and MERS has shown that amidst the catastrophic situations, adverse pregnancy outcomes such as miscarriages, abortions, pre-maturities, and maternal deaths are common that generate fear among sexually active couples (Banerjee and Rao, 2020).

## Marginalized population

In our country, with poor public health infrastructure and the pandemic's maximum impact, most marginalized sections have been more vulnerable to being affected by the infection and the entailing stigma, discrimination, and socioeconomic repercussions due to which they are at a higher risk of psychological illness. Migrant women who faced sexual harassment at rehabilitation camps have unleashed another disturbing weaving in terms of social and sexual impact on life. Incidences like these have challenged fundamental human rights, legal and sociopolitical standing they hold in the society, which has intensified the inequities and resulted in defiance. The unexpected displacement and income deprivation have added to their rage, which eventually has been contributing to emotional wreckage with increased suicide rates among them (Dubey et al., 2020).

## People with pre-existing mental illness

During the pandemic, exposure to stressful situations and reliving old painful experiences of the past due to more time at hand leads to the recurrence of pre-existing mental health conditions (Dubey et al., 2020). For chronic depression and generalized anxiety disorder patients, the lockdown has put a menace on daily life activities. The added responsibility to obey infection control measures has increased their stress. Factors like negative news, job loss, financial distress, lack of social engagement, and uncertainty affects them disparagingly due to their vulnerabilities and fragile states of disorganized thinking. Patients with bipolar disorders and schizophrenia may have been experiencing psychotic relapses, and COVID-19 can mess their rationality to push them into their delusions (e.g., feeling that medical persons are trying to infect me). Most of them may miss their in-person counseling or regular

medicine intakes, and this lack of psychiatric care can predispose them to even precarious mental states (Chatterjee et al., 2020).

### **Suggested interventions**

With the above scenario of emotional, sexual, and mental health status of various segments of the society, there appears to be an urgent need to establish intervention models. Multidisciplinary integration & coordination is the need of the hour. Imparting education and holding constructive dialogue with people to prevent "Infodemic" and stigma can reduce the possibility of inappropriate behavior and undue panic (Dubey et al., 2020). Sexual health and wellbeing have been neglected considerably during the pandemic, and given the symbiotic relationship of sexual and emotional health, sensitization to this issue is a must. Considering the social stigma attached, physicians must incorporate sexual education and address the sex-related complaints in their counseling sessions via tele-counseling or person. Digital intimacy should be promoted in these physical distancing times for sexual wellbeing. Sexual counseling can be tailor-made for all sections of society. Education and awareness of sexual activities to eradicate the taboo associated is needed immediately (Banerjee and Rao, 2020).

For health care workers, showing respect and treating them with dignity is the most excellent cure for their emotional upheavals. Symmetrical and sustained relations with family and friends, shorter working time and rotating shifts, long-term psychological counseling, and expressing emotional changes and sexual desires can help them in coping up with the unprecedented experience (Ornell et al., 2020). The mental health of young employed medicos needs monitoring with utmost concern to address workforce deficiencies and inculcate

psychological well-being among them (Dubey et al., 2020; Ornell et al., 2020).

For children, proper parenting with age-appropriate solutions and information exchange can guide them in accepting routine transitions positively. Also, limiting exposure to television and social media can be a tool. Educating and reassuring them with verbal and nonverbal communication about the changing lifestyles, viruses, transmission, preventive measures can help bring awareness and build confidence. In the case of teenagers, minute emotional or behavioral changes also need cognizance by the family. Acknowledging their difficulties and generating optimism amidst the pandemic can empower them (Dubey et al., 2020; Manjunatha, Kumar and Bada Math, 2020; Coping with a Disaster or Traumatic Event, 2020).

For women, sharing the workload at home with the family is imperative. Apart from this construction of a safe place for them during these testing times is the responsibility of their closed ones and the social system. Non-working women should be made available avenues to earn a livelihood and seek redressal for their personal problems despite being under lockdown. Working women should be saved from the mandated pressure to undertake household chores, and collective safeguarding against unorthodox practices that discriminate against girls from a young age should be encouraged.

For the elderly, the first step is increasing awareness about mental and emotional health involving their families via social media platforms, webinars, online programs, and to point messages in understandable language. Stable connection and conversation with loved ones is an essential need. It should be ensured that their health is monitored, and medical care remains uncompromised despite the disruptions in health service

delivery. Also, counseling via telephone or online audio/video-conferencing with psychotherapists can be a significant mood enhancer for them (Dubey et al., 2020; Manjunatha, Kumar and Bada Math, 2020).

For marginalized sections, protecting their basic fundamental human rights, i.e., housing, water, food, sanitation, and essential medical services, is needed. Deployment of mental health counselors to address specific problems and referrals to facilities is required (Dubey et al., 2020).

For quarantined & isolated COVID-19 patients, maintaining a secure communication channel between the health provider and patient and his family is essential. Close tracking and monitoring and usage of stress adaptation models for rehabilitation and consistent nursing by psychotherapists can be used (Dubey et al., 2020). Sexual counseling must be ensured for the quarantined and isolated persons.

For Pre Existing mental illness persons, the pandemic has led to the boom in mental illness cases, which has emerged as an opportunity and challenges for the psychiatric profession (Rajkumar, 2020). Doctors involved in casualty and emergency services need to be prompt and more aware of mental health emergencies to carry out timely referrals. Electronic and quick digital dispensing of drugs is the need of the hour for severely affected people and monitoring. Policymakers need to focus on telemedicine consultation and improve the accessibility to teleconsultation. A list of essential psychotropic need to be made readily available with regular and prescribed monitoring on less strict terms (Chatterjee et al., 2020).

## Conclusion

The COVID-19 pandemic has been a harbinger of not only physical stressors but has burdened us with collateral damage in the

form of an emotional, sexual and mental health crisis that will undoubtedly loom far after the virus recedes. These percolating impacts on all of us, despite our color, caste, creed, or socioeconomic statuses, are a story laced with tragedy, helplessness, and bravado as well. Since a few sections of our society have suffered more than others, this event has been a reminder of the most significant disparities that have predisposed people to traverse a trajectory of emotional changes that challenge their existence. Through the medium of this review article, we aim to bring the predominant perceptions, unsaid feelings, and changes that society has collectively faced in these unprecedented times. The pandemic can be tackled efficiently through the social interventions that individuals, communities, governments, and institutions can undertake along with a vital element of preparedness about physical and emotional, mental, and sexual health.

COVID-19 has been a forewarning, a great teacher, and an uncertain paradox that has taught us that emotional wellness and holistic well-being are the core principles in establishing a post COVID world. This new decade's advent should now be defined with the words: let's build back better.

## References

Banerjee, D. and Rao, T. S. S. (2020). 'Sexuality, sexual well being, and intimacy during COVID-19 pandemic: An advocacy perspective', *Indian Journal of Psychiatry*, 62(4), p. 418.

UNICEF (2020). Caring for the elderly during the COVID-19 pandemic. Available at: <https://www.unicef.org/india/stories/caring-elderly-during-covid-19-pandemic> (Accessed: 15 September 2020).

CDC (2020). Coronavirus Disease 2019 (COVID-19), Centers for Disease Control and Prevention. Available at: <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/managing-stress-anxiety.html> (Accessed: 15 September 2020).

Chatterjee, S. S. et al. (2020). 'Attitude, practice, behavior, and mental health impact of COVID-19 on doctors', *Indian Journal of Psychiatry*, 62(3), p. 257.

Coping with a Disaster or Traumatic Event (2020). Available at: [https://emergency.cdc.gov/coping/pdf/Coping\\_with\\_Disaster.pdf](https://emergency.cdc.gov/coping/pdf/Coping_with_Disaster.pdf).

Dewitte, M., Otten, C. and Walker, L. (2020). 'Making love in the time of corona - considering relationships in lockdown', *Nature Reviews Urology*, 17(10), pp. 547-553.

PFBH Assessment Center (2019). Differences Between Mental Health & Emotional Health. Available at: <https://www.pyramidhealthcarepa.com/pyramid-health-care-assessment-center/pfbh-assessment-center-blog/what-is-the-difference-between-mental-health-emotional-health/> (Accessed: 15 September 2020).

Dubey, S. et al. (2020). 'Psychosocial impact of COVID-19', *Diabetes & Metabolic Syndrome*, 14(5), pp. 779-788.

Ghosh, R. et al. (2020). 'Impact of COVID-19 on children: Special focus on psychosocial aspect', *Minerva Pediatrica*, 72, pp. 226-235.

Times of India (2020). How Covid is playing havoc with kids' minds. Available at: <https://timesofindia.indiatimes.com/india/covid-hasnt-spared-kids-its-playing-havoc-with-their-minds/articleshow/76750512.cms> (Accessed: 15 September 2020).

Knowable Magazine (2020). 'How we make decisions during a pandemic'. doi: 10.1146/knowable-052620-1.

Levy, A. (2020). Coronavirus: how times of crisis reveal our emotional connection with strangers, *The Conversation*. Available at: <http://theconversation.com/coronavirus-how-times-of-crisis-reveal-our-emotional-connection-with-strangers-136652> (Accessed: 15 September 2020).

Li, S. et al. (2020). 'The Impact of COVID-19 Epidemic Declaration on Psychological Consequences: A Study on Active Weibo Users',

*International Journal of Environmental Research and Public Health*, 17(6), p. 2032.

Mental Health Foundation (2020). Loneliness during coronavirus. Available at: <https://www.mentalhealth.org.uk/coronavirus/coping-with-loneliness> (Accessed: 15 September 2020).

Manjunatha, N., Kumar, C. and Bada Math, S. (2020). Mental Health in the times of COVID-19 Pandemic. Available at: <https://www.mohfw.gov.in/pdf/COVID19Final2020ForOnline9July2020.pdf>.

Nowak, B. et al. (2020). 'Adaptive and maladaptive behavior during the COVID-19 pandemic: The roles of Dark Triad traits, collective narcissism, and health beliefs', *Personality and Individual Differences*, 167, p. 110232.

WHO (2020). Older people and COVID-19. Available at: <https://www.who.int/teams/social-determinants-of-health/covid-19> (Accessed: 15 September 2020).

Ornell, F. et al. (2020). 'The impact of the COVID-19 pandemic on the mental health of healthcare professionals', *CSP*.

Rajkumar, R. P. (2020). 'COVID-19 and mental health: A review of the existing literature', *Asian Journal of Psychiatry*, 52, p. 102066.

Robson, D. (2020). How Covid-19 is changing the world's children. Available at: <https://www.bbc.com/future/article/20200603-how-covid-19-is-changing-the-worlds-children> (Accessed: 15 September 2020).

Times of India (2020). What Covid-19 teaches us about women's mental health. Available at: <https://timesofindia.indiatimes.com/blogs/uterus-diaries/what-covid-19-teaches-us-about-womens-mental-health/> (Accessed: 15 September 2020).

PositivePsychology.com (2020). What is Emotional Health & 11 Activities and Assessments to Enhance It. Available at: <https://positivepsychology.com/emotional-health-activities/> (Accessed: 15 September 2020).



Review Article

## Online dating: A motivated behavior during pandemic

Gunjan Joshi<sup>1</sup>, Sadaf Rais<sup>2</sup>, Mary Ann<sup>3</sup>, Ishangi Mishra<sup>4</sup>

<sup>1</sup>King George's Medical University, Lucknow, Uttar Pradesh, India

<sup>2</sup>Shree Guru Govind Singh Tricentenary University, Gurugram, Haryana, India

<sup>3</sup>Dr. MGR Educational and Research Institute, Chennai, Tamil Nadu, India

<sup>4</sup>Independent Researcher, Clinical Psychologist, Bengaluru, Karnataka, India

### Date of Submission :

15 September 2020

### Date of Acceptance :

04 November 2020

### Abstract

Online dating received a recent upsurge since the outbreak of pandemic with most people confining themselves to virtual dating. This paper conceptualizes and draws conclusion from the existing literature stating the factors responsible for an increase in online dating. Owing to home restrictions and social distancing, people turned to online dating apps mainly to maintain the social connection and interaction, get introduced to potential suitors and also worked as a stress buster. Besides these factors, abundant time at hand and the chance to be true and comfortable in one's own space, such factors served to cope with the threat faced on safety and belongingness through use of online dating. Consequently, online dating applications are seen favorable by the majority due to its accessibility, anonymity and lesser emotional exhaustion because of perceived behavioral control.

**Keywords:** online dating, pandemic, social connectedness, perceived behavioral control

### Introduction

With COVID-19 our everyday activities and errands have witnessed shift to the online mode. From accessing information online, online transactions, online purchase, virtual learning, running businesses online, work online from home to finding potential

partners online, the internet has transformed lives of individuals drastically. Earlier, the e-mode was a choice as people could always go back to the offline or the manual mode for carrying out their chores. However, owing to the present pandemic times, people are left to stick to the e-mode only. As people were home confined due to strict lockdowns in and around the globe, the internet observed a surge in online dating in several countries, including India (Rodgers, 2020).

A few of the prominent dating applications include, Zoosk, OkCupid, eHarmony,

**Corresponding Author :** Gunjan Joshi

E Mail: [gunjanj051011@gmail.com](mailto:gunjanj051011@gmail.com)

**How to cite the article :** Joshi, G., Rais, S., Ann, M., Mishra, I. (2020). Online dating: A motivated behavior during pandemic. *Indian Journal of Health, Sexuality & Culture*, 6(2), 22-32.

**DOI :** 10.5281/zenodo.4295667

Tinder, Bumble among others which serve to both heterosexual and homosexual populations. These dating applications present to the interested audience a precisely put combination of three aspects which further increase their likeability, usage and popularity. These three features are, firstly, providing access to potential romantic partners, i.e., being exposed to potential partners whom users will be unlikely to meet in person had they not been on the platform; secondly, allowing communication with potential romantic partners, i.e., using various computer mediated communication to know the suitor/suitress before meeting in person and lastly, matching with compatible romantic partner, i.e., websites employ an algorithm to match two people based on a number of selection criteria rather than a random matching of individuals (Finkel et al., 2012). These aspects pose as the benefits of 'online' in the phenomenon of dating.

### **Advantages of online dating**

There is a considerable positive side to online dating. They serve as platforms with the provision of services and tools to people to find partners online, beginning with dating and perhaps culminating into a long-term relationship of marriage (Finkel et al., 2012; Golbeck, 2015). A study by Couch and Liamputtong (2008) on the use of internet to meet sexual partners interviewed and did an in-depth analysis with 15 such users. The study revealed several potential benefits including no or minimal deceit. Anonymity can be maintained unless both the sides want to meet face-to-face; ability to filter identity; allows opportunity for better connectivity and enhanced social as well as sexual network; gives access to not only like-minded people but also a better geographical connectivity and that online dating allows opportunities to manage online contacts and plan prospective meetings before sexual interactions. As such, online dating can offer

valuable health protection, as "it allows users to predetermine safer sex".

Besides, online dating is also promising in offering access to partners who otherwise might lack it, providing computer-mediated communication to promote greater engagement with each other and the matching algorithm may help in deducting those individuals who might not turn out to be potential romantic/relationship partners (Finkel et al., 2012).

### **Disadvantages of online dating**

While there are many advantages and increases of online dating. Online dating has its own disadvantages or harm. Online romance scam has become a new fraud since 2008 (Whitty & Buchanan, 2012). A study estimates 230,000 citizens in Britain may have fallen victim to online dating scam and the UK National Fraud Authority reports an estimation of over £38 it takes into account of fraud cost in the United Kingdom in 2011 (Whitty & Buchanan, 2012).

**Fake accounts** - Individuals over the web are not genuine about what their identity is, so you may get feline fished. To abstain from being defrauded by a phony profile, have a go at downloading the profile image of the individual and doing a Google picture search. On the off chance that the individual is using another person's image, you'll have the option to see by the outcomes you find. It's additionally a warning if you've been 'dating' somebody for quite a while, and they will not meet face to face - it could imply that they are not who they state they are.

**Scams**- Online well-being and security aren't constantly ensured in the digital world. As much as feel you confide in your online accomplice, you may likewise be a casualty of defrauding and fraud. Regardless of how hard you succumb to somebody on the web, don't give them your own subtleties like financial balance subtleties, place of



residence, ID number, individual pictures or whatever else that gives somebody individual admittance to your life particularly if you've never met them and fabricated trust after some time.

### **Danger of getting explicitly attacked**

You won't have a clue about an individual's actual aims, particularly on the off chance that you met them on the web, so it's simple for you to succumb to any wrongdoing, including rape. Many sex wrongdoers look for their next casualties on the web and frequently profess to be youthful all together, draw individuals a lot more youthful than them. In case you're underage, don't meet somebody you met online alone, under any condition.

### **Increase in online dating during COVID-19**

When an individual is faced with a threat upon their basic needs, there is a motivated behaviour to reduce resultant distress. Pandemic opens new challenges to human connection and the perceived control over these goal-directed behaviour (Baumeister & Leary, 1995). Individuals are faced by a constant flux at this pandemic wherein the need for safety, need for belongingness and need for esteem is threatened. Therefore the sudden surge from 0 to 15% rise between the months of February and June in usage of dating application questions the motive of individuals to seek solace in an online dating forum (Nabity-Grover Cheung & Thatcher, 2020). With the imposition of countrywide lockdown, there has been a rise in frequency, amount of usage of online dating apps and an increase in number of users of such applications. It has been observed based on the latest statistics that 30% young Indians have admitted themselves to be frequent users of OkCupid, a dating application (Roy, 2020). The application observed a boom in subscription after the first week of lockdown in March, 2020, with subscriptions increased

by 70% in India alone. OkCupid witnessed 26% increase in online conversation and 12% increase in matches. Quackpack, another dating platform observed a daily user signup up to 80%. Similarly, on Bumble, there was upsurge in messages with a 29% increase with two in five turned meaningful. In addition, the application also observed 17% increase in video calls since the initiation of the lockdown (Roy, 2020; Majumdar, 2020; Sharma, 2020). Viewing such mounting interest in and usage of dating application or websites, the applications' developers also came up with new features to further increase their profits and make online dating a rather pleasant process. For instance, Bumble, a dating app put forth a new feature of "Virtual Dating", which refers to a badge that appears in profiles of users who are open to date via video chat. Likewise, Tinder not being far behind, launched a "Global Mode", wherein users are served potential partners from all over the world regardless of where they live, whereas earlier the location was restricted to only a few miles (Jennings, 2020). An online survey found that 8% men and 23% females would actually date after the pandemic is over (John, 2020).

A huge outpouring of users of online dating application led to increased online dating during COVID-19, indicating that majority of the people benefitted from their engagement in online dating as it might have allowed them to remain connected, maintain the zeal, look forward to new meetings and potential suitors with the ease of being at home. With more time at hand to learn about each other rather than rushing into meeting within the first month of initiating conversation and sparing the anxiety of rushed physical intimacy, online dating also worked as a de-stressor to many during this period of pandemic.

Nonetheless, to have been home restrained for nearly more than half a year for now, the current pandemic might bring about a

change in how people usually used to date. A research found that participants with high perceived vulnerability to disease (PVD) scores displayed decreased level of interest in prospective online dating partners, even when partners were attractive as compared to people with low perceived vulnerability to disease (PVD) scores (Graff, 2020). Besides, users will continue to do video chats more often relative to previous scenario before meeting the potential date (Sigalos, 2020). For instance, OkCupid reported that 91% Indians will continue dating post lockdown (Business Insider, 2020).

### **Factors responsible for increase in online dating**

**Safety:** Pandemic poses challenges in the form of threat to safety especially health factors and the environmental factors which restrains physical contact. At this pandemic, the research posits factors that drive fear in an individual which are fear of threat to physical health, fear of threat to the significant other, fear of the unknown and fear of inaction. At this broad spectrum of mental distress, the fear of uncertainty and appraisal of future outcomes leads to a sense of loss in interpersonal forum among individuals. This safety risk has forced individuals to distance from their loved ones and the perception of 'closeness' is no longer present which therefore has increased usage of dating applications (Schimmenti Billieux & Starcevic, 2020).

**Social connectedness and increased sense of loneliness:** As a means of overcoming loneliness, an individual seeks to form emotional bonds with people. Dating and relationships are one such area which had been crucial for health and well-being. While romantic relationships had always been a basic need for individuals as they fulfil the need to be loved and accepted. The single most factor that drives people to decreased quality of life is the inability to fulfil

interpersonal needs (Pietromonaco & Overall, 2020). Individuals when deprived of social contact face significant amounts of negative emotions as being subjected to loneliness and perceived isolation. Online dating application is one such application that has experienced a rapid surge during this COVID-19 as a means attaining the ends to the global social isolation. The perceived loneliness during the lockdown has led to scan for affection on the web to reduce loneliness and to connect with others. Research points out that text messaging and virtual contact with a person reduces perceived loneliness (Marston et al., 2020). A study conducted by Roberts and David discusses on the belongingness hypothesis and information foraging theory which emphasizes on a phenomenon called as 'Fear of missing out' which has been perceived as pervasive apprehension of losing out on things which others supposedly possess. This FoMO (Fear of Missing Out) behavior is increased with an increase of social deprivation and when the basic need is threatened. Narendra Klinger, a senior clinical therapist and psychotherapist from Mumbai talked about the essential need to meet with distinct people was intensified after lockdown, as many people were not happy with their connections or everyday exercises during the lockdown period. "Limited by a wide range of limitations during lockdown, dating applications picked up notoriety as they went with the opportunity to 'be' and 'collaborate' with others", he said (Kinger, 2020). Therefore, individuals find an outlet to decrease perceived loneliness through the use of dating apps (Roberts & David, 2020).

**Lack of positive reinforcement:** In light of the nationwide lockdown and lives of people coming to a halt, majority of them experienced removal of positive reinforcement from their immediate environment. Applications like Tinder create

an intermittent reinforcing reward system. Matches act as periodic rewards. Based on variable ratio (sometimes it takes two swipes, sometimes it takes 20, the anticipation of an eventual match combined with unpredictability of reinforcement leads to continued swiping). Perceived satisfaction then continuously reinforces an individual to use online dating app. In addition, these dating applications require less investment, hence, low stakes, but the subsequent pleasantness and enjoyment these return to the users may also serve as positive rewards lasting till the next swipe or action taken on the apps (Schachter, 2015).

**Entertainment and playfulness:** With the imposed nationwide lockdown, monotony was a contextual factor which drove people towards entertainment. To reduce boredom, online dating apps provide individuals a platform to seek novelty. Due to being home-bound and work from home lifestyle, people mostly have spare hours at hand. Besides, developing new hobbies like reading books, cooking, gardening, art and craft, people regardless being young or middle-aged turned to dating apps for fun purpose. Owing to current social distancing times, with no compulsion to meet in-person, users preferred to spend time knowing potential partners and in the process dating a few with mutual discretion to keep it light and slow (Chakraborty, 2020; Mohan, 2020).

**Marital conflicts/discords:** The compulsion to stay at home during the pandemic while no connection with the outer world can lead to turmoil in the family. The kind of turmoil leading to domestic violence as well as divorces. Thus, due to increased marital conflicts during lockdown, use of dating applications has seen an upsurge. According to Kolkata-based clinical psychologist Anindita Chowdhury, the lockdown has turned into an ordeal for many couples. "There are no external factors at play. There

are no escapes " (Chakraborty, 2020). With the lockdown, the "me space" has fallen. As couples are telecommuting and going throughout the day together, they are feeling the heaviness of their connections. The repressed feelings of hatred towards one another and other relatives, and more prominent open doors for expected clashes can disturb family elements. In most pessimistic scenarios, it might lead couples to re-examine their similarity. Online and digital technologies continue to both shape and be shaped by social practices (Dutton & Peltu 1996), and the ways in which people engage in romantic and sexual relationships have been especially impacted by the proliferation of the Internet.

**In search of commitment:** Shackled inside a box like structure, the lockdown has made the urge among individuals to be with someone to share their emotional well-being as well as other turmoil they are going through. The search for commitment has led to increase use dating applications. Rusbult's investment model of responsibility (1980, 1983) is a hypothesis of sentimental connections that clarified why a few people may stay in a relationship while others may not (Le & Angnew, 2003). It depends on four components: fulfilment, investment, comparison with alternatives and commitment. The current pandemic rectifies the investment model with the urgent need to be emotionally connected, need to be satisfied, no comparison with alternatives, and commitment over calls or messages.

**Emotional intimacy:** During the lockdown, the individuals are lacking an aspect of interpersonal relationships that varies in intensity from one relationship to another and varies from one time to another, much like physical intimacy. The need to seek love, care and acceptance from a close partner called as emotional intimacy. The construct of loneliness evolves from two

kinds of loneliness: Social loneliness and emotional loneliness. Most of the online platform might address social loneliness through video chats, audio calls and other social media platforms but the emotional loneliness during the pandemic is more subjective as people feel alienated without emotional support (Odekerken-Schr€ et al., 2020). Pandemic poses a threat in the form of emotional alienation as individuals long for emotional intimacy from a potential partner which also explains the surge in online dating.

### **Interplay of online dating and socio-economic status**

#### **Age**

India has seen an increasing number of online dating among the millennials as young as 18 who are finding partners using this platform (Jha, 2020). There is difference in the age range across different countries as U.S users are between the middle 20s and late 40s and Indian users are young as late teens to late 20s (Kats, 2020). Other than the millennials, adults between 40s and 60s also have made use of the dating platforms during these times..

#### **Marital status**

Apart from the millennials, there are also individuals who are married had reached out for online dating platforms since the outbreak of covid-19. As growing evidence suggesting that partners during lockdown are even intolerable to the current isolation has wanting to seek dependency through online extra-marital affairs USA online dating statistics indicates there has been 17,000 new users every day since the pandemic and continues to rise. The current distance between couples is also difficult to be resolved due to the inability to seek a marriage counselor or therapist and most of it in the verge of divorce after a pandemic (Sparks, 2020).

#### **Gender**

Among the countries with highest users, Italy marks the most and, in every country, there are higher number of female users (Marston et al., 2020). Most of the Indian users comprise of male populations until 2018 and the shift has changed recently to females as growing number younger generations in India and other Asian countries (Jha, 2020). Millennials are well-aware of the needs and expect a socially balanced life due to many females being a working professional. Due to these commitments, many females are finding an accessible forum to explore dating opportunities and it serves as a secure platform for female users. Its been noted that female users are very careful on the swipes and choose very carefully compared to the male users. While a message length of a male to a female is in the ratio of 1:10 and the time gap of male users to get matched is 2 minutes while for females its 38 minutes. These statistics show significantly different approach among the males and females in dating behavior (Iqbal, 2020).

#### **Urban vs Rural**

Despite of widespread use of dating applications across the world, India continues to fight the taboo related to finding partners through an online forum. This approach has long been condemned by Indian Society. Even in the western societies, dating in a small town imposed its own challenges of finding a partner appropriate to their interests (Vasquez, 2020). Since, its seen as a favorable option, smaller towns are also making use of the modality. With current statistics indicating that most of the users in India come from the major metro cities and fewer rural towns compose 20-30% of the total users. Worldwide statistics indicating that their users are mostly of the major influential cities and significant number of users from smaller towns. This shift can be attributed to the growing western

influence, online forum posing less perceived risk and for greater convenience (Jha, 2020).

**Occupation**

Social distancing has led to many individuals face problems with perceived loneliness and most of the individuals trying to bridge the romantic distance in their dating life. Initially, cultural orientations tend to influence the choice of partner profession in the online dating platform but recently women preferring more technology and creativity filled jobs among their male partners (Broster, 2019). While, men preferring women from the science or professional domain. With higher number of student population, there is a significant distinction in the choice of professional courses preferred. With creative field and professional science areas being predominantly favored (Reynolds, 2016).

**Model of online dating behavior**

The current model of online dating brings in factors related to human connectedness through online dating platforms at the time of COVID-19 outbreak through the literature stated. The process is seen as a distress reduction model to supposedly decrease the threat faced on the two primary areas of human needs: safety and belongingness. An individual experiences enhanced negative emotions when primary

needs are deprived and hence motivated to reduce the distress. The distress is either faced on the physical health such as safety related to COVID-19 infection, mental health such as distress and depression from deprivation of normal functioning or social factors such as rejection, isolation and longing due to loss of close relationships (Schimmenti Billieux & Starcevic, 2020). While the threat is processed, individuals form goal directed intentions as explained through the theory of planned behavior (TPB) given by Icek Ajzen in 1985 wherein he brings up three main components such as the attitude, subjective norm and perceived behavioral control. The resultant behavior is coping to the threat using some form of modality that decreases the threat on their primary needs and reduces distress (Bonilla-Zorita Griffiths & Kuss, 2020).

The theory of planned behavior in the light of pandemic, online dating application is used by forming an intention to form emotional bonds with a person who could be depended upon and the subjective norm is considered through the positive word of mouth about online application through friends and internet serving as a reference (Han et al., 2020). The reference if given through trustworthy sources such as a user, close friend and trustable news articles increases compliance. And finally, the individual need to have perceived behavioral

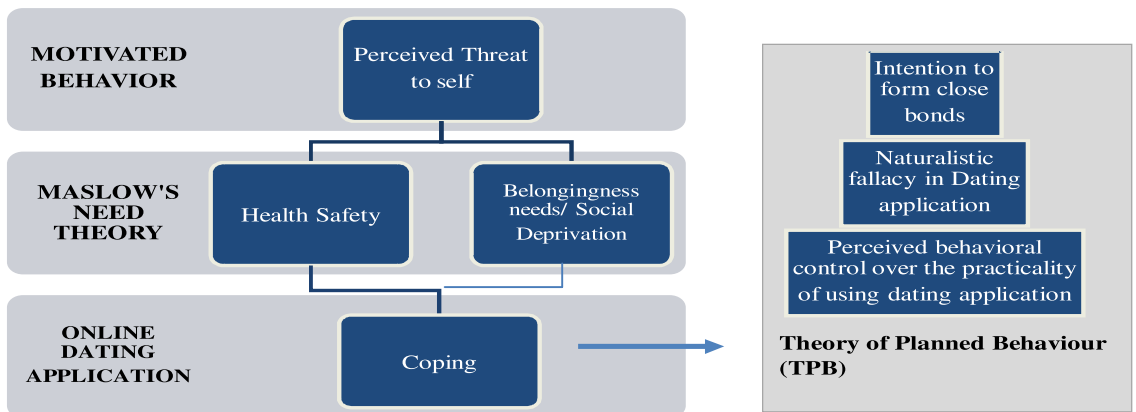


Figure 1: Model of online dating behaviour during pandemic

control such as the practicality of the use of dating applications and the affordability which leads to a decision. Since reality dating is not possible at this pandemic, the perceived behavioral control is decreased for seeking real-life connections. Because of it, online dating application serves as a modality to cope to the threat of connection (Bonilla-Zorita Griffiths & Kuss, 2020).

### **Online dating application: A harmless venture**

Most of the advantages of online dating platforms during the COVID-19 situation is favourable for people because of three main factors: accessibility, anonymity and less emotional exhaustion (Seidman, 2013; Marston et al., 2020). The accessibility is one of the rewarding advantages of digital platforms as it provides perceived behavioural control despite of the pandemic outbreak for individuals as mentioned in the theory of planned behaviour (TPB) (Lieberman & Schroeder, 2020). Individuals are confined to their homes and accessibility is attained through digital medium such as online shopping, food ordering, google meet sessions and even dating is taken to a whole new light (Clement, 2020). The anonymity is the second rewarding platform as the danger of being exposed or being vulnerable is lesser as most individual have a sense of safety over the use of online dating application. When an individual is self-disclosing through some form of online forum, the perceived risk sensed by individuals is lesser compared to the physical presence (Andreassen, 2015). The third aspect talks about the rejection sensitivity faced by the online dating application. Research conducted on the emotional well-being of individuals in an online dating platform showed that individuals had reduced rejection sensitivity compared to real-dating experience as the amount of emotional investment and expectation is lesser due to a more casual approach in online dating (Mahdavifar, 2020).

### **Future prospectus of online dating**

Given the current literature on online dating, prospective future studies can aim to robustly understand online dating as a social phenomenon, with crucial emphasis on which and how psychological theories or models may explain this trend to find partners online. Apart from the quantitative evidence, qualitative analysis should be taken up by conducting in-depth interviews or focused-group discussions with users of dating apps to gauge subjective insight on the pros and cons of online dating. Also, longitudinal researches can aid in illustrating what psychological factors play an important role in continuing or declining from such services. This way, it may illustrate the potential perils of withdrawing from online dating as well as the maintenance factors. A cross-cultural study may help in delineating the culture specific along with the common aspects posing either as likely positives or negatives in online dating and applications.

### **Conclusion**

With the lockdown and easy accessibility to internet, online dating has shown an upsurge. Factors responsible for increase in usage of dating applications amongst people include safety, social connectedness and increased loneliness, lack of positive reinforcement, entertainment and playfulness, marital conflicts/discords, in search of commitment and emotional intimacy. Moreover, individual's use of dating application can be understood from a view point of Maslow's need hierarchy theory. Threat to basic needs like health safety and belongingness will motivate people to cope using dating applications, which in a way is makes it convenient and feasible given the situation amid pandemic. Due to the uncertainty about the duration of this pandemic, dating apps will see substantial increase in its usage as more people will resort to it.

## References

- Andreassen, C. S. (2015). 'Online Social Network Site Addiction: A Comprehensive Review', *Current Addiction Reports*, 2(2), pp. 175-184.
- Baumeister, R. F. and Leary, M. R. (1995). 'The Need to Belong: Desire for Interpersonal Attachments as a Fundamental Human Motivation', *Psychological Bulletin*, 117(3), pp. 497-529.
- Bonilla-Zorita, G., Griffiths, M. D. and Kuss, D. J. (2020). 'Online Dating and Problematic Use: A Systematic Review', *International Journal of Mental Health and Addiction*. Springer, pp. 1-34.
- Broster, A. (2019). 'The Most Popular Job On Dating Apps Reveals A LOT About Who We're Swiping Right On', *Bustle*, 28 February. Available at <https://www.bustle.com/p/which-jobs-are-most-popular-on-dating-apps-this-new-study-has-the-answers-boy-am-i-in-the-wrong-profession-16403214> [Last Accessed on 10/09/2020]
- Carpenter, C. J., McEwan, B. (2016). The players of micro-dating: Individual and gender differences in goal orientations toward micro-dating apps. *First Monday*, 21, 387-403. doi:<https://doi.org/10.5210/fm.v21i5.6187>
- Chadwick-Jones, J. K. (1976). *Social Exchange Theory: Its structure and influence in social psychology*. Academic Press.
- Chakraborty, D. (2020). 'Why Indians Are Flocking To Dating Apps To 'Beat' The Lockdown', *Huffington Post*, 24 May. Available at:[https://www.huffingtonpost.in/entry/indian-s-dating-applockdown\\_in\\_5ec9796dc5b607a94dedb946](https://www.huffingtonpost.in/entry/indian-s-dating-applockdown_in_5ec9796dc5b607a94dedb946) [Last Accessed on 11/09/2020].
- Chakraborty, D. (2020). Why Singles Are Doing Better Than Couples In The Lockdown. Retrieved from [https://www.huffingtonpost.in/entry/singlescoupleslockdown\\_in\\_5eb7a851c5b647110c9281b?ncid=tweetlnkinhpmg00000001](https://www.huffingtonpost.in/entry/singlescoupleslockdown_in_5eb7a851c5b647110c9281b?ncid=tweetlnkinhpmg00000001)
- Choma (n.d.). Dangers of online dating. [online] [choma.co.za](http://choma.co.za). Available at: <https://choma.co.za/articles/716/dangers-of-online-dating>.
- Couch, D & Liamputtong, P (2008). 'Online Dating and Mating: The Use of the Internet to Meet Sexual Partners', *Qualitative Health Research*, vol. 18, no. 2, pp. 268-279.
- Clement, J. (2020). 'U.S. online dating platform usage amid COVID-19 pandemic 2020', *Statista*, 19 June. Available at: <https://www.statista.com/statistics/1114386/online-dating-usage-during-covid-pandemic/> [Last Accessed on 10/09/2020]
- Dutton, W.H., Dutton, P. of A.S. of C.W.H. and Peltu, M. (1996). *Information and Communication Technologies: Visions and Realities*. [online] Google Books. Oxford University Press. Available at: [https://books.google.co.in/books/about/Information\\_and\\_Communication\\_Technologi.html?id=ADRIIMCuJLToC&redir\\_esc=y](https://books.google.co.in/books/about/Information_and_Communication_Technologi.html?id=ADRIIMCuJLToC&redir_esc=y) [Last Accessed on 15/09/2020].
- Finkel, EJ, Eastwick, PW, Karney, BR, Reis, HT & Sprecher, S (2012). 'Online Dating: A Critical Analysis from the Perspective of Psychological Science', *Psychological Science in the Public Interest*, vol. 13, no. 1, pp. 3-66.
- Golbeck, G. (2015). *Introduction to Social Media Investigation*, Syngress Publishing, Switzerland.
- Graff, M. (2020). 'Will the Coronavirus Threat Lead to Female Infidelity? An Evolutionary Perspective', *Psychology Today*, 28 May. Available at:<https://www.psychologytoday.com/intl/blog/love-digitally/202005/will-the-coronavirus-threat-lead-female-infidelity> [Last Accessed on 11/09/2020]
- Han, H. et al. (2020). 'Impact of environmental CSR, service quality, emotional attachment, and price perception on word-of-mouth for full-service airlines', *Sustainability (Switzerland)*, 12(10). doi: 10.3390/SU12103974.
- Iqbal, M. (2020). 'Tinder Revenue and Usage Statistics (2020)', *Business of Apps*, 30 October. Available at: <https://www.businessofapps.com/data/tinder-statistics/> [Last Accessed on 11/09/2020]
- Jennings, R. (2020). 'Dating and Tinder during coronavirus: What's the point?', *Vox*, 28 May. Available at: <https://www.vox.com/the-goods/21271138/dating-tinder-coronavirus-quarantine> [Last Accessed on 10/09/2020].
- Jha, L. (2019). 'Online dating apps finding more love in India as user base triples in 2018', *Mint*, 11 June. Available at: <https://www.livemint.com/news/india/online-dating-apps-finding-more-love-in-india-as-user-base-triples-in-2018-15601>

86024202.html [Last Accessed on 11/09/2020]

John, C. (2020). 'Dating Apps During Lockdown: How Are People in India Swiping?', *The Quint*, 03 April. Available at: <https://www.thequint.com/tech-and-auto/tech-news/how-indians-are-using-dating-apps-during-lockdown-due-to-coronavirus> [Last Accessed on 10/09/2020].

Kats, R. (2020). 'Love in the Time of the Coronavirus: Dating Apps Are Growing and Becoming More Virtual', *eMarketer*, 21 August. Available at: <https://www.emarketer.com/content/love-time-of-coronavirus-dating-apps-growing-becoming-more-virtual>. [Last Accessed on 05/10/2020].

Kinger (2020). Offline-only dating apps see surge in users, offer virtual activities amid the lockdown - ETtech. Retrieved from <https://tech.economictimes.indiatimes.com/news/mobile/offline-only-dating-apps-see-surge-in-users-offer-virtual-activities-amid-the-lockdown/75586848>

Le, B., & Agnew, C. R. (2003). 'Commitment and its theorized determinants: A meta-analysis of the investment model', *Personal Relationships*, 10(1), 37-57.

Lieberman, A. and Schroeder, J. (2020). 'Two social lives: How differences between online and offline interaction influence social outcomes', *Current Opinion in Psychology*. Elsevier Ltd, 31, pp. 16-21.

Mahdavifar, S. (2020). 'The relationship between rejection sensitivity of online dating app users' mental well-being and self-esteem'.

Majumdar, M. (2020). 'Dating apps see rise in users during COVID-19 lockdown', *The Hindu*, 28 March. Available at: <https://www.thehindu.com/society/dating-apps-see-rise-in-users-during-covid-19-lockdown/article31191764.ece> [Last Accessed on 10/09/2020].

Marston, H. R. et al. (2020). 'OK Cupid, Stop Bumbling around and Match Me Tinder: Using Dating Apps Across the Life Course', *Gerontology and Geriatric Medicine*, 6, p. 233372142094749. doi:10.1177/2333721420947498.

Mohan, R. (2020). 'Social distancing, WFH: City youth turn to dating apps to chase boredom

away', *DT Next*, 23 March. Available at: <https://www.dtnext.in/News/City/2020/03/23034003/1221418/Social-distancing-WFH-City-youth-turn-to-dating-apps-vpf> [Last Accessed on 11/09/2020].

Odekerken-Schr€e, G. et al. (nd) 'Mitigating loneliness with companion robots in the COVID-19 pandemic and beyond: an integrative framework and research agenda', *Journal of Service Management Emerald Publishing*, pp. 1757-5818. doi: 10.1108/JOSM-05-2020-0148.

Pietromonaco, P. R. and Overall, N. C. (2020). 'Applying Relationship Science to Evaluate How the COVID-19 Pandemic May Impact Couples' Relationships', *American Psychologist*. doi: 10.1037/amp0000714.

Reynolds, E. (2020). 'Tinder reveals the 'most desirable' job titles in online dating', *Wired*, 25 February. Available at <https://www.wired.co.uk/article/tinder-popular-professions#:~:text=The%20five%20most%20attractive%20professions,%2C%20PR%2Fcommunications%20and%20teacher>. [Last Accessed on 11/09/2020]

Roberts, J. A. and David, M. E. (2020). 'The Social Media Party: Fear of Missing Out (FoMO), Social Media Intensity, Connection, and Well-Being', *International Journal of Human-Computer Interaction*. Taylor & Francis, 36(4), pp.386-392. doi:10.1080/10447318.2019.1646517.

Rodgers, B. (2020). 'Dating In The Time Of Covid-19', *Grazia India*, 17 April. Available at: [https://www.grazia.co.in/lifestyle/dating-in-the-time-of-covid-19\\_-4664.html](https://www.grazia.co.in/lifestyle/dating-in-the-time-of-covid-19_-4664.html) [Last Accessed on 10/09/2020].

Roy, L.C. (2020). 'Covid No Deterrent: Online Dating Soars Amid Lockdown; Many Pair Up Digitally', *Outlook*, 08 September. Available at:

Schachter, H. (2015). 'Love Me Tinder: A Psychological Perspective on Swiping', *Psychology in Action*, 16 April. Available at: <https://www.psychologyinaction.org/psychology-in-action-1/2015/04/16/love-me-tinder-a-psychological-perspective-on-swiping> [Last Accessed on 10/09/2020].

Schimmenti, A., Billieux, J. and Starcevic, V. (2020). 'The four horsemen of fear during the



COVID pandemic', *Clinical Neuropsychiatry*, 17(2), pp. 41-45.

Seidman, G. (2013). 'Self-presentation and belonging on Facebook: How personality influences social media use and motivations', *Personality and Individual Differences*. Elsevier Ltd, 54(3), pp. 402-407.

Sharma, K. (2020). 'Love in the times of COVID-19: How dating apps have adapted to the current environment', *Business Insider*, 07 May. Available at: <https://www.businessinsider.in/advertising/brands/article/love-in-the-times-of-covid-19-how-dating-apps-have-adapted-to-the-current-environment/articleshow/75576484.cms> [Last Accessed on 10/09/2020].

Sigalos, M. (2020). 'Why the coronavirus might change dating forever', *CNBC*, 25 May. Available at: <https://www.cnbc.com/2020/05/25/why-the-coronavirus-might-change-dating-forever.html> [Last Accessed on 11/09/2020].

Sparks, H. (2020). 'More people cheating with online affairs during lockdown: study', *New York Post*, 15 July. Available at: <https://nypost.com/2020/07/15/more-people-having-online-affairs-during-lockdown-study-finds/> [Last Accessed on 11/09/2020]

Sumter, S. R., Vandenbosch, L., & Ligtenberg, L. (2017). 'Love me Tinder: Untangling emerging adults' motivations for using the dating application Tinder. *Telematics and Informatics*, 34(1), 67-78. doi:10.1016/j.tele.2016.04.009

Timmermans, E., & De Caluwé, E. (2017). 'To Tinder or not to Tinder, that's the question: An individual differences perspective to Tinder use and motives. *Personality and Individual Differences*, 110, 74-79.

Vasquez, R. (2018). 'As Young People Leave Rural Areas, What Is Dating Like For Those Who Choose To Stay?', *Wisconsin Public Road: Wisconsin and the World*, 8 May. Available at: <https://www.wpr.org/young-people-leave-rural-areas-what-dating-those-who-choose-stay> [Last Accessed on 11/09/2020]

Wong, A., Anke, Yazdanifard, R. and Angel Wong Anke (2015). 'Global Journal of Management and Business Research: E Marketing The Review of the Ugly Truth and Negative Aspects of Online Dating The Review of the Ugly Truth and Negative Aspects of Online Dating' Available at: [https://globaljournals.org/GJMbr\\_Volume15/5-The-Review-of-the-Ugly.pdf](https://globaljournals.org/GJMbr_Volume15/5-The-Review-of-the-Ugly.pdf).



Review Article

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

**Abhishek Tiwari<sup>1</sup>, Shivendra Kumar Singh<sup>2</sup>, Manish Manar<sup>3</sup>, Udit Mohan<sup>4</sup>, Pushkar Nigam<sup>5</sup>, Uday Mohan<sup>6</sup>, Ravi Ranjan Jha<sup>7</sup>, Sarrah Maimoon Usmani<sup>8</sup>**

<sup>1</sup>Assistant Professor, Department of Community Medicine, Motilal Nehru Medical College, Prayagraj, Uttar Pradesh, India

<sup>2</sup>Professor, <sup>3</sup>Associate Professor, <sup>8</sup>Junior Resident, Department of Community Medicine & Public Health, King George's Medical University, Lucknow, Uttar Pradesh, India

<sup>4</sup>Program Coordinator, Johns Hopkins Bloomberg School of Public Health, Department of International Health, Health Systems Program, Lucknow, Uttar Pradesh, India

<sup>5</sup>Consultant Psychiatrist, Motilal Nehru National Institute of Technology, Prayagraj, Uttar Pradesh, India

<sup>6</sup>Professor & Head, Department of Community Medicine, Era's Lucknow Medical College & Hospital, Lucknow, Uttar Pradesh, India

<sup>7</sup>Assistant Professor, Community Medicine, Patliputra Medical College, Dhanbad, Jharkhand, India

### Date of Submission :

09 October 2020

### Date of Acceptance :

02 November 2020

### 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.

**Corresponding Author:** Dr. Shivendra Kr. Singh

E Mail: [shivmymail0522@gmail.com](mailto:shivmymail0522@gmail.com)

**How to cite the article :** Tiwari, A., Singh, S.K., Manar, M., Mohan, U., Nigam, P., Mohan, U., Jha, R.R., Usmani, S.M. (2020). The 'New Normal' in sexual life during pandemic: are we ready for a discussion and acceptance? *Indian Journal of Health, Sexuality & Culture*, 6(2), 33-40.

**DOI :** 10.5281/zenodo.4295669

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 Lehmillier, 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.

**References**

A Dating Guide For The Pandemic: From The First Hang To ... Intimate Encounters?: Goats and Soda?: NPR (2020). Available at: <https://www.npr.org/sections/goatsandsoda/2020/09/11/911991077/coronavirus-faqs-what-are-the-new-dating-rules-and-what-about-hooking-up> (Accessed: 14 October 2020).

Coronavirus may never go away, World Health Organization warns - BBC News (2020). Available at: <https://www.bbc.com/news/world-52643682> (Accessed: 14 October 2020).

Dating in the times of Covid-19: Tips to keep your virtual romance alive - sex and relationships - Hindustan Times (2020). Available at: <https://www.hindustantimes.com/sex-and-relationships/dating-in-the-times-of-covid-19-tips-to-keep-the-romance-alive/story-E4dm75aMqX6592whq7eUGP.html> (Accessed: 14 October 2020).

Hensel, D. J. et al. (2020) 'Changes in Solo and Partnered Sexual Behaviors during the COVID-19 Pandemic: Findings from a U.S. Probability Survey', medRxiv, p. 2020.06.09.20125609. doi: 10.1101/2020.06.09.20125609.

How has COVID-19 affected America's sex life?. MDLinx (2020). Available at: <https://www.mdlinx.com/article/how-has-covid-19-affected-americas-sex-life/6vpdwWJ1bPnARBPU6UiPH> (Accessed: 14 October 2020).

Khan, K. S. et al. (2003) 'Five steps to conducting a systematic review', Journal of the Royal Society of Medicine. J R Soc Med, pp. 118-121. doi: 10.1258/jrsm.96.3.118.

Lehmiller, J. J. et al. (2020) 'Less Sex, but More Sexual Diversity: Changes in Sexual Behavior during the COVID-19 Coronavirus Pandemic', Leisure Sciences, pp. 1-10. doi: 10.1080/01490400.2020.1774016.

Li, W. et al. (2020) 'Challenges in the Practice of Sexual Medicine in the Time of COVID-19 in China', Journal of Sexual Medicine, 17(7), pp. 1225-1228.

Love in times of Corona: How to ride the tough tides of Social Distancing? (2020). Available at: <https://cashkaro.com/blog/love-in-times-of-corona/122702> (Accessed: 14 October 2020).

McKay, T. et al. (2020) 'The COVID-19 Pandemic and Sexual Behavior among Gay and Bisexual Men in the United States', SSRN Electronic Journal. doi: 10.2139/ssrn.3614113.

Mitigating the impact of COVID-19 on key populations. UNAIDS (2020). Available at: [https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200604\\_covid19-key-population-focused-hiv-programs](https://www.unaids.org/en/resources/presscentre/featurestories/2020/june/20200604_covid19-key-population-focused-hiv-programs) (Accessed: 14 October 2020).

Sanchez, T. H. et al. (2020) 'Characterizing the Impact of COVID-19 on Men Who Have Sex with Men Across the United States in April, 2020', AIDS and Behavior, 24(7), pp. 2024-2032.

Sex and coronavirus: Can you get COVID-19 from sexual activity? - Mayo Clinic (2020). Available at: <https://www.mayoclinic.org/diseases-conditions/coronavirus/expert-answers/sex-and-coronavirus/faq-20486572> (Accessed: 14 October 2020).

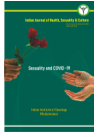


Sex in the Time of Pandemic. Psychology Today (2020). Available at: <https://www.psychologytoday.com/us/blog/sex-matters/202003/sex-in-the-time-pandemic> (Accessed: 14 October 2020).

Shilo, G. and Mor, Z. (2020) 'COVID-19 and the Changes in the Sexual Behavior of Men Who

Have Sex With Men: Results of an Online Survey', *Journal of Sexual Medicine*, 17(10), pp. 1827-1834.

Yuksel, B. and Ozgor, F. (2020) 'Effect of the COVID-19 pandemic on female sexual behavior', *International Journal of Gynecology & Obstetrics*, 150(1), pp. 98-102.



Perspective

## **Changes in sexual behavior during the COVID-19 pandemic: Patterns and recommendations**

**Vikas Menon<sup>1</sup>, Karthick Subramanian<sup>2</sup>**

<sup>1</sup>Additional Professor, Dept. of Psychiatry, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER), Puducherry, India

<sup>2</sup>Assistant Professor, Dept. of Psychiatry, Mahatma Gandhi Medical College and Research Institute (MGMCRI), Puducherry, India

### **Date of Submission :**

15 September 2020

### **Date of Acceptance :**

22 September 2020

### **Abstract**

The COVID-19 pandemic has upended lifestyles, routines, and relationships with significant physical and mental health implications. Sexual health, behavior, and functioning have been affected but have received comparatively little attention. In this article, we do not provide a comprehensive overview of the impact of the pandemic on sexual functioning; instead, we examine fundamental changes in sexual behavior during the ongoing pandemic and provide some recommendations for enhancing the sexual health of individuals as well as couples. There is a distinct need to reinvent intimacy and relationships to enable a more fulfilling sexual experience.

**Keywords:** online dating, pandemic, social connectedness, perceived behavioral control

### **Introduction**

The ongoing coronavirus disease (COVID-19) outbreak, caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), was declared as a pandemic by the World Health Organization (WHO) on March 11, 2020. As part of the pandemic containment measures, several nations worldwide began implementing lockdown

orders that mainly involve wide restrictions on movement and in-person interactions: hence, appeared the terms "social distancing" and "physical distancing".

These measures have significantly impacted lifestyles, routines, and relationships, including sexual contact, in several ways. The pandemic's deleterious effects on societal relationships, including social relations among peers and partners, have engendered frustration and loneliness among the public (Ibarra et al., 2020).

The situation is even more bothersome among families experiencing movement

**Corresponding Author :** Dr. Vikas Menon

E Mail: [drvmenon@gmail.com](mailto:drvmenon@gmail.com)

**How to cite the article :** Menon, V., Subramanian,

K. (2020). Changes in sexual behavior during the

COVID-19 pandemic: Patterns and recommendations.

Indian Journal of Health, Sexuality & Culture, 6(2), 41-45.

**DOI :** 10.5281/zenodo.4295683

restrictions: staying together too often or staying apart for a long time. Though most of the nations have initiated measures for safe unlocking during recent times, people find it difficult to engage with others socially and emotionally. Notwithstanding the significant implications of COVID-19 on sexual and reproductive health (Hussein, 2020), these aspects have received relatively lesser attention amongst the researchers, the media, and the like during the present pandemic.

This article focuses mainly on two aspects: changes in sexual behavior and functioning during the pandemic and recommendations for preserving sexual health and well-being during the pandemic.

## **Changes in sexual behaviour during the pandemic**

### **Changes in sexual practices**

Studies have shown that the rates of people watching porn sites, downloading dating apps in the smartphone, reading erotic posts on social media have increased specifically during the lockdown phases of the pandemic (Ibarra et al., 2020; Lehmillier et al., 2020). Some partners have revealed new additions to their sexual life (trying new sexual positions, sexting, sharing sexual fantasies, cybersex activities, etc.), making their sexual life less affected by pandemic restrictions (Lehmillier et al., 2020).

### **Risk of COVID-19 transmission during sexual activity**

Recent studies on Covid-19 virus transmission have revealed that the virus is present abundantly in the oral and nasal secretions and is transmitted via droplets and fomites, sometimes even in stools of infected patients. Consequently, acts of kissing (oral-oral) and anilingus (feco-oral) and sexual activity carry an inherent risk of virus transmission due to physical intimacy leading to anxiety among partners engaged in sexual relationships.

## **Patterns of sexual dysfunction**

### **Desire**

One of the most reported sexual dysfunction symptoms during the pandemic is reduced desire or desire discrepancy (where one partner reports lower desire and the other has normal or enhanced desire) (Ibarra et al., 2020). Another observational study found that the sexual desire levels significantly increased during the pandemic due to increased time spent at home with the partner (Yuksel & Ozgor, 2020a). Interestingly, these authors also found that desire to get pregnant has also significantly come down due to concerns regarding safety and access to health care during the pandemic.

### **Arousal**

Erectile dysfunction (ED) is another common symptom reported exclusively by men. Literature reveals that obesity, metabolic syndrome, diabetes, hypertension, obstructive airway disease, habits like smoking are associated with an increased risk for ED. It must be noted that such factors independently and collectively are associated with an increased risk for contracting COVID-19 infection (Banerjee & Rao, 2020; Ibarra et al., 2020). Hence, the sexual functioning of men with medical comorbidity needs to be closely monitored during this pandemic as they are at an increased risk of mortality.

### **Frequency**

One of the earliest studies on sexual functioning and practices during the pandemic found that nearly half (45%) of participants reported an impact of the pandemic on their sex life, with marginally increased sexual engagement and positive emotional changes bonding (Arafat et al., 2020). The frequency of sexual activity has increased in partners compared to their

baseline frequency levels (Arafat et al., 2020; Yuksel & Ozgor, 2020a). Perceived emotional bonding levels have increased proportionately to the increased frequency of sexual activity (Arafat et al., 2020).

Contrary reports suggest that the overall frequency of solo and partnered sexual acts has decreased due to severe restrictions on movement (Lehmiller et al., 2020; Li et al., 2020). Reports suggest that the overall quality of sexual life has deteriorated during this pandemic (Li et al., 2020; Yuksel & Ozgor, 2020a). Sexual abstinence and sexual oppression during pandemic times have led to adverse physical and emotional outcomes (Banerjee & Rao, 2020).

All the above studies incorporated only subjective measures, and self-reporting, amidst the constantly changing situation of the pandemic, is subject to future modification (Bing 2020). More research is required for the sexual health of vulnerable sub-groups such as Lesbian, Gay, Bisexual, and Transgender (LGBT) people and those with Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS).

### **Recommendations for preserving sexual well-being during the pandemic**

#### **People living separately from their regular partners**

It may be difficult for such couples to leave their homes due to lockdowns and restrictions in movement. With the advent of community spread of the pandemic, asymptomatic carriers may also spread the infection, and thus, physical sex is not entirely safe or feasible for persons living separately.

Couples must, therefore, explore other ways to reinvent and maintain intimacy. Alternative options here include sexting,

sharing sexual fantasies, and playing erotic games (Lopes et al., 2020). Video dating with a partner or sharing intimate emails have also been suggested (Corrado, 2020). These are some ways to fulfill the human need for intimacy while ensuring personal safety and contributing to infection control by avoiding physical contact.

#### **People with no regular sexual partner**

Sexual abstinence may be the safest measure, but this is not always desirable or feasible. Further, abstaining from sex has been linked to guilt and low self-esteem. In the form of masturbation, self-gratification can be a safe way to meet sexual needs (Turban et al., 2020). Individuals may utilize the self-isolation period as an opportunity to explore their sexual fantasies and learn more about pleasuring oneself and sex in general, through educational material available on the internet. Evidence has shown that sexual fantasies and subjective desires are key mediators for a satisfactory sexual experience (Regnerus et al., 2017).

Hence, the quarantine period may be viewed as a time to know more about one's sexual behavior and, if possible, make new friends and renew social bonds.

#### **Couples in isolation together**

Normal sexual practices, including intercourse, may be continued for asymptomatic, in isolation, and without a history of any exposure. For those with a history of exposure, sexual practices can continue at a reduced frequency. In both cases, all adequate risk reduction precautions must be taken because it is possible that any or both partners can be asymptomatic carriers (Banerjee & Rao, 2020).

Interestingly, the quality of time spent with each other can vary within couples despite remaining confined to homes. For some, it

may spell difficulties in respecting personal space and privacy amidst sharing domestic chores and facing up to the opposing habits of partners. Increased and erratic working hours, due to vagaries of work at home, may mean that sex is the last thing on their minds. For others, stay-at-home orders may indisputably mean more time for sexual engagement. Whatever the situation, it is necessary that couples communicate more openly about their sexual preferences and desires, set boundaries, share time, and reinvent intimacy so that sexual activity is more fulfilling (Lopes et al., 2020).

### **Preserving mental health for better sexual health**

The present pandemic has significantly impacted the mental health of the general population (Krishnamoorthy et al., 2020); this may be due to fears of contracting the infection and the need for quarantine/self-isolation. These concerns may be more pronounced among high-risk subgroups, such as frontline health care workers (Menon & Padhy, 2020). Further, the quality of interpersonal relationships between partners may negatively affect the quality of sexual experience and further worsen physical and mental health.

On the contrary, positive perceptions of relationships, support, and intimacy have been associated with reduced stress and increased perceptions of health in general (Farrell & Simpson, 2017). Therefore, couples must look for new ways to enhance the quality of relationships amidst the general disorganization in life, routines, and jobs. Adapting and reinventing one's relationship and oneself is key because of the large-scale disruptions and uncertainty wrought by the pandemic.

### **Conclusion**

There remains little doubt that the COVID-19 pandemic has upended relationships, intimacy, and sexual engagement practices

among couples. Problems with sexual desire, arousal, increased, and decreased frequency of sexual engagement have all been reported. It is necessary for couples to stay together to strengthen intimacy and quality of relationships to enable fulfilling sexual experience. Those physically separated from their partner must reinvent sexual relationships, while those with no regular sexual partner must explore their sexual behavior. Whether the pandemic will produce sweeping changes in sexual behavior and activity remains a matter of conjecture at present due to a lack of studies. It is then recommended that couples and individuals openly discuss their sexual health, follow risk mitigation practices, and lay emphasis on discovering new methods of intimacy to improve physical, mental, and sexual health.

### **References**

- Arafat, S. M. Y., Alradie-Mohamed, A., Kar, S. K., Sharma, P., & Kabir, R. (2020). Does COVID-19 pandemic affect sexual behavior? A cross-sectional, cross-national online survey. *Psychiatry Research*, 289, 113050.
- Banerjee, D., & Rao, T. S. S. (2020). Sexuality, sexual well being, and intimacy during COVID-19 pandemic: An advocacy perspective. *Indian Journal of Psychiatry*, 62(4), 418.
- Corrado, C. (2020). How to Fulfill Your Need for Sex, Touch, and Intimacy When You're Self-Isolating. *Rewire.News*. <https://rewire.news/article/2020/04/29/how-to-fulfill-your-need-for-sex-touch-and-intimacy-when-youre-self-isolating/>
- Farrell, A. K., & Simpson, J. A. (2017). Effects of relationship functioning on the biological experience of stress and physical health. *Current Opinion in Psychology*, 13, 49-53.
- Hussein, J. (2020). COVID-19: What implications for sexual and reproductive health and rights globally? *Sexual and Reproductive Health Matters*, 28(1), 1746065.
- Ibarra, F. P., Mehrad, M., Di Mauro, M., Godoy, M. F. P., Cruz, E. G., Nilforoushzadeh, M. A., &

- Russo, G. I. (2020). Impact of the COVID-19 pandemic on the sexual behavior of the population. The vision of the east and the west. *International Braz J Urol: Official Journal of the Brazilian Society of Urology*, 46(suppl.1), 104-112.
- Krishnamoorthy, Y., Nagarajan, R., Saya, G. K., & Menon, V. (2020). Prevalence of psychological morbidities among general population, healthcare workers and COVID-19 patients amidst the COVID-19 pandemic: A systematic review and meta-analysis. *Psychiatry Research*, 293, 113382.
- Lehmiller, J. J., Garcia, J. R., Gesselman, A. N., & Mark, K. P. (2020). Less Sex, but More Sexual Diversity: Changes in Sexual Behavior during the COVID-19 Coronavirus Pandemic. *Leisure Sciences*, 1-10.
- Li, G., Tang, D., Song, B., Wang, C., Qunshan, S., Xu, C., Geng, H., Wu, H., He, X., & Cao, Y. (2020). Impact of the COVID-19 Pandemic on Partner Relationships and Sexual and Reproductive Health: Cross-Sectional, Online Survey Study. *Journal of Medical Internet Research*, 22(8).
- Lopes, G. P., Vale, F. B. C., Vieira, I., da Silva Filho, A. L., Abuhid, C., & Geber, S. (2020). COVID-19 and Sexuality: Reinventing Intimacy. *Archives of Sexual Behavior*, 1-4.
- Menon, V., & Padhy, S. K. (2020). Ethical dilemmas faced by health care workers during COVID-19 pandemic: Issues, implications and suggestions. *Asian Journal of Psychiatry*, 51, 102116.
- Regnerus, M., Price, J., & Gordon, D. (2017). Masturbation and Partnered Sex: Substitutes or Complements? *Archives of Sexual Behavior*, 46(7), 2111-2121.
- Turban, J. L., Keuroghlian, A. S., & Mayer, K. H. (2020). Sexual Health in the SARS-CoV-2 Era. *Annals of Internal Medicine*. <https://doi.org/10.7326/M20-2004>
- Yuksel, B., & Ozgor, F. (2020a). Effect of the COVID-19 pandemic on female sexual behavior. *International Journal of Gynecology & Obstetrics*, 150(1), 98-102.
- Yuksel, B., & Ozgor, F. (2020b). Effect of the COVID-19 pandemic on female sexual behavior. *International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics*, 150(1), 98-102.



Perspective

## **COVID-19 and impact on places with sex tourism**

**Deblina Roy**

Nursing Officer, All India Institute of Medical Sciences, New Delhi, India

### **Date of Submission :**

04 November 2020

### **Date of Acceptance :**

06 November 2020

### **Abstract**

The COVID-19 pandemic is not only a global health crisis but has also propelled the world towards a global recession because of lockdowns. Travelling has become one of the most affected areas. Sexual tourism globally generates a significant amount of revenue, and COVID-19 has hit them hard. This pandemic has hit the intimacy sector brutally all over the world. This industry's development mainly accounts for lack of social equality, lack of jobs, lack of opportunities, and low education being most prominent. There is a sizable amount of population associated with this industry that is on the verge of collapsing and extremely vulnerable to various physical and mental health problems due to the COVID-19 pandemic. The government and non-governmental agencies and humanitarian organizations need to help out these people living on society's margins.

**Keywords:** COVID-19, Sex tourism, Sex trade

### **Introduction**

The lives of the people have been affected like never before by the COVID-19 pandemic. This is undoubtedly the most widespread pandemic in the History of Humanity. According to various studies and reports, the socioeconomic impacts have been significant (Mukherjee et al., 2020; Nicola et al., 2020; PTI, 2020). There are

many reasons for the pandemic to reach such a large scale. We need to look into the causes of spread to understand the impact better. Historically there has been pandemic throughout the world that can be dated to the "Black Death" of the period of renaissance, followed by the Plague, Spanish Flu in the 1920s (Morens et al., 2020). The number of lives lost was more than what we are going through in COVID-19. The Global crashing of the economy, the complete lockdowns, and restrictions for travels have had emancipating effects on some industries. One of the Industries most affected by COVID-19 is the Tourism industry (Pak et al., 2020). Human trafficking and sex trade are one of the most dangerous trades that

**Corresponding Author :** Miss Deblina Roy

E Mail: [roy.deblina001@gmail.com](mailto:roy.deblina001@gmail.com)

**How to cite the article :** Roy, D. (2020). COVID-19 and impact on places with sex tourism. *Indian Journal of Health, Sexuality & Culture*, 6(2), 46-52.

**DOI :** 10.5281/zenodo.4295685

exist, which usually is related to the massive influx of money and has an underlying nexus of illegal drug trade; both of these human and illegal drug trades also are generally laden with diseases and life-threatening situations. In this article, we would like to focus on the industry of Sex tourism and the impacts of COVID-19 on places with such sectors. It is necessary to focus on this topic, so this article is discussed with the following headings: places and revenues generated from sex tourism, reasons for the development of sex tourism and associated businesses, the usual general condition of people working in such areas, pre-existing challenges complicated by the COVID-19, healthcare crisis in the marginalized people, mental health impact on the people associated with sex tourism.

### Methodology

A review of literature, news, documentaries were done to write this review. Keyword searches on search engines like Google and yahoo were done, and news, documentaries published work was explored to write the article.

### Places and revenues generated from sex tourism:

Prostitution being one of the oldest professions, has been worldwide in every country, legally and illegally. There are various countries in the world where prostitution is legal and comes under legally regulated mechanisms (Argento et al., 2019; Platt et al., 2018).

One of the most famous such countries is Germany, and Amsterdam is considered Europe's sex capital. In various districts where prostitution is legal, women from Romania, Hungary, and other East European countries migrate for the sex trade (Munsterman and Ellen, 2020). Here Brothels and freelance prostitution are legal, and Sex workers are covered under social

protection schemes. The COVID-19 pandemic precisely hit these districts, mainly affecting the active sex tourism in those districts, forcing them to live hand to mouth (Munsterman and Ellen, 2020). Germany did a great job of giving away social aid to its residents and stabilizing their national economy. Still, the underlying stigma and discrimination prevented many people involved in the sex industry to benefit from it. Although the government has been working, there is a dire need to improve and support the people associated with means to access testing and treatment of COVID-19 related problems; free supplies of the essentials, sanitizers, food, and basic utilities can be instrumental in helping the people out.

**Mexico:** Although in Mexico, prostitution is legal in some areas, it is America's most common places to procure sex (CNN, 2020). The COVID-19, with its gory consequences, haven't been able to reduce the number of Sex tourism significantly from the USA (CNN, 2020). But there are places in Latin America where many areas are notorious for their illegal sex trade. Mexico remains to be the to-go destination for the People of the USA, even during the COVID-19 pandemic. Sex tourism provides Mexico a steady flow of U.S. dollars. Still, the unsanitary conditions, low quality of living among the workers, and illicit drug use remain a significant challenge to meet (Beattie et al., 2020). The COVID-19 Pandemic has worsened their condition. The people involved in prostitution are mainly women and Trans women, usually with children and mostly underage. They are often economically deprived of primary, middle school education (Mexico city sex workers get aid in virus lockdown, 2020). They are one of the most vulnerable populations. They have been struck as sex tourism has seen a declining business which has pushed them to engage in risky sexual behavior



during the pandemic, causing them to be exposed to prosecution and health risks.

**Columbia:** The Columbian countries have long been a place where slavery and prostitution had been a trade and human trafficking has been an issue usually, people from these areas had been trafficked to the southern states of America for prostitution; this remains a problem even now (Florich, 2020), though now immigrants migrate on their own free will to enter the USA and thus often fall victim for poachers and illegal drug traders and end up in prostitution and get prosecuted for their actions.

**Las Vegas:** Las Vegas is the most sought-after place for sex tourism and gambling in the United States, where prostitution is legal, and escort services have a booming business. The COVID-19 has impacted the lives of those working as the interstate, and intra-state tourism was brought to a halt in March 2020. This affected the whole city's livelihood, which has led to the economic crisis as public establishments like Casinos, Pubs, and Bars are not operational. This has led to the loss of revenue in millions of dollars (Nunis, 2020).

**Thailand:** Thailand is one of Asia's most significant countries, which draws considerable tourism revenues. The national and international lockdown due to the COVID-19 has led to a complete stoppage of the travel from the international countries. The initial spike of the COVID-19 pandemic led to the economic recession of the nation. Although prostitution has been illegal in the nation, but illegal cheap sex trade has been an essential contributor to the national economy (Min xi, 2020). A billion-dollar sex trade industry forced the people to engage in the work to look for other opportunities, which became scarce in the COVID-19 lockdown and post-lockdown period (Skynews, 2020). Documentaries and news

reports have reported the worsening condition of Thailand's sex workers. They already belong to underprivileged societies. Aid from the international agencies are insufficient to provide for Thailand's commercial sex workers' needs.

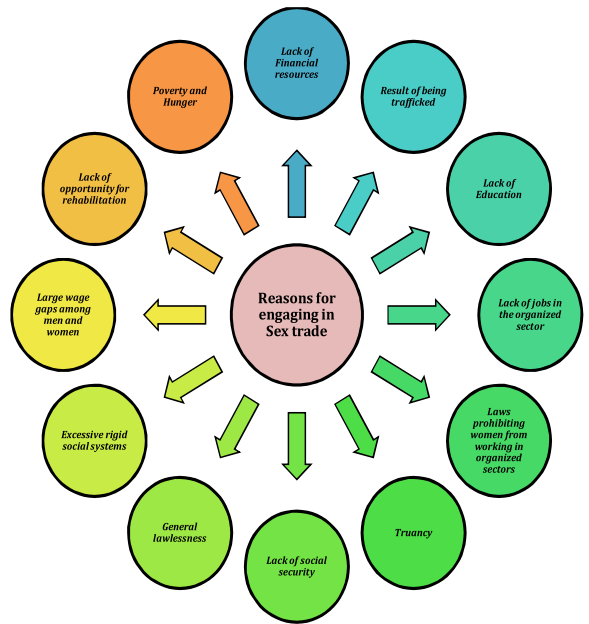
**Philippines:** The Philippines', small island country in the Pacific, has been one of the poorest countries that provide constant export of human resources towards the other developing or developed nations. Their primary source of income is also through the export of cheap labor with liberal policies of the country. Philipino women and transgender people often work in the sex trade to meet their financial needs and support their families (Staff, 2020). The influx of tourists from Australia, the USA, Europe, and China leads to the development of the Pacific's tourism industries. The COVID-19 pandemic has led to the complete halting of the tourists, and the already weak economy could only do so much to help their ailing populations (Staff, 2020).

**Brazil and other South American countries:** These have also been affected very severely by the COVID -19 pandemic. Brazil being one of the worst-hit in the game right after the USA, was also struggling to sustain its population, and it also has a tremendous illegal sex and drug trade problem which impacts the national system (Desperate times for sex workers in Brazil as COVID-19 paralyzes business, 2020). Brazil has been unable to control the transmission properly which has led to isolation, fear, and stigmatization among the people pushing the already underprivileged into the margins (Simões et al., 2020).

**African countries:** In many African countries where COVID-19 is continuing, there is already a scarcity of supplies and services; there is a dire need to focus on the

people living in the margins of the society who are associated with prostitution to get access to protect themselves and survive the global pandemic (Adebisi et al., 2020).

**India:** India is also home to one of the largest red-light areas; some regions have prostitution especially places like ‘Sonagachi’ of Kolkata, G.B. road of Delhi, ‘Kamathipura’ in Mumbai, ‘Mehboob ki mehendi’ in Hyderabad, and other small significant areas where prostitution is an area of work, the COVID-19 pandemic has been relentless. The people living in these areas fear the health crisis, but this pandemic has pushed them to their existential crisis limits. The government is doing little to aid their condition (Bose, 2020; The Hindu, 2020).



**Reasons for the development of sex tourism and associated businesses**

Humans are probably the only people in the world that require money and paperwork to live and survive. In the low income and middle-income countries, their increasing and exploding populations and lax government systems lead to an influx of people desperate in search of work and money. Their lack of work in the organized sectors and lack of industries make the people vulnerable to engaging in the sex trade and human trafficking for their livelihoods (Min xi, 2020; Simões et al., 2020; Staff, 2020), leading to the development of commercial sexual trades and tourisms.

The reasons for people engaging in Sexual trade, although in most regions, are considered morally incorrect are manifold. The reasons (of commercial sexual acts and works) have deep-seated roots in society. Their reasons are mainly as follows but are not limited to the ones mentioned (Fig. 1). This trade for easy money becomes a trap of stigma and poverty, and frustration among

the people involved in. Diseases and epidemics often flood these areas, bringing many catastrophes and fatalities (Min xi, 2020; Nunis, 2020; Platt et al., 2018).

**The usual general condition of people working in such areas**

There has always been an attempt to stop prostitution as it has been considered a derogatory socially unacceptable trade (Argento et al., 2019; Beattie et al., 2020). Unfortunately, social disapproval and regulations have not been able to stop the business of 'Sex trade'. Thus legally or illegally, these activities are happening in and across the nations throughout the world. The majority of countries involved in the sex trade are looked down upon and usually end up in this business due to economic and social deprivation and desperation (Adebisi et al., 2020; Simões et al., 2020; Staff, 2020). Most of the workers are female, thus increasing their vulnerability and chances of exploitation in terms of abuse involving physical, sexual, economic, and social domains of life (Platt et al., 2018).

### **Pre-existing challenges complicated by the COVID-19, health care crisis in the marginalized people**

These people usually live in unsanitary conditions in congested neighborhoods where access to health care and sanitary measures are often scarce. This pandemic of SARS CoV-2 and the highly infectious nature of the disease has led to the development of fear, anxiety, and a sense of helplessness among the people associated with the sex trade (Adebisi et al., 2020; Argento et al., 2019; CNN, 2020; Hillis et al., 2020; Min xi, 2020; Munsterman and Ellen, 2020). There is a difficult dilemma among the workers; one is to meet the daily needs, another being able to prevent the Infection as the sex workers need to be intimate with their clients, which puts them at high risk for contracting the virus (Beattie et al., 2020). These people have poor access to the health care delivery system, and the pandemic has led them to be even more deprived of their fundamental rights. The clients of these people reportedly have tried to help them out, but that has been like a drop in the desert (UNCTAD, 2020). There is an enormous need for support to the underprivileged.

### **Mental health impacts on the people associated with sex tourism**

The COVID-19 Pandemic has, in general, been a very stressful event for people throughout the world (Hiremath et al., 2020; Roy et al., 2020). Various population-based studies and surveys have reported heightened levels of anxiety and depression among the general population and increased fear and apprehension regarding the loss of livelihood and safety during the pandemic (Qiu et al., 2020; Roy et al., 2020). The people who work in prostitution and their families suffer an existential crisis during these times. Their livelihoods depend on their tourists; their daily food, clothes, and basic needs depend on the money brought in by the

tourists. Therefore as the nations are having the regional and national lockdowns, the marginalized populations which are involved in sex tourism face the threat of hunger and poverty (AFP, 2020; Desperate times for sex workers in Brazil as Covid-19 paralyzes business, 2020; Mexico City sex workers get aid in virus lockdown, 2020). They already are impoverished and lack proper education, lack other working skills, and stigma related to prostitution, which drives them to poverty, further exaggerating their misery and pushing them into a state of complete desperation. There has been some dilemma regarding the Government and Non-Government organizations' measures while helping them out of their misery (Florich, 2020; Simões et al., 2020). The general societal attitude of condescension about prostitution and work of a similar nature also leads to the lack of funding for the welfare of already marginalized communities of sex workers. Due to the illegal nature of their work, they are deprived of fundamental human rights, thus being subjected to public prosecution and public persecution (Adebisi et al., 2020; Min xi, 2020). Therefore their help-seeking often gets ignored and deems them struggle for their existence in the post COVID-19 world.

### **Conclusions and recommendations**

The general social standpoint for the people involved in the sex trade and the associated businesses can be brought under legal and judicial systems. Many of the establishments pay huge taxes to the government, but people associated with the sex trade live in extreme poverty and insecurity. This leads to a host of mental health issues among the people. There is a presence of personality disorders, antisocial behaviors, drug use and abuse, and a host of reproductive and sexually transmitted diseases which can impact life in serious manners. Health care delivery systems must be put in place to cater to their needs. Mobile health vans can be introduced

to improve the access to healthcare. There is a dire need for advocacy at policy and legal levels in states and countries where sex tourism occurs. There is a need to help the residents of those regions by providing them with necessities and subsidized health care to access services directed to managing the COVID-19 pandemic. The health care providers who cater to their services in those regions need to be given more supplies and better infrastructure to deal with the pandemic. These regions need extra effort to manage the crisis and reduce transmission, morbidity, and mortality. NGOs and health care partners, and humanitarian organizations can play an essential role in making people's lives better.

Some of the simple measures to benefit them are the distribution of sanitizers, masks, condoms, face shields etc. to help them protect themselves. Education materials need to be modified and translated, and informed to the associated people with sex tourism and sex industries to access the health care measures and advisories associated. These efforts can improve people's lives and help them find other ways to source income and support themselves. Effective and targeted strategies during the pandemic can help the people living on the streets or organized sex tourism areas to find alternatives to earn money and support themselves. There is hope even if it looks so gloomy. Many people who suffer from substance-related addictive disorders and other mental health problems, thus being forced to live in establishments that support commercial sexual activities; this can be a lifetime chance for those people to seek, access, and receive help so that ultimately they can lead dignified and productive lives.

## References

- Adebisi, Y.A., Alaran, A.J., Akinokun, R.T., Micheal, A.I., Ilesanmi, E.B., Lucero-Prisno, D.E., 2020. Sex Workers Should not Be Forgotten in Africa's COVID-19 Response. *Am. J. Trop. Med. Hyg.* <https://doi.org/10.4269/ajtmh.20-1045>
- AFP, 2020. Thai sex workers like 'Pim' risk Covid-19 death just to pay rent [WWW Document]. *South China Morning Post*. URL <https://www.scmp.com/news/asia/southeast-asia/article/3078489/desperate-thai-sex-workers-pim-risk-covid-19-death-just> (accessed 04.11.20).
- Argento, E., Goldenberg, S., Shannon, K., 2019. Preventing sexually transmitted and blood borne infections (STBBIs) among sex workers: a critical review of the evidence on determinants and interventions in high-income countries. *BMC Infect. Dis.* 19, 212-212.
- Beattie, T.S., Smilenova, B., Krishnaratne, S., Mazzuca, A., 2020. Mental health problems among female sex workers in low- and middle-income countries: A systematic review and meta-analysis. *PLoS Med.* 17, e1003297-e1003297.
- Bose, M., 2020. Mumbai's Kamathipura shuts doors to sex-buyers over Covid-19 | *Deccan Herald*.
- CNN, M.R. and N.G., 2020. Americans are still paying for sex in Mexico despite the pandemic [WWW Document]. *CNN*. URL <https://www.cnn.com/2020/08/09/americas/mexico-tijuana-prostitution-coronavirus-intl/index.html> (accessed 16.09.20).
- Coronavirus | Sex workers in Sonagachi reeling under debt trap, finds survey, 2020. *The Hindu*.
- Desperate times for sex workers in Brazil as Covid-19 paralyzes business, 2020. *Braz. Rep.* URL <https://brazilian.report/society/2020/04/10/desperate-times-sex-workers-brazil-covid-19-paralyzes-business/> (accessed 04.11.20).
- Florich, N., 2020. Putting an end to child prostitution in Colombia | *D.W. Stories*.
- Hillis, A., Leavey, C., Kewley, S., Church, S., Van Hout, M.C., 2020. Sex tourism, disease migration and COVID-19: lessons learnt and best practices moving forward. *J. Travel Med.* <https://doi.org/10.1093/jtm/taaa144>
- Hiremath, P., Suhas Kowshik, C.S., Manjunath, M., Shettar, M., 2020. COVID 19: Impact of lockdown on mental health and tips to overcome. *Asian J. Psychiatry* 51, 102088-102088.
- Mexico City sex workers get aid in virus

- lockdown, 2020. News Mexico, Mexico. <http://www.youtube.com/watch?v=qw38L4dtT5g>
- Min xi, X., 2020. South East Asia's sex workers in coronavirus limbo - CGTN [WWW Document]. <https://news.cgtn.com/news/2020-07-22South-East-Asia--Sex-Work--Coronavirus-Limbo-SkGGG2kWU8/index.html>. URL <https://news.cgtn.com/news/2020-07-22/South-East-Asia-s-sex-workers-in-coronavirus-limbo-SkGGG2kWU8/index.html> (accessed 04.11.20).
- Morens, D.M., Daszak, P., Markel, H., Taubenberger, J.K., 2020. Pandemic COVID-19 Joins History's Pandemic Legion. *mBio* 11, e00812-20. <https://doi.org/10.1128/mBio.00812-20>
- Mukherjee, Bailay, R., Shrivastava, J., 2020. Impact of coronavirus on consumer products: Consumer goods fly off the shelves as coronavirus spreads in India - The Economic Times [WWW Document]. *Econ. Times*. URL <https://economictimes.indiatimes.com/industry/cons-products/fmcg/consumer-goods-fly-off-the-shelves-as-coronavirus-spreads-in-india/articleshow/74644159.cms?from=mdr> (accessed 30.09.20).
- Munsterman, R., Ellen, P., 2020. Amsterdam To Clean Up Sex-And-Drugs Tourism In Post-Virus Reboot [WWW Document]. URL <https://www.bloombergquint.com/pursuits/amsterdam-to-clean-up-sex-and-drugs-tourism-in-post-covid-reboot> (accessed 16.09.20).
- Nicola, M., Alsafi, Z., Sohrabi, C., Kerwan, A., Al-Jabir, A., Iosifidis, C., Agha, M., Agha, R., 2020. The socioeconomic implications of the coronavirus pandemic (COVID-19): A review. *Int. J. Surg. Lond. Engl.* 78, 185-193.
- Nunis, V., 2020. Coronavirus: Sex workers fear for their future. *BBC News*.
- Pak, A., Adegboye, O.A., Adekunle, A.I., Rahman, K.M., McBryde, E.S., Eisen, D.P., 2020. Economic Consequences of the COVID-19 Outbreak: the Need for Epidemic Preparedness. *Front. Public Health* 8. <https://doi.org/10.3389/fpubh.2020.00241>
- Platt, L., Grenfell, P., Meiksin, R., Elmes, J., Sherman, S.G., Sanders, T., Mwangi, P., Crago, A.-L., 2018. Associations between sex work laws and sex workers' health: A systematic review and meta-analysis of quantitative and qualitative studies. *PLoS Med.* 15, e1002680-e1002680.
- PTI, 2020. COVID-19 pandemic most challenging crisis since Second World War: U.N. chief [WWW Document]. *World Econ. Times*. URL [https://economictimes.indiatimes.com/news/international/world-news/covid-19-pandemic-most-challenging-crisis-since-second-world-war-un-chief/articleshow/74923642.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cppst](https://economictimes.indiatimes.com/news/international/world-news/covid-19-pandemic-most-challenging-crisis-since-second-world-war-un-chief/articleshow/74923642.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cppst) (accessed 04.11.20).
- Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., Xu, Y., 2020. A nationwide survey of psychological distress among Chinese people in the COVID-19 epidemic: implications and policy recommendations. *Gen. Psychiatry* 33, e100213.
- Roy, D., Tripathy, S., Kar, S.K., Sharma, N., Verma, S.K., Kaushal, V., 2020. Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. *Asian J. Psychiatry* 51, 102083.
- Simões, S.S., Murray, L., Moura e Silva Toledo, P., Blanchette, T.G., Silva, A.P., 2020. The Prostitute, the Virus, and the City. *Sex. Policy Watch*. URL <https://sxpolitics.org/the-prostitute-the-virus-and-the-city/20579> (accessed 04.11.20).
- Skynews, 2020. COVID-19: Sex workers struggle to survive lockdown in Thailand.
- Staff, A., 2020. COVID-19 has been devastating for sex workers across Asia-Pacific. Here's Why. [WWW Document]. *Ariana Life*. URL <https://www.arianalife.com/topics/trafficking/covid-19-has-been-devastating-for-sex-workers-across-asia-pacific-heres-why/> (accessed 11.4.20).
- UNCTAD, 2020. COVID-19 puts women working in SIDS tourism industry at risk | UNCTAD [WWW Document]. U. N. URL <https://unctad.org/news/covid-19-puts-women-working-sids-tourism-industry-risk> (accessed 04.11.20).



Commentary

## **COVID-19 and its effect on intimate partner violence : Example from US**

**Rawan Jalabneh, Russell Kabir**

School of Allied Health, Anglia Ruskin University, UK

**Date of Submission :** 07 October 2020

**Date of Acceptance :** 21 October 2020

The COVID-19 was declared as a controllable pandemic by the World Health Organization (WHO) on 11 March 2020 (WHO, 2020). Measures have supported in controlling the infection rates and flatten the pandemic curve in different countries. However, it has still affected the societies adversely by increasing an individual's financial, social and psychological burden (Nicola, et.al, 2020; Hossain et al, 2020), these repercussions have reflected more on vulnerable women who live with abusive partner (pregnant women, women with underlying conditions and women with disabilities) and their survival safety have been compromised. As many vulnerable women trapped indoors with their abusers, especially during quarantine conditions, which are usually associated with substance misuse and stress, are at risk of domestic violence (DM) (Mazza, et.al, 2020). A variety of factors are hindering them from reaching the services or getting help, starting from their inner fear of getting infected, constraints in moving to the services as most

of the face to face services had been canceled and lots of organizations were shut down and financial issues, adding to the overwhelmed health services and finally the perpetrators control and threatening (Centre for Disease Control and Prevention (CDC), 2020). Some women may tolerate violence more than others and due to fear, they are reluctant about reporting violence (Kabir and Khan, 2019). In the United States (US), Intimate Partner Violence (IPV) against women was already highly prevalent before the new pandemic crisis, as nearly 1 in 4 women had experienced physical or sexual violence by their intimate partner (CDC, 2019). After stay-at-home instructions, which started officially from late March until the end of May, 2020, IPV rates have raised significantly across the country in comparison to the same time period in the previous year, 2019 (Ngonghala, Iboi, and Gumel, 2020). According to the National Domestic Violence Hotline Department (NVDH) (2020a), the total contact volume increased by 9% during lockdown (58% of the cases have reported experiencing IPV). At the beginning, the volume had fallen due to victim's inability of reaching the services especially while being that proximately close to their abusive partner, after that, it started increasing sharply, and 10% of the contacts have mentioned that COVID-19 crises with

**Corresponding Author :** Rawan Jalabneh

E Mail: [rawanjlabneh@gmail.com](mailto:rawanjlabneh@gmail.com)

**How to cite the article :** Jalabneh, R., Kabir, R. (2020). COVID-19 and its effect on intimate partner violence: Example from US. *Indian Journal of Health, Sexuality & Culture*, 6(2), 53-55.

**DOI :** 10.5281/zenodo.4295687

its new measures have worsened their status. According to the detailed report shared by the NDVH department (NVDH, 2020b), 78% of all contacts were females and the most affected age group are; 25 to 33 years (27%), 34 to 45 years (22%), and 19 to 24 years (17%). Subsequently, new ways of violence have been initiated on victims, as some of them reported, being prevented from hand washing, threatened denial of medical assistance, withholding financial resources and to be locked out in case they get infected with the virus. This is in addition to the other types of violence which they have suffered by their perpetrators before the pandemic including physical (slapping, kicking and beating), sexual (forced sexual intercourse), and emotional violence (insult and threat of harm and taking children away) (WHO, 2013; Godin 2020; Campbell, 2020).

The US response plan is similar to that of other countries where remote services have expanded, as the domestic violence hotlines increased their capacity across the country (NDVH, 2020a) and some states as New York have added text communication and secured online chat on their website to increase victims accessibility; however, shelters are not widely spread and provided, especially that the federal guidance on essential infrastructure does not clearly indicate them as essential support and only five states (Colorado, Minnesota, North Carolina, Illinois, and Indiana) have exceeded the guidance by exploiting listing DV shelters (Center for American Progress, 2020).

Moreover, further steps are yet to be taken to increase victim's accessibility and support, which can be achieved by high cooperation between different parties including the policymakers, health sector, and community organizations (WHO, 2020). Health providers should be aware of the risks and health consequences of IPV, assessing victims and support them by offering

information and safe referrals and to enhance routine IPV screening at the COVID-19 testing sites (Anurudran, et.al, 2020). Increase funding for humanitarian response organizations is vital to all countries' response plans, which will allow them to operate fully during the crisis as some of them are shutting down due to financial constraints. On the other hand, digital platforms can be used critically at this stage by sharing and updating information about all hotline numbers and operating sites which can increase victim's survival (Center for American Progress, 2020; WHO, 2020). Overall, shedding the light on violence against women during this pandemic is highly important, and reaching victims and increase their accessibility is critical and this can only be done through comprehensive cooperation at different levels.

## References

- Anurudran, A., Yared, L., Comrie, C., Harrison, K., Burke, T., 2020. Domestic violence amid COVID-19. *International Journal of Gynecology and Obstetrics*[e-Journal].Doi: <https://doi.org/10.1002/ijgo.13247>
- Campbell, A., 2020. An increasing risk of family violence during the Covid-19 pandemic: Strengthening community collaborations to save lives. *Forensic Science International: Reports*[e-journal].Doi: <http://doi.org/10.1016/j.fsir.2020.100089>
- Center for American Progress, 2020. Ensuring Domestic Violence Survivors' Safety [Online]. Available at:<<https://www.americanprogress.org/issues/women/reports/2020/08/10/489068/ensuring-domestic-violence-survivors-safety/>> [Accessed 28 August 2020].
- Centers for Disease Control and Prevention (CDC), 2019. Preventing Intimate Partner Violence [Online]. Available at:<<https://www.cdc.gov/violenceprevention/intimatepartnerviolence/fastfact.html>> [Accessed 28 August 2020].

Centers for Disease Control and Prevention (CDC), 2020. Support for People Experiencing Abuse [Online]. Available at:<<https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/stress-coping/abuse.html>> [Accessed 29 August 2020].

Hossain, K.A., Roy, S., Ullah, M.M., Kabir, R. and Arafat, S.Y., 2020. COVID-19 and Mental Health Challenges in Bangladesh. *Advances in Medical, Dental and Health Sciences*, pp.31-33.

Kabir, R. and Khan, H.T., 2019. A cross-sectional study to explore intimate partner violence and barriers to empowerment of women in Armenia. *BioMed research international*, 2019.

Mazzaa, M., Maranoa, G., Laib, C., Janiria, L., Sania, L., 2020. Danger in danger: Interpersonal violence during COVID-19 quarantine. *Psychiatry Research [ejournal]* (289). Doi: <https://doi.org/10.1016/j.psychres.2020.113046>

National Domestic Violence Hotline Department (NDVH), 2020a. A Snapshot of Domestic Violence During COVID-19 [Online]. Available at:<<https://www.thehotline.org/covid19-report/>> [Accessed 28 August 2020].

National Domestic Violence Hotline Department (NDVH), 2020b. COVID-19 Special report [Online]. Available at:<<https://www.thehotline.org/wp-content/uploads>

[/sites/3/2020/06/2005-TheHotline-COVID19-report\\_final.pdf](/sites/3/2020/06/2005-TheHotline-COVID19-report_final.pdf)> [Accessed 28 August 2020].

Ngonghala, C., Iboi, E., Gumel, A., 2020. Could masks curtail the post-lockdown resurgence of COVID-19 in the US?. *Mathematical Biosciences [e-journal]*. Doi: 10.1016/j.mbs.2020.108452.

Nicolaa, M., Alsafib, Z., Sohrabic, C., Kerwand, A., Al-Jabird, A., Iosifidisc, C., Aghae, M., Agha, R., 2020. The socio-economic implications of the coronavirus pandemic (COVID-19): A review. *International journal of surgery [e-journal]*. [87], p.p, 185-193.

World Health Organization (WHO), 2013. Understanding and addressing violence against women. [Online] Available at: [https://apps.who.int/iris/bitstream/handle/10665/77432/WHO\\_RHR\\_12.36\\_eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/77432/WHO_RHR_12.36_eng.pdf)

Godine, 2020. As Cities Around the World Go on Lockdown, Victims of Domestic Violence Look for a Way Out [Online] Available at:<<https://time.com/5803887/coronavirus-domestic-violence-victims/>> [Accessed 17 September 2020].

World Health Organization (WHO), 2020. Coronavirus disease (COVID-19) pandemic [Online]. Available at:<<https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19>> [Accessed 25 August 2020].





Commentary

## COVID-19 and pregnancy

**Smriti Agrawal**

Additional Professor, Department of Obstetrics & Gynecology,  
King George's Medical University, Lucknow, Uttar Pradesh, India.

### **Date of Submission :**

19 September 2020

### **Date of Acceptance :**

08 November 2020

The current coronavirus pandemic (COVID-19) caused by severe acute respiratory syndrome coronavirus-2 (SARS-CoV-2) has posed a significant health challenge. The virus is extremely contagious and has resulted in considerable respiratory and multi-organ morbidity. As of now (first week of October 2020), India has the second-highest number of COVID-19 positive cases globally. Approximately 4.2 million cases have been reported so far in India till the beginning of September 2020. Physiological and mechanical changes in pregnancy increase the susceptibility to infections in general.

Moreover, respiratory illness affects pregnant women aggressively, thereby increasing morbidity and mortality. Previous coronavirus outbreaks, namely SARS (Severe Acute Respiratory Syndrome) and MERS (Middle East Respiratory Syndrome) infection in pregnancy, have led to severe

maternal consequences in a small but significant number. These infections have also led to miscarriages and perinatal death. However, there has been no documented vertical transmission (Schwartz, 2020). As per Centre for Disease Control (CDC) report on the affection of pregnant women with COVID-19 infection in the United States, it was seen that pregnant women were 5.4 times more likely to be hospitalized (95%CI 5.1-5.6) and 1.5 times more likely to have ICU admission (95%CI 1.2-1.8) than non-pregnant women (Ellington, 2020).

There is no data to know the exact number of pregnant women with COVID-19 infection in India. Indian Council of Medical Research (ICMR) has initiated a COVID-19 registry for pregnant women, and the numbers are being collected.

COVID-19 infection in pregnancy poses multiple challenges, including the risk of vertical transmission, the virus's effect on the fetus, therapeutic controversies, and maternal-fetal complications (Chawla et al., 2020). Symptomatology of infections in COVID-19 like coryza, shortness of breath may be non-specific in pregnancy due to hyperemia of the nasopharynx, increased

**Corresponding Author:** Dr. Smriti Agrawal

E Mail: [smritijainagrwal@rediffmail.com](mailto:smritijainagrwal@rediffmail.com)

**How to cite the article :** Agrawal, S. (2020). COVID-19 and pregnancy. *Indian Journal of Health, Sexuality & Culture*, 6(2), 56-59.

**DOI :** 10.5281/zenodo.4295693

metabolism, increased fetal demand, and physiologically reduced lung volumes due to gravid uterus, thereby making the diagnosis more challenging. Hence, it is prudent to keep a high index of suspicion and rule out COVID-19 infection. RT-PCR of nasopharyngeal/oropharyngeal swab remains the gold standard. A computed tomography (CT) scan of the chest without contrast is also a proper investigation to confirm or rule out viral pneumonia. It should be performed in suspected cases as the risk of radiation exposure to the fetus is small.

Most of the pregnant women so far have been either asymptomatic or having mild disease. It is not known whether pregnancy-related immune regulation alters disease course by suppressing an exaggerated inflammatory response. Still, this disease in pregnancy can lead to several maternal complications like Acute Respiratory Distress Syndrome (ARDS) and septicemia as in non-pregnant conditions. Fetal complications have also been reported, including miscarriage, fetal growth restriction, and preterm birth (Dashraath et al., 2020). There have been no added risks of congenital anomalies in the fetus.

Treatment of pregnant women includes rest, adequate hydration, paracetamol and oxygen, if required. Antivirals, steroids, and anticoagulants are added in moderate to severe infection in consultation with physician/intensivist.

This pandemic has changed the course of obstetrics. Minimum in-person OPD visits are suggested by FOGSI-GCPR. Antenatal visits can be timed with ultrasonograms at 12-13 weeks, 18-22 weeks, and later antenatal visits can be at 30-32 weeks. Vaccination and antenatal profile can be timed with these visits. Growth scans in the third trimester are advised only if necessary. All other visits

must be made available by tele-conferencing or video-conferencing as a duty by the obstetricians (Gandhi et al., 2020). Abortion care services are recommended to continue, as it is an essential health care need. Even the surgical methods of termination, which are necessary, should not be deferred due to gestation cut-offs, and adequate infection control practices are to be followed. A systematic review is done by Mascio et al., including 79 hospitalized women, 41 pregnancies were affected by COVID-19, 12 by MERS, and 26 by SARS. It was seen that in all hospitalized mothers infected with coronavirus infections, >90% of whom had pneumonia, preterm birth was the commonest adverse pregnancy outcome. COVID-19 was associated with a higher preterm birth rate, preeclampsia, cesarean, and perinatal death (Mascio et al., 2020). Antenatal steroids are recommended for fetal lung maturity if preterm delivery is anticipated from 24-34 weeks. The timing and mode of delivery in pregnant women affected with COVID-19 should be as per obstetric protocol and cardiorespiratory status. COVID-19 itself is not an indication for either induction of labour or cesarean section (Sharma et al., 2020). Continuous electronic fetal monitoring should be done during labour. Oxygenation should be monitored by a pulse oximeter, and oxygen therapy to be initiated if oxygen saturation is less than 94%. Indications for cesarean delivery should chiefly remain obstetric indications. However, if a woman is breathless, needing assisted ventilation in term pregnancy, a cesarean section can be offered (Rasmussen et al., 2020). Vertical transmission of the virus to the fetus in utero has been reported when a neonate born to a mother with COVID-19 infection was immediately isolated with no skin-to-skin contact. This neonate was detected to be positive with COVID-19 infection 16 hours after birth by RT-PCR and absent immunoglobulins (Alzamora et al., 2020).

SARS-CoV-2 has not been isolated in amniotic fluid, vaginal secretions, or breast milk. The umbilical cord is to be clamped promptly, and skin-to-skin contact is to be avoided. Neonatal resuscitation protocol is the same as in COVID-19 mothers. A healthy neonate is to be roomed with the mother, and breastfeeding is initiated following hand and respiratory hygiene (Chawla et al., 2020).

There is no clear-cut data to understand the mental impact of COVID-19 infection in pregnant and postpartum populations. Pregnant women need continued care and reassurance, even if the world is in isolation. Especially the labour and delivery period is most difficult due to restrictions in the entry of birth support personnel. Pandemic has led to profound psychological reactions, including panic, sleep disturbances, and increased stress levels, which seem to be due to exhaust coping mechanisms. The article addresses mental health issues for obstetric women with COVID-19 infection highlights that many women are susceptible to psychiatric illness in the perinatal period (Werner et al., 2020). In a case series of 3 COVID positive women with postpartum psychosis, it was shown that social isolation due to COVID-19 infection could lead to this condition. It was postulated that the altered immune mechanisms in COVID-19 infection might be a risk factor. Moreover, the virus's neurotoxic effect or the host's immune response can also play a role (Subramanyam et al., 2020).

Another cause of concern regarding obstetric practice in corona pandemic times is the enormously increased risk of exposure of obstetric health care providers due to long interaction time in labour and unprecedented obstetric emergencies, including cesareans. Practicing infection prevention principles can help to ward off the infection. Focus is now on teaching mothers to take care of themselves at home, including their diet,

following hand hygiene, wearing a mask at all times, and following social distancing norms. The role of good nutrition and specific micronutrients to improve the immune function to fight COVID-19 infection cannot be undermined. A balanced diet with essential nutrients like vitamin A, B, C, D, and essential minerals are known to strengthen immunity (Richardson, 2020). Fortunately, this virus seems to affect pregnant women only mildly. However, little is known if the neonates born to women with coronavirus infection will have parallel development and milestones as the rest of the children. Indeed, this coronavirus has taught us many lessons for our living in the new normal world. With the development of vaccine and evolving guidelines and more unique protocols for handling COVID-19 infection in the perinatal period, pregnant women can look forward to safer times. Till then, stay safe!

## References

- Alzamora, M.C., Paredes, T., Caceres, D., Webb, C.M., Valdez, L.M. and La Rosa, M., 2020. Severe COVID-19 during pregnancy and possible vertical transmission. *American journal of perinatology*, 37(8), p.861-65.
- Chawla, D., Chirla, D., Dalwai, S., Deorari, A.K., Ganatra, A., Gandhi, A., Kabra, N.S., Kumar, P., Mittal, P., Parekh, B.J. and Sankar, M.J., 2020. Perinatal-Neonatal Management of COVID-19 Infection-Guidelines of the Federation of Obstetric and Gynaecological Societies of India (FOGSI), National Neonatology Forum of India (NNF), and Indian Academy of Pediatrics (IAP). *Indian pediatrics*, 57(6), pp.536-548.
- Dashraath, P., Jeslyn, W.J.L., Karen, L.M.X., Min, L.L., Sarah, L., Biswas, A., Choolani, M.A., Mattar, C. and Lin, S.L., 2020. Coronavirus disease 2019 (COVID-19) pandemic and pregnancy. *American journal of obstetrics and gynecology*. JUNE 2020.
- Di Mascio, D., Khalil, A., Saccone, G., Rizzo, G., Buca, D., Liberati, M., Vecchiet, J., Nappi, L., Scambia, G., Berghella, V. and D'Antonio, F.,

2020. Outcome of Coronavirus spectrum infections (SARS, MERS, COVID 1-19) during pregnancy: a systematic review and meta-analysis. *American journal of obstetrics & gynecology* MFM, p.100107.

Ellington, S., Strid, P., Tong, VT., et al. Characteristics of Women of Reproductive Age with Laboratory-Confirmed SARS-CoV-2 Infection by Pregnancy Status - United States, January 22-June 7, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:769-775.

Gandhi, A., Ganatra, A. and Tank, P., 2020. FOGSI GCPR on Pregnancy with COVID-19 infection Version 2 [internet], Federation of Obstetric and Gynaecological Societies of India 2020.

Rasmussen, S.A., Smulian, J.C., Lednicky, J.A., Wen, T.S. and Jamieson, D.J., 2020. Coronavirus Disease 2019 (COVID-19) and Pregnancy: What obstetricians need to know. *American journal of obstetrics and gynecology*. MAY 2020 p.415-26.

Richardson, D., & Lovegrove, J. (2020). Nutritional status of micronutrients as a possible

and modifiable risk factor for COVID-19: A UK perspective. *British Journal of Nutrition*, 1-7. doi:10.1017/S000711452000330X

Sharma, J.B., Sharma, E., Sharma, S. and Singh, J., Recommendations for prenatal, intrapartum and postpartum care during COVID-19 pandemic in India. *American Journal of Reproductive Immunology*, p.e13336.

Schwartz, D. A., & Graham, A. L. (2020). Potential maternal and infant outcomes from (Wuhan) coronavirus 2019-nCoV infecting pregnant women: lessons from SARS, MERS, and other human coronavirus infections. *Viruses*, 12(2), 194.

Subramanyam, A.A., Nachane, H.B., Mahajan, N.N., Shinde, S., Mahale, S.D., Gajbhiye, R.K. 2020. Postpartum psychosis in mothers with SARS-CoV-2 infection: A case series. *Asian Journal of Psychiatry*, 54, 102406.

Werner, E.A., Aloisio, C.E., Butler, A.D., D'Antonio, K.M., Kenny, J.M., Mitchell, A., Ona, S., Monk, C. Addressing Mental Health in Patients and Providers during the COVID-19 Pandemic, *Seminars in Perinatology* (2020).



Original Article

## Effect of COVID-19 lockdown on sexual minorities: A pilot survey study in India

**Bishurul Hafi<sup>1</sup>, NA Uvais<sup>1</sup>, V Rabeeh<sup>1</sup>, PC Arjun<sup>2</sup>, Rickel Tonjam<sup>3</sup>, S.M. Yasir Arafat<sup>4</sup>**

<sup>1</sup>Consultant, IQRAA International Hospital and Research Center, Kozhikode, Kerala, India.

<sup>2</sup>Medical student, Calicut medical college, Kozhikode, Kerala, India.

<sup>3</sup>Emergency physician, Regional Institute of Medical Sciences, Imphal, Manipur, India.

<sup>4</sup>Department of Psychiatry, Enam Medical College and Hospital, Dhaka, Bangladesh.

### Date of Submission :

15 July 2020

### Date of Acceptance :

12 August 2020

### Abstract

COVID-19 pandemic has created havoc in the human mind and it has arguably a negative effect on human relationships and their sexual life. The intimate life of sexual and gender minority groups is a largely neglected area and the effect of the pandemic on it has been least studied. The current study was aimed to see how sexual behaviours have been changed among them during the lockdown period of the COVID-19 pandemic. Data were collected from 39 members of the sexual and gender minority group with a preformed questionnaire. Convenient sampling approach was followed to select the study participants. Significant changes were noted in sexual satisfaction with respect to the number of partners before and during corona pandemic, method of finding out the partner, and the ability to develop new sexual behaviour.

**Keywords:** Sexual minorities, Gender minorities, COVID-19

### Introduction

The unprecedented crisis evolved due to spreading of COVID-19 infections is creating havoc in human lives. It has created unimaginable changes of tremendous scale in our personal and public life. Since the World Health Organisation (WHO) declared

it as a pandemic, a significant proportion of the world population is either under complete lockdown or partial lockdown along with family or even unwanted company (World Health Organization, 2020). Almost all domains of lives have been affected whilst sexual life is not an exception (Arafat et al., 2020). However, there is a need to further a handful of studies to substantiate the above statement (Hussein, 2020). There is a dearth of studies assessing the impact of the crisis such as COVID-19 pandemic on the sexuality of sexual and gender minority (SGM) group.

**Corresponding Author:** Bishurul Hafi

E Mail: [bishuru@gmail.com](mailto:bishuru@gmail.com)

**How to cite the article :** Hafi, B., Uvais, N.A., Rabeeh, V., Arjun, P.C., Tonjam, R., Arafat, S.M.Y. (2020). Effect of COVID-19 lockdown on sexual minorities: A pilot survey study in India. *Indian Journal of Health, Sexuality & Culture*, 6(2), 60-65.

**DOI :** 10.5281/zenodo.4295699

SGM persons include people who identify themselves in a long spectrum of lesbians, gay, bisexual, transgender, etc as well as individuals whose sexual orientation, gender identity or expression, or reproductive development varies from traditional, societal, cultural, or physiological norms which are characterized by non-binary constructs of sexual orientation, gender, and/or sex (National Institutes of Health Office of Extramural Research, 2019). Although in many countries, significant improvement was seen in legalizing the group and allowing basic human rights to them in the last few decades, internalized homophobia in largely heterosexist societies like India is a stark reality (Jawale, 2016). When extreme social isolation and stigma make their life miserable even in normal times, any person can expect much more difficulties to them in times of disasters. Therefore, the current study was aimed to see how sexual behaviours have been changed among the SGM persons during the lockdown period of the COVID-19 pandemic.

## Methods

This cross-sectional study was conducted among SGM people in India from 18 to 28 April 2020. Ethical clearance was obtained from the Institute Ethical Committee (IEC) of IQRAA International Hospital and Research Centre, Calicut. Data collection was carried out by online survey, for which a questionnaire was created in English using the Google form. A convenient sampling technique was applied, and the SGM individuals who already came out and who understood English were approached through queer-friendly doctors forums, of which authors (PC Arjun and RT) are dedicated activists. As a descriptive pilot study, the sample size was not calculated by any statistical formula.

The questionnaire contained inquiries regarding respondents' demographic details,

sexual identity, and sexual habits before and during lockdown due to the COVID-19 pandemic. They were requested to share the link in the SGM groups and to the individuals in their contact. Clicking on the questionnaire link, circulated during the survey flashed a brief summary of the survey on the screen, followed by the consent form. Participants aged 18 years and above, identifying himself/herself as an SGM member, consenting to participate in the study, and able to understand English were included in the study. The questionnaire became accessible after accepting the terms and conditions of the study. Data cleaning was done by one of the investigators and it was cross-checked by a second investigator. Data analysis was carried out using IBM SPSS version 21. Descriptive statistics like mean, SD, and percentage were used. Chi-square/Fisher Exact test for categorical values and independent student T-test in numerical values were employed for statistical analysis and a p-value of  $<0.05$  was taken as significant.

## Results

We received a total of 41 responses and two were discarded for not fulfilling inclusion criteria. Out of the remaining 39 responses, 33 were males, almost all the respondents  $<30$  years of age ( $n=38$ ), and homosexuality was the most common orientation ( $n=30$ ) (Table 1). The majority of the respondents had realized their identity for a longer period mentioned as  $>3$  yrs ( $n=25$ ) and 89.7% of the respondents were staying home with parents during the lockdown period.

Before the COVID-19 crisis, more than half of the respondents (56.4%) used to find partners with the help of internet-based gay dating apps and 35.8 % thorough Facebook. Virtual sexual activity through phone (35.9%) and oral sex (51.3%) was most preferred sexual behaviour. But during lockdown changes were visible in sexual

behaviour with phone sex being most prevalent (41%) followed by oral sex (30.8%) (Table 2). Following the lockdown number of persons with no partner increased to 53.8%; porn videos came to help in sexual

life for 64.1% of the respondents while LGBT chat rooms were most helpful for 15.4%. Difficulty in sexual life was reported by 46.2% of persons.

**Table 1. Demographic and sexuality related details of the respondents (N=39)**

Age in years	N (%)
18-20	8 (20.5)
21-30	30 (76.9)
31-40	1 (2.6)
Gender	
Male	33 (84.6)
Female	4 (10.3)
Transgender	2 (5.1)
Sex orientation	
Homosexual	30 (76.9)
Heterosexual	2 (5.1)
Bisexual	6 (15.4)
Pansexual	1 (2.6)
Time duration after self-identification	
<1 year	5 (12.8)
1-3 years	9 (23.1)
3-10 years	14 (35.9)
>10 years	11 (28.2)
Marital status	
Married	1 (2.6)
Separated	1 (2.6)
Unmarried	37 (94.8)
Stay during lockdown	
With parent	35 (89.7)
With partner	1 (2.6)
LGBT+ hostels	2 (5.1)
Alone	1 (2.6)

25.6% respondents reported a decrease in sexual satisfaction in a clinical interview while no change was reported by 53.8% respondents. An increase in sexual satisfaction was seen in 20.5% of persons. The characteristics of the three groups were detailed in Table 2. It was noticed that persons who could adapt to new sexual behaviours had a significant increase in sexual satisfaction (p=0.023). Monogamous respondents reported significantly lower problems in sexual life after the crisis (p=0.028). It was also noted that persons who

chose a stable channel to find their partner had difficulty in the same as compared to those who chose multiple channels (p=0.031). At the same time, those persons who could maintain or increase the number of partners during lockdown reported a significant increase in sexual satisfaction (p=0.011). Before the crisis, most of the respondents (42.9%) were having sex once in a while, followed by weekly (17.1%), daily (14.3%), and monthly (11.4%). This too changed to the majority (48.6%) reporting no partnered sex after the crisis, followed by daily (14.3%),

**Table 2. Changes in sexual life due to lockdown**

Sexual satisfaction	Increase (N=8)	Decrease (N=10)	No change (N=21)
Age			
18- 20	1	-	7
21- 30	7	10	13
31- 40	-	-	1
Sex			
Male, Female, Intersex	6,1,1	10,0,0	17,3,1
Orientation			
Homosexual	7	8	15
Heterosexual	-	-	2
Bisexual	1	2	3
Pansexual	-	-	1
Time duration after self identification			
<1yr	1	2	2
1-3yrs	3	-	6
3-10yrs	2	5	7
>10yrs	2	3	6
Marital status			
Yes, No, separated	- ,8,-	1,9,-	- ,20,1
Place of stay during lockdown			
With parents	7	9	19
With partner	1	-	-
LGBT+ hostel	-	-	2
Alone	-	1	-
Finding partner through			
Dating app	5	9	8
Facebook	3	5	6
Suggested by friends	2	4	7
Number of partners before v/s after COVID-19			
Nil	2 v/s 2	-v/s 9	5 v/s 10
Single	5 v/s 5	5 v/s -	7 v/s 8
2-10	-v/s -	5 v/s 1	9 v/s 3
>10	1 v/s 1	-v/s -	-v/s -
Sexual behaviour before v/s after COVID-19			
Phone sex	3 v/s 3	5 v/s 7	6 v/s 6
Oral	5 v/s 5	8 v/s -	7 v/s 5
Mutual masturbation	3 v/s 5	6 v/s -	4 v/s 4
Anal	4 v/s 3	5 v/s -	7 v/s 6
Vaginal	1 v/s 1	- v/s -	1 v/s -
Only solo masturbation	-v/s -	- v/s 2	2 v/s 3
Most helpful way to cope up during lockdown			
Phone sex (sexting/audio/video)	1	3	3
Porn videos	6	3	12
LGBT+ chat rooms	1	-	5



monthly (11.4%), and once in a while (8.6%).

## Discussion

The current study was aimed to understand the impact of COVID-19 related crises on the sexual life of SGM. In a conservative society like India which has a long history of persecution against the group, life was always difficult to them with extreme isolation, stigma, and atrocities (Jawale, 2016). The majority of them are hidden which creates big hurdles in conducting studies and planning targeted interventions (Math and Seshadri, 2013). A previous study conducted on the effect of the pandemic on sexual behaviour among married heterosexual couples revealed no major change in sexual intercourse frequencies, however an increase in emotional bonding (Arafat et al., 2020). But it has a tremendous impact on the intimate life of SGM. Partnered sexual activities were ceased in many SGM persons as shown in our studies. Had there not been the internet, many of them might have a complete dearth of sexual activities. But it comes with a danger of digital addiction, porn addiction, and problematic masturbation habits (Weinstein et al., 2015).

It is worth remembering that both saliva and faeces carry SARS-CoV-2. Glandular cells of oral mucosa and rectal epithelia expressed angiotensin-converting enzyme II (ACE2). SARS-CoV-2 enters cells by binding with ACE2. Fan et al. (2020) have reported high mRNA expression levels of ACE2 in the urinary tract, prostate, testis, endometrium, and ovary, but until now, no SARS-CoV-2 RNA positive results in genital tracts, semen, testis were reported in COVID-19 patients. Still, the fear of Corona transmission by sexual behaviour has prompted some scientists to take a radical appeal to stop all partnered sexual activities in disease hotspots while others have cautioned against 'non-classical' sexual behaviours like unprotected

anal and oral sex (Patri et al., 2020; Yin, 2020). This knowledge is critical while advising SGM persons about safe sex practices during the pandemic.

Most of our respondents were compelled to stay at home with family, only a few could stay back in the LGBT+ hostel. Lack of peer support and exposure to hostile surroundings make life more difficult especially to those who have not come out yet. A real chance to get 'exposed' and the fear of subsequent responses make them vulnerable to psychological upsets. Studies have shown that trans-genders were forced out of their homes or choose to leave home because of parental rejection or fear of rejection, but lockdown creates trouble there too (Koken et al., 2000). Probability of ego dystonia and subsequent psychological distress, suicidal ideation, substance abuse, etc increases manifold (Mathy et al., 2011; Ramirez-Valles et al., 2008; Hatzenbuehler et al., 2008).

Most governments and global health organizations have not yet announced clear guidelines for culturally sensitive approaches for COVID-19 care among SGM persons. Keeping the high prevalence of internalized homophobia among the community, lack of special arrangements for isolation and treatment of the disease may hinder the compliance from the community towards the campaign. There are few studies highlighting the degree of neglect shown by the government and other institutions towards the community during disasters (Gaillard et al., 2017). A better understanding of the specific problems SGM people are facing during the pandemic can help authorities to have a more realistic and empathic approach towards them.

This study has several limitations. The study applied a convenient sampling technique and the number of respondents was small. The questionnaire was prepared in English and respondents with good internet literacy were

only included. We failed to get participants from other groups like lesbians, queers, asexual, etc which could have given a better understanding if included.

## Conclusion

This is the first study on the impact of COVID-19 pandemic on SGM yet in India. The study revealed that the pandemic causes changes in sexual life of the respondents. This can serve as a base line study for further research in the area and further empirical studies are warranted in the subject.

**Funding:** None

**Conflict of interest:** None

## References

- Arafat, S.M.Y., Alradie-Mohamed, A., Kar, S. K., Sharma, P., & Kabir, R. (2020). Does COVID-19 pandemic affect sexual behaviour? A cross-sectional, cross-national online survey. *PsychiatryResearch*, 289, 113050.
- Fan, C., Li, K., Ding, Y., Lu, W.L., & Wang, J. (2020). ACE2 Expression in Kidney and Testis May Cause Kidney and Testis Damage After 2019-nCoV Infection. *medRxiv*. DOI: 10.1101/2020.02.12.20022418.
- Gaillard JC, Gorman-Murray A, Fordham M. (2017). Sexual and gender minorities in disaster. *Gender, Place & Culture*, 24:1, 18-26
- Hatzenbuehler, M. L., McLaughlin, K. A., & Nolen-Hoeksema, S. (2008). Emotion regulation and internalizing symptoms in a longitudinal study of sexual minority and heterosexual adolescents. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, 49(12), 1270-1278.
- Hussein. J. (2020). COVID-19: What implications for sexual and reproductive health and rights globally?, *Sexual and Reproductive Health Matters*, 28, 1746065.
- Jawale, K.V. (2016). Issues and challenges of LGBT minority people in India. *International Journal of Applied Research*, 2(6), 408-410.
- Koken, J. A., Bimbi, D. S., & Parsons, J. T. (2009). Experiences of familial acceptance-rejection among transwomen of color. *Journal of family psychology*, 23(6), 853-860.
- Math, S.B., & Seshadri, S.P. (2013). The invisible ones: sexual minorities. *The Indian Journal of Medical Research*, 137(1), 4-6.
- Mathy, R. M., Cochran, S. D., Olsen, J., & Mays, V. M. (2011). The association between relationship markers of sexual orientation and suicide: Denmark, 1990-2001. *Social Psychiatry and Psychiatric Epidemiology*, 46(2), 111-117.
- National Institutes of Health Office of Extramural Research. (2019). Notice of special interest in research on the health of sexual and gender minority (SGM) populations (NOT-MD-19-001). <https://grants.nih.gov/grants/guide/notice-files/NOT-MD-19-001.html>. [Accessed on April 27, 2020]
- Patrì, A., Gallo, L., Guarino, M., & Fabbrocini, G. (2020). Sexual transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2): A new possible route of infection?. *Journal of the American Academy of Dermatology*, 82(6), e227.
- Ramirez-Valles, J., Garcia, D., Campbell, R. T., Diaz, R. M., & Heckathorn, D. D. (2008). HIV infection, sexual risk behavior, and substance use among Latino gay and bisexual men and transgender persons. *American Journal of Public Health*, 98(6), 1036-1042.
- Weinstein, A. M., Zolek, R., Babkin, A., Cohen, K., Lejoyeux, M. (2015). Factors Predicting Cybersex Use and Difficulties in Forming Intimate Relationships among Male and Female Users of Cybersex. *Frontiers in Psychiatry*, 2015;6:54.
- World Health Organization, 2020. WHO characterizes COVID-19 as a pandemic. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen> [accessed on July 15, 2020]
- Yin Z. (2020). COVID-19? Should sexual practices be discouraged during the pandemic?. *Journal of the American Academy of Dermatology*, 83, e149.



Original Article

## The effect of lockdown following COVID-19 on the online pornography seeking and related behaviors among general population in India: An infodemiology study

Swarndeeep Singh<sup>1</sup>, Arghya Pal<sup>2</sup>, Pawan Sharma<sup>3</sup>

<sup>1</sup>Senior Resident, All India Institute of Medical Sciences, New Delhi, India

<sup>2</sup>Asst. Professor, Himalayan Institute of Medical Sciences, Swami Rama Himalyan University, Dehradun, India

<sup>3</sup>Lecturer, Dept. of Psychiatry, School of Medicine, Patan Academy of Health Sciences, Lalitpur, Nepal

**Date of Submission :**

05 August 2020

**Date of Acceptance :**

08 August 2020

**Keywords:** Pornography, Google trends, Lockdown, COVID-19, India

### Abstract

India imposed a strict lockdown to control the spread of COVID-19 pandemic, which led to concerns expressed by the scientific community and lay media alike about the increased online pornography consumption and associated problematic pornography use among the people. However, this has not been systematically explored in the Indian context. The present study aimed to evaluate the online search interest for pornography seeking and help-seeking behavior among the Indian population before and during the first two phases of lockdown by conducting a Google Trends analysis of the relative search volume (RSV) for selected keywords. Our results showed that consumption of online pornography (as depicted by RSV for porn-seeking) was consistently higher than help-seeking for problematic pornography use (as depicted by RSV for help-seeking). Further, during the same time-period there was no peaking of the RSVs for help-seeking and neutral keywords. This can thus be interpreted that though there was a surge in porn-seeking behavior, consumers didn't appreciate it to be problematic in particular. Also, that it was not merely a reflection of increased internet traffic during the lockdown period. Our study also demonstrates the feasibility of using Google Trend analysis as a useful approach for conducting future research in a sensitive field like pornography.

**Corresponding Author :** Dr. Arghya Pal  
E Mail: [drarghyamb@gmail.com](mailto:drarghyamb@gmail.com)

**How to cite the article :** Singh, S., Pal, A., Sharma, P. (2020). The effect of lockdown following COVID-19 on the online pornography seeking and related behaviors among general population in India: An infodemiology study. Indian Journal of Health, Sexuality & Culture, 6(2), 66-73.  
**DOI :** 10.5281/zenodo.4295711

### Introduction

The World Health Organization (WHO) declared Corona Virus Disease (COVID-19) as a global pandemic on 11 March 2020 (Shah and Farrow, 2020). As a response to this crisis, governments of different countries

have introduced a series of steps aiming to control the spread of the pandemic. In this context, India imposed a strict nationwide lockdown for three weeks initially on 24 March 2020 after observing a 14-hour voluntary public curfew on 22 March (Pulla, 2020). However, in view of the rising trend of new COVID-19 cases at the end of first phase of lockdown, the government extended this lockdown till 3 May 2020 (second phase). Subsequently, the next two phases of lockdown witnessed significant relaxations in restrictions placed on the movement of people outside their homes for work or leisure, and other non-essential business activities resumed gradually. The fear regarding the impact of COVID-19 and concern about its potential negative impact on future is on a rise worldwide (Ornell et al., 2020). Additionally, during the first two phases of lockdown people had ample free time and limited sources of recreation while being confined to their homes practicing social distancing guidelines. Thus, a large proportion of people engaged in different activities over digital platforms (both online and offline). In this context, as pornography has become widely accessible due to the popularization of smart-phones and internet connectivity, the period of lockdown may be associated with an increased use of online pornography as a modality of entertainment or coping strategy to reduce the COVID-19 related anxiety and distress (Cocci et al., 2020; Du et al., 2020). There have been published reports of increased porn website traffic from Western countries like Spain, Italy during the pandemic (Orte, Ballester and Nevot-Caldentey, 2020). However, this has not been systematically explored in the Indian context. In a country like India, where porn consumption is considered as a sensitive issue associated with a risk of both legal and social complications, Google Trends analysis could be an important alternative to traditional self-report based research modalities to study the pornography

seeking and other related behaviors in the population (Mondal and Mondal, 2020). Google Trends has been used as a reliable and valid method for monitoring web-based activity of the population (Nutti et al., 2014), and accurately predicting the pattern of actual behaviour in many other previous studies (Cavazos-Rehg et al., 2015; Höpken et al., 2019).

We aimed at conducting a Google Trends analysis of the selected keywords to examine the changes in online search interest for pornography seeking and related behaviors among the Indian population before and during the lockdown following the COVID-19 pandemic. We hypothesized that both online pornography consumption and problematic pornography use among Indian population would increase during the lockdown period.

## Materials and methods

### Data extraction

The Google Trend analysis was conducted to evaluate the online search interest for keywords representing porn-seeking and help-seeking behaviours of the population before and during the first two phases of lockdown in India. Google Trends utilizes an algorithm to give normalized relative search volume (RSV) for the keyword(s) searched for a specified geographical region and time period. The RSV represents how frequently a given keyword has been searched using the Google search engine, compared to the total number of Google searches conducted in the same geographical region over the selected time period. The RSV values range from zero (representing very low search volumes) to 100 (peak search volume for that query). The four Google Trends options of Region, Time, Category, and Search type were specified as India, past one year, all categories, and web search in the present study. The weekly RSV values for selected keywords for past one year were plotted on a

graph, and then downloaded on 31 July 2020 in separate .csv files using the below described search strategy.

Keywords are the search queries entered into search engine by the people in order to find something online. In order to determine which keywords individuals typically use to find pornography online, the internet service Word Tracker was used. It is a freely available online software (<https://www.wordtracker.com>), in which the seed word 'porn' was used to explore porn-seeking keywords. WordTracker then searched the top 100 websites that rank highest on the Google search engine for the term 'porn' in India. Additional keywords were extracted based on the suggestions obtained using the WordTracker software, which provided a list of other related search words being used by people searching for the keyword 'porn' online. Similarly, the seed word 'stop porn' was used for exploring help-seeking behaviour related keywords. Five keywords containing no domain specific or similar words were selected for both porn-seeking and help-seeking online behaviours. Additionally, a list of five neutral keywords was prepared to assess the non-specific increase in search volumes due to increased internet activity during the selected time period. The list was finalized prior to beginning of data extraction by the process of consensus building between all three authors (qualified psychiatrists with clinical and research experience) based on the face validity of selected search queries. The 'plus' (+) function from google trends was used to integrate the search volume (RSV) of all porn-seeking terms, help-seeking, and neutral keywords. The complete list of 15 keywords used in this study along with other details pertaining to the methodology is described in supplementary Table 1.

### Ethics statement

The information used in this study involved data related to the volume of anonymized

web searches made during a given time period, and was freely available in the public domain. Further, no patient or participant was approached directly in this study. Thus, no written ethical permission was required from the ethics committee.

### Statistical analysis

The Google Trends compare function was used to plot a graph showing comparative weekly variations in RSV for porn-seeking, help-seeking and neutral keywords for the past one year. Also, the weekly RSV values downloaded separately from Google Trends for porn-seeking and help-seeking keywords were entered into the Microsoft excel spreadsheet (Microsoft office for Windows, Version 2013, Redmond, USA). The weekly RSV values from 16 February 2020 till 2 May 2020 were used for further analysis. The data was transferred to Statistical Package for the Social Sciences software (SPSS for Windows, Version 23.0. New York, IBM Corp.). The first and second phase of lockdown period corresponded to 25 March- 14 April, 2020 and 15 April- 3 May, 2020 respectively. Google Trends for past one-year period gave weekly RSV values as depicted in supplementary Table 2. The time-frames which were most approximate representations of the first two phases of lockdown were included in the analysis. Thus, the data were divided into two-time frames representing the pre-lockdown (16 February- 21 March) and the first two phases of lockdown (22 March- 2 May). The data were checked for normal distribution by using the Kolmogorov Smirnov test. The change in mean RSV value for the porn-seeking and help-seeking keywords before and during the lockdown was compared using the independent t-test. A two-tailed p-value of <0.05 was considered significant for all the tests.

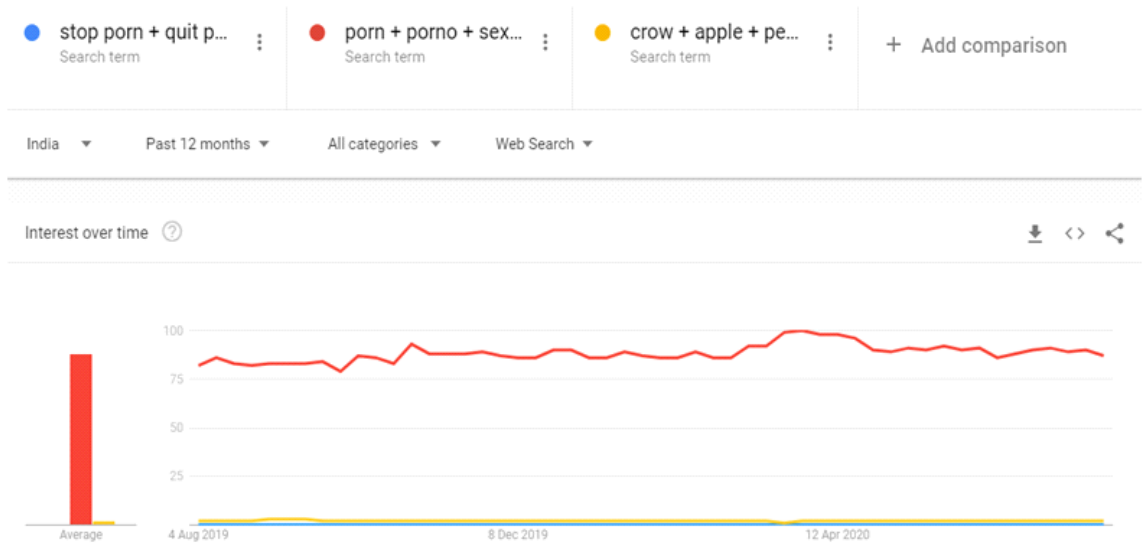
### Results

The comparative weekly variations in the online search interest for porn-seeking, help-

seeking and neutral keywords for the past one year are depicted in the Figure 1. The online search interest for porn-seeking was greater than help-seeking throughout the year, and the peak RSV values ranging between 98-100 were obtained for porn-seeking during the first three weeks of

lockdown (i.e. first phase). Further, this did not occur with any corresponding changes in RSV for either help-seeking or neutral keywords (see supplementary Table 2). This suggests that the increase in RSV observed was not simply due to an increase in internet activity during the lockdown period.

**Figure 1: Google Trends search plot comparing online search interest for porn-seeking (red colour), help-seeking (blue colour), and neutral theme (yellow colour) related keywords.**



The change in online search interest for porn-seeking and help-seeking keywords is described in Table 1. There was a significant increase observed in the porn-seeking, but not the help-seeking online behaviour during the lockdown.

**Table 1: Comparison of online search interest for porn-seeking and help-seeking keywords before and during the lockdown in India**

Keywords	Before lockdown (Mean RSV ± SD)	During lockdown (Mean RSV ± SD)	Test statistic (p-value)
Porn-seeking	89.00 ± 2.82	97.00 ± 3.89	<sup>a</sup> 4.06 (0.002*)
Help-seeking	66.00 ± 6.69	73.66 ± 10.70	<sup>a</sup> 1.48 (0.16)

RSV: Relative search volume; SD: Standard deviation; <sup>a</sup> Independent t-test; \*p-value < 0.05

**Discussion**

Our study was an attempt to analyze the online search interest regarding pornography seeking and help-seeking behavior regarding pornography. We felt the need to conduct such a study was manifold. Problematic internet use and more specifically,

pornography use has been shown to be increased in many studies during the course of the lockdown (Mucci, Mucci and Diolaiuti, 2020). Pre-print researches and lay media have extensively reported that pornography in various forms (like revenge porn, pornography involving child

characters, etc) were highly in demand for consumption (Deccan Herald, 2020; Orte, Ballester & Nevot-Caldentey, 2020). In such a scenario relying on a snow-ball technique may not be the best mode of research. To add to that published reports have acknowledged that recall bias and the lack of valid and culturally sensitive tools to study consumption of pornography are persistent hindrances in conducting research in this field. We believe that, using Google Trend analysis allows us to circumvent many of these issues.

Our results showed that consumption of porn (as depicted by RSV for porn-seeking) was consistently higher than help-seeking for problematic pornography use (as depicted by RSV for help-seeking). Overall, the highest RSV (between 98 to 100) was obtained in the first phase of lockdown, which basically means that the searches in relation to porn-seeking were never as high in our study period as in the first phase of lockdown. During the same time there was no peaking of the RSV in help-seeking and neutral keywords. This can thus be interpreted that though there was a surge in porn-seeking behavior, consumers didn't appreciate that to be problematic, and it was not merely a reflection of higher internet traffic.

The increase in pornography consumption should be examined carefully in the light of the recently evolving information of sexual behavior in the lockdown period. Many studies report that libido and frequency of sexual intercourse increased during the period of lockdown (Arafat et al., 2020; Cocci et al., 2020). However, lockdown can also lead to a change in family dynamics and loss of privacy (due to more family members staying at home). Lockdown also negatively impacted the chances of indulging in partnered sexual activities. This can be even more significant in persons belonging to sexual minorities (e.g. homosexuals) or with

major medical comorbidities which predisposed more rigorous restrictions (e.g. diabetes mellitus, bronchial asthma, etc). Increased pornography consumption could be a result of that. It should also be remembered that the study was conducted at a time when the Government of India has banned 827 pornographic websites, many of which are legal in the United States. However, the rise in RSV of porn-seeking keywords coincided with the announcement of few popular pornographic websites making their exclusive content freely available to the world, in order to allow homebound people effectively deal with the stress of lockdown.

The 'Challenge Hypothesis' proposed by Wingfield et al. (Wingfield et al., 1990) states that in the face of competition of a stressful situation, the testosterone levels of males tends to increase. From the evolutionary point of view, this was related to territorial fights and mate guarding. But, a modern interpretation of this hypothesis entails that males who can deal with challenges better tended to have a higher increase of serum testosterone (Archer, 2006). In the light of this concept, we can consider that increased porn-seeking is a reflection of hormonal changes happening in subjects in the face of the lockdown.

The most important strength of our study is that it is able to improve on the methodological hindrances that most published studies have faced in the field of pornography research (e.g. recall bias & lack of validated tools). Also the details provided in our study allow readers to repeat and reproduce the search, should they want. The important limitation of our study was that the list of keywords used were derived using a software and then consensus amongst the authors. The authors acknowledge that this may not be the most rigorous way to conduct this step of the study. Also, generalizability

of our findings is limited because readers may argue that users could have hidden their Internet Protocol (IP) address using Virtual Private Network (VPN). Similarly typing the porn-seeking keywords doesn't necessarily imply consumption of pornography.

**Conclusion**

To conclude, our study shows that during the period of lockdown, search for pornography had increased significantly, whereas there was no such trend observed for problematic

pornographic consumption. Our study also proves that Google Trend analysis could be a useful tool in conducting research in a sensitive field like pornography. Future endeavors in this sector should involve using corroborating these findings with established data sets or using a mixed method approach. Further, Google Trend can also be used to identify geographical locations with high RSV and predict events putatively related to pornography use (e.g. sexual crimes).

**Supplementary Table 1: Checklist for documentation of methodology for a GoogleTrends based study**

Section/Topic	Checklist item	Details for present study
<i>Search Variables:</i>		
Access Date	Provide the date(s) when Google Trends was accessed and when the data was downloaded.	On 31 July 2020, we searched and downloaded data using Google Trends.
Time Period	Identify all the time periods that were searched for in Google Trends, providing up to the Month and Day in detail.	We searched within the “India” region using the “past 12 months” option in Google Trends.
Query Category	Identify which query category was used for search; if not using a query category, designate that “all query categories were used”, which is the default setting.	The default option of “All categories” was used as porn related searches can span across multiple different categories.
<i>Search Input:</i>		
Full Search Input	Provide the full search input(s) that were queried for in Google Trends, along with the appropriate documentation of search syntax. Ensure that the provision of the search input is clear, using brackets or other delineators to separate the search input from the body text.	<b>Porn seeking keywords:</b> porn + porno + sex + erotica + xxx <b>Help-seeking keywords:</b> stop porn + quit porn + porn addiction + overcome porn + leave porn <b>Neutral keywords:</b> crow + apple + pencil + shirt + snow
Combination	If more than one search term was used, document whether those terms were used in combination with a plus sign (+), or if terms were excluded with a minus sign (-). If terms were not used in combination, state so clearly.	Plus sign (+) function was used to integrate RSV for different category of keywords.
Quotation Marks	If there was more than one word in any search term (e.g. “lipid guideline”), document whether those words were queried with quotation marks or not.	No quotation marks were used to keep the search broad and not restricted.
<i>Rationale for Search Strategy:</i>		
For Search Input	Provide the reasoning behind the choice of search input.	The search keywords were finalized using a strategy involving the use of WordTracker keyword planner software, and expert consensus approach based on the face validity of keywords for porn-seeking and help-seeking behaviours. Additionally, neutral keywords unrelated to porn and COVID-19 lockdown were chosen to account for the effects of increased internet activity during lockdown.
For Settings Chosen	Provide the reasoning for the settings/search variables chosen to specify the search.	The Google search for past one year in the geographical region of India was chosen to evaluate the changes in search interest for online porn-seeking and help-seeking behaviours at the population level before and during the first two phases of lockdown imposed in India.
This checklist is taken from the study: Nuti SV, Wayda B, Ranasinghe I, Wang S, Dreyer RP, Chen SI, Murugiah K. The use of google trends in health care research: a systematic review. PLoS One. 2014, 22;9(10):e109583. doi: 10.1371/journal.pone.0109583.		



**Supplementary Table 2: Comparative changes in weekly relative search volume (RSV) for different keywords before and during the first two phases of the lockdown in India**

Time-frame (in weeks)	Porn-seeking keywords	Help-seeking keywords	Neutral keywords
09-15 February	86	<1 <sup>a</sup>	2
16-22 February	89	<1	2
23-29 February	86	<1	2
01-07 March	86	<1	2
08-14 March	92	<1	2
15-21 March	92	<1	2
22-28 March	99	<1	1
29 March-04 April	100	<1	2
05-11 April	98	<1	2
12-18 April	98	<1	2
19-25 April	96	<1	2
26 April-02 May	90	<1	2

<sup>a</sup> RSV value of <1 means a very low search volume for help-seeking compared to porn-seeking keywords

**References**

Arafat, S. M. Y. et al. (2020). 'Does COVID-19 pandemic affect sexual behaviour? A cross-sectional, cross-national online survey', *Psychiatry Research*. Elsevier Ireland Ltd, p. 113050.

Archer, J. (2006). 'Testosterone and human aggression: An evaluation of the challenge hypothesis', *Neuroscience and Biobehavioral Reviews*. *Neurosci Biobehav Rev*, pp. 319-345. doi: 10.1016/j.neubiorev.2004.12.007.

Cavazos-Rehg, P. A. et al. (2015). 'Monitoring of non-cigarette tobacco use using google trends', *Tobacco Control*. BMJ Publishing Group, 24(3), pp. 249-255.

Cocci, A. et al. (2020). 'Love at the time of the Covid-19 pandemic: preliminary results of an online survey conducted during the quarantine in Italy', *International Journal of Impotence Research*. Springer Nature, pp. 1-2.

Du, J. et al. (2020). 'Expert consensus on the prevention and treatment of substance use and addictive behaviour-related disorders during the COVID-19 pandemic', *General Psychiatry*. BMJ Publishing Group. doi: 10.1136/gpsych-2020-100252.

Höpken, W. et al. (2019). 'Google Trends data for analysing tourists' online search behaviour and improving demand forecasting: the case of Åre, Sweden', *Information Technology and Tourism*.

Springer Berlin Heidelberg, 21(1), pp. 45-62. doi: 10.1007/s40558-018-0129-4.

Mondal, S. and Mondal, H. (2020). 'Online Pornography Seeking Behavior and Its Relation to Literacy Rate and Financial Status of Indian States', *Journal of Psychosexual Health*. SAGE Publications, 2(1), pp. 71-76.

Mucci, F., Mucci, N. and Diolaiuti, F. (2020). 'Lockdown and isolation: Psychological aspects of covid-19 pandemic in the general population', *Clinical Neuropsychiatry*. Giovanni Fioriti Editore, 17(2), pp. 63-64. doi: 10.36131/Cn20200205.

Nuti, S. V. et al. (2014). 'The Use of Google Trends in Health Care Research: A Systematic Review', *PLoS ONE*. Edited by M. Voracek. Public Library of Science, 9(10), p. e109583. doi: 10.1371/journal.pone.0109583.

Online search for child pornography escalates after lockdown in India | *Deccan Herald* (no date). Available at: <https://www.deccanherald.com/national/online-search-for-child-pornography-escalates-after-lockdown-in-india-827602.html> (Accessed: 3 August 2020).

Ornell, F. et al. (2020). "Pandemic fear" and COVID-19: Mental health burden and strategies', *Brazilian Journal of Psychiatry*. Associacao Brasileira de Psiquiatria, pp. 232-235. doi: 10.1590/1516-4446-2020-0008.

Orte, C., Ballester, L. and Nevot-Caldentey, L. (2020). COVID-19 and Pornography Traffic in

Spain: How to Prevent the Social Effects of its Consumption in Families. SageSubmissions. doi: 10.31124/ADVANCE.12326372.V1.

Pulla, P. (2020). 'Covid-19: India imposes lockdown for 21 days and cases rise', *BMJ* (Clinical research ed.). NLM (Medline), 368, p. m1251. doi: 10.1136/bmj.m1251.

Reports of 'revenge porn' skyrocketed during lockdown, we must stop blaming victims for it (2020). Available at: [https://theconversation.com/reports-of-revenge-porn-skyrocketed-](https://theconversation.com/reports-of-revenge-porn-skyrocketed-during-lockdown-we-must-stop-blaming-victims-for-it-139659)

[during-lockdown-we-must-stop-blaming-victims-for-it-139659](https://theconversation.com/reports-of-revenge-porn-skyrocketed-during-lockdown-we-must-stop-blaming-victims-for-it-139659) (Accessed: 3 August 2020).

Shah, S. G. S. and Farrow, A. (2020). A commentary on "World Health Organization declares global emergency: A review of the 2019 novel Coronavirus (COVID-19)", *International Journal of Surgery*. Elsevier Ltd, pp. 128-129.

Wingfield, J. C. et al. (1990). The "challenge hypothesis": theoretical implications for patterns of testosterone secretion, mating systems, and breeding strategies, *American Naturalist*. University of Chicago, 136(6), pp. 829-846.



Brief Research Communication

## Change in sexual well-being during COVID-19 pandemic

**Nisha Mani Pandey<sup>1</sup>, Rakesh K Tripathi<sup>2</sup>, Deeksha Pandey<sup>3</sup>, Pallavi Bharti<sup>4</sup>**

<sup>1</sup>Associate Professor (NM Research), <sup>2</sup>Associate Professor cum Clinical Psychologist, <sup>4</sup>Ph.D. Scholar, Dept of Geriatric Mental Health, King George's Medical University, Lucknow, Uttar Pradesh, India.

<sup>3</sup>Ph.D. Scholar (Public Health), Tata Institute of Social Sciences (TISS), Mumbai, Maharashtra, India.

### Date of Submission :

11 October 2020

### Date of Acceptance :

27 November 2020

### Abstract

Good sexual health is one of the most critical aspects of maintaining the quality of life. The subject is often sidelined due to the stigma associated with it. However, without significant and quality research in India in this area concerning the pandemic, lack of information/awareness may give rise to risky practices. The results suggest changes in participants' sexual life, which leads to further possibilities of research within the domain. This would help the population adopt safe and conducive practices to a healthy and fulfilling sexual life. This brief research paper attempts to understand the possible effects of COVID-19 on individuals' sexual well-being during the lockdown and after it. The more extensive study aimed to capture the participants' perceived psychosocial well-being, wherein sexual health was also an item recorded.

**Keywords:** Sexual well-being, COVID-19, Pandemic

### Introduction

A pandemic comes with many distressing issues, most documented extensively throughout history. People try to cope with it or become stressed, worried, anxious, depressed, and sometimes commit unfortunate acts. There are numerous ways

to cope with the situation, where some may be called healthy and unhealthy. Because of COVID-19, looking at the deteriorating condition, on March 11, the World Health Organization (WHO) declared it a pandemic. Since then, many health care regulations, orders, and advisory were disseminated worldwide, including India. A person may contract COVID-19 in many ways, including- nasal discharge, mouth/eye droplets (severe) to touching infected surfaces (moderate), and blood, feces, and semen of a contaminated person (mild chances). Accordingly, WHO prepared interim guidance (World Health

**Corresponding Author :** Dr. Nisha Mani Pandey

E Mail: [nishamani@kgmcindia.edu](mailto:nishamani@kgmcindia.edu)

**How to cite the article :** Pandey, N.M., Tripathi, R.K., Pandey, D., Bharti, P. (2020). Change in sexual well-being during COVID-19 pandemic. *Indian Journal of Health, Sexuality & Culture*, 6(2), 74-79.

**DOI :** 10.5281/zenodo.4295715

Organization, 2020), which needs to be considered by us in general.

In taking such precautions, our lifestyle has changed a lot, as we have to adopt many protective measures to maintain our health and well-being. This is a challenging period, and there is a need to keep balance by adopting various lifestyle changes to handle numerous challenges of the current pandemic. This also gives rise to multiple myths stemming from paranoia and queries that are unanswered. One such aspect is the maintenance of sexual well-being. There is a shortage of scientific literature that throws light on sexual behavior in the current scenario and its impact on one's health, especially mental health.

The practice of social (physical) distancing (6 ft.) as well as wearing masks, frequent hand washing, and avoiding face touching are crucial in reducing the spread of COVID-19 (Cerami et al., 2020; Fegert et al., 2020). Subsequently, many unverified data, like linking the lockdown to population explosion, high-risk intimate relationships, and sexual behavior, have come to light. Numerous reasons may be regarded as factors behind this particular kind of conversation and discussion. Upon analysis of such information in the public domain, one might be incorrectly informed and engage in unsafe or risky practices.

Thirst, hunger, sleep, sexual gratification are considered as basic needs for the human. However, talking about it is still taboo in India, and people don't discuss sexual behavior issues comfortably. Further, the disastrous impact of an unplanned lockdown and restricted movement for almost six months has left people feeling isolated. Social distancing has become an essential part of life for now, unless we find any remedy/solutions/ vaccines/ medicines for COVID-19. Remaining healthy, happy, and satisfied

with basic needs is more important than ever. People cannot cope with the situation at hand, which may worsen sexual health and affect physical and mental health.

It is difficult to comment on the impact of a pandemic on one's sexual behavior in detail. However, we had carried out a study titled 'Psychosocial well-being during and after state lockdown due to COVID 19: An online survey'. The study aimed to understand the changes in lifestyle and the impact of changes on an individual's psychosocial well-being and behavior during and after a complete state lockdown due to COVID-19. With many other items, we also explored sexual behavior. Thus, this brief research paper attempts to concisely discuss the changes in one's sexual behavior during and after lockdown.

## **Methods**

The main study was an ethically approved online survey, which was done on a pre-post basis. The study questionnaire was developed on Google Forms. The forms were developed in two formats, one capturing the data of participants during the lockdown, which was prepared for the pre-test (during lockdown). The second form was developed to capture the data post the first 'unlock', that was the post assessment (after lockdown). The participants of the study included individuals who were above the age of 18 years and had access to the internet. We did not pose a geographical limit to the participants as the survey was done online. Participants were recruited through common contacts and various social media platforms. The questionnaire had a description of the study along with an online informed consent clause, with assured anonymity regarding the responses of the participants.

The questionnaire captured the socio-demographic details (sex, age, education, socio-economic status, marital status, living

status, etc.) of the participants and multi-choice statements related to their routine, behavior, health, etc. The questionnaire also included an item related to sexual behavior, i.e., 'please rate changes in your feelings/emotions/ behaviors after this during this lockdown/ unlock condition. [with respect to sexual behavior]'. The item was rated on a 5-point scale (1= no changes, 2= uncertain/can't say, 3= mild changes, 4= moderate changes, 5= many changes). After getting the ethical clearance during the lockdown, the questionnaire was circulated on 02.05.2020 till the declaration of phase 1 unlocked. The questionnaire pertaining to the unlock was circulated on 08.06.2020, and responses were taken in till 17.07.2020. The circulation of the questionnaire link was done through newspapers, Facebook wall, email, and other forms of social media. The help of students was also taken for wide circulation. After the declaration of the first unlock, the questionnaire related to psychosocial behaviors after the lockdown was sent to all those emails which had responded in the first phase of the study (during lockdown). The obtained responses were analyzed by applying percentage statistics.

**Results**

We expected a sample of at least 385 subjects

initially. However, in spite of rigorous efforts, only 324 subjects took part in the study, and of these, only 159(49%) participants replied after the declaration of the unlock. During the lockdown, the number and proportion of male/ female respondents were equal, but after the lockdown, the proportion of female respondents was higher (n=91, i.e., 57.2%) than their counterpart male (n=68, i.e., 42.8%). Therefore, a comparison was not made. The socio-demographic details of participants are provided in table 1.

Table 1 reveals that the majority of the participants were below the age of 45 years, from middle socio-economic status with a higher level of education, living with family, and residing in an urban area. After the unlock, maximum drop out was recorded from highly educated urban males. As there was a 50% loss of sample, the responses obtained were compared applying percentage statistics. The response regarding changes in sexual behavior during the lockdown and after the unlock due to pandemic has been shown in figure 1.

Further, responses related to change were merged (a little bit/ mild to mostly/many changes) to see the difference for the same question, which has been displayed in figure 2.

Figure 1: Response of participants regarding changes in sexual behavior

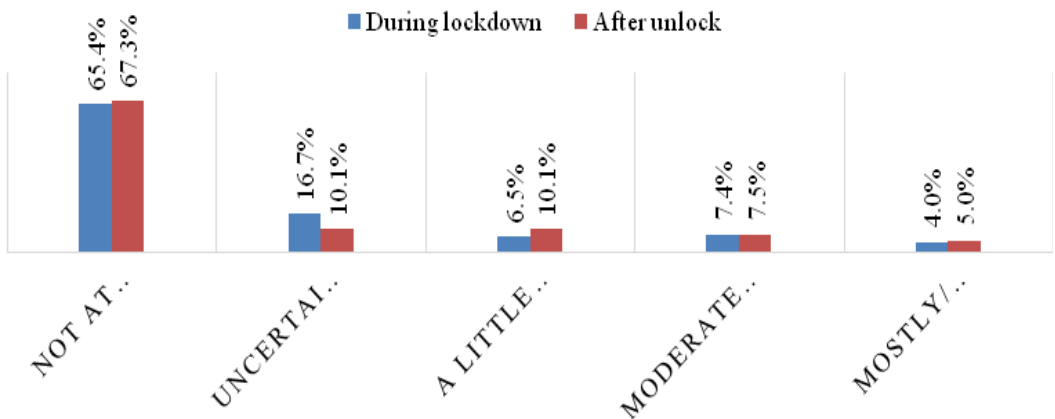
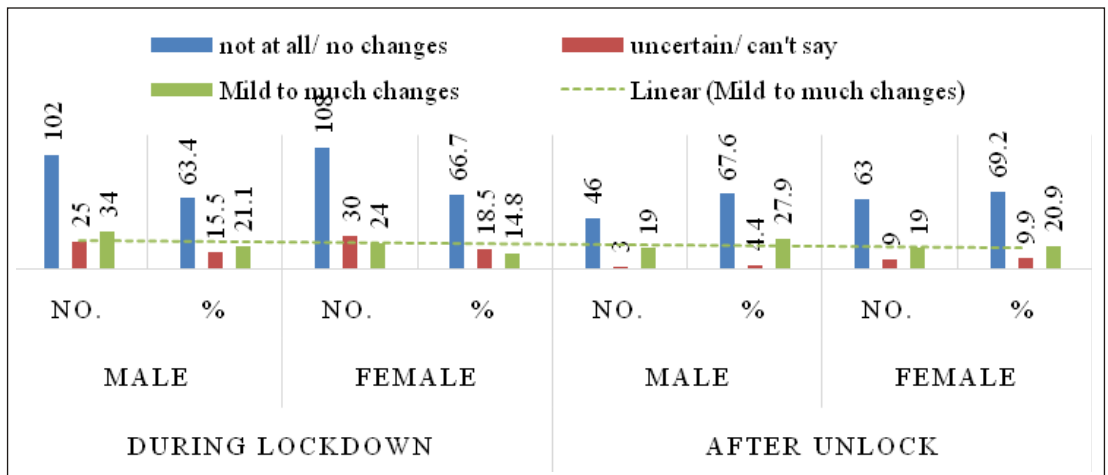


Table 1: Socio-demographic details of the participants as per the stage of the study

Details			During Lockdown (N=324)			After Unlock (N=159)		
			Sex		Total	Sex		Total
			Male (n=161)	Female (n=163)		Male (n=68)	Female (n=91)	
Age groups	< or = 29 yrs.	N	94	93	187	28	53	81
		%	50.3	49.7	100.0	34.6	65.4	100.0
	30-44 yrs.	N	40	37	77	22	24	46
		%	51.9	48.1	100.0	47.8	52.2	100.0
	45-59 yrs.	N	23	28	51	18	14	32
		%	45.1	54.9	100.0	56.3	43.8	100.0
	= or > 60 yrs.	N	4	5	9	None		
		%	44.4	55.6	100.0			
Education	Upto intermediate	N	7	5	12	2	2	4
		%	58.3	41.7	100.0	50.0	50.0	100.0%
	Graduate	N	38	47	85	30	42	72
		%	44.7	55.3	100.0	41.7	58.3	100.0
	Post Graduate	N	52	51	103	30	42	72
		%	50.5	49.5	100.0	41.7	58.3	100.0
	Professional/ doctorate	N	64	60	124	6	5	11
		%	51.6	48.4	100.0	54.5	45.5	100.0
SES	Higher	N	23	25	48	1	7	11
		%	47.9	52.1	100.0	36.4	63.6	100.0
	Middle	N	117	125	242	57	82	139
		%	48.3	51.7	100.0	41.0	59.0	100.0
	Lower	N	21	13	34	10	2	12
		%	61.8	38.2	100.0	87.5	12.5	100.0
Living Status	Living alone	N	8	9	17	7	3	10
		%	47.1%	52.9%	100.0%	72.7%	27.3%	100.0%
	With Family	N	141	139	280	61	77	138
		%	50.4	49.6	100.0	44.2	55.8	100.0
	With friends/ partner	N	8	10	18	2	4	6
		%	44.4	55.6	100.0	33.3	66.7	100.0
	On duty	N	4	5	9	2	3	5
		%	44.4	55.6	100.0	40.0	60.0	100.0
Background	Rural	N	27	19	46	14	10	24
		%	58.7	41.3	100.0	58.3	41.7	100.0
	Suburban	N	15	18	33	8	7	15
		%	45.5	54.5	100.0	53.3	46.7	100.0
	Urban	N	119	126	245	46	74	120
		%	48.6	51.4	100.0	38.3	61.7	100.0

Figure 2: Gender wise response of participants regarding changes in sexual behavior



Results show that 21.1% of males report changes (mild to much) in sexual behavior during the lockdown, whereas for the same question after lockdown, 27.9% of male reported changes in sexual behavior. Whereas females report for comparatively less change in sexual behavior (during lockdown=14.8%; unlock=20.9%).

**Discussion**

The study reveals that change in sexual behavior was reported more by males than their counterpart females during the pandemic of COVID-19. United Kingdom carried out a study to examine levels and association of sexual activity during COVID-19 and concluded that complimentary sexual health messages may decrease the adverse outcomes of self- isolation/ social (physical) distancing (Jacob et al., 2020). Another report revealed that due to pandemic there was marked effect on young people's sexual health (Li et al., 2020), another study reported that in pandemic the quality of sexual life decreased (Yuksel and Ozgor, 2020). A latest study reports that lockdown affected one's sexual life (Arafat et al., 2020); however, hardly any studies reveal what kind of sexual behavior would be healthy in this pandemic era.

The study and subsequently the data arising from it has its limitations. The participants of the study were literate belonging to a stratum of the society that has access to the internet and interested in such studies. This makes it a homogenous sample and does not reflect on the heterogenous nature of Indian society. The initial goal of the number of participants could not be achieved and maintained during the pre-post data collection due to the high drop-out rate, which is a drawback of online surveys. The questionnaire itself captures a large amount of data out of which only one item has been elaborated in this paper. Thus, the in-depth descriptors of sexual well-being have not been elaborated in the study. The study can only serve as a starting point into detailed research to initiate and understand the issue and suggest measures, if required, for a healthy sexual life during a pandemic.

**Conclusion**

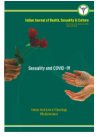
Due to COVID-19 and the lockdown, there were massive changes in every individual's life. People had to make various adjustments to maintain their health as well as the quality of life. Does sexual health and related behaviours play a role in supporting over all health, well being and quality of life? It is

essential that we look at this through an intersecting lens that connects the dots for everyone in times to come. Thereby, this would turn into an opportunity to develop interventions and promote health practices that are safe and secure without affecting a person's sexual life and health. This will invariably help researchers determine the linkages between sexual well-being and high-stress situations like a pandemic.

## References

- Arafata, S. M. Y. et al. (2020). 'Does COVID-19 pandemic affect sexual behaviour? A cross-sectional, cross-national online survey', *Psychiatry Research journal*, 289(January).
- Cerami, C. et al. (2020). 'Covid-19 Outbreak In Italy: Are We Ready for the Psychosocial and the Economic Crisis? Baseline Findings From the PsyCovid Study', *Frontiers in Psychiatry*, 11(June), pp. 1-9.
- Fegert, J. M. et al. (2020). 'Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality', *Child and Adolescent Psychiatry and Mental Health*.
- Jacob, L. et al. (2020). 'Challenges in the Practice of Sexual Medicine in the Time of COVID-19 in the United Kingdom', *Journal of Sexual Medicine*. Elsevier Inc, 17(7), pp. 1229-1236.
- Li, G. et al. (2020). 'Impact of the COVID-19 pandemic on partner relationships and sexual and reproductive health: Cross-sectional, online survey study', *Journal of Medical Internet Research*.
- World Health Organization (2020). 'Considerations in adjusting public health and social measures in the context of COVID-19', *World Health Organisation Interim Guidance*, (April), pp. 1-7. Available at: <https://www.who.int/publications-detail/risk->.
- Yuksel, B. and Ozgor, F. (2020). 'Effect of the COVID-19 pandemic on female sexual behavior', *International Journal of Gynecology and Obstetrics*, pp. 98-102. Available at: <http://www.embase.com/search/results?subaction=viewrecord&from=export&id=L2005096310%0A>.





Original Article

## Impact of COVID-19 on commercial sex workers in India

Pankaj Kumar<sup>1</sup>, Jai Singh<sup>2</sup>, Sujit Kumar Kar<sup>3</sup>

<sup>1,2</sup>Department of Psychiatry, All India Institute of Medical Sciences, Patna, Bihar, India.

<sup>3</sup>Department of Psychiatry, King George's Medical University, Lucknow, Uttar Pradesh, India.

### Date of Submission :

14 September 2020

### Date of Acceptance :

21 September 2020

### Abstract

The Commercial Sex Workers (CSWs) are among the most vulnerable and marginalized populations in India and hence suffer disproportionately during the current COVID-19 Pandemics. The economic, social, and health impacts on CSWs are highlighted across the globe. COVID-19 has posed distinct challenges for the sex work industry, more so in Asian & African countries due to social, cultural, economic, and legal factors. The economic impact in the form of loss of livelihood, shelter and food has enormous consequences. The stigma and discrimination compound their situation, and violence, abuse, and social isolation have made the condition of CSWs precarious during the current pandemic. The uncertain legal and residency status has further deprived them of the basic survival and existence need. CSWs need urgent attention as they are sitting on the edge of a double-edged sword. If they continue to work, they will be affected by COVID-19, and if they stop working, they will break down financially and die of hunger. The COVID-19 measures and extended lockdown jeopardize their financial needs and their primary health care needs. With this paper, we aim to highlight the impact and challenges that CSWs are facing during COVID-19 and what is needed to be done to ensure equal rights and social justice for the CSWs in India.

**Keywords:** Commercial sex workers, COVID-19, India, Lockdown

**Corresponding Author :** Dr. Jai Singh

E Mail: [jays.singh777@gmail.com](mailto:jays.singh777@gmail.com)

**How to cite the article :** Kumar, P., Singh, J., Kar, S.K. (2020). Impact of COVID-19 on commercial sex workers in India. *Indian Journal of Health, Sexuality & Culture*, 6(2), 80-86.

**DOI :** 10.5281/zenodo.4295721

### Introduction

The COVID-19 pandemic has affected the lives of almost every individual globally. According to the World Health Organization (WHO) situation report, till 4th September 2020, globally, more than 26 million people

are infected and 864,618 have died due to COVID-19 (WHO, 2020). However, the number of deaths and infected persons with COVID-19 is expected to be much higher, as there are missing data related to infected cases and deaths (Chatterjee, 2020; Nischal et al., 2020). As we all know that the effect of COVID-19 preventive measures and the extended lockdown has affected both the formal and informal sectors of economy. This is also proven by the recently reported contraction in most countries' economic growth (The Economic Times, 2020). It is also clear from most of the sources and available data that the unemployed and informal workers are getting affected more without any noticeable evidence (Chandra Shekar, 2020). After the declaration of pandemic, issues of the general public and that of vulnerable populations such as the elderly, children, people with comorbidities, healthcare workers, and marginalized populations are often discussed. Commercial sex workers (CSWs) per se have several unique challenges among the marginalized population, requiring urgent attention.

### **Economical and social impact of COVID-19 and challenges for CSWs**

As the pandemic is progressing at its pace, the brothels are facing a financial crisis. Recent news reports have revealed that due to the financial crisis, Europe's largest brothel has filed for bankruptcy (Ojha S, 2020). The number of CSWs in India is massive. According to the 2019 Joint Program on HIV/AIDS (UNAIDS) study, 6,57,800 individuals in India were involved in commercial sex work full-time or partially (UNAIDS, 2019). Some are putting the figure of 5 million sex workers in India (NSWP, 2019). The WHO, UNAIDS, and other global organizations have issued guidelines to decrease the impact of COVID-19 on CSWs (Stephenson, 2020b, 2020a). The social, economic, and health

impact of COVID-19 is apparent across the globe. This economic impact has enormous consequences, especially the loss of livelihood, shelter, food, and homelessness. COVID-19 pandemic has not only affected the lives of CSWs, but the extended effect also involves their family members (Bhandare, 2020). The lockdown has resulted in the closure of red-light areas or hotspots, and even at the place where the lockdown is lifted, a night curfew is enforced. CSWs mostly work during the night, and curfew prevents people from working at night. Their work has also been affected as people started staying at home and spending more time with their spouses, and hence their sexual satisfaction increased than before (Arafat et al., 2020). Even under these challenging conditions, people working are forced to go to their client's home, which is not safe because they cannot control the environment. They often become victims of violence and may be at increased risk of contracting COVID-19 infection themselves. Sex work is criminalized and comes under legal action in many countries, including India. It is vastly unorganized, and sex workers who work find themselves out of the emergency assistance available to other employments. CSWs are already marginalized economically and socially as undocumented migrants and lesbian, gay, bisexual, and transgender (LGBT) people. Some of them have been excluded from their families due to homophobia. Most of the time, sex work is the last option they are left with. CSWs, especially female sex workers, are often not considered human; they are considered objects for exploitation and patriarchal violence. This includes sexual violence, rape, physical violence, and reproductive exploitation with hate speech. Prostitution produces some of the most extreme mental trauma that women are not allowed to name or seek help for; mostly, society view it as women's choice.

## Health concerns & challenges unique for CSWs

CSWs often work with many unique occupational challenges like stigma, discrimination, violence, addiction, health issues, and lack of social security. The COVID-19 pandemic has increased these challenges manifold (Platt et al., 2020). A media report based on interviews with CSWs amidst the COVID-19 pandemic (Breslin S, 2020) suggests that the income of the CSWs has declined significantly during the COVID-19 pandemic, as a result of which many CSWs have been forced to search for new avenues of income (Breslin S, 2020; Ngunjiri, 2020). Along with the financial crisis that affects the CSWs during this pandemic, there are issues related to general health and mental health that stand as a challenge before them (Breslin S, 2020). As the CSWs could not work during the lockdown, many attempted to desperately resume their work, putting their lives at risk of contracting COVID-19 immediately after the lockdown (The Hindu, 2020). Loss of job, anticipating the loss of job and future concerns amidst the COVID-19 pandemic, produced fear and anxiety among the CSWs, globally (Nunis, 2020). The lockdown and social distancing measures have pushed them to the edge.

CSWs community struggles to access necessary medical help, sexual health services, family planning services, and hygiene products (Howard, 2020). CSWs are among the most vulnerable group for having HIV (World Health Organization, 2016). CSWs living with HIV is very much vulnerable to contracting COVID-19 and may consequently suffer more severe disease. The fear of COVID-19 is coexisting with the compulsion to engage in sex work to earn a livelihood and increases their susceptibility to COVID-19 infection. The reproductive and sexual health services which is the routine basic health care need of this population, is

not readily accessible and is negligibly available (Sivagurunathan et al., 2015). This poses a significant risk for increased general health consequences, especially for regular STD or HIV treatment care. The mental health impact in the form of anxiety, depression, insomnia is neglected for this population. Demand for mental health services has increased manifold among sex workers amidst many social and economic challenges (Kimani et al., 2020).

## Changing practices in CSWs services: Reality in India

Before the outbreak of COVID-19, most CSWs worked in-person, providing sexual services either at home, outdoors, or other locations such as a brothel, massage parlors, or hotels. Only a few operated online via webcam or making clips to order (The New York Times, 2020). A paradigm shift in CSWs service from offline to online mode has been seen during the COVID-19 pandemic. Many CSWs, switched to provide sex work through online portals (via online audio and video services) and getting their dues through online gateways (The Hindu, 2020; The New York Times, 2020). According to the reports, online recruitment in porn sites has increased to three times the usual, with an increasing focus on children (Boyer, 2020; Callander et al., 2020). There is an upsurge in online pornography to attract viewers (Boyer, 2020). In India, the commercial sex workers and the clients are mostly of low and middle socioeconomic status, and online and other platforms of sex-work is not an acceptable medium, nor the workers have the necessary skills, space, and facilities for it (Dandona et al., 2006).

## The legal aspects of the sex work industry in India

In India, sex work is controlled by the Immoral Traffic (Prevention) Act, 1956. Although sex work is not illegal according to

the act, supporting activities such as maintenance of brothels, pimping, or soliciting customers are punishable offenses. Often, most sex workers in India are coerced into prostitution and continue to be victims of human trafficking and forced sex. Though the act may not prohibit prostitution, it certainly makes it very difficult for sex workers to legitimately exercise their right to work (Chauhan, 2013). However, millions of other women turn to sex work because they do not have respectful employment opportunities and escape poverty and hunger. Immoral Traffic (Prevention) Act is not comprehensive enough to regulate the Indian sex industry, curb sex trafficking, and support and empower sex workers and victims. The law and statute need to be evolved and designed to protect both the victims of sex slavery and people who voluntarily choose to take up prostitution as their profession.

### **Inaccessibility of government schemes & welfare measures**

Unfortunately, the government policies to support marginalized populations' rights and needs in the country during this COVID-19 pandemic are not reaching the CSWs (The Hindu, 2020). CSWs fall under the category of daily wage earners. But no government agency focuses on relief for them due to their informal or illicit group of categories (Belete, 2020). The crisis is endangering sex workers' lives in both the ways, whether they choose to continue work or decide to stop. CSWs, who are homeless, use drugs, or migrants face more significant challenges in accessing financial relief packages and the government's health services. It is also increasing their vulnerability to poor health outcomes and negative economic impact (Kluge et al., 2020; Platt et al., 2020). Recently the CSWs community of Europe rallied for the emergency relief fund, necessary food, and medical supplies for the needy people (Global Network of Sex Work Projects

(NSWP), 2020). Some governments around the world have started taking initiatives to address these problems like provision of food packets in Bangladesh, emergency accommodation in England, and financial support in Thailand, Netherlands, and Japan, to name a few (Platt et al., 2020). While many governments have yet not shown any interest in providing financial and social support to this group, this group is still awaiting a more comprehensive response by respective governments. In India, sex workers are not legally classified as workers under any law or act. They can not avail the benefit of Govt schemes or relief packages, there is no budget allocation or any specific schemes or program by the government for sex worker community (Dhir, 2020).

### **Collective & inclusive response from society is the possible way ahead**

A collective and inclusive response from both the government and the society is needed to ensure equal rights and social justice for all community sectors, including commercial sex workers. This can be reached via priority-based availability of financial and health resources to sex workers or by providing them an alternative source of income. NGOs working for the CSWs & their families in Red Light Districts across the country have been actively working to help them and taking initiatives to minimize the impact of COVID-19. The role of non-government organizations (NGOs) role is crucial in dealing with this type of hidden, marginalized population. There are many NGOs run by sex worker volunteers across India, who have been quite active in these periods taking initiatives to mitigate the impact & sensitizing authorities to advocate the necessary social, economic, health measures needed for CSWs (Ghosh, 2020; Mishra, 2020; Outlook, 2020). In Budhwar Peth, known as the red-light area of Pune, NGO 'Saheli Sangh', together with the corporation officials, has prepared a standard

operating procedure (SOP) for sex workers and clients (Bari, 2020). The inclusion of these NGOs representing CSWs in the decision and implementation of welfare measures in current times may be the most appropriate & effective way to help this one of the most vulnerable and marginalized sections of our country. The much-needed reform in the existing legal policies and social norms with the decriminalization of sex work can reduce society's marginalization and discrimination. The current discussion wishes to refrain from the debate on the legalization of sex work or prostitution. At the same time, this marginalized section of our community has the same rights to healthcare and welfare schemes as any other person, and the CSWs should indiscriminately avail the same.

## Conclusion

COVID-19 measures have caused worldwide disruption in economic activities, social networks, and health services. These measures have affected almost all, but greatly impacted the most marginalized and vulnerable population of the world, such as CSWs. CSWs face various challenges due to the government's response to COVID-19. The most common challenges are serious financial problems, unsafe sexual behavior, forced sex with unhealthy clients, exposure to coronavirus infection, stigma associated with their work, and psychological problems. In most countries, including India, CSW does not have the equal right to have government assistance available during COVID-19 like others. A collective and inclusive response is needed to achieve healthy communities and control COVID-19. Constant support and resources for sex workers need to be prioritized. Public leaders, public health officials and researchers must come together and be sincere to ensure support for CSWs in this challenging COVID-19 era.

## References

- Arafat, S. M. Y., Alradie-Mohamed, A., Kar, S. K., Sharma, P., & Kabir, R. (2020). Does COVID-19 pandemic affect sexual behavior? A cross-sectional, cross-national online survey. *Psychiatry Research*, 289, 113050-113050.
- Bari, P. (2020). Safety on the mind as CSW look to resume work in Pune's red-light area. *Hindustan Times*. <https://www.hindustantimes.com/pune-news/safety-on-the-mind-as-csw-look-to-resume-work-in-pune-s-red-light-area/story-kqU8Ck47Y9CVAT4U5FasWO.html>
- Belete, Y. M. (2020). Uncovering the Effects of COVID-19 Responses on the Lives of Commercial Sex Workers: A Phenomenological Study in Bahir Dar City Administration, Ethiopia.
- Bhandare N. (2020). Covid-19's impact on sex workers and their families. *Hindustan Times*. <https://www.hindustantimes.com/columns/covid-19-s-impact-on-sex-workers-and-their-families/story-mp8WTXShUuzIgUiFhchVJI.html>
- Boyer, D. K. (2020). Prostitution During the Pandemic: Findings Show Need for Nordic Model. *Dignity: A Journal on Sexual Exploitation and Violence*, 5(1), 7.
- Breslin S. (2020). A Sex Worker Reveals How The COVID-19 Pandemic Has Changed Sex Work. *Forbes*. <https://www.forbes.com/sites/susannahbreslin/2020/05/14/a-sex-worker-reveals-how-covid-19-has-changed-sex-work/#da5c33f3a81b>
- Callander, D., Meunier, É., DeVeau, R., Grov, C., Donovan, B., Minichiello, V., Goodwin, A. S., & Duncan, D. T. (2020). Sex workers are returning to work and require enhanced support in the face of COVID-19: Results from a longitudinal analysis of online sex work activity and a content analysis of safer sex work guidelines. *CSIRO*.
- Chatterjee, P. (2020). Is India missing COVID-19 deaths? *The Lancet*, 396(10252), 657.
- Chauhan, S. A. (2013). Immoral Traffic (Prevention) Act, 1956: A Concise Review. *Human Trafficking: The Stakeholders' Perspective*, 252-259.

- Dandona, R., Dandona, L., Kumar, G. A., Gutierrez, J. P., McPherson, S., Samuels, F., Bertozzi, S. M., & team, *asci fpp study*. (2006). Demography and sex work characteristics of female sex workers in India. *BMC International Health and Human Rights*, 6(1), 5.
- Dhir, A. (2020). They are Starving: Commercial Sex Workers in the times of Covid. *India Whispers*. <https://www.indiawhispers.com/2020/05/28/they-are-starving-commercial-sex-workers-in-the-times-of-covid/>
- Ghosh, S. (2020). COVID-19: Sex workers suffer during social distancing in India. *DW*. <https://www.dw.com/en/covid-19-sex-workers-suffer-duringsocial-distancingin-india/a-53106907>
- Global Network of Sex Work Projects (NSWP). (2020). Impact of COVID-19 on Sex Workers in Europe. <https://www.nswp.org/news/impact-covid-19-sex-workers-europe>
- Howard, S. (2020). Covid-19: Health needs of sex workers are being sidelined, warn agencies. *British Medical Journal Publishing Group*.
- K Chandra Shekar, K. M. (2020). COVID-19: Lockdown Impact on Informal Sector in India. <https://practiceconnect.azimpremjiuniversity.edu.in/covid-19-lockdown-impact-on-informal-sector-in-india/>
- Kimani, J., Adhiambo, J., Kasiba, R., Mwangi, P., Were, V., Mathenge, J., Macharia, P., Cholette, F., Moore, S., & Shaw, S. (2020). The effects of COVID-19 on the health and socioeconomic security of sex workers in Nairobi, Kenya: Emerging intersections with HIV. *Global Public Health*, 1-10.
- Kluge, H. H. P., Jakab, Z., Bartovic, J., D'Anna, V., & Severoni, S. (2020). Refugee and migrant health in the COVID-19 response. *The Lancet*, 395(10232), 1237-1239.
- Mishra, S. G. (2020). No income, no food, no government relief: Sex workers of Kamathipura pushed to the brink. *Firstpost*. <https://www.firstpost.com/india/coronavirus-outbreak-no-income-no-food-no-government-relief-sex-workers-of-kamathipura-pushed-to-the-brink-8623201.html>
- Ngunjiri, N. (2020). COVID-19 Impact on Female Commercial Sex Workers in Developing Countries.
- Nischal, A., Prakash, A. J., Singh, N., & Kar, S. K. (2020). Understanding the variations in death rates during coronavirus pandemic and their preventive implications. *Journal of Geriatric Care and Research*, 7(2), 84-88.
- NSWP. (2019). Number of sex workers in India. Global Network of Sex Work Projects. <https://www.nswp.org/featured/all-india-network-sex-workers-ainsw>
- Nunis V. (2020). Coronavirus: Sex workers fear for their future. *BBC News*. <https://www.bbc.com/news/business-52821861>
- Ojha S. (2020). Pounded by coronavirus pandemic, Europe's largest brothel files for bankruptcy. *Yahoo! Finance*. <https://in.finance.yahoo.com/news/pounded-coronavirus-pandemic-europes-largest-092203422.html>
- Outlook. (2020). Sex workers face uncertain future in COVID-19 time. *Outlook*. <https://www.outlookindia.com/newscroll/sex-workers-face-uncertain-future-in-covid19-time/1782299>
- Platt, L., Elmes, J., Stevenson, L., Holt, V., Rolles, S., & Stuart, R. (2020). Sex workers must not be forgotten in the COVID-19 response. *The Lancet*, 396(10243), 9-11.
- Sivagurunathan, C., Umadevi, R., Rama, R., & Gopalakrishnan, S. (2015). Adolescent health: Present status and its related programmes in India. Are we in the right direction? *Journal of Clinical and Diagnostic Research: JCDR*, 9(3), LE01.
- Stephenson, J. (2020a). Agency warns COVID-19 threatens access to HIV medications. *JAMA Health Forum*, 1(7), e200937-e200937.
- Stephenson, J. (2020b). United Nations, World Health Organization Caution COVID-19 Disruptions Could Foster Surge in Extra AIDS-Related Deaths. *JAMA Health Forum*, 1(5), e200648-e200648.
- The Economic Times. (2020). Global economy to contract 4.4%, China to grow at 2.7% in 2020: Fitch. <https://economictimes.indiatimes.com/news/economy/indicators/global-economy-to>

contract-4-4-china-to-grow-at-2-7-in-2020-fitch/articleshow/77997822.cms

The Hindu. (2020). Desperation forces sex workers to risk COVID-19. <https://www.thehindu.com/news/cities/bangalore/desperation-forces-sex-workers-to-risk-covid-19/article32105196.ece>

The New York Times. (2020). Sex Work Comes Home. <https://www.nytimes.com/2020/04/10/style/camsoda-onlyfans-streaming-sex-coronavirus.html>

UNAIDS. (2019). <https://www.unaids.org/en>

/regionscountries/countries/india. <https://www.unaids.org/en/regionscountries/countries/india>

WHO. (2020). Weekly Operational Update on COVID-19 4 September 2020. [https://www.who.int/docs/default-source/coronaviruse/situation-reports/wou-4-september-2020-approved.pdf?sfvrsn=91215c78\\_2](https://www.who.int/docs/default-source/coronaviruse/situation-reports/wou-4-september-2020-approved.pdf?sfvrsn=91215c78_2)

World Health Organization. (2016). Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations.



Correspondence

## Global COVID-19 pandemic booms 'E-sex'

Garima Singh<sup>1</sup>, Sumit Modi<sup>2</sup>

<sup>1,2</sup>Department of Psychiatry, King George's Medical University, Lucknow, Uttar Pradesh, India.

**Date of Submission :** 10 September 2020

**Date of Acceptance :** 03 October 2020

### Introduction

Recent COVID-19 pandemic has affected every sphere of life, including health. All over the world, beyond borders, its impact can be seen and felt. Sexual health is an essential essence of overall wellbeing (Ibarra et al., 2020). Unfortunately, it is the most neglected part of an individual's well being.

Period of isolation or quarantine had provided many opportunities to explore sexual behavior (Lehmiller et al., 2020). Some couples found a great time to spend together. On the other hand, some teams cannot meet for a long time due to social distancing and isolation (Dewitte et al., 2020). It leads to more leisure time and the availability of resources to use in internet technology and mass media. Most of the time, news regarding COVID-19 pandemic is discussed everywhere. In 24 hours of daily schedule, information regarding its pathogenicity, new cases, and transmission routes read by most people. It leads to anxiety, apprehension, and a tense atmosphere (Ballester-Arnal et al.,

2020). COVID-19 virus can be found in saliva, semen, and feco-oral transmission is also possible (Banerjee and Rao, 2020). Fear of transmitting infection, getting an unknown source of infection, being isolated, or living far from partner give rise to explore or seek alternative sexual behavior and means to achieve sexual gratification.

A trending quote worldwide is: "you are your safest sex partner" (Döring, 2020). During the COVID-19 pandemic, social distancing or isolation led to the increasing use of "solo sex". Technology mediated sexual interaction or sexual recreation is popular among individuals to fetch or fulfill sexual desire (Lejars et al., 2020). Individuals are using alternative measures in the form of sex toys like vibrators or dildo to aid in masturbation. The purchase of massagers and penile pumps constituted about 19% and 16% of the total sale of sex toys (Joseph, 2020). Masturbation through these sexual aids or sophisticated means may cause immense sexual pleasure and satisfaction. Effective use of technology or internet-mediated sexual interaction has been observed (Döring, 2020). Frequent use of the internet for chatting, virtual sex, or cybersex has been increased (Lehmiller et al., 2020). Individuals who are single or separated, youth living far away from a

**Corresponding Author:** Dr. Garima Singh

E Mail: [garimasingh.kgmc@gmail.com](mailto:garimasingh.kgmc@gmail.com)

**How to cite the article :** Singh, G., Modi, S. (2020). Global COVID-19 pandemic booms 'E-sex'. Indian Journal of Health, Sexuality & Culture, 6(2), 87-88.

**DOI :** 10.5281/zenodo.4295728



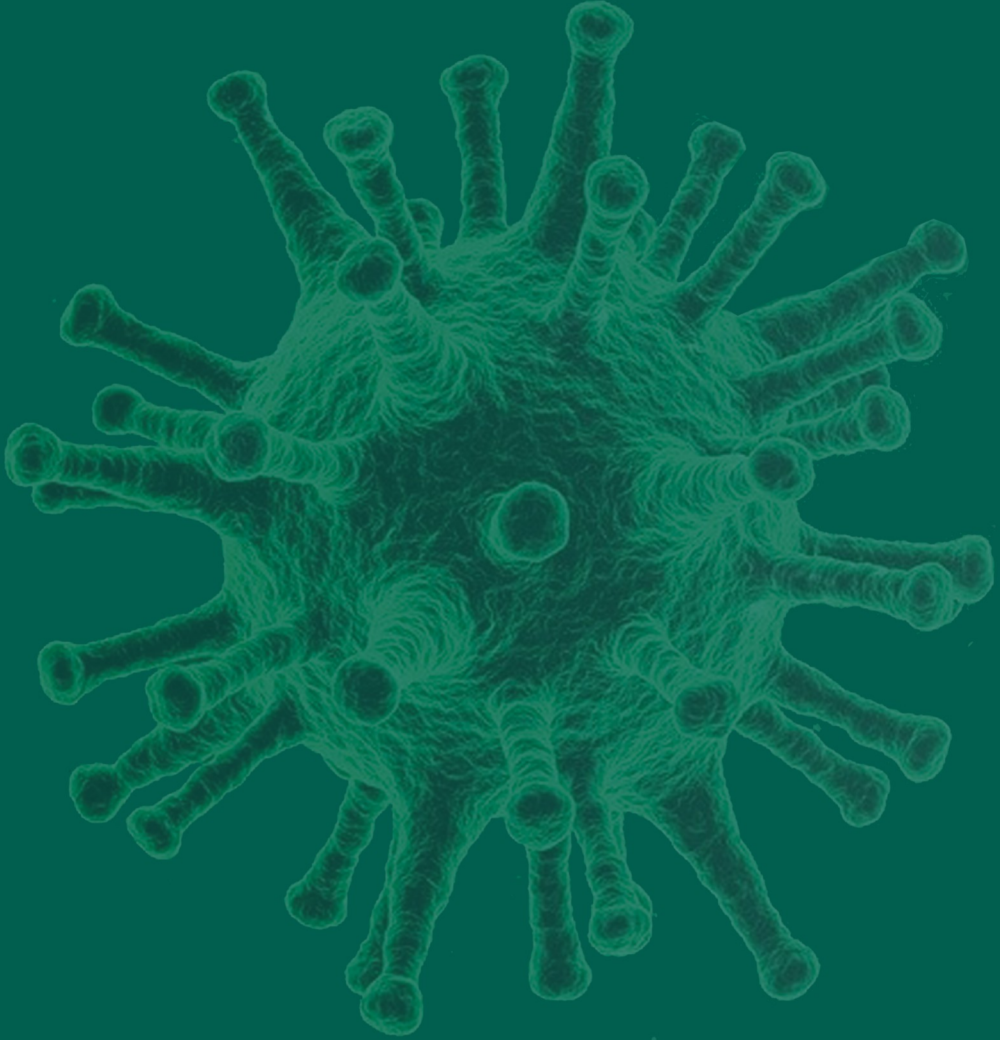
partner or elderly age group prefer to use internet or telephone mediated sex in place of face to face or casual sex dating. Due to technological advancements and easy accessibility of the internet, various apps and resources are available now to guide about proper and safe use of technology-mediated sexual interaction. The use of pornography has increased drastically during COVID-19 pandemic.

Over a month, from February to March 2020, data collected by various countries showed an increase in pornography use near about 4% to 24% (Ibarra et al., 2020). A 95% spike in traffic to adult sites has been reported during a three-week lockdown in India. The purchase of sex toys has been boosted to 60% in Italy, 40% in France, 75% in the United States, and 65% in India (Rudd Matilda Addo Rianne, 2020). The export of sex toys increased by 50% in China to various countries (2020). Online dating websites have also shown a hike of 82% by singles (Rudd Matilda Addo Rianne, 2020). There is also increased use of the internet to search home-made sex toys as shower jets, toothbrushes, and ice cube (Joseph 2020). Various factors are responsible for these behaviors like flexible schedules due to work from home, loneliness, privacy, and alternative use of sexual gratification, and most importantly, exploring new means or ways for sexual relationships.

As a whole, it can be concluded that the COVID-19 pandemic has affected every area of life including sexual life. On the other hand it also gives rise to critical areas for future research and education regarding Sex - Tech's role in sexual well being (Lehmiller et al., 2020).

## References

- Ballester-Arnal R, Nebot-Garcia JE, Ruiz-Palomino E, et al. (2020). "INSIDE" Project on Sexual Health in Spain: The Impact of the Lockdown Caused by COVID-19.
- Banerjee D, Rao TS (2020). Sexuality, sexual well being, and intimacy during COVID-19 pandemic: An advocacy perspective. *Indian Journal of Psychiatry* 62(4): 418.
- Dewitte M, Otten C, and Walker L (2020). Making love in the time of corona-considering relationships in lockdown. *Nature Reviews Urology*: 1-7.
- Döring N (2020). How Is the COVID-19 Pandemic Affecting Our Sexualities? An Overview of the Current Media Narratives and Research Hypotheses. *Archives of Sexual Behavior*: 1-14.
- Ibarra FP, Mehrad M, Mauro MD, et al. (2020). Impact of the COVID-19 pandemic on the sexual behavior of the population. The vision of the east and the west. *International braz j urol* 46: 104-112.
- Joseph K (2020). Bad time becomes bed time: adult toy sales rise by 65%. *The Deccan Herald*, 14 August. Bengaluru. Available at: <https://www.deccanherald.com/metrolife/metrolife-cityscape/bad-time-becomes-bed-time-adult-toy-sales-rise-by-65-873184.html> (accessed 23 September 2020).
- Lehmiller JJ, Garcia JR, Gesselman AN, et al. (2020). Less sex, but more sexual diversity: Changes in sexual behavior during the COVID-19 coronavirus pandemic. *Leisure Sciences*: 1-10.
- Lejars VOB, Bélanger CH and Razmak J (2020). Exploring new measures of online sexual activities, device use, and gender differences. *Computers in Human Behavior* 108: 106300.
- Rakshit D (2020). China's Sex Toy Exports Increase By 50% During Global Lockdown. 27 July.
- Rudd Matilda Addo Rianne (2020). Global sales of SEX TOYS have drastically boosted in sales due to the coronavirus pandemic. 3 March. Available at: <https://www.dailymail.co.uk/femail/article-8107725/Sex-toys-boosted-sales-dramatically-world-coronavirus-quarantine-began.html> (accessed 30 September 2020).



**Indian Institute of Sexology**

Bhubaneswar

Email- [sexualityinfo@gmail.com](mailto:sexualityinfo@gmail.com)

[www.iisb.org](http://www.iisb.org)

---