

COVID SEX LIVES

Survey 3 Report 2021

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With thanks to



The Covid Sex Lives project

This report presents initial findings from the third survey of the Covid Sex Lives project. Public health measures to mitigate the spread of COVID-19 are translated into media messaging by organisations that target the health of different groups. This research studies the experiences of Men who have Sex with Men (MSM), during the COVID-19 pandemic in the United Kingdom. Our focus is on uses of dating and hook up apps, sexual activity and how this has changed during the pandemic as restrictions such as social distancing and lockdowns have been introduced. We are conducting this research with a view to help improve policy and practice around MSM sexual wellbeing and public health messaging, shed light on what to look for where MSM are concerned, and provide learning about COVID public health messaging that will benefit MSM and the general population. The research is funded by a UKRI and AHRC grant, and it is a collaboration between the University of Salford, Newcastle University, King's College London, and Birmingham City University. Find out more here: <https://blogs.salford.ac.uk/digi-sex-and-gender/projects/covid-sex-lives/>

About the survey

The third online survey for the Covid Sex Lives project ran from 23rd September 2021 – 2nd November 2021 and participants answered a series of closed and open-ended questions about their relationships and sex lives during the COVID-19 pandemic, and interrelated themes. 284 respondents from the U.K who identified as men who have sex with men (MSM) participated. Respondents were aged between 19 – 74-years-old, with the majority of respondents from England (87%), followed by Scotland (8%), Wales (4%), and Northern Ireland (1%). 52% identified as living in an urban area and 93% of respondents stated their ethnicity was white. In total 51% were single, single with a fuck buddy, or single and seeking a relationship.

89% of respondents (253 people) stated that they had used dating/hook up apps such as Grindr, Scruff and Tinder in the 12 months prior to the pandemic (i.e. pre-March 2020), whilst this usage dropped to 78% (220 people) during the COVID-19 restriction from March 2020 to July/August 2021. This total had risen to 80% (227 people) of respondents stating they were using dating/hookup apps at the time of survey as restrictions were easing. The most popular apps were: Grindr (72%, 203 people), Scruff (31%, 89 people), Tinder (29%, 83 people), Fabguys (25%, 72 people) and Squirt (25%, 72 people). The main uses for these apps were for arranging in-person hook ups (76%) and general chatting (64%). 36% also used the apps to combat loneliness and isolation. In addition, 41% of respondents (115 people) reported using other forms of digital technology (e.g. Zoom, chat rooms, video chat, WhatsApp calls) to date or hook up at the time of survey.

Findings



Access to sexual health services

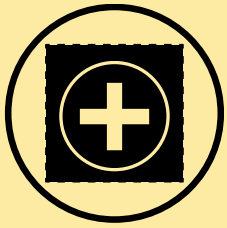


Changes in restrictions leading to changed attitudes



Concerns about vaccine stigma

This survey has three additional findings to build on the Covid Sex Lives project themes from previous surveys. In our first survey, these findings were (a) reliance on digital media, (b) hooking up during the pandemic, and (c) public health messages online. From the second survey report these themes were (a) attitudes around vaccines and other Covid-19 safety measures when meeting others through dating apps, and (b) practices of dating and hooking up during the Covid-19 pandemic.

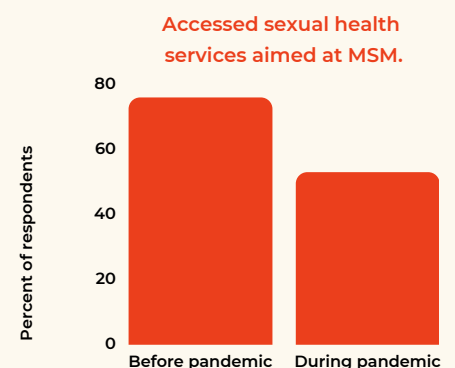


Access to sexual health services during the pandemic

76% of respondents accessed sexual health services before March 2020, however there was a drop during the COVID-19 pandemic (after March 2020) with only 59% stating they had accessed sexual health services. This drop may be explained by reduced sex, as findings from all three surveys conducted from this project noted that the majority of respondents had their sex lives impacted by the pandemic. However, some respondents also indicated dissatisfaction with the quality of services being provided online, alongside their being impersonal and impractical.

Respondents were asked how they accessed sexual health services aimed at MSM before the COVID-19 pandemic. 62% of respondents had previously used drop-in clinic services, 45% used in-person appointments, and 45% used home kits, whereas only 27% used online services such as research, online

and telephone appointments and online drop-in clinics. There was a shift towards home kit testing during the COVID-19 pandemic with 60% of respondents stating they use home testing kits. However, there was no large increase in accessing online services such as research, online and telephone appointments and online drop-in clinics, with only 31% of respondents using these during the pandemic compared with 27% before..



Many respondents (30%, or 85 people) identified a **preference for face-to-face sexual health services**, as they felt online services were less personal, they worried they may self-test incorrectly, and that sexual health professionals could not adequately diagnose online compared to conducting a physical examination.

Respondents also noted the difficulty in accessing in-person sexual health services, especially in regional areas *'it's much more difficult to access clinic appointments especially outside of London where there have been drastic cuts to STI services.'* And another responded noted *'Accessing sexual health services and advice when living in Wales was stressful.'*

However, other respondents felt online and telephone services were *'easier'* and more convenient for those who are shy, anxious, have access needs for travel, or were concerned about COVID-19 exposure. One respondent suggested online services were *'Very important, especially for those who are not totally comfortable with their sexuality'*. Others noted that these remote access services were more efficient due to reduced waiting times, ease of booking and cut down the need for in person interactions. One response stated, *'Online/telephone consultations are great and very efficient. Should continue post pandemic.'*

Survey respondents were asked how their experiences of accessing sexual health services had differed during the pandemic in comparison to before. Some stated that access was harder; *'I used to be able to just walk in before. Now it is a nightmare of calls, call backs and whatnot.'*, and that NHS staff shortages meant a poorer service standard. However, some respondents suggested it had already been difficult to get appointments, suggesting it was a **'postcode lottery'**, and that accessing local services prior to the pandemic had become increasingly difficult due to *'austerity and cutbacks'*.

Yet, some responses indicated a **positive change to sexual health services**, such as timed appointments for drop in services that reduced waiting times, and easier access to home testing. As one respondent stated; *'I liked some of the new ways in which services ensured that msm could still access essentials like home testing kits was great and I believe people should now get the choice of how they access services now that the restrictions have lifted as this provides a service which supports everyone's needs.'* This suggests that although sexual health services have been impacted by the pandemic and may be impacted by location, there may be some benefits to be carried forward in offering MSM additional choices in future through hybridised models of provision.

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'Sexual health professionals have a unique set of interpersonal skills that make people feel comfortable in odd situations. They make people feel safe, and that is not something that always translates over the phone or video chat.'

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"I think there's a limit to how useful these services can be just due to the nature of STDs and needing to see people in person to diagnose them.'

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"I gave up trying to get hold of prep as it seemed there was too many complications trying to get access jumping through hoops.'



Changes in restrictions leading to changed attitudes

One finding that was noted in this study was that as COVID-19 restrictions had eased since our previous survey, it appeared that attitudes towards risk and safety measures had also changed slightly. Compared to answers reported in our second survey conducted between the 22 July - 5 September 2021, respondents to this survey had reduced use of personal COVID safety measures for hook ups and dating.

52% of respondents to the previous survey agreed that 'people should adopt COVID-19 safety measures when dating/hooking up', this had reduced to 41% in this survey. Specifically, use of masks had dipped by 5%, and other personal safety measures had also reduced, including social distancing (-8%), washing hands (-8%), asking others to wash hands (-5%), restricting oneself to one sexual contact (-7%), whilst 'no use of measures' raised by 5%.



'I am happy to resume a normal life. The lifting of restrictions means that our jobs are more secure and our lifestyle can get back to normal.'



'Now restrictions aren't around, my sex life is back to normal. I am seeing people for sex, and I am going on dates.'

In addition, 71% of respondents in this survey identified that they were attending leisure venues such as pubs, bars and clubs, and 21% were attending commercial sex venues such as saunas to hook up. Whilst some still felt cautious about the safety of attending these venues, several respondents suggested that vaccination gave them confidence, for example stating *'Im double jabbed so feel safe'* and *'Double vaccinated and life has to go on'*. Others also suggested that changes in restrictions reassured them; *'As the restrictions have lowered, want to enjoy life more again'*.



'Not anxious anymore about covid, it is what it is...as the old saying goes, "familiarity breeds indifference".'

These findings indicate a shift in attitudes owing to the idea that there was less imminent risk of acquiring COVID-19 as restrictions had changed, and vaccination have become more commonplace. Therefore the **willingness to engage in additional risk-precaution measures had also changed for some individuals.**



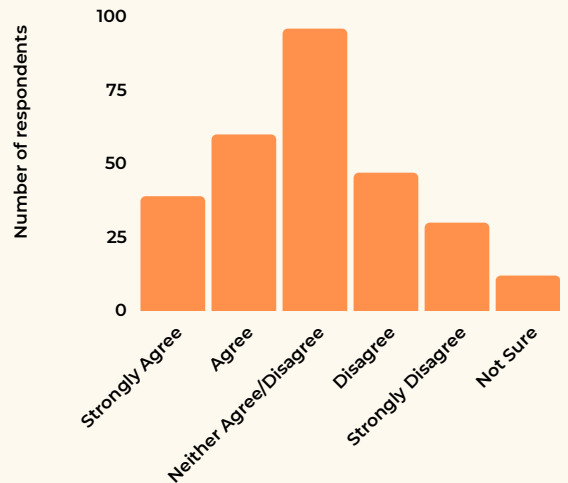
Concerns about vaccine stigma

As access to COVID-19 vaccines became more readily available to all age groups the survey sought to understand respondents' opinions on the display of vaccine status on dating apps and if someone's vaccine status impacted interest in them as a potential sexual partner. The findings in this survey largely mirrored those from the last Covid Sex Lives survey, with the majority of responses related to **personal and communal risks, and personal choice**, as well as some moralistic underpinnings around personal responsibility.

However, one finding that had increased in this survey was sentiments related to concern about vaccine stigma. When asked about displaying COVID vaccine status on dating apps, several responses expressed caution around the possibility of increasing stigma and that this could lead to **isolation** for people who may already be using apps to combat loneliness, and that those unable to have the vaccine **shouldn't be made to feel 'not welcome in society'**.

When asked about parallels between the COVID-19 pandemic and the HIV/AIDS pandemic respondents noticed that *'On the upside the messaging has been less stigmatising'* and *'I do not think there has been the same stigma attached to covid as there is for HIV. Gays were blamed and moral judgements made for the HIV pandemic.'* Clearly some connections are being made between some MSM between the stigma of the previous pandemic and the covid-19 pandemic. This is not surprising given we know the levels of stigma MSM faced during the HIV/AIDS pandemic.

People should not date or hook up with those who have not had the Covid-19 vaccine.



'People have their own reasons for taking or not taking the vaccine. Being discriminated against won't encourage more people to take the vaccine.'



'Vaccine status is something private, people should not be expected to disclose this if they don't want to. Dating apps should not be creating this expectation since people who do not disclose it or who have not been vaccinated will be highly stigmatized and rejected'



I haven't had any sex for more than a year and as a result switched to alarming levels of pornography consumption and cybersex which I feel had messed with my sex drive and mental health

Conclusion

The findings from this survey have built on those identified in our previous two reports. In addition to providing additional data on points explored in those reports, the survey identified three new key findings; access to sexual health services, changed restrictions leading to changed attitudes, and concerns about vaccine stigma.



Access to sexual health services

Respondents' use of sexual health services dropped during the pandemic. Many respondents preferred face-to-face services and indicated dissatisfaction with the quality of services being provided online, considering them impersonal. Others had already struggled with access to services and felt that COVID-19 exasperated difficulties emphasising that access to services was also dependent on location. However, some respondents felt that remote access services and home testing were more convenient and positive additions to in-person sexual health services.

Changes in restrictions leading to changed attitudes

We noted that as COVID-19 restrictions eased, it appeared that attitudes towards risk and safety measures had also changed. As Government restrictions eased and vaccination have become more commonplace, it appears willingness to engage in additional risk-precaution measures have also changed for some individuals. However, these findings are an early indication and will be explored in greater detail with the fourth Covid Sex Lives survey.



Concerns about vaccine stigma

Whilst opinions about displaying vaccination status on dating apps and if people should date or hook up with unvaccinated people were divided and largely mirrored the findings of the second Covid Sex Lives survey. Several MSM expressed concerns about vaccine stigma against those who could not or did not have the COVID-19 vaccination, worrying that this may lead to social isolation and stigmatisation.