

COVID SEX LIVES

Survey 4 Report 2022

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With thanks to



The Covid Sex Lives project

This report presents initial findings from the fourth 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 fourth online survey for the Covid Sex Lives ran from 17th December 2021 – 24th January 2022 and respondents answered a series of closed and open-ended questions about their relationships and sex lives during the COVID-19 pandemic and interrelated themes. This fourth survey concentrated on the festive and new year period. 461 respondents from the U.K who identified as men who have sex with men (MSM) participated. Respondents were aged between 20-79 years old, with a mean average of 36 years of age. The majority of respondents were from England (87%), followed by Scotland (8%), Wales (3%), and Northern Ireland (2%). Fifty-five per cent of participants identified as living in an urban area, followed by 33% living in a suburban area, and 13% living in a rural area. 91% of respondents stated their ethnicity was white, followed by 3% mixed or multiple ethnicities, 3% Asian or Asian British, 2% identified as 'other' ethnicities, and less than 1% identified as black African/Caribbean or black British. In total, 54% were single, single with a fuck buddy, or single and seeking a relationship, 28% were in an open relationship, and 18% were in a monogamous relationship.

86% of respondents (395 people) stated that they had used dating/hook up apps such as Grindr, Scruff and Tinder in the 12 months prior to the pandemic (ie. pre-March 2020), whilst this usage dropped to 73% (334 people) when COVID-19 restrictions were in place from March 2020 to July/August 2021. This rose to 83% (383 people) of respondents stating they were using dating/hook up apps as some restrictions were lifted in July 2021. Finally, in this fourth survey, and in light of the rise of the Omicron variant of COVID-19 in December 2021, we also asked whether respondents were using dating/hook up apps over the festive period (2021) and into the new year (2022). 71% (329 people) said yes, showing a 12% drop in use compared to the pre-Omicron period (when some restrictions had been lifted).

The most popular apps were: Grindr (68%), Tinder (30%), Scruff (25%), Fabguys (18%) Squirt (16%), and Recon (13%). The most popular uses for these apps among respondents were reported to be general chatting (51%) and arranging in person hook ups (51%). Other popular uses for those completing the survey across the festive period 2021/2022 were sending and/or receiving pictures/videos (43%), chatting to strangers online (40%), just browsing (31%) looking for a relationship (30%), chatting to acquaintances (27%), arranging in person dates (26%). 30% used the apps to combat loneliness and isolation (a slight fall from previous surveys). 17% used apps for arranging in person group sex, 11% were looking for 'in person' cruising sites, and 5% for arranging in person chemsex hook ups. In addition, 37% of respondents (169 people) reported using any other forms of digital technology (eg. Zoom, chat rooms, video chat, WhatsApp calls) over the festive period and into the New Year.

FINDINGS



Further changes in restrictions and government reliability affecting personal attitudes and behaviours



Shift from vaccine stigma attitudes to a focus on personal choice and risk reduction



Accessing MSM sexual health services

The findings from this survey built on the themes identified in our three earlier reports. In addition to the data confirming these earlier findings, three new themes were noted in the findings from the fourth survey:



Further changes in restrictions and government reliability affecting personal attitudes and behaviours

Respondents' views on COVID-19 safety measures evolved from the last survey, possibly as a consequence of **public outrage at government lockdown parties** in December 2021 ('Partygate'), as well as how the **Omicron variant** might influence future restrictions. In the fourth survey, there was an increase in the application of personal COVID-19 safety measures and precautions by the MSM community within hook up and dating culture in comparison to the third study (pre-Omicron). In this fourth survey, just over half (51%) of all respondents agreed that COVID-19 safety measures should be adopted when dating or hooking up, in contrast to 41% from the previous survey undertaken pre-Omicron and when many restrictions were lifted. In terms of measures respondents said they were adopting themselves, the use of masks among our fourth survey cohort as compared to the third survey cohort increased by 5%. Other safety measures also increased between cohorts, including washing hands (+29%), taking a COVID-19 test (+15%), restricting sexual contact (+7%), social distancing (+6%), and asking others to wash their hands (+1%). Finally, across the festive period and into the New Year there was a 5% drop in those taking no COVID-19 measures at all (from 26% to 21%) as compared to the previous survey cohort.



Okay so I'm not referring here to using masks during sex (unless that's your thing!). I do think now a quick test [for CoVID-19] beforehand is a good idea though, just to show care for each other and the people around them. I wouldn't want to give my Dad COVID because I slept with someone, who slept with someone who had covid.



I think it's useful to discuss Covid safety the same as STI safety, no matter where a person stands on the spectrum. I know some people don't care about using condoms or PrEP and will be very honest about it; that's their choice and the choice of anyone who wants to engage with them but at least it should be discussed—I think the exact same should be true of Covid.

We found a shift in attitudes (and practices) towards increased use of COVID-19 safety measures while hooking up or dating which may be largely attributed to three themes derived from respondents' comments 1) the need to adhere to personal and communal responsibility, mirroring government discourses, to reduce risk to themselves and wider society (92 text responses), 2) the physical difficulties of adopting certain COVID-19 safety measures because risk exists everywhere (68 text responses), thus necessitating the use of testing and vaccinations instead, and 3) retaining personal choice and autonomy to manage personal health and sexual wellbeing (57 text responses). As a consequence of the negative impacts of COVID-19 restrictions on mental health and sexual intimacy, many respondents reported their views on safety precautions had changed, and that they wished to set their own precautionary boundaries to manage risk.

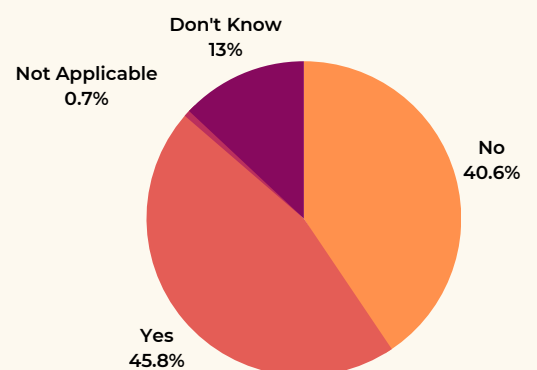
Plans for the festive period

In this fourth survey, we were particularly interested in the impact of the Omicron variant on respondents' plans for the holiday season and New Year's Eve, so we inquired about their intentions for family, social, and dating/hook-up activities. 58% of respondents said they had not or would not change their plans, 36% said they had/would change their plans, with the remainder answering "Don't know". For the most part changes in plans were attributed to their desire to meet family or friends during the festive period, hence they wanted to reduce any additional "needless interactions" such as work parties.

We have heard much about the impact of the pandemic on the hospitality industry, which includes night-time leisure spaces such as "pubs, bars or nightclubs". In our fourth survey, only 46% of respondents planned to attend these type of leisure spaces during the festive period, compared to 71% in the (pre-Omicron) third survey. Again, this can be attributed to how respondents categorised contacts as being essential or otherwise. Of those that did plan to attend these leisure spaces, respondents indicated we "can't stay in forever" and that we need to "enjoy ourselves" while citing the negative effects of lockdowns such as mental, physical and sexual isolation. Other respondents indicated their own ability to manage their risk via vaccination or testing as a rationale for attending leisure spaces.

One respondent stated for example, "the worst effect of the pandemic for me has been feeling isolated and lonely. Human contact is pivotal to my mental well-being and I personally think I would be worse off if I had to stay indoors and was not able to socialise", whilst another respondent commented "because I can and I enjoy it and I am sick of being trapped at home for the government's incompetence". There was a clear shift from the previous survey as more respondents indicated their distrust of the government in the wake of 'Partygate' and cited instead personal responsibility for decisions around COVID-19.

Over the festive period and into the New Year, I am attending leisure venues such as pubs, bars or nightclubs.

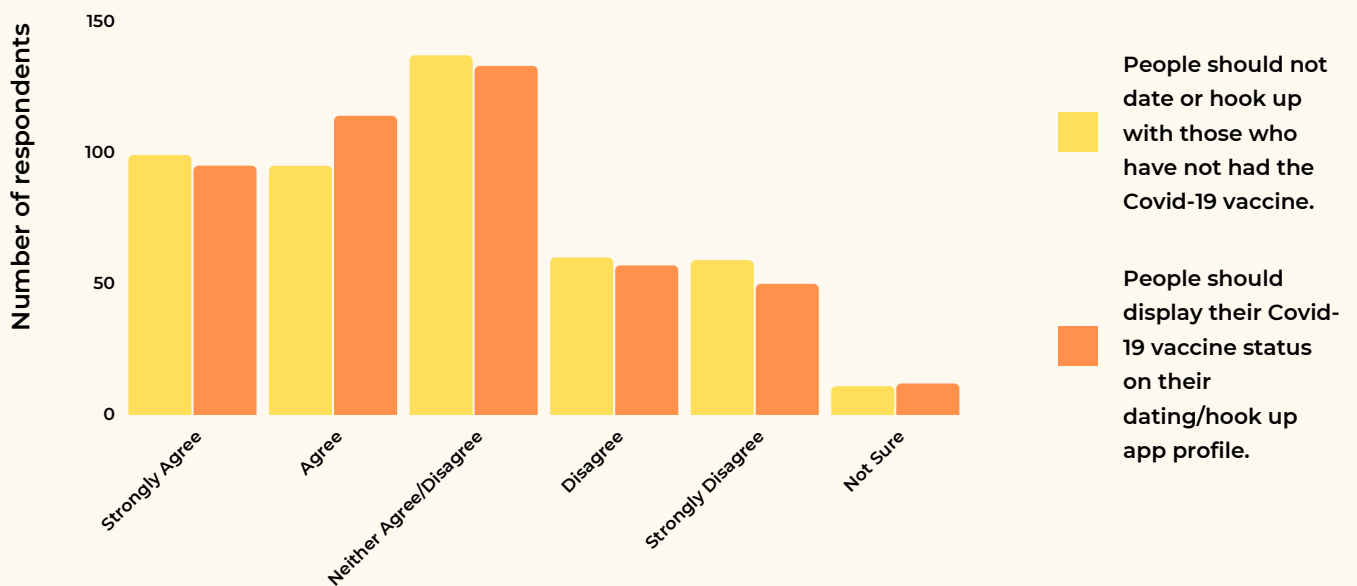


There was a further decrease in the usage of commercial sex venues, with just 10% agreeing they would go to sex venues, compared to 21% among those in the third survey cohort. The most common reasons given by respondents for not visiting sex venues were 1) a lack of desire or interest, 2) the possible danger of COVID-19 or STIs, with respondents stating "I'm not comfortable going in such areas owing to rampant COVID-19 levels" and 'too high risk of omicron'.

These findings imply that the perceived risk of the Omicron variant, as well as mistrust of the government, have prompted more respondents to rely on their own personal choice to manage risk, whether through vaccination or reduced socialising, rather than complying with government restrictions regardless of any increase/decrease in COVID-19 case numbers or changes in laws or government advice. Throughout the festive period, personal use of COVID-19 safety measures among MSM became crucial to maintaining social contact, sexual intimacies, and adjusting to the changing COVID-19 landscape.



Shift from vaccine stigma attitudes to a focus on personal choice and risk reduction



As a larger proportion of the UK population had received their first vaccination since the previous study, we wanted to determine if (the display of) vaccine statuses on dating apps will continue to affect respondents' hooking up or dating practices. In the fourth survey, 42% of respondents agreed people should not hook up with people who haven't had the vaccine, compared to 35% in the previous survey, whilst 45% of respondents agreed that vaccine status should be visible on dating/hook up app profiles in contrast to the previous survey (38%). This would seem to indicate a greater concern with vaccine statuses. However, when elaborating their reasons for these responses, respondents' focused on vaccine stigma shifted slightly in this fourth survey as compared to the

third. There was more emphasis on **personal accountability, the importance of privacy, and the ability to make informed choices on sexual encounters and dating** more generally. The 7% change between the third and fourth cohorts around (the display of) vaccine status display on dating/hook up apps reflected an apparent desire for more "freedom", with vaccines being seen as integral to fulfilling this desire.



Useful for people with weaker immune systems to know in advance; helps identify compatible people. However ultimately I feel more libertarian and that the choice should ultimately be left up to individuals.



Vaccination is important to prevent stronger symptoms and illness, we are all accountable



Those that have had the vaccine are likely to have a lower chance of catching or spreading Covid 19. Avoiding hooking up with people that have not had the vaccine is a safety precaution.

HIV and COVID-19 comparisons

The purpose of this survey section was to determine personal attitudes around the possibilities of comparisons between the HIV and COVID-19 pandemics, specifically public health responses among the MSM population as regulations and attitudes changed.



Although there is an element of social responsibility in wearing a mask or using a condom/using prep, It's a disgusting comparison to make. They are not akin. The HIV pandemic was a huge mark against LGBTQ+ communities

Many respondents believed there was **no correlation** and, in some cases, felt the use of such a comparison was '**morally wrong**'. Another common stance expressed by respondents seemed to be that those with COVID-19 encountered less stigma overall than those with HIV. Some respondents noted the decreased focus on sexual behaviours and discourses during COVID-19 compared to HIV, which may have had a detrimental influence on MSM communities for individuals who are not in partnerships or are exploring open relationships.

This could explain why some respondents indicated limited discourses on hook-up cultures outside of sexual health services affects social isolation and the decreased sexual wellbeing of MSM communities. "*Sex has generally been absent as far as I can see. Interesting as it's a key mode of transmission!*", one respondent stated while another commented "*it's as if people no longer have sexual desire*

needs." However, as previously highlighted the lack of focus on sexual discourses during the pandemic could be attributed to reduced funding for sexual health services, especially services dedicated to minority communities.

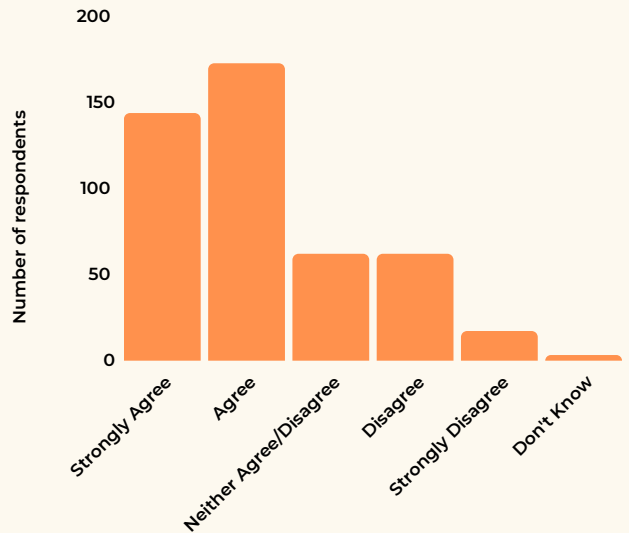


Accessing MSM sexual health services

In this fourth survey, 77% of respondents stated that they had accessed sexual health services targeted towards MSM communities before the beginning of the COVID-19 pandemic in March 2020. However, this figure dropped to 60% during the pandemic. Further, compared to the third cohort, 76% percent of respondents had used sexual health services for MSM populations before the pandemic, but this reduced to 54% during the pandemic.

According to respondents' responses, the reduction in services by switching to online services, the convenience of scheduling and access to in-person sexual health treatments, were more desirable options offered prior to the pandemic (pre-March 2020), explaining the significant drops in the use of MSM sexual health services in both cohorts during the pandemic.

My sex life has changed as a result of the pandemic



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(Online services are) terrible, it removes the human element and makes it much harder to be honest and confide in other people. It also means things can be easily missed / go unnoticed.

One explanation for the drop in use of MSM sexual health services in the third and fourth cohort could be the gradual increase of respondents indicating the pandemic had affected their sex life. In this survey cohort, 69% of respondents indicated their sex life was affected by the pandemic compared to the third cohort (63%). Respondents indicated changes in their sex lives resulted in a reduction of sex due to **less opportunity of meeting partners for casual sex, less time to focus on sex, COVID-19 restrictions limiting personal freedoms, and anxieties around contracting COVID-19.**

Pre-pandemic, the most popular services sought were drop-in clinics (60%), in-person appointments (54%), and home testing kits (48%), but these percentages lowered to 20% for drop-in clinics and 49% for in-person appointments. In terms of home testing kits, 65% reported using them in the fourth survey, compared with 60% in the third survey. This rise in the use of home testing kits is most likely due to MSM specific sexual health services receiving additional funding for more home testing kits during the pandemic. We asked respondents to comment on the transition of MSM sexual health services online versus in person to identify how this will affect the sexual wellbeing of MSM populations. Respondents stated that online MSM sexual health services were a) more convenient with less stigma and anxiety (67 text responses), b) had declined as compared to pre-pandemic due to poorer provisions and impersonal service delivery (52 text responses), c) provided a higher standard of service in person pre-pandemic (48 responses), and d) were not practical for those uncomfortable with home testing (35 text responses).

A key finding was the importance of considering the adverse effects of lack of focus on sexual health and wellbeing for MSM communities during the pandemic as one respondent stated, it is "increasing difficult just to get my 3 monthly prep prescription", whilst another respondent commented it was an "awful experience. We should be able to attend in person clinic visits. Covid has been used as an excuse to cut down on the service. It should return to avoid a massive spread of STDs." Such responses convey valid concerns around the availability and/or service delivery of PrEP for MSM communities during the pandemic. This could be an important issue for MSM service providers to consider as COVID-19 restrictions are lifted further. Respondents' attitudes indicate a clear preference for some in-person services, whether that be appointments or drop-in clinics due to the ease and accessibility.

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It's less specific, less helpful, not very reassuring

Survey respondents indicated the online services may pose more risk towards MSM populations for those who are not open about their sexuality as they can't access home testing kits due to confidentiality. For example, one respondent stated the use of only online services for MSM populations was "discriminatory" for those within the community "who are more vulnerable and in more of the service." Other **downsides of online service delivery** cited by respondents include non-native English speakers not receiving the most suitable treatment due to lower funding for MSM sexual health services, which means additional care such as translators may not be offered. For example, one respondent stated "I prefer talking in-person as English is not my first

language and I understand better people when I can see their lips' whereas another stated 'the whole point is to get tested this isn't possible online. Being discreet I cannot have tests sent to my home address.' A high proportion of respondents (93 text answers) chose not to use MSM sexual health services due to potential stigma and risk of exposure of their sexuality from non-MSM health service providers, as well as a lack of understanding about the need for MSM community specific sexual health services. Respondents indicated MSM sexual health services were a) no different overall aside from preventive measures such as testing (51 text responses), b) better pre-pandemic due to the ability to drop in whenever thus more convenient for timing and access (46 text responses), c) better with the combination of more online and face to face services (27 text responses). In some cases, people indicated they would **prefer a combination of online and face to face services** being offered going forward. They stated that they preferred the combination of both online and face to face services as they "both have benefits", in regard to anonymity, soothing anxieties of service users and easier access to home testing. For example, one respondent stated "I feel online services are good for reassurance but health promotion and testing is best done in person". This highlights the importance of MSM-specific sexual health services offering a variety of online and in-person services in order to adequately support MSM populations regardless of their openness of their sexuality, location, or knowledge of sexual health to accommodate changes during/after the pandemic.

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Services that once had ample capacity for walk-ins now have insufficient capacity, suggesting this was deliberately downscaled during the covid crisis and it hasn't been a priority to put it back in place when restrictions eased.'

Conclusion

The findings from this survey have built on those identified in our previous three survey reports. This fourth survey provided additional data on changes from the three key findings identified in the previous reports (the third survey in particular).



Further changes in restrictions and government reliability affecting personal attitudes and behaviours

The emergence of the Omicron variant and 'Partygate' affected COVID-19 risk management practices and attitudes towards the use of safety measures. Reliance and trust in government appeared to reduce within this survey, with more MSM respondents prioritising their personal choice around how to manage risk, whilst factoring in prioritising their sexual, mental and physical wellbeing. COVID-19 safety measures increased compared to the third cohort, but more so due to respondents' attempt at having personal responsibility, rather than to simply following government guidelines.

Shift from vaccine stigma attitudes to a focus on personal choice and risk reduction

Agreement that vaccination statuses should be displayed on dating and hook up apps, and preferences for hooking up or dating those who are vaccinated, increased compared to the third cohort. Among the fourth survey cohort, there was less concern that the use of vaccination statuses on apps encouraged stigma, with more respondents' indicating that it was necessary to reduce risk from COVID-19, particularly given the emergence of the Omicron variant.



Accessing MSM sexual health services

Respondents' self-reported use of MSM-specific sexual health services dropped by 17% during the pandemic. Numerous respondents indicated their preference for in-person services due to adverse effects on sexual and mental wellbeing without being able to access adequate services due to location, stigma or reduced service provisions. Some respondents indicated the combination of online and in-person MSM specific sexual health services would best help to accommodate diverse MSM populations, regardless of openness about their sexuality, location, stigma or lack of knowledge.