#23894- EFFECTS OF COVID-19 LOCKDOWN ON PEOPLE'S SEXUAL LIVES IN TURKEY

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Hypothesis / aims of study

While the Covid-19 pandemic is affecting the whole world, the social and psychological effects of the epidemic still show their effect today. The relationship between sexual life and severe stress was reported in the past and during this pandemic (1, 2). In this study, we aimed to evaluate how the sexual life of couples was affected during the first lockdown period in Turkey.

Study design, materials and methods

193 sexually active participants who had a stable relationship for at least 6 months were included in this single-center study. While sexual functions were evaluated with IIEF-15 in men and FSFI in women, Hamilton Anxiety Scale (HAM) was used to measure anxiety level. Married people filled out the Marriage Adjustment Test (MAT) questionnaire. The effects of the quarantine period on the relationship of the couples were evaluated with a separate questionnaire created specifically for this research.

Results

Sexual improvement was observed in 17 (8.8%) of 193 participants and worsening in 29 (15%), no change was observed in 147 (76.2%) of the 193 participants (Table1). No significant differences were observed between these three groups in terms of age, gender, marriage rates, duration of relationship and working areas. The MAT score of the sexually worsened participants was found to be lower than people who sexually improved and not-changed (40.2±19.5 vs 55.9±10.2 vs 49.5±13.8, P=0.004). The sexually worsened group had a higher HAM score (14.8±13.5 vs 5.2±4.6 vs 7.1±8.1, p=0.003) compared to those who improved and did not change. This difference was more significant when comparing their sex life as 'very improved' to those who described their sex life as 'very worsened' (18.2 vs 2.8, p < 0.001). The rate of sexually worsening was higher in women than in men (28.6% vs 12%, p=0.02) (Table 2). Although the rate of sexual improvement was higher in women than in men, no statistical difference was found (17.1% vs 7%, p=0.09). There was no improvement or worsening in the sexual life of 81% of men and 54.3% of women (p= 0.002). Women's HAM score was higher than men's. (12.2±10.3 vs 7.2±8.87, p=0.002). The MAT score was also found to be higher in women (56.7± 6.7 vs 47.3± 15.5, p=0.0037). MAT scores among sexually worsened, improved, and unchanged participants were 40.2± 19.4, 55.9± 10.2, and 49.5± 13.8 (p=0.04). The MAT score of sexually worsened men was lower than those who improved and did not change (31.5±18.1)., 57.4±11.3, 48.8±13.9, p<0.0001). Although the rate of married people was higher in the sexually worsening group compared improved group (82.8% vs 70.6%), no significant difference was observed (p=0.33). The rate of those who felt safe outside the home was similar between the two groups (27.6% and 35%, respectively). On the other hand, while the rate of people who felt safe outside the home in the sexually worsened group was 58%, all people from the sexually improved group felt safe at home (100%).

Table 1. Demographic data of participants with improvement, worsening, or no changes in their sexual life.

| | Worsening N=29 (15%) | Improvement N=17 (8.8%) | No Change N=147(76.2%) | P value |
|---|--|--|--|-----------------------------------|
| Age | 42.6±11.6 | 37.4±7.4 | 43± 11.3 | 0.14 |
| вмі | 26.1±4.6 | 23.7± 3.4 | 26± 3.2 | 0.054 |
| Gender Female n (%) Male n (%) | 10 (34.5) 19 (65.5) | 6 (35.3) 11 (64.7) | 19 (12.9) 128 (87.1) | 0.004 |
| Cohabitants n (%) | 24 (82.8) | 11(64.7) | 122 (83) | 0.42 |
| Years of stable relationships <5 years n (%) >5 years n (%) | 9 (31) 20 (69) | 9 (53) 8 (47) | 29 (19.7) 118 (80.3) | 0.002 |
| Questionnaire IIEF (mean _ SD) FSFI (mean _ SD) MAT (mean _ SD) HAM (mean _ SD) | 44.3± 23 36.7± 28.09 40.2±19.4 14.8± 13.5 | 67.6±7.7 76.1±4.1 55.9±10.2 5.2±4.6 | 61.1±16.4 69.4±24.1 49.5±13.8 7.1±8.1 | <0.001 0.001 0.004 0.003 |

BMI: Body mass index, IIEF: International Index of Erectile Function, FSFI: Female sexual function index, MAT: Marital Adjustment Test, HAM: Hamilton Anxiety Scale

Table 2. The Demographic data of female and male participants

| | Female n=35 | Male n=158 | p value |
|--|---|---|-----------------------|
| Age | 36.5 ±10.3 | 43.7±10.8 | <0.001 |
| вмі | 22.4±3.1 | 26.6±3.1 | <0.001 |
| Cohabitants n (%) | 25 (71.4) | 132 (83.5) | 0.095 |
| Stable relationship <5 years n (%) >5 years n (%) | 13 (37.1) 22 (62.9) | 34 (21.6) 124 (78.4) | 0.108 |
| Questionnaire IIEF (mean _ SD) FSFI (mean, range) MAT (mean _ SD) HAM (mean _SD) | - 61.2± 27.4 56.7± 6.7 12.2±10.3 | 59.6± 17.8 - 47.3± 15.5 7.2±8.87 | 0.0037 0.002 |
| Sexual Improvement n (%) Sexual Worsening n (%) No change n (%) | 6 (17.1) 10 (28.6) 19 (54.3) | 11 (7) 19 (12) 128 (81) | 0.09 0.02 0.002 |

BMI: Body mass index, IIEF: International Index of Erectile Function FSFI: Female sexual function index, MAT: Marital Adjustment Test HAM: Hamilton Anxiety Scale

Conclusions

Interpretation of results

The rate of sexually deteriorated participants during the first lockdown period during the pandemic was found to be 15%. It was observed that affected people had higher anxiety scores in this period. It was observed that not feeling safe at home was associated with sexual deterioration. While the relationship between men whose sexual life deteriorated and the MAT score was obvious, it was revealed that the level of anxiety in women had a more significant effect on sexual life.

Concluding message

The covid-19 lockdown had an impact on sexual lives through anxiety. People who felt safe at home were able to prevent their sexual life from worsening.

References

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