
The Effects of COVID-19 pandemic on the Sexual Behaviour, Sexual Health, and General Health Status of Jamaicans: Has the sexual behaviour of Jamaicans changed, or is it the same as before the COVID-19 pandemic?

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Abstract

Aim: The purpose of the study is to investigate the effects of the COVID-19 pandemic on the sexual behaviour of Jamaicans aged 18+ years.

Methods and Materials: The data were collected using a convenience sampling method. A standardized questionnaire was developed and forwarded to respondents using various social media platforms. The data was stored and retrieved using the Statistical Packages for the Social Sciences for Windows, Version 27.0. A p-value of < 5% was used to determine the level of significance for this study.

Findings: Almost 66% of the respondents stated they were sexually active, 38.2% stated that they were practicing safe sex, while 12. 1% of the respondents are not; 44.7% of the sampling frequency of condom use remained unchanged during the COVID19 pandemic, while 9.7% of the sample increased condom usage. Of the sampled respondents, 73.4% indicated that COVID-19 did not impact their sexual behaviour. However, a marginal increase in those having coitus once per week was documented (6.8%), a 20.3% increase in those viewing pornography, and a 26.3% increase in those engaged in masturbation. The issue related to COVID-19 and sexual behaviour among Jamaicans is that a large percentage of individuals have opted not to use a mask during sexual activity (62.5%), which is a suggested guideline in preventing the spread of COVID-19.

Conclusion: As such, a significant recommendation is to encourage the use of masks during sexual activity and use creative ways to achieve sexual satisfaction beyond what was obtained before COVID-19.

Keywords: COVID-19, Sexual behaviour, Jamaica.

Introduction

The recent emergence of the novel coronavirus (SARS-CoV-2) has left our world in chaos. Many individuals have lost loved ones, jobs, and livelihood. Many have found themselves struggling with the conditions and challenges of the new norms, including home school social isolation and wearing masks and other protective gear. An individual's struggles each day go with the internal struggles that social isolation has left many individuals frustrated and tired. In an article by the CDC, "national ensemble forecast predicts that the number of newly reported COVID-19 deaths will likely increase over the next 4 weeks, with 9,500 to 19,500 new deaths likely to be reported in the week ending December 26, 2020. The national ensemble predicts that a total of 303,000 to 329,000 COVID-19 deaths" will be reported by December 26, 2020. ("COVIDView, Key Updates for Week 47", 2020) CNN Health reports that the United States of America is the leading country with 14,061,616 cases and 275,256 deaths from COVID 19 and its complications. India, Brazil, and Russia follow the same with 9,534,964 cases, 6,436,650 cases, and 2,354,934 cases, respectively. Jamaica, on the other hand, has 41,400 cases (males, 18,165; females, 23,232) and 631 deaths (Ministry of Health, Jamaica, 2021 as at April 6, 2021).

According to the World Health Organization, Coronavirus disease (COVID-19) is an infectious disease caused by SARS-CoV-2. The victims of this virus can experience a multitude of signs and symptoms, which may range from mild to severe respiratory illness. Although; it affects all ages, this virus tends to be more severe among older persons, and individuals who have underlying medical problems such as cardiovascular disease, diabetes, chronic respiratory disease, and cancer are at greater risk of developing severe signs and symptoms that results in death. Unfortunately, not much information is known on the viruses' impact on sexual health or their potential to be transmitted as venereal disease despite being present in semen. (Li, Jin, and Bao, 2020) The current research has shown that the COVID-19 virus spreads primarily through droplets of saliva or discharge from the nose when an infected person coughs or sneezes. Research has shown that the best method to prevent and slow down transmission is to protect yourself and others from infection by washing your hands or using an alcohol-based rub frequently, not touching your face, and wearing masks. ("Coronavirus", 2020) Major medical organizations have also encouraged individuals to wear a mask during sexual activities.

How has this new regular impacted the sexual behaviour of Jamaicans? Was there a change, or is it the same as it was before the COVID-19 pandemic?

Our sexual health plays a vital role in our physical and emotional health as individuals. Being sexually healthy is to understand that one's sexuality is a natural part of life and to recognize and respect the difference in sexuality and the rights that humans share. (Douglas & Fenton, 2013)

"Sexual health is a state of physical, emotional, mental, and social well-being about sexuality; it 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, 2002)

Sexual health is a vital aspect of life as it is the primary method of procreation. However, sexual needs vary with age and individuality. In this research, we will explore the research question: Has the sexual behavior of Jamaicans changed, or is it the same as before the COVID-19 pandemic?

Theoretical Framework

Sigmund Freud is known for his unconventional approach to understanding human relationships and behaviour through a sexual perspective. His theory on the drive will be used to understand the effects of COVID 19 on sexual behaviour.

The Freudian drive theory suggests that the human body constantly strives for a homeostatic state. However, when this homeostatic state is disturbed, our body reacts by forming drives. Drives can be described as an appetitive internal force. These drives are dual. They consist of libidinal and sexual drives. Libido is a term used in psychoanalytic theory to describe energy created by survival and sexual instincts. Freud believes that the libido is part of the id and is the driving force of behaviour (Cherry, 2020).

In modern psychology, the term libido refers to sex drive. The seeking system is defined as a "basic drive. " In the book "From Couch to the Lab: Trends in Psychodynamic Neuroscience," the seeking system is the first step in the mental elaboration of the libidinal drive. This is a motivating factor within each person that pushes us to survive and fulfill our desires. In other words, the supporting system helps us understand what drives sexual behavior in humans, the factors of pleasure and sexual experiences, and what individuals achieve from their sexual behaviour.

Freud was correct in stating that our body strives to satisfy our urges, but he did not take the broader social and environmental situation into context. Indeed, it is the social and ecological surroundings that shape our needs and wants. (Fotopoulou et al., 2012)

After the Director-General of the World Health Organization (WHO) formally recognized COVID 19 on March 11, 2020, government officials worldwide have begun creating policies based on scientific research to control the novel coronavirus's spread. ("WHO Director-General's opening remarks at the media briefing on COVID-19 - March 11, 2020", 2020) These policies have been rooted in the idea of social distancing and environmental and personal hygiene. The CDC defines social distancing as "keeping a safe space between yourself and other people who are not from your household." ("Coronavirus Disease 2019 (COVID-19)", 2020). These policies on social distancing and travel restrictions have discouraged sexual contact between couples who do not live in the same household. At the same time, couples who live together will encounter each other more often than usual. These increased and decreased interactions can disrupt the normal homeostasis of human beings as social and sexual beings. Humans are social beings as

we share mirror neurons that unconsciously match each other's emotions. This drives us to develop feelings of linking for each other and have sexual drives/motivations.

Disruption in sexual relationships was further emphasized in a study done during the early days of the novel coronavirus (SARS-CoV-2) emergence. The study showed that 45% of the participants reported that isolation due to COVID-19 had impacted their sex life. 72.5% of the same reported having sex 15 times more each week compared to be pre- COVID 19. (Arafat, Alrade-Mohamed, Kar Sharma and Kabir, 2020). This increase in sexual engagement might be explained by Freud's Drives Theory, which highlights that humans will search for intimacy and security or increase availability as these are the basic needs of human beings.

Literature Review

The COVID-19 pandemic has changed the way of life around the World. Thus creating a new normal as defined by quarantines, interpersonal and partner relationships changes, work at home, social distancing, the continued presence of children at home, fear of infection, and not being able to physically meet with others have changed most individuals sexual habits. (Ibarra et al., 2020)

Sexual relations have suffered a serious blow due to the world pandemic from SARS-Cov-2. COVID-19 has radically changed social relations in the World, both because of the restrictions imposed by the various countries and the fear of the contagion that has swept the general population. COVID-19 has had a negative impact not only in terms of affectivity but also in sexual relationships. Given the limited amount of studies and the high transmission rate of the disease, a consensus on abiding by the safety rules created such as social distancing until there are safe alternative methods to stop COVID -19 transmission without the discomforts of physical distance (Lopes 2020).

Sexual contact has been discouraged among couples who do not live together as traditional sexual intercourse is not a safe option. Cohabitants and married partners are also impacted by the effects of social isolation on their sex life (Turban, Keuroghlian, & Mayer, 2020). Individuals who do not have a steady sexual partner have found this pandemic to be an undesirable time for them; sexual abstinence is the approach that has the lowest risk of being infected. (Lopes 2020). This period has challenged couples and individuals to find creative ways to experience intimacy and sexual gratification, which have opened the door to exploring one's sexuality. Time spent in quarantine time be seen as an opportunity to create new fantasies, discover preferences for genital touch, and learn more about sex through podcasts, documentaries, films, and educational materials.

A sexual desire between individuals can influence sexuality. However, psychological factors can create moods that can inhibit sexual desire between individuals. The fear of being infected with the virus and the thought of transmitting the virus can be that factor that inhibits sexual desires. Changes in sexual behaviour such as increasing online pornography searches, dating app

downloads, sex toy purchases, and pornographic social media posts can also occur. (Lehmiller et al. 2020).

Methods and Material

This research is a quantitative cross-sectional descriptive study-the epistemology used as objectivism. A Descriptive Research Design is used to gather a wide variety of one or more variables. However, its primary aim is to describe a population, situation, or phenomenon. This type of design was selected because there is only one variable present in the research topic. The research aims to investigate the effect of COVID-19 on the sexual behaviour of Jamaicans. The methodological principle utilized was a survey. This survey was conducted using questionnaires. The questionnaire respondents were chosen using two methods; some were selected randomly online and asked to participate in the research. Previous respondents were asked to send the link for the survey to persons within their contacts.

Findings

Tables 1 and 2 present the demographic characteristics and sexual practices of the sampled respondents. The majority of the sampled respondents were females (69.1%, n=286) and were currently dating someone (58.3%, n=211). The majority of the sampled respondents are between the ages of 21 and 30, which is 54.3 (n= 225). Fifty-eight and three-tenths percent (n= 225) of respondents are currently dating, and 14.9% had multiple sexual partners.

Table 1. Demographic Characteristics of the Sampled Respondents, N=414

Details	% (N)
Gender	
Female	69.1 (286)
Male	30.9 (128)
Age Cohort	
18-20 years old	18.8 (78)
21-30 years old	54.3 (225)
31-40 years old	16.9 (70)
41-60 years old	8.5 (35)
61 and older	1.4 (6)
Marital Status	
Single	78.5 (325)
Widow(er)	2.4 (10)
Married	16.7 (69)
Divorced	2.4 (10)

Table 2. Sexual Practices of Sampled Respondents, N=414

Details	% (N)
Sexual Orientation	
Heterosexuals	81.4 (337)
Homosexual	2.4 (10)
Bisexual	8.5 (35)
Asexual	7.7 (32)
Dating	
Yes	58.3 (211)
No	41.7 (151)
Sexual Partners	
None	33.4 (139)
1 Partner	51.7 (215)
2 Partners	7.7 (32)
3+ Partners	7.2 (30)
Respondents Diagnosed with COVID-19	
Yes	3.1 (13)
No	96.9 (404)

Table 3 presents the current health status and health issues of the sampled respondents. The majority of the sampled respondents indicated having at least good health status (94.0%, n=389), and various health issues are disaggregated in Table 3.

Table 3. General Good Health Status of the Sampled Respondents, N=414

Details	% (N)
General Health Status	
Good-to-Excellent	94.0 (389)
Very poor-to-moderate	6.0 (25)
Health Issues	
Serious systemic diseases	13.8 (56)
Sexually transmitted disease	1.7 (7)
Sexual dysfunction	1.2 (5)
Pregnant or recent childbirth	3.7 (15)
Recent abortion	1.2 (5)
Not applicable	78.4 (319)

Table 4 presents the sexual practices of the respondents. This table is showing all the activities and changes that occurred during the onset of the pandemic. Respondents were asked whether they are currently sexually active 65.7% of the respondents stated they were sexually active, while 34.3% responded that they were not sexually active. 38.2% of the respondent stated that they were practicing safe sex, while 12.1% of the respondents are not. 44.7% of the sampling frequency of condom use remained unchanged during the COVID19 pandemic, while 9.7% of

the sample increased condom usage. 46. % of the sample stated that they do not use pornography. 24.4% of the respondent's use of pornography has increased during the COVID 19 pandemic compared to their pre-COVID 19 usages of the same. 20.3% of the same increased their usage of pornography. 45.2% of the sample stated that they do not masturbate, while 7.7% of the sample responded that they had reduced the frequency of masturbation in comparison to their pre-COVID-19 usage. 62.5 % of respondents do not have sexual intercourse with masks. 42 % of the respondents wash and sanitize themselves before and after sexual intercourse

Table 4. Sexual Practices of Sampled Respondents During the COVID-19 Pandemic, N=414

Details	% (N)
Sexually Active	
Yes	65.7 (272)
No	34.3 (142)
Safe Sex	
Yes	38.2 (158)
No	12.1 (50)
Sometimes	25.6 (106)
Not Applicable Not Sexually Active	24.2 (100)
Changes in Condom Use Frequency	
Increase	9.7 (40)
Reduced	8 (33)
Unchanged	44.7 (185)
Not applicable, not sexually active	37.7 (156)
Changes in Pornography Use Frequency	
Increased	20.3 (84)
Reduced	9.2 (38)
Unchanged	24.4 (101)
Not Applicable, Don't watch porn	46.1(191)
Changes in Masturbation Frequency	
Increased	26.3 (109)
Reduced	7.7 (32)
Unchanged	20.8 (86)
Not applicable I don't masturbate	45.2 (187)
Use of Masks During Sex	
Yes	3.1 (13)
No	62.5 (260)
Sometimes	1.4 (6)
Not Applicable Not sexually Active	32.9 (137)
The Respondent's Integration of Washing and Sanitizing Self Before and After Sex	
Yes, Always	42.4 (175)
Yes, Sometimes	11.1 (46)
No	16.2 (67)
Not Applicable, Not sexually Active	30.3 (125)

This table is a representation of the respondents; belief that the COVID 19 pandemic has impacted their sexual Health. 73.4% of the sample believed that their sexual health was not

impacted by COVID 19. In contrast, 26.6% of the sample believed that the onset of the COVID19 pandemic impacted their sexual health.

Table 5. Sexual Health

Details	% (N)
Satisfied with sex life	
Yes	31.9 (165)
Not sure	46.9 (194)
No	13.3 (55)
Sex life before COVID-19	
High	31.9 (132)
Medium	36.5 (151)
Low	16.4 (68)
No desire	15.2 (63)
Sexual Appetite	
Yes	42.5 (176)
No	57.5 (238)
Impact of COVID19 on Respondents' Sexual Health	
Yes	26.6 (110)
No	73.4 (304)

This table shows respondents and their partners who were diagnosed with COVID-19 and those who were exposed. 15.2% of the respondents were exposed to a COVID-19 Patient, while 84.8% of the respondents were not exposed to a diagnosed COVID-19 patient. 1% of the respondents had sexual intercourse with someone diagnosed with COVID-19; 92.3% of the sample did not have sexual intercourse with someone diagnosed with COVID-19; 6.8% of the sample was unsure if they had sexual intercourse with someone diagnosed with COVID-19. 85.3 % of the sample's partners were not diagnosed with COVID-19, whilst 1.4% of the respondent's partners were diagnosed with COVID-19. 13.2% of the sample were unsure whether their partners were diagnosed with COVID-19.

Table 6. The Exposure of respondents to COVID-19

Details	% (N)
Respondent Exposed to a Diagnosed COVID Patient	
Yes	15.2 (63)
No	84.8 (351)
Respondents Who Had Sexual Intercourse with someone Diagnosed with COVID 19	
Yes	1 (4)
No	92.3 (383)
I don't know	6.8 (29)
Respondents' partners diagnosed with COVID 19	
No	85.3 (355)
Yes	1.4 (6)
I don't know	13.2 (55)

CONTRACEPTIVE METHOD USE

This data shows the use of condoms by respondents of the sample. Some stated that they use condoms which is 25.2%, some stated they do not use condoms, which is 21.6%, some stated that they use condoms sometimes, which is 25% of the sample.

Table 7. The use of Condoms Contraceptive Method By Respondents

Details	Percent (N)
Yes	25.2 (105)
No	21.6 (90)
Sometimes	25 (104)
Not applicable, not sexually actives	28.1 (117)

This data shows the number of times per week respondents had sexual intercourse; 36% of respondents stated they were not sexually active. 21.5% of respondents stated they had sex once per week. 14.5% had sex twice per week. 15% of the respondents had sex three times per week. 13% of the respondents had sex four or more times per week. This table is showing how many times per week respondents had sexual intercourse during the COVID 19 pandemic. 41% of the individuals were not sexually active. 28.3% of Individuals had sexual intercourse once per week. 11.6% of individuals had sex twice per week. 8.2% of the respondents had sex three times per week. 10.1% of the respondents had sex four or more times per week.

Table 8. Frequency of sexual intercourse per week before and during COVID 19 pandemic

Frequency of Sexual Intercourse (per week)	Pre-COVID-19	During COVID-19
One time	21.5 (89)	28.3 (117)
Two times	14.5(60)	11.6 (48)
Three times	15 (62)	8.2 (34)
Four or more times	13 (54)	10.1 (42)
Not applicable, not sexually active	36 (149)	41.8 (173)

This table represents the respondent's rating of their sexual desires before the COVID 19 pandemic. There was a 100% response rate to the issue; 36.5% had a medium level of sexual desires. 31.9% of the respondents had a strong sexual desire. 16.4% of the respondents had a low sexual desire. 15.2% of the respondents had no desire.

Table 9. Respondents Sexual Desire before COVID 19 Pandemic

Rate of Sexual Desires Before COVID 19 Pandemic	Percent % (N)
High	31.9 (132)
Medium	36.5 (151)
Low	16.4 (68)
No Desires	15.2 (63)

This pie chart is used to illustrate the respondents who had an increase in their sexual appetite. 57.5% of the respondents reported not having an increase in sexual appetite. 42.5% of the respondents had an increase in sexual appetite. There was a 100% response rate for this issue.

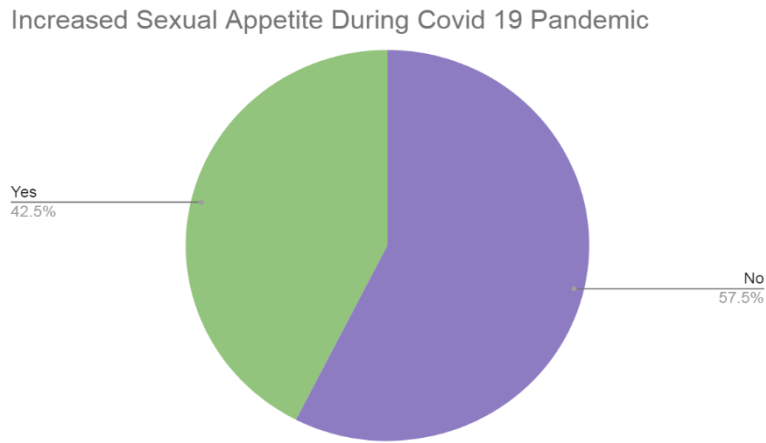


Figure 3. Increase in the Sexual appetite of Respondents

This table shows the measurement of risky behaviours among respondents Pre- COVID 19 and during the COVID 19. There was a 100% response rate to the issue. This showed that before COVID-19, most of the respondents do not participate in risky sexual activities; the same is 35.7% of the sample. 17.3 % of the respondents take part in low-level risky behaviours. 12.8% of the sample participate in Medium level Risky Behavior, 5.1% of the sample participate in High-level Risky Behaviors. After the COVID 19 pandemic's emergence, 22.5 % of the sample level of risky sexual behaviour remained the same as it was before COVID 19. 3.9% of the sample increased while 6.8% of the respondents remained the same before COVID 19 pandemics. 33.1% and 33. 8% of the respondents responded that "Not Applicable I am not sexually active" and "Not applicable; I don't take part in risky sexual activity," respectively.

Table 10. The Risky Behavior of Respondents

Measurement of Risky Behaviors of Respondent (Pre-COVID-19)	Percentage of the Population % (N)	Measurement of Changes in Risky Behaviors of Respondent (During COVID-19)	Percentage of the Population % (N)
High	5.1 (21)	Increased	3.9 (16)
Medium	12.8 (53)	Reduced	6.8 (28)
Low	17.6 (73)	Unchanged	22.5 (930)
Not Applicable I am not sexually active	28.7 (119)	Not Applicable, I am not sexually active	33.1 (137)
Not applicable. I don't take part in risky sexual activity.	35.7 (148)	Not applicable. I don't take part in risky sexual activity.	33.8 (140)

This pie chart shows respondents who had sexual intercourse in the last six months. 64% of the respondents had sex in the last six months, 15.7% of the respondents did not have sex in the last six months, and 20.3% of the respondents were not sexually active.

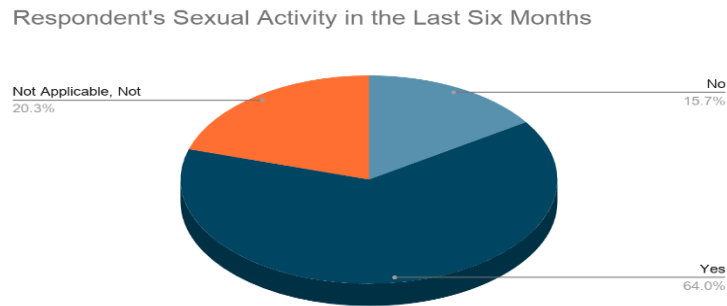


Figure 4

This pie chart represents respondents who had sexual intercourse in the last three months. 59.4% of the respondents had sex in the last six months, 20.8% of the respondents did not have sex in the last six months, and 19.8% of the respondents were not sexually active.

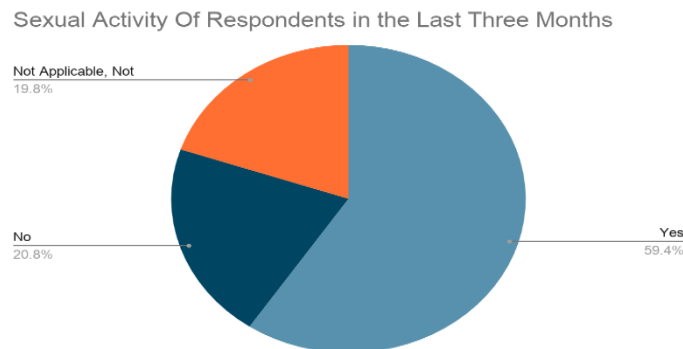


Figure 5

This pie chart represents respondents who had sexual intercourse in the last six months. 37.7% of the respondents had sex in the last six months, 40.8% of the respondents did not have sex in the last six months, and 21.6% of the respondents were not sexually active.

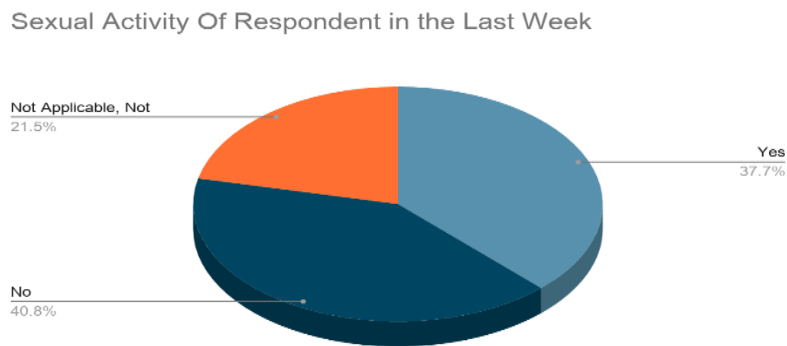


Figure 6

The table shows the factors that had caused an increase and decrease in sexual appetite during the COVID 19 pandemic. A response rate of 19.1 % was given to issues of factors that increased sexual desire. On the other hand, there is a 34.1% response rate on the issue of factors that decrease sexual appetite. The majority of the sample voiced that being home more frequently is the factor for increased sexual appetite; the same is 7.5% of the respondents. On the other hand majority of the respondents responded that the physical separation from partners is the factor that caused a decrease in sexual desires; the same is 39.7% of the sample.

Table 11. Factors that had caused Increased Sexual Appetite During COVID 19 Pandemic

Factors for Increased Sexual Appetite	% (N)
Being home more frequently	7.5 (31)
Boredom due to lack of activity	4.8 (20)
Increased Sexual appetite for partner	4.1 (17)
Relief of stress (stress reliever)	2.7 (11)
Factors for decreased sexual appetite	
Seeing partner too frequently	6.4(9)
Stress due to financial challenges	28.4 (40)
Partner’s lack of Sexual Interest	12.1 (17)
Increase the presence of family members in the household	13.5 (19)
Physical separation due to COVID 19	39.7 (56)

Discussion

This survey was conducted to gather information on the sexual behaviours of Jamaicans age 18 and older. Specifically to gain an understanding of the impact of the COVID 19 pandemics on the frequency of sexual activity among the sample and, by extension Jamaica 18 years and older. Our sample revealed a connection between the frequency of pornography and masturbation changes, changes in the desires of sexual activity, and the overall frequency of sexual activity. A relationship between physical and sexual health will also be discussed.

COVID19 can cause complications among individuals who have coexisting conditions or are of weak immunity or health conditions. Although 94% of the respondents saw themselves as healthy, only 78.4% of the respondents were currently not diagnosed with an illness or frail health condition due to childbirth and recent abortions. These numbers reflect that 21.4% of individuals are at risk of developing life-threatening conditions if they are infected.

COVID-19 disease. There is a close relationship between physical health and sexual health as both coexist.

The study also revealed that most people believe that the pandemic has not impacted their sexual health. This finding is in keeping with research conducted by Arafat, Alrade-Mohamed, Kar Sharma, and Kabir, which found that fewer persons believe that the onset of the COVID 19 Pandemic impacted their sexual health. This opens the idea that the definition of sexual health is individually based and cannot be generalized. As a result, it is nearly impossible to define what is

sexually healthy without using the personal definition of sexual health. (World Health Organization, 2006)

The practice of safe sex is done or attempted by a majority of the respondents. However, the development of the COVID 19 pandemics has changed the whole definition of safe sex, including the use of masks while having sex and washing and sanitizing self before and after sexual contact. Our study has also found the wearing of masks during sexual encounters is not widely practiced. Most individuals would wash or sanitize themselves after sexual contact more than they would opt to wear a mask during sex.

The study observed that a vast amount of samples practice masturbation, as well as watching pornography. Even though individuals may have a decrease or reduction in the frequency of masturbation and watching pornography, there is still some use of pornography. The majority of the sample uses these mediums to achieve sexual gratification. According to Kaplan 1974 (as quoted by Lopes et al., 2020), masturbation can fulfill sexual fantasy and friction objectives. Sexual motivation is triggered by sexual fantasy. This then triggers spontaneous arousal that is followed by subjective arousal. Self-physical stimulative actions stimulate genital arousal. These erratic and repetitive movements cause the individual to achieve sexual satisfaction, as evidenced by an orgasm.

Before the pandemic, the bulk of respondents have had high - medium level sexual desires. However, with the onset of the COVID19 pandemic and the happenings of the new normal, there has not been an increase in sexual desires among respondents. Although not representative of the majority, one cannot ignore that a significant number of individuals have experienced an increase in sexual desires. This can be linked to the data, which reflected a decrease in the frequency of sex being had by respondents. The frequency of sexual intercourse was dramatically reduced. This is supported by data that showed individuals having sexual intercourse once per week rather than their usual times per week before the COVID 19 pandemics. While some individuals have been not had sex during COVID 19 pandemic. This lack of sexual activity with others may have been replaced with the start, increasing or maintaining masturbation frequency. Pornography may have been used as well or in addition to masturbation to satisfy sexual needs.

The major factor that caused an increase in sexual appetite is being home more frequently than before the pandemic. A lack of meaningful activity follows this. On the other hand, partners' physical distance has led to a decrease in the sexual appetite of individuals.

The conclusion can be made that our respondents' homeostasis has been affected, leading to less frequent sexual intercourse by individuals. Most persons are driven to create innovative ways to gratify sexual needs through masturbation and pornography while trying to secure their health.

Conclusion

In our sample of Jamaicans, a decrease in the frequency of sexual intercourse was observed. The majority of the sample engage in and watch masturbation and pornography, respectively to meet sexual needs created due to the COVID 19 pandemic.

Limitations

The major limitation of the research are:

1. The possibility and occurrence of respondents misinterpreting or purposely answering questions untruthfully. The issue of being sexually active was not correctly understood and purposely untruthfully answered. This resulted in significant differences in individuals who responded that they were not sexually active in being different in the different parts of the study.
2. Inability to reach all individuals. Only people who had access to a smartphone were able to do the survey. Persons who were 16 years old to 17 years old were not invited to the survey due to parental permission. As a result, we are to get a true reflection of all Jamaicans' experience, only those adults of 18 years and older.
3. The closed closet culture on the topic of sexual health. Some individuals refused to participate, given that the questionnaire asked questions about their sexual health.

Recommendation

The primary recommendation is to educate the public about the use of masks during sexual intercourse and encourage a culture where sexual health is openly discussed and not seen as a shame.

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