

LETTER TO EDITOR

Perspectives on COVID-19 and Sexual Health; a Letter to Editor

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The pandemic of coronavirus, known as COVID-19, has swept the world during the past several months. The exponential growth of this outbreak led World Health Organization to announce it as the sixth public health emergency of international concern on 30 January 2020 (1). Coronavirus is transmitted through direct contact with the patient (coughing, sneezing, respiratory droplets). Respiratory droplets spread through close contact from person to person (hugging, kissing, and patient care) can transmit coronavirus (2). There is also evidence of oral-fecal transmission (3-5). Despite the presence of angiotensin-converting enzyme (ACE2) as receptor of coronavirus in testicles, there is very little evidence of transmission through sexual contact with male patients (6). A study detected Coronavirus in seminal fluid of 34 recovered male patients with mild symptoms (7), but it has not been observed in semen of active COVID-19 patients. The lack of observation; undoubtedly, does not rule out the possibility of sexual transmission of coronavirus. On the other hand, there is no evidence of COVID-19 transmission by vaginal secretions through sexual contact or from mother to child (vertical transmission) (8-10).

The impact of COVID-19 on different aspects of human life, including personal life, social activities, and interpersonal relations, has led to serious challenges for scientists and public health practitioners. While the main challenge faced by public health practitioners and health policymakers is to save lives and reduce fatalities, the impact extends to personal, mental, and social health of the community. With governments being engaged in adopting quick policies and solutions to cut the transmission chain and provide healthcare and rehabilitation services to the ever-increasing patients, the burden of the epidemic on health system obviously af-

fects the sexual health of individuals. The impact is particularly severe in low- and middle-income countries. Past experience in management of infectious disease epidemics suggest that while indirect impact of the epidemic on sexual health is profound and considerable, this impact is often neglected due to absence of direct relationship between sexual health and spread of those outbreaks. Studies during Ebola outbreak indicated a significant reduction in usage of family planning services as the result of lockdown rules and suspension of sexual healthcare providers (11, 12).

The restriction measures as consequences of the pandemic, such as social distancing rules, may cause suspension of many necessary health services. These efforts are indirectly associated with sexual health and fertility in societies (13). In most parts of the world, the pandemic has led to reduction of contraception services due to interrupted supply of the main materials and temporary suspension of production. Moreover, people tend to demand less of sexual health services during pandemics, which when combined with enforced restrictions, may result in decreased utilization of healthcare services.

From social point of view, concerns about impact of the pandemic on sexual health have mainly focused on women's health. According to the United Nations, women are more vulnerable to negative impact of health crises on sexual health and fertility (14). Quarantine may contribute to domestic violence, which might exacerbate due to unavailability of counselling centers. Surprisingly, men's health in general and their sexual health in particular has been neglected during health crisis such as infectious disease outbreaks.

The descriptive epidemiology of COVID-19 throughout the world indicates a higher rate of morbidity and mortality in men, suggesting that men are in particular need of both physical and mental health services (15). Men tend to receive less health services during quarantine period and are consequently more likely to acquire sexually transmitted diseases (16). This can also be explained by inherent characteristics of men. Studies report that men, compared to women, tend

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to underestimate personal health recommendations and disregard preventive instructions (17). On the other hand, sexual health is reported to be strongly associated with mental health in men, which necessitates special attention to men's mental health during health crises (18, 19).

Quarantine regulations and enforced movement restrictions have caused certain changes in interpersonal relations and sometimes have led to domestic crisis. Suspension of workforce, economic instability, and perceived stress related to the COVID-19 outbreak all can deteriorate sexual relationships. This situation merits further attention in men, where issues such as losing job, cessation or reduction of salary and home office situation have great influence on male's sexual function. Therefore, the economic changes due to suspension of industrial sectors and adverse conditions of employment (20) are among negative influences on mental and sexual health of men (17). The International Labor Organization has reported that globally, nearly 25 million jobs will be destroyed and 35 million people are going to join the poor population due to COVID-19 epidemic. This figure is more pronounced for males in many countries including Iran, where men constitute of approximately 85% of the workforce. Research on the consequences of COVID-19 for sexual health are scant and there is still a long way to report the precise impacts of the pandemic on different aspects of sexual health. Similar experiences in previous pandemics have led to provision of a number of strategies at the international level by World Health Organization. One of these strategies is the use of E-Health, which has been given the priority for the improvement of coverage of public health (21). As the matter of fact, this pandemic provides an opportunity for general population, policymakers, physicians, and social workers to understand the importance of electronic health (22).

It is the time to include men's health in the health policies parallel to women's health. With policymakers start to consider men's health in Iran, there is an excellent opportunity to investigate men's sexual health. Evidence-based public health perspective requires reliable epidemiologic information, which is still unavailable in many aspects of men's sexual health in Iran. Issues such as gender equality in accessing sexual health services and reduction of prevailed belief on women's health when we talk about gender-specific health policies are amongst those aspects. Valid local evidence to improve sexual health in Iran needs to consider the neglected aspects of men's sexual health to be able to adopt proper health policy decisions.

1. Appendix

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1.2. Author's contribution

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1.3. Conflict of interest

The authors declare no conflict of interest.

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References

1. Yoo JH. The fight against the 2019-nCoV outbreak: an arduous march has just begun. *J Korean Med Sci.* 2020;35:56. Doi: 10.3346/jkms.2020.35.e56.
2. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y, et al. Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: A descriptive study. *Lancet.* 2020;395:507–13.
3. Kanne JP. Chest CT findings in 2019 novel coronavirus (2019-nCoV) infections from Wuhan, China: Key points for the radiologist. *Radiology.* 2020;295:16–7.
4. Nouri-Vaskeh M, Alizadeh L. Fecal transmission in COVID-19: A potential shedding route. *Journal of Medical Virology.* <https://doi.org/10.1002/jmv.25816>. 2020.
5. To KK-W, Tsang OT-Y, Yip CC-Y, Chan K-H, Wu T-C, Chan JMC, et al. Consistent detection of 2019 novel coronavirus in saliva. *Clinical Infectious Diseases.* <https://doi.org/10.1093/cid/ciaa149>. 2020.
6. Xiao F, Tang M, Zheng X, Liu Y, Shan H. Evidence for gastrointestinal infection of SARS-CoV-2. *Gastroenterology.* 2020;158(6):1831–3.
7. Pan F, Xiao X, Guo J, Song Y, Li H, Patel DP, et al. No evidence of SARS-CoV-2 in semen of males recovering from COVID-19. *Fertility and Sterility.* <https://doi.org/10.1016/j.fertnstert.2020.04.024>. 2020.
8. Chen H, Guo J, Wang C, Luo F, Yu X, Zhang W, et al. Clinical characteristics and intrauterine vertical transmission potential of COVID-19 infection in nine pregnant women: A retrospective review of medical records. *Lancet.* 2020;395:809–15.
9. Cui P, Chen Z, Wang T, Dai J, Zhang J, Ding T, et al. Clinical features and sexual transmission potential of SARS-CoV-2 infected female patients: A descriptive study in Wuhan, China. *medRxiv.* 2020.
10. Qiu L, Liu X, Xiao M, Xie J, Cao W, Liu Z, et al. SARS-CoV-2 is not detectable in the vaginal fluid of women with severe COVID-19 infection. *Clinical Infectious Diseases.* <https://doi.org/10.1093/cid/ciaa375/5815295>. 2020.
11. Bietsch K, Williamson J and Reeves M, Family planning during and after the West African Ebola cri-

- sis, *Studies in Family Planning*, 2020, 51(1):71–86, <http://dx.doi.org/10.1111/sifp.12110>.
12. Camara BS et al., Effect of the 2014/2015 Ebola outbreak on reproductive health services in a rural district of Guinea: an ecological study, *Transactions of the Royal Society of Tropical Medicine and Hygiene*, 2017, 111(1):22–29, <http://dx.doi.org/10.1093/trstmh/trx009>.
 13. Riley T, Sully E, Ahmed Z, Biddlecom A. Estimates of the Potential Impact of the COVID-19 Pandemic on Sexual and Reproductive Health In Low- and Middle-Income Countries. *International Perspectives on Sexual and Reproductive Health*. 2020;46.
 14. Endler M, Al Haidari T, Chowdhury S, al. e. Danielsson KG - for the FIGO Committee for Human Rights, Refugees and Violence Against Women. Sexual and reproductive health and rights of refugee and migrant women: gynecologists' and obstetricians' responsibilities. *Int J Of Gynecol Obstet*. 2020;149:113-9.
 15. Nematollahi Sh, Shariatpanahi S, HosseiniMR, A. F. Why are Men more susceptible to COVID-19: A narrative review of current global knowledge. . *Mens Health J* 2020;4(1): e1.
 16. Hooper A, Gwendolyn L. Health Seeking in Men: A Concept Analysis. *Urologic Nursing*. 2016;36(4):163-72. .
 17. Mooney, C. , Kaplan, S. , & Dennis, B. (2020, April 4). All across the United States, the coronavirus is killing more men than women, data show. *The Washington Post*. <https://www.washingtonpost.com/health/2020/04/04/coronavirus-men/>.
 18. Zhang J, Lu H, Zeng H, et al. The differential psychological distress of populations affected by the COVID-19 pandemic. *Brain Behav Immun* 2020.
 19. Forbes MK, Baillie AJ, Eaton NR, et al. A Place for Sexual Dysfunctions in an Empirical Taxonomy of Psychopathology. *J Sex Res* 2017;54:465-485.
 20. Alon TM, Doepke M, Olmstead-Rumsey J, Tertilt M. The Impact of COVID-19 on Gender Equality. NBER Working Paper No. 26947 Issued in April 2020.
 21. World Health Assembly. Digital Health. <https://www.who.int/ehealth/about/en/>. Accessed April, 20, 2020.
 22. Carvalho J, Pascoal PM. Challenges in the Practice of Sexual Medicine, Sex Therapy, and Sexual Counseling in the Time of COVID-19. *The Journal of Sexual Medicine* 2020:1-4.

