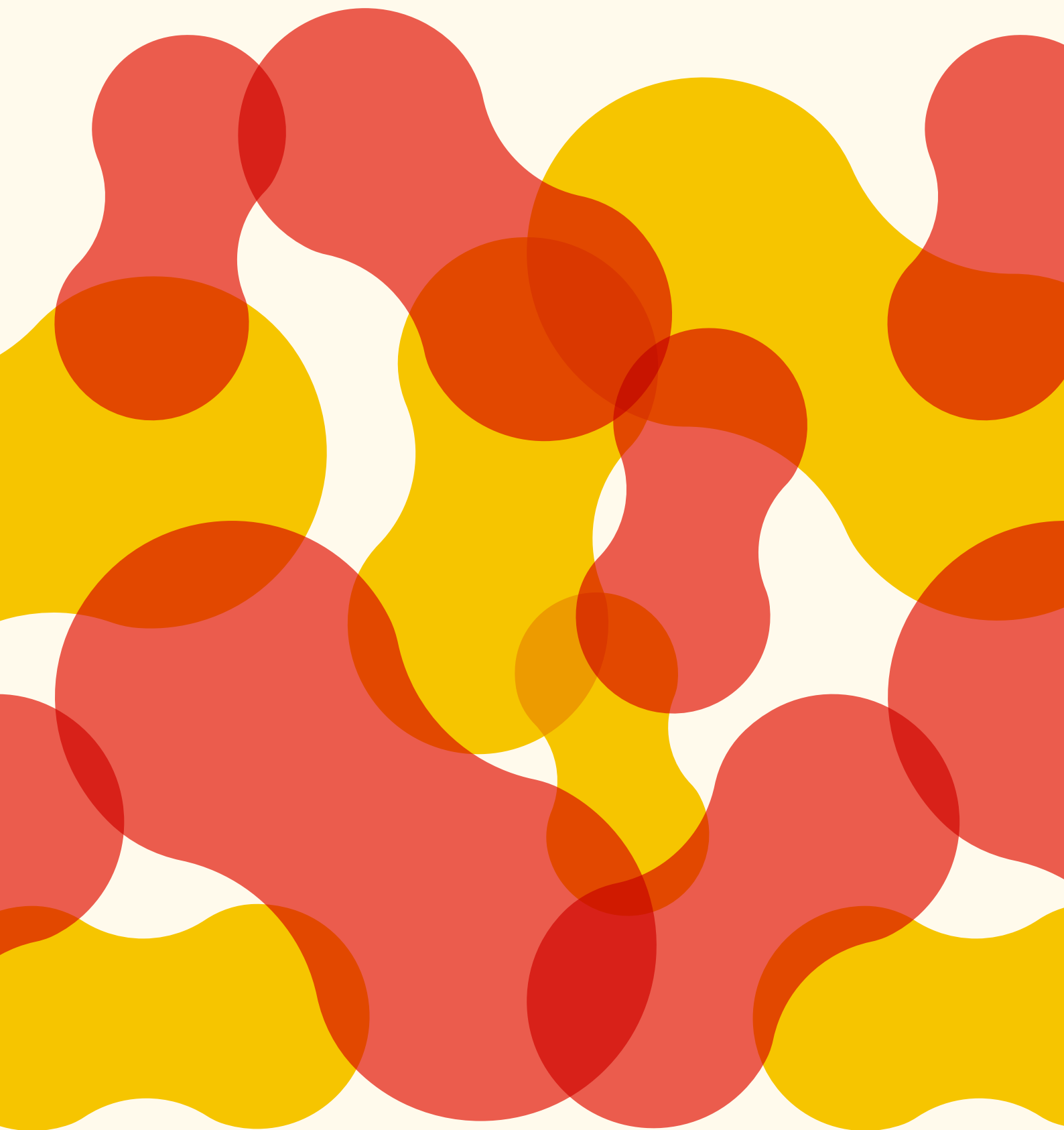


The COVID Sex Lives Project

Health Messaging, Hooking Up And
Dating Among Men Who Have Sex With
Men During The UK COVID-19 Pandemic.



A collaboration by:



University of
Salford
MANCHESTER



Newcastle
University

KING'S
College
LONDON



BIRMINGHAM CITY
University

Research Team Biographies



Professor Ben Light

Ben Light is Professor of Digital Society at the University of Salford. His research concerns people's everyday experiences of digital media with a focus on (non)consumption, gender and sexuality, digital methods, and digital media engagement for culture, health and wellbeing. Ben is the author (with Susanna Paasonen and Kylie Jarrett) of *NSFW: Sex and Humor in Social Media* (MIT Press, 2019) and *Disconnecting with Social Networking Sites* (Palgrave, 2014). He has published widely in journals such as *New Media and Society*, *First Monday*, *Information Communication and Society*, *Cultural Sociology*, *Information Technology and People*, *Convergence and Continuum*. He is the principal investigator of the COVID Sex Lives project, funded by the UK Arts and Humanities Research Council, and has secured over £3 million of external research funding during his career.



Dr. Lisa Garwood-Cross

Lisa Garwood-Cross is a post-doctoral research fellow at the University of Salford. Her research focuses on the use of qualitative and digital methods to explore the intersections of digital health, digital society and social media. Her doctoral work explored the role of social media influencers in sex edutainment on YouTube. Lisa has also worked on a variety of projects relating to the intersections of social media and digital health, including the Online Mammography Network, Kidney Information Network and the digital skills training programme DiSk Pass. She has worked with stakeholders from a range of health organisations, including Health Education England, National Breast Imaging Academy, Northern Care Alliance, Kidney Care UK, and Greater Manchester Health and Social Care Partnership.



Dr. Rachel Katz

Rachel Katz is a digital media sociologist and post-doctoral research fellow at the University of Salford who specialises in dating app technologies' consequences for communication, identity and everyday social life. Her research has covered dating app profile pictures, Grindr tourism, communication norms and gendered selves online. Her work has been featured on international television and news media. She earned her PhD in sociology from the University of Manchester, her master's in gender studies from the University of Cambridge, and her BA from Columbia University (Barnard College). To learn more, please visit: drrachelkatz.wixsite.com/info



Dr. Karenza Moore

Karenza Moore is a Reader in Sociology, in the School of Geography, Politics and Sociology at Newcastle University. Karenza's background is in sociology, criminology, youth studies and leisure studies. She was awarded an ESRC-funded PhD in sociology from Surrey University in 2004 titled 'Young People's Versions of the Future in Relation to Mobile Technology' and worked at Lancaster University for 13 years before joining the University of Salford in 2019, and Newcastle University in 2021. Her research and teaching are focused on illicit drug use, drug laws, markets and policy, as well as on internet risks and security. Recent publications include a [Beckley Foundation report](#) on MDMA/ecstasy legal regulation (2019), and work on intersectionality, drug use and stigma (Moore 2022).



Rachael Hinds

Rachael Hinds is a researcher at Health Education England. She also holds an Honorary Fellow position at the University of Salford. Her research utilises qualitative methods to investigate global health and the perspectives of marginalised populations, particularly people of colour and members of the LGBTQ+ community. Her master's thesis examined global narratives of black queer women's sexual desires and pleasures through cinema and documentary study, emphasising the UK, US, the Caribbean and South Africa. She previously worked on the BHA for Equality project 'Access to Contraception for Black, Asian, and Ethnic Minority Women'. The project co-produced resources on contraceptive choices for black, Asian and ethnic minority women, as well as health professionals, to improve access to providing and facilitating contraceptive care.



Dr. Jamie Hakim

Jamie Hakim is Lecturer in Culture, Media and Creative Industries at King's College London. His research interests lie at the intersection of digital cultures, intimacy, embodiment and care. His book, *Work That Body: Male Bodies in Digital Culture*, was published by Rowman & Littlefield in 2019. Alongside co-authors James Cummings and Ingrid Young, he has a book with the working title *Digital Intimacies: Queer Men, Smartphones and Cultures of Intimacy* coming out in 2024 with Bloomsbury Academic. As part of the Care Collective he has also co-authored *The Care Manifesto: The Politics of Interdependence* (Verso, 2020).



Professor John Mercer

John Mercer is Professor of Gender and Sexuality at Birmingham City University. He is the editor with Mark McGlashan of *Toxic Masculinity: Men, Meaning and Digital Media* (Routledge, 2023), the author of *Objectification: On the Difference between Sex and Sexism* (with Susanna Paasonen, Feona Attwood, Alan McKee and Clarissa Smith, Routledge, 2020), *Gay Porn: Representations of Masculinity and Sexuality* (I.B. Tauris, 2017), *Rock Hudson* (BFI Publishing, 2015) and of *Melodrama: Genre Style Sensibility* (with Martin Shingler, Columbia University Press, 2004). He is co-editor of the *Journal of Gender Studies*, *Porn Studies*, and editorial board member of *Sexualities and Celebrity Studies*. He is principal investigator on the AHRC Masculinity, Sex and Popular Culture research network and Routledge book series with Clarissa Smith. His research focuses on the politics of representation, in particular sexual representation, the connections between gay pornography and the making of a gay identity, the social and cultural construction of masculinities, performances of gender in the media and digital culture.



Dr. Mike Upton

Mike is a researcher, editor and freelance curator, and currently visiting research associate in the Department of Culture, Media and Cultural Industries at King's College London. Mike has an interdisciplinary background with research interests in gender, sexuality, literature and digital cultures. From 2017 to 2018 they curated *Let's Talk About Sex: 30+ Years of Community Activism*, a video history project documenting histories of HIV activism in Greater Manchester. Mike was recently awarded a residency at the Technical University of Berlin, sponsored by the Alexander von Humboldt Foundation.

Further Information

How to cite this report:

Garwood-Cross, L., R. Katz, B. Light, K. Moore, R. Hinds, J. Hakim, J. Mercer and M. Upton (2023). *The COVID Sex Lives Project: Health messaging, hooking up and dating among men who have sex with men during the UK COVID-19 pandemic*. Salford, UK, University of Salford.

Find out more:

Further information about this project, open-access PDF versions of this report in PDF format, and our additional *COVID Sex Lives in Focus* publications can be found at:

<https://blogs.salford.ac.uk/digi-sex-and-gender/projects/covid-sex-lives/>

Contact:

Professor Ben Light - b.light@salford.ac.uk

Preface

To say the last few years have seen a time of instability is an understatement. We decided to pursue this project in May 2020, in the early days of the UK's experiences of COVID-19.

I was working in the School of Health and Society at the University of Salford, and I and many of my colleagues, like others in the country, were working at home. However, at the same time, significant numbers of our staff and student body were not. They were helping to set up the Nightingale Hospital in Manchester, or, as students, were fast-tracked into the NHS to join the effort to save lives. I was living alone in Manchester with sole caring responsibilities for my dad and his wife in Leeds. I therefore stayed home alone for many months, isolated in case they needed my help. I was lucky: I still had my job to keep me occupied, a roof over my head, and I could pay the bills. At the same time, people were on furlough, out of work, living alone, or with friends or family, each situation bringing pressures concerned with, for instance, loneliness, a lack of privacy, money problems, homophobia, domestic violence and, frankly, a lack of sexual contact. Many routes to pleasure – pubs, nightclubs, bingo halls, cinemas and shops, to name but a few – were also blocked due to lockdowns and social distancing requirements.

For men who have sex with men (MSM), long-existing arrangements engaged with by some, but not all, were affected – public and semi-public sexual cultures. These cultures involve activities such as cruising in outdoor areas, such as parks, cottaging in public toilets, hooking up in commercial venues such as saunas and dark rooms in clubs, and sex parties in private homes. These cultures are not just concerned with sex; they offer, for instance, opportunities for friendship-making, ways for dealing with social isolation, and the chance to have fun. The internet, and particularly dating and hookup websites, have facilitated these cultures since the 1990s – that is 20 years before the popularisation of apps such as Grindr and Tinder following the introduction of the iPhone in 2009, and with both, more general levels of the social acceptability of tech use in this area of our lives. Moreover, these cultures and technologies have developed in the historical and ongoing context of such things as homophobia, biphobia, transphobia and the attribution of HIV and AIDS to gay men in the 1980s. The 'digital', questions of the legality of cultures, health considerations and the social acceptability of certain forms of social contact have long-standing meanings for this group.

The COVID-19 pandemic in the UK brought similar considerations for the general population. Digital platforms have become more important, a range of cultural activities involving social contact were deemed illegal at certain points, COVID-19 (rather than HIV/AIDS) is the health consideration, and there has been much debate about the social acceptability of practices such as not wearing a mask or breaking social distancing rules. However, given the stigma, and danger, MSM face, and the human need for some to have public sexual cultures in their life (for example where their sexual preferences are not known to family and friends), this group has faced additional challenges. Moreover, for many years, sexual health has stuck to this group, and thus advocacy, sexual health and social support organisations, and dating/hookup apps that serve these communities, provided support for how to navigate the pandemic on sexual, and other, terms.

It is within this context that the COVID Sex Lives project has investigated how messaging about 'how to have sex during a pandemic' has been received and acted upon, if at all, by MSM. Moreover, we examine how the romantic and sex lives of MSM have been impacted by the pandemic. On average, 68% of our survey participants strongly agreed or agreed that the pandemic had affected their sex life. Through the examination of this minority group, we provide insights relevant to the more general population.

Finally, in the UK at least, it might be said we are now 'living with COVID'. That said, the effects of the pandemic continue. Moreover, this is a UK study, and COVID-19 is operating differently around the world. In the UK we have a markedly different experience from those, for example, in low-resource settings. However, who knows if another strain might emerge, and what other moments of crisis we might face? We hope our contribution here might help in some way.

Ben Light, Professor of Digital Society, and Principal Investigator of the COVID Sex Lives Project.

68% of our survey participants strongly agreed or agreed that the pandemic had affected their sex life.

Executive Summary

Background

In the context of the pandemic, government and public health measures to mitigate the spread of coronavirus have been translated into media messaging by organisations that target the health of different groups. Engaging experiences of the minority group, men who have sex with men (MSM), we provide evidence on the approaches and responses to these messages in relation to using digital platforms to connect for sexual purposes.

Dating and hookup applications, or apps, are a key area where sex and romance has been negotiated over the past two decades, a trend which continued during the pandemic. MSM are an ideal group to look at the challenges posed here as they have been early adopters of these technologies for a variety of purposes, including the obvious ones related to dating and hooking up as well as for increasing more general sociality and reducing loneliness.

Due to this culture of engagement with digital media by MSM, and what is known about their sexual cultures, digital platforms have been engaged by health educators in an attempt to improve the sexual health and wellbeing of this group. The question in the context of a pandemic therefore becomes: how are these sexual cultures affected, and how might health messaging be engaged with, or not?

This is a high-level summary report. For more detail in relation to a range of areas such as age, ethnicity, country of residence and social media messaging, see our additional 'COVID-19 in Focus' series available from our [project website](#).

This research is funded by the Arts and Humanities Research Council, and is a collaboration between the University of Salford, Newcastle University, King's College London and Birmingham City University.



About the Research

The overall research question for this study was:

How is government-sanctioned sexual health advice directed at MSM impacting on their sexual practices, health and wellbeing as a result of the COVID-19 pandemic?

To answer this question, we considered:

- How is public health and sexual health information being mediated, interpreted and translated into guidance by the organisations established to support the mental and sexual health and wellbeing of MSM and the commercial entities enabling digital connection (smartphone hookup applications)?
- How do MSM navigate this changed context of public and sexual health messaging in their online, social and sexual practices?
- To what extent can we observe evidence of new sexual practices or ethics of sexual engagement emerging because of this public and sexual health messaging and the pandemic more generally?

To respond to these questions we adopted multiple research methods and forms of qualitative and quantitative data. This included:

- Four online surveys of MSM's experiences of online dating and hooking up activity during the pandemic this generated 1409 valid responses.
- Analysis of the content and context of health messaging by organisations whose aim is to support the mental and sexual health and wellbeing of this group.
- An examination of how public health and sexual health information has been translated by online dating and hookup app companies who target their products and services at MSM.
- Acknowledging that any messaging will be situated within networks of meaning made by media outlets, we collected data on this to inform our work. This involved analysis of a range of articles published throughout the pandemic as related to this area. We also collected data from Twitter, a key site of public deliberation in the UK. For this report we are using 47,419 tweets from the accounts of charities and dating/hookup app companies.

During the project our preliminary survey findings were made publicly available on an open-access basis within a month of collection, at each stage in the project.

Executive Summary (continued)

Key Takeaways

Health charities and dating/hookup apps that serve MSM were quick to respond to translating government messaging about the pandemic and continued to do so by taking a multiplatform approach and working in collaboration as necessary. For charities this was an achievement, as they, like many other organisations, had to move to online working and they often saw an exponential increase in the uptake of their services.

Hooking Up During a Pandemic

- Digital media were crucial for meeting social and sexual needs during the pandemic. These technologies included dating/hookup apps, but also a diverse range of others such as WhatsApp, Zoom and Skype.
- Mental health and loneliness were raised as serious concerns that informed participants' attitudes about their own level of risk-taking, as well as the sexual behaviours of others who chose to hook up in-person during the pandemic.

Personal Ethics and Risk Management

- After the easing of 18 months of government restrictions, many emphasised personal choice and autonomy as the way forward, regardless of their divergent opinions on vaccine statuses and practices.
- As vaccines became more commonplace, attitudes towards risk and safety measures also changed. Participants were less willing to engage in additional risk-precaution measures.
- Although attitudes were sceptical about the practicality of COVID-19 safety measures when hooking up, in practice many people were taking some steps. However, these risk mitigation strategies were individualised.
- The emergence of the Omicron variant and 'Partygate' in late 2021 affected COVID-19 risk management practices and attitudes towards the use of safety measures. Reliance and trust in government appeared to reduce at this time, with more MSM respondents prioritising their personal choice around how to manage risk, while factoring in prioritising their sexual, mental and physical wellbeing. COVID-19 safety measures deployed by our participants in this context did increase, however, but more so due to respondents' attempts to take personal responsibility, rather than to simply follow government guidelines.

Responses to Health Messaging

- Overall, survey participants were surprisingly unengaged with health messaging online, especially on dating/hookup apps, and struggled to recall instances of when they came across health messaging.
- In terms of public health messaging, many MSM criticised government regulations and restrictions for the way they focused on the nuclear family household, disregarding the needs of single people or those with non-normative relationship patterns.

Sexual Health Services

- Respondent 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 increased 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 were positive additions to in-person sexual health services.

Disclosure of Vaccination Status

- Opinions about displaying vaccination status on dating apps and whether people should date or hook up with unvaccinated people were divided. We saw that attitudes congealed around the argument that medical information, including vaccine records, should remain private.
- Several MSM expressed concerns about vaccine stigma against those who could not or did not have the COVID-19 vaccination due to age or medical reasons, worrying that this may lead to social isolation and stigmatisation, as had been experienced by MSM during the HIV/AIDS pandemic.
- We now know – after the fact – that COVID-19 can still be transmitted between vaccinated individuals. Potential new strains also mean vaccination has not yet led to the eradication of COVID, just reduction of severity. For those concerned with medical privacy, this project also highlights debates about the value of dating apps and social media companies being privy to our medical information.

Our recommendations relate to;

- The need to prioritise mental health through times of crisis (e.g. the pandemic).
- Offering explicit decision-making frameworks and toolkits to help navigate public health messaging, ethics and risk.
- Extending engagement with digital technologies, such as dating/hookup apps, to make them work better for the group that communications are expected to reach.
- Considering a wider range of ways to reach MSM via health messaging.
- Offering hybrid health services based on digital platforms in post-crisis/pandemic conditions.

Acknowledgements

This work was made possible by funding via UK Research and Innovation (UKRI), a non-departmental public body which is the home to seven disciplinary research councils, Research England, which is responsible for supporting research and knowledge exchange at higher education institutions in England, and the UK's innovation agency, Innovate UK. Specifically, the project benefited from funding from the Arts and Humanities Research Council via the UKRI's Agile Research and Innovation Response to COVID-19 call, grant reference: AH/V015133/1.

The team would like to recognise the valuable input of Dr Charlie Sarson into our application for funding. Charlie was intended to be a co-investigator on this project but was unable to proceed.

The project team would also like to acknowledge four groups of people who made this project possible and whose work is often hidden.

First, we thank our academic colleagues, particularly those at the University of Salford, who rapidly and carefully ensured this work had ethical approval to proceed in a rapid fashion.

Second, we thank the professional services staff at all our home institutions for enabling this project to exist quickly and undertaking the ongoing necessary administrative work as it progressed. At the University of Salford, we thank our communications team, who assisted in navigating the promotion of the online surveys at a time when they were knee deep in undergraduate student recruitment.

Third, we thank the wonderful, friendly and professional staff at Eleven (www.eleven-marketing.co.uk), the marketing agency we have worked with, who created and delivered the lively and effective social media advertising campaign to promote the online surveys and other project outputs, such as helping us make this summary report as engaging as possible.

Fourth, and finally, we of course are immensely grateful to the people who chose to give up their time to complete our surveys so fully and for having the trust in us to carefully handle the data they provided about very intimate aspects of their lives. There were, of course, many diverse views and experiences provided by our participants and we hope we have represented this well.

Contents

Research Team Biographies	2
Further Information	4
Preface	5
Executive Summary	6
Background	6
About the Research	7
Key Takeaways	8
Acknowledgements	10
Contents	11
List of Figures	14
List of Tables	15
1 COVID-19 and the Sexual Cultures of Men Who Have Sex with Men	16
1.1 The Sexual Cultures of Men Who Have Sex With Men - Public, Private and Digital	19
1.2 Men Who Have Sex With Men in the Context of the COVID-19 Pandemic	20
1.3 Overall Research Question and Methodology	20
1.3.1 Overview of Methodology	21
2 Attempts at Public Communication with MSM Regarding Sex and the Pandemic	22
2.1 Public Communication: Charities that Serve MSM	25
2.1.1 Frequency and Relevance of Messaging	28
2.1.2 Wider Impacts of the Pandemic: The Intersections of Housing, Race, Economic Strains, Isolation, and Sexual Health	31
2.1.3 Advice for Hooking Up, the Promotion of Abstinence and Pleasure Narratives	30
2.1.4 Vaccination	30
2.2 Public Communication: Dating/Hookup Apps	32
2.2.1 In-app Attempts at Communication and Engagement During the Pandemic	34
2.3 Public Communication: General Media Coverage	37
2.3.1 COVID-19 Guidance and Narratives	37
2.3.2 COVID-19 Risk Reduction	38
2.3.3 Virtual Hookups	38
2.3.4 Sex Lives	40
2.3.5 Dating and Hookup Apps	40
2.3.6 Mental Health	41
2.3.7 MSM Histories	41
2.3.8 Sexual Health	43
2.3.9 Night-time Economy	43

Contents (cont.)

3 Surveys Overview	44
3.1 Contextualising the Surveys: A Timeline of the Pandemic	45
4 Towards the End of Lockdown: Survey 1 – April 2021	52
Survey 1 Findings	53
4.1 Reliance on Digital Technologies to Cope	57
4.1.1 Motivations for Using Dating/Hookup Apps During the Pandemic	57
4.1.2 Those who did not use Dating/Hookup Apps	57
4.2 Hooking Up During a Pandemic	58
4.2.1 Changed Practices	58
4.2.2 Attitudes About Hooking Up During the Pandemic	58
4.3 Health Messaging Online	60
4.3.1 Lack of Engagement with Public Health Ads on Apps	60
4.3.2 Types of Health Messaging Encountered on Dating/Hookup Apps	60
4.3.3 HIV/AIDS Pandemic and COVID-19	61
4.3.4 Mental Health and Anticipating the Future	61
5 Government Scandals over Social Distancing Rules Being Broken: Survey 2 – June 2021	62
Survey 2 Findings	63
5.1 Attitudes Around Vaccines and Other COVID-19 Safety Measures when Meeting Through Dating/Hookup Apps	67
5.1.1 Other COVID-19 Safety Measures	67
5.2 Practices of Dating and Hooking Up During the COVID-19 Pandemic	69
5.2.1 Changed Sex Lives	70
5.2.2 Changed Practices	71
5.2.3 Attending Venues	71

6 Booster Vaccination Begins: Survey 3 – September 2021	72
Survey 3 Findings	73
6.1 Access to Sexual Health Services During the Pandemic	77
6.2 Change in Restrictions Leading to Changed Attitudes	81
6.3 Concerns about Vaccine Stigma	82
7 Omicron, Christmas and Party gate: Survey 4 – November 2021	84
Survey 4 Findings	85
7.1 Further Changes in Restrictions and Government Reliability Affecting Personal Attitudes and Behaviours	90
7.2 Plans for the Festive Period	92
7.3 Shift from Vaccine Stigma Attitudes to a Focus on Personal Choice and Risk Reduction	93
7.4 HIV and COVID-19 Comparisons	94
7.5 Accessing MSM Sexual Health Services	96
8 Conclusions and Recommendations	100
8.1 Recommendations	102
Appendix A: Methods of Data Collection and Analysis: Public Communication to/with MSM	104
Web page-based Communications	105
Twitter-based Communication	105
Dating/Hookup Apps - Walk through Data	112
Media Coverage	112
Appendix B: Methods of Data Collection and Analysis: Online Surveys	114
References	120
Endnotes	121

List of Figures

Figure Number	Figure Title	Page Number
Figure 1	Yorkshire Mesmac Service Update - 03/08/20	25
Figure 2	10 Ways to Safely Affirm Your LGBT Identity During Lockdown - 12/05/20	28
Figure 3	AKT wellbeing resources - 10/05/20	29
Figure 4	Virtual Sex - 27/09/20	30
Figure 5	People Living with HIV Share their Experiences of Getting the COVID-19 Vaccine - 24/03/21	31
Figure 6	Percentage of Survey Participants Using a Given Dating/Hook up App Across Surveys 1-4	32
Figure 7	Grindr Offer - 30/04/20	34
Figure 8	Squirt Offer - 22/05/20	34
Figure 9	Grindr Offer - 17/06/20	34
Figure 10	Interactive Services Introduced by Scruff and Tinder	35
Figure 11	Corona Inspired Pornography as Advertised on Squirt	35
Figure 12	In app Stay Home/Health Messaging on Squirt - 12/05/20	35
Figure 13	In app Pandemic Guidance on Grindr 15/05/20	35
Figure 14	Break the Chain in APP Grindr Advert - 20/06/20	36
Figure 15	Addition of Vaccination Status to Dating/Hookup Apps	36
Figure 16	People Should not Hookup with Strangers in their Homes During the Pandemic	59
Figure 17	People Should not Be going Cruising or Cottaging During the Pandemic	59
Figure 18	People Should Adopt COVID-19 Safety Measures (Such as Wearing a Mask and Social Distancing) if Hooking Up During the Pandemic	59
Figure 19	I am Anxious About COVID-19 Safe Restrictions Being Lifted	61
Figure 20	Attitudes to Hooking Up in Relation to COVID-19 Vaccination status	67
Figure 21	People Should 19 Adopt Safety Measures When Dating/Hooking Up	68
Figure 22	My Sex Life Has Changed As a Result of the Pandemic	70
Figure 23	Access to Sexual Health Services Pre-Pandemic and During the Pandemic	77
Figure 24	People Should not Date or Hook Up With Those Who Have Not Had the COVID-19 Vaccine	82
Figure 25	People Should Display Their COVID-19 Vaccine Status on Their Dating/Hook Up App Profile	82
Figure 26	Over the Festive Period and into the New Year, I am Attending The Leisure Venues Such as Pub, Bars or Nightclubs	92
Figure 27	Attitudes to Hooking Up in Relation to COVID-19 Vaccination status	93
Figure 28	My Sex Life Has Changed Because of The Pandemic	95
Figure 29	Proportion of Tweets Made about Outdoor Public Sex 16th March 2020 – 18th Oct 2021	107
Figure 30	Examples of In App Pandemic Activity	112
Figure 31	Examples of Online Survey Recruitment Advertisements	115

List of Tables

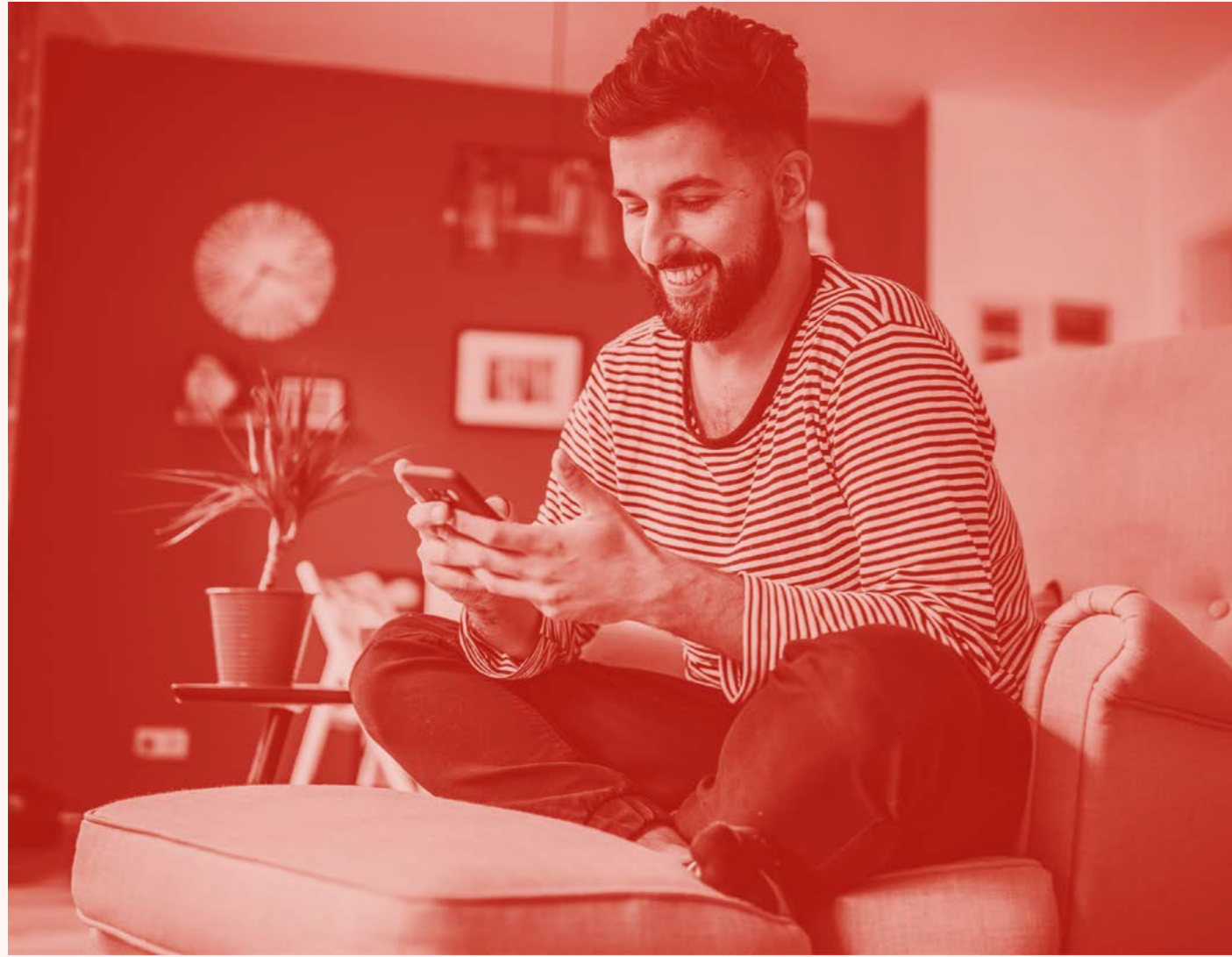
Table Number	Table Title	Page Number
Table 1	Examples of Twitter Communication by Charities that Serve MSM Throughout the Pandemic	26
Table 2	COVID-19 Related Twitter Communications by Charities March/April 2020	27
Table 3	Details of Twitter Data Capture for Charities and Dating/Hookup Apps	106
Table 4	Examples of Top 25 World Combinations Extracted using the BCM	108
Table 5	Code Table for Twitter Data	110
Table 6	Online Media Discourse Analysis Codebook	113
Table 7	Discourse Analysis Themes and Subthemes	113
Table 8	Details of Survey Roll out Responses	115
Table 9	Common Data Across Surveys 1-4	116
Table 10	Examples of Slightly Modified Questions Common to all Surveys	118
Table 11	Examples of Survey Specific Questions	119

Section 1

COVID-19 and the Sexual Cultures of Men Who Have Sex with Men



When we decided to apply for funding for this project in May 2020, there was a growing public health debate around the impacts of isolation exacerbated by enforced social distancing and how to minimise the attendant social and physical harms.



We felt this would continue, even with the relaxing of lockdown measures we had seen to date. We wanted to engage with this situation by looking at an area vital to a society's health and wellbeing – sexual and romantic life. Given our interests and track records, we wanted to focus upon the coping strategies of a specific group, men who have sex with men (MSM), under crisis conditions. MSM is a well-known term used to incorporate those who identify with cultures of sex among men of different sexualities and genders. Historically the focus was on cisgendered gay men, but this group of course includes, for example, those who identify as queer, non-binary, transmen, bisexual men, curious and heterosexual.

In the context of the pandemic, government and public health measures to mitigate the spread of coronavirus were being translated into media messaging by organisations that target the health of different groups. Engaging experiences of the minority group, MSM, we provide evidence on the approaches and responses to these messages in relation to using digital platforms to connect for sexual purposes.

We felt it important to understand MSM's reception of these messages to make an impact on policy and practice for this group, shed light on what to look for where minorities are concerned, and provide learning about COVID-19 public health messaging that will benefit the general population of the UK, and the world, now and in the future.

This is a high-level summary report. For more detail in relation to a range of areas such as age, ethnicity, country of residence and social media messaging, please see our additional 'COVID in Focus' series available from our [project website](#).

1.1 The Sexual Cultures of Men Who Have Sex With Men - Public, Private and Digital

Public sexual cultures can involve engaging in sexual practices in either public sex environments or public sex venues (Frankis and Flowers 2009). In addition, and reflecting recent changes in MSM sexual practices, public sexual cultures can also include domestic environments that temporarily become sites for semi-public sex (e.g. chemsex, chillout parties). Public sex environments are public or semi-public spaces that are not primarily designed or intended for public sex activities, but which are appropriated for such activities. Typical public sex environments include parks, public toilets and truck rest stops. Public sex venues are places created specifically for public sex (such as gay saunas, private sex clubs and designated areas in commercial bars). All these cultures include wider participants in what we might call 'cultures of sexual health and wellbeing'. This refers to the various combinations of people, places, practices and, increasingly, digital technologies that are assembled to facilitate, educate about and regulate sex. These cultures involve such things as health educators, cottagers and cruisers, the police, hookup apps, public opinion, cars, dark rooms and after parties. These cultures can incorporate risk (e.g. negative affect on sexual health, a criminal record and potential for being subjected to hate crime) and pleasure (e.g. sexual excitement and fulfilment, and connection-making).

Dating and hookup apps are a mode by which sex and romance have been negotiated over the past two decades, a trend which continued during the pandemic. MSM are an ideal group to look at concerning the challenges posed here as they have been early adopters of these technologies, using them to connect for long-term relationships, one-night stands and sex in public spaces for several decades. Since the development of internet chat rooms in the mid-1990s (see, for instance, Campbell 2004), there has been increasing interest in the digitally mediated sexual cultures of MSM (e.g. Blackwell et al. 2014, Roth 2014, Race 2015a, 2015b, Brubaker et al. 2016). Much of this work has focused on the private interactions and sexual negotiations that take place between men. However, digital media have long spoken to and engaged with cultures of public sex. Aspects of this engagement have been documented previously (Bolding et al. 2004, Murphy et al. 2004, Light et al. 2008, Mowlabocus 2008, Light 2016).

Due to this extensive culture of engagement with digital media by MSM, and what is known about their sexual cultures, digital platforms have been engaged by health educators to improve the sexual health and wellbeing of this group. As is the case with more general attempts at media engagement for health education, this has met with varying degrees of success as the target population chooses to connect or disconnect with such messaging for a variety of reasons (see Chapter 7 'Disclosing Health and Wellbeing' in Light (2014)).

The question in the context of a pandemic therefore becomes: how are these sexual cultures affected, and how might health messaging be engaged with, or not?

1.2 Men Who Have Sex With Men in the Context of the COVID-19 Pandemic

The focus of our study is a minority group that includes (but is not limited to) gay males who have a tangible (often lived) 40-year experience of navigating their sex lives during the HIV/AIDS pandemic. This group developed safer sex techniques and communication strategies that were taken up by mainstream public health organisations and went on to save countless lives. We will provide evidence of how the gay male experience might once again offer useful understanding of sexual wellbeing under such conditions and ways in which new behaviours and attitudes can emerge that can benefit the whole UK population in terms of policy and practice.

This group comprises individuals already disproportionately affected by the mental health problems associated with isolation and social stigma. An early report by the LGBT Foundation,¹ for example, speaks of significant and detrimental effects felt by this community arising from the initial stages of the pandemic.

This research provides insights into how MSM coped, or not, in a crisis and where they might be particularly vulnerable; how charities that serve MSM engaged; and the role played by hookup apps, both in terms of the health messages they deliver and the activity they enable.

1.3 Overall Research Question and Methodology

The overall research question for this study was:

How is government-sanctioned sexual health advice directed at MSM impacting on their sexual practices, health and wellbeing as a result of the COVID-19 pandemic?

To answer this question, we considered:



Research Question 1:

How is public health and sexual health information being mediated, interpreted and translated into guidance by the organisations established to support the mental and sexual health and wellbeing of MSM (NHS, third-sector organisations) and the commercial entities enabling digital connection (smartphone dating/hookup applications)?



Research Question 2:

How do MSM navigate this changed context of public and sexual health messaging in their online, social and sexual practices?



Research Question 3:

To what extent can we observe evidence of new sexual practices or ethics of sexual engagement emerging as a result of this public and sexual health messaging and the pandemic more generally?

1.3.1 Overview of Methodology

To respond to these research questions, we created a methodology based on multiple methods and forms of qualitative and quantitative data. The projects and methods were formed into three work packages, which were aligned with the overall and underpinning research questions.

Work Package 1: Comprised online surveys of MSM online dating and hooking-up activity during the pandemic and was aligned with research questions 1, 2 and 3. Four short online surveys generated understandings of how MSM have (and have not) incorporated the advice contained in this messaging into their online hooking-up activity. These surveys attended to issues such as what advice MSM adhered to, or not, the emergence of any new sexual practices, ethics and etiquette in online hookup cultures during the pandemic, and the relationship of any new developments in this area, if any, to the public health messaging delivered at various points during the pandemic.

Work Package 2: Focused upon analysing the content and context of health messaging and was aligned with research questions 1 and 3. This involved undertaking discourse analysis of the webpage resources that were created by organisations whose aim is to support the mental and sexual health and wellbeing of this group. This included organisations such as the LGBT Foundation, the Terrence Higgins Trust, the Albert Kennedy Trust and GMFA. Using the 'Wayback Machine', an online archive of webpages, we traced the evolution of messaging from the beginning of the pandemic and followed it during the project. Using the same approach, and the walkthrough method (Light et al. 2018), we also examined how public health and sexual health information has been translated by online dating and hookup app companies who target their products and services at MSM (e.g. Grindr, Scruff) as well as more generally targeted apps that MSM use (such as Tinder).

Work Package 3: Interrogated debates about sex during the pandemic and aligned with research questions 2 and 3. Acknowledging that any messaging will be situated within networks of meaning made by media outlets, we collected data on this to inform our analysis. This involved analysis of a range of articles published throughout the pandemic as related to this area. We also collected data from Twitter, a key site of public deliberation in the UK. This data included messaging including hashtags used throughout the pandemic as well as the communications made by charities serving MSM and popular dating/hookup apps across the pandemic.

In terms of research ethics, our main concern was the anonymity of our survey participants. The participants generously informed us of a range of experiences that some in the population might find unethical or unpalatable, and also which were illegal. For this reason, no connection can be made whatsoever regarding the data provided by participants and their identity. We were also aware that by completing the survey, our participants might need further support – so guidance to such organisations was provided. Finally, we have aimed to conduct research with integrity and hope we have appropriately represented the valuable work and services the charities and dating/hookup app companies have provided and continue to provide.

As this project was led by the University of Salford, full ethical approval was sought and granted (Application 1418). Further details of the research methods deployed are given in Appendix A and Appendix B.

Section 2

Attempts at Public Communication with MSM Regarding Sex and the Pandemic



In this section we provide an overview of three forms of interrelated communication intersected with government guidance and law throughout the pandemic.



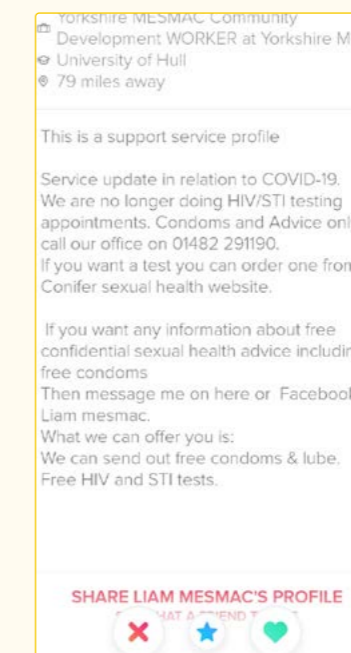
To do this we considered charities that work with MSM, analysing their policies and messaging. The data comes from the charities' websites, Facebook and Twitter accounts. Sometimes this messaging would be to a broader LGBTQ+ audience, as there are limited organisations that now focus purely on MSM. However, colloquially it is recognised that MSM share cultures that are more likely to involve using digital means to hook up in public and private. We also looked at the communication practices of dating and hookup apps by reviewing relevant company webpages and communications from their Twitter accounts.

We also collected dating and hookup app data using the walkthrough method (Light et al. 2018). The walkthroughs highlighted how apps operated and evolved during the pandemic, and we are able to highlight such things as special offers for users, changes in functions, as well as basic advertising of public health guidance. Finally, to understand how narratives around COVID-19, MSM and sex played out in more general public media, discourse analysis was conducted on 90 pieces of online media, including online news articles, blogs, social media posts, app and webpage screenshots related to the COVID-19 pandemic, MSM, their sexual cultures and community spaces. Details of the methods used to collect and analyse this data are available in Appendix A. Please note that in this summary report we focus upon selected charities and dating/hookup apps for brevity. For more details, please see our 'COVID in Focus' series.

2.1 Public Communication: Charities that Serve MSM

We analysed the responses of charities aimed at MSM during the pandemic to examine the discourses they proliferated. More specifically, we were interested in identifying the messaging, policy and practice of organisations relative to the wider social and sexual practices occurring among participants at the time. Given the researchers' involvement in public health and advocacy, and therefore expertise, we reviewed well-known charities who served MSM. These charities included: London Friend, British HIV Association (BHIVA), AKT, 56 Dean Street, Galop, Prepster, LGBT Youth Scotland, the Rainbow Project, Terrence Higgins Trust, National Aids Trust, Stonewall UK, and the LGBT Foundation. Although the charities offered different services, and some had specialisations, they were all aimed at MSM and the wider LGBTQ+ community. These organisations also collaborated with one another. Some also used dating apps – for example, Yorkshire MESMAC provided a service update via Tinder on 3 August 2020 (Figure 1).

Figure 1: Yorkshire MESMAC service Update - 3rd August 2020



Next, we discuss our broad analysis of responses across the charities as a whole relative to themes identified from other data in the COVID Sex Lives project. Where relevant, we examine particular organisations' noteworthy responses.

2.1.1 Frequency and Relevance of Messaging

In terms of frequency and relevance of updated messaging relative to the timeline of the pandemic, all organisations responded with guidance in line with government messaging via their webpages and on Facebook (where a presence here existed) at the time or soon after the first UK-wide lockdown in March 2020. Following this, updates to websites were variable and other modes of communication, such as the social media platforms, Facebook, Twitter and Instagram, were enrolled more extensively. For example, analysis of our Twitter data revealed a range of themes in communication relating to COVID-19, but it also signalled the ongoing need for everyday business – for example, in issues around online hate, conversion therapy and the Gender Recognition Act (Table 1).

2.1.1 Frequency and Relevance of Messaging (cont.)

Table 1: Examples of Twitter Communication by Charities that Serve MSM Throughout the Pandemic

Communication Theme	Number of Tweets Associated with Theme
Conversion therapy	410
Young people	1064
BAME	1307
Camming	371
Dating	68
Hooking up	64
Domestic violence	354
Sexual violence	98
HIV	6587
Gender recognition act	106
Mental health	570
Sexual health	1440
Sexual health services	319
Sex work	153
Over 50	128
Hate	5744
COVID	2077
Lockdown	876
Homelessness	650
Vaccines	531
Facemask	190

In terms of timeliness of messaging on Twitter, in March 2020, the charities we have data for had all messaged about COVID in some way, with the first charities communicating in this area on 16 March 2020. In March/April 2020 alone, the range of topics is evident (Table 2).

Table 2: COVID-19 related Twitter communications by Charities, March/April 2020

	Camming	COVID	Dating	Hooking up	No Hookups	Domestic Violence	Sexual Violence	Lockdown	Homelessness	HIV	Masturbation	Mental Health	Sexual Health	Social Distancing	Loneliness	Isolation	Offering to Communicate with users	Provision of Support
56 Dean Street		30						1		12			2	2				
AKT Charity	1	25				1	1	2	2									3
Galop UK		21		1	1		1	3	2		2	1				4	1	
LGBT Foundation		46		1					1	3		1	3		3		1	
LGBT Friend	2	55	2	1				15	1	2	5	3	1	2	1	6	1	
National AIDS Trust		57	3							44		1	2	1		1		
Stonewall UK		23		1					1	2			1		1	1	1	
TeamPrepster	1	43	1	3						19		1	5					
THT Cymru		1		1	1			1										
Terrence Higgins Trust (THT)	3	98	2	11	6			24		54	9	2	13	7		2		3
THT Scotland		21		1	1			6		13		1	2	1				1
Yorkshire MESMAC	1	121	1	2				8		24		7	5	10		2	1	6
Grand Total	8	541	9	22	9	1	2	60	7	173	16	17	34	23	5	16	4	14

It is also important to note that health charities also provided more than just messaging. Demands for their services were high (e.g. a 118% increase in new referrals at AKT from April–August 2020 compared with the same period in 2019²), and, as with many services, they moved to remote working and the provision of services through Zoom sessions and posting testing kits and condoms (e.g. LGBT Foundation offered a ‘condoms and lube to your door’ service around 12 May 2020). Health organisations also provided messaging for other aspects of health that government messaging did not quickly address, such as mental health, isolation, domestic abuse, homelessness and poverty, BAME groups, and sexual health. We discuss this further below.

2.1.2 Wider Impacts of the Pandemic: The Intersections of Housing, Race, Economic Strains, Isolation, and Sexual Health

Once organisations updated their health messaging in line with COVID-19 restrictions, the messaging often served to clarify government advice, which – as critiqued by research participants in our surveys – was seen as overly assumptive of a heterosexual nuclear family living and social structure. But charities also provided information on a wide range of social issues that particularly affected MSM during the pandemic, such as housing, domestic abuse and mental wellbeing. For example, the National Aids Trust offered employment advice for people living with HIV (24 March 2020, 'COVID-19: Employment advice for people living with HIV'⁵). The LGBT Foundation addressed multiple ways to cope with quarantining among cohabitants that were anti-LGBTQ+ and/or domestic abusers, such as by connecting with others digitally, watching LGBTQ+ films or wearing a discrete item of clothing that reflected one's inner self (see Figure 2).

10 Ways to Safely Affirm Your LGBT Identity During Lockdown

Domestic abuse within LGBT communities is often overlooked within mainstream services. Abuse or hostile behaviour can come from a partner, family member or housemate. Differences between LGBT relationships and heterosexual and/or cisnormative relationships can also make it harder to identify abuse. For example, abuse may involve having your sexual orientation or gender identity dismissed.

COVID-19 guidance relating to social distancing and isolation is a particular concern for people living with their abuser and lack of physical contact with others can exacerbate feelings of fear, loneliness and anxiety. For this reason, we've put together a list of 10 simple things that you can do within your home to affirm your LGBT identity and support your mental health during this time.

- Engage in LGBT media. Netflix has a whole section of LGBTQ+ films, Spotify and Apple music have a number of playlists and podcasts by LGBT artists or there's some great queer literature out there too
- Share LGBT content with friends and family who are supportive of your identity. This can help them to get to know you better and reduce feelings of loneliness
- Connect with other LGBT people through forums and online chat e.g. www.trevorspace.org. Organisations such as [LGBT Foundation](http://www.lgbt.foundation), [Terrence Higgins Trust](http://www.terrencehiggins.org) and [Galop](http://www.galop.org.uk) are holding number of workshops, events and support sessions via Zoom so you can stay connected
- Watch tutorials on YouTube. This is a great time to develop new skills whether that be learning how to do make-up and contouring to learning how to play your favourite song on the guitar
- If it's safe, put up a pride flag. If it's not safe, keep an empowering image or token in a private place as a reminder
- Research LGBT heroes. Learning how other LGBT people have endured and survived challenges can be both inspiring and reassuring that you are not alone! [Stonewall](http://www.stonewall.org.uk) have already put together a list to get you started
- Wear an item of clothing that signifies your authentic self. Clothing and jewellery be a great way of representing who you are. It can be as wild as leopard-print stilettos or as subtle as a necklace
- Use creative outlets such as journals, poems or song lyrics to record how you're feeling. Documenting your experiences can be a powerful way of learning from them and processing the emotions you're experiencing
- Talk about your identity with people you trust. This could be over the phone, video messenger such as Marco Polo or via instant messenger if it's not safe to talk openly
- Practice positive statements to affirm your identity e.g. "I deserve to be treated with dignity and respect" or "I am ___ and my sexual orientation is valid". Recognising that your experiences aren't a representation of your worth or validity is really important to strengthening your mental health and self-esteem

This is not an exhaustive list and you may want to share some of these suggestions with friends and family who are experiencing abuse.

For more information on LGBT Foundation's domestic abuse support email dasupport@lgbt.foundation or call our helpline on 0345 3 30 30 30.

Engage in LGBT media, Share LGBT content, Connect with other LGBT people, Watch tutorials, Put up a pride flag, Research LGBT heroes, Wear an item of clothing, Use creative outlets, Talk about your identity, Practice positive affirmations.

lgbt.foundation/domesticabuse WERE HERE IF YOU NEED US 0345 3 30 30 30 LGBT foundation

Figure 2: 10 Ways to Safely Affirm Your LGBT Identity During lockdown - 12th May 2020

Charities also discussed how racial inequalities around health access were furthered by the pandemic. In April 2020, the National Aids Trust pushed for inquiry into BAME health inequalities,⁴ and in May 2020, Stonewall UK warned of the disproportionate impact of COVID-19 on BAME groups and also wider consequences for LGBTQ+ communities, such as access to healthcare, mental health, safety at home and cost of living.⁵ This illustrates how such organisations were keenly aware of wider consequences of the pandemic and lockdown on other aspects of life.

Some discourses framed COVID-19 as an opportunity to address inequalities (e.g. racial, as mentioned above) or sexual health (such as HIV). 56 Dean Street and the Terrence Higgins Trust tried to galvanise people into action over HIV by running a campaign about breaking the chain, warning: "We have a once in a generation chance to break the chain of HIV transmission"⁶.

We know from our surveys that pandemic restrictions affected mental health. Health organisations were aware of this and made provisions. For example, the LGBT Foundation addressed loneliness and mental health through a 'Rainbow Brew Buddies' scheme (12 May 2020), where people could phone for a chat or cup of tea, and from as early as 3 April 2020, AKT also pointed to wellbeing and mental health resources on its COVID-19-specific page (Figure 3). As we can see, charities had to address varied social issues beyond the focus of the individual organisation.

coronavirus (covid-19) updates and resources

[click here to support our emergency appeal](#)

our incredible services teams across the uk are currently working hard to support young people online to avoid non-urgent face-to-face appointments.

Staff can still be contacted as normal and if you have any general enquiries please email: contact@akt.org.uk

We'll be continuing to be active across social media @aktcharity to share information and resources with you.

We appreciate your ongoing support during these difficult times. **If you are able to, please support us with a donation so we can continue our vital work.**

If you've signed up for a Volunteer Welcome Session in London, these will now take place online. Keep an eye out for an email from our Volunteer Coordinator Kate!

useful links:
 shelter can help with housing and homelessness.
 switchboard lgbt helpline be reached on: 0300 330 0630
 galop lgbt+ anti-violence helpline can be reached on: 0800 999 5428
 samaritans can be reached any time at: 116 123

koeth will continue to provide online mental health and wellbeing support to young people (ages 11-18) via any internet-accessible device.

resources (updated regularly)

housing resources

[click here for advice on private renting rights and covid-19](#)

advice for people who need to access benefits if they are signed up, not already signed up and coronavirus has changed their circumstances.

[government updates for private renters regarding evictions](#)

body, mind, spirit resources

It's natural to feel stressed, upset or anxious. **You are not alone.**

Our friends at [Mind](#) have [put together some tips on how to look after your well-being.](#)

latest

- [online sharing day with akt in bristol](#)
- [how we are helping young people during this time](#)
- [an update from our ceo - april 2020](#)
- [fire safety during self-isolation](#)

related

- [#aktogether emergency appeal](#)
- [get help](#)
- [what we do](#)
- [how we help](#)
- [how to access akt services](#)

most read

- [volunteer](#)
- [our history](#)
- [the team](#)
- [how we help](#)
- [the impact of akt](#)

lgbt.foundation

Figure 3: AKT Wellbeing Resources - 10th May 2020

2.1.3 Advice for Hooking Up, the Promotion of Abstinence and Pleasure Narratives

As mentioned above, many health organisations continued to provide STI and HIV home testing services through the post, as well as opening in-person as soon as they could (e.g. 56 Dean Street). Initial responses to the pandemic across the websites promoted government guidance about coronavirus, often referring website visitors to government websites or the NHS. They understandably therefore promoted the government-mandated ban on socialising and meeting between households. This had the consequence of also promoting abstinence narratives around sex, which were seen as a way to benefit the public good and care for everyone’s general health. For example, the Terrence Higgins Trust published an article on 25 March 2020 entitled, ‘Don’t hook up during the COVID-19 lockdown’, which suggested alternatives to illegal in-person hooking up such as masturbation and virtual sex.⁷ This promotion of abstinence is understandable given what we knew of the pandemic then, but we also know that telling someone not to do something, in a public health context, can have the opposite effect. The Terrence Higgins Trust later updated its advice around 7 August 2020 to include ‘how to have safe sex while managing the risk of COVID-19’. It involved more practical steps: masturbation, discussing symptoms with someone new, avoiding ‘risks’ by not kissing, wearing face masks during sex, non face-to-face positions, and using condoms for blow jobs.

Going beyond the practicalities of navigating health issues, health charities such as Prepster tackled pleasure head on, referring to virtual sex and camming as alternatives to real-life hookups, which they made in collaboration with the dating/hookup app Hornet (Figure 4).⁸ It specifically goes against an abstinence narrative, stating, “Guidance during these COVID times asks us to stick to regular sexual partners, or to not have sex with others. Sexual abstinence isn’t possible or sustainable for everyone. These tips help you make an evaluation for what works best for you and your partners, and help reduce COVID risks.”

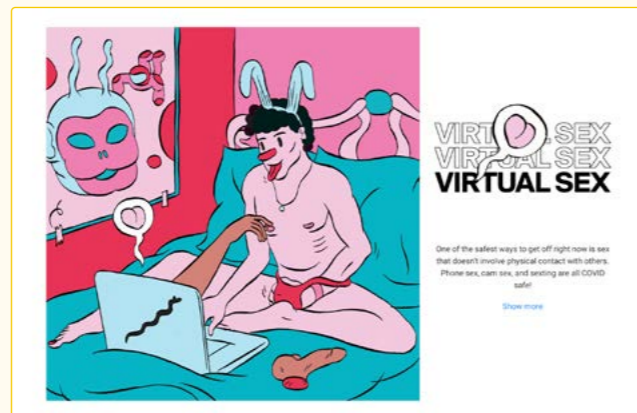


Figure 4: Virtual Sex - 27th September 2020

2.1.4 Vaccination

When vaccines became available there was of course much debate about the order in which the population should receive them and why. Here some charities advocated for the groups they served. For example, in February 2021, AKT spoke for the homeless, advocating they should be in the next phase. The National Aids Trust and the Terrence Higgins Trust also discussed vaccination in relation to HIV status, with the Terrence Higgins Trust publishing a news story entitled, ‘People living with HIV share their experiences of getting the COVID-19 vaccine’, followed by a by-line, ‘Anyone living with HIV, of any age, can now book in for their first dose’ (Figure 5).

This by-line on age was an important piece of clarifying health messaging for its audience, as generally age dictated when someone was entitled to a vaccine. Availability for the vaccine based on HIV status rather than age was offered in light of a lack of consistent government and medical advice on whether being HIV positive indicated someone was considered clinically vulnerable. This was a point of discussion among health messaging by HIV charities like BHIVA and the National Aids Trust, as it depended on one’s blood levels rather than HIV status itself. HIV status also had ramifications for shielding and dangers for those who were vulnerable upon the easing of lockdowns. Moreover, the National Aids Trust acknowledged the wider issues of HIV stigma and health privacy experienced by those who had to communicate with their employers about working remotely despite the end of lockdown and push to return to offices via the blog article, ‘COVID-19: Keeping your HIV status confidential from your employer while shielding’.⁹

Some organisations also offered more general information about where to get a vaccine, such as the LGBT Foundation (March 2021) with a tab under coronavirus resources mentioning ‘COVID-19 Vaccination’; AKT provided similar information (June 2021). The information about booking vaccines coming from health organisations reflected the limited availability of vaccines despite large public demand. GP services were not necessarily people’s first point of information on how to get them, many clinics did not offer vaccines, and people had to receive them outside of the conventional NHS referral structure of GP as the first point of contact for routine vaccination. Health organisations filled the gap in this instance, providing vaccines and information about them to the public.



Figure 5: People living with HIV share their experiences of getting the COVID-19 vaccine -24th March 2021



2.2 Public Communication: Dating/Hookup Apps

Across the surveys, results were consistent in terms of the popularity of certain dating apps. Grindr was by far the most popular, followed by Tinder, Scruff, Fabguys and Squirt.

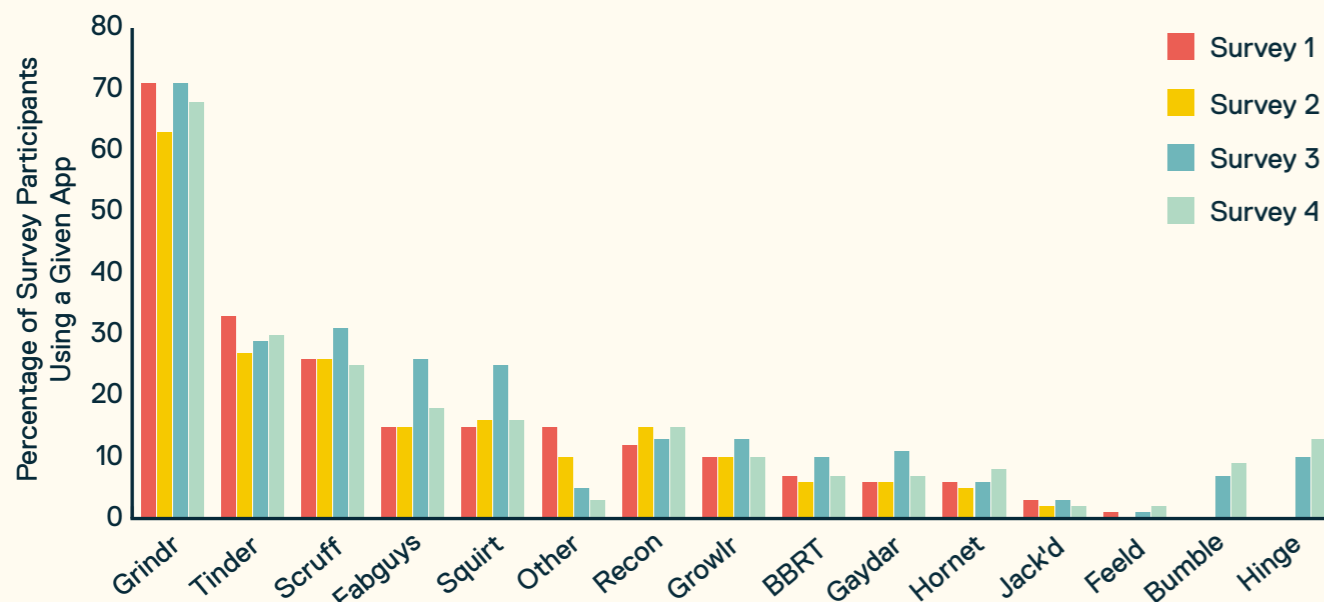


Figure 6: Percentage of Survey Participants Using a Given Dating/Hookup App Across Surveys 1-4

The major apps did not have COVID-19-related messaging on their websites at all until surprisingly late in the pandemic. Grindr did not have anything until around 12 February 2021 (first version available on Wayback machine), when it linked on its homepage (under a 'COVID' tab) to a report (Romance in the Age of COVID) it did in partnership with health charity BHOC. This eventually was coupled with a suggested 'COVID+Grindr' button in the FAQs (around 24 February 2021) that also linked to the report. Tinder had nothing pandemic-related on its website until a marketing update in April 2021, when it emphasised its app features compared with competitors. It describes its 'Face to Face' video chat as being COVID-safe: "We're all eager to meet new people IRL, but dating during COVID-19 means putting your safety first. When two metres apart isn't enough, Face to Face lets you video chat with your match, so you can keep the connection going online."

Although Squirt is less popular, it responded fairly quickly (by 17 April 2020) with a home screen banner encouraging website visitors to "Chat, jerk off, and STAY HOME." This replaced the previous website banner that said "Hot n' horny hookups." However, we note that this banner remained up until the end of 2022 when we did our analysis, despite UK restrictions having eased by that point. The rest of Squirt's website, which reveals cruising spots for website users, remained as it had been before the pandemic despite the banner encouraging people to stay home. Despite the fact that Squirt has a UK-specific page for cruising spots, the country-specific webpages were not updated during the pandemic, just the global homepage.

Unlike the other websites for dating/hookup apps that participants used, Fabguys was UK-specific in its messaging. It had a pro-NHS banner by June 2020. The banner on the homepage said: "No meets during COVID-19, Solidarity with our NHS." Additionally, the only tweet Fabguys posted that appeared in our dataset was from early in the pandemic as well. On 24 March 2020, they wrote:

“ This is the time for virtual dates, online fun and not meets in person. We've removed all physical "meet" functions and forums from Fab in solidarity with everyone who is helping to Social Distance. This helps protect the most vulnerable and in turn, our NHS.

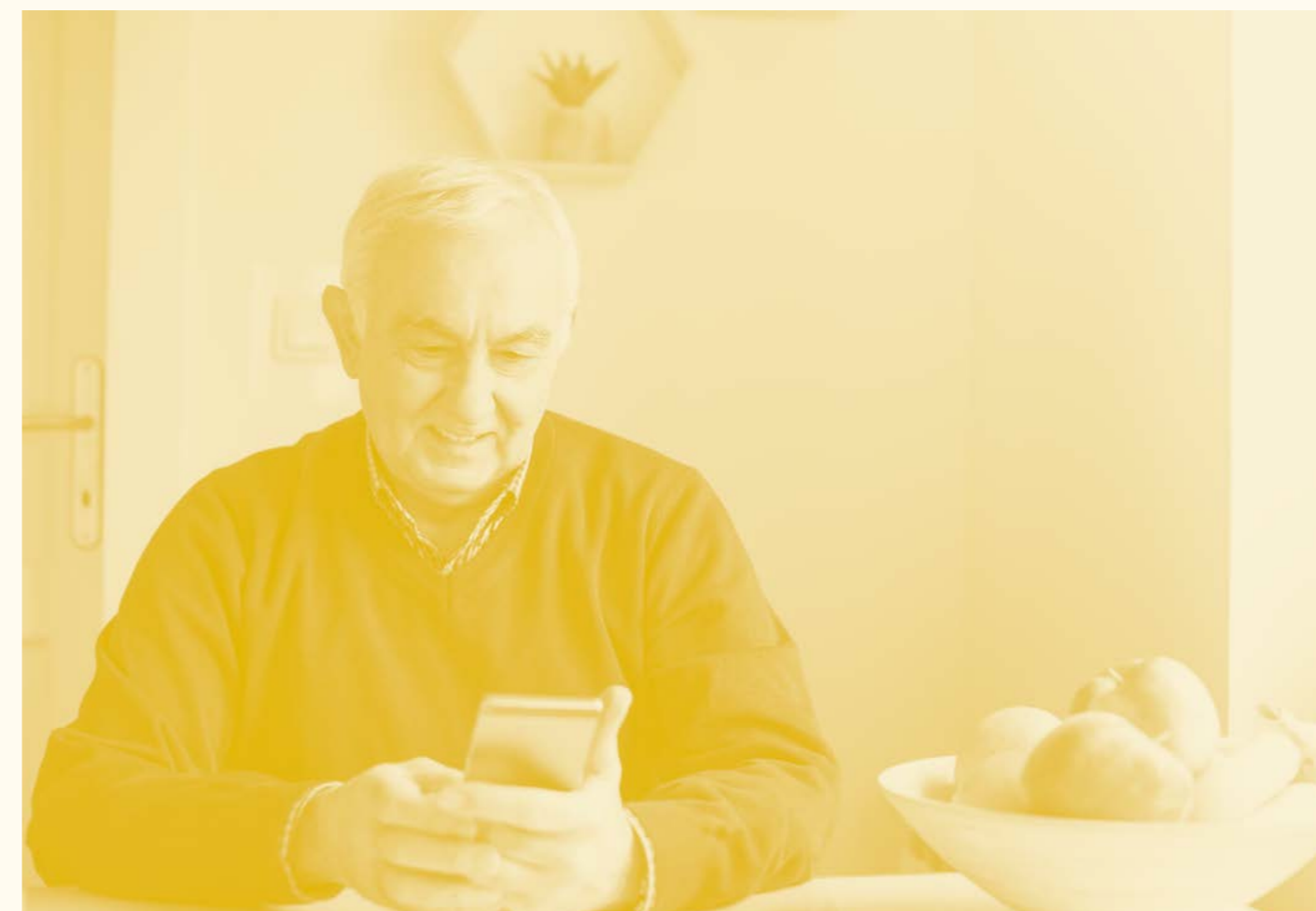
There is still lots of fun to be had on Fab from home, from cams to chat to videos to photos. FaceTime/Skype/HangOut and virtual meet until things are safe. ”

Fabguys,
Twitter

Scrolling down their website homepage, there were bullet points about the site, including one that said, "Chat online and hookup for when this is over!" Fabguys promoted NHS-specific health messaging for an intended UK audience, and it explicitly stated users should not meet in person until the pandemic is over. Any mention of COVID-19 stopped between 12 and 28 November 2020. By 24 May 2022, there was a very small 'sexual health' tab on the bottom of the homepage, which leads to key NHS links. There was no mention of COVID-19 under this sexual health tab (a return to normal, if you will, in terms of health messaging).

From these observations, we conclude that website messaging was very global-focused for Tinder and Grindr, the biggest app companies used by our participants, and it did not map on to a UK pandemic timeline. Moreover, responses were very delayed relative to the timeline of the pandemic, only appearing in 2021. In Tinder's case, mentioning COVID-19 safety appeared to be purely a marketing choice, whereas Grindr worked with a charity and linked to survey results from a trustworthy source to convey health information. The websites for Fabguys and Squirt both appear old-fashioned and outdated by modern standards, so we did not expect there to have been pandemic-related health messaging earlier than the more modern (and frequently updated) websites of Grindr and Tinder. Squirt responded within three months to encourage users to stay home, as did Fabguys. Fabguys was the only website that mobilised NHS-specific narratives in its health messaging.

However, we also realise that the websites are not the main platform for these apps to circulate their responses, though they are, in some respects, the most 'public' facing aspect of their responses because they are visible to anyone, not just to people who have downloaded the apps. These apps, like charities, took a multiplatform approach to messaging (for example including Twitter). Our Twitter dataset revealed that as early as 16 March 2020, dating and hookup apps MSM used were communicating about the pandemic on a range of topics, particularly, and understandably, in relation to dating and hooking up, but also in relation to camming and HIV. Of course they also released in-app communications with their users, as well as additional services and offers to keep people engaged and safe, as we now discuss.



2.2.1 In-app Attempts at Communication and Engagement During the Pandemic

There are three points to make here regarding how apps attempted to communicate with and engage their users during the pandemic. These relate to introducing ways to keep users engaged with their apps, communicating stay-at-home/stay-safe narratives relating to the pandemic, and changes in functionality directly in response to the pandemic.

Throughout the pandemic, dating and hookup apps presented users with a variety of messaging about the pandemic at different points. Screen captures from a variety of apps illustrate the different approaches to messaging taken.

In terms of ways of keeping users engaged, a basic method (used pre-pandemic as well) was to offer users access to functionality they would usually have to pay for. For example, Grindr offered basic users access to six times the normal number of profiles for a period of three hours on 30 April 2020 (Figure 7), Squirt offered a discount on full membership in May 2020 (Figure 8), and again Grindr offered seven days of premium access in June 2020 (Figure 9).

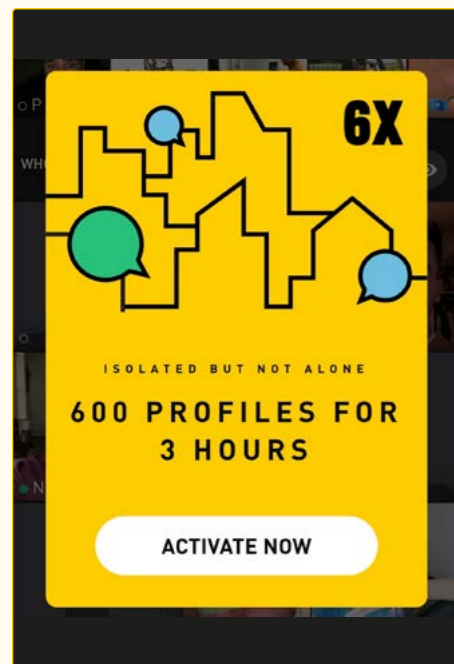


Figure 7: Grindr Offer - 30th April 2020



Figure 8: Squirt Offer - 22nd May 2020

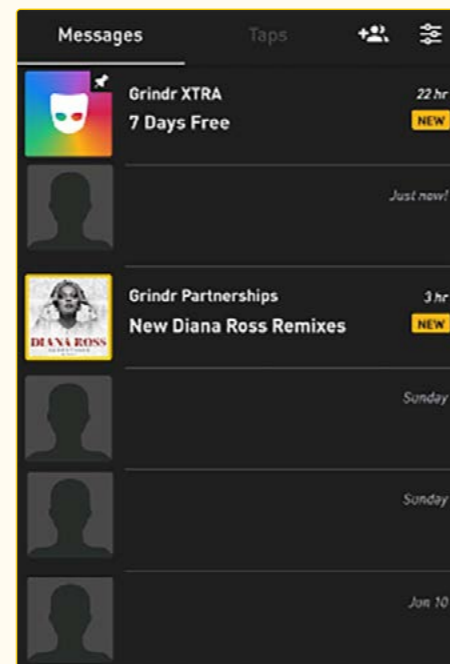


Figure 9: Grindr Offer - 17th June 2020

Further to special offers and guidance in relation to dating/hooking up, or not, in the pandemic, app providers also introduced additional ways to engage their users. Scruff, for example, ran quizzes from 3 May 2020, and Tinder introduced the app-based interactive story 'Swipe Night' on 12 September 2020 (see Figure 10). Squirt also advertised pandemic-inspired porn movies created by the well-known company Triga (Figure 11).

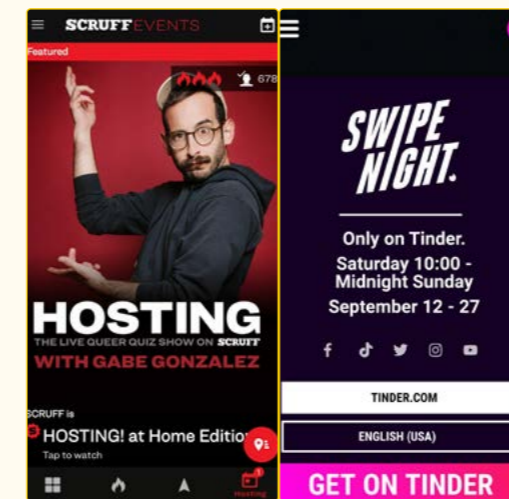


Figure 10: Interactive Services Introduced by Scruff and Tinder



Figure 11: Pandemic-inspired Pornography as Advertised on Squirt

In terms of guidance around the pandemic, Figure 12 details Squirt's approach with in-app messaging from 12 May 2020, suggesting users should "Chat, jerk off, and STAY HOME" and that "It's important during COVID-19 to always follow the guidance of your local health authority." A follow-up advertisement on 21 May 2020 suggests staying home and exchanging videos on the 'GuySpy' service.

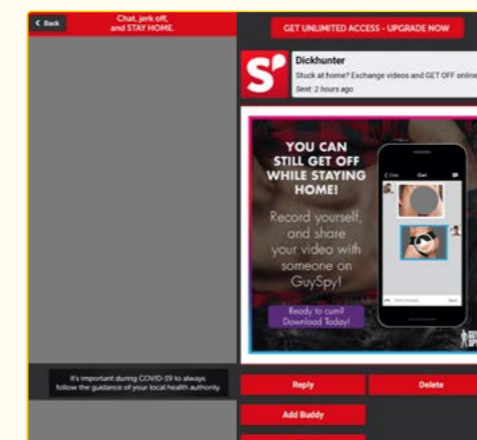


Figure 12: In-app Stay Home/Health Messaging on Squirt - 12th May 2020

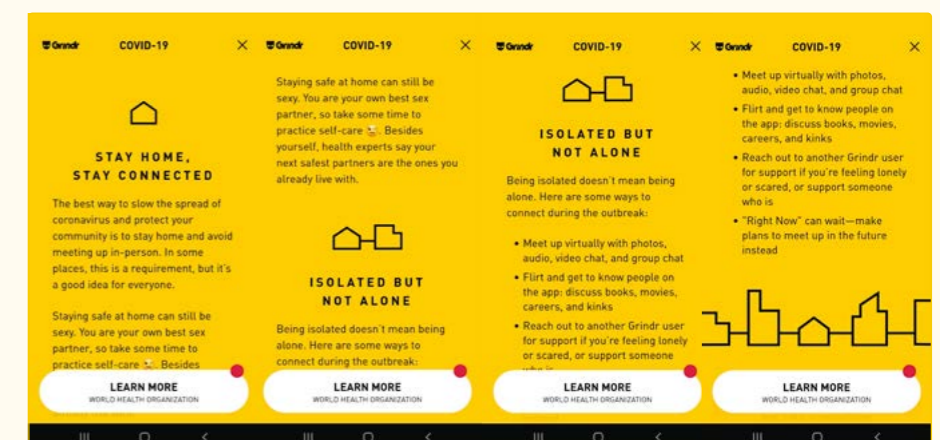


Figure 13: In-app Pandemic Guidance on Grindr - 15th May 2020

Similarly, on 15 May 2020 Grindr ran an advertisement leading with the messages "STAY HOME, STAY CONNECTED" and "ISOLATED BUT NOT ALONE" with a link to World Health Organization updates and some in-app tips for ways to connect via the app (Figure 13).

2.2.1 In-app Attempts at Communication and Engagement During the Pandemic (Cont.)

Then, in June 2020, the Terrence Higgins Trust and 56 Dean Street ran an in-app advertisement proclaiming that COVID-19 had broken the HIV chain (suggesting their narrative around abstinence from sex had worked). As shown in Figure 14, the initial advertisement on the left takes the user to a site which advises HIV infection rates (in the UK) have plummeted, and then onto a page to order a test – suggesting that the chain hadn't actually quite been broken just yet.

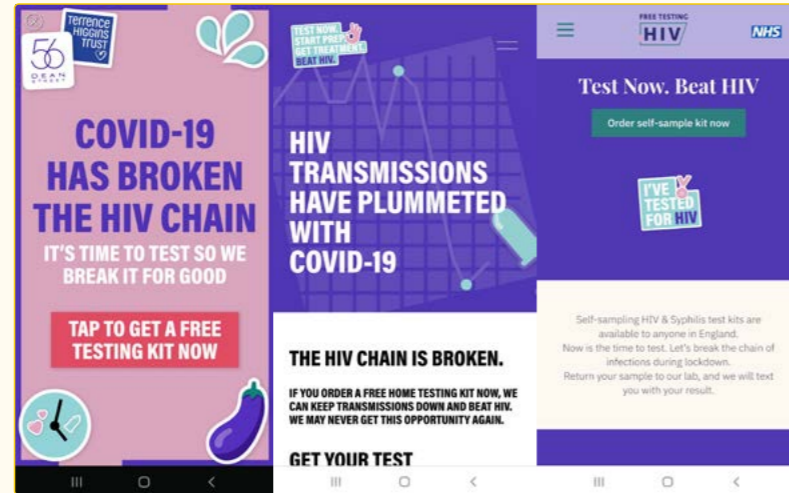


Figure 14: Break the Chain In-app Grindr Advert - 20th June 2020

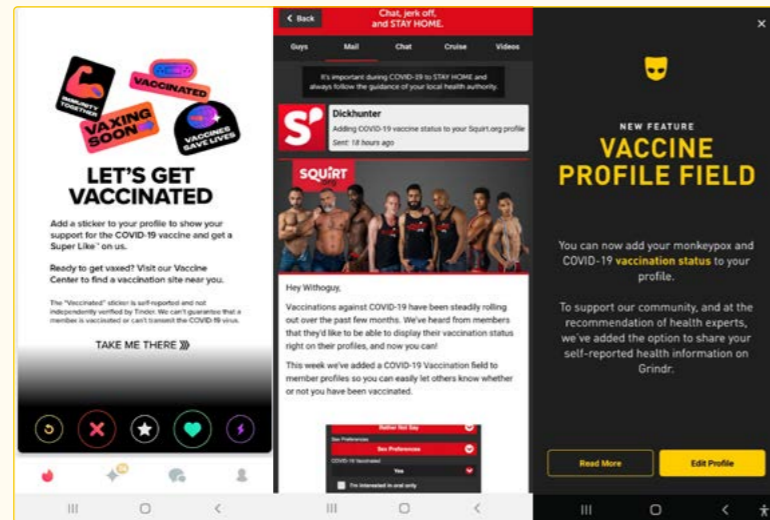


Figure 15: Addition of Vaccination Status to Dating/Hookup Apps

A final mode of engagement evident on the apps was the introduction of new forms of functionality relating to vaccination. In June 2021, Tinder introduced a range of vaccination badges that users could add to their profile. In contrast – and following the tradition of MSM apps where HIV status, HIV testing and PrEP (pre-exposure prophylaxis) consumption had been codified into drop-down menus for profiles on apps – Squirt introduced a COVID-19 vaccination status item to this menu on 5 May 2021, and Grindr added one in October 2022, along with a further item for Mpox (Figure 15).

2.3 Public Communication: General Media Coverage

In many cases the themes we have identified do not stand alone. Elements from different themes identified in the data often intersected with each other – for example, an article about the economic impact of COVID-19 on LGBTQ+ venues discussed how important these spaces were for mental health. Therefore, we begin by discussing details of the themes and sub-themes identified within the data, before concluding with a short observation about the broader narratives that developed across the media discourse.

2.3.1 COVID-19 Guidance and Narratives

Media articles often reiterated health organisation messaging and/or government guidelines. However, many also brought in the voices of experience from MSM, such as those participating in virtual hookups, choosing to continue face-to-face sexual practices or chemsex, as well as the voices of sex-positive sex educators. These voices often provided a softer tone that spoke to the lived experience of MSM.

A key message that was reiterated across the media discourse for MSM was not to hook up. Much of this messaging was circulated in the media in relation to public health organisation messaging, specifically a high-profile campaign by the Terrence Higgins Trust that included the hashtag #nohookups, recommending that users take a pleasure pledge that they would masturbate instead and turn their dating app status to chat only. Focus across the media discourse was tied strongly to masturbation or the use of virtual hookups as alternative ways to enjoy pleasure while maintaining COVID-19 risk reduction through social distancing.

There were many examples throughout the online media dataset where the narratives emphasised personal or moral responsibility to avoid the spread of COVID-19. In some cases this was highlighted to be for protecting the health of others, such as family, friends or older generations, while in other cases a 'protect the NHS' message was embedded, which mirrors the government campaign that accompanied the early UK lockdowns. In addition, it was noted that the language used around casual sex and hooking up often had moralised undertones, e.g. 'some people still insist on hooking up'. In some cases these narratives created a subtle 'us and them' effect around those who did or did not follow COVID-19 guidance.

There were many examples throughout the online media dataset where the narratives emphasised personal or moral responsibility to avoid the spread of COVID-19.

2.3.2 COVID-19 Risk Reduction

One key theme identified in analysis of the media discourse was narratives around COVID-19 risk reduction. Often this risk reduction narrative highlighted the importance of staying home or indoors. Screenshots from Grindr demonstrated that this messaging proliferated beyond media and government messaging as some users on the app changed their screen names to 'Stay Home!' or 'Staythefuckhome'. Several articles featuring health professionals or sex educators expressed messaging that they did not want to promote abstinence but that the 'unprecedented' nature of the situation required it.

However, some alternatives to total abstinence were given, often in 'advice' formats. For example, masturbation was frequently identified within public discourses of COVID-19 and sex, and the phrase 'you are your safest sex partner' was repeatedly identified in the media discourse. Virtual hookups, cam sex and pornography were also mentioned frequently as alternatives to face-to-face sexual contact.

In addition, a small amount of discourse provided alternative COVID-19 risk-reduction strategies for those who felt they were unable to abstain from in-person sexual activity. This largely centred around reducing the number of partners, testing and communicating around COVID-19 potential exposure. While vaccination was mentioned occasionally, there was limited reference to this as a COVID-19 risk-reduction strategy for sex; in fact, often it was emphasised that vaccination did not stop individuals from transporting the virus.

One example of risk-reduction strategy that was shared on social media and via webpages for the dating app Hornet was a collaboration with the UK charity Prepster that provided more nuanced harm-reduction suggestions, such as the use of glory holes, outdoor sex and using dental dams for rimming. Prepster also created comic strips to disseminate COVID-19 safer sex messaging targeted towards BAME communities, which was found to be one of the only examples in the dataset that provided any references to race, despite BAME individuals being considered higher risk for COVID-19.

2.3.3 Virtual Hookups

The majority of the narrative around virtual hookups centred on them being a 'creative' alternative to face-to-face sexual encounters. This was often provided as a suggestion to encourage MSM to stay home and avoid hookups. Examples of virtual hookups referred to within the data included sexting, cam sex, sexual voice notes, virtual sex parties, creating NSFW ('not safe for work') Twitter accounts, or exchanging nudes on Instagram stories. However, some of the narratives identified a frustration that virtual dates and hookups were not the same as the alternative.

In addition, the risks of virtual hookups were explored within some sources, such as the potential to be recorded and the importance of trust or hiding identifiable features if necessary. In some online publications, advice for starting an OnlyFans account or to have cam sex with a partner was provided. Another interesting theme that emerged in relation to virtual hookups was around the challenges posed by platforms restricting their usage for sexual activity. Some media articles discussed the web-conferencing platform Zoom cracking down on the use of their software to host sex parties.



Articles referenced 'enforced celibacy', or feeling 'wildly unattractive'

2.3.4 Sex Lives

There were a variety of different sub-themes that emerged in relation to COVID-19 and the sex lives of MSM. Impact on sex lives and dating was a common narrative, particularly in relation to reduced sex and lack of intimacy. This was often emphasised in relation to MSM who practise open non-monogamous sexual practices, such as attending saunas or sex parties, or engaging in frequent hookups. Articles referenced 'enforced celibacy', people's sex lives dying, or feeling 'wildly unattractive'.

There were also many examples of how people had changed their sexual practices to be more COVID-19-safe, such as virtual hookups, but discourse also related to how some of these changes may stay in place beyond the pandemic. These included being more selective over partners, taking longer to get to know people, or being more aware of consent around touch as people renegotiated physical contact in post-lockdown periods. Some also discussed a potential slowing down of the existing hookup cultures post-pandemic.

Sex lives were also discussed as part of breaking COVID-19 rules and regulations. One article mentioned that sex with others outside your household was illegal, but media articles also shared statistics from studies around MSM still engaging in sex during lockdowns, seeing many men on hookup apps still wanting to meet, and the ways that sexual intimacy was seen as an important way to connect at a time of significant isolation.

2.3.5 Dating and Hookup Apps

Narratives around dating apps predominantly revolved around their role in connecting people during the pandemic, or around the number of men still wanting to use them to hook up in spite of government regulations and public health organisation messaging. However, another, more subtle, recurring theme was that the COVID-19 pandemic had changed the culture on dating and hookup apps as a result of users connecting through the shared experience of the pandemic. This narrative argued that doing so led to kinder exchanges on the apps that were slower and more considerate of individuals' mental health.

2.3.6 Mental Health

Narratives within the media discourse relating to mental health included emphasis around the loss of access to services and a worsening of already increased rates of mental health difficulties within the LGBTQ+ community. Impact to mental health from loneliness, isolation and lack of physical connection or intimacy was mentioned across a variety of sources, with some narratives identifying the ways sex and intimacy support mental health. In some cases this was about the importance of physical intimacy for comfort and connection, while occasionally references were made to the impact of the pandemic and reduced sexual activity on body image.

In addition, some narratives identified within the discourse analysis demonstrated how the pandemic allowed some MSM to reflect on the role sex was playing in their mental health, such as being used as a self-esteem boost. Finally, a small number of references were made to the impact of being locked down with unsupportive families on the mental health of young MSM who were feeling isolated from their queer communities, which led to increased suicidal ideation in some.

2.3.7 MSM Histories

One theme that emerged from the data was that references were frequently made to queer histories. Several media articles highlighted the social history of sex for MSM being considered transgressive or risky. Risk is inherent to this group – sex for MSM has a social history of being associated with being risky or transgressive. Some media articles noted a parallel with the HIV/AIDS pandemic, or how MSM are already adept at managing the risks of HIV and that COVID-19 risk management could be added to this. A selection of tweets and an article linked from them titled 'What Gay Men Can Teach Us About Surviving the Coronavirus' implied that frequent HIV testing is commonplace for MSM and that this should be a lesson for navigating the COVID-19 pandemic.

Queer history narratives were also employed in discussions around LGBTQ+ venues being at risk of closure, their histories of being safe spaces for the community, and how closure of these venues during the pandemic put at risk important cultural legacies.





2.3.8 Sexual Health

In addition to overall discussions about how COVID-19 fit into safe sex practices, media narratives also discussed sexual health services on occasion, combining COVID-19 information with sexual health information. One example of this was in Grindr's Romance in the Age of COVID report, where the final section focused on general sexual health advice. The most common discussion around sexual health services was advice on whether MSM should stop or continue taking PrEP during the lockdowns. However, sexual health services were also mentioned in relation to the impact of the pandemic on the health service. In some media articles aimed at MSM, it was suggested that MSM should avoid hooking up due to health services being overwhelmed with COVID-19, although many articles still linked to MSM charities such as Terrence Higgins Trust, Prepster or 56 Dean Street.

2.3.9 Night-time Economy

Discourse around the night-time economy and its role in MSM culture and sexual practices was also identified within the data. Predominantly this narrative revolved around fears of damage to MSM night-time economy venues, such as gay bars, saunas and sex venues, due to the economic impact of closures caused by COVID-19. The rhetoric used around the risk to these spaces was frequently related to their death, with phrases used including 'killed off', 'snuffed out', 'ripping the heart out', 'extinction' and 'death knell'.

The data also demonstrated how these venues communicated with MSM about these risks to their businesses, from public campaigning about the risks of lack of government support to one venue which set up a Patreon (a crowdfunding service where users pay a monthly subscription in return for perks) to stay in business while unable to open.

Discourse around MSM night-time economy venues also often highlighted their importance within MSM cultures. Phrases used within media representations of them included that they provided 'community', 'employment and escape', 'a safe space for LGBTQ+ individuals', the 'pleasure of assembly' and 'healing from the traumas of discrimination'.

An initial lack of government support for these venues was discussed, with some debate suggesting that the night-time economy was a scapegoat as it did not necessarily appeal to MPs or their voters and was being 'left to die', although later articles discussed financial support initiatives to combat the economic impact of COVID-19.

Many articles tried to guess what the future would hold under a 'new normal' for the night-time economy, and particularly for queer spaces, which the discourse highlighted had already been subject to erosion over the past few decades.

Section 3

Surveys Overview



3.1 Contextualising the Surveys: A Timeline of the Pandemic

To understand the context in which our survey participants were living, it is useful to take a moment to highlight what had happened prior to the surveys in the pandemic. The timeline (on pages 47-49) shows a selection of events occurring during the first year of the COVID-19 pandemic in the UK. These events comprise some that are relevant to the UK population in general, and some that are more specific to MSM and our study.

Please note that all our survey data has been rounded up or down to whole numbers. This may mean some data totals more than 100%. We have used rounding as we are not exploring statistical significance, do not need the granularity of a decimal place and rather offer a simpler data set for the reader to interpret.



2020

March

Lockdown and social distancing

- First lockdown announced across England, Northern Ireland, Scotland and Wales.
- Fabguys advises stay home, and solidarity with our NHS.

Sexual health

- Sexual health charities given social distancing messaging to advocate to service users.

May

Lockdown and social distancing

- UK prime minister announces conditional plan to lift lockdown.
- Northern Ireland further eases its lockdown measures.
- First minister of Wales announces lockdown will continue for another 3 weeks (restrictions eased late May).

Sexual health

- April to May 2020: launch of the 'Test Now, Stop HIV' campaign by 56 Dean Street and the Terrence Higgins Trust.
- LGBT Foundation issues guidance on how to affirm your LGBT identity during lockdown.
- 'Rainbow Brew Buddies' scheme launched by the LGBT Foundation.
- AKT diversifies wellbeing resources available in light of COVID-19.
- Grindr offers in-app guidance on how to handle the pandemic.

Dating/hookup app innovations and offers

- Squirt offers up to 40% discount off full membership.
- Squirt recommends video exchange service 'GuySpy'.
- Scruff offers entertainment in the form of online quizzes.

Scandals

- Dominic Cummings (chief adviser to the prime minister) accused of breaking lockdown rules with a visit to Durham in March.

April

Lockdown and social distancing

- Lockdown extended.
- Squirt issues "Chat, jerk off, and STAY HOME" message.

Dating/hookup app innovations and offers

- Grindr offers paid-for services for free (increased profile access for 3 hours).

Scandals

- Shielding messages sent out to all those living with HIV by mistake.
- Scotland's chief medical officer resigns after making two trips to her second home during the lockdown.

June

Lockdown and social distancing

- Easing of lockdown restrictions across the UK – e.g. non-essential shops open in England and Northern Ireland.

Sexual health

- The Terrence Higgins Trust and 56 Dean Street advertise in Grindr that COVID-19 has broken the HIV chain.

Dating/hookup app innovations and offers

- Grindr offers paid-for Grindr XTRA free, for 7 days.

2020

July

Lockdown and social distancing

- First local lockdown in Leicester and parts of Leicestershire.
- Local lockdown restrictions applied to Greater Manchester.
- Scottish government advises people to avoid the northwest of England.

September

Lockdown and social distancing

- Local lockdown rules applied in Newport, Caerphilly.
- Route map advises indoor and outdoor gatherings are limited to six people from two households. Local restrictions applied to North and South Lanarkshire.
- PM announces new restrictions in England, including a return to working from home and 10pm curfew for hospitality sector. Scotland follows suit.

Sexual health

- National sexual health strategy delayed by government – initially proposed to have more consistency across the board regarding access to services.
- Phone and cam sex promoted by Prepster.

Dating/hookup app innovations and offers

- Tinder releases interactive in-app story: 'Swipe Night'.

November

Lockdown and social distancing

- Second national lockdown in England.

COVID-19

- First successful vaccine announced on 9 November.

August

Lockdown and social distancing

- 'Eat Out to Help Out' scheme begins.

Sexual health

- Sexual health charities' – such as Terrence Higgins Trust – messages change from social distancing to the management of risk.
- Yorkshire MESMAC advises via Tinder that they are no longer performing HIV/STI testing due to COVID-19.

October

Lockdown and social distancing

- Northern Ireland goes into a lockdown for 4 weeks, including no overnight stays, closure of hospitality sector, close contact services must close.
- Residents from other countries in the UK cannot travel to Wales if they come from areas with high infection rates.
- Three-tier system of COVID-19 restrictions introduced in England.

Sexual health

- PrEP rollout begins in England (still inconsistencies regarding access and messaging for people).

Scandals

- SNP MP Margaret Ferrier broke lockdown rules by taking the train to give a speech while suffering from COVID.

December

Lockdown and social distancing

- Restrictions tightened across the UK with varying degrees of relaxation of these for a short time over the festive period.

COVID-19

- First vaccination given in the UK on 8 December.
- Rollout of Pfizer vaccines in care homes across the UK for elderly residents and workers in Phase 1 (along with front-line health workers in Northern Ireland).

2021

January

Lockdown and social distancing

- Third lockdown across the UK is announced.

Sexual health

- UK-based sexual health agencies piggy-back on the Channel 4 broadcast of 'It's a Sin' to promote health messaging around HIV prevention and COVID-19 to MSM.

COVID-19

- AstraZeneca COVID-19 vaccine rolled out across the UK from 4 January.
- Across the UK, vaccinations rolled out to front-line health and social care workers, as well as clinically extremely vulnerable individuals. In England, they are available to those aged 70 and over, and in Northern Ireland, first doses of vaccines are available to all over-50s.

March

Lockdown and social distancing

- Easing of lockdowns across the UK with advice to 'stay local'.

COVID-19

- In England, Scotland and Wales, vaccines become available to those aged 55 and over.
- JCVI advises prioritising homeless people and rough sleepers for the vaccine on 11 March.
- Rare side effect of blood clots, potentially linked to AstraZeneca vaccine, is discovered.

Sexual health

- Terrence Higgins Trust shares stories of people living with HIV in relation to getting vaccinated.

February

COVID-19

- Vaccines rolled out to all aged 65 and older, as well as those with underlying health conditions that put them at higher risk of hospitalisation and death.
- In Scotland, unpaid carers are also offered a vaccine from 22 February.
- Joint Committee on Vaccination and Immunisation (JCVI) decides on 26 February that Phase 2 of vaccination rollout would be conducted by age, rather than occupation or ethnicity. It also warns that males from BAME backgrounds and those with a BMI over 30 were at an increased risk of COVID-19.

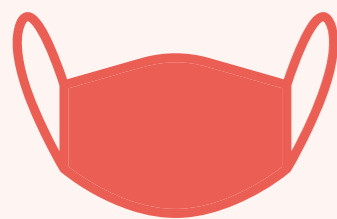
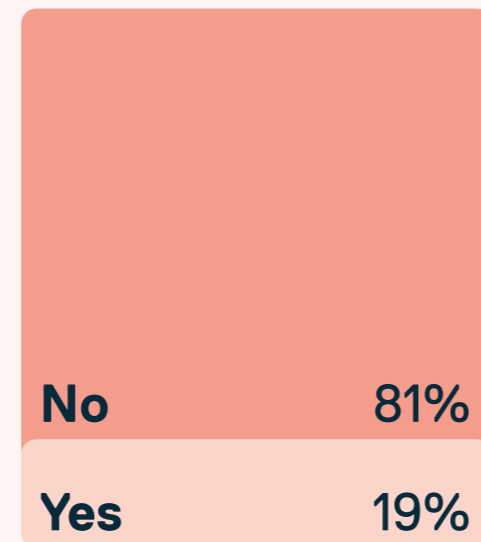
Overall Survey Questions and Demographics

This section brings together the findings of the four short online surveys that were conducted longitudinally over a period of 10 months between April 2021 and January 2022. The surveys sought to generate understandings of MSM experiences during the pandemic, particularly in relation to sex, online hooking up, public health messaging and the emergence of any new sexual practices, ethics and etiquette in online hookup cultures during the pandemic. Some questions were common to all four surveys, while others were added in response to emerging topics as the pandemic progressed. Below are the questions that were common to all surveys. This opening section provides aggregated data from across all 4 surveys where questions were the same. This data has been turned into a set of averages based in the 1409 responses to give the reader a sense of the overall profile of the study participants.



86% England
8% Scotland
4% Wales
2% Northern Ireland

Were you sexually active during the first wave of the HIV/AIDs pandemic in the 1980s/1990s?

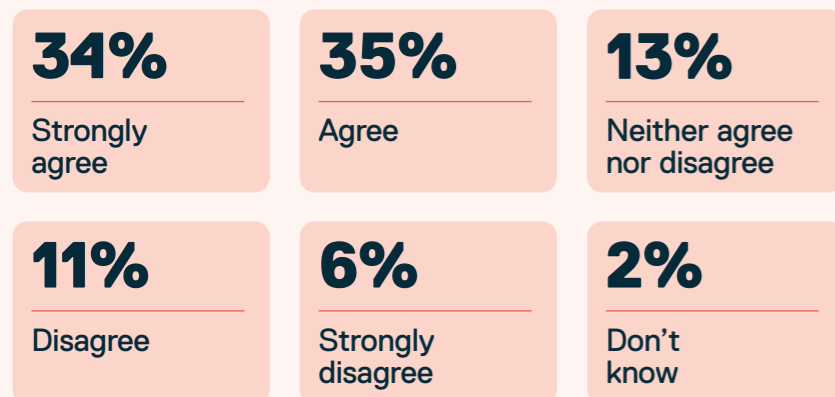


20% of participants considered themselves at high risk if they were to contract COVID-19. 70% aren't high risk, 10% don't know, 1% preferring not to say

Did you use dating/hookup apps in the 12 months prior to the pandemic?

Yes 80%
No 20%

My sex life has changed because of the pandemic.



How would you describe your sexuality?	%
Bisexual	8
Gay	86
Queer	4
Pansexual	1
Prefer to self-describe	1
Prefer not to say	1

Respondents identified as*



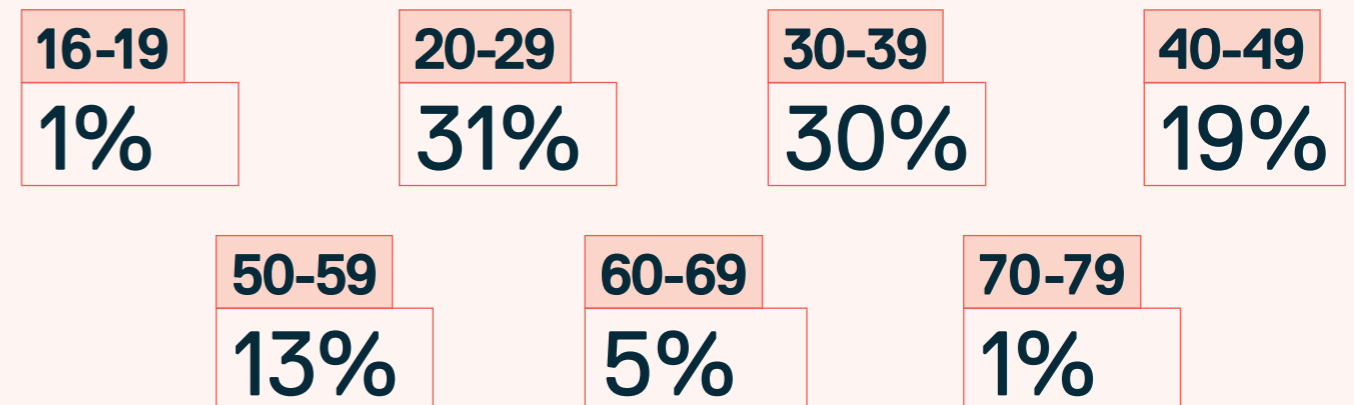
*1% would prefer not to say

What is your relationship status?	%
Single	35
Single (with fuck buddy)	11
Monogamous relationship (living together)	13
Open relationship (living together)	9
Monogamous relationship (living apart)	11
Open relationship (living apart)	6
Monogamous civil partnership (living together)	3
Open civil partnership (living together)	1
Monogamous marriage (living together)	2
Open marriage (living together)	3
Monogamous marriage (living apart)	3
Prefer not to say	1
Other	2
Prefer to self-describe	2

1/3 of participants lived on their own.

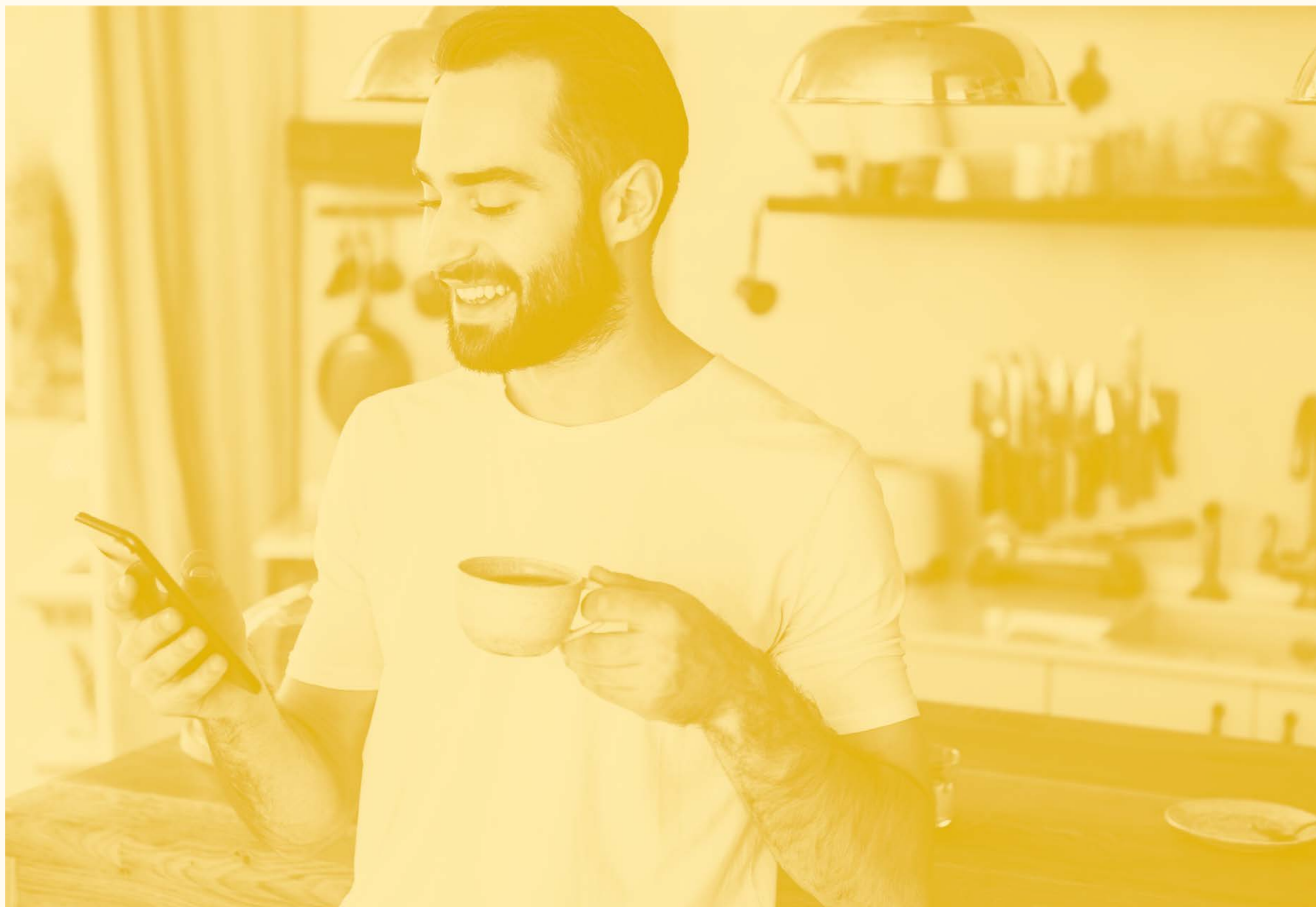
What is your living situation?	%
On my own	33
With my partner	31
With my parents	12
House or apartment of a family member	2
House or apartment of a friend	7
House or apartment – shared with people who are not family/friends	9
Homeless – living in a shelter	0.4
Other	4
Prefer not to say	1

Age group – by decade



Section 4

Towards the End of Lockdown: Survey 1 – April 2021



Survey 1 Findings

We focus on three key findings from this survey: (a) reliance on digital technologies to cope, (b) hooking up during a pandemic, and (c) health messaging online. These introduce some of the topics that are unpacked in greater detail throughout the rest of the report.

2021

April

Lockdown and social distancing

- Non-essential retail reopens, outdoor venues open in England and Wales.
- Scottish government announces relaxing of travel restrictions within Scotland and number of people who can meet.

COVID-19

- Half of UK population has had their first COVID-19 vaccination.
- Moderna vaccine rolled out.
- In England, Scotland and Wales, vaccines become available for those 40 and over by the end of the month. In Northern Ireland, all people aged 18-49 and pregnant women are offered vaccines.
- On 8 April, JCVI recommends adults under 30 with no underlying conditions be offered an alternative to AstraZeneca where available.
- On 16 April, JCVI also advises that pregnant women be offered the vaccine at the same time as rest of the population.

May

Lockdown and social distancing

- England and Wales relax restrictions.
- Scotland announces Glasgow and Moray will remain in level 3 due to a high rate of COVID-19 cases.

COVID-19

- By the end of the month, in England, Scotland and Wales adults aged 30 and over are offered the vaccine.

Dating/hookup app innovations and offers

- Squirt introduces COVID vaccination status to its profile menu.

240 UK participants who broadly identified as men who have sex with men (MSM) took part in the first survey from the project, answering a series of closed and open-ended questions about their lives from 18 May – 18 June 2021.

The majority of the respondents were located within England (85%), followed by Scotland (9%), Wales (3%) and Northern Ireland (3%). In terms of ethnicity, respondents identified as white (210, 89%), followed by Asian/Asian British (8, 3%), mixed or multiple (9, 4%), or other (7, 3%). Respondents' ages ranged from 17–78.

A wide range of digital technologies were used to chat, date and engage in online sex during the pandemic. A majority of respondents (189 people) used dating/hookup apps during the pandemic, with Grindr (170), Tinder (79), and Scruff (62) stated as the ones most used. The majority of respondents used apps centred on dating and relationships, compared with the minority who used fetish apps.



Survey 1 Demographics Summary

240

Respondents from the U.K who identified as men who have sex with men (MSM) participated.

Participant age:
17-78



85% England
9% Scotland
3% Northern Ireland
3% Wales



79% of respondents stated that they had used dating/hook up apps such as Grindr, etc. during the pandemic.

A minority of respondents also used fetish apps.

App usage:

Grindr: **71%**
Tinder: **33%**
Scruff: **26%**

Respondents identified as

88%

White

4%

Mixed/multiple

3%

Other

3%

Asian/Asian British

3%

Black, African or Carribean, or Black British

4.1 Reliance on Digital Technologies to Cope

There was evidence that existing technologies were used in novel ways during the pandemic in order to cope with restrictions, such as the use of Instagram messaging to flirt and exchange explicit videos, WhatsApp for sexual video calls, or Zoom to host online sex parties. Some used the lockdown to explore new sexual practices via technologies they had previously not used. As one participant expressed, “My partner and I also did some sex parties like Hard On through Zoom, which brought out the exhibitionist side of our relationship. It was fun – but of course not quite the same as a sweaty sex dungeon.”

Responses showed that people often mobilised pre-existing contacts (exes, friends, fuck buddies) to fulfil sexual desires in the context of nationwide restrictions. When asked, “Please tell us about what other forms of digital technology you have used, how and why” (94 responses), the most popular platform was WhatsApp messaging and video calls. Despite new uses of existing digital media for sexual purposes, not all contacts were necessarily sexual. The same hookup apps, platforms and messaging services were also used for non-sexual connections and to reduce loneliness and isolation. Technologies were used both in place of in-person hookups and as a means to facilitate in-person hookups.

4.1.1 Motivations for Using Dating/Hookup Apps During the Pandemic

When asked about why they used dating/hookup apps during the pandemic (150 responses), participants expressed a range of reasons: chatting and avoiding breaching lockdown rules, hooking up for sex (digitally or in person), the hope of potential relationships, and the possibility of friendships or preserving friendships. Some respondents indicated they were using apps to prepare for the end of lockdowns by setting up potential dates. Respondents indicated that they were experiencing loneliness, and the use of apps presented the possibility to combat the isolation and disconnection they were experiencing.

4.1.2 Those who did not use Dating/Hookup Apps

The vast majority of the 51 respondents who stated that they have not used dating/hookup apps during the pandemic cited their current relationship status (whether that be serious, casual, monogamous or non-monogamous) as the reason. Safety and reducing risk were also frequently mentioned as reasons.

“ I have decided to focus mainly on one partner and our existing contacts, rather than meet strangers through the apps. This was to keep us and our friends/family safe. As much as I’d love an anonymous hookup, we made the decision to limit the risk to ourselves and those around us. ”

Research Participant

4.2 Hooking Up During a Pandemic

In this section, we examined participants' attitudes and practices around hooking up during the pandemic.

4.2.1 Changed Practices

Most participants agreed that their sex lives changed because of the pandemic (181), with the majority noting that they hooked up or had sex much less than before. Some respondents cited safety concerns: "I was keeping myself safe as I could not afford time off work sick." Some abstained from sex completely, whereas others engaged in risk reduction strategies such as reducing numbers of partners. Several mentioned having increased digitally mediated hookups via apps, sexting or video. A small minority felt positive changes to their sex life had arisen from the pandemic, such as a respondent who identified that their sex life with their partner had become more intimate.

4.2.2 Attitudes About Hooking Up During the Pandemic

When elaborating on their views about hooking up in person during the pandemic, two main attitudes underpinned responses. One perspective was that it is not okay to hook up during the pandemic as it risked harming others: "COVID is a threat to everyone and abiding by the rules/law is important for lessening the spread and keeping people safe."

The other view was that this was unrealistic – "delusional" – and it should be up to the individual to make their own assessment, especially given considerations of mental health, isolation and loneliness. As one person said, "It's up to each person to decide what's best for themselves and those around them. For those in good health and self-isolating, hookups are key for their mental health. We all lose our minds without intimacy and human touch. The orgasm is just the icing on the cake."

Many felt that the government guidelines had ignored the importance of intimacy and dating for the mental health of single people, and they criticised government regulations and restrictions for the way they focused on the nuclear family household, disregarding the needs of single people or those with non-normative relationship patterns.

Participants also acknowledged that the risks of hooking up over the course of the pandemic had changed and depended to some degree on context. Many expressed refraining from judgement of the actions of others, even if they themselves did not choose to hook up.

“ The government’s response to the pandemic was to implicitly codify monogamy and nuclear families into the law. We were not permitted legal pleasure unless we had a partner we lived with or had a stable family unit. I found this unfair. ”

Research Participant

Attitudes were measured in the scenarios detailed in Figures 16, 17 and 18.

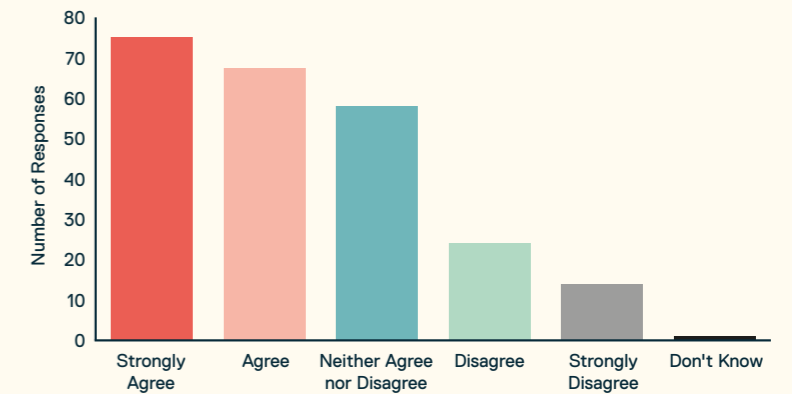


Figure 16: People Should Not Hook Up With Strangers in Their Homes During The Pandemic

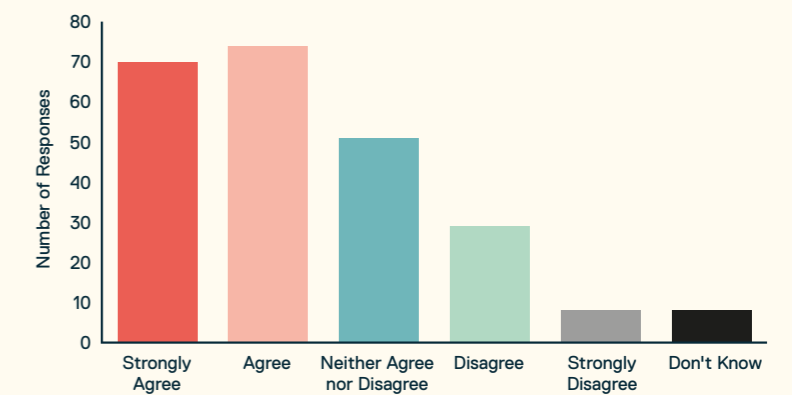


Figure 17: People Should Not Be Going Cruising or Cottaging During The Pandemic

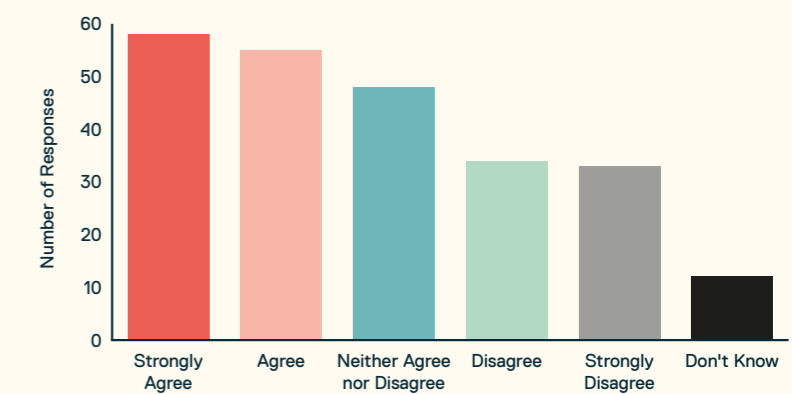


Figure 18: People Should Adopt COVID-19 Safety Measures (Such as Wearing a Mask and Social Distancing) if Hooking Up During The Pandemic

The most common sentiment expressed in quantitative and qualitative responses to the statement "People should adopt COVID-19 safety measures if hooking up during the pandemic" was that those hooking up should follow COVID-19 safety measures, though there was also a large amount of negative sentiment on this topic, with respondents noting it was not possible, practical or realistic to follow COVID-19 safety measures when engaged in a physically intimate act.

4.3 Health Messaging Online

In this section, we cover a range of public health topics that our survey addressed. We discuss the lack of engagement with COVID-19 health messaging on dating apps, HIV-related messaging, and mental health.

4.3.1 Lack of Engagement with Public Health Ads on Apps

There was only limited engagement with targeted health messaging among the participant cohort. Approximately two-thirds of respondents (65%, or 156 people) stated that they had not noticed online advertisements aimed at MSM during the pandemic.

“ When I’m on a hookup app, I’m not looking for information about COVID, so I just pass it over. ”

Research Participant

When asked if they clicked on ads (84 responses), most did not click on them. The minority who did click on them (27) said they did so out of interest and to get more information. Those who did not click (57) stated their rationale for not clicking in-app adverts was due to the general feeling that they already knew the COVID-19 rules, hence they felt they were adequately informed. Some stated that the advert displayed provided enough content that they did not need to click further.

Many responses to the in-app adverts indicated they viewed adverts generally as spam or pop-ups, hence the lower likelihood of actively engaging with the content through a click. They felt that the presence of the ads interrupted their experience of the technology platform.

4.3.2 Types of Health Messaging Encountered on Dating/Hookup Apps

In terms of the types of targeted public health messages and adverts online, of the 35% (84 people) that did notice online advertisements aimed at MSM during the pandemic, most indicated that they saw ads specifying COVID-19 sexual health advice by promoting masturbation and video calls as substitutes for meeting in person. Participants also reported the prominence of in-app adverts promoting the ‘stay home and stay safe’ public health messaging encouraged by the government, with additional messaging indicating nationwide responsibility to protect the NHS. For some, this messaging brought feelings of guilt. However, one participant pointed to how helpful it was to see practical advice about hooking up rather than shaming advice when he saw “something by a PrEP charity, about useful tips on how to hook up during the pandemic. I saw it on a charity website, I think. I liked it, it felt like practical advice. I didn’t feel as bad about myself, compared to the reminders of COVID restrictions.”

In terms of non-COVID public health messaging, many who recalled online adverts remembered seeing HIV/STI prevention adverts and social media posts from sexual health charities, including the Terrence Higgins Trust, the Trevor Project and Prepster. There was increased visibility of health messaging around campaigns such as National HIV Testing Week as well as the release of ‘It’s A Sin’ on Channel 4 in January 2021. In terms of the content, many respondents cited HIV/STI prevention messaging through home-testing and PrEP linked to the Breaking the Chain campaign led by the Terrence Higgins Trust and 56 Dean Street.

4.3.3 HIV/AIDS Pandemic and COVID-19

When asked, “What do you think of how sex has been talked about during the pandemic we are currently living with as compared to the HIV/AIDS pandemic?” (34 responses), 12 respondents expressed that discussion of sex had been absent or less prevalent than during the HIV/AIDS pandemic. However, another 12 responses highlighted that there were significant differences that made it challenging or unfair to draw comparisons between the pandemics. Participants noted that the HIV/AIDS pandemic carried a lot of stigma and homophobia, which they felt was absent during this pandemic.

4.3.4 Mental Health and Anticipating the Future

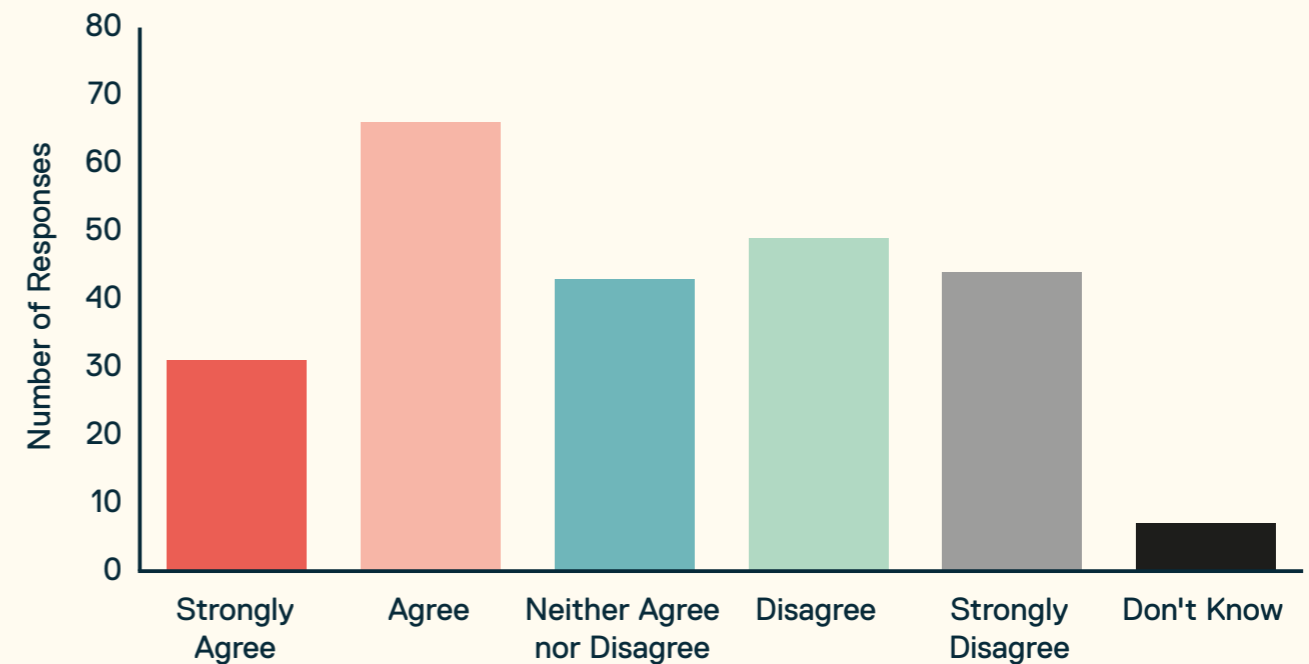


Figure 19: I am Anxious About COVID-19 Restrictions Being Lifted.

Many respondents expressed that they were excited to get back to life as normal. However, a large number of people had anxieties relating to the easing of restrictions (Figure 19). The most common concern, expressed in 22 responses, was that people would be careless, thereby causing another lockdown. Seventeen (17) individuals identified anxieties about adjusting back to regular life after so long, with comments such as, “My anxiety has got worse during the pandemic and I struggle to go out.”

Those who were not anxious about the lifting of restrictions justified their attitudes by mentioning that they trusted the vaccines, that they felt the restrictions were being lifted at the right time, that the virus was under control in the UK, or that they were not nervous as they were taking their own precautions.

Mental health was cited as an important factor determining some people’s attitudes on both sides. As one person expressed: “Not being able to see my friends has really fucked with me mentally. I’ve gotten so depressed, frustrated and angry. When people say they’re kind of glad we’re not out of it yet, it really annoys me.”

Section 5

Government Scandals over Social Distancing Rules Being Broken: Survey 2 – June 2021



Survey 2 Findings

We focused on two key findings from this survey: (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.

2021

June

Lockdown and social distancing

- All legal measures of lockdown removal delayed in England until July.

Scandals

- Health Secretary Matt Hancock has admitted breaking social distancing guidance after pictures of him kissing an aide were published in a newspaper.

COVID-19

- By the end of the month, all adults aged 18 and over are offered the vaccine. In England, vaccination becomes mandatory for those working in care homes on 16 June. The Scottish government expands its vaccination programme to include international students on 11 June and brings forward the second vaccine doses for those over 40 to combat the Delta variant on 13 June.

Dating/hookup app innovations and offers

- Tinder introduces a range of profile badges representing various vaccination intentions and statuses.

August

COVID-19

- Fully vaccinated people from the EU and US are able to travel to Scotland without quarantining.
- Fully vaccinated people in Wales no longer have to self-isolate if they come in contact with people who have COVID-19.
- Across the UK, vaccines are offered to all 16–17-year-olds. In Northern Ireland, vaccines are also offered to children aged 12–15 with underlying health conditions. In Scotland, some children aged 12–17 with underlying conditions or living with immunosuppressed family are also offered the vaccine.

July

Lockdown and social distancing

- All legal measures of lockdown removed in England.

Sexual health

- ‘Freedom Day’, when clubs and some sex-on-premises venues reopened, and there was a spike in (moralising) commentary on gay ‘promiscuity’ and COVID-19 around this period.

COVID-19

- In England, Scotland and Wales, vaccine rollout is expanded to clinically vulnerable adolescents aged 12 and over on 19 July.

424 UK participants who identified as men who have sex with men (MSM) took part in second survey from the project, answering a series of closed and open-ended about their lives from 22 July – 5 September 2021.

A majority of respondents (299 people, or 71%) used dating/hookup apps during the pandemic, with Grindr (266 people), Tinder (116), and Scruff (112) cited as the ones most used. Participants reported using these technologies for a range of reasons, including combatting loneliness and isolation, chatting to both strangers and friends, arranging in-person hookups and dates, and sending and/or receiving pictures and videos.

Eighty-five per cent of the respondents were located within England (360 people), followed by Scotland (33 people), Wales (22 people), and Northern Ireland (9 people).

They were in a range of living situations and relationship statuses. 107 participants (25%) considered themselves at high risk if they were to contract COVID-19. In terms of ethnicity, respondents identified as white (393, 93%), followed by Asian/Asian British (8, 2%), black, African or Caribbean, or black British (7, 2%), mixed/multiple (7, 2%), and other (6, 1%). Respondents’ ages ranged from 19–79.



Survey 2 Demographics Summary

424

Respondents from the U.K who identified as men who have sex with men (MSM) participated.

Participant age:
19-79



85% England
8% Scotland
5% Wales
2% Northern Ireland



71% of respondents stated that they had used dating/hook up apps such as Grindr, etc. during the pandemic.



107 Participants considered themselves at high risk if they were to contract COVID-19.

Respondents identified as

93% White
2% Mixed/multiple
1% Other
2% Black, African or Caribbean, or Black British
2% Asian/Asian British

App usage:

Grindr: **63%**
Tinder: **27%**
Scruff: **26%**

Reasoning for App usage:

Chatting to both strangers and friends
Arranging in-person hookups and dates
Sending and/or receiving pictures and videos.

5.1 Attitudes Around Vaccines and Other COVID-19 Safety Measures when Meeting Through Dating/Hookup Apps

Participants expressed mixed feelings when it came to vaccines, hooking up and COVID-19 in response to both quantitative and open-ended qualitative questions. The motivations behind their attitudes were similar to those found in our previous survey, but in this survey there was a marked increase in sentiments around personal choice, freedom and individual risk assessment when considering vaccines and dating since most initial government restrictions had been lifted. One respondent answered in response to the question of whether people should not date or hook up with those who have not had the COVID-19 vaccine: “Personal choice. If you are vaccinated, young and healthy, then someone else’s COVID vaccine status is really none of your concern. If you are health compromised, then you may well be more concerned and your prospective date should respect wishes to know vaccine status.”

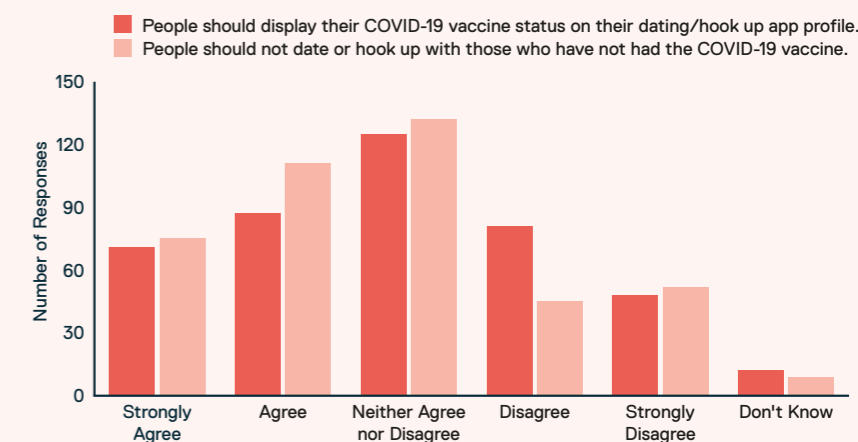


Figure 20: Attitudes to Hooking Up in Relation to COVID-19 Vaccination Status

Some participants in this survey also emphasised parallels between STIs/HIV risk and COVID-19 risk when it came to individual risk-taking around hooking up with those who are not vaccinated (Figure 20).

However, emphasis on personal choice is in conflict with another attitude shared by many in both our surveys: the importance of reducing the spread for wider, more universal social benefit, expressed in one participant’s response: “Don’t take chances that could affect others, especially friends and family.” This highlights divided social attitudes, captured right at the point when most lockdown restrictions in the UK had been eased.

When responding to the question of whether people should display their COVID-19 vaccine status on their dating/hookup app profiles, many were in favour of discussion of vaccination status with prospective partners. However, there were strong sentiments against forced disclosure of vaccine status, such as in a profile badge or as a requirement to use an app, because vaccination was viewed as a private medical issue. There were also concerns about discrimination based on vaccine status due to pre-existing health issues or age (at the time of data collection, not all under-30s had yet been offered both doses of a primary vaccine course). This finding is interesting in light of governments’ and stakeholders’ considerations of potential vaccine mandates in some arenas of social life.

5.1.1 Other COVID-19 Safety Measures

Even though many agreed (52%) that “people should adopt COVID-19 safety measures when dating/hooking up,” 25% neither agreed nor disagreed or weren’t sure, emphasising continued mixed feelings about life after many government restrictions had been removed (Figure 21). As above, personal choice and individual risk assessment were emphasised in response to the question. Some respondents were against anyone hooking up at all under the current COVID-19 circumstances at the time. Many also expressed the impracticality of measures such as wearing masks or keeping distance. However, they did acknowledge the social responsibility aspects and wider positive public health effects of taking COVID-19 tests and minimising numbers of partners; what they themselves elected to do when dating is explored in the next section.

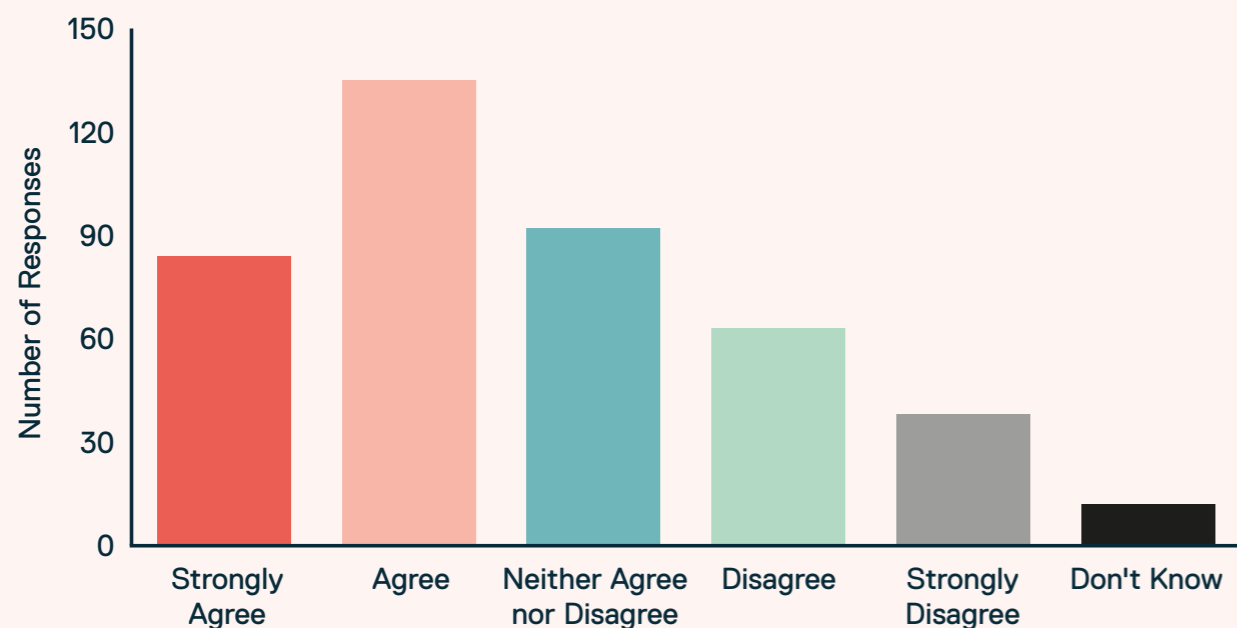


Figure 21: People Should Adopt COVID-19 Safety Measures When Dating/Hooking Up (n=424)

“ If you are hooking up, then it’s almost impossible to follow restrictions. ”

Research Participant

5.2 Practices of Dating and Hooking Up During the COVID-19 Pandemic



“ 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. ”

Research Participant

5.2.1 Changed Sex Lives

The majority (65%) of respondents strongly agreed, or agreed, that their sex lives had changed due to the pandemic (Figure 22), particularly through less sex, fewer partners, and refraining from hookups; this was the case for both single respondents and those in relationships. Many whose sex lives had not changed specified that this was due to the fact that they were not having sex before the pandemic. Some participants stated that their sex lives were unchanged because they continued meeting during the pandemic or because they were in relationships.

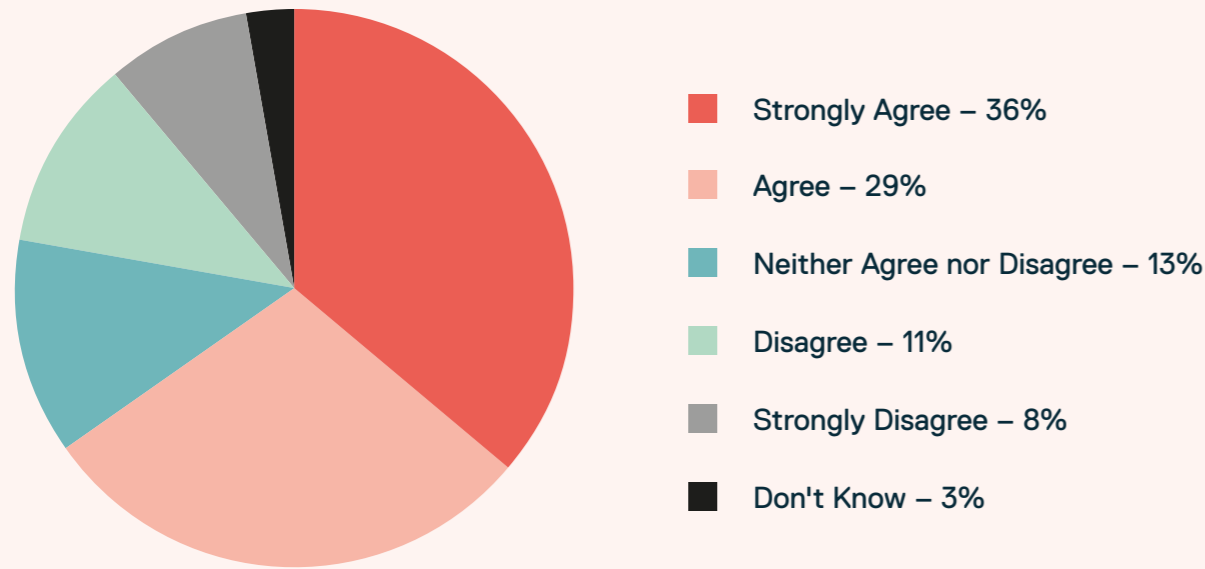


Figure 22: My Sex Life has Changed as a Result of the Pandemic (n=424)



As in our first survey, respondents shared how COVID-19 pressures caused breakdowns in relationships, declines in libido, and reductions in self-confidence and mental health. Several participants commented that they were concerned about an over-reliance on cybersex, pornography and masturbation due to the effects of the pandemic on their sex life. Reduced sexual activity had other knock-on effects: as one respondent identified: "Stress of lockdown led to break up of relationship, single during last lockdown, feelings of loneliness and isolation, riskier behaviours now to almost make up for this." These findings indicate that there may be lasting impacts of the pandemic on the sex lives of MSM that health charities should consider.

5.2.2 Changed Practices

In comparison with our previous survey, this survey identified an increased return to dating and hooking up. However, many respondents were still concerned about contracting COVID-19, and they negotiated this risk individually by undertaking risk mitigation practices.

Our research identified a difference in attitudes versus practices. The data indicated that many participants took COVID-related safety precautions when offered potential safety options from a drop-down list, as opposed to a Likert scale question asking about attitudes. Yet several people expressed that they were not sure how COVID-safe sex could be achieved, and in our previous question on attitudes, many were critical of the supposed impracticality of COVID risk precautions when hooking up. In practice, common risk mitigation measures undertaken by participants included hand washing, minimising contacts, regular COVID-19 testing, and ventilation, as well as wearing a face mask and social distancing on dates (although not necessarily when hooking up).

The difference in opinion versus practices, in addition to the content of some of the qualitative responses from our questions, suggested that many assumed COVID-19 safety 'precautions' to mean wearing a face mask or keeping social distance. This was the public health guidance that had been stressed earlier in the pandemic. Thus, it seemed there needed to be wider awareness of updated public health guidance on dating. At the time when our second survey was conducted, government lockdowns had eased and there was convenient access to free lateral flow testing, meaning that there were available ways to reduce COVID-19 risk when dating and hooking up. Given the emphasis on mental health by respondents in our surveys, resuming dating was arguably an important component of creating a sense of social and personal wellbeing going forward, as well as the longed-for return to 'normality'.

In practice, common risk mitigation measures undertaken included hand washing, minimising contacts, regular COVID-19 testing, and ventilation, as well as wearing a face mask and social distancing on dates (although not necessarily when hooking up).

5.2.3 Attending Venues

At the time of the survey, many nightlife and leisure venues opened their doors to the public once more after months of restrictions. Despite this, most respondents were not visiting venues such as nightclubs, saunas and sex clubs to hook up or date, either because they previously did not visit these venues or because they felt it was unsafe. Fifty-eight per cent of participants said they did not visit these venues, whereas only 23% said yes. Discomfort with crowded spaces, feeling it was too soon, and concern over transmission rates were the most common reasons given for avoiding venues. Several respondents expressed caution over the safety of saunas given the warm, poorly ventilated conditions, as "COVID could flourish there." However, some respondents expressed intention to visit venues in the near future despite not yet attending. They said that they were waiting for higher vaccination rates and assessing impacts of relaxed government restrictions on the number of COVID-19 cases. Meanwhile respondents from Northern Ireland and Wales highlighted that these venues were still not allowed to open under their current restrictions.

Common reasons given for attending venues ranged from vaccination, desiring to live their lives again, or feeling they had waited long enough. One survey respondent said, "I'm double vaccinated, safe, and frankly horny." Another highlighted his trust of venues' safety assessments. A minority of respondents also clarified that they were attending nightclubs socially but not for dating or meeting sexual partners: as one participant summarised, "I just want to boogie, not shag." Thus we can see some people begin to balance their own social, sexual and mental health needs with risk mitigation strategies, like vaccination.

Section 6

Booster Vaccination Begins: Survey 3 – September 2021



Survey 3 Findings

Three themes are highlighted from the third survey's findings: (a) access to sexual health services, (b) changed restrictions leading to changed attitudes, and (c) concerns about vaccine stigma. These built on the themes identified in our previous surveys.

2021

September

Lockdown and social distancing

- Prime Minister Boris Johnson and Health Secretary Sajid Javid unveil the COVID-19 Winter Plan for England, which includes a Plan A and a Plan B.
- The Northern Ireland Executive agrees to end social distancing restrictions for shops, theatres and a number of other indoor settings in Northern Ireland from 6pm on 30 September.

COVID-19

- Health Secretary Sajid Javid confirms plans to introduce vaccine passports for nightclubs and other venues in England have been scrapped. 10 Downing Street says the plans will be kept 'in reserve'.
- The Scottish Parliament votes to approve vaccine passports, meaning adults must be fully vaccinated to enter nightclubs and major events from 1 October.
- The Welsh government announces the introduction of vaccine passports for nightclubs and large-scale events in Wales from 11 October.
- Ronapreve becomes a treatment for the 'most vulnerable' hospital patients unable to build up an antibody response to COVID-19.¹⁰
- Across the UK, booster doses begin being offered to those over 50, vulnerable people over 16, health and social care workers, and adult members of the households of immune-suppressed individuals.
- Across the UK, all 12–15-year-olds are also offered a primary course of the vaccine.

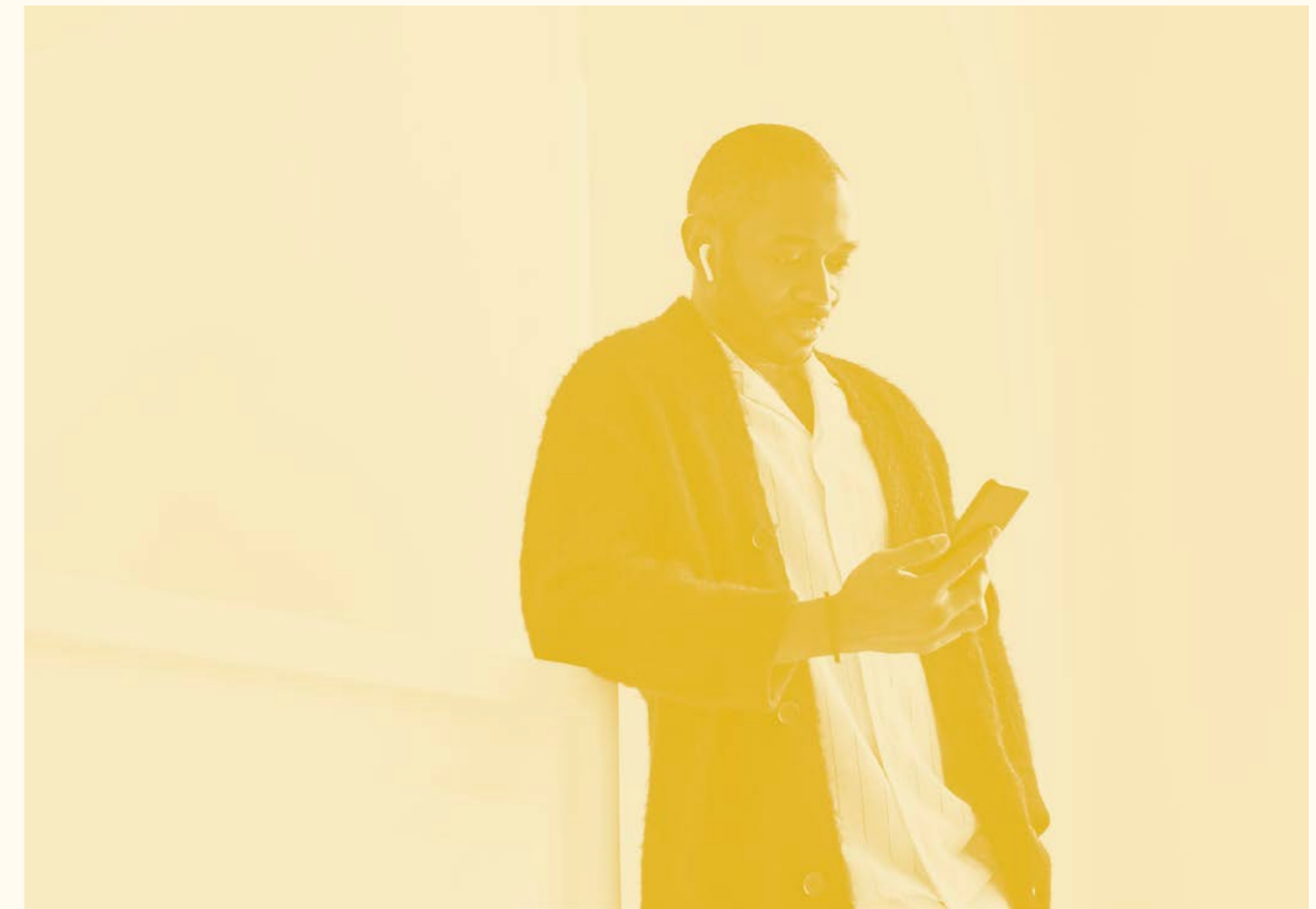
October

Lockdown and social distancing

- In Wales, First Minister Mark Drakeford says that people can look forward to a Christmas "much more like the ones we are used to" provided nothing unexpected happens.
- An Office for National Statistics survey indicates changes in mask wearing and social distancing habits. The percentage of adults who say they always or often maintain social distancing has fallen from 63% in mid-July to 39% in mid-October, while 82% surveyed in mid-October say they wear a face covering, compared with 97% in mid-June.¹¹
- Nightclubs in Northern Ireland are reopened as some remaining COVID-19 restrictions are lifted; Northern Ireland is the last part of the UK to reopen its night-time venues.

COVID-19

- England's Chief Nursing Officer, Ruth May, confirms that over 2 million booster vaccinations have been given out so far.
- The UK Health Security Agency upgrades the Delta Plus COVID-19 variant to the 'variant under investigation' category amid concerns it is easier to spread than the original Delta variant.
- All children in Wales aged 12–15 offered a vaccine.



The third online survey for the COVID Sex Lives project ran from 23 September 2021 to 2 November 2021. 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 UK who identified as men who have sex with men (MSM) participated.

In terms of demographics, respondents were aged 19–74, 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/hookup apps such as Grindr, Scruff and Tinder in the 12 months prior to the pandemic (i.e. pre-March 2020), while this usage dropped to 78% (220 people) during the COVID-19 restrictions from March 2020 to July/August 2021. This total had slightly risen to 80% (227 people) of respondents stating they were using dating/hookup apps at the time of the 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 reported by participants were: arranging in-person hookups (76%), general chatting (64%), and combatting loneliness and isolation (36%). In addition, 41% of respondents (115 people) reported using other forms of digital technology (e.g. Zoom, chat rooms, video chat, WhatsApp calls) at the time of the survey.

Survey 3 Demographics Summary

284

Respondents from the U.K who identified as men who have sex with men (MSM) participated.

Participant age:
19-74

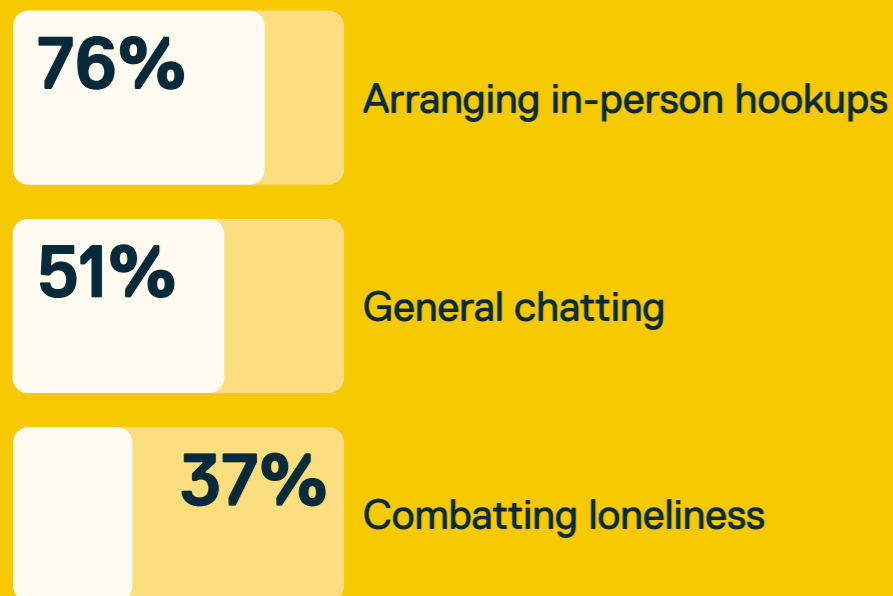


87% England
8% Scotland
4% Wales
1% Northern Ireland



89% of respondents stated that they had used dating/hook up apps such as Grindr, etc. during the pandemic.

Popular app uses:



App usage:

Grindr: **72%**
Scruff: **31%**
Tinder: **29%**
Fabguys: **25%**
Squirt: **25%**

85 respondents expressed a preference for face-to-face sexual health services

6.1 Access to Sexual Health Services During the Pandemic

Seventy-six per cent of respondents accessed sexual health services before March 2020. However, there was a large 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 taking place, as findings across the surveys 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.

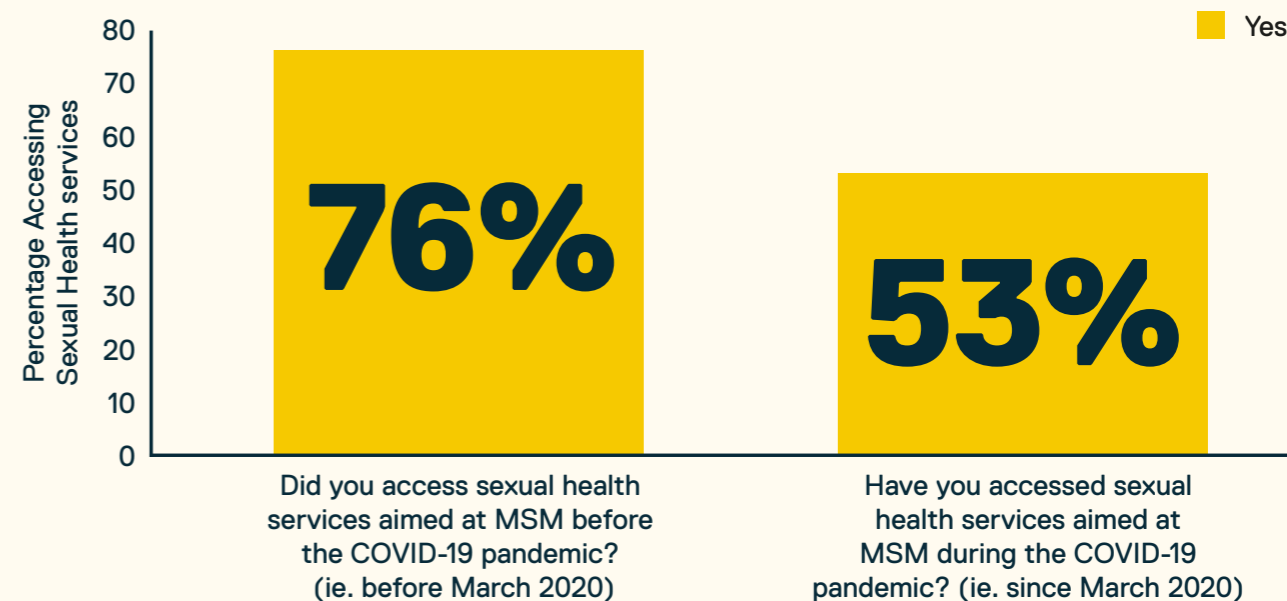


Figure 23: Access to Sexual Health Services Pre-pandemic and During the Pandemic

Respondents were asked how they accessed sexual health services aimed at MSM before the COVID-19 pandemic. Sixty-two per cent 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. During the COVID-19 pandemic, there was a shift towards home kit testing, with 60% of respondents stating they use home testing kits. However, there was only a small increase in accessing online services such as research, online and telephone appointments, and online drop-in clinics during the time of the survey, with only 31% of respondents using these during the pandemic compared with 27% before.

Most participants agreed that their sex lives changed because of the pandemic (181), with the majority noting that they hooked up or had sex much less than before. Some respondents cited safety concerns: "I was keeping myself safe as I could not afford time off work sick." Some abstained from sex completely, whereas others engaged in risk reduction strategies such as reducing numbers of partners. Several mentioned having increased digitally mediated hookups via apps, sexting or video. A small minority felt positive changes to their sex life had arisen from the pandemic, such as a respondent who identified that their sex life with their partner had become more intimate.

Many respondents (85 people) expressed 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 with conducting a physical examination.

6.1 Access to Sexual Health Services During the Pandemic (cont.)

Respondents also noted the difficulty in accessing in-person sexual health services, especially in particular regional areas. One person commented: "It's much more difficult to access clinic appointments, especially outside of London, where there have been drastic cuts to STI services." Another respondent 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 and ease of booking, which cut down the need for in-person interactions. One respondent stated: "Online/telephone consultations are great and very efficient. Should continue post-pandemic."

“ 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. ”

Research
Participant

“ 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. ”

Research
Participant



6.1 Access to Sexual Health Services During the Pandemic (cont.)

Survey respondents were asked how their experiences of accessing sexual health services had differed during the pandemic in comparison with before. Some stated that health services were more difficult to access; for example, one respondent said: “I used to be able to just walk in before. Now it is a nightmare of calls, call backs and whatnot.” Participants also noted NHS staff shortages meant a poorer service standard. Unfortunately some respondents also 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’. Thus we can see that location influenced people’s experiences of online and offline health service provision, both before and after the pandemic.

Other respondents 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 person 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 significantly impacted by location, there may be some benefits to be carried forward in offering MSM additional choices in future through hybridised models of provision.

“ I gave up trying to get hold of PrEP as it seemed there was too many complications trying to get access jumping through hoops. ”

Research Participant



6.2 Change in Restrictions Leading to Changed Attitudes

One finding in this survey was that, as COVID-19 restrictions had eased further since the previous survey, attitudes towards risk and safety measures had correspondingly changed slightly. Compared with answers reported in our second survey conducted between 22 July and 5 September 2021, respondents to this third survey reported reductions in personal COVID safety measures for hookups and dating.

“ 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. ”

Research Participant

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%), while ‘no use of measures’ was up by 5%.

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. While some still felt cautious about the safety of attending these venues, several respondents suggested that vaccination gave them confidence, for example: “I’m 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.”

These changes indicated a shift in attitudes. Participants felt that since government restrictions had reduced and vaccination was more available, they had less imminent risk of acquiring COVID-19.

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

Research Participant

“ Not anxious anymore about COVID, it is what it is... as the old saying goes, ‘familiarity breeds indifference’.”

Research Participant

6.3 Concerns about Vaccine Stigma

As COVID-19 vaccines became more readily available to all age groups, this survey sought to understand respondents’ opinions about 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 survey, with the majority of responses related to personal and communal risks and personal choice, as well as some moralistic underpinnings around personal responsibility.

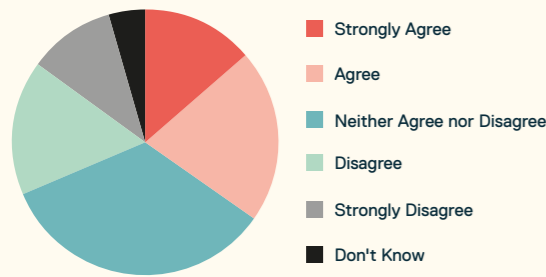


Figure 24: People Should not Date or Hook Up with Those Who have not had the COVID-19 Vaccine (n=284)

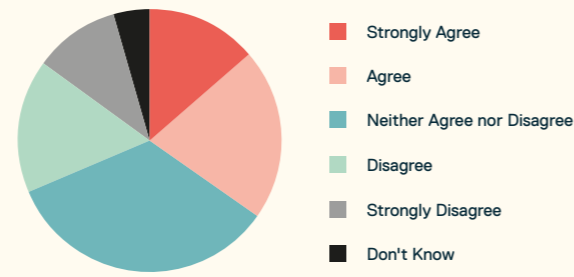
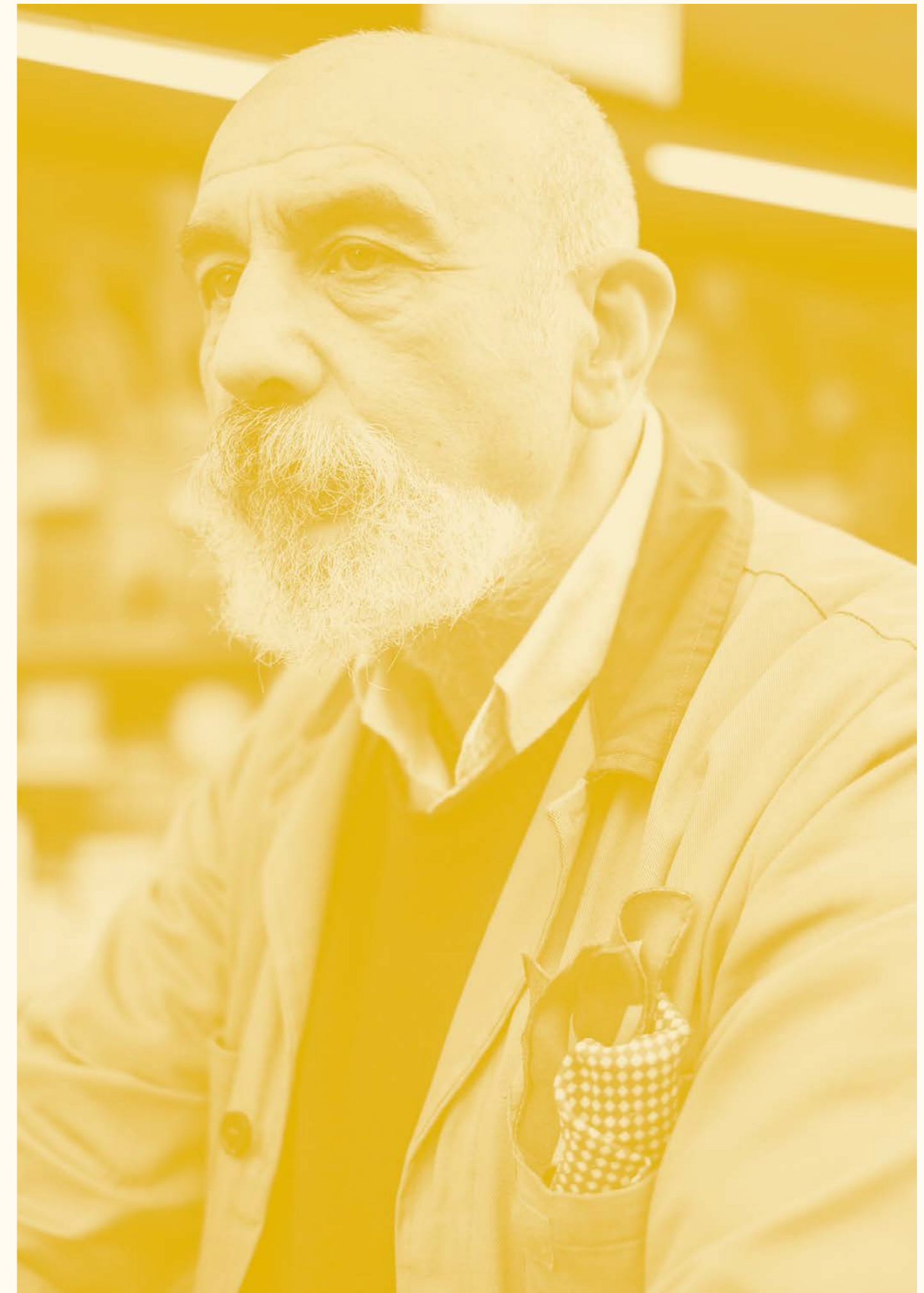


Figure 25: People Should Display Their COVID-19 Vaccine Status on Their Dating/Hookup App Profile (n=284)

However, one finding that had increased in this survey was sentiments about concern over vaccine stigma. When asked about displaying COVID-19 vaccine status on dating apps, several responses expressed caution around the possibility of increasing stigma. They warned that this may 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 noted: "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.



Section 7

Omicron, Christmas and Partygate: Survey 4 – November 2021



Survey 4 Findings

This fourth survey provided data on the following themes: (a) further changes in restrictions and government reliability affecting personal attitudes and behaviours, (b) shift from vaccine stigma attitudes to a focus on personal choice and risk reduction, with a sub-theme of (b.i) HIV and COVID-19 comparisons, and (c) changes to accessing MSM sexual health services.

2021/2022

November

COVID-19

- England's deputy chief medical officer, Jonathan Van-Tam voices his belief that 'very high' COVID-19 rates will mean there are difficult months ahead.
- The number of people receiving a third vaccine dose exceeds 10 million.
- Figures produced by the Office for National Statistics indicate a 27% rise in people dying in England while in treatment for drug and alcohol addiction during the pandemic.
- Health Secretary Sajid Javid confirms two cases of the Omicron COVID-19 variant have been found in the UK.¹²
- Microbiologist and SAGE adviser Professor Calum Semple says the Omicron COVID-19 variant is "not a disaster" and some people may be "hugely overstating the situation".¹³
- Prime Minister Boris Johnson announces the reintroduction of some measures for England as a result of the discovery of the Omicron variant.
- Those over 40 offered a booster across the UK, starting from 15 November in England. In Northern Ireland, all individuals aged 18–49 offered a booster course.

December

Lockdown and social distancing

- A YouGov survey carried out for The Times indicates a majority of people have no plans to change their plans in the run up to Christmas despite the spread of the Omicron variant.

Scandals

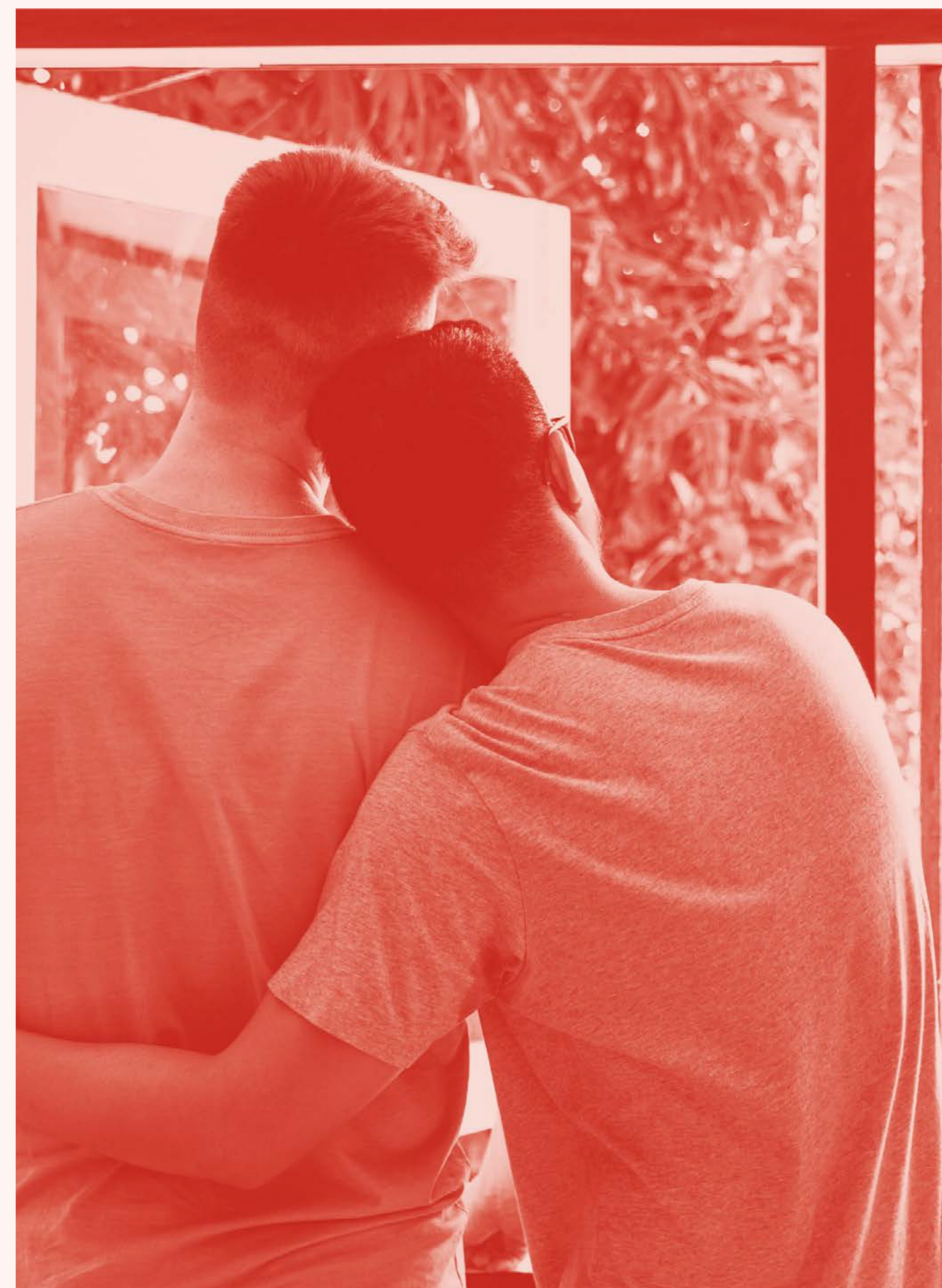
- Partygate details emerge.
- Allegations emerge of another civil service gathering while England was in lockdown in late 2020.
- The Independent reports that senior police officers fear people will be less likely to comply with any new COVID-19 restrictions because of the scandal surrounding parties held by Downing Street and UK government departments.

COVID-19

- The official spokesman for Prime Minister Boris Johnson says early evidence suggests the Omicron variant of COVID-19 is more transmissible than the Delta variant.
- The UK COVID-19 alert level is raised from three to four by the four chief medical officers due to the spread of the Omicron variant.
- A major analysis of the Omicron variant carried out by the UK Health Security Agency indicates people catching it are 50–70% less likely to require hospital treatment.
- Across the UK, all adults are offered boosters in "a race to beat Omicron", according to the NHS.
- In Northern Ireland, 5–11-year-olds with serious underlying health conditions are offered a primary vaccination course. 16–17-year-olds, 12–15-year-olds with underlying health conditions, and pregnant women are also offered boosters.

Dating/hookup app innovations and offers

- Grindr introduces COVID-19 and Mpox vaccination status functionality to their in-app profiles.



Survey 4 Demographics Summary

461

Respondents from the U.K who identified as men who have sex with men (MSM) participated.

Participant age:
20-79



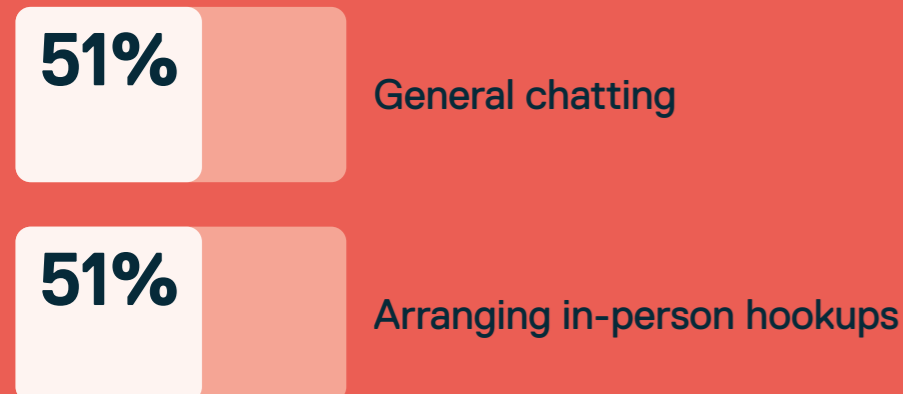
87% England
8% Scotland
3% Wales
2% Northern Ireland



86% of respondents stated that they had used dating/hook up apps such as Grindr, etc. in the 12 months prior to the pandemic.

Dropped to: **73%** when COVID-19 restrictions were in place from March 2020 to July/August 2021.
Rose to: **83%** when some restrictions were lifted in July 2021.

Popular app uses:



App usage:

Grindr: **68%**
Tinder: **30%**
Scruff: **25%**
Fabguys: **18%**
Squirt: **16%**
Recon: **13%**

37% of respondents reported using any other forms of digital technology (e.g. Zoom, chat rooms, video chat, WhatsApp calls)

Omicron, Christmas and Partygate: Survey 4 – November 2021

The fourth online survey ran from 17 December 2021 – 24 January 2022. This fourth survey concentrated on the festive and new year period. 461 respondents from the UK who identified as men who have sex with men (MSM) participated. Respondents were aged 20–79, with a mean average age of 36. 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. Ninety-one per cent 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.

Eighty-six per cent of respondents (395 people) stated that they had used dating/hookup apps such as Grindr, Scruff and Tinder in the 12 months prior to the pandemic (i.e. pre-March 2020), while 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/hookup 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/hookup apps over the festive period (2021) and into the new year (2022). Seventy-one per cent (329 people) said yes, showing a 12% drop in use compared with the pre-Omicron period (when some restrictions had been lifted).

As in the previous surveys, the most popular apps in this survey were: Grindr (68%), Tinder (30%), Scruff (25%), Fabguys (18%) Squirt (16%), and Recon (13%). The most popular uses for these apps among respondents were general chatting (51%) and arranging in-person hookups (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%), and arranging in-person dates (26%). Thirty per cent used the apps to combat loneliness and isolation (a slight fall from previous surveys). Seventeen per cent used apps for arranging in-person group sex, 11% were looking for ‘in-person’ cruising sites, and 5% for arranging in-person chemsex hookups. In addition, 37% of respondents (169 people) reported using any other forms of digital technology (e.g. Zoom, chat rooms, video chat, WhatsApp calls) over the festive period and into the new year.

7.1 Further Changes in Restrictions and Government Reliability Affecting Personal Attitudes and Behaviours

“ 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. ”

Research Participant

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 the Omicron variant’s potential influence on future restrictions. In the fourth survey, there was a noticeable increase in the application of personal COVID-19 safety measures and precautions by the MSM community within hookup and dating culture in comparison with 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; this is in contrast to 41% from the previous survey, which was 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 with 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 with the previous survey cohort.

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.



“ I think it’s useful to discuss COVID-19 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. ”

Research Participant

7.2 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/hookup activities. Fifty-eight per cent of respondents said they had not or would not change their plans, 36% said they had/would change their plans, with the remainder saying they didn'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 with 71% in the (pre-Omicron) third survey (Figure 26). Again, this can be attributed to how respondents categorised contacts as being essential or otherwise. Of those who 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.

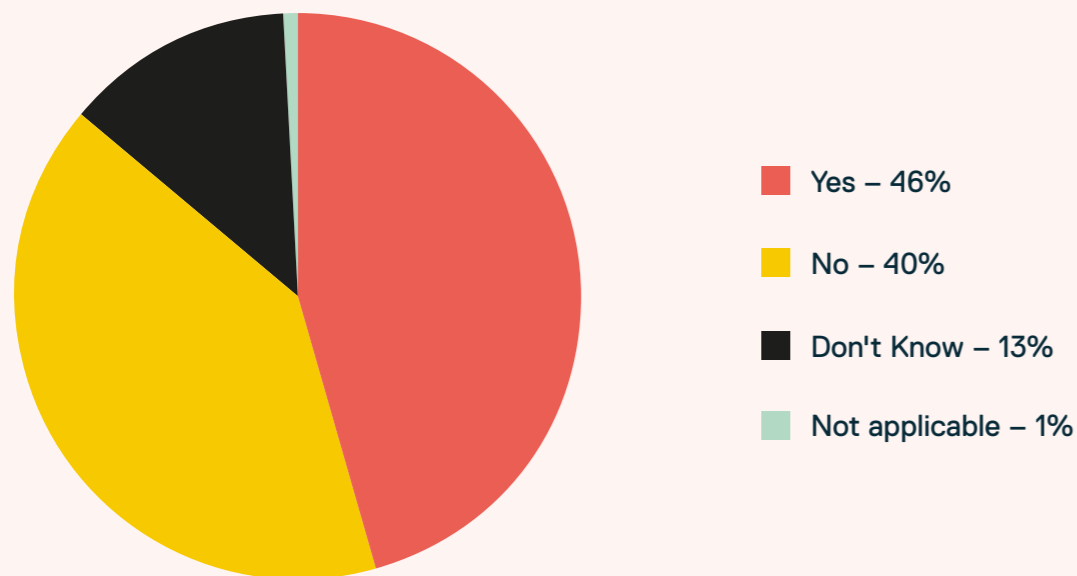


Figure 26: Over the Festive Period and into the New Year, I am Attending Leisure Venues such as Pubs, Bars or Nightclubs

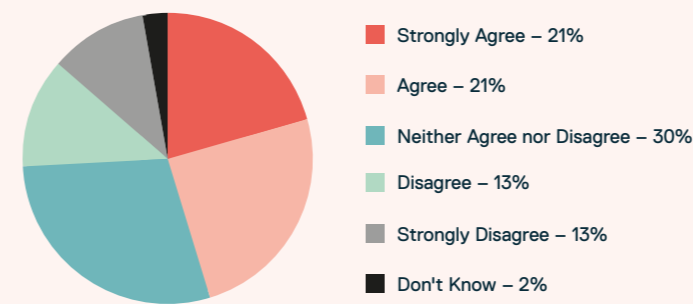
For example, one respondent stated: "The worst effect of the pandemic for me has been feeling isolated and lonely. Human contact is pivotal to my mental wellbeing and I personally think I would be worse off if I had to stay indoors and was not able to socialise." Another respondent commented: "because 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.

There was a further decrease in the usage of commercial sex venues, with just 10% agreeing they would go to sex venues, compared with 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, and (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, has 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.

7.3 Shift from Vaccine Stigma Attitudes to a Focus on Personal Choice and Risk Reduction

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



People should display their COVID-19 vaccine status on their dating/hook up app profile

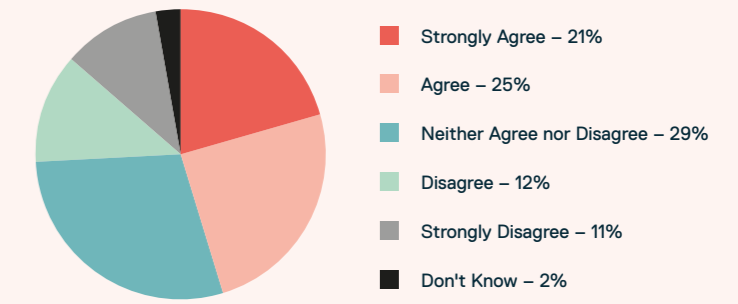


Figure 27: Attitudes to Hooking Up in Relation to COVID-19 Vaccination Status (n=461)

As a larger proportion of the UK population had received their first vaccination since the previous survey was conducted, we wanted to determine if (the display of) vaccine statuses on dating apps would continue to affect respondents' hooking up or dating practices. In the fourth survey, 42% of respondents strongly agreed or agreed that people should not hook up with people who haven't had the vaccine, compared with 35% in the previous survey, while 46% of respondents agreed that vaccine status should be visible on dating/hookup app profiles, in contrast to the previous survey where this was 38% (Figure 27). 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 with 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 on dating/hookup apps reflected an apparent desire for more 'freedom', with vaccines being seen as integral to fulfilling this desire.

“ Vaccination is important to prevent stronger symptoms and illness; we are all accountable. ”

Research Participant

7.4 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. 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 with 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 hookup cultures outside of sexual health services affects social isolation and the decreased sexual wellbeing of MSM communities. One respondent stated: “Sex has generally been absent as far as I can see. Interesting as it’s a key mode of transmission!” While another commented: “It’s as if people no longer have sexual desire or needs.” However, as previously highlighted, the lack of focus on sexual discourses during the pandemic could be attributed to reduced funding and pandemic-related working challenges faced by sexual health services, especially services dedicated to minority communities.

“ 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. ”

Research Participant

7.5 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 with the third cohort, 76% of respondents had used sexual health services for MSM populations before the pandemic, but this reduced to 54% during the pandemic.

According to participants’ 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 drops in the use of MSM sexual health services in both cohorts during the pandemic.

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 with 63% in the third cohort.

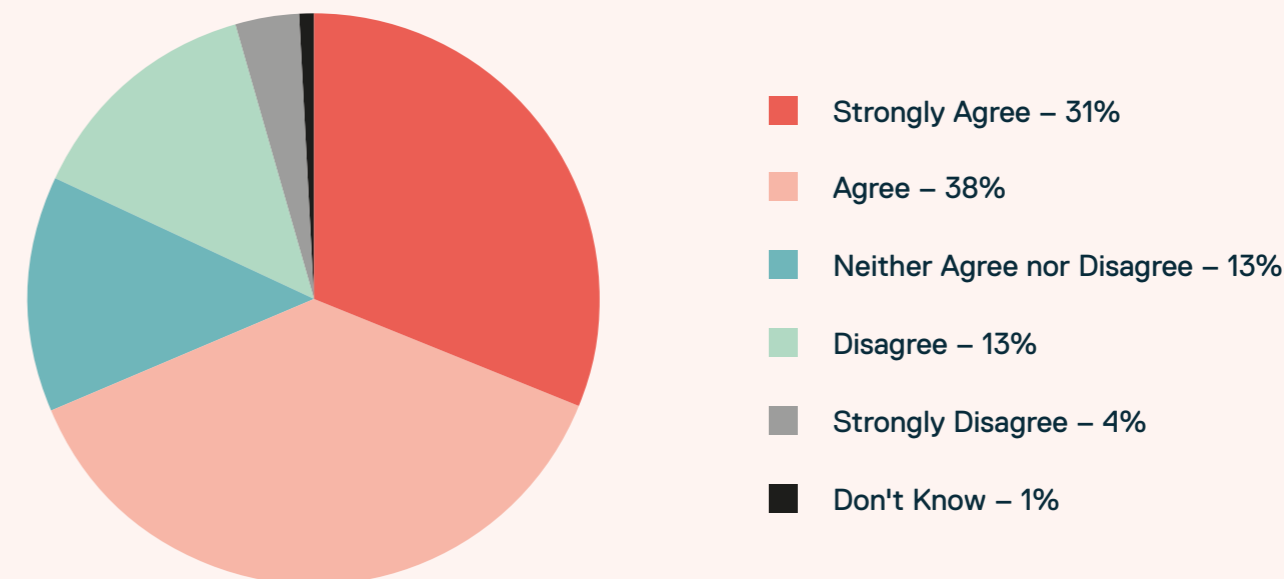


Figure 28: My Sex Life Has Changed because of the Pandemic (n=461)

“ 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. ”

Research Participant

7.5 Accessing MSM Sexual Health Services (Cont.)

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 plummeted 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 compared to before the pandemic 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. In open-ended responses, people stated that online MSM sexual health services: (a) were more convenient with less stigma and anxiety (67 text responses); (b) had declined as compared with 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. One respondent stated, “[it is] increasingly difficult just to get my 3 monthly prep prescription,” while another commented that 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 in-person services, whether that be appointments or drop-in clinics due to the ease and accessibility.

Respondents to the fourth survey indicated the online services may pose more risk towards MSM populations for those who are not open about their sexuality, as they cannot 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 need 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.



“ 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. ”

Research
Participant

Section 8

Conclusions and Recommendations



Dating and hookup apps had to adapt in a context where, at times, people were not supposed to meet in person except under strict conditions, never mind date or hook up. It's important to remember that these apps usually operate as commercial organisations and often employ a considerable number of people.

8. Conclusions and Recommendations

Thus it was a challenge to maintain their business model and keep people in work, while also having the integrity to make it easier for people to isolate when needed and then navigate risk as lockdowns and restrictions were eased. A variety of new in-app services were introduced during the pandemic in response, such as hosting quizzes and the introduction of interactive media. Additionally, apps carried public health messaging – although as global products, this messaging did not always translate into a UK context, let alone an English, Northern Irish, Scottish or Welsh one. Moreover, our surveys found that MSM rarely consulted these forms of communication. Later in the pandemic, in apps focused towards MSM, a more useful intervention appeared to be the introduction of vaccination status into profile functionality. Although not welcomed by all, it was widely used and followed in the tradition of notification of such things as safer sex practices, HIV status, and usage of pre-exposure prophylaxis (PrEP).

STIs and HIV, at least in a UK context, have very much ‘stuck’ to MSM, and particularly cisgendered gay men – hence such features appearing in apps focused on this group and not in apps they, and people of other genders and sexualities, might also use, such as Tinder. There are two further points of interest here. First, Tinder did introduce vaccination badges to aid users in signalling, essentially, they were ‘safe to meet’, where previously health information, such as STI status, was not included. Second, during the COVID-19 pandemic, we also saw cases of Mpox (previously known as monkeypox). Mpox arguably stuck again, very much, to MSM,¹⁴ and was presented as a sexual health matter (vaccination occurred in sexual health clinics only, as indicative of this). Vaccination status in this respect is now in many drop-down menus of MSM-focused dating and hookup apps. While Mpox is transmitted through close bodily contact (a lack of social distance), as COVID-19, it is interesting to note how one outbreak was characterised and spoken about in sexual terms but not the other. Guidance on how to have sex during a pandemic, for the whole population, irrespective of gender or sexuality, was largely absent in terms of government messaging. Generally, sex appeared in the form of scandals, most notably when Health Secretary Matt Hancock was caught getting up close and personal with his aide during the time he and the rest of the government were advocating social distancing.

Our analysis of discourses on digital media highlights that the predominant messaging for MSM around the pandemic was to stay at home and avoid hooking up. This messaging was also often linked to suggestions that difficulty in abstaining from face-to-face sex with those outside your household might be eased by utilising alternative digital means of sexual connection (e.g. cam sex, Zoom sex parties or pornography). However, the survey data shows that while these digital alternatives were useful and engaging for some MSM, for those who felt sexual encounters were an important part of creating physical intimacy for mental health, these suggestions misunderstood key aspects of why MSM engage in intimacies.

Where MSM did stay home ‘and have a wank’, as advised by charities and dating/hookup apps, the governance policies of key platforms such as Zoom ruled this out (Zoom 2023). Despite this, MSM continued to use the platform for this purpose but regularly found established, safe, sex-positive communities shut down. This is not unexpected, as Paasonen et al.’s (2019) work on the ‘not safe for work – NSFW’ phenomena on the internet shows how safety and risk are usually conflated with any form of sexual content – legal, consensual or otherwise.

We call for approaches to public health and sexual wellbeing in future pandemics that still allow for intimate contact, such as by considering how to minimise harm rather than restricting all in-person interactions. We also pinpoint the importance of the digital technologies such as dating/hookup apps in bridging the gap and helping users connect socially, whether for in-person hookups or digital social companionship.

As we witnessed attitudes and practices shift across the surveys, we conclude that by the end of the data collection period, many MSM adopted a more blended COVID-19 approach as part of a wider approach to health and risk. We therefore offer the following recommendations to address public health and wellbeing for future pandemics. We believe these suggestions also have potential to benefit the wider public, not just MSM.



8.1 Recommendations

Prioritise Mental Health

Respondents repeatedly expressed concerns about the mental health impacts of the pandemic; mental health should be targeted in future public health messaging. The impact of mental health on the physical should be better acknowledged and supported, especially for those who do not live in conventional nuclear family structures.

Hybridise Health Services

Participants valued the online, postal and in-person options to access healthcare and STI and HIV testing. It is important to ensure in-person options are well supported. We saw during the vaccination drive how wider social and health charity networks were mobilised. Stakeholders should consider setting up similar alternative support structures and have them in place to quickly pivot to in future if public in-person services and the NHS are unable to meet high demand.

Offer Decision-Making Frameworks

Health charities and government bodies may want to consider how to support individual choices within a larger pro-public health approach. One strategy for doing so may be decision-making frameworks or graphics to aid with choice-making and communication with prospective sexual partners. Such tools could clarify risks and ideally provide measurable rates and percentages behind choices. Such messaging could inform people of the actual risk involved when dating and hooking up relative to other risky non-sexual activities, such as taking public transport or meeting friends. Had this been available during the pandemic, it could have addressed concerns for those sceptical of others hooking up, those confused about precautions that can be undertaken, and those who feel anxious, fearful or guilty over resuming their lives. Given that many people are living under frameworks of personal choice, autonomy and individualised risk assessments, assisting people to make these personal choices in the most informed way possible offers a promising public health strategy.

Develop Toolkits

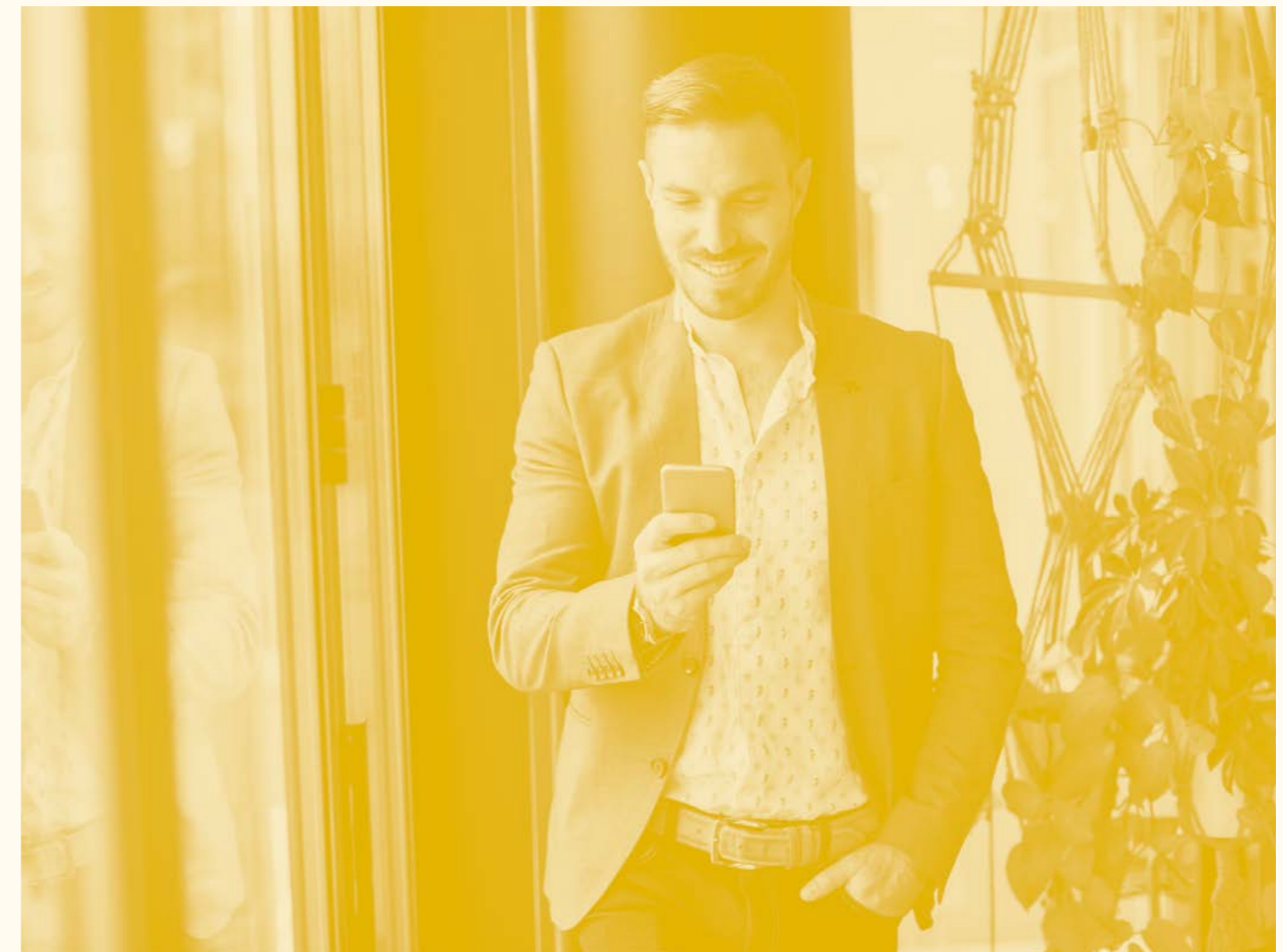
Lateral flow tests, STI test kits, sanitiser, condoms, vaccination communication strategies and access points, and information on ventilation and other COVID-safety practices could be built into a cross-issue health toolkit resource that charities offer. This would have wider health benefits in terms of disease transmission, not just for COVID, and could be helpful during flu outbreaks, for example. It also could ameliorate misunderstandings of which COVID-related safety precautions are practical and easy to undertake when dating and hooking up.

Consider More Ways to Reach MSM for Health Messaging

Many participants did not recall, let alone choose to engage with, in-app health messaging on dating/hookup apps. Although health charities were active on social media and in discourses on Twitter, there were not necessarily the corresponding updates to health charities' websites. This means that those who the messaging reaches are either highly digitally engaged with the charity (by encountering it on social media through follows or shared networks) or else disengaged. Those who are information-seeking but not already in the charities' digital networks may be missed, as it is likely the websites are the first point of access. Charities may want to consider alternative ways to reach MSM within physical and digital communities.

Engage the Power and Reach of Digital Technologies like Dating/Hookup Apps

Although many survey participants were not necessarily receptive to receiving health messaging on dating apps through pop-up and banner ads, we can see from our survey that they were still important places of frequent digital congregation during the pandemic. It may be beneficial to work with app companies to have more resource-pointing on the apps themselves through buttons and features that make health messaging accessible, and that can be engaged with when the user chooses to seek out more information.



Appendix A: Methods of Data Collection and Analysis: Public Communication to/with MSM



Given the researchers' involvement in public health and advocacy, and therefore expertise, we compiled a list of 12 well-known charities aimed at MSM. These charities were: London Friend, British HIV Association (BHIVA), AKT, 56 Dean Street, Galop, Prepster, LGBT Youth Scotland, the Rainbow Project, Terrence Higgins Trust, National Aids Trust, Stonewall UK, and the LGBT Foundation. Although the organisations had different specialisations, ranging from LGBTQ+ homelessness (AKT) to sexual health (LGBT Foundation) to domestic abuse (Galop), they were all aimed at MSM and the wider LGBTQ+ community.

In terms of dating/hookup apps for MSM, because of the team's specialisms, they had a good understanding of the landscape of usage. This – combined with our survey results – gave an initial and then ongoing insight into the apps of relevance. Across the surveys, results were consistent in terms of the popularity of certain dating apps. For example, across our surveys, Grindr was by far the most popular, followed by Tinder, Scruff, Fabguys and Squirt.

To examine these forms of public communication, we generated data from health charity and dating/hookup app websites using the Wayback Machine and their Twitter accounts. Additional data about dating/hookup app pandemic messaging and experiences were generated via the walkthrough method. To complement this, and add further context, we analysed more general media coverage of the pandemic relevant to MSM.

Webpage-based Communications

To analyse the health messaging stemming from the charities and dating/hookup apps that were communicating with MSM, we conducted a discourse analysis. We did so by using Wayback Machine, as well as collecting evidence of health messaging circulated by these organisations at the time of the pandemic.

The Wayback Machine (<https://web.archive.org>) is an openly available tool, part of the initiative of the Internet Archive. The machine constantly crawls the web and collects snapshots of webpages at a given point in time. This allows anyone to revisit a webpage to see how it looked and what it contained previously at certain points in time. It is important to know that the machine trawls various sites at different times, and thus an exact mapping (for our purposes) of a change – for example, in guidance – compared with the specific day such a change was reflected on an organisation's website might not always have been possible.

Our methodology entailed searching a charity or app website for 'COVID'. In some cases, as with BHIVA, this led to a series of articles and information we could trace backward along the timeline of government restrictions in the UK. In other cases, this would be unsuccessful or lead to just one or two hits that did not have dates. In such instances, we would put the URL of the COVID-19-related post into Wayback Machine and see the approximate time when this messaging was first published by the organisation. We cross-referenced this messaging by also putting the URL of the charity homepage into Wayback Machine and analysing the homepage (and pages or links suggested on the homepage) around key dates during the pandemic, identified in our calendar. Some pages explicitly stated when they were updated, but others did not, so we had to assume a general date based on the trawls of Wayback Machine; we therefore use the term 'around' to refer to dates in our analysis.

Twitter-based Communication

This project started well into the pandemic; therefore we needed historical Twitter data from March 2020 onwards (the beginning of COVID-19 lockdowns in the UK). At the University of Salford, the team has the use of a range of digital research method tools, including an installation of the University of Amsterdam's Digital Methods Initiative – Twitter Capture and Analysis Toolset (T-CAT) (Borra and Rieder 2014). The T-CAT machine is open-access software that accesses Twitter's application program interface (API) to collect the content and metadata of the tweets associated with particular accounts and/or keywords/hashtags. However, this software only collects data in real time, not historically. We therefore had to contract out the collection of a fuller Twitter dataset and partnered with the company TrackMyHashtag. They provided a very large dataset based on account and hashtag information we provided to them. For this report we are using 47,419 tweets from the accounts of charities and dating/hookup app companies (see Table 3).

Table 3: Details of Twitter Data Capture for Charities and Dating/Hookup Apps

Charities	Dates data collected	Number of tweets
@LGBTfdn	16 th March 2020 - 18 th March 2021	4767
@BritishHIVAssoc	16 th March 2020 - 18 th March 2021	1978
@aktcharity	16 th March 2020 - 18 th March 2021	2357
@NAT_AIDS_trust	16 th March 2020 - 18 th March 2021	1666
@56deanstreet	16 th March 2020 - 18 th March 2021	1373
@GalopUK	16 th March 2020 - 18 th March 2021	6936
@TeamPrepster	16 th March 2020 - 18 th March 2021	1511
@THTCymru	16 th March 2020 - 18 th March 2021	62
@THTScotland	16 th March 2020 - 18 th March 2021	764
@yorkshiremesmac	16 th March 2020 - 18 th March 2021	3598
@lgbtfriend	16 th March 2020 - 18 th March 2021	1498
@THTorguk	16 th March 2020 - 18 th March 2021	3068
@Stonewalluk	16 th March 2020 - 18 th March 2021	4928
Dating/hookup apps	Dates data collected	Number of tweets
@Grindr	16 th March 2020 - 18 th March 2021	1406
@Scruffapp	16 th March 2020 - 18 th March 2021	1957
@Gaydar	16 th March 2020 - 18 th March 2021	2928
@Tinder	16 th March 2020 - 18 th March 2021	1443
@SquirtOrg	16 th March 2020 - 18 th March 2021	570
@Fabguys	16 th March 2020 - 18 th March 2021	2
@Grolwr	16 th March 2020 - 18 th March 2021	30
@Hinge	16 th March 2020 - 18 th March 2021	735
@Bumble	16 th March 2020 - 18 th March 2021	3842

Twitter-based Communication

Data analysis was conducted using the Big Content Machine (BCM). The BCM is a lightweight open-source software tool developed by Light et al. (2017) at the University of Salford that allows the analysis of large sets of conversational data extracted from online social media platforms. The BCM can be used by researchers to find themes within large sets of data, and allows the observation of meta-narratives and patterns in the data, including word frequencies or most frequently used words and phrases. The BCM also allows the researcher to search within large social media datasets for key words and phrases to identify the context of the narrative patterns of comments.

The analysis of the data began by combining the Excel files of data for the charities and dating/hookup apps into one larger file. An additional column was added to this, coding each tweet as originating from a health charity or dating/hookup app. The date and time each tweet was posted was also converted from one column of data into two – one containing DD/MM/YY and one hh/mm. This file was imported into the BCM and the DD/MM/YY and tweet content fields were mapped.

The next step was to interrogate the tweet content field to identify ways of coding the data. This was done by using a function in the BCM which allows for identifying the number of times words or combinations of words appear within the dataset. The dataset was interrogated to look for the most commonly appearing words singularly, and in combinations of two, three, four and five. The top 100 instances of this were reviewed to identify potential codes. Examples of the top 25 in each combination are shown in Table 4. Following this, the BCM was used to find related terms. For example, entering 'COVID' as a term would bring associated words such as 'lockdown'. We then searched for terms we thought would be of interest, but which had not yet occurred in our searches, e.g. 'chemsex'. This resulted in a coding scheme, which was then entered into the BCM and used to annotate the dataset. The coding scheme is shown in Table 5. Please note that you will see in the tables a mixture of entries all in lower case, some in upper case, some in title case and some duplication with some for example being search for as 'national health service' (spaces between terms) and 'nationalhealthservice' (no spaces between terms). This is because the BCM allows users to distinguish searches in many ways, including case, but also it allows for searching of full and partial words meaning searches are informed iteratively by the findings of the data interrogation. Moreover, it is necessary to be aware, and take account of, the fact that different social media users may use different variations of terms including the use, or not of spaces between words, and differing forms of capitalisation.

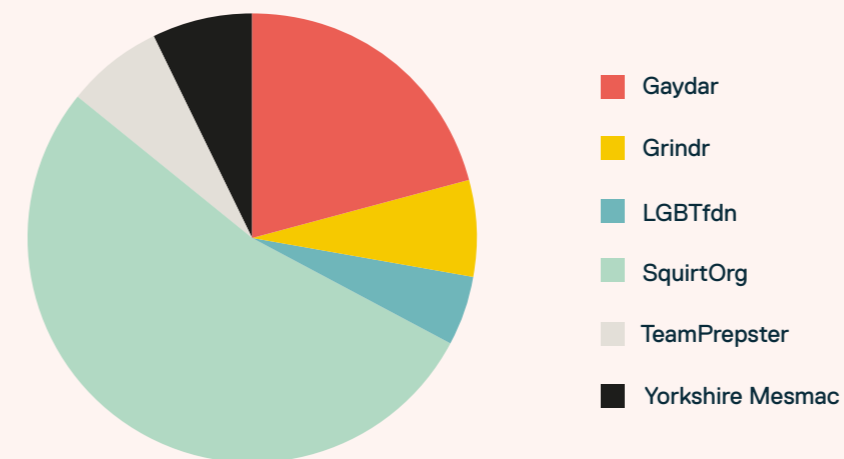


Figure 29: Proportion of Tweets Made about Outdoor Public Sex 16th March 2020 – 18th Oct 2021

The results were exported into Excel; this created a dataset that could be interrogated further, using the filter and pivot table functions in Excel to identify the types of communication that were occurring, when, and the originating account. For example, in Figure 29, we can see who mentioned forms of outdoor public sex.

It is important to note that this approach only provides a way into an interpretation of data. Other researchers with different agendas and ideas about coding may present other views – in much the same way a reading of an interview transcript might be interpreted variously. This approach, using the BCM, is intended to help researchers gain insight into large datasets that it would be time-consuming, if not impossible, to obtain using the manual method of reading each comment within it.

**Table 4: Examples of Top 25 Word Combinations
Extracted using the BCM**

Rank	Single words	Count	Two words	Count	Three Words	Count
1	rt	14,784	reply #stop	5732	#standuptohate reply #stop	5732
2	take	9602	#standuptohate reply	5732	record report stand	3037
3	support	9040	support check	3044	tackling online hate	3037
4	#standuptohate	8433	online hate	3043	online hate #standuptohate	3037
5	people	7827	record report	3037	hate #standuptohate reply	3037
6	we're	6169	report stand	3037	social media platforms	2900
7	reply	5774	tackling online	3037	media platforms follow	2898
8	hiv	5764	hate #standuptohate	3037	means happy gaydar	2898
9	opt	5746	social media	3016	#gay #lgbt #gaydar	2898
10	#stop	5732	media platforms	2900	gaydargirls #gay	2898
11	steps	5459	means happy	2900	#gay #lgbt	2898
12	&	5323	platforms follow	2898	take #standuptohate reply	2695
13	happy	4865	#gay #lgbt	2898	contact scruff support	487
14	online	4653	#lgbt #gaydar	2898	main settings menu	471
15	uk	4409	happy gaydar	2898	lgbtq+ young people	408
16	-	4345	gaydargirls	2898	30 30 30	327
17	read	4061	#gay	2898	3 30 30	324
18	check	4028	charities across	2701	0345 3 30	322
19	look	3823	profile tweet	2695	using contact scruff	224
20	here	3815	take take	2695	tapping contact scruff	153
21		3805	take #standuptohate	2695	sexual health services	135
22	report	3785	sexual health	1174	fight against hiv	123
23	hate	3621	young people	1052	world aids day	112
24	stand	3498	people living	909	we're still here	111
25	working	3443	lgbt people	725	selecting contact scruff	110

Rank	Four Words	Count	Five Words	Count
1	tackling online hate #standuptohate	3037	tackling online hate #standuptohate reply	3037
2	online hate #standuptohate reply	3037	online hate #standuptohate reply #stop	3037
3	hate #standuptohate reply #stop	3037	gaydargirls gay #lgbt #gaydar	2898
4	social media platforms follow	2898	0345 3 30 30 30	321
5	gaydargirls #gay #lgbt	2898	lgbtq+ young people facing homelessness	81
6	#gay #lgbt #gaydar	2898	support lgbtq+ young people facing	55
7	take #standuptohate reply #stop	2695	support future lgbtq+ young people	47
8	3 30 30 30	323	rainbow wellbeing online support group	46
9	0345 3 30 30	322	international day against homophobia biphobia	46
10	using contact scruff support	224	better support future lgbtq+ young	46
11	tapping contact scruff support	153	#lgbt · #jobs · #nevermoreneeded	44
12	selecting contact scruff support	110	3 30 30 30 we're	43
13	support lgbtq+ young people	97	last five years while age	42
14	young people facing homelessness	91	five years while age 16-25	42
15	lgbtq+ young people facing	84	#bi #trans #gay #lesbian #queer	39
16	last five years while	74	#trans #gay #lesbian #queer #instaqueueer	35
17	international day against homophobia	63	#testing #screening #yorkshire #lgbtq #bradford	35
18	young people aged 16-25	51	#gay #lesbian #queer #instaqueueer #youthgroup	35
19	future lgbtq+ young people	49	#sexualhealth #testing #screening #yorkshire #lgbtq	35
20	national hiv testing week	48	#sti #sexualhealth #testing #screening #yorkshire	35
21	support future, lgbtq, young people	47	#hiv #sti #sexualhealth #testing #screening	35
22	rainbow wellbeing online support	46	#lesbian #queer #instaqueueer #youthgroup #community	35
23	wellbeing online support group	46	#queer #instaqueueer #youthgroup #community #pride	35
24	day against homophobia biphobia	46	stops users getting hiv it's	35
25	years while age 16-25	46	users getting hiv it's free	35

Table 5: Code Table for Twitter Data

Code	Terms searched for and attached to this code
Conversion therapy	conversion therapy
Young people	aged 16-25, teenager, young people
BAME	black, brown, BAME, asain, ASIAN, ethnic minority, south east asian
Camming	camming, videochat, webcamming, zoom, webchat, mewe
COVID	covid-19, covid, corona
Dating	dating
Dating app	dating app, online dating
Hook up	hoopup, hook up, hooking up
Nohookups	nohookups, no hookups
Domestic violence	domestic abuse, domestic violence
Sexual violence	sexual violence, rape
Lockdown	during lockdown, lockdown
Easing (of lockdown)	easing
Homelessness	facing homelessness, homelessness on the street
HIV	hiv
HIV stigma	hiv stigma
HIV testing	hiv testing
Gender Recognition Act	gender recognition act, GRA
Key workers	key worker, front line worker
Home testing kit	home testing kit, hometestingkit, hometesting
Masturbation	jerk off, wank, wabjubg
Hate	standuptohate, onlinehate
Mental health	mental health
Sexual health	sexual health, STI, Sexual Health
Sexual health services	sexual health clinic, sexual health services, sexual health screening
Sexual health information	sexual health information
Social distancing	social distancing, soically distanced, social distancing
Chemsex	meth, chemsex, pnp, hnh
Sex party	sex party, sexparty, orgy
Sex club	sex club, bathhouse, sauna, sexclub, darkroom

Code	Terms searched for and attached to this code
Clubbing	club, nightclub, clubbing, night club, rave
Sport club	sport club, rugby club, premier league club, club fc
Face coverings	mask, facemask, face covering, visor
MSM	men who have sex with men, MSM
LGBT	LGBT, LGBTQ, LGBTQI
Trans	trans, transgender, transman
Non-binary	non-binary
Sex work	sex worker, sexworker, sexwork, sex work
Loneliness	lonely, loneliness
Isolation	isolation
We are here	we're always here, we're still here, still here, please dm
Restrictions	restrictions
COVID-19 variants	delta, omicron, variant
Vaccine	moderna, astrazeneca, pfizer, astra zeneca, booster, vaccine, vaccination
Face-to-face	face-to-face, F2f, Face to face, facetoface
Blood donation	blood donation, blood donor
NHS	NHS, national health service, nationalhealthservice
Poverty	poverty
Outdoors	outdoor, outdoors
Walk	walk, walking, walker
Over 50	over 50, older people, 50 and over
Porn	porn, pornography, porno
Sexual orientation	sexual orientation
Support	need support, support people living, financial support
Public sex	cottage, cottaging, cruising, dogging

Dating/Hookup Apps - Walkthrough Data

In order to better contextualise hookup app-based messaging, the walkthrough method (Light et. al. 2018) was engaged. This method considers the non-human as a material actor in sociotechnical arrangements and offers a structured form of analysis of the environment of expected use, everyday use and unexpected use of apps. The method also has applicability to other forms of digital media. The walkthrough method consists of a review of the environment of expected use, an analysis of relevant technical features of the artefact in question, and consideration of any innovations beyond expected uses. This documentation process included using screen-capture technology and focused upon highlighting mediators – those actors that seek to make a difference to the sociotechnical arrangements in question. Examples of such actors are: business models, marketing materials, guiding language, drop-down menus, buttons, field completion requirements, textual content, linguistic tone and overall interface design aesthetics. The apps in question were reviewed regularly to identify any changes across the pandemic. In this case, for example, we collected screengrabs of issues such as health messaging, changes in functionality, and ways of engaging users when people had to stay at home (examples shown in Figure 30).

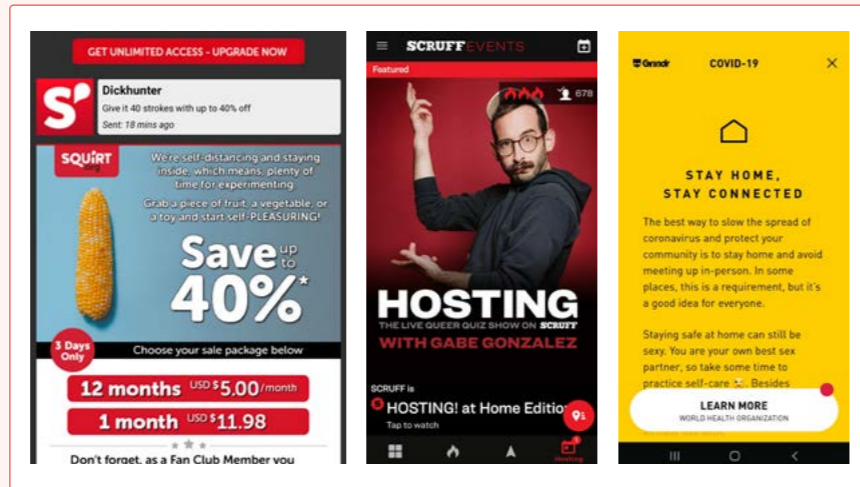


Figure 30: Examples of In-app Pandemic Activity

Media Coverage

To understand how narratives around COVID-19, MSM and sex played out in public, discourse analysis was conducted on 90 pieces of online media, including online news articles, blogs, social media posts, app and webpage screenshots related to the COVID-19 pandemic, MSM, their sexual cultures and community spaces. The first stage of coding identified those as detailed in Table 6. The thematic analysis identified 9 themes and 34 sub-themes across this media, which can be seen in Table 7.

Table 6: Online Media Discourse Analysis Codebook

Media Coverage			
Personal/moral responsibility	Masturbation	Abstinence/no hookups	Government guidance
HIV	Mental health	Intimacy as comfort	Economic impact of COVID-19
Impact on sex life	Dating/hookup apps	Casual sex/hookup culture	Stay home/indoors
Changed sexual practices	Gay bars/queer venues	Reducing partners	Platform challenges
Virtual hookups	Night-time economy	Social distance	Loneliness/isolation
Queer histories	Pornography	Sexual health services	Outdoor sex
Risk	Digital intimacies	COVID-19 risk reduction	Eroding of queer spaces
Breaking COVID-19 rules	Health organisation messaging	Apps to reduce isolation	Vaccination
Advice	Age		

Table 7: Discourse Analysis Themes and Sub-themes

Dating and hookup apps			
Dating and hookup apps	Apps to reduce isolation		
COVID-19 risk reduction			
COVID-19 risk reduction	Stay home/stay indoors	Reducing partners	Advice
Masturbation	Outdoor sex	Virtual hookups	Vaccination
Pornography			
Virtual hookups			
Virtual hookups	Platform challenges		
MSM histories			
Queer histories	Risk	HIV	
Mental health			
Mental health	Loneliness/isolation	Intimacy as comfort	Age
COVID-19 guidance and narratives			
Government guidance	Health organisation messaging	Personal/moral responsibility	Social distance
Abstinence/no hookups			
Sex lives			
Impact on sex life	Changed sexual practices	Breaking COVID-19 rules	Intimacy as comfort
Casual sex/hookup culture			
Sexual health services			
Sexual health services	HIV		
Night-time economy			
Night-time economy	Gay bars/queer venues	Economic impact of COVID-19	Eroding queer spaces

Appendix B: Methods of Data Collection and Analysis: Online Surveys



Appendix B: Methods of Data Collection and Analysis: Online Survey

We ran four online surveys over the period May 2021 to January 2022. We began rolling out surveys just towards the end of the period of UK-wide lockdowns, which began in March 2020.

We worked with the marketing agency Eleven (<https://www.eleven-marketing.co.uk>) to develop an online recruitment campaign. The first survey included advertising in Squirr and on Facebook. A much better response rate was generated on Facebook, and thus the following three surveys were advertised on Facebook only. The advertisements were constructed to be engaging and to reach MSM, while taking account of the content and governance limitations of the Facebook platform. The University of Salford's Facebook account was used to distribute the advertisements. Examples of some of the advertisements can be seen in Figure 31.



Figure 31: Examples of Online Survey Recruitment Advertisement

We gave information at the beginning of the survey that we were interested in people who defined as MSM and who were resident in the UK; however, a small number of people attempted to respond to this survey that did not meet these criteria. At the beginning of the survey we added additional filter questions about these two matters, which screened those people out. Within the survey we allowed for as many optional responses as possible (usually on qualitative responses asking about reasoning for answers to questions), but explained to participants that certain fields were compulsory so that we had enough data to be useful to the study. We also tried to keep the survey as short as possible to avoid participant fatigue and dropping out of the survey partway through. This generated 1409 valid responses; all have a full set of compulsory basic data as well as a robust quantitative and qualitative dataset of optional data generously provided by our participants. We suggest this signals the importance of these topics to them. Details of survey rollout dates and responses are shown in (Table 8).

Table 8: Details of Survey Rollout and Responses

Survey	Rollout dates	Valid responses
1	18 May 2021 – 18 June 2021	240
2	22 July 2021 – 5 September 2021	424
3	23 September 2021 – 2 November 2021	284
4	17 December 2021 – 24 January 2022	461

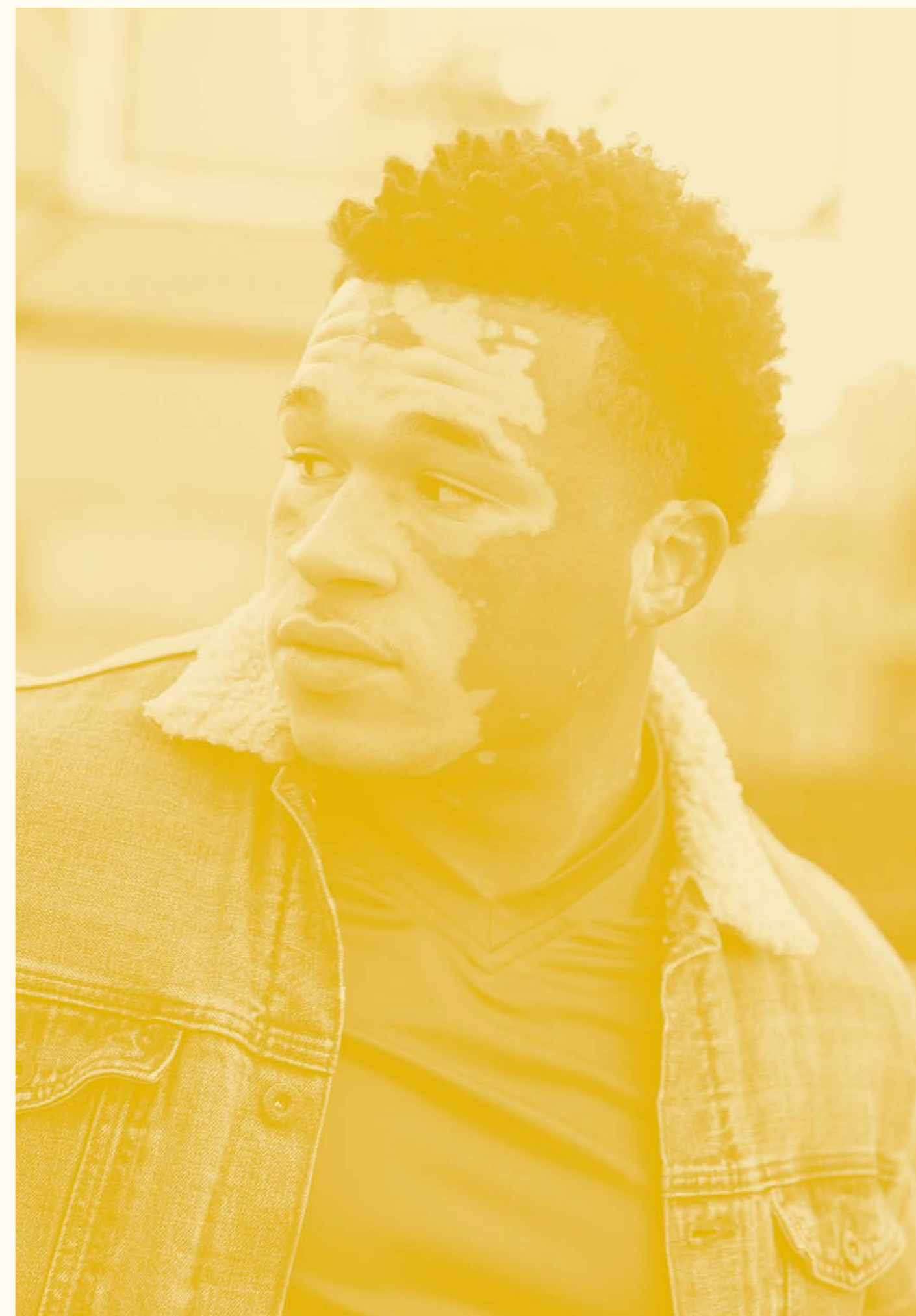
Appendix B: Methods of Data Collection and Analysis: Online Surveys (Cont.)

Each survey had common questions (Table 9), questions similar across the survey but recognising slight differences in context (for examples see Table 10), and then additional ones shaped to the context of what was happening across the UK at the time of its release (for examples see Table 11). The surveys included questions about personally sensitive issues and engagement in activities that others might find socially unacceptable and/or illegal. We therefore made participating in the survey anonymous. As the survey was anonymous, it brings the limitation that we cannot know whether the same person responded to one, two, three or four of the surveys. Comparisons across the surveys, therefore, are made with caution. We have considered these more as a snapshot of participants' thoughts and experiences within a survey at a given point in time.

We used the software package SPSS to analyse the quantitative aspects of the survey data. We employed basic descriptive statistics, including frequencies and cross-tabulations, to interpret this data. Essentially we were interested in the nature and frequency of participant responses, and how these might be shaped in relation to one another. Qualitative responses were read by three members of the research team and coded so that we could understand themes coming from the data. From an academic perspective, this work sits at the intersection of the interpretive and critical traditions: we take the position that reality is a social construction and that various forms of power are at work in society which require interventions to make positive social change. Our work does not intend to make generalisations about a population; rather it seeks to offer a plausible account of the experiences of MSM throughout the pandemic.

Table 9: Common Data Across Surveys 1-4

Data	Rationale for request
Sexuality	People of differing sexualities relate to the MSM group.
Age	We wanted to understand people's experiences at different ages, especially given the narrative around COVID-19, those 50+ who were deemed more vulnerable, and discourses around younger people, for example, the cost of renting and private home ownership and the implications for their living situation and, potentially, sex lives.
Ethnicity	People of different ethnicities relate to the MSM group. We were also aware that various studies suggest that COVID-19 could have a disproportionate effect on black, Asian and minority ethnic communities.
Country of residence	While this is a UK-wide study, England, Wales, Scotland and Northern Ireland each took different approaches at different times during the pandemic.
Postcode of residence	We asked only for the first part of participants' postcodes to protect their anonymity. However, this gave us finer-grained data on the locations of participants. This was important in terms of if we wanted to understand any town/city-specific lockdowns, or forms of location (urban, suburban, rural), for example.
Living situation	We were interested in who, if anyone, people lived with as this could affect their experience of the pandemic in general, and in terms of their sex life.
Relationship status	We were interested in the diversity of sexual/romantic relationships participants had, as this could affect their experience of the pandemic in general, and in terms of their sex life.
Usage of dating/ hookup apps	We wanted to understand if participants used dating/hookup apps prior the pandemic and, if so, which ones. This enabled us to compare the usage of these during the pandemic at different points.
Pandemic effects on sex life	We asked a general question in all surveys with a follow-on open-ended qualitative response regarding the extent to which the pandemic had affected someone's sex life. This provided insights into people's lived experience in this domain – central to the project.



Tables 10: Examples of Slightly Modified Questions Common to All Surveys

Survey 1	Survey 2	Survey 3	Survey 4
Have you seen any online adverts during the pandemic that are aimed at men who have sex with men?	Have you seen any online adverts aimed at men who have sex with men now that COVID-19 restrictions are lifting?	Have you seen any online adverts aimed at men who have sex with men in the past month?	Have you seen any online adverts aimed at men who have sex with men in the past month?
Have you used dating/ hookup apps such as Grindr, Scruff or Tinder during the pandemic?	Are you using dating/ hookup apps such as Grindr, Scruff or Tinder now that COVID-19 restrictions are lifting?	Are you using dating/ hookup apps such as Grindr, Scruff or Tinder now that most COVID-19 restrictions have lifted?	Are you using dating/ hookup apps such as Grindr, Scruff or Tinder over the festive period and into the new year?
Have you used any other forms of digital technology to date or hook up during the pandemic (e.g. Zoom, chat rooms, video chat, WhatsApp calls)?	Are you using any other forms of digital technology to date or hook up now the COVID-19 restrictions are lifting (e.g. Zoom, chat rooms, video chat, WhatsApp calls)?	Are you using any other forms of digital technology to date or hook up now most COVID-19 restrictions have lifted (e.g. Zoom, chat rooms, video chat, WhatsApp calls)?	Are you using any other forms of digital technology to date or hook up over the festive period and into the new year (e.g. Zoom, chat rooms, video chat, WhatsApp calls)?
Question not asked in survey 1	People should not date or hook up with those who have not had the COVID-19 vaccine.	People should not date or hook up with those who have not had the COVID-19 vaccine.	People should not date or hook up with those who have not had the COVID-19 vaccine.
Question not asked in survey 1	Now COVID-19 restrictions are lifting, I am attending venues (such as nightclubs, sex clubs and/or saunas) for dates or to hook up.	Now most COVID-19 restrictions have been lifted, I am attending commercial sex venues such as saunas to hook up.	Over the festive period and into the new year, I am attending commercial sex venues such as saunas to hook up.
The government's public health guidance regarding the pandemic has affected my sex life. Please give us the reason/s for your answer.	The government's public health guidance regarding the pandemic has affected my sex life. Please give us the reason/s for your answer.	Question not asked in survey 3.	Question not asked in survey 4.
Question not asked in survey 1	Question not asked in survey 2.	Did you access sexual health services aimed at MSM before the COVID-19 pandemic (i.e. before March 2020)?	Did you access sexual health services aimed at MSM before the COVID-19 pandemic (i.e. before March 2020)?
Question not asked in survey 1	Finally, there has been much discussion about going back to 'normal' life or a 'new normal' as we emerge from the COVID-19 pandemic. Please let us know what this means to you in terms of your dating/hookup app use and your sex life?	Finally, there has been much discussion about going back to 'normal' life or a 'new normal' as we emerge from the COVID-19 pandemic. Please let us know what this means to you in terms of your dating/hookup app use and your sex life?	Question not asked in survey 4.

Table 11: Examples of Survey-specific Quest

Survey	Survey specific questions
1	People should not hook up with strangers in their homes during the pandemic. My sex life will return to what it was like pre-pandemic. Please give us the reason for your answer. Please tell us if there is anything you feel we have missed.
2	None that were specific just to this survey.
3	None that were specific just to this survey.
4	Finally, from the end of November 2021, we saw the emergence of Omicron and the return of some COVID-19 restrictions in the UK. Has this changed your plans to see loved ones during the festive period and into the new year?



References

- Blackwell, C., J. Birnholtz and C. Abbott (2014). "Seeing and being seen: Co-situation and impression formation using Grindr, a location-aware gay dating app." *New Media & Society* 17(7): 1117–1136.
- Bolding, G., M. Davis, L. Sherr and G. Hart (2004). "Use of gay internet sites and views about online health promotion among men who have sex with men." *AIDS Care* 16(8): 993–1001.
- Borra, E. and B. Rieder (2014). "Programmed method: Developing a toolset for capturing and analyzing tweets." *Aslib Journal of Information Management* 66(3): 262–278.
- Brubaker, J.R., M. Ananny and K. Crawford (2016). "Departing glances: A sociotechnical account of 'leaving' Grindr." *New Media & Society* 18(3): 373–390.
- Campbell, J. E. (2004). *Getting it on online: Cyberspace, gay male sexuality and embodied identity*. New York, Harrington Parker Press.
- Frankis, J.S. and P. Flowers (2009). "Public sexual cultures: A systematic review of qualitative research investigating men's sexual behaviors with men in public spaces." *Journal of Homosexuality* 56(7): 861–893.
- Light, B. (2014). *Disconnecting with Social Networking Sites*. Basingstoke, Palgrave Macmillan.
- Light, B. (2016). "Producing sexual cultures and pseudonymous publics with digital networks." In R.A. Lind (ed.) *Race and Gender in Electronic Media: Challenges and opportunities*. London, Routledge: 231–246.
- Light, B., G. Fletcher and A. Adam (2008). "Gay men, Gaydar and the commodification of difference." *Information Technology and People* 21(3): 300–314.
- Light, B., C. Clausner, P. Hepburn and C. Vascilica (2017). *The Big Content Machine: A tool and accompanying research method for the analysis of large scale digital media discussion data*. Salford, University of Salford, UK.
- Light, B., J. Burgess and S. Duguay (2018). "The walkthrough method: An approach to the study of apps." *New Media & Society* 20(3): 881–900.
- Mowlabocus, S. (2008). "Revisiting old haunts through new technologies: Public (homo) sexual cultures in cyberspace." *International Journal of Cultural Studies* 11(4): 419–439.
- Murphy, D., P. Rawstorne, M. Holt and D. Ryan (2004). *Cruising and Connecting Online: The use of internet chat sites by gay men in Sydney and Melbourne*. Sydney, National Centre in HIV Social Research, Faculty of Arts and Social Sciences, University of New South Wales.
- Paasonen, S., K. Jarrett and B. Light (2019). *Not Safe for Work: Sex, humor, and risk in social media*. Cambridge, MA, MIT Press.
- Race, K. (2015a). "'Party and Play': Online hook-up devices and the emergence of PNP practices among gay men." *Sexualities* 18(3): 253–275.
- Race, K. (2015b). "Speculative pragmatism and intimate arrangements: Online hook-up devices in gay life." *Culture, Health & Sexuality: An International Journal for Research, Intervention and Care* 17(4): 496–511.
- Roth, Y. (2014). "Locating the 'scruff guy': Theorizing body and space in gay geosocial media." *International Journal of Communication* 8: 21.
- Zoom. (2023). "Acceptable use guidelines." Retrieved 3 March 2023 from <https://explore.zoom.us/en/acceptable-use-guidelines/>

Endnotes

- ¹ <http://lgbt.foundation/coronavirus/hiddenfigures>
- ² <https://www.akt.org.uk/News/everyone-in-statement>
- ³ <https://www.nat.org.uk/blog/covid-19-employment-advice-people-living-hiv>
- ⁴ <https://www.nat.org.uk/blog/covid-19-bame-inquiry>
- ⁵ <https://www.stonewall.org.uk/impact-lgbt-communities>
- ⁶ <https://web.archive.org/web/20200626233336/https://www.tht.org.uk/> (Home page of the Terrence Higgins Trust as at 26 June 2020 - accessed via the Internet Archive Wayback Machine).
- ⁷ <https://www.tht.org.uk/news/dont-hook-during-covid-19-lockdown>
- ⁸ <https://prepster.info/covid-and-sex/>
- ⁹ <https://www.nat.org.uk/blog/covid-19-keeping-your-hiv-status-confidential-your-employer-while-shielding>
- ¹⁰ <https://www.bbc.co.uk/news/health-58602999>
- ¹¹ <https://www.bbc.co.uk/news/uk-59014749>
- ¹² <https://www.bbc.co.uk/news/uk-59445388>
- ¹³ <https://www.bbc.co.uk/news/uk-59442141>
- ¹⁴ It also stuck somewhat to people of certain ethnic minorities, in particular, due to the associations of them with monkeys made by racists. Hence the later change of the name of monkeypox to Mpox.



Contact us:

Professor Ben Light,
School of Health and Society,
Directorate of Social Sciences,
Allerton Building, Salford
M6 6PU

b.light@salford.ac.uk

<https://blogs.salford.ac.uk/digi-sex-and-gender>



University of
Salford
MANCHESTER