



Natsal COVID Interview Study: Summary of findings

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About the Natsal-COVID Interview Study

In 2020, the National Survey of Sexual Attitudes and Lifestyles (Natsal) COVID study was created by researchers at the University of Glasgow, University College London and London School of Hygiene and Tropical Medicine, to track sexual behaviour, intimate relationships and sexual and reproductive health during the COVID-19 pandemic in Britain.

Four months into the pandemic, 6,500 people took a web-based survey. At the end of the survey, some were asked if they would like to do a further interview if they had reported at least one of the following:

1. Intimate contact with someone outside their household;
2. Unmet need for sexual and reproductive health services;
3. Relationship difficulties.

In Autumn 2020, 45 people were interviewed by our research team. Data from these interviews have been presented to health professionals and policy makers to help them understand the impact of the pandemic. The findings have now been published in scientific journals.

This booklet summarises key findings.

To read more about the Natsal-COVID study, please visit the [Natsal website](#).

The Natsal-COVID study is led by University of Glasgow and University College London.

Topic 1:

Intimate contact with someone in a different household during lockdown and subsequent restrictions

We interviewed 9 women and 9 men about having sexual contact with someone in a different household during social distancing restrictions.

Motivations

We identified 4 main motivations for having sexual contact with someone in a different household: a need for connection; a need for sexual intimacy; a need for normality and a need for security.

Connection

People who were single and those in relationships said they needed human connection, a feeling of 'belonging', and togetherness with others. This need was not simply defined by physical closeness but also by a physical sharing of everyday life and doing 'normal' things together. People who didn't live with their partner found it hard to be kept physically apart, and those who were single described loneliness and a lack of physical contact as experiences that increased their feelings of anxiety, insecurity and even panic.

"You think, 'oh God. You just miss that human interaction with that one person', don't you?"

(F, 50-59, in a relationship)

Sexual intimacy

A need for sexual intimacy was expressed largely, but not exclusively, by people who were single. Participants spoke of craving physical touch and related this to other needs – for example, 'human contact' or feelings of security. Physical touch and sex brought comfort and closeness during a time of uncertainty:

"I think it was just a really desperate attempt to get human contact because the idea of having another man's touch was something that I was desiring."

(M, 18-29, single)

Normality

Commonly, participants tried to maintain or seek a feeling of 'normality' in the abnormality of the pandemic. People wanted to continue behaving as before without having to think about, and follow, restrictions.

“We just carried on as before.”

(F, 50-59, in a relationship)

Largely among those who were single, people longed for normality as a break from the mental load of anxiety from the pandemic, or they sought to exercise control in circumstances that often felt out of their control.

Security

For a few, reaching out for sexual contact appeared to be motivated by a need for security – especially among those who were alone for long periods and felt high levels of loneliness and anxiety.

Some participants directly identified sexual contact as a way of seeking security; others hinted at this.

Participants described how restrictions had removed security from their lives by taking away normal, everyday interactions with partners. For example, one person in a new relationship described how not seeing his partner left him feeling insecure about the relationship.

Deciding to meet up

We identified 3 main themes related to decisions to meet up with a partner in a different household: balancing risks and needs; influences on decision-making; the broader context.

Balancing risks and needs

People made decisions about whether to meet up with a sexual partner in the context of other risks, such as to their

mental health or relationship stability. For some, the physical health risks of COVID-19 were felt to be high due to their or their partner’s underlying health conditions. However, for most, the risk to mental health was considered to be more significant:

“Where obviously I couldn’t see her during lockdown, she was getting extraordinarily depressed herself because she suffers with depression naturally anyway and all she was basically doing was [working], had no release, stuck at home on her own. [...] And we reached a point [...] we basically said, ‘Sod it, I’ll come over to you’, so that’s what we did. [...] Totally illegal I appreciate that but I think it’s healthy for both of us to do so.”

(M, 50-59, in a relationship)

The risk of catching COVID-19 through meeting one’s sexual partner was compared with risks attached other behaviours, such as going into work, taking public transport, or going to the supermarket. People were more comfortable meeting up where the risks of catching or passing on COVID were felt to be low:

“So, we weighed up the risk of me catching it and passing it to him was very, very slim so we decided that was a risk we were OK with taking.”

(F, 30-39, in a relationship)

While many participants ‘saw *minimal risk*’ because both partners were living alone and seeing very few (or no) other people, some described trying to reduce

risk in other parts of their lives, (*'being extra careful everywhere else'*), to continue seeing their romantic partner.

As an exception, two single participants met up with sexual partners *despite* assessing the risk as relatively high. In these cases, the need for physical or sexual intimacy overrode concerns about COVID-19 or social disapproval.

Influences on decision-making

Participants talked about how the decision to meet up with a sexual partner was influenced by partners, peers and other social contacts (such as neighbours). Partners' views were typically crucial. Some participants described how their view of risk differed from those of their partner; in these cases, the wishes of the partner most concerned about risk were generally prioritised.

Some single participants were influenced by what they thought others were doing. One man described how relieved he felt after talking to a close friend and discovering that others had also met up with people during lockdown. He felt validated by others in his peer group which lessened his feelings of guilt and was reassuring:

"I just talked about how sometimes I did feel guilty and he was like 'No need to feel guilty'. They were just convincing me that everyone needs a bit of release. [...] I know some friends, like me, have done the same, they have just had to meet with people."

(M, 18-29, single)

On the other hand, friends, neighbours and peers were also perceived as disapproving. Several participants feared social judgement and so were careful who they told about having met up with their partner. Participants were also aware of the possibility that neighbours were *'watching'* the comings and goings at their home and might disapprove of them. However, being aware of potential social judgement did not tend to stop them meeting with partners.

The broader context

Decisions to meet with partners were made in the context of unfamiliar state regulation of private lives and legal sanctions for not following the rules. Participants were generally more fearful of social judgement than legal sanctions but some did consider this:

"I think that it was just concern in case – even in case somebody has seen us, and someone decided they would like to phone kind of like, tell some authorities."

(M, 18-29, in a relationship)

There was some resistance to increased regulation of private lives. Several participants were upset that their romantic relationship had become subject to government regulation and felt that such controls were not justified. Those who did continue seeing their partner throughout the strict lockdown often questioned the rationale behind the rules and felt that they were better

placed to make risk assessments for their own personal circumstances than the government.

“So, your rule that I’m not allowed to go and see somebody from a different house is bullshit.”

Interviewer: “Because?”

“Because of risk. There’s no risk because I’ve got bloody alcohol wipes in my pocket. I’ve been nowhere today. I’ve been stuck in the house. I’ve walked the two miles to go and see my missus, and I’m sorry, that’s not, I’m not a risk to anybody.”

(M, 30-39, in a relationship)

In conclusion, our interview study demonstrates that people who met up with a partner in a different household weighed up the risks, taking account of their own particular context. These decisions were not taken lightly and were rationalized in terms of needs for connection, normality, intimacy and security. There was a strong sense of the unfairness of the rules (easier for some to adhere to than others) as well as an awareness of the toll that social restrictions had taken on mental health and relationship stability.



Topic 2:

Difficulty accessing sexual and reproductive health services

We interviewed 14 women and 6 men about their experiences of accessing sexual and reproductive health (SRH) services during the pandemic.

Hesitation and self-censorship

Participants frequently discussed hesitation to use services. Sources of hesitation included: downplaying individual needs relative to others (particularly people with COVID-19); assuming that sexual health was not a priority for service providers; fear of contracting COVID-19 through clinic attendance; concern about burdening an already pressured health system; and fear of healthcare providers' disapproval for being sexually active when contact between households was restricted. For some, these hesitations meant that they did not ultimately seek help. Among those who did seek help, many first exhausted other alternatives or waited until their health needs worsened.

"I didn't even think it [condoms/STI tests] would be an important subject for them [SRH service], which probably it still might have been, but I think I felt like coronavirus is just ruling everything."

(M, 18-29)

Attempting to access SRH services

Participants found that accessing a healthcare service was more difficult or took longer than before the pandemic. Many SRH services were closed or on pause. Participants described how they were given inconsistent information about services, found that services changed suddenly and experienced increased 'gatekeeping' (e.g. by receptionists) that delayed or prevented them reaching the professional or service they required. The increased need for forward planning was a barrier to several, particularly those with children or caring responsibilities. Those requiring multiple services (for example, STI treatment or antenatal services) experienced less difficulty once in the system, but access to in-person care was difficult. Some '*hit a brick wall*' while others described getting stuck in bureaucratic circles that delayed or prevented their access. Even with determination, not all were able to overcome barriers.

"I'm totally frustrated because everybody should have the same right to be [STI] checked."

(F, 18-29)

Experiences within SRH services

Twelve participants eventually attended (in-person or remotely) the service required. Some experienced reduced privacy because they could not openly discuss their SRH needs during home consultations or were expected to disclose sensitive information in settings that did not feel private, like queuing outside the GP. Additionally, participants using phone appointments talked about the difficulty of not knowing when a clinician would call and the challenge of restarting the process if a call was missed. People with concerning health issues found remote appointments less supportive than in-person ones. Remote consultations were difficult for people with accessibility needs, such as those with hearing difficulties. Some changes were experienced positively. A few participants noticed staff making extra efforts to be friendly and reassuring. However, many reported remote consultations made it harder to ask questions or have spontaneous discussions. Several participants described how attending appointments alone without support from a family member/friend made consultations much harder. This concern was most prominent for those trying to use fertility or antenatal/maternity services.

“All the times she went into hospital after we knew that there was something wrong, she was there alone, and it took a massive toll on her basically, and she is traumatised basically by that.”

(M, 30-39)

Attitudes toward the continuation of telemedicine (appointments by telephone or via videocall)

Many participants felt that telemedicine could potentially add quality if used to complement in-person services. Telemedicine can allow people to save time and money normally spent on childcare or travel. Many appreciated being able to discuss sensitive health needs at home, in a familiar and non-clinical environment. Telephone appointments lessened concerns about the stigma of accessing SRH services. Participants critical of telemedicine worried that it would make it harder to get in touch with clinicians or that it would duplicate consultations. Several participants worried that examinations and testing would be impossible remotely. Additionally, some said that telemedicine would not suit them given their accessibility needs and or because it was difficult to get privacy at home.

“I prefer the contact, personal contact with somebody [...] I used to have phone anxiety in the past, so that’s why I prefer in person contact.”

(F, 18-29)

These findings have been shared with NHS service providers and have been fed into broader conversations about recovering services post-pandemic; about taking forward positive innovations during the pandemic to future service provision; and about how service could be delivered in any future pandemic.

Topic 3:

Relationship difficulties

We explored with 18 participants (13 cohabiting, 5 not) the ways that couples adapted to the increased stressors affecting romantic relationships following the initial COVID-19 lockdown. Their relationships varied from 1 to 40 years in length.

Stress and maladaptation

Participants discussed how issues such as mental illness, financial difficulties, disability or health conditions had led to increased stress since lockdown, and affected their ability to adapt and cope as a couple. Stresses on relationships included different understandings of COVID-19 and risk, worries about the relationship ending, the loss of prior coping mechanisms (such as going out with friends), increased work demands and unemployment. In cohabiting relationships, particular sources of stress included childcare, divisions of housework and a lack of personal space to unwind and have a break from one's partner. In non-cohabiting relationships people felt stressed and frustrated about not being able to see each other (see topic one).

Several people said they reacted to pressure by focusing on their own coping and no longer felt like they could cope as a couple. Participants reported more frequent arguments or increased

avoidance and withdrawal from the relationship.

"We never really argued [before COVID]. We'd have little arguments, but not like the rows we've had this year [...] the strain, money worries, we are worried about his health, worried about our son, if I am going to have a job in a few months."

(F, 30-39, cohabiting relationship)

Emotional, verbal or physical abuse increased for some; such experiences led two participants to end the relationship.

Cohabitation and adaptation

For those living apart, not being together in person weakened their relationship making it feel '*less real*'. Participants said that a lack of physical affection made it harder to express love and support, resulting in the relationship feeling more platonic. Small experiences and milestones were missed, for instance, one participant described being apart for their 10-year anniversary:

"It almost felt like the whole relationship had stopped."

(F, 20-29, non-cohabiting relationship)

For some people these issues got much easier when they were able to meet with their partner in person again.

Those living together talked about the seeming paradox of physical nearness yet emotional distance. They didn't have the space to have time apart and regain perspective; they felt overexposed to their partners and lacked the opportunity to 'miss' them. Many relationships became 'transactional', sharing space and house tasks without a feeling of relationship intimacy. Participants found it harder to have quality interactions when they lacked time and felt stressed :

"The other person, they don't go away so that you can think, 'oh, I miss them', they're literally sat there."

(F, 40-49, cohabiting relationship)

Adaptation and resilience

People who felt more able to navigate the challenges reported hope for their relationship or a belief that their relationship was inherently positive despite current hardships. Relationship skills mentioned by participants included recognising their partner's signs of distress, displaying empathy for their partner's experience of the pandemic and attempting to create a new normal for their relationship by figuring out ways to express love in this new context.

In conclusion, the pandemic and resulting lockdown placed additional strain on many relationships. Our study found couples struggling to support one another, nurture romance and employ constructive approaches to conflict. Those who fared best were able to adapt via empathy and recognition of their partner's needs.

