

THE SOCIO-SEXUAL EXPERIENCES IN SOUTHERN ITALIANS DURING THE COVID-19 PANDEMIC: A CLUSTERING ANALYSIS

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SUMMARY

The COVID-19 outbreak has dramatically impacted on socioeconomic structure, individual freedom, general wellbeing, psychological health and sexuality. Indeed, social distancing, home confinement and the fear of contagion have reduced the possibility of romantic encounters thus influencing sexual activity, desire and behavior and, consequently, modifying socio-sexual experiences. The aim of this study is to examine sociosexuality and sociosexual experiences in southern Italians during the COVID-19 pandemic.

Key words: COVID-19 – sociosexuality - sexual desire - cluster analysis

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INTRODUCTION

The novel CoronaVirus Disease 19 (COVID-19) has rapidly spread all around the world from December 2019 thus leading the World Health Organization (WHO) to announce a public health emergency and classify the situation as a global pandemic in March 2020 (WHO 2020). To reduce the virus's widespread, the WHO and local governments have very soon established a series of norms and containment measures including the use of face masks, hand washing, ventilation of indoor spaces, surface disinfection and, mostly, physical or social distancing and quarantine (WHO 2021). Since Italy has been one of the firstly most affected countries, on 9th March 2020 the Italian Government announced the national lockdown of all activities with exception for essential activities (e.g., supermarkets, pharmacies, health care services, food supply chains, some industries) (Aversa & Jannini 2020).

Despite the benefits in terms of health and survival, containment measures have been felt as dramatically unpleasant by most people (Mollaioli et al. 2021). In particular, social distancing has notably increased feelings of loneliness (Aarts et al. 2015), more evident among single people and couples living apart (Wignall et al. 2021) due to the reduction in opportunities for physical and social intimacy (Lehmiller et al. 2020). Furthermore, greater feeling of loneliness has been associated with reduced physical health and quality of life and, consequently, with impaired sexual health and behavior, especially among younger adults and sexual minorities (Wignall et al. 2021).

Sexuality is a mixture of biological, social, psychological and physical dimensions (Hashem et al. 2021) and sexual wellbeing is crucial to reach an appropriate

physical, mental, and social health (Hashem et al. 2021, Wignall et al. 2021, Yuksel & Ozgor 2020). COVID-19 related stressors have impacted on romantic relationships, active sexuality and sexual function at many levels. Social distancing measures have abolished/reduced physical contacts and social intimacy both among couples living apart together and single people; further, domiciliary confinement has impacted on cohabiting couples' sexual life and it has increased partners' conflicts (Hashem et al. 2021). Furthermore, the potential transmission through saliva during kisses and foreplay has widely discouraged sexual/physical contacts and some sexual practices (e.g., oral sex, anilingus), especially among those not living together, thus impacting on sexual behavior (Hashem et al. 2021). Little is known about the perceived impact of pandemic on socio-sexual experiences; however, changes in sexual behavior have been reported in different populations and social categories (Wignall et al. 2021). For instance, subjects in serious relationships reported an increase of sexual activity than people who were single or dating casually (Wignall et al. 2021). Analogously, Culha et al. (2021) have reported low libido and reduced sexual intercourse/masturbation number among healthcare workers; moreover, they have found changes in sexual behaviors such as less foreplay, reduced oral and anal sex, increased condom use and more non-face to face sexual intercourse positions. Since sexuality is a dynamic outcome made up of different factors and it is experienced and expressed in different ways (Izzo et al. 2020), several variables (e.g., socio-cultural, religious, ethical) may influence sexual activity and socio-sexual experiences. Currently, biological, psychological and social factors strongly influencing male and female sexual behavior have been significantly modified during the

quarantine. Several studies have analyzed the effects of COVID-19 pandemic on sexual activity/functioning and sexual behaviors in the Italian population.

However, the authors have found a significant decrease of the number of sexual intercourses in stable couples during quarantine due to poor privacy and lack of psychological stimuli even as a majority did not report reduced autoeroticism; moreover, men showed lower sexual desire during lockdown than women (Cito et al. 2020). In the Italian population, changes in sexual desire and frequency have also been associated with reduced satisfaction (Cocci et al. 2020), higher distress (Mollaioli et al. 2020, Schiavi et al. 2020), lower risky behaviors and increased autoerotism and pornography use (Cocci et al. 2020). Therefore, the COVID-19 outbreak has dramatically impacted on individual behavior and sociosexuality. As has been stated, sociosexuality refers to the one's volition to engage in uncommitted sexual relations and it is also linked to psychophysical wellbeing, general health, relationship satisfaction, and improved quality of life (Wignall et al. 2021, Izzo et al. 2020). Sociosexual orientation merges past sociosexual behaviors, future behavioral expectancy, frequency of unrestricted fantasies, and attitudes towards sexuality (Izzo et al. 2020). Therefore, sociosexuality may be considered a global behavior index summing sociosexual behaviors, desire, and attitude acquired in social and communicative contexts in the socio-environmental framework of mating (Izzo et al. 2020).

Since lockdown measures have criminalized casual sex and any kind of intimacy between non-cohabitating individuals, people with unrestricted sociosexuality (especially single individuals and minorities) have been greatly influenced by pandemic. Data regarding sociosexuality during the COVID-19 pandemic are still scant and controversial. Despite the reduction of sexual desire, the number of sexual intercourse and the general decrease in sexual activities across all ages, some people reported a variation in their sexual repertoire and the engagement in new sexual activities, including novel uses of technology to cope with disruptions of sexual routines (Lehmiller et al. 2020). In the light of the recent evidence regarding sexual behavior modifications, the aim of the current study is to examine sociosexuality and sociosexual experiences in southern Italians during the COVID-19 pandemic.

MATERIALS AND METHODS

Study population

We carried out an anonymous web-based survey from the 16th April until the 3rd June 2020, during the period of the strictest social lockdown measures. Inclusion criteria were i) provenience from south Italy, ii) age > 18 years and iii) providing informed consent to the study. We enrolled 1127 participants. Among these,

10 subjects were eliminated because they did not subsequently provide informed consent and 10 were eliminated because they did not comply with the methodological criteria of this research. The remaining total sample of participants (N=1107) consisted of 646 females and 461 males, aged between 18 and 70 years. We administered a web-based, anonymous, self-report questionnaire spread by a link sent to the authors' social media contacts (such as WhatsApp and Facebook) and an advertisement of the research on the "Doctorium Medical Institute" website, a platform designed to find medical specialists on the Web.

RESULTS AND CONCLUSION

The cluster analysis (Brusco & Köhn 2009, Brusco et al. 2019, Frey & Dueck 2007, Sarica et al. 2021) found eleven clusters where the mean of the scores of each question in the SOI (Q1-Q9, Penke & Asendorpf 2008) is reported. From the post hoc analysis, many significant differences emerge between the average of the answers given to each SOI question and the individual clusters. The Profiles with the highest overall score for all questions are those identifiable with clusters that show a high interest in the practice of sex and promiscuity in sex. It is also interesting to see how the average of the scores is particularly high in question 6 of the SOI-R questionnaire: "I don't want to have sex until I'm sure we will have a long and serious relationship". And for this aspect, interesting differences also seem to emerge in gender. A further gender difference also seems to emerge in the perception of sexuality. Women appear to be more repressed and show higher scores on questions regarding sexual fantasies while men appear freer to express themselves than practicing sexuality.

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Contribution of individual authors:

Maria Rosaria Juli: conceptualization, visualization, writing – original draft, review and editing.

Maria Grazia Vaccaro: conceptualization, data curation, formal analysis, investigation, methodology, project administration, visualization, validation, writing – original draft, review and editing.

Giulia Izzo: conceptualization, project administration, supervision, visualization, validation, writing – original draft, review and editing, data curation, methodology.

Alessia Sarica: conceptualization, formal analysis, investigation, methodology.

Antonio Aversa: conceptualization, investigation, project administration, supervision.

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