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# Effects of the COVID-19 Pandemic on LGBTQ+’s Sexual Behaviors in Turkey: “Everything about Sex Had Become A Black Box”

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## ABSTRACT



The COVID-19 pandemic has forced changes in the behavior patterns of many population groups due to restrictive measures all over the world. In this study, qualitative research method based on a phenomenological approach was used to determine the changes in the sexual behavior of a group of LGBTQ+ people living in Turkey. The COVID-19 pandemic has culminated in changes in the sexual life of LGBTQ+s. It has been determined that feelings such as the need of emotional support, loneliness, devaluation and helplessness were experienced, and quarantine and curfew restrictions were effective on sexuality and sexual behaviors. In addition, it has been determined that LGBTQ+s have changed in the standards of determining partners during the pandemic process. The use of sex toys has increased, the sensitivity toward self-care and hygiene rules has increased, the tendency to have sexual fantasies has changed, the sexual behavior of people in their social environment has changed, and the disruptions in health services have posed negative effects. It is recommended to carry out studies focusing on the sexual behavior of LGBTQ+s and to develop counseling services regarding the sexual behaviors of LGBTQ+s and the situations that occur in their sexual lives.

## KEYWORDS

Pandemic; COVID-19; LGBTQ;  
sexual behaviors; sex life

## Introduction

The World Health Organization China Country Office reported cases of pneumonia of unknown origin in the city of Wuhan, Hubei province of China, on December 31, 2019. Then on January 5, 2020, a new coronavirus, which had not been detected in humans before, was identified. This disease, called Covid-19, has affected the whole world in a short period of three months (WHO, 2020). Turkey followed an effective method at the beginning of the pandemic process, but then there were uncertainties about restrictions and normalization calendars (Budak ve Korkmaz, 2020). Regarding the

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restrictions, Turkey stopped its Wuhan flights on January 23, 2020, and determined additional measures such as scanning with thermal cameras for all flights from China. In addition, it was decided to quarantine all visitors showing signs of Covid-19. All flights between China and Turkey were suspended on February 5, 2020. On March 1, 2020, the Ministry of Health started to underline that everyone coming from abroad should pay attention to the 14-day rule. According to this rule, it was stated that people coming from abroad should not leave the house as much as possible for 14 days, if they have to go out, they should wear a mask, and stay away from people who are in the risk group over 65 years old and have chronic diseases. On March 11, 2020, the first COVID-19 case in Turkey was detected. On March 12, 2020, education was suspended in primary and secondary schools and universities. On March 15, 2020, the activities of entertainment venues were suspended. All kinds of scientific, cultural, artistic and similar activities were postponed on 20 March 2020. On March 21, 2020, a restrictions limit was imposed for those over the age of 65 and those with chronic diseases. Calls were made for everyone who does not need to leave the house to stay at home, and for those who can work from home to work from home. Barbers, hairdressers and beauty centers were temporarily closed. On March 22, 2020, working hours were stretched for those working in the public sector. In public transportation services, it was decided to carry passengers as much as half of the vehicle capacity. Distance education has been introduced in educational institutions across the country. On April 3, 2020, entries and exits were banned in 31 cities and metropolises in Turkey for 15 days. On April 4, 2020, a restriction was also imposed for citizens under the age of 20. On April 10, 2020, a restriction was declared in 31 cities and metropolitan cities, valid for the weekend (April 11–12, 2020). On April 17, 2020, it was announced by the Istanbul governorship that entry and exit to the city by sea was prohibited due to the COVID-19 outbreak. On May 4, 2020, the normalization calendar was announced. According to this calendar, while the travel restriction was lifted in 7 provinces, it has been announced that hairdressers, barbers and shopping centers will reopen on May 11, 2020. Since then, restrictions have been reinstated at different intervals. Between 14 April 2021 and 17 May 2021, partial and full closure periods were carried out. Since May 17, 2021, the “gradual normalization” process has been carried out.

The COVID-19 pandemic has forced many population groups to stay at home due to restrictive measures all over the world. Working from home, physical distance, fear of being sick and not being able to meet others physically and socially have changed the sexual habits and behaviors of most people (Gondwal et al., 2020).

The restrictions and quarantine practices introduced due to the COVID-19 pandemic have caused social relations to change. These changes have forced almost all people to try to adapt cognitively, emotionally and

physically to this “new situation” that occurred in a very short time. In addition to the fear of losing their life associated with being infected, each individual has had difficulty maintaining their emotional balance and has frequently shown psychological reactions such as grief, mourning, anger, unhappiness and related psychological reactions such as depression, anxiety, post-traumatic stress disorder and stigma (Özdin & Bayrak-Özdin, 2020; Torales, O’Higgins, Castaldelli-Maia, & Ventriglio, 2020). For all these reasons, the fear of being infected by the disease has led to a decrease in the physical contact of people from kissing to having sexual intercourse (Cocci et al., 2020).

Sexual habits and behaviors are associated with individuals’ physical, emotional, cognitive and social well-being (Starrs et al., 2018). It is known that individuals with a quality and satisfying sexual life feel positive both in their private lives and in their social relationships (Van Lankveld, Jacobs, Thewissen, Dewitte, & Verboon, 2018). On the contrary, psychological problems, depression and anxiety can cause inhibition of sexual desire (Nimbi, Tripodi, Rossi, & Simonelli, 2018). Considering that social relations have been minimized in the COVID-19 pandemic, it can be said that the opportunity to meet new people would be very low. It is considered that this situation would adversely affect the ability to have sexual intercourse.

It is a matter of question how to maintain a safe sexual relationship during and after the pandemic. There is very limited data on how the COVID-19 pandemic may affect people’s experience with sexual intercourse, especially LGBTQ+s (Gondwal et al., 2020; Zhang et al., 2021). In this study, the goal is to evaluate the changes in the sexual behavior of a group of LGBTQ+ people living in Turkey during the COVID-19 pandemic.

## **Method**

In this study, a qualitative research method based on a phenomenological approach was used in order to reveal the sexual behavior experiences of LGBTQ+s during the pandemic process in a detailed and in-depth manner, benefiting from the diversity and richness of LGBTQ+’s expressions. In this context, the hypotheses of the research are given below:

- Have there been any changes in the sexual lives of LGBTQ+ people during the pandemic process?
- What are the feelings and thoughts of LGBTQ+ people about sexual intercourse during the pandemic process?
- Have there been any changes in sexual behavior (watching porn, using sex toys, masturbation, etc.) of LGBTQ+ people during the pandemic process?

### **Participants**

Easy accessibility is taken into consideration and snowball sampling methods were used to determine the research participants. It was aimed to provide diversity regarding LGBTQ+ gender identities, sexual orientations and gender expressions. In order to be included in the study, it was sufficient for the participants to be over 18 years old and to declare themselves in any of the LGBTQ+ sexual orientation, gender identity and gender expressions. Thus 19 LGBTQ+ people over the age of 18 were included in the study.

It was determined that the participants were between the ages of 21–34. The average age of the participants is 27.52 ( $SD = 3.65$ ). The ages, sexual orientations, gender identities/expressions and jobs of the participants are presented in Table 1. Participants' names are prefixed with "P" and numbered sequentially to ensure anonymity.

### **Data collection tools**

The form used in the research consists of two parts. In the first part of the form, there are questions about the socio-demographic data of the participants (age, gender identity, sexual orientation, occupation). In the second part of the form, there are semi-structured interview questions in order to determine the sexual behaviors of the participants during the pandemic. The semi-structured interview form consists of 5 parts (sexual life, feelings and thoughts about sexual intercourse, erotic materials, masturbation, pornography). There are 9 questions in the section about sexual life. The section on sexual life covers the participants' evaluation of their sexual life before and during the pandemic. The section on feelings and thoughts about sexual intercourse consists of 5 questions. In the section on feelings and thoughts about sexual intercourse, there are questions about the dreams and fantasies of the participants about sexuality. The section on erotic materials consists of 6 questions. The section on erotic materials includes questions examining participants' experiences with erotic magazines, videos, sex toys, and more. The section on masturbation consists of 6 questions. In the section on masturbation, there are questions about the participants' experiences with masturbation before and during the pandemic. The last part, which is about pornography, consists of 7 questions. In the last section about pornography, there are questions that examine the participants' feelings, thoughts and experiences about pornography before and during the pandemic.

### **Data collection process**

Research data were created between April and May of 2021. In the interviews, the structured interview directive was used because the data creation process was carried out by more than one researcher. Interviews with the participants in an online environment lasted an average of 60 minutes, and all interviews were recorded using a voice recorder with the consent of the participants.

**Table 1.** Socio-demographic information of the participants.

Participant	Age	Gender Identity Gender Expression	Sexual Orientation	Job	Relationship Status Living Conditions
P1	31	Man	Queer	NGO Staff	Single Alone
P2	32	Woman	Bisexual	English Teacher	Non-cohabiting relationship with Family
P3	25	Man	Gay	Student	Single with Family
P4	27	Man	Gay	MA Student	Single Roommates
P5	33	Woman	Bisexual	Psychologist	Non-cohabiting relationship Roommates
P6	27	Trans Woman	Heterosexual	Freelancer	Single Alone
P7	29	Trans Man	Gay	Performer	Single Alone
P8	30	Non-Binary	Anisosexual*	Psychologist	Non-cohabiting relationship Alone
P9	28	Non-Binary	Pansexual**	Drama Teacher	Single Alone
P10	21	Woman	Lesbian	Student	Single Alone
P11	34	Woman	Bisexual	Psychologist	Non-cohabiting relationship Alone
P12	28	Man	Demisexual***	Social Worker	Single Alone
P13	30	Woman	Bisexual	Customer Manager	Single Alone
P14	25	Man	Pansexual	Doctor	Non-cohabiting relationship Alone
P15	26	Non-Binary	Queer	Student	Single Alone
P16	28	Woman	Lesbian	Lawyer	Cohabiting relationship Couple
P17	23	Trans Woman	Heterosexual	Performer	Single Alone
P18	24	Trans Woman	Lesbian	Freelancer	Single Alone
P19	22	Non-Binary	Androsexual****	Student	Single with Family

\*Anisexual means that you are commonly drawn to someone of the same sex, but can be attracted to the opposite sex. The intensity of attraction may be different, but some feelings are still present.

\*\*Pansexual is being attracted to anyone despite their gender identity. It doesn't matter who they are in that sense, it matters more that you love them for who they are. It is a love that isn't defined by gender.

\*\*\*Demisexuality is on the asexual spectrum. It is defined as not feeling sexual attraction, arousal, desire, or getting satisfaction from sex unless there is a deep bond between partners.

\*\*\*\*Androsexual: Sexual attraction to men or masculine individuals. Commonly used by people who are non-binary if they want a more gender neutral term for attraction to men or masculine individuals.

The interviews were conducted in Turkish on an online meeting application. The interviews were recorded and archived via the online application, and these recordings were destroyed after they were transcribed. Confidentiality and pseudonyms were used in the transcripts. To participate in the research, e-mails were sent to the volunteer networks of non-governmental organizations working in the LGBTQ+ field in different cities (Istanbul, Izmir, Ankara, Mersin, Antalya). Interviews were held with 15 people who responded to this e-mail and wanted to participate in the research. One of the researchers reached out to 10 LGBTQ+ people in her circle. Only 4 of these 10 people wanted to

participate in the research. Six of the LGBTQ+ people who were asked to be interviewed within the scope of the research stated that they did not want to participate in the study. LGBTQ+ people who did not want to participate in the study stated that they hesitated to tell about their sexual experiences, they did not want to open their sexual life to anyone, and they thought that they did not have anything to tell about their sexual life during the pandemic process.

In qualitative research, unlike quantitative research, the method of choosing the participants from the familiar environment can be preferred. There are points to be considered in the use of this method, which is advantageous in that the existing trust relationship facilitates the in-depth handling of certain issues. The fact that the subject discussed is a topic that will affect the current relationship may prevent the participant from revealing himself. Another probable problem is the possibility of the participant giving superficial answers to some questions, assuming that the researcher already knows about the possible answers (Forrester, 2010, p. 237). The subject of this study is not a subject that can affect the quality of the existing relationship between the researcher and the participants. When it was observed that superficial answers were made about the dimensions of the subject, which were assumed to be known by the researcher, this problem was eliminated with additional questions. In order to avoid possible concerns of familiar participants that the content of the interview may be shared with different people, detailed explanations regarding the privacy and security of data were made at the beginning of the interviews. It was observed that the meetings took place in a genuine and trust-based atmosphere. The participants stated that they felt comfortable for the interviews held in an online environment and that they thought that they could express their sexual behaviors more easily in the online environment. In addition, the interviews were conducted by the researcher, who continues to provide education and counseling about sexual health in the LGBTQ+ field.

### *Data analysis*

After deciphering the interviews, the relevant transcript was sent to each participant and feedback was requested. The participants stated that the transcripts sent to them were sufficient and did not make any additions or deletions. The created interview reports were read several times at different times by all researchers and analyzed separately. At the beginning of the analysis, firstly, the interviews of the two participants were deciphered, then the outputs of the interviews were discussed by the researchers, questions that were deemed appropriate to be added were developed, and studies were carried out on the elements to be considered in the analysis process. (MAXQDA, 2020) software was used in the analysis of the data. The qualitative data analysis software Maxqda, which allows assigning codes to text and further qualitative analysis (MAXQDA, 2020). In the analysis, coding was done in line with the expressions of LGBTQ+ people. The frequently mentioned expressions in the

codings were labeled, and then the secondary code was evaluated and combined with similar codes. Through the analysis program, the statements that were striking or that needed to come to the fore were highlighted by giving weight points. In addition, emotional expressions in the statements of the participants were also coded. The individual analyzes were reviewed by the researchers. The codes, categories and themes were agreed upon. Moreover, in order to ensure that the expressions used in the narratives were deciphered or understood correctly, consultation was received from an academic who had knowledge in the field and an active-duty officer in an LGBTQ+ non-governmental organization. The analyzes were coded as the pre-pandemic and post-pandemic experiences of the participants, and as a result, categories and sub-codes of the themes were created. Situations before the pandemic were generally analyzed together with the codes of the pandemic process and comparisons were made. In this context, all findings were written on the changes that occurred during the pandemic process. In line with the codes obtained during the research process, a code map was created and included in the findings section for the readers to better understand the code distribution.

### **Ethics**

The data of this study were obtained within the framework of the ethical rules specified in the “World Medical Association Declaration of Helsinki.” The approval of Altınbaş University Ethics Committee was also obtained. Informed consent form was filled and signed by the participants to participate in the study. It was stated that audio and video recordings were taken within the framework of the interviews with voluntary consent.

### **Results**

In the research, the experiences of the participants about the pre-pandemic and pandemic process were coded, and after the free coding, it was determined that the themes were separated as pre-pandemic and pandemic process, and other categories were under these themes. In this context, an attempt was made to make a comparison between the pre-pandemic and the pandemic process, but due to the fact that some experiences were during the pandemic process, it was seen that the coding in this section was higher (Figure 1). In Figure 1, (+) signs indicate an increase in behavior, (0) signs indicate no change in behavior, (-) signs indicate a decrease in behavior.

### **Changes in sexual life**

In the analyzes made in line with the data obtained from the participants in the study, it was observed that the pandemic caused changes in the sexual life of LGBTQ+s. It can be seen that there is a mechanization of relationships, a decrease

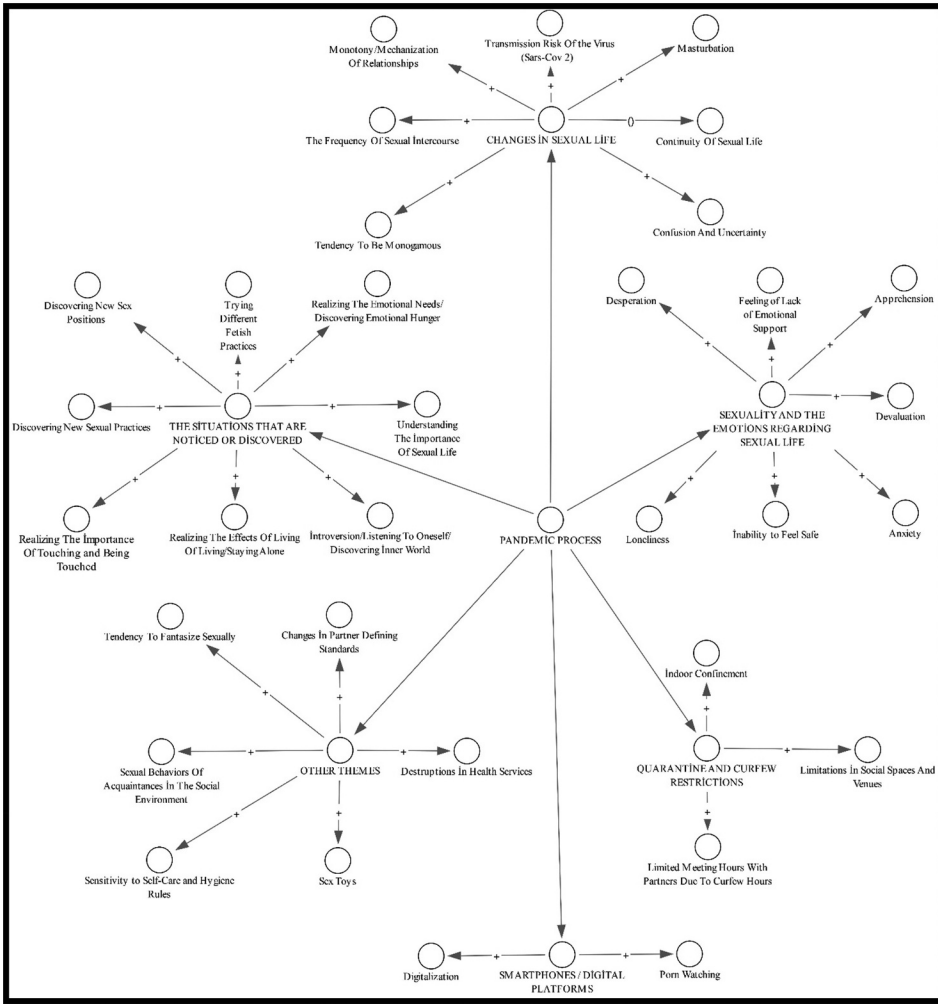


Figure 1. Thematic map/code map.

in the frequency of sexual intercourse, the risk of transmission of the virus, the confusion and uncertainty brought about by the process, the tendency to be monogamous, masturbation, the continuity of sexual life and the tendency to have open relationships.

**Monotonization/mechanization of relationships**

Participants stated that during the pandemic process, communication patterns were limited only to sex, that sexual intercourse occurred at regular intervals or with the partner’s request, reducing sexual pleasure and mechanizing the

relationship. The connection with the partner is generally lost after sexual intercourse, and the desire for sexual life decreases with the mechanization of relationships. They also stated that sexuality was often used as a tool.

*“What I can consider as negative is the mechanization of the relationship. It shows and reveals itself. Sex is actually a fun thing for me, but that way it also loses its value. (P9, 28, Non-Binary, Pansexual, Drama Teacher, Single, Alone)”*

*“After mechanization, my communication and contact with the person will end. There was a saying in theaters: I close my eyes, do my duty. (P1, 31, Man, Queer, NGO Staff, Single, Alone)”*

### **Frequency of sexual intercourse**

Compared to the pre-pandemic, the frequency of sexual intercourse decreased, the discomfort from the mechanization of relations increased, the pleasure received gradually decreased compared to the pre-pandemic period, different fantasies were tried about sexual life, but they did not work, the number of dating decreased, the stress of the epidemic preceded sexual needs. It has been determined that regular relationships have been damaged due to the pandemic. Sexual life is already difficult due to sexual orientations, and this process has become even more challenging with the pandemic, especially in the beginnings. Sexual life has completely stopped, and because of the gradual decrease in emotionality, sexual life cannot be satisfied as before.

*“During the pandemic process, stimuli have become a closed box. What I did to myself was to open that box. It is not that how come I couldn’t get hard but it is more like I loved my sexuality and what happened to it? Let’s get you back to business, it was more like we are expecting you again. (P19, 22, Non-Binary, Androsexual, Student, Single, with Family)”*

*“Actually, for me, the pandemic consists of two periods; In the first period, I did not even dream of having sex. Actually, I had no desire. When I said that my practices had changed, my practices have disappeared, and my desires for them have also disappeared. The second period includes when I returned to myself. (P17, 23, Trans Woman, Heterosexual, Performer, Single, Alone)”*

### **Transmission risk of the virus**

The participants stated that they had been very selective not to get infected with the virus, experienced trust problems due to the high risk of epidemics, especially in one-night stands and they had stayed away from sexual intercourse for a while for fear of infecting their loved ones. They stated that the effect of the virus had been taken into account according to individual sexual experiences, and with the realization of the severity of the pandemic. They stated that meeting with partners was suspended against the risk of virus

transmission, that not meeting with people created a more risk-free environment, they were sensitive to their health conditions and had to be tested constantly.

*“I experience all the intimacy with someone I have never met, maybe will never see. This, of course, brings with it: If the virus infects someone at work after tomorrow! That virus can infect me, it can infect someone else. (P6, 27, Trans Woman, Heterosexual, Freelancer, Single, Alone)”*

*“I don’t remember what the name of the guy was at that time, I was meeting with a foreigner. We stopped seeing each other because we realized the seriousness of the pandemic. (P13, 30, Woman, Bisexual, Customer Manager, Single, Alone)”*

### **Confusion and uncertainty**

Since the participants did not know how the process would progress, the relationships were not as long as they desired for. They were in a constant emotional turmoil and they could name the sexual stimuli exactly before the pandemic, but they could not name these stimuli exactly during the pandemic process, nor they could get real information about how the process could continue. They stated that the discourses where socialization cannot occur create discomfort.

Before the pandemic, we were making love almost every day, whenever we met. It increased a little more with the pandemic, but as if that was what we needed at that moment as an escape. We were together but it decreased afterwards. So when I said it decreased, we did not meet for a week and, then, for another two weeks and so on. (P11, 34, Woman, Bisexual, Psychologist, Non-cohabiting relationship, Alone)

For me, every sex had involved emotion. I think it’s different now. Looking at my experiences in this process, I can say that it is more meaningless and I do not know what is more to come. (P1, 31, Man, Queer, NGO Staff, Single, Alone)

### **Tendency to be monogamous**

The participants stated that they wanted to have sexual intercourse with regular and familiar people, that being monogamous could provide regular sexual intercourse, especially due to the restrictions, that it was safer to be monogamous because of the pandemic anxiety, and that polygamy was worrisome in this process.

We didn’t even feel the need to hug, so we weren’t deprived of anything, so we felt lucky. So I felt lucky. Since we live in the same area, he did not come back to me with any concerns. There were even times when we were spoiled and thought we could make love tomorrow after all. (P11, 34, Woman, Bisexual, Psychologist, Non-cohabiting relationship, Alone)

For example, I thought for a while that I wouldn't be able to live a polygamous life, and I still think so. Polygamy is starting to scare me. (P9, 28, Non-Binary, Pansexual, Drama Teacher, Single, Alone)

### ***Masturbation***

Regarding masturbation, the participants said that they saw masturbation as a relaxing tool that needed no one, especially in the pandemic process. They stated that they sometimes did it daily, sometimes in weekly periods, that the frequency of masturbation increased especially during the pandemic process, that they often used it to achieve sexual pleasure when staying alone at home and in pandemic restrictions. They stated that it was a way to go.

I used to masturbate very little anyway. But it has increased a lot during the pandemic process. These video stuff became popular, which is what put me in the mood. It was much less before pandemic. (P7, 29, Trans Man, Gay, Performer, Single, Alone)

In the early days of the pandemic, I was masturbating twice a week, especially during the lockdown, and I even noticed and discovered many different porn sites. (P3, 25, Man, Gay, Student, Single, with Family)

### ***Sustainability of sexual life***

Participants clarified that there was an increase in sexual life, that people with long-term relationships had a better sexual life, that the number of orgasms may increase during the pandemic process, and that one of the reasons for the increase in sexual life was to be able to maintain a sexual life with people who were trustworthy and did not have COVID-19.

I've been with more selective, safer people during the pandemic, and frankly I think all the sex I've had was of very high quality. (P3, 25, Man, Gay, Student, Single, with Family)

If we assume the fact that I had been having an orgasm three times a week, I probably still have three or four times a week (P5, 33, Woman, Bisexual, Psychologist, Non-cohabiting relationship, Roommates)

### ***Situations that are noticed or discovered***

In the research, it is understood that there were situations that were noticed or discovered in the sexual lives of the participants during the pandemic process. These are discovering new sexual practices, introversion/listening to oneself/ exploring the inner world, realizing that they have emotional needs/exploring

emotional hunger, understanding the importance of sexual life, realizing the effect of living alone/being alone, discovering new sex positions, recognizing the importance of touch and being touched and different fetish practices.

### **Discovering new sexual practices**

The participants have the opportunity to learn more about sex and sexuality and they are positive about the offers of trying new things from their partners, even if there are unsolvable points in their sex life (oral sex, talking about sexuality, talking about sex positions, etc.). They stated that it was possible to communicate, especially among LGBTQ+s, for mentorship and getting advice about trying new things and the wishes of the partners that were disliked became more likely to be experienced and habits such as watching porn and the feasibility of new positions were also tried. It has been found that fantasies were expressed in this process, undesirable situations in general become desirable due to restrictions, wax play and similar experiences were looked into and tried in this process.

Sex was like something to deal with stress. And when we realize the seriousness and the heavy weight of the pandemic and we retreated in our corners, we had to give a new meaning to sex and see where sexuality stands in our relationship. (P16, 28, Woman, Lesbian, Lawyer, Cohabiting relationship, Couple)

My social environment and I, I mean LGBTQ+s, have taken the normative relationship style into our lives so much that it would not be inclusive to talk about everyone now. Let me say my environment and I, we, would never do some practices and it happened during the pandemic, so I experienced the practices that I said I would never do. (P15, 26, Non-Binary, Queer, Student, Single, Alone)

### **Introversion/listening to oneself/exploring your inner world**

During the pandemic, the participants went on a journey to their inner world by using various methods, many books were read and analyzed on this subject while experiencing an introversion. Better criticism could be made about these issues due to the separation of sexuality perception and living conditions from each other, and some internalized phobias became better during the pandemic process. It has been seen that the solution of these problems were determined and solutions were sought for these problems.

Obviously, it can be a bit sad to discover ourselves later in the areas we look at, because one thinks, how could I not have discovered myself yet that I discovered myself in this process . . . that I created myself. (P2, 32, Woman, Bisexual, English Teacher, Non-cohabiting relationship, with Family)

I had habits as before. It turned into a situation where we broke away from those practices and had to produce practices again. When you look at it that way, I'm the only practical companion to myself. I mean, there's no one else but me, making me automatically turn to myself. (P12, 28, Man Demisexual, Social Worker, Single, Alone)

### **Recognizing emotional needs/exploring emotional hunger**

The participants stated that their emotional needs were high, that there was an emotional gap with sexual life, that sexual intercourse suppressed the emotional side especially in this process, that the emotional need increased with the need for sex during this period, that emotional sharing also became important along with sexual life especially during the pandemic process. They explained that such emotional intimacy were not possible because it was a race against time.

In this process, I actually realized how big my emotional hunger is or how much it grew. So, I tried to make the interactions with people more permanent and, if possible, I tried to make them contribute me more. (P4, 27, Man, Gay, MA Student, Single, Roommates)

The Pandemic period has changed my perspective on sex practices. It changed how I should romantically and emotionally relate to people and how I should have sexual relationships. It made me realize what I enjoyed, what I was affected by, what I didn't like, what I liked. (P8, 30, Non-Binary, Anisosexual, Psychologist, Non-cohabiting relationship, Alone)

### **Understanding the importance of sexual life**

Regarding this issue, the participants said that during this process there was vulnerability along with emotionality and one of the most pivotal reasons for this situation was the lack of sexual life and because of this situation, they only saw other people for sex. There was also sex hunger in addition to emotional hunger. Although daily activities were done, they emphasized the significance of sexual needs.

Without the practice of sex, it is not always enough to be at home, doing something that is enjoyable and that I love. I need other things, too. At least my sexuality is such a need. I need someone else in my sexuality. I mean the change of those practices, intellectually or visually. So those people don't exist anymore. (P1, 31, Man, Queer, NGO Staff, Single, Alone)

We watched movies, we didn't make love. I made love to some of them, and with some did nothing, then they would leave the house. It was different, so there were times when I only saw them for sex, or only for physical contact and socialization. (P7, 29, Trans Man, Gay, Performer, Single, Alone)

## **Noticing the effect of living/being alone**

Participants stated that being alone had a greater effect than before the pandemic, that sexual pleasure was provided by the methods developed by them due to the loneliness that occurred, and that very productive sex practices were discovered when they were alone.

I was so alone during the pandemic that I learned what it means to be alone. I learned what the sex practices became when I was alone and there were very valuable sex practices. (P18, 24, Trans Woman, Lesbian, Freelancer, Single, Alone)

After the pandemic started, I started to deliberately make room for my sexuality. I paid particular attention to things like a bit of behavioral intervention. It's like starting to enjoy myself and getting in touch with myself again. It had such a meaning to me, and after that, I focused on it for a few more weeks. (P10, 21, Woman, Lesbian, Student, Single, Alone)

## **Discovery of new sex positions**

Participants stated that they tried positions that they did not like in this process in order to recapture the pleasure obtained before the pandemic, that new sex positions remained more important in terms of trying something new, and that they especially performed non-face-to-face sex positions due to the pandemic.

I met twice with someone I knew before and hadn't kissed before during our hook up. It was just like the previous ones. I mean, we were making love in a missionary position or something, but this time we had sex clearly in a way that my face did not touch him. There were positions like doggy style or reverse cowgirl to avoid kissing. (P13, 30, Woman, Bisexual, Customer Manager, Single, Alone)

While I can deal with all the sex in a relaxed way in whatever position I feel most comfortable in sex, I wonder if I try to fulfill the pleasure that I lost in different ways, can I still get that pleasure? There were times when I tried this. (P14, 25, Man, Pansexual, Doctor, Non-cohabiting relationship, Alone)

## **Realizing the importance of touching and being touched**

Participants stated that they understood how important to touch and to be touched during the pandemic process, that they had one-night stands during the periods when contact was desired, and that they also put more importance to the way people touch each other.

I discovered how important and valuable it is to meet with people I don't know, to have a conversation with someone even if it's sexual, and to actually touch someone and have someone touch you in the same way. (P4, 27, Man, Gay, MA Student, Single, Roommates)

When there were times I wanted contact, there were times I particularly hooked up, so maybe it wasn't sex either. I'm not looking for any penetration or ejaculation, I wanted to spend time with someone physically and that was what I did, as well. (P12, 28, Man, Demisexual, Social Worker, Single, Alone)

### **Trying out different fetish practices**

Participants stated that they tried different fetish practices such as BDSM (it is a term for a variety of sexual practices that include bondage, discipline, dominance, submission, and sadism) and those who were separated from their partners during the pandemic sought different things and made sexual discoveries about different fetish practices. They read publications about BDSM culture and they communicated with communities that operate in this way.

I started doing kinky readings. I started doing readings on BDSM. I started to meet and get together with the BDSM community, I started to educate myself. We talked about what we liked, what fetishes we had, how much BDSM was enjoyed, how much control we had in our work, or what we liked to give control to. Because my partner likes to be pissed on, he has a regular golden shower, for example, because he likes it. This is a practice that I haven't tried a lot, maybe even this year. But this happened frequently, for example, because the person I met during the pandemic enjoyed it and I trained him on that. (P15, 26, Non-Binary, Queer, Student, Single, Alone)

### **Smartphones/digital platforms**

During the pandemic period, smartphone applications and digital platforms have gained importance. In particular, the increase in the tendency of watching porn from internet-based platforms and the effect of its digitalization on sexual life are discussed in this context.

### **Watching porn**

It was observed that the participants had the habit of watching porn even before the pandemic, but watching porn have become a little more frequent in this process, especially the movies of inspired porn stars were watched frequently. The frequency of watching porn with partners increased, especially in this process. The lonely participants put themselves in the place of the actors in porn while watching porn and pretending to be themselves. It has been observed that they had imagined themselves to be those porn stars. The partners videotaped their own sex and watched them frequently. Especially porn was preferred for masturbation and there was a link between masturbation and porn.

I love watching beautiful people have sex in the process. This is my main pleasure. On the other hand, I imagine myself to be one of them. (P7, 29, Trans Man, Gay, Performer, Single, Alone)

In this process, for some reason, people were more curious or the people I came across were more into porn. Things like that didn't happen before. I came across a lot during the pandemic process. A few of my partners wanted to film sex, that is, our own sex. (P3, 25, Man, Gay, Student, Single, with Family)

### **Digitalization**

The participants stated that they wished to separate their existing lives and the lives they thought they had in the digital environment, especially due to the high level of digitalization during the pandemic process. In this process, more sharing about sexual life related to LGBTQ+s started to be made on digital and social networking platforms. Especially during the pandemic period, there were discount campaigns on porn sites and these led to more watching porn in digital media. They also stated that they had given information about their practices to each other.

I started using dating apps more. This was good for me, as if it was closing a gap. I can say that it was good for a while to text and talk on the phone with sexual content. (P9, 28, Non-Binary, Pansexual, Drama Teacher, Single, Alone)

I always used free memberships. However, a porn site made a discount during the pandemic process. So I said why not and I got a membership and this is the first I think in my life. I bought a membership by paying money to a porn site. (P4, 27, Man, Gay, MA Student, Single, Roommates)

### **Emotions related to sexuality and sexual life**

In the study, it was determined that the participants experienced feelings such as anxiety, need to be safe, worry, need for emotional support, loneliness, devaluation, helplessness, stress, prejudiced/distant behavior and regret regarding sexuality and sexual life during the pandemic process.

### **Anxiety**

The fear of COVID-19 is effective in sexual life and people are worried because of the high risk of transmission. There are fluctuations in self-confidence due to this fear and it cannot be said that there is a carefree sexual life. There are situations such as reluctance and lack of being able to obtain pleasure in this period and this creates an obstacle to enjoying sexual life. It has been observed that there is tension with the partners due to the concerns experienced.

I mean, we met outside, especially before the summer, for example, it was very hot and I went into a mood like that let us be done with it quickly, but I don't know if it's a bit of anxiety or fear, but I said let's go home so that it ends quickly. (P19, 22, Non-Binary, Androsexual, Student, Single, with Family)

Actually, the sex practices that I was taught, that was taught by one gay to other gays, started to change and I realized that I was taking on some roles that I had never been, and these reasons made me realize that I was constantly in a sexual tension with my partners. (P18, 24, Trans Woman, Lesbian, Freelancer, Single, Alone)

### ***Not feeling safe***

The participants stated that they were not sure whether the people they would have sexual experience with had the COVID-19 virus and therefore did not feel safe, that they stayed away from sexual experiences and practices until they felt safe. They highlighted that people asked each other reassuring questions before having a sexual experience, and that they had a relationship if they feel safe afterward. They stated that some meetings were constantly postponed due to this insecurity and that these meetings took place after convincing each other.

There is both reluctance and anxiety, of course, because it's hard to trust people in general anyway. In such a process, you can't know who pays more attention to their personal hygiene. So, I did not come across a person who was worth taking that risk. So I didn't take that risk. (P6, 27, Trans Woman, Heterosexual, Freelancer, Single, Alone)

It made me feel comfortable knowing that the person in front of me was a queer. I don't know why, maybe blood draws blood, but when talking to him, there was not that much tension compared to my previous meeting. The fact that he was distant outside and you know, 'When was the last time we socialized?', 'When did we get tested?' We asked questions like that to each other. I don't know why, but the person's answers satisfied me. So I believed. (P4, 27, Man, Gay, MA Student, Single, Roommates)

### ***Apprehension***

The participants stated that if they had sexual experience, they could transmit the possible virus to their families. The effects of the pandemic made people worry especially about their future and their families and they constantly thought about their relatives or friends living with sexually transmitted infections such as HIV or autoimmune diseases such as multiple sclerosis, and they had worrying thoughts. They stated that if minor symptoms occurred after each intercourse, they immediately got tested for HIV or sexually transmitted infections.

Before the pandemic, I used to go to a place and hang out with people I didn't know, whose life I didn't know, and whose names I didn't know. But right now it seems very frightening and terrifying to me. I don't know if I can do this now. Maybe I will do this very quickly after this period is over, maybe I will not be doing this again at all. (P15, 26, Non-Binary, Queer, Student, Single, Alone)

### ***Feeling of lack of emotional support***

Participants stated that the need for emotional support for those living with their families was met to some extent, but for those who were alone, serious problems in terms of emotional support became even more important in this process, and that there was a connection between the satisfaction of emotional needs and the well-being of sexual life.

We weren't sexually close during the pandemic, but emotionally I was with him anyway. For example, I live with my mother and sister, emotional support is always with me, I am a lucky person in this respect. He (my friend) did not have such a situation. The tension he was experiencing was like a nightmare because he told me that everything was so difficult for him. (P2, 32, Woman, Bisexual, English Teacher, Non-cohabiting relationship, with Family)

I think it is necessary to support those in emotional need during the pandemic. Some people can go through this process very hard. (P5, 33, Woman, Bisexual, Psychologist, Non-cohabiting relationship, Roommates)"

### ***Loneliness***

Participants stated that those who were left alone in this process did not know how to cope with the pandemic, that when their desire for sexual pleasure was the highest, there were negative responses as people were absent. They saw themselves in a deadlock in this regard, and that they had difficulties in describing their feelings because there was no one to understand them emotionally.

The idea of enduring loneliness scares me so much that I think I'm avoiding it. I think the optimistic side of the person at that point about how much he can tolerate this loneliness is important. (P16, 28, Woman, Lesbian, Lawyer, Cohabiting relationship, Couple)

For example, I may have been into someone, I may have talked to someone about sexuality. I've heard something, or something might have happened in a movie. Or maybe I have read something. I liked to think of throwing them on the side of my head and bringing them back. Now, of course, there is no such thing. What can stimulate me inside the house? Who will I become into? IWhat there can be? (P8, 30, Non-Binary, Anisosexual, Psychologist, Non-cohabiting relationship, Alone)

### **Feeling of devaluation**

The participants stated that they were seen as an object by the people, that the people around them looked at everyone they communicated with as potential partners, especially in this process, and that it was important to be valued and this was understood to a certain extent during the pandemic period. They stated that they did not enjoy other habits and hobbies during this process due to the experience of devaluation.

Sometimes I didn't enjoy the food I ate. I don't know, what I read or what I eat. Everything seemed worthless to me. There is such a generalization, but specifically, I did not throw my sexual life aside just because all this happened. (P10, 21, Woman, Lesbian, Student, Single, Alone)

Someone I talk to within my environment wants to talk to everyone as much as possible and get into a relationship, he wants to get into a love situation. The reason for this situation is the pandemic, so that he would not get caught with COVID-19. Let it be just one person, let me have regular sex with that person. He thought so. Of course, I thought about this, as well. As I said, actually, having someone I can spend time with and hang out with is a comforting thing, of course, it is a relief in many ways. (P1, 31, Man, Queer, NGO Staff, Single, Alone)

### **Desperateness**

It has been observed that the participants saw themselves in a deadlock in terms of their sexual lives, problems arose in intimacy due to this situation, and sometimes sexuality became inextricable and complicated.

When I felt locked up like this and I couldn't get out of it, when life was always frozen, sexuality was not good either. When I look at this period, I can't say that it has a beginning or an end, the end is still not apparent. (P18, 24, Trans Woman, Lesbian, Freelancer, Single, Alone)

My partner had a hard time getting intimate. Sometimes he had to stop and even cry once. I saw his desperation. (P11, 34, Woman, Bisexual, Psychologist, Non-cohabiting relationship, Alone)

### **Quarantine and curfew restrictions**

Participants stated that due to the quarantine practices and curfew restrictions during the pandemic process, the limited socialization areas/spaces resulted in limiting meeting with partners, as well. They stated that staying indoors led to more sex, and that curfew times directly had an impact on sexual life, and quarantines, due to full closure, curfews and social distance rules, prevented socialization.

### ***Socialization spaces/limited spaces***

Participants stated that socializing spaces became limited with the implementation of curfew, mask and social distance rules due to restrictions, or that venues were closed during periods of complete closure, making them lose the opportunity to meet new people, especially when curfew hours were limited and coincide with after work hours. They stated that people did not have time to live their sexual lives, and “temporary socializing” had been created in relation to the social environments’ inability to ensure the full continuity and sustainability.

To me, it’s not about the risk of getting infected, rather, my sexual life is a channel that hasn’t been fed for months. I mean, you don’t go out, you don’t flirt with someone, you don’t see someone on the road, you don’t see someone again. (P8, 30, Non-Binary, Anisosexual, Psychologist, Non-cohabiting relationship, Alone)

Here you go face to face with some of your friends and family. These are not sexual stimuli, so at least not for me. We are not in a position to go and sit at a cafe and say how sweet it is. (P14, 25, Man, Pansexual, Doctor, Non-cohabiting relationship, Alone)

### ***Limited meeting hours with partners due to curfew hours***

Participants stated that the start and end times of the curfew restricted meeting with the partners, and the meetings could not take place due to the limited public transportation as a result of the distance from the dwellings of the partners.

Without those restrictions, you could maybe chat or want to chat further, but that option is now completely out of question. In this process, the restrictions start at seven in the evening, so if the person leaves work at six, and come to your place at quarter past six, he has half an hour to go. Are we going to chat in half an hour, are we going to make love, what can you do anyway? (P1, 31, Man, Queer, NGO Staff, Single, Alone)

I have a partner, I can’t meet with him. Because he lives in Levent, I live in Eyup, so it is not possible to go on time. We do not have such a practice. It’s not a partnership like staying with each other anyway. (P8, 30, Non-Binary, Anisosexual, Psychologist, Non-cohabiting relationship, Alone)

### ***Indoor confinement***

The participants stated that due to their health conditions, quarantine conditions should be followed and they could not invite people to their homes as before. They stated that with the decrease in quarantines, they were full of hope again, that there were physical changes (weight gain, etc.) during the quarantine process and that this had a negative impact on their sexual life, and that the increase in quarantine risks could cause lack of hope for such high risks.

I can't invite people to my house either. Because of my job, I usually have meetings in the evening hours. Because of this, I cannot accommodate anyone at home. I'm a little obsessed with this. Everything got closed with the quarantine (P13, 30, Woman, Bisexual, Customer Manager, Single, Alone)

When we came to the near future during the pandemic process, things have changed in my personal life now. I gained weight in this process and I did not feel as comfortable as before. To be honest, I don't feel comfortable meeting people I used to meet again. Because the last time they saw me, I wasn't like this. (P12, 28, Man, Demisexual, Social Worker, Single, Alone)

## Other themes

### *Changes in partner defining standards*

Due to the time limitation of the participants during the pandemic process, it is possible to become partners when having less in common. The evaluation standards become more practical, and among these conditions, it is sufficient to have the same political view and perspective on life. There are changes in the behavior of the partners during the pandemic process as they remain apart from each other, and they said that sometimes they try open relationship, especially with the partners who comply with the rules of personal hygiene, and they have relations with even partners found on digital platforms after giving confidence about cleaning and the virus, especially with people who think that the measures related to the pandemic are exaggerated and with people who develop theories about it. It has been understood that with the change of sexual practices partners look for people who can meet their own wishes and needs.

I started to be more selective now in every sense. In the past, when I found a one-night stand, for example, a boy from digital platforms, I would invite him to my house. I would have him over. I don't invite anymore even if they text to me. One is that I need to keep myself safe and the other is that the person may expose me something I don't want or he might violate boundaries. (P19, 22, Non-Binary, Androsexual, Student, Single, with Family)

I would have preferred to have someone close to me before, perspective-wise. If there is something that I think can add something to me, I would like to meet again. But now it is completely different. If the main criterion is good sex, if both parties are satisfied, maybe we will meet again. (P18, 24, Trans Woman, Lesbian, Freelancer, Single, Alone)

### **Sex toys**

The participants stated that they started to be into sex toys and discovering them. In addition, they had sex experiences online with livecam, and they increased the abundance of sex toys. Furthermore, there were also participants who stated that they bought their first sex toy during the pandemic period.

I have spent money on sex toys during the pandemic. I needed this and I think it turned out to be nice. (P11, 34, Woman, Bisexual, Psychologist, Non-cohabiting relationship, Alone)

Before the pandemic, I perceived sex toys as an insult. But I've used sex toys recently, it's been pretty good. I used it while masturbating during the pandemic. (P13, 30, Woman, Bisexual, Customer Manager, Single, Alone)

### ***Sensitivity toward self-care and hygiene rules***

The participants stated that they put importance to the observance of the rules of self-care and hygiene and that the places where sexual life took place should be clean, that they could not move freely due to concerns about hygiene when they went to another place or on vacation. They were sensitive about hygiene and self-care and could not have sexual intercourse during the pandemic process. They observed that they did not have intercourse because their partners came to the house without a mask, that they had already been confining themselves in their homes within the scope of isolation and cleaning rules. They emphasized that they set self-care cleaning as a criterion in sexual intercourse and that they observed that the partners who came to the house should wear masks, wash their hands and pay attention to other hygiene rules, especially regarding the use of condoms. They stated that they were flexible before and now did not have intercourse without a condom in this process, and that they definitely took a shower before and after each sex.

I had several criteria. For example, did he come to the door with a mask? I looked for this. For example, after entering the house, I wanted them to wash their hands and faces before doing anything else. He comes home, without a mask, for instance. I pretend to let him in anyway. He enters the doorway of the house, but then, I bait him by asking, 'Did you come without a mask?' Even if they say yes, there were times I asked them to go directly anyway. (P4, 27, Man, Gay, MA Student, Single, Roommates)

Before the pandemic, I had more regular relationships. I was able to be flexible while using a condom. Both I got older and I understood a little more about sexual health, and I remember that I was very careful about the use of condoms in my sexual intercourse during the pandemic and at the same time I used birth control pills very regularly. (P13, 30, Woman, Bisexual, Customer Manager, Single, Alone)

### ***Tendency for sexual fantasy***

The participants stated that they defined certain people to fantasize about before the pandemic, but they did not choose people to fantasize about in this period, and that people who would not normally be of their interest could be at the center of their sexual fantasies. They stated that their sexual fantasies occurred mostly in open spaces because of being closed up all the time, that

they imagined the places where they fantasized as safe places away from the pandemic, and that the greatest pleasure was experienced for sexual fantasies when there was no sexual intercourse.

When I imagine things, I always think of open places like a beach or something like that. I realized this the other day. For example, sometimes I have a scenario in my head. An open space or a seaside. I don't dream of anything like a closed house. And I think this is a result of the plague. (P2, 32, Woman, Bisexual, English Teacher, Non-cohabiting relationship, with Family)

I imagine where the plague ends or never existed at all in my own head. It's like there's no one outside. I dream of such things. (P14, 25, Man, Pansexual, Doctor Non-cohabiting relationship, Alone)

### ***Sexual behaviors of acquaintances in the social environment***

The participants stated that they observed that their friends with long relationships or monogamy improved their sexual relations at some points. There was an increase in the use of sex toys or sex-related products. Some of them had difficulty in finding a partner, and some of their friends in their surroundings spent the quarantine by having regular partners.

I don't know who has, buys or uses it, but there is something in my conversations that I notice a positive development in sex toys and such products (P5, 33, Woman, Bisexual, Psychologist, Non-cohabiting relationship, Roommates)

In the first six months of 2020, multiple people around me either just met someone or went into quarantine with people they met, whether they were serious or not. I remember that one or two people had intense experiences. My close friend moved to Izmir and her sexual life with her partner is very stagnant. (P13, 30, Woman, Bisexual, Customer Manager, Single, Alone)

### ***Disruptions in health services***

The participants stated that there were restrictions on precautionary services and surgeries in hospitals with the effect of the pandemic, and delays or various problems occurred in sexual relations due to the inability or postponement of some operations that would affect sexuality. They said that their partner candidates could not have an infection test, especially because the infection units and test centers were busy or closed. They stated that those who had intercourse without a condom had their viral load checked at certain intervals, but due to the pandemic, the necessary controls could not be made and sexual experiences could be delayed or ended due to this situation.

The test centers are closed, the hospital is closed and I cannot make an appointment with the infection units. For example, I met someone on the digital platform. It was a terrible experience for me. Things like this happened, and after that, I started to be a little more cautious. For example, 'Why is this person trying to contact me?' It happened at a time when I questioned this, for example, during the pandemic. (P4, 27, Man, Gay, MA Student, Single, Roommates)

A friend of mine said that he had sex without using a condom and wanted to do so again, and after two or three intercourses, he would go and get tested. He was saying what he would do now, how he would be tested. (P12, 28, Man, Demisexual, Social Worker, Single, Alone)

## **Discussion**

This research was conducted to evaluate the effects of the pandemic, social restriction and quarantine on the sexual behavior of LGBTQ+s. Events that cause trauma at the societal level have been shown to have an impact on the sexual health and psychological well-being of many individuals. There have been differences in the sexual behavior of individuals during and after natural disasters such as earthquakes and hurricanes (Kissinger, Schmidt, Sanders, & Liddon, 2007; Liu, Han, Xiao, Ma, & Chen, 2010). It has been found that the COVID-19 pandemic has also changed the sexual behavior of individuals and reduced the frequency of sexual intercourse (Arafat, Alradie-Mohamed, Kar, Sharma, & Kabir, 2020; Schiavi et al., 2020; Yüksel et al., 2020).

### ***Effect of quarantine and curfew restrictions***

During the pandemic, LGBTQ+s stated that the closure of venues, quarantine practices and curfews preventing socialization had a negative impact on their sexual lives. These results are similar to other studies on the effects of restrictions on sexual behavior during the pandemic (Caruso, Rapisarda, & Minona, 2020; Fuchs et al., 2020; Schiavi et al., 2020).

During COVID-19, LGBTQ+s seems to have been more at risk of social and physical isolation and their condition was worsened by living with families who did not accept them and being away from friends and other relevant sources of support (Barrientos et al., 2021; Brennan, Card, Collict, Jollimore, & Lachowsky, 2020). These distressors had an impact on LGBTQ+s' sexuality (Sanchez, Zlotorzynska, Rai, & Baral, 2020).

### ***Changes in sex life***

Considering that the incubation period of COVID-19 infection can last up to 14 days and individuals may not have any symptoms during this interval, it is possible to worry that the infection may be transmitted during sexual intercourse (Zhou et al., 2020). Although it is known that COVID-19 infection is transmitted by respiratory tract and direct contact, it is not yet known whether

it is transmitted through sperm or vaginal secretions (Li, Jin, Bao, Zhao, & Zhang, 2020; Pan et al., 2020). For this reason, requests such as using condoms and avoiding kissing during sexual intercourse may be preferred. These results are also similar to different studies on changes in sexual life during the pandemic times (Ko et al., 2020).

In a study comparing the pandemic period and before, a difference was found between the sexual function scores of the participants (Karagöz et al., 2020). In the related research, it was observed that the sexual behaviors and sexual intercourse frequencies of the participants during the pandemic process were lower than before the pandemic. In addition, in this study, it was determined that masturbation and porn watching behaviors of male participants increased during the pandemic process. In our study, changes were observed in the tendency of LGBTQ+s to masturbate during the pandemic process. Expressing that there has been a decrease in their sexual behavior with the uncertainty brought by the pandemic, LGBTQ+s have tended to monogamy, being aware of the risk of COVID-19 infection. Participants stated that there were both a decrease and an increase in their tendency to masturbate during the pandemic process. Also, the participants stated that they masturbated more especially during restrictions/closures. In studies conducted in different countries, it has been found that there were differences in the tendency to masturbate during the pandemic process, and it has been observed that the participants generally masturbated more during the pandemic process (Ibarra et al., 2020; Karagöz et al., 2020; McKay et al., 2020). The amount of free time, the theoretical lack of intimacy with other people, and the stress of the situation may have contributed to increased masturbation. There are other studies that show an uplift in sexual dysfunctions as the perception of depression and stress increases (Nicolosi, Moreira, Villa, & Glasser, 2004; Pastuszak, Badhiwala, Lipshultz, & Khera, 2013; Yang et al., 2019).

### ***Smartphones/digital platforms***

Some communities within the LGBTQ+ population have different social norms regarding relationships and sexual contact patterns that may increase their risk of discrimination and violence. LGBTQ+s may meet with their sexual partners in less formal social spaces such as bars, gyms, cafes to avoid violence, discrimination and/or stigma as a marginalized population. Increasingly, LGBTQ+s use the internet to find new partners and/or search for sex, including dating apps such as Grindr, Hornet, Tinder, and Wapa (Groß, Hirshfield, Remien, Humberstone, & Chiasson, 2013; Liao, Millett, & Marks, 2006). The results of the research showed that digital applications use sexually-based communication to maintain a specific sexual activity. LGBTQ+s participating in the research stated that their tendency to watch porn increased during the pandemic process, and they used chat, dating and social media tools more for sexting. Lack of physical intimacy and general

concern about the global situation (fear of infection, etc.) can be cited as reasons for an increase in the tendency to watch porn. This is also consistent with studies conducted in different countries (Ibarra et al., 2020; McKay et al., 2020; Sanchez et al., 2020; Turban, Keuroghlian, & Mayer, 2020).

Quarantine measures to prevent contagion triggered a boost of consumption of pornography (Zattoni et al., 2020). The pandemic influenced the frequency of watching porn. The growing engagement in use of pornography could be due to boredom. LGBTQ+s included in our research stated that their tendency to watch porn has increased during the pandemic process.

### **Emotions**

In many studies, decreased frequency of sexual behavior was generally associated with different conditions such as psychiatric diagnoses (major depression, post-traumatic stress disorder, etc.), problems between partners (problems with intimacy and attachment), and chronic diseases (cancer, migraine, epilepsy, blood pressure). (Aksaray, Yelken, Kaptanoğlu, Oflu, & Ozaltin, 2001; Davis et al., 2004; Frohlich & Meston, 2002; Impett, Peplau, & Gable, 2005; Küçükdurmaz, Inanc, Inanc, & Resim, 2018; Nascimento, Maia, Nardi, & Silva, 2015).

The pandemic process has deeply affected the psychosocial well-being of individuals (Cao et al., 2020; Chew, Wei, Vasoo, Chua, & Sim, 2020; Duan & Zhu, 2020; Lima et al., 2020; Xiang et al., 2020). LGBTQ+s also stated that they became more sensitive to privacy during the pandemic process, and their need to be safe increased. LGBTQ+s stated that they experienced an inner discovery regarding their sexual life during the pandemic and they discovered different sexual practices, and they realized that they should pay more attention to their emotional needs. Additionally, the pandemic process has affected the sexual lives of LGBTQ+s by bringing about feelings of loneliness, anxiety disorder, restlessness and the need for emotional support. It is known that negative emotions negatively affect sexual behavior (Lykins, Janssen, & Graham, 2006; Mehta, Walls, Blood, & Shrier, 2014; Peixoto & Nobre, 2016). It has been observed that there were significant changes in sexual behaviors and emotions in countries with quarantine practices (Brooks et al., 2020; Cocci et al., 2020). It is also stated that the pandemic affects the sexual satisfaction of LGBTQ+ people (Mumm et al., 2021; Suen, Chan, & Wong, 2020). It is also known that sexual satisfaction (in the context of same-sex couple) is related to relational/emotional variables (Calvillo, Sánchez-Fuentes, & Sierra, 2020). Based on these, because the pandemic had a negative effect on people's emotions and in many cases also at the relational level, sexual satisfaction may have been affected by these variables during the pandemic.

### **Other themes**

Participants stated that they discovered using sex toys during the pandemic process. This result is in line with studies showing that the use of sex toys has increased during the pandemic process (Eleuteri, Alessi, Petrucci, & Saladino, 2022).

Participants stated that they made different partner definitions during the pandemic process. This result is similar to research that presents findings that participants who want to have a long-term and serious relationship increase during the pandemic process (Wignall et al., 2021).

Because of social distancing measures, self-care and hygiene have become a key means of relationships (Sanchez et al., 2020; Shilo & Mor, 2020). Participants in the study stated that they pay attention to hygiene in case they meet anyone during the pandemic process. In addition, they stated that they do not have sexual intercourse with people who do not pay attention to their self-care.

### **Conclusions and recommendations**

This study was carried out to examine the sexual behavior of a group of LGBTQ+s living in Turkey during the COVID-19 pandemic.

It has been observed that LGBTQ+s were discovering new sexual practices, turning inward/listening to oneself/exploring their inner world, realizing that they have emotional needs/exploring emotional hunger during the pandemic process. It is understood that they realized or discovered situations such as understanding the importance of sexual life, realizing the effect of living/being alone, discovering new sex positions, being aware of the importance of touching and being touched, and trying different fetish practices.

Online applications, which are frequently used by LGBTQ+s on smartphones/digital platforms during the pandemic, have had an impact on porn watching and digitalization.

It was concluded that LGBTQ+s experienced dispositions such as not feeling safe in the context of sexuality and sexual life. They feel anxiety, loneliness, devaluation and helplessness and lack of emotional support during the pandemic process.

It has been determined that the quarantine and curfew restrictions during the pandemic process of LGBTQ+s have limited socializing areas/spaces, and the curfew hours have constrained meeting with partners which are all negative consequences of staying indoors.

It has been concluded that there have been changes in the standards of determining partners in the pandemic process of LGBTQ+s, the use of sex toys has increased, the sensitivity to self-care and hygiene rules has increased, the tendency to have sexual fantasies has changed, the sexual behavior of people in the social environment has changed, and the disruptions in health services have had negative effects.

There is a need for studies focusing on the sexual behavior of LGBTQ+s and for these studies to explain sexual behaviors in different societies. Moreover, it is recommended to develop counseling services regarding the sexual behaviors of LGBTQ+s and the situations that occur in their sexual lives.

### Limitations

Despite of these strengths, this study is thought to have some limitations. First, most of the research was conducted online because of pandemic-related restrictions. Thus, most of respondents were good at using computers. Future research should investigate how the pandemic has affected the population that has not been reached by online surveys. Second, although the study had a qualitative methodology, it may be useful to use standardized scales to measure some variables related to the sexual activity of the participants. Third, it is likely that the current results are not adequate to capture the impact of COVID-19 on the sexuality of different population groups that vary, for example, for age, culture, language, socioeconomic status, etc. Fourth, in some societies, sexuality is still taboo making it difficult to find people who want to talk openly about their sexual lives. Fifth, our research was carried out in the early stages of the pandemic. Therefore, further studies are needed to investigate the short-term and long-term impacts that COVID-19 has had on our sexual lives.

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### Data availability statement

The data that support the findings of this study are available from the corresponding author, upon reasonable request.

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