

**“I just wanted a meaningful interaction”: Exploring the impact of lockdown on
women's sexual lives in Ireland**

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Abstract

The COVID-19 pandemic promoted a negative impact on women's psychological wellbeing and sexual lives. In countries where lockdown measures were introduced, higher levels of stress and anxiety among women have affected sexual frequency and performance and promoted a decrease in desire and satisfaction. Few studies have investigated the effects of lockdown exclusively on women's sexual lives. To our knowledge, this is the first study aiming to explore how the experience of lockdown impacted women's sexual behaviours in Ireland. The question guiding this research was: How did the psychological distress promoted by social confinement impact young women's sexual activity during the COVID-19 pandemic in Ireland? We promoted a reflexive thematic analysis of semi-structured interviews conducted with seven young women ranging from 27 to 34 years old. Four key intersecting themes were identified: (i) Sex was not a priority; (ii) A little less spontaneous; (iii) Any meaningful interaction; and (iv) It took up a different meaning. Results indicate lower levels of sexual activity and satisfaction, an urge for social contact and intimacy, and changes in sexual self-concept. Interventions and campaigns promoting awareness and support regarding women's sexual health and psychological wellbeing during distressing times must be considered by practitioners and by the government.

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The systemic crisis caused by the COVID-19 pandemic has taken a heavy toll on women's well-being and sexual life, especially in countries where periods of lockdown were implemented to attenuate the spread of the virus (Ali & Ullah, 2021; Hamadani et al., 2020; Liu et al., 2020; Mantovani et al., 2020; de Oliveira & Carvalho, 2021; Silveira Campos et al., 2020; Whenham et al., 2020). In Ireland, restrictive measures introduced by the government included two periods of strict lockdown lasting a total of 16 weeks in 2020 and one long period of 24 weeks from January to June 2021 (Kennelly et al., 2020). Restrictions within these periods comprised banning all non-essential travel or contact with other households and allowing individuals to exercise only within 2-5km from their houses. Investigation on the impact of these lockdown measures on social and mental well-being revealed that, at the beginning of 2021, 62% of women reported having their mental health and well-being negatively affected by the pandemic, along with increased consumption of alcohol, tobacco, and junk food (Central Statistics Office, 2021). The CSO (2021) also announced an increase in self-reported loneliness among women from 41% in 2018 to 66% in April 2020, and that one in three women reported low satisfaction for overall life, an increase of 9% from 2018. Studies conducted in Ireland have also found that anxiety about the virus combined with restrictive measures significantly increased psychological distress, with risk factors including being female and living alone (Kelly, 2020). These statistics are part of large-scale research around the globe which have showcased how women disproportionately bore the emotional and psychological effects of lockdown displaying higher levels of fear, worry and anxiety, stress, and reduced sleep quality compared to men and to analyses from before the pandemic (Bigalke et al., 2020; Chang, 2020; see review Connor et al., 2020; Doraiswamy et al., 2021; Dubey et al., 2020; Hurley et al., 2021; Liu et al., 2020). On top of the psychological effect, research on the dynamics of sexual behaviour during the pandemic has yielded a great discussion on the effects of confinement on sexuality and overall sexual

activity with the consensus that the negative impact has been more severe on women, although the nature of this impact has varied between different socio-contexts and cultures (Nessaibia et al., 2021; see review de Oliveira & Carvalho, 2021; Omar et al., 2020). Whilst the psychological effect of lockdown has been widely investigated in Ireland (Burke et al., 2020; Hyland et al., 2020; 2021; Kelly, 2020; Lades et al., 2020), little is known about the direct impact of this effect on women's sexual behaviours within the Irish context.

The COVID-19 pandemic and sexual activity

Across the globe, two of the first surveys investigating sexual behaviour in the UK and in China at the start of 2020 revealed decreases in sexual frequency and that low levels of sexual activity were associated with being a single female older adult (Jacob et al., 2020; Li et al., 2020). Also at the start of the pandemic, Ballester-Arnal et al. (2020) produced a robust analysis of the impact of 99 days of confinement on sexual behaviour ($N = 1448$, 67.5% females). Items investigated ranged from practical topics such as *frequency* or *type* of sexual activity to psychological variables including *mood* and *intensity of desire*. The study showcases how the environmental conditions of confinement experienced by the individuals (i.e., privacy, living with the partner, and negative emotional mood) were decisive for a positive or negative self-reported impact on sexual life. Results also reiterate the major impact on women especially regarding an increase in desire and decrease in satisfaction compared to men's, consistently with further and previous research (Carvalho et al., 2021; Cito et al., 2020).

Regarding levels of sexual activity, whilst most studies have found a decrease across the board (Coombe et al., 2020; Delcea et al., 2020; Karagoz et al., 2021; Karsiyakali et al., 2021; Nessaibia et al., 2021), others revealed gender differences, suggesting no significant impact or increase in frequency being reported mostly by men (Arafat et al., 2020; Ballester-

Arnal et al., 2020; Jacob et al., 2020). Moreover, some studies found an increase in some specific types of sexual activity, such as masturbation, sexual fantasising and pornography watching, and *sexting* (Bianchi et al., 2021; Cascalheira et al., 2021; Coombe et al., 2020; Edwards, 2021; Hille et al., 2021; Karagoz et al., 2021), whilst others found no increase in internet-based sexual activity (Gassó et al., 2021). Interestingly, even with new additions and experimentation, participants still reported a decline in their sexual lives (Lehmiller et al., 2020).

As suggested by Ballester-Arnal et al. (2020), general predictors of sexual behaviours mainly varied according to the environmental conditions where individuals experienced lockdown and the perceived psychological impact of the confinement (Carvalho et al., 2021). Research has found that most couples cohabitating reported that their sex lives and relationship satisfaction generally improved (Constantini et al., 2021; Karagoz et al., 2021; Lehmiller, et al., 2020; Yuksel & Ozgor, 2020). Contrarily, health care workers reported a decline in sexual satisfaction and desire, especially amongst females with children (de Rose et al., 2021), and the same decline was seen amongst those living in a metropolitan area compared to the countryside (Karsiyakali et al., 2021). Gender differences were also reported regarding sexual desire: Whilst some studies have found a link between lower sexual desire and males (Ballester-Arnal et al., 2020; Carvalho et al., 2021; Cito et al., 2020), others have also revealed an association between women and lower desire and sexual pleasure as well as greater risks of sexual function difficulties especially attributed to high levels of anxiety and depression (de Rose et al., 2021; Constantini et al., 2021; Omar et al., 2020).

Indeed, this decrease in desire and quality has been attributed to the influence of mood and less-effective emotions and cognitions on sexual drive and function (Constantini et al., 2021; Ko et al., 2021; Kusuma et al., 2021; Omar et al., 2020). For instance, Gouvernet & Bonierbale (2021) explored how sexual emotions might have suffered a higher impact than

sexual behaviour itself. The study promoted an investigation on sexual cognitions felt during intercourse. Findings revealed a decrease in arousal amongst women promoted by interpersonal and intra-individual less-effective cognitions, such as lack of attention from the partner or negative feelings towards self-image and body image. The study reinforces the complex impact of lockdown on sexual satisfaction presented by Carvalho et al. (2021), which suggested that sexual functioning should always be analysed through a contextual perspective as psychological adjustment and life stressors directly influence and shape sexuality. Whether this overall disagreement might be due to different methodological approaches or inconsistencies on how participants perceive *frequency* or *desire*, it suggests the need for analysing individual perspectives to promote a better understanding of the interaction between psychological and environmental conditions and sexual behaviours.

Women's Sexual Behaviour

Although the outcomes suggest a more negative impact on women, few studies have investigated exclusively young adult women's sexual behaviour during the pandemic (Bhambhvani et al., 2020; Fuchs et al., 2020; Schiavi et al., 2020; Yuksel & Ozgor, 2020). Young females of reproductive age tend to share patterns in hormonal activity and attitudes towards risk-taking and mating preference (Bancroft et al., 1983; Sanders et al., 1983). Within the context of a pandemic, these factors could encourage behaviours directly influenced by fear of catching the virus and absence of social contact, demonstrating why this age group should be particularly investigated. In Italy, Schiavi et al. (2020) found a decrease in sexual function and quality of sexual life of females of reproductive age ($M = 39$ years) who lived with their sexual partner and reiterate the negative influence of specific environmental and psychological factors such as fear of having contact with a partner who works outside the home, less body care during confinement, and negative emotional states. Research using the female sexual function index (FSFI) revealed an overall decrease in

sexual function amongst young women with lower scores for arousal, lubrication, orgasm, and satisfaction during the pandemic (Fuchs et al., 2020; Yuksel & Ozgor, 2020). Yuksel & Ozgor (2020) also used data from a study conducted before the pandemic to compare changes in sexual behaviour amongst sexually active married women. Findings revealed a significant increase in the frequency of intercourse during the pandemic, building upon the results on levels of sexual activity amongst cohabitating couples (Arafat et al., 2020; Cito et al., 2020; Constantini et al., 2021; Karagoz et al., 2021). Interestingly, despite reporting an increase in frequency, their results reinforce a decrease in the quality of sexual life, similarly to the outcomes seen in previous studies (Gouvernet & Bonierbale, 2021; Lehmillier et al., 2020). The same methods of comparison between results prior to and during the pandemic were used by Bhambhvani et al. (2020) to assess the sexual function of females in the U.S. Contrarily, though, results showed no change in sexual frequency, however, they support previous findings that higher levels of depression and anxiety promoted sexual dysfunction (Constantini et al., 2021). Although these studies suggest rich data confirming the impact of lockdown on women's sexual lives, they fail to promote possible wholesome analysis of these changes in behaviour, which might only be possible to untangle by exploring women's experiences in-depth, through qualitative analysis of their narratives.

Sex, Pandemic and Qualitative Approach

Indeed, some authors reiterate the importance of conducting qualitative research during health emergencies as it builds up onto the epidemiological data capturing in-depth the understanding of how individuals perceive and respond to the phenomenon (Fenton et al., 2001; Teti et al., 2020). Sexuality and sexual behaviour have been widely investigated throughout the years using qualitative methods (Arias-Colmenero et al., 2020; Ivanski & Kohut, 2017; Sinkovic & Towler, 2018), however little has been seen exploring sexual behaviour during the ongoing COVID-19 pandemic qualitatively. Pascoal et al. (2020)

conducted a thematic analysis investigating clinical sexologists' perspectives on the impact caused by the pandemic on their patients' sexual health. Findings corroborate with previous studies as authors propose that the themes identified inaugurate a new framework on the impact of COVID-19 on sexual health, highlighting that challenges faced by the population stem from an interplay between mental wellbeing, relationship management, and the use of technology. However, results are based on professionals' impressions of a small population with access to sex counselling, limiting the generalisability of the results. Analysing narratives produced directly by individuals might reduce bias and enable a more precise investigation, and, with young women constituting one of the most vulnerable groups, it becomes relevant that attention is shifted to their personal experiences during confinement.

The present study

Building upon inconclusive outcomes and limited local research on the topic, this study aimed to promote a better understanding of the biopsychosocial effects of the social confinement experienced during lockdown in Ireland on young women's overall sexual lives. Through qualitative analysis of women's narratives of their sexual experiences during the three phases of lockdown, we aimed to explore how the psychological distress promoted by the lack of social interaction and fear of contagion affected sexual pursuit, behaviour, performance, and health on young women of different relationship statuses. The question guiding this research was: How did the psychological distress promoted by social confinement impact young women's sexual activity during the COVID-19 pandemic in Ireland? To our knowledge, this was the first study to take a qualitative approach to investigate sexual experiences in Ireland during the pandemic and it might adjoin the body of research that has explored the impact of lockdown measures on women's sexuality and sexual behaviour around the globe. Additionally, this study expands the understanding of the relationship between women and sexuality outside the context of a pandemic, since it goes

beyond simple biological sex differences and touches on major socio-cultural differences such as religion, socioeconomic status, and patriarchal oppression (Kang et al., 2017; Miller, 2020). Ultimately, the plural character of the relationship between mood and sexuality suggests the importance of this research to a broad range of areas within the field of feminine psychology, including social, health, and developmental psychology.

Methods

Participants

General public was informed about the study through a poster containing basic information about the nature of the study, participant eligibility, and the researcher's contact information. Participants were recruited via snowball and purposeful sampling: The poster was advertised within four diversely accessed social media platforms (Facebook, Instagram, Twitter, and LinkedIn) to minimise selection bias in internet surveys (Greenacre, 2016), and through oral communication. Inclusion criteria encompassed self-identified women who experienced the three *level 5* lockdowns in Ireland, whose age ranged from 25-35 years old, and who had access to the internet and a computer.

Ideal sample size in qualitative research is a widely debated topic as it might vary depending on the epistemological approach, types of data collection and method of analysis chosen (Braun & Clarke, 2016; Patton, 2001; Terry et al., 2017). However, it is agreed that *quality* is more relevant than *quantity* as rich data is the basis for a well-conducted study, and samples should be large enough to generate patterns and small enough to respect individuality (Braun & Clarke, 2013; Morse, 2000). A total of 17 women demonstrated interest in the study. A final sample of 7 women was interviewed. The demographics of the sample can be seen in Table 1.

Table 1. *Participants' characteristics.*

Age (Range)	27-34
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Sexual orientation	Heterosexual ⁶ /Bisexual
Nationality	Australian/Brazilian ² /Irish ³ /Irish Bulgarian
Cultural identification	Caucasian ⁵ /Latin ²
Highest level of education	Secondary school/Coursing third level ² / Complete third level ³ /Postgraduate
Hours of paid work weekly (Range)	0-45
Relationship status during most of lockdown	In a closed relationship ³ /Single ³ / Both in an open and closed relationship
Privacy	Shared household with partner and family ⁴ / Shared household, but not with partner ³

Data collection

This study took a qualitative exploratory design and promoted a reflexive thematic analysis of data collected through semi-structured interviews (Braun & Clarke, 2006; 2021; Howitt, 2016; Smith, 2015; Wood et al., 2012).

Materials

Due to caution regarding COVID-19, the one-to-one interviews took a virtual format. Six meetings took place through the platform Teams and two via Zoom, with video and audio recording and transcription proceeding through the researcher's computer, using the software Otter.

Demographics questionnaire

Before the start of the interview, participants were asked to fill in a demographics questionnaire presented in the same Google form where informed consent was located (See Appendix A). The demographics questionnaire represented a means of situating the participants within the population they belonged to (Salkind, 2010). It was devised by the

researcher in discussion with the supervisor and contained questions regarding age, sexual orientation, nationality, ethnic identification, level of education, weekly hours of paid work, and privacy during lockdown (A. Kracen, personal communication, November 2021).

Interview schedule

The interview schedule was also prepared specifically for this study, and it flows from broad to specific to enhance rapport between interviewer and interviewee, especially with such a sensitive topic (Howitt, 2016). It purposely contains both open-ended and yes/no questions to allow the participant to expand on what they consider relevant whilst also providing some extent of guiding, as well as probes that facilitate the interviewer's performance (Braun & Clarke, 2013; Hill et al., 2005) (See Appendix B).

Pilot Study

Since the interview schedule and questionnaire were formulated by the researcher, a pilot study was executed to ensure the validity of the intervention and to provide a chance to adjust and review procedures prior to the main study as well as allow for evaluation of the comprehension of the interview guide by the public (Kim, 2011). In qualitative research, it is also an opportunity to evaluate the epistemology and methodology of the research.

The pilot study in this research comprised a test of the recruitment process, software choice, interview schedule, and participant comprehension of the questions and probes. To avoid the risk of wasting a participant's time and data, it was run with one non-participant who was aware that the data collected during the pilot study was to be discarded. The pilot study was deemed as successful as no relevant changes had to be made, and the official data collecting could be initiated.

Study Procedure

After an eligible potential participant contacted the researcher, a complete information sheet including detailed procedures and ethical considerations regarding their participation was forwarded to them, to avoid surprises and last-minute withdrawals. As recommended by leaders in qualitative research, a copy of the interview guide containing the main questions was also attached to the email, as participants might appreciate the opportunity to be in contact with the questions ahead of the interview (Hill & Thompson, 1997; Hill et al., 2005) (See Appendix C). Once in agreement, the meeting was scheduled and a link to access the platform was sent to the participant.

Once the call was initiated, participants were briefed with information regarding the research, ethical considerations and right to withdraw, and given the opportunity to ask questions. Then, participants were sent the link to the Google Form, and, once the consent was obtained through completion of the form, recording and interview were initiated. Participants were encouraged to turn off their cameras to ensure anonymity.

Interviews flowed naturally as a conversation, with participants delving into what they personally believed to be relevant as they progressed. The interview guide was used to help lead the interview; however, the flexible character of the semi-structured schedule allowed the researcher to actively explore the interviewee's statements by changing the sequence of questions or using non-scheduled probes (Braun & Clarke, 2013; Howitt, 2016).

Meetings ranged from 12 to 32 minutes, excluding the time for completion of the consent form and debriefing. The large time range can be a common occurrence within semi-structured interviews as some individuals are naturally more open to sharing their experiences than others (Braun & Clarke, 2021). Moreover, some participants also had very little contact or none with partners and overall sexual performance, which contributed to shorter interviews.

Once the interview was finished, participants were verbally debriefed by the researcher. Participation was acknowledged, and future ethical applications regarding procedures of anonymity of data and confidentiality were communicated. After the call was finalised, a debriefing sheet containing the researcher's contact number and email as well as helpline support numbers to be used in case of distress was forwarded to the participant (See Appendix D). Audio recordings and transcripts were labelled accordingly ("P1/P2/P3") and stored in a password protected folder in the researcher's personal storage service OneDrive. During the process of anonymisation of the transcripts, identifying data and details were removed or substituted.

Finally, participants were given the opportunity to approve the final version of their transcripts, as recommended by Hill and Thompson (1997). Participants were allowed one week to get in contact with the researcher in case they had any considerations to address. They were informed that once the deadline for the contact was met, the researcher would assume they were in complete agreement with the data and proceeded to data analysis, making it impossible for the data to be withdrawn after that point. Once the last version of the transcripts was authorised, the audio recordings were deleted. As the phase of communication between participant and researcher was completed, participants' data were stored in a non-identifiable way, and contact emails were also deleted. Furthermore, when data analysis was completed, transcripts were destroyed.

Ethical considerations

Ethical approval for conducting this study was granted by the National College of Ireland's Psychology Department's Undergraduate Ethics Committee. This research was conceived and conducted following the guidelines proposed by the Psychological Society of Ireland and the National College of Ireland.

Informed consent was obtained to provide respect and protection to participants and ensure that participation was voluntary and clarified in detail. In the information sheet and informed consent form, participants were made aware of the processes of anonymisation and confidentiality of data. The online informed consent form contained *boxes* that required checking before being able to progress with the questionnaire to ensure participants' agreement. Moreover, participants were also informed of their right to withdraw or remove their data and were also encouraged to interrupt the meeting and ask questions whenever they felt necessary. Confidentiality was ensured through the aforementioned means of de-identification and password protection of transcripts and posterior dismantling of recordings and potentially identifiable data.

This research did not offer direct risks of physical and major harm to participants. Acknowledgement of risk of potential distress triggered by the topic of sexuality was provided prior to the interview, in the information sheet and informed consent form; and posteriorly in the debriefing sheet, where participants were encouraged to contact support helplines or researcher and supervisor in case of disturbance.

Data Analysis

This study promoted an inductive reflexive thematic analysis at a latent level, where data underwent a process of examination and identification of themes that were relevant to the research question and captured the essence of the experience described by the participant (Braun & Clarke, 2006; 2021; 2013; Howitt, 2016; Terry et al., 2017). As it is a flexible method of analysis, themes are intrinsically linked to the data and develop as the outcome of an active interpretative and subjective process where the researcher's own theoretical and social perspectives play an important role (Terry et al., 2017). Thus, it becomes relevant to state some of the researcher's epistemological assumptions which may have influenced the analysis of the data. As a feminist young woman herself who experienced biopsychosocial

changes in sexual behaviour during lockdown, the researcher believes in the importance of delving into women's unique experiences, promoting a more complete understanding of perspectives and narratives and giving voice to their stories. Consistently, this study took a phenomenologically based constructivist approach, where the focus of the analysis was the participants' personal experiences and perspectives of their own actively constructed realities (Braun & Clarke, 2006; 2021; Burr, 2015; Giorgi, 2019; Howitt, 2016; Terry et al., 2017).

Data Analysis Procedure

Data analysis followed the six steps proposed by Braun and Clarke (2021): As data was automatically transcribed by the software, in step 1 the researcher engaged in the process of familiarisation with the raw data by correcting the mistakes produced by the software as well as reading and re-reading actively the data set, taking notes and immersing in the material. Phase 2 involved the identification of relevant features and manual generation of initial codes which summarise the content. Once all data was roughly coded, the researcher initiated the search for themes, characterising Phase 3, when codes started to be grouped accordingly to their core features and form potential themes and sub-themes. The fourth phase encompassed reviewing and refining themes and assuring their cohesion within the data set and validity to the overall research question until a satisfactory thematic map was produced. Themes and subthemes were then ready to undergo the fifth phase, where further refinement generated written definitions and names for each theme. The final phase consisted of writing up in a concise and logical "story-telling" narrative when the researcher provides extracts and arguments to support their results.

Results

Four intersecting themes were identified. The first two explore women's perceptions of the direct influence of the physical barriers and psychological distress promoted during the periods of confinement: (i) "*Sex was just not a priority*" and (ii) "*A little less spontaneous*".

The second two and their respective subthemes focus on the latent emotions experienced by the participants, including deep needs for social contact and positive outcomes of personal reflections on their relationship with sexuality: (iii) *“Any meaningful interaction”* and (iv) *“It took up a different meaning”* (See Appendix E for thematic map).

Sex was just not a priority

“It was not even on my mind. It was like one of the last things that I was thinking of.” (P1)

Most women seem to have experienced an overall decrease in the frequency of sexual activity involving a partner. Some participants used metaphorical notions of hierarchy to describe how sex was not the prime concern during the periods of lockdown, and how psychological distress got in the way of their sex drive: “I think we had so many other things in our minds that it kind of went down the list of priorities. And it was not even like I didn't have time or space. I just didn't want to” (P1). Participant 7 also depicts sex in a rank while describing that “that was the last area I wanted to go near”. Experiences of decrease in sexual activity were identified across participants of all relationship statuses with different experiences of privacy or emotional distress.

Mainly, participants attributed this decrease to being physically apart from their partners or potential partners or to the interference of less-effective thoughts promoted by worry and anxiety and fear of contagion: “I wasn't really having sex, and even when it was meeting people, it just wasn't happening...It was very odd. And I don't think I was really going places that I was, like, meeting lads” (P7). Scared of contracting the virus, Participant 5 described: “When we opened back up in September, I had a little bit of a fling for a month. But over the lockdown periods, I actually didn't have sex with anyone.” (P5). Similarly, a participant who had to quarantine apart from her partner commented that “sex was just not a

part of her life" (P1) and used the term "non-existent" to characterise her sexual life during confinement. Participant 4, who shared the household with their partner and children, also depicted her sexual life as "non-existent" when exploring how tiredness inhibited sexual activity:

There was that argument that was like 'No, I'm too tired', and I'm like 'I'm tired, too' (...). So there was a lot of, like, you know, arguments and frustration, because you do build up that, you know, sexual frustration. You need that outlet, that stress relief, both of us, not just the women, not just me. So, it was kind of non-existent for a good few months.

Along with the absence of physical interaction, experiences of acute stress, anxiety, and fatigue were also attributions used to describe why participants considered sex as not their main concern during the periods of lockdown. Participants described feeling "emotionally exhausted" (P1), "not having the energy to deal much with that" (P6) and having their "mental health affecting the desire to want to do it" (P3). Lack of desire and absence of libido seem to have been consciously experienced by all participants, who expressed disappointment with not being able to feel sexually driven: "I couldn't. It frustrated me more because I didn't feel like it; as much as I craved intimacy, and contact, and sexual pleasure, I didn't have the capacity to do it" (P7). Similarly, Participant 1, who was in a relationship, described hopelessness and frustration for not being able to think about sex:

I can't really get my head around like a reason, a specific reason, like, I just didn't feel like it. It was really not something that occurred to me like, I wasn't really even thinking about it.

Regarding self-pleasure, an increase was seen amongst some participants, who declared: "I would have masturbated a lot more during lockdown because I had the time"

(P4), or “just to kill time” (P5), and “to get some sort of stress relief and self-love” (P4).

However, it decreased amongst others who had their sexual drive affected: “It wasn't a matter of privacy or time. It was just a matter of not wanting to” (P1). Indeed, participants seem to have experienced an ambivalent relationship with sexual behaviours and stress, at times feeling too stressed to pursue or perform and at others using sex as a stress relief. For instance, a participant who engaged in a relationship with one of her roommates, described the impact of this experience on her sexual routine:

Oh, it helped me a lot . Because there was a time that sex was every day (sic). So, in the beginning, to have him help release my stress by doing sex was good.

Consistently, Participant 2 agrees to the concept of sex to release stress as she portrays the distress experienced during the pandemic as “a different stress”:

Before, if you were stressed out and stuff, like, you just have sex and it does relieve it, but like with this it was a different stress (...) Even if, like, you know, you orgasm, the stress wasn't going away, like, COVID was still there.

A little less spontaneous

“And I had my self-esteem at lower because of the lack of opportunity, the lack of privacy with children and stuff like that, you know, it's hard.” (P4)

Social confinement and lack of privacy took a toll on women's overall sex lives, challenging the notions of improvisation and spontaneity that usually accompany the sexual act from pursuit to foreplay to orgasm: “But the spontaneity, the excitement, the ‘meeting somebody else’, that disappeared” (P6). Participant 1 reflected on the importance of the environment on building up to the moment with her partner:

While I was there, of course we were having sex, but I think it turned out to be a little less spontaneous as normally would be because he lives with his family. (...) 'Okay, it's half five, we can't really have sex now. It's going to be dinner time soon'. (...) It was not as natural as it was before. It was almost like to be a little bit scheduled (sic).

Most participants also described not being able to be spontaneous during the act, mainly expressing concern with *being heard*: "The negative part of it was not being able to be as loud as you want. You have to be reasonable and control yourself and you always need to have music in the background because of the noise" (P1). While sharing her experiences of self-pleasure and porn-watching after moving to her own apartment during the third lockdown, Participant 5 expressed similar concerns: "That more so happened when I was living alone because I had that freedom to be able to do that a lot more, not getting that shame: 'Can they hear? Do I turn the music on?'".

For the few who did experience privacy, spontaneity was also pointed as a relevant factor for the quality of the sexual experience:

Being already at home was so much easier. We could do it in any place, we just closed the bathroom, went to the living room, things like that. (...) We live with close friends. So, we were in the bathroom having sex, and people would go 'oh, it was good, we could hear you!' (...) So it wasn't like 'we can't do noise (sic) because there are others here'. We didn't lose our privacy.

Any meaningful interaction

"But I felt so completely alone and that presented humongous pressure and I just wanted a meaningful interaction." (P6)

Accompanying feelings of loneliness intensified by the absence of social contact, participants across different contexts of privacy or relationship status explored the impact promoted by a need for substantial interactions to help with coping during the periods of lockdown. Participants expressed how feelings of loneliness motivated the encounters: "I think I just I was very lonely, I wouldn't have normally put up with and I kind of just did, went along." (P7); and reflected on the impact of this necessity on their personal and sexual lives: "In the first lockdown, I did have sex with one guy who I knew from before. And both of us were just like, needing that comfort escape" (P5).

Within this pursuit for meaningful interactions, participants seemed to have divided their thoughts into exploring any sort of connection available and delving into a deep desire for intimacy. Hence, two subthemes were identified within this theme: (i) Seeking connection and (ii) Craving intimacy.

Seeking connection

"We were lonely as well during that time. It was quite isolating. So, we were wanting to find connections a bit more (sic)." (P5)

All the women explored the different nuances of pursuing and establishing a connection with partners and potential partners during the periods of lockdown. For those separate from their partners, it was clear that they missed being able to seize the attachment to the loved ones, perhaps, at times, even more than the actual sexual bonding: "Like, obviously, everyone has sex, and you want to have sex, but I think it kind of made you realize that it's more about the connection to your partner." (P3). Similarly, Participant 1 expressed her contentment for re-establishing connection with her partner when asked to point out a positive moment regarding sex: "When we got together again, it was amazing. I don't think that the sex itself changed in any way. It was more like the context in which it was

happening. So that was pretty good experiencing everything together again". From a different perspective, Participant 4, who quarantined with her partner and children, expressed how she projected her need for connection onto her partner:

I had to ask him to take days off. It got that bad, you know, when you see children running around the house 24/7 and you have no social interaction with an adult, it takes its toll on your mental health and the walls start to talk to you and you become quite depressed because you don't have that social interaction, and you seek that from your partner.

Participants also expressed overall awareness of the limited opportunities for the establishment of new connections promoted by social confinement. Participant 2, who was single for a period during lockdown, described how the social encounters were happening in the summer when only some of the restrictions were lifted: "We used to go to a restaurant or a meeting hotel or in the summer we met outdoors to have some drinks, sit near the canal, do things like that and then go home" (P2). When asked how she got to know new partners, she answered: "Through Tinder" (P2), introducing the important element of internet-based interaction for the establishment of connection in times of limited social contact. Participant 7, also single during most of lockdown, expressed her dissatisfaction with the alternatives for meeting new partners: "It's not like we could go on proper dates... what was I gonna do? Meet up with them all the time and just go for a walk?" (P7). Finally, Participant 5 added the element of fear of contagion interfering with inviting potential partners into her household:

When I did catch up with this guy, during the lockdown, he was actually living alone at the time. If he had housemates, I probably wouldn't have caught up with him. So, I figured he was living alone, it was more of a safer experience (...) I don't think I would have had sex at all if I didn't know this guy previously.

Interestingly, many participants experienced the emergence of unexpected connections consciously attributed to the decrease in opportunities and reduced alternatives: “Truth be told, if I had alternatives, I don't think I would have gone there”. (P6) and used terms such as “lockdown buddy” (P7) to refer to the casual partners they saw essentially during that period. Participant 2, who experienced the start of a relationship with a housemate, believes limited possibilities of seeing other people was one of the factors influencing the consolidation of this bonding:

Eventually, we were together like every day. So suddenly we were in a relationship we didn't ask to be in. So, it was impossible to date other people, because we couldn't go out. (...) Maybe if COVID and lockdown hadn't existed, we would probably have been dating other people at that time.

Similarly, Participant 6 described having the chance to re-establish an old bond with an ex-partner who quarantined close to her:

But one of the people I stayed in a bubble with was somebody I've been involved with for many years, so that relationship got rekindled. We decided to actually give it ago for real this time. (...) And in that sense, the isolation the confinement did help. (...) This guy is somebody I've been in love with for a decade and the opportunity of isolation made us both stand still for long enough to explore this which, without the isolation, I don't think either of us would have been brave or present enough to do that.

Craving intimacy

“So dating was more for the need of intimacy, rather than actually having a progressive motion forward of planning real intimacy.” (P6)

A deep craving for sexual and non-sexual intimacy was identified among the women, who described feelings of “lack of intimacy” and how self-pleasure did not make up for having intimate moments with another person: “I got some sort of stress relief, obviously from masturbation (...) but always wanted more and especially from my partner” (P4). Most participants also expressed the frustration of not being able to attain non-sexual intimacy, clarifying that, although they agree that sex is an intimate act, intimacy is not only about sex: “You know, sex was not happening. But it was like, we just missed each other very much. And, of course, sex was part of it, but it was more being together” (P1). Participant 4 reiterates how intimacy lies on a deeper instance of connection: “A hug is a hug, but to have that physical connection with someone...I find it quite important for both people to connect on a different level.” (P4).

Moreover, participants seem to view the need for intimacy in a different way from the pursuit of connection because it involves deeper and more complex elements, including “touch”, “eye contact”, and seizing personal and meaningful experiences that might or not lead to sex:

I really missed it. I missed just the interactions and I very much missed having a partner. (...) I missed much the physical contact, being held, and not even the sex itself, but like the foreplay, or just sleeping next to somebody became extremely important as well as my sex drive. (P6)

It took up a different meaning

“That was probably a positive out of this. I was able to be more comfortable opening up with what I like, what I enjoy, and what gets me off.” (P5)

Women reported that the free time promoted by lockdown provided the opportunity for developing a better understanding of their preferences and attitudes regarding self-

pleasure, partners, and shared intimacy. Describing having had “excessive time in their hands”, many women revealed a shift in how they perceive and acknowledge sex that seems to be related to the challenges imposed on their sexual lives during lockdown and to experiencing self-evaluation and sexual experimentation during this time. Participants described how they used to “take it for granted” and how “it made them appreciate it more” (P3), exploring changes in the worth and significance of sex within their lives: “I guess it took up a different meaning. Very much so, I am much more aware of the lack of it and how much it meant to me” (P6).

Within these changes, most women talked openly about how they feel more mature as well as confident vis-à-vis their sexuality. Thus, this theme will be explored through two subthemes: (i) Developing maturity in sex and (ii) Building up sexual assurance.

Developing maturity in sex

“I think that when you are getting more mature, you start to do things more for yourself (sic). I see that I'm getting mature. And I'm learning things that are going to satisfy myself more than the other.” (P2)

Participants mentioned that the time spent in lockdown self-evaluating their relationship with sex promoted feelings of having “matured” and “having found themselves sexually”: “It opened up a little bit more. Finding myself a little bit more, and what I like, what I don't, specifically what I like and stuff like that” (P5). Participant 7 expressed a change of regard for casual sex after having experienced it during lockdown, and the realisation of the need for a deeper connection during sex that came with it:

Now that the pandemic is over, I'm actually kind of a bit over the casual sex thing. (...) I think it was fine and I used that as a comfort blanket as well during the pandemic (...) but I think I'd rather now...I don't want just that. I want more.”

Other participants shared realisations and explored the relevance of self-talk and self-evaluation:

I realised I've had quite an unhealthy approach to my sex life. And now I'm just quite relaxed. I'm resuming my sex life on my terms. (...) 'How do you want to get?' or 'What kind of sexual relationships do I want?'. And it's opening self-conversation with me about me in terms of my sexuality. (...) I have a newfound respect and understanding for it. And appreciation. (P6)

Although most women reported a decrease in sex drive, some participants reported an increase in experimentation during lockdown, either on their own or in presence of a partner: "I had more time to experiment, as well. I started to incorporate how I pleasure myself with sex toys and stuff like that into when I had sex with these guys. I'd never done that before" (P5). Participant 4 described the experience of developing awareness during the experimentation of sex toys:

"I had never used toys. But I was like 'I need something', so I decided to give it a try. (...) I found my own thing, like, no, that's not for me. So, you know, I kind of carried on as I was. I tried it, but it wasn't for me basically."

Building up sexual assurance

"I'd say it's different in the fact that...I think I'm a bit more confident sexually wise (sic)." (P7)

Overall, women expressed a positive attitude towards these changes in maturity, describing how the development of sexual awareness and understanding positively impacted their confidence. Participants reported improvements in their relationships with themselves and with their partners: "As soon as I got the confidence to say it as it is, that to me was the

highlight [of lockdown] because it improved both of our relationship and the way we communicate about sex in general" (P4).

The term "comfortable" was often used to describe how they feel speaking more openly about sex: "I think because we communicate so much more now on every level whether it be anything, we also talk about sex. Well, I'm more comfortable talking about it" (P4). Participant 7 reflected on the importance of acceptance developed through this assurance: "I think I'm a bit more confident sex-wise. It's just being more comfortable in my own skin and being like I am, I am really like that now, and I think I'm just a bit more freer (sic)."

Finally, Participant 6 summarised the positive changes in meaning, perception, and awareness that emerged during the challenging periods of lockdown:

Well, I guess in a way realising, consciously, the meaning of it, or the importance of it. And it's like I feel in control of my sexuality, and I have respect for my sexuality. (...) I very much feel exactly the same way regarding my sex life as before, but now I'm conscious about it, understand it, I appreciate it. I enjoy it.

Lastly, it is apparent that the psychological and sexual adversities experienced during the periods of lockdown have also conversely promoted resilience and advanced positive changes in how women perceive and appraise their sexual life and sexualities.

Discussion

This study aimed at investigating how the psychological distress experienced during periods of lockdown in the face of the COVID-19 pandemic impacted young women's overall sexual lives. Reflexive thematic analysis of the participants' testimonies revealed four key themes: (i) *Sex was not a priority*; (ii) *A little less spontaneous*; (iii) *Any meaningful interaction*, comprising two subthemes *Seeking connection* and *Craving intimacy*; and finally

(iv) *It took up a different meaning*, overarching the subthemes *Developing maturity in sex* and *Building up sexual assurance*.

Primarily, the two first themes depict how feelings of stress, worry, and anxiety and the experiences of privacy interfered with sexual desire and performance, contributing to a reduction in frequency and quality of sexual activity. Not only do these findings corroborate the decrease in overall levels of sexual activity found in previous studies (see review de Oliveira & Carvalho, 2021), but they also support emotional distress as the nature of the lack of desire and sexual satisfaction (Carvalho et al., 2021; Gouvernet & Bonierbale, 2021). Research conducted prior to pandemic times supports that experiencing stress, anxiety, and mental health disorders are likely to negatively affect libido as well as sexual performance, pleasure, and satisfaction (Rokach, 2019; Shahhosseini et al., 2014), and highlight the importance of the environment and well-being for women's sexual health and performance satisfaction (Ballester-Arnal et al., 2020; Bancroft, 1993). Our findings are also consistent with biological studies that suggest general emotional well-being as the biggest predictors of sexual distress and reduction of libido in women as they may affect central and peripheral pathways of sexual response (Bancroft, 2002b; Graziottin, 2000).

Still from a biological perspective, the relationship between mood and sexuality appears to be particularly strong and intricate in females resulting from the complexity of the reproductive endocrine system in women (Bancroft, 2002a; 2005). Bancroft (2002b; 2005) attributes the inconsistencies in the influence of hormones on sexual behaviour in females to the variabilities of behavioural responsiveness of women to testosterone and mainly to the peptide oxytocin. It is suggested that oxytocin plays a key role in lactation and affiliative behaviour and is released in response to stress; however, it has both excitatory and inhibitory effects (Bancroft, 2005; Taylor, 2006). This could possibly explain the paradoxical relationship between stress and sex experienced by most participants during lockdown, who

described feeling too stressed to think about sex and yet were making use of self-pleasure as a stress relief: A coping mechanism that has been seen in previous research prior and during the pandemic (Ein-dor & Hirschberger, 2012; Rowland et al., 2020). Indeed, research agrees that the relationship between stress and sex is not straightforward as it suggests that emotional strain might either mitigate or promote sexual arousal when used to help cope with negative emotional states (Bancroft, 2010). As most participants experienced a shift from not seeking sex to using it as stress relief, it would be interesting to investigate the relationship between levels of cortisol and adrenaline and sexual desire from a temporal perspective. Based on the bell curve of stress responses proposed by Selye and the General Adaptation Syndrome (Perdrizet, 1997), further research might hypothesise whether humans repulse sex during the phases of alarm and resistance to focus on overcoming the stressor and appeal to sex during exhaustion seeking relief from the less-effective emotions.

The seeking for a meaningful interaction identified within the third theme and respective subthemes also echoes biological and evolutionary studies investigating the influence of the hormone oxytocin in females. When released in the presence of a stressor such as loneliness or the absence of positive social relationships, oxytocin promotes affiliative behaviour in the shape of being protective towards the offspring or seeking social contact for its own protection (Taylor, 2006). The needs for connection and intimacy described by our participants might suggest evidence supporting Taylor et al. (2000)'s theory of "tend-and-befriend" as a general biobehavioural response to stress in females, as opposed to the common "fight-or-flight" in males (Taylor, 2006; 2011). With the concepts of "tend-and-befriend" gaining scientific evidence, further research might use these biopsychosocial findings to promote wellbeing via social support amongst women experiencing loneliness within contexts where limited contact is combined with stressful situations, i.e., facing separation from partners and offspring during situations of immigration or war.

Finally, it is apparent that women in our study developed changes in how they feel towards sex, how they communicate, and how they perceive themselves and their sexuality, indicating that participants went through changes in sexual self-concept during the periods of lockdown. Typically formed firstly during puberty, sexual self-concept corresponds to how the individual perceives themselves as a sexual being and involves a dynamic interplay between internal cognitive sexual representations and self-evaluation, personality traits, socio-sexual schemas, and societal influences and expectations (Breakwell & Millwards, 1997; Potki et al., 2017). Sexual self-concept is likely to develop and adjust throughout the lifespan as the individual experiences cognitive and biological changes, with age, gender, and mental health being described amongst the key factors that influence its development, as well as learning to communicate effectively to enhance sexual satisfaction (DeLamater & Friedrich, 2002; Potki et al., 2017). Thus, our last theme builds upon previous research on young women's experiences of transitions in sexual self-concept and adds a new dimension to it as these changes might have been potentialized by the time spent in confinement, used for sexual experimentation, self-evaluation, and development of communication and confidence regarding their own selves. Lastly, it also agrees with Gouvernet & Bonierbale (2021) and Carvalho et al. (2021) on how emotions and stressful situations shape an individual's sexuality, highlighting the importance of conducting contextual research when investigating mood and sexual behaviours.

Strengths, Limitations, Implications, and Future Research

A limitation worth mentioning in this research would be how the process of sampling might have contributed to bias within the results. Recruitment was conducted by the researcher only, and the study was advertised on the researchers' social media for a short period of four weeks. As a result, although the sample is diverse regarding the nationalities of the participants, it still is not racially and ethnically diverse enough to be representative of the

population of Ireland. Further research with a longer timeframe for recruitment along with more effective means of advertisement (i.e., a widespread campaign publicised at different college campuses) might enhance diversity within the sample.

Secondly, it is relevant to point out the paradoxical character of interviews to investigate tactful topics such as sexuality. Although they represent a better option than self-reported questionnaires for allowing access to stories and meanings on a deeper level, they fail to capture stories of women who are not ready to talk about intimate topics such as sexual behaviour. Thus, it is important to bear in mind that our sample is only representative of women who have “crossed” the line that unfortunately still positions sex as a taboo and volunteered to talk openly about it in front of a camera and to a stranger. Perhaps a study designed with optional online open-ended questionnaires might mitigate this issue and attract more participants willing to share their experiences anonymously.

This issue raises the need for public policies and campaigns envisioning the development of sexual awareness amongst women while supporting them during stressful times of isolation and confinement such as lockdowns. Within the context of a pandemic, bringing up the subject of sexual health more often on television or social media campaigns might enhance women's understanding of the natural processes taking place within their bodies and minds and might encourage reaching out for help to improve sexual function and behaviours. Coming out of the pandemic, interventions assisting women to understand potential reasons behind lack of libido might help mitigate anxiety and sexual stress, improving quality of life. Moreover, practitioners treating female patients might benefit from this research to offer more efficient support to women of reproductive age experiencing challenges in their sexual lives caused by mood or anxiety disorders.

Finally, although the inevitable cross-sectional character of this study does not allow us to infer long-term consequences of the impact of social confinement on women's wellbeing, this research represents a historical piece relevant to the understanding of the interplay between psychological distress and sexual behaviours in Ireland during the COVID-19 pandemic. Further investigation accompanying these women throughout the following years might produce a rich longitudinal investigation of whether the changes experienced by these participants during the pandemic also affected their sexual self-concept during the transition to midlife.

In conclusion, this study explored the impact promoted by the psychological distress experienced during the COVID-19 pandemic on young women's sexual behaviours in Ireland. Four key intersecting themes were identified: (i) Sex was not a priority; (ii) A little less spontaneous; (iii) Any meaningful interaction; and (iv) It took up a different meaning. These findings showcase changes experienced by women in frequency and quality of sexual activity, along with a craving for social contact and intimacy and shifts in sexual self-concept and sexual confidence developed throughout the periods of lockdown. Further investigation built upon this study might include the development of interventions by practitioners or government campaigns aiming to develop awareness and promote support for young women seeking to improve their sexual lives during challenging times.

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Appendix A – Google Form

Part 1: Participant Information Sheet

The Impact of the COVID-19 Pandemic on Young Women's Sexual Life

Roberta Mandarano, student researcher: x19133961@gmail.com, 0830445104

You are being invited to take part in a study that will form the basis of an undergraduate project. Please read the following information before deciding whether or not to participate.

What is it about?

We want to understand more about how the confinement experienced during lockdown affected young women's sexual life, especially concerning changes in sex routine, behaviour, and performance, and how it interacted with mental wellbeing and quality of life. I am Roberta Mandarano, an undergraduate student from the School of Business National College of Ireland. My project supervisor is Dr Amanda Kracen (amanda.kracen@ncirl.ie), and this project has been approved by the NCI Psychology Research Ethics Committee.

How can I help?

Participants in this study will complete a virtual interview with the researcher in which they will be asked a few questions about their personal experience of lockdown regarding sexual activity. The interviews will take place through the virtual platform Teams and are estimated to last around 60-90 minutes, including time for completion of a demographics questionnaire and to provide consent as well as account for possible queries or technical issues. This demographic information will help us have an idea of participants' characteristics, such as age and sexual orientation.

What will happen to my data?

To be able to analyse your experience, the audios of the interviews will be recorded and stored in the researcher's computer, but only until transcribed and anonymised and then immediately destroyed. The transcriptions will then go through deep analysis and only be accessed by the researcher and their supervisor. Your identity, however, will remain anonymous at all times - there is no way this information can be linked back to you!

Can I participate?

In order to take part in this study, you must:

- (i) identify yourself as a woman,
- (ii) be part of the age group of 25 to 35 years old,
- (iii) have experienced the three periods of lockdown level 5 adopted by the Irish government during the years of 2020/21 in Ireland.

Is it ok if I wish not to continue?

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. If at any time you choose not to participate, just inform the researcher who will stop the interview immediately and withdraw all information given up to that point.

How long until the project is ready?

This research takes place over five months in total, including information collection, analysis, and report. Your participation is required uniquely at this first step. However, you will have access to your

data once transcribed and anonymised and might be forwarded a copy to the final write up of the project, if of interest.

Risks and benefits

You will not be asked to provide your name, address, or any other source of identification, neither can your responses be traced to your computer ID. Any information collected in this study will be kept private, only the researcher will have access to it. The transcriptions will be retained in a complete anonymised file under the responsibility of the researcher.

Right to Refuse or Withdraw

We are asking you to share with us some very personal and confidential information, and you may feel uncomfortable talking about some of the topics. You do not have to answer any question or take part in the survey if you don't wish to do so, and that is fine. You do not have to give us any reason for not responding to any question, or for refusing to take part in the study. If at any time you choose not to participate, just inform the researcher who will stop the interview immediately and withdraw all information given up to that point.

After your interview, you will be sent an email with your respective transcripts, just in case you feel like making any change on it and will have one week to contact the researcher about any issues. After this point, you will no longer have access to the possibility to withdraw data, as confidentiality will make it impossible to detect information and then remove it.

Risks

There are no high risks for you in this study.

However, some questions might trigger undesired thoughts and emotions. If so, you can contact the following people or agencies to help you with these feelings:

Samaritans National Helpline - 116 123

<https://www.samaritans.org/ireland/samaritans-ireland/>

Text 50808 - Free 24/7 Support in a Crisis - Text 'HELLO' to 50808

<https://text50808.ie/>

Women's Aid - 24-hour helpline - 1800 341 900

<https://www.womensaid.ie/>

Benefits

Your participation will help us find out more about the psychological and practical effects of lockdown restrictions on women's sexual life. This way, you can help with the creation of more efficient strategies for coping during extreme situations such as a pandemic lockdown, as well as contribute to overall research involving women and sexuality.

Part 2: Informed Consent

In agreeing to participate in this research, I understand the following:

- This research is being conducted by Roberta Mandarano, an undergraduate student at the School of Business, National College of Ireland.
- I declare to be part of the eligible group for participation: I identify as a woman, between 25-35 years old, and experienced COVID-19 pandemic lockdown in Ireland during 2020/21.

- If I have any concerns about participation, I understand that I may refuse to participate or withdraw at any stage.
- I have been informed as to the general nature of the study and agree voluntarily to participate.
- There are no known expected discomforts or risks associated with participation.
- All data from the study will be treated confidentially. The data from all participants will be compiled, analysed, and submitted in a report to the Psychology Department in the School of Business. No participant's data will be identified by name at any stage of the data analysis or in the final report.
- At the conclusion of my participation, any questions or concerns I have will be fully addressed.
- I may withdraw from this study at any time and may withdraw my data before submission and de-identification if I still have concerns.
- I consent to take part in this study.

Part 3: Demographics Questionnaire

It is important in our research that we are able to situate our participants within the demographics they belong to. If you have any questions while filling up this questionnaire, feel free to ask.

1. Age: _____
2. Sexual orientation: _____
3. Nationality: _____
4. Racial/ Ethnic/ Cultural Identification: _____
5. Highest level of education:
 - a. Primary school
 - b. Secondary school
 - c. Coursing third level
 - d. Complete third level
 - e. Postgraduate
6. How many hours of paid work do you do a week? _____
7. Relationship status during most of lockdown:
 - a. In a closed relationship
 - b. In an open relationship
 - c. Not in a relationship
 - d. Other: _____
8. Regarding your privacy during most of lockdown, you:
 - a. Lived alone
 - b. Shared household with partner only
 - c. Shared household with partner and family/non-family members
 - d. Shared household, but not with partner
 - e. Shared a bedroom, but not with partner
 - f. Other: _____

Appendix B – Interview Schedule

Part A: Introduction

1. **Greeting + Thank you:** *As both researcher and participant are online and the call is initiated, the interviewer will greet the interviewee and provide acknowledgement and gratitude for their participation.*
2. **Purpose + Reason for conducting research:** *The researcher will give a brief description of the purpose of the research and reasons why it is beneficial to society, in easy terms so that the participant should understand.*
3. **Opportunity to ask questions:** *The participant should be informed of their right to interrupt and ask questions at any time during the entire period of the interview and explained that there are no right or wrong answers; the researcher is interested in their own view of the world and personal experience.*
4. **Negotiate consent:** *The researcher will provide the participant with a link (which can be sent by email or copied and pasted in the chat bar) to the Google form which contains the information sheet, consent form, and demographics questionnaire. The researcher will instruct the participant on how to open it, read it carefully, proceed by checking the boxes and submit the responses. As soon as the interviewer receives the responses, the interview may be initiated. For the sake of confidentiality, at this point participants will be encouraged to turn their cameras off.*
5. **Happy to begin?** *The researcher ensures the participant is comfortable to begin the interview and alerts that the recording is also being initiated.*

Part B: Interview Guide

- **Why don't we start with you telling me about your general life experiences doing lockdown?** [Did you enjoy the time at home? Did you struggle with it?]
- **How did your experiences of privacy differ during lockdown, and if so, how?** [How was this experience? What did you do to help pass the time? Did you have a lot or little privacy? If not, how did you make time on your own?]
- **What role would you say sex played in your overall lockdown experience?**
- **Can you tell me about your sexual partners during lockdown?** [Did you share the house with them/other people? How did your social relationships change during lockdown?]
- **How did the social confinement during lockdown especially impact your sexual life?** [Did you notice any different behaviours from partners or potential partners?]
- **And what about your sexual routine...Would you say your sexual routine and behaviours differed from before lockdown, and if so in what ways?** [In what ways? And how did that make you feel?]
- **In what ways do you think your mental wellbeing or stress affected or did not affect your sexual routine?** [Why do you think that is?]
- **In what ways do you think having more/less privacy interfered with your sexual routine?** [How was that different from before lockdown?]

- *(In case of not in a relationship)* **Can you tell me how not being able to go out and socialise impacted your sexual life?**
- *(In case of a relationship)* **What were the challenges the lockdown sexual routine imposed on your relationship?**
- **Did you make use of new methods for sexual pleasure you had never used before?** [i.e., toys, sexting, pornography, online sex... Why/Why not? Was there anything you considered making use of? How was that experience? Do you plan to use them again?]
- **How was your relationship with *self-pleasure* during lockdown?** [i.e., masturbation... How did it differ from before lockdown?]
- **Can you share the most positive moment you experienced regarding sex during lockdown?**
- **And a negative one?**
- **Finally, is there anything else you would like to add or ask me or that you think I forgot to ask you?**

Part C: Verbal Debriefing

Debriefing and final considerations: *The researcher can stop the recording and inform the participant of the end of the interview, as well as ask if there are any more queries. If not, the researcher will forward a copy of the debriefing sheet by email and wait for the participant to confirm its delivery. The researcher will instruct the participant to carefully read the debriefing sheet, which will also contain the contact number and email of both the researcher and their supervisor in case of future queries. The researcher will also inform the participant that they will receive a copy of their transcript within a couple of days for the last approval. The researcher will, once again, acknowledge and express gratitude and appreciation for the interviewee's participation and might terminate the call.*

Appendix C – Interview Guide as Forwarded to Potential Participants

Interview Guide

- **Why don't we start with you telling me about your general life experiences doing lockdown?**
- **How did your experiences of privacy differ during lockdown, and if so, how?**
- **What role would you say sex played in your overall lockdown experience?**
- **Can you tell me about your sexual partners during lockdown?**
- **How did the social confinement during lockdown especially impact your sexual life?**
- **And what about your sexual routine... Would you say your sexual routine and behaviours differed from before lockdown, and if so in what ways?**
- **In what ways do you think your mental wellbeing or stress affected or did not affect your sexual routine?**
- **In what ways do you think having more/less privacy interfered with your sexual routine?**
 - *(In case of not in a relationship)* **Can you tell me how not being able to go out and socialise impacted your sexual life?**
 - *(In case of a relationship)* **What were the challenges the lockdown sexual routine imposed on your relationship?**
- **Did you make use of new methods for sexual pleasure you had never used before?**
- **How was your relationship with self-pleasure during lockdown?**
- **Can you share the most positive moment you experienced regarding sex during lockdown?**
- **And a negative one?**
- **Finally, is there anything else you would like to add or ask me or that you think I forgot to ask you?**

Appendix D – Debriefing Sheet

Thank you for taking part in our research. Your contribution will help us understand more about the psychological effects promoted by lockdown measures during COVID-19 and how they impacted women's sexual life.

Your participation is part of the data collection phase of this study. Once we have collected enough data, the next step is to provide a deep analysis trying to identify themes and patterns between participants, to finally address our conclusions.

If you found some questions that were asked to be upsetting or trigger undesired thoughts and emotions, you can contact the following agencies to help you with these feelings:

Samaritans

National Helpline - 116 123

<https://www.samaritans.org/ireland/samaritans-ireland/>

Text 50808

Free 24/7 Support in a Crisis - Text 'HELLO' to 50808

<https://text50808.ie/>

Women's Aid

24-hour helpline - 1800 341 900

<https://www.womensaid.ie/>

Any questions about the study and your participation in it can be directed to the research investigator and supervisor by email or phone:

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Again, thank you for participating! Your interest in this study is highly appreciated.

Appendix E – Thematic Map

