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## “Let’s hook up when the pandemic is over:” Latinx sexual minority men’s sexual behavior is changing in response to COVID-19

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### Abstract

COVID-19 led to substantial changes in individuals’ lives due to preventive measures including social distancing and “stay at home” orders. One type of social interaction likely impacted is intimacy and sexual relationships. Sexual minority men have long navigated the impact of another pandemic, HIV, on their sexual lives. This study explores the impact of COVID-19 on Latinx sexual minority men’s (LSMM) sexual behaviors in South Florida, an HIV and COVID-19 epicenter. A rapid qualitative analysis of semi-structured interviews with LSMM (N=20) revealed five themes: (1) increased sex with a primary partner, (2) fewer sexual partners, (3) continued pre-COVID-19 sexual activity, often following “quarantine fatigue,” (4) opportunities and challenges related to navigating COVID-19 prevention and sex, and (5) using sexual networking apps in new ways. The findings suggest LSMM’s resilience and their ongoing health needs during COVID-19, with implications for interventions to promote LSMM’s safe and satisfying sex.

### Keywords

Qualitative research; gay men/MSM (men who have sex with men); sexual behavior; sexual health; ethnicity

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Since the coronavirus pandemic (COVID-19) began impacting the United States (US) in January 2020, people across the country have been encouraged to engage in behaviors to prevent the spread of the virus, such as social distancing, wearing masks, and other preventive measures. One area of social interaction that has been particularly affected by COVID-19 is that of intimacy and sexual relationships. Yet, little is known about how COVID-19 has affected sexual behavior, particularly among gay, bisexual, and men who have sex with men (hereafter referred to as “sexual minority men” or “SMM”) and specific subgroups of SMM disproportionately impacted by the pre-COVID HIV epidemic, including Latinx SMM (LSMM).

SMM have a long history of navigating sexual health, intimacy, and infectious disease due to the disproportionate impact of the HIV epidemic on SMM communities. Since the start of the HIV epidemic, SMM have been disproportionately impacted (Centers for Disease Control and Prevention, 2020). Today, SMM continue to be the demographic group most impacted by HIV, accounting for 69% of all new HIV diagnoses in 2018 (Centers for Disease Control and Prevention, 2020); however, HIV is not equally distributed among SMM. Latinx SMM are the only racial/ethnic group with increasing HIV incidence, while Black SMM have persistently high incidence and non-Latinx White SMM have decreasing incidence in the US (Centers for Disease Control and Prevention, 2020). As such, navigating the HIV epidemic has become a part of SMM’s sexual experiences, and in particular, is affecting Latinx and Black SMM’s sexual lives.

Despite the impact of HIV, SMM can be resilient. In response to the HIV epidemic, many SMM developed and adopted safer sex practices, facilitating continued engagement in romantic and sexual relationships using creative strategies (Mor & Dan, 2012). The emergence of widespread condom-use during the 1980s and 1990s allowed SMM to maintain sexual relationships while having a greater sense of health autonomy in their HIV preventative efforts (Kelly et al., 1997; Miller, 1995). Qualitative data at the height of the HIV epidemic suggested that serodiscordant couples – in which one partner was living with HIV and one was HIV-negative – engaged in creative sexual behavior (e.g., mutual masturbation, intimate touching) as a way of staying sexually active during this time (Remien et al., 1995). Additionally, SMM reported engaging in “serosorting” practices, seeking same-HIV status partners to engage in sexual behaviors that could lead to HIV transmission if they were not partnered with someone of the same HIV status (Remien et al., 1995). Additionally, maintaining and normalizing open communication between SMM has allowed the community to navigate sex and sexual relationships with increased comfort and safety (Hoff et al., 2010; Prestage et al., 2006).

Not unlike the HIV epidemic, COVID-19 is inextricably linked to sexual behavior and intimacy. Because COVID-19 is passed from one individual to another through saliva droplets, behaviors like kissing, oral sex, and even close physical contact during penetrative sex has the potential to lead to COVID-19 transmission (Delfino et al., 2020). To assist the public in making safer COVID-19 related sexual decisions, guidelines for safer sex during COVID-19 have been slowly emerging. For instance, the New York City Department of Health and Mental Hygiene is one of few organizations that published guidelines to increase awareness and knowledge about COVID-19 and strategies for enjoying sex during the

pandemic (NYC Department of Health, 2020). Yet, we are in the early days of understanding how SMM's sexual behaviors are impacted by COVID-19. One cross-sectional study of 728 gay and bisexual men from early 2020 found that those surveyed reported not only a significant decrease in the number of sexual partners over the prior month, but also suggested innovative changes to the types of sexual activities they were engaging in (e.g., more virtual sex) (McKay et al., 2020). More research must be conducted among SMM, and in particular LSMM who are already disproportionately impacted by the HIV epidemic, as they now navigate COVID-19, HIV, and evolving sexual relationships.

As such, the purpose of the current study is to articulate themes of LSMM's sexual behaviors during the COVID-19 pandemic within South Florida, which has been both a US HIV and COVID-19 epicenter (Johns Hopkins University & Medicine, 2020). Our guiding research question for the current rapid qualitative study was, "How do Latinx sexual minority men have sex in a (new) pandemic?"

## Methods

### Participants and Procedures

20 LSMM (10 HIV-negative, 10 living with HIV) in South Florida were enrolled in this qualitative study. HIV-negative participants were recruited from a larger quantitative study examining how LSMM living in South Florida engage with HIV-prevention and behavioral health services. Participants living with HIV were approached from an ongoing community survey related to HIV health and wellness among South Florida residents. Research staff used purposive recruitment to engage participants who were born in the US (50%) and outside the US (50%).

Eligible participants (1) identified as gay, bisexual, or a man who has sex with men, (2) identified as Latinx/Hispanic, (3) self-reported being HIV-negative or living with HIV, (4) lived in South Florida, and (5) were 18–60 years old. Any participant unable to provide consent, speak and/or read in either English or Spanish were excluded from the study. Eligible and interested participants were scheduled for a remote interview (e.g., phone, videoconference) and remunerated \$25. Participants completed a brief demographic survey in REDCap before initiating the interview. All study procedures were reviewed and approved by the Institutional Review Board at the University of Miami.

### Data Collection

Interviews were conducted remotely via video/phone between June 11<sup>th</sup>, 2020 and August 6<sup>th</sup>, 2020. During this period of time, Miami-Dade and much of South Florida started Phase 1 of reopening procedures. This allowed certain retail and commercial establishments (i.e., gyms, outdoor restaurants, salons) to reopen with social-distancing protocols in place. Simultaneously, during June, South Florida began to see a rise in the number of new COVID-19 cases. Over the two months of interviews, the number of new COVID-19 cases rose exponentially, and the city of Miami started gaining recognition as the "new epicenter of the pandemic" with up to 4,000 cases a day (Johns Hopkins University & Medicine, 2020).

Participants completed semi-structured interviews with trained study staff in English ( $n = 17$ ) or Spanish ( $n = 3$ ). The first and second author developed a semi-structured interview guide, with one section assessing LSMM's self-reported sexual behaviors during the COVID-19 pandemic, as well as their perceptions of other LSMM's sexual behaviors during this time. Specified "core questions" and probes to be utilized when needed were outlined in the interview guide. Our team of six LGBTQ and Latinx affirming interviewers was diverse with respect to race/ethnicity, gender identity, and sexual orientation, as well as professional experience and training. On average, interviews took 45–60 minutes to complete.

### Qualitative Analysis

We conducted a rapid qualitative analysis of the interview data, following guidelines established by Hamilton and colleagues (2019) who developed a rapid approach to analyzing qualitative data for implementation science research, when the findings are needed to rapidly inform practice. Hamilton's guidelines specify a series of steps that balance scientific rigor and efficiency. Prior work demonstrated that Hamilton's approach to rapid qualitative analysis yields valid findings in a more efficient manner than other qualitative methods such as thematic analysis (Taylor et al., 2018). Due to COVID-19 being an emerging and rapidly evolving situation with serious health implications, our team decided it was most appropriate to follow a rapid analytic approach that could result in expedited dissemination of findings to inform research, policy, and practice.

Accordingly, we followed Hamilton and colleagues' guidelines for rapid qualitative analysis. The first step of this process was to develop an "interview summary" document, which was a structured template for analysts to summarize and organize key statements from each interview. With this step, and in accordance with Hamilton's rapid qualitative analysis guidelines, the lead author created an "interview summary guidelines" document to ensure all analysts completed their summaries in a consistent manner. The lead author provided all analysts with a training on how to complete the interview summaries, which included didactic and practice components. After each interview was completed, the interviewer completed an interview summary, which was then audited by a separate analyst, and finally, the lead author.

Continuing to follow Hamilton's rapid qualitative guidelines, the first author and three members of the team created interview summary matrices to discover key themes. To do this, we transferred information from the interview summaries into a spreadsheet which showed participants' responses to each question in a vertical manner, allowing us to efficiently view responses across participants, rather than being limited to viewing one participant's responses at a time. After the first ten participants' responses were transferred to the matrix, three independent analysts then extracted key themes from the matrix. The lead author reviewed each analysts' themes to check for consistency and led consensus meetings to determine final themes. The three analysts continued to independently review each block of new participants that were added to the matrix for emerging themes. We tracked the degree to which the addition of new participants yielded new themes and found that we reached saturation in terms of sexual behavior themes after the first 10 participants were analyzed (Guest et al., 2016).

## Results

Overall, participants included LSMM (90% gay, 10% bisexual), with 90% identifying as White and 10% as Black. Participants, on average were 32.7 years old ( $SD = 11.90$ ). Participants born outside of the US had reported countries of origin including Brazil, Cuba, Honduras, Venezuela, and Costa Rica. Some US born participants were born in South Florida and others migrated to South Florida from other areas of the US, including Puerto Rico. In terms of relationship status, participants reported being single (35%), casually dating (10%), legally married/had a commitment ceremony (10%), or having a partner, lover, boyfriend, or girlfriend (40%). Most had some college experience or completed college (90%). Just over half were employed (60%), with 65% having a household income of \$2000+ in the last month. Most had health insurance (95%) and rated their health as good or very good (85%).

The rapid qualitative analysis revealed five themes reflecting LSMM's sexual behavior during COVID-19: (1) increasing frequency of sex with a primary partner, (2) decreasing number of sexual partners, (3) continuing pre-COVID sexual activity, often following "quarantine fatigue," (4) navigating COVID-19 prevention and sex, and (5) using sexual networking apps in new ways. Each of these themes is discussed in greater detail below. Themes, additional examples, and frequencies are reported in Table I.

### Increasing Frequency of Sex with a Primary Partner

Some LSMM reported a greater frequency of sex during the COVID-19 pandemic, but not with multiple partners. Some of these men were in sexually exclusive relationships before the pandemic, and local stay at home orders and increased time at home allowed them to improve their sexual relationship with their partner, resulting in increased sex. One participant explained:

Speaking today, everything is great because I live with my boyfriend. Our sexual life has never been better, but about two months ago early on, I guess it was part of being at home all day, every day, every minute since you wake up, we did go through a hard time there. We had some hard discussions because we stopped having sex, but after we had those tough talks it's been very, very...it changed everything. We have never been better at sex. (Late 20s, US born, HIV negative LSMM)

Others had newly formed monogamous sexual/romantic relationships at the beginning of the COVID-19 pandemic and reported that they were having more sex now that they were in a relationship, instead of seeking casual partners. Highlighting this, one participant described his new primary relationship:

I had just met someone, we had about a month going out when COVID-19 started. During that month, we spent a lot of time in my house, a lot of times we stayed together in my house or in his...When it comes to sex I feel good, relaxed, because it's not like when you're on your own where you're looking for it here or there. It's not like that anymore, I have it at home so when it comes to sex everything

is normal, in my personal experience it has improved. (Early 30s, non-US born, LSMM living with HIV)

For some, like this participant, COVID-19 facilitated a more rapid establishment of new and satisfying sexual relationships.

Participants also reported greater interest in sex during COVID-19. One participant described having time that he did not have prior to the pandemic to enjoy his sexual life with his partner:

I have been more sexually active even more sexually productive. I have been more aroused lately; we have had more time which we did not have before and more space and it hasn't been with multiple partners but just with one. (Early 50s, non-US born, LSMM living with HIV)

### **Decreasing Number of Sexual Partners**

Some LSMM felt that the best option for preventing COVID-19 was to abstain from sex with new partners, or to narrow the number of sexual partners they had prior to the pandemic. One participant explained: "Since March 9<sup>th</sup> I've been completely abstinent – like the closest you're going to get to me is on my inbox," (Early 30s, US born, LSMM living with HIV). Participants highlighted their uncertainty surrounding how COVID-19 is transmitted in influencing the decision to reduce sexual partners, particularly during the early period of the pandemic:

[There's been] a reduction in people to talk to on hook-up apps, as well as hookups. It was quarantine, you didn't want to go outside. Information was constantly evolving, something new was coming out every couple of days. Everyone was on a really strict quarantine. (Early 20s, US born, HIV negative LSMM)

For others, the reason for reducing sexual partners was related to having fewer opportunities for sexual relations due to suddenly living at home with family and therefore worrying about both privacy and transmission of the COVID-19 to their families. One participant explained that being quarantined in a non-affirming household could prevent LSMM from being sexually active during COVID-19:

If you have not such a great in-house situation with family right now and you're stuck with them, some people are not able to have sex...so you just think about someone not being able to have sex for four months, five, six...[It's] probably really stressful. (Late teens, non-US born, HIV negative LSMM)

In general, participants perceived the toll of COVID-19 on their own and other LSMM's sexual lives to be challenging: "I have friends who are completely frustrated that they can't have sex during COVID," (Mid 50s, US born, LSMM living with HIV).

### **Continuing pre-COVID Sexual Activity, Often Following "Quarantine Fatigue"**

Although fewer endorsed it themselves, many had the perception that other LSMM never reduced their sexual activity during COVID-19: "During COVID, there was no change," (Late 20s, non-US born, LSMM living with HIV). Participants felt that other LSMM were

actively engaging in sex, based on their observations of hook up app activity, with one participant stating, “The dating sites are alive and well,” (Mid 50s, US born, LSMM living with HIV) when asked how COVID-19 had affected other LSMM’s sexual activity.

Others described an initial reduction in sexual activity, consistent with the above theme, and then reaching a point of “quarantine fatigue” resulting in a resumption of their pre-COVID sexual behavior:

During the first half of the quarantine, it was definitely a massive reduction in like meeting up with people, or hooking up, or hanging out with people. In the middle of May, I kind of like started increasing again as you know, everyone I guess started getting tired of quarantine. I definitely started hooking up more again with people. There has definitely been an increase in the second half. May onwards...definitely been a massive increase. (Early 20s, US born, HIV negative LSMM)

Another participant explained that he told a prospective sexual partner he had met on an app, “Let’s hook up when the pandemic is over,” (Mid 20s, non-US born, HIV negative LSMM), suggesting that, following the immediate impact of COVID-19, there could be a surge in LSMM’s frequency of sexual behavior after months of a reduction in sex.

Some participants discussed LSMM’s sexual behavior in response to COVID-19 by making comparisons to the community’s response to the HIV epidemic: “People are treating this like the HIV pandemic, where people thought it wasn’t going to happen to them, so they continue to have sex,” (Early 30s, US born, LSMM living with HIV). Many participants attributed continued, or even increased, sexual behavior during COVID-19 to boredom, loneliness, and physical needs for sex, with one participant summing up his increased sexual behavior during COVID-19 by saying: “I mean, what else is there to do?” (Late 20s, non-US born, LSMM living with HIV).

### **Navigating COVID-19 Prevention and Sex**

Some participants described creatively adapting to COVID-19 to stay sexually active while preventing the spread of COVID-19. For instance, several reported that either they or other LSMM were using video to engage in virtual sex during COVID-19: “People are probably afraid of being infected by COVID, if it were me, I would have sex virtually to put it simply if it were me I would enjoy virtual sex just the same” (Early 50s, non-US born, LSMM living with HIV). Some also described new strategies they were using to assess their partner’s risk for COVID-19: “I’m very specific once in a while without being daunting. [I] ask him questions, ‘are you being safe?’ ‘how many people are you working with?’ I take precautions. I have a 91-year-old Mom.” (Mid 50s, US born, LSMM living with HIV).

Although some were finding these creative strategies for having sex, many more LSMM found it challenging to navigate COVID-19 prevention while staying sexually active, particularly for those who were not in a monogamous relationship. When asked if they had adopted any new strategies for navigating safer sex during COVID-19, many participants expressed confusion about the question, suggesting that having sex and avoiding COVID-19 felt at odds with each other for many participants.

## Using Sexual Networking Apps in New Ways

Despite participants reporting that they and other LSMM were using sexual networking apps during the pandemic, some clarified that, especially during the earlier period of the pandemic, sexual networking apps were used to talk, pass the time, and get to know guys, but not immediately hook up. One participant explained: “[I’m using] Grindr and other apps but I’m currently not planning or scheduling any meetings with people, just to like talk basically,” (Mid 20s, non-US born, HIV negative LSMM). Some also reported that they were more likely to talk to guys on apps who they would not normally talk to prior to the pandemic, potentially suggesting more flexibility in potential sexual partners and/or different ways of using hook-up apps as a result of COVID-19. Reflecting this, one participant stated “I don’t think [my app use] has really changed all that much...people who I’m willing to give my time to has increased more, like I’ve been willing to talk to a wider range of people than I usually would,” (Early 20s, US born, HIV negative LSMM). Due to the closure of LGBTQ clubs, the role of sexual networking apps became more central as an avenue for meeting prospective sexual partners than prior to COVID-19: “I know one of my friends was using an app. I know he would go to clubs all the time, and now he can’t. I think he actually met someone on an app recently,” (Late 20s, US born, HIV negative LSMM).

## Discussion

Our findings suggest LSMM are navigating sex during the COVID-19 pandemic with a range of strategies, some of which resemble SMM’s responses to the HIV epidemic in terms of sexual behavior. Among LSMM represented in the current study, many reported changes to their frequency of sexual activity and the number of partners they chose to have, while others expressed no adjustments to their pre-COVID-19 sexual activity, and some reported an initial adjustment, followed by quarantine fatigue and ultimately resuming prior levels of sexual activities with partners. Additionally, some participants described new, creative ways that they are now approaching sex and sexual relationships and using apps for social connectivity (not just for sexual encounters) during COVID-19, whereas others described challenges in practicing “COVID-19 safe sex.”

Although the interview questions did not specifically probe about cultural factors that may relate to participants’ decisions about how and when to have sex during the COVID-19 pandemic, one factor that emerged is the role of *familismo*, or, the importance and centrality of family in the role of Latinx individuals’ lives (Diaz, 2013). Several participants described the role of their family of origin in informing decisions about sexual behavior. For LSMM who lived at home with their family of origin may and/or were not out to their families, the role of expressed or anticipated negative reactions from family about having same sex partners could have played a larger role in LSMM’s sexual decisions during COVID-19. Others discussed the commitment they felt to ensuring that their families, particularly older family members and in the context of living in multigenerational homes, were protected from COVID-19. This type of commitment to family safety may have prevented some LSMM from being sexually active during COVID-19. We also speculate that other cultural factors, such as *machismo* could have played a role in LSMM’s decisions about sex during COVID-19. For instance, *machismo* has been linked to engaging in behaviors that can lead



to HIV acquisition and underutilization of services to prevent HIV among Latinx SMM (Diaz, 2013; Pérez et al., 2018), and by extension, could also be related to COVID-19 prevention behaviors and decisions about sex in the context of COVID-19. Further research is needed to explore the roles of cultural factors on LSMM's sexual decision making during COVID-19.

Our findings underscore a continued need for the scale up and dissemination of sexual health services, which were already inadequately reaching LSMM before COVID-19. This includes HIV testing, condom distribution, PrEP enrollment, PEP distribution, and antiretroviral therapy (ART) treatment. This may be particularly important for individuals who are reaching “quarantine fatigue” and resume pre-COVID sexual behavior, or who may show an increase in sex as the immediate threat of COVID-19 reduces. As LSMM transition toward navigating their sexual lives in the context of two pandemics that disproportionately impact them, services must be made available to equip LSMM with all the tools they need to establish safe and satisfying sexual relationships and that account for the unique barriers LSMM may face in accessing services. However, not all LSMM will need the same sexual health services. In our study, LSMM reported sexual activity with sexually exclusive partners, consistent casual partners, or one time “hookups,” all of which warrant different types of services that may be most relevant. As such, the public health community has the opportunity to respond to these varied needs with innovation. For example, developing remote HIV testing options, providing extended PrEP prescriptions, and using telemedicine may be innovative strategies that allow LSMM to assert autonomy over their sexual lives during COVID-19.

As in the height of the HIV epidemic in the 1980s and 1990s, LSMM in the current study expressed confusion and concern about how to stay safe and navigate sex during the COVID-19 pandemic. McKay et al. (2020) found that SMM are avoiding crowded places when finding new sexual partners, avoiding certain events like group sex parties, and limiting the spaces in which they were comfortable having sex during COVID-19. They also expressed a desire to gain additional knowledge about how COVID-19 may affect HIV transmission and treatment so to better inform themselves as they strive to engage in safer sex during COVID-19 (Prestage et al., 2006). Although institutions like the New York City DOHMH have begun to publish LGBTQ- affirming guidelines promoting ways to have safer sex during COVID-19, there is an urgent need for these suggestions to become more universally implemented and accessible, in particular, to LSMM (NYC Department of Health, 2020). For instance, these messages need to be tailored to Latinx and sexual minority communities, both in terms of content and language. One excellent example of such messaging is a blog post that was recently developed and disseminated in Spanish through a scientific-community collaboration on a widely accessible website (Rodriguez-Diaz, 2020).

Implementation of “COVID-19 safer sex” guidelines may be particularly relevant through online platforms (i.e. Doublelist, Sniffies) and sexual networking apps (i.e. Grindr, Scruff) which SMM have increasingly turned towards over the last decade (Groves et al., 2014). Within our study, LSMM reported that sexual networking apps were “alive and well” during COVID-19 but their role had shifted from one that is solely “cruising oriented” to a space for

LSMM to talk, pass the time, and get to know guys. Public health practitioners could partner with these online platforms and sexual networking apps to create and disseminate culturally competent guidelines (at a most basic level, in both English and Spanish) that provide clear guidance on ways LSMM can remain safe during a pandemic while also offering innovative ways to maintain and develop intimate, sexual, and romantic relationships throughout COVID-19, even while potentially quarantined at home in non-affirming environments.

Finally, COVID-19 is presenting opportunities for LSMM to engage in sex in ways that may enhance their pleasure and relationship satisfaction compared to prior to the pandemic. A number of LSMM in our study reported that COVID-19 led to not only increased frequency of sex among their primary or close casual partners, but also better and more enjoyable sex – a finding that is corroborated by data from heterosexual couples in southeast Asia and challenged by others (Arafat et al., 2020; Li et al., 2020). For LSMM in this study, sex and intimacy are being reimaged in a variety of ways including approaching sexual networking apps in less traditional ways, getting creative in the types of sexual activities LSMM engage in, and offering different kinds of romantic/sexual partners a chance due to a reduced desire to hook up. An appreciation of these changes is also important in developing affirming, culturally relevant interventions to LSMM about sex and intimacy during COVID-19.

The findings observed in the current study also have implications for sexual health professionals, including therapists and educators. Due to the impact of COVID-19, LSMM who are in relationships may be spending more time and have more opportunities to improve their sexual relationships with their partners. Sexual health professionals can help to distribute these positive messages about opportunities to enhance sexual pleasure and to use healthy sexual relationships to cope with the stressors associated with the COVID-19 pandemic. Sexual health professionals are also uniquely situated to be able to disseminate messages to the broader LSMM community about how to potentially utilize online and remote technologies to enhance sexual pleasure and relationships during a time when in-person sexual encounters may be more difficult to engage in, particularly if in non-affirming settings or if individuals are living in multigenerational homes where the risk of a household COVID-19 outbreak is of higher concern.

Our rapid qualitative analysis had limitations. As with all qualitative research, the findings are specific to the individuals included in the current study and not generalizable to the entire population of LSMM in South Florida or the US. However, the findings can inform subsequent, large-scale quantitative studies to assess the extent to which the themes are generalizable. Additionally, although we were able to glean some insights regarding the potential role of *familismo* from participants' responses, it would have been ideal for the interview to specifically probe cultural factors that might have played a role in LSMM's decisions about sex during the COVID-19 pandemic. Future research should further assess these factors and explore their relationship with sexual behavior in the context of COVID-19. Another limitation was that, due to the sample size, we were not able to make systematic comparisons between participants living with HIV and those who were not. This was also complicated by the fact that all participants commented on their perspectives on other LSMM, therefore it was not always clear whether the other LSMM they were referring to were living with HIV or not. This is another area for further exploration and research,

with potential implications for practice. Finally, the findings reveal that LSMM experienced a range of emotions alongside their sexual behaviors; for instance, some experienced pleasure in the context of increased sex, some were frustrated due to a lack of sex, and some began to seek sex again due to feelings of isolation and loneliness. We did systematically assess participants' mental health, stress, and coping in the context of COVID-19, however, due to the breadth and depth of these findings, they are reported elsewhere (Harkness et al., Under Review).

The limitations should be considered in the context of the strengths of the study. Participants were equally represented in terms of nativity (US-born and non-US born) and HIV status, and we had bilingual/bicultural staff allowing us to collect and analyze Spanish and English language interview data. Furthermore, this is the first study to our knowledge to systematically document the impact of COVID-19 on LSMM's sexual behavior, providing an important launching point for further research.

In sum, we observed important changes to LSMM's sexual behavior in the context of COVID-19. Given these findings, it also may be important to develop public health related HIV prevention strategies for LSMM, and potentially other SMM, for when the immediate COVID-19 crisis ends, if there is a potential increase in sexual behavior among some SMM who are waiting for the pandemic to be over to meet and have sex with the partners they are meeting and chatting with while social distancing. Our data highlight both the resilience of the LSMM community, as well as ongoing health needs, and opportunities for innovative development and implementation of public health messaging to ensure that LSMM have access to safe and satisfying sexual lives throughout the COVID-19 pandemic.

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**Table I.**

## Latinx Sexual Minority Men's Sexual Behavior During COVID-19: Themes, Frequencies, and Examples

Theme	Example
Increasing frequency of sex with a primary partner	<i>I was safe and active due to quarantine</i> - Late 20s, non-US born, LSMM living with HIV
Decreasing number of sexual partners	<i>It has gone to 0, because you don't want to expose yourself to anyone who may have COVID-19</i> - Mid 20s, non-US born, HIV negative LSMM
Continuing of pre-COVID sexual activity	<i>I think at the beginning, people were taking precautions, but now that it has passed some time, people have gotten bored and now they are not taking as many precautions and just going back to normal, as they used to be before</i> - Mid 20s, non-US born, HIV negative LSMM
Navigating COVID-19 prevention and sex	<i>"[I'm] questioning him once in a while, just to make sure I have a sense of comfort"</i> - Mid 50s, US born, LSMM living with HIV
Using sexual networking apps in new ways	<i>I just went back to it...just like [a] way to distract my mind or, you know, a way to see what's around...things like that. Not precisely to attempt something but just to, you know, kill time</i> - Mid 20s, non-US born, HIV negative LSMM

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