

The sexual activity during pregnancy among a group of Iranian women

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Abstract

Background Pregnancy is the best time in a woman's life. Hormonal and physiological changes influence women's well-being, mood, and sexual behavior.

Objective The aim of this study was to explore women's sexual behavior during pregnancy.

Method Open-ended interviews were conducted with pregnant women who were referred to the teaching clinic in Gorgan. All of the interviews were tape recorded. The data were coded and categorized as is usual in qualitative methods.

Results The data were categorized as "low sex desire", "anxious of harmfulness", and "sexual myths". Seventy-three percent of the women reported low libido during pregnancy. Most of the participants changed their coitus positions. Forty-five percent of them preferred the "rear position". None of the women sought counseling or information from a doctor or midwife, due mainly to shyness in talking about sex.

Conclusion Many women experience some problems in their sex life during pregnancy, which can contribute to significant emotional distress. However, women may not seek professional expertise in their attempt to alleviate this condition. It is important to assess the beliefs and experiences of all women, including the pregnant ones.

Keywords Sex · Pregnancy · Woman · Iran

Introduction

Pregnancy is the best time in a woman's life, leading to hormonal and physical changes [1]. The changes combined with cultural and religious influences, could affect sexuality and sexual activity during pregnancy. At this time most of the couples feel more committed and sincere than before. Researchers have reported a decrease in sexual desire [2–5] and coital frequency among pregnant women from the first to the third trimester [5] and use of limited positions and techniques for sex [6–8] due to the following reasons: nausea and vomiting in first trimester, big abdomen in third trimester [1], psychological factors [7, 9], physical discomforts associated with intercourse [10], wrong myths such as fear that coitus might harm the fetus [4, 6], early abortion [8] and take notice of fetus for penis entrance in coitus [11]. Lack of sexual activities or reducing the frequency leads some males to seek out unsafe and out-of-home sexual activities [12]. Sexual activity during pregnancy is rarely discussed between pregnant women and doctors, or midwives, although most women feel the need to discuss and receive more information [7, 13, 14].

The aim of this study was to explore women's sexual activities and their perception about sex and sexuality during pregnancy.

Materials and methods

This qualitative descriptive study was conducted between August and September, 2007, in Gorgan, which is located in northern Iran. For data gathering, we interviewed women who were referred to the only referral clinic at a teaching hospital in Gorgan (Iran). Inclusion criteria were a current pregnancy, and being in the third trimester. Those women

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who had to live away from their husbands due to their job conditions were not invited to participate in the study. Fifty-one pregnant women participated in the study based on “data saturation”, which is a usual term in qualitative studies. Individual and semistructured interviews were conducted.

We asked the participants to share their personal sex life stories during pregnancy and reasons for changes in their behavior. Most questions were open ended and topic included sexual activities, coitus position, and relationship with the husband and reasons for alterations in the behavior. Some of main questions were, “could you tell me about your sex during pregnancy?”, “do you feel any change in your sex relationships than before?”, and “what do you think about the cause of the changes during pregnancy?” We also asked them as to what their husbands felt about attractiveness of the women’s body during pregnancy and how they acted in terms of sex. The answers were evoked by “why, where, when, who and how” questions. Responses were audio-taped and transcribed verbatim by the interviewer. All of the interviews were arranged in a private room. We assured the participants of the confidentiality of the study. A quantitative content analysis was performed. Samples of participant statements are mentioned in the article. The data were coded and categorized as is usual in qualitative methods.

Results

Fifty-one pregnant women, aged 17–33 years, with a mean age of 22 years, participated in our study. Table 1 summarizes the demographic data of the participants. Twenty-five women (41%) were expecting their first child and 26 women (51%) were already mothers. Eighteen percent of the women stated that their pregnancy was unwanted. Only 6% of the women were illiterates. Nearly all of them except two were homemakers.

We categorized the data as “low sexual desire”, “anxious of harmfulness”, and “sexual myths”.

Table 2 The changes women felt during pregnancy and the ideas of their husbands

Sexual desire	Increased	Decreased	No change
The women			
Number (%)	2 (4%)	37 (73%)	12 (23%)
Pain during sex	Yes	No	
Number (%)	17 (33%)	34 (67%)	
Spotting	Yes	No	
Number (%)	7 (14%)	44 (86%)	
The men			
Contribution in initiating sexual activity	Yes	No	
Number (%)	49 (96%)	2 (4%)	
Attractiveness of the women’s body	Increased	Decreased	No change
Number (%)	24 (47%)	9 (18%)	18 (35%)

Low sexual desire

As the participants stated, the frequency of intercourse during pregnancy was less than usual for many reasons. Table 2 summarizes the changes women felt during pregnancy and also the ideas of their husbands.

In this study, 37 women (73%) reported a decrease in sexual desire. Nausea in the first trimester, big abdomen in the last trimester, unattractiveness of the body, insomnia, and not being in the mood, were the reasons for low sexual activity. One of the participants quoted, “I do not let my husband have sex with me because I do not have the mood for that”. The other participant also stated, “I don’t have sex desire during pregnancy, I hate the smell of the body of my husband”.

Many of our participants reported they had to have sex in order to please their husbands. As reported in 49 cases, the male partners (96%) were the initiators of sexual activity. The women stated the main reason for not having enough sex during pregnancy was that it was a cause of verbal arguments between some of the couples.

Table 1 The demographic characteristics

	15–19	20–24	25–29	30–34
Age (years)	15–19	20–24	25–29	30–34
Number (%)	12 (24%)	19 (37%)	13 (25%)	7 (14%)
Gravidity	1	2	3	4
Number (%)	25 (49%)	18 (35%)	7 (14%)	1 (2%)
Parity	0	1	2	3
Number (%)	26 (51%)	21 (41%)	3 (6%)	1 (2%)
Abortion	Yes	No		
Number (%)	7 (14%)	44 (86%)		
Education	Illiterate	Primary School	High School	College/University
Number (%)	3 (6%)	28 (55%)	16 (31%)	4(8%)

One of the women said, “My husband asks when is your pregnancy supposed to be finished? I have no more patience!”

Another participant also quoted that her husband teased her and said, that he will get a new wife if I did not let him have intercourse with me and the other one said “My husband is worried and asked why did you change? Why you have no desire for me? You should see a doctor”.

Twenty-four of the women (47%) reported that their husbands were interested in their bodies. One of the participants stated “My husband says you were thin, but now you are in good shape”. Another woman quoted “My husband says your breasts are good now, but they were not like this before”.

Thirty-five of the women (68%) stated that they avoided having intercourse during the first trimester. All of the participants also stated that they would avoid intercourse during last trimester. Most of the participants pointed to the changes in their coital position during pregnancy. The preferred position for 23 women (45%) was the “rear position”. The data regarding sexual activity and coital position during pregnancy are summarized in Table 3.

Anxious of harmfulness

Interestingly, one of the women said “I did not have intercourse since the beginning of my pregnancy; I cannot sleep well, it makes me mad”. Seventeen of the women (33%) stated feeling pain during sex and seven women (14%) also reported spotting after coitus. One of the participants said “I do not like intercourse because it hurts me”, and another women stated, “I had spotting after coitus and so I am worried that it would hurt my baby”.

Sexual myths

We found some interesting beliefs among the women. About half of the participants believed that it would be

adultery, to have intercourse while carrying a female baby in the womb. It was stated by one more participant that, from the fourth month onward the coitus must be avoided because the baby might come into contact with the father’s semen. Almost half of the participants avoided coitus due to concern of rupture of the hymen of a female fetus, abnormality such as blindness, and suffocation of baby. One of the participants conveyed that having coitus after the first trimester would allow semen to flow into the fetus’ eyes and blind her. None of the women interviewed were seeking counseling or obtaining information from a doctor or midwife due mainly to shyness in talking about sex. One of the participants stated “I am shy. I do not know what and how should I say something to the doctor.” However, it was found that sharing the problems with the friends was easier. As one of them stated “I think if I have sex it hurts my kid. I talked it with my neighbors; they said that had sex during pregnancy and even vaginal intercourse.”

Discussion

All of women in this study reported lessening of frequency of intercourse during pregnancy. This has been noted by some of the investigators [3, 5, 7, 8, 13, 15, 16]. In this study almost three quarters of women reported a reduction in sexual desire. The result support previous findings that sexual desire declines during pregnancy [7, 13, 17–20]. Some of the women reported spotting and pain after intercourse. This has been noted by some finding [7, 8, 11]. In the present study, men were mostly the initiators of sexual activity. Some of the previous studies support the finding [8]. The women stated their men were worried about not having enough sex. Trutnovsky and Bartellas studies support our findings [6, 7]. The problem may be a cause for the argument between the couples and also may be one of the reasons for some of men to seek out unsafe and out-of-home sexual relationships [12]. It is usual to expect changes in sex position due to physiological conditions during pregnancy. In present study almost three quarters of the participants reported changes in their coital positions as reported in the related studies [7, 21]. Two of the women had anal intercourse because they thought vaginal intercourse may harm the fetus as mentioned in some of the studies [3, 7]. A few of the women reported masturbation by the husbands during sex and no coitus. Some of the researches confirm our data [7, 10, 21]. The couples’ perceptions of sex during pregnancy may affect quality of life. The results indicated the couples are worried that sexual intercourse might harm the baby. This has been noted by some investigators [6–8, 22]. In the present study, some of women believed that having sex would cause preterm labour and rupture of membrane, as stated in some of the findings [7, 11, 22]. It is vital for health care providers to advice couples and clear their

Table 3 The sexual activity and coitus position during the pregnancy

Mode	%	Number
Anal intercourse	4	2
Breast fondling	88	45
Kissing	100	51
Masturbation	6	3
Men-astride position	24	12
No position change	4	2
Rear position	45	23
Sitting-close position	2	1
Sublime intercourse	41	21
Women-astride position	2	1

misunderstandings. Unfortunately, none of our women asked for counseling from an expert about sexual activity during pregnancy, although they wanted to talk with a doctor or midwife but could not. The results support the findings of some previous studies [6, 7, 10, 11].

Conclusion

The changes in sexual relationships between couples increase during pregnancy. Therefore it is important that couples refer to a health care provider for counseling till they understand that fluctuation in sexual interest and sometimes decline in sexual desire during pregnancy is normal and hence they should not have anxiety.

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