

## OPINIONS AND PRACTICES OF PREGNANT WOMEN ABOUT SEXUALITY DURING PREGNANCY

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### ABSTRACT

The paper deals with opinions and practices about sexuality during pregnancy of one hundred pregnant women in the region of Settat, Morocco. Comparison of sexual activity before and during pregnancy and identification of different factors influencing the sexuality of pregnant women have been reported. It has been found that sexuality is a taboo subject for 29% of surveyed pregnant women and discussing about it is uncomfortable for 14% of women. 89 % of respondents believed that it is possible to have sex during pregnancy, while 7% of women stopped having sex during pregnancy. Another significant result is that the spouse sexual desire doesn't changed according to 91% of participant, decreased for 8% and increased for 1% during the pregnancy period. 55% of participants considered sexual intercourse less satisfying. Sexual satisfaction has been found lower among multiparous versus primiparous. An unexpected increase in sexual satisfaction has been declared by 2% of women.

**Keywords:** Sexuality during pregnancy; sexual activity; pregnant women; factors influencing the sexuality; Sexual satisfaction.

### INTRODUCTION

According to the World Health Organization, the sexual health is defined as a state of physical, emotional, mental, and social well-being that enrich and strength positively personality, communication, and love in the relationship [1]. Harmony in the couple, good outcome of pregnancy and childbirth are some of sexual intercourse advantages during pregnancy [2]. However, sexual intercourse during pregnancy may be strongly affected by beliefs, cultures and religions [3]. Sexual function is fundamental in the personality of every human being and a cornerstone in the overall relationship, which has a clear impact on the quality of life [4]. At different life transitions, sexuality can be shaken and needs to be adjusted accordingly, particularly in the case of transition to parenthood [5]. This transition might be influenced by several simultaneous multidimensional changes of biological, physiological, psychological, emotional, social and sexual nature for future and new parents [6]. This transition is a critical development phase, a major life event, a period of imbalance, and a life moment requiring adaptation, major adjustments and reorganization of the relationship [7, 8], particularly adjustments in the intimate and the sexual side that become affected and vulnerable during this period [7].

Sexuality is an important part of health and well-being in women's lives [9]. Sexual dysfunction may affect women's quality of life, as decreased sexual activity may affect self-esteem and relationships between couples [10]. Pregnancy can be a source of emotional decompensation and changes in mood, altered quality of life, and decreased interest in sexuality [11]. During this period, women develop emotional ties, intimacy and physical

affinity, which are also related to physical pleasure and sexual needs [12]. Moreover, sexual behavior during pregnancy depends on socio-cultural factors, level of education, length of marriage, gestational age, and intention to have a baby [13]. Pregnancy is a period when emotional needs and psychological state of women differ considerably from other periods of life. It is generally associated with a remarkable regression in the frequency of sexual intercourse, sexual desire, satisfaction and the experience of orgasm [14]. Decreased sexual activity may be due to nausea, fear of miscarriage, fear of fear of harming the fetus, lack of interest, pain and bodily discomforts, fear of membrane rupture or fatigue [15]. In addition, physical changes lead to a body modification that can alter the women's self-image and therefore her sexual desire [16].

In most societies, sexuality during pregnancy remains a taboo subject that remains little or even never discussed [17], although, this subject is a public health problem, because pregnancy is a moment in which many questions of women's sexuality are raised requiring to provide of information to reassure women and couples. The problem becomes even more acute, in the sense that women need important information on sexual health during pregnancy while there is a great lack of communication on this topic by health professionals [16, 18].

In Morocco, studies that focus on sexual dysfunction in the couple in general are rarely or even non-existent. Moreover, sexuality during pregnancy is rarely discussed as a research topic despite the importance of this subject, because, sexual difficulties are likely to appear during pregnancy and lead to an instability in the relationship of the couple. There are many misconceptions about sexuality of pregnant women such as the risks for pregnancy [19]. Hence the interest of studying the sexual functioning of the pregnant woman, in order to detect changes of sexual behavior and factors influencing the sexual life of the couple during pregnancy.

The aim of this paper is to discuss opinions and practices of pregnant women about sexuality during pregnancy, compare their sexual activity before and during pregnancy, identify different factors influencing their sexuality.

In Section II, the type of study, the study environment, the target population, the sampling method and data collection methods will be presented. Section III is devoted to the results. Discussion is reported in section IV. Section V summarizes the results of this work and draws conclusions.

## Methods

Research question has been answered by preparing a descriptive quote containing the following elements: *the type of the study, the study environment, the target population, the sampling method, and the instruments of data collection.*

Concerning the type of study, it is a descriptive qualitative study aiming to describe, understand and determine knowledge, attitudes and practices of pregnant women about sexuality during pregnancy, and to identify the changes in sexual life of women during pregnancy. So, the following hypotheses have been verified: Sexuality would remain a taboo subject? Sexual behavior would be modified by pregnancy? Desire, pleasure, frequency and quality of sexual intercourses would be affected by pregnancy?

Concerning the study environment, this study was conducted in two urban health centers in the city of SETTAT. Health center EL KHAIR is the first, created in 1996, spread over a total

area of 710m<sup>2</sup>, it serves a target population of about 22 186 inhabitants (2017), it is placed under the responsibility of a general practitioner assisted by a nurse major and it provides the known functions of a first-level urban health center. During the year, the center provides almost 360 prenatal consultations (2017). Health center EL KASSAM is the second, created in 2003, spread over an area of 460m<sup>2</sup> and serves a target population of about 32000 inhabitants (2017). During the year, this center provides almost 560 prenatal consultation. Principal criteria of choosing these two sites are: feasibility of this study and accessibility in this study environment, populations attending both centers are diverse, sociocultural homogeneity of target population, choosing two centers helps considerably to reach the widest possible distribution of population.

Target population in this study is a group of primiparous, pauciparous and multiparous pregnant women. Participants are either in the 1st trimester, in the 2nd trimester or in the 3rd trimester. They are randomly sampled (N = 100 participants) in the prenatal consultation department during the period from 1/04/2018 to 30/05/2018 at the two health centers EL KHAIR and EL KASSAM in the town of SETTAT.

After determining the target population for this research, it is useful to select the right sample and ensure that it is most representative of the target population [20]. This is a qualitative study, so the target population must be restricted and accessible. The questionnaire included women with a confirmed pregnancy who came at one of the two health centers as part of the prenatal consultation of their pregnancies during the study period, agreeing to participate in the study. In the survey, women are considered in the 1st trimester, 2nd trimester or in the 3rd trimester. Another criterion for inclusion in the questionnaire is parity: pregnant women are primiparous, pauciparous or multiparous. The most important inclusion criterion was: Women living with their partner during pregnancy. As for exclusion criteria: women separated from their husbands during pregnancy, single mothers and women who refused to participate in the study.

Data collection methods in this type of descriptive study aim to accumulate as much information as possible in order to identify the various aspects of the theme studied. Thus, our data collection has been based on a questionnaire, which is a measuring instrument that translates the objectives of the study into measurable variables. Questionnaire was addressed to all the women participating in this study, who came for the prenatal consultation, to verify the hypotheses. Using such a questionnaire, as an instrument of data collection, has multiple advantages. It allows to reach the maximum number of pregnant women to interrogate, it enables to translate the study objectives into measurable variables that can be used to effectively and safely accommodate relevant information, it enforces to strictly follow the rules and it gives the possibility to collect information in a more objective way thanks to the security provided by anonymity of people interrogated [20]. The questionnaire was inspired by the conceptual framework and focused on the goal and research question. Questions concern first sociodemographic characteristics of participants such as age, place of residence (urban or rural setting), level of education, age at first marriage and length of conjugal relationship. Background information (Parity, number of children) has been obtained. Information about current pregnancy (desire for pregnancy, difficulties in conception, age of pregnancy, changes made by pregnancy) has been gathered. Information about changes in parameters of sexuality during pregnancy (sexual intercourse frequency, desire, pleasure, satisfaction and desire of the joint) has been checked.

In order to make formal the procedure for carrying out this study, a request under cover of the hierarchy was sent to the head of the two health centers to facilitate access to information and ensure the completion of this study. To improve and ensure the validation of data collection instruments, the questionnaire was validated by several stakeholders in this study.

Before proceeding to the survey with women and the use of the questionnaire, a pre-survey, had validated the questionnaire taking into account the difficulties of understanding of pre-tested women. first, the topic of this study has been introduced to pregnant women and then, with their agreement, the interview has been started in the respect of the professional secrecy. All women were informed about the survey and the purpose of the research. Informed consent was obtained. Questionnaire data was captured, recoded, and rigorously analyzed using a computer-based tool (SPSS) version 20.0, using rigorous descriptive analysis techniques to summarize information contained in many variables to facilitate interpretation of existing correlations between them. Results are accompanied by comments and discussion referring to the literature in the framework of this study.

## RESULTS AND DISCUSSION

Results reported in table 1 show that the most dominant age group is that between 20-30 years with a percentage of 59%, followed by the category having an age <20, then the age range between 30-40 while pregnant women with a > 40 years constitute only 3% of the population studied. Average age is 24.72 with a typical variation to the mean of 6.387. Table 1 shows that 84% of participants live in urban areas with 16% of the participants being in the rural areas. 51% of women have a primary education, 35% of women have a secondary education, and 14% of women have a higher level of education.

The majority of participants, 54%, are primiparous, while 30% are pauciparous and only 16% are multiparous. 72% of women participants have a relationship duration between 1-10 years, 21% of participants have a relationship less than 1 year while 7% of participants have a relationship greater than 10 years. 88% of the participants wanted their pregnancy, with only 12% being unwanted pregnancies. 47% of the respondents are in the 2nd trimester, with 34% in the 3rd trimester and 19% in the 1st trimester.

It is found that the majority of participants, 72%, recognized physiological changes during pregnancy, while only 28% of participants did not recognize physiological changes. 71% of participants recognized psychological changes during pregnancy, with 29% of them not recognizing changes.

Results show that in 29% of participants, the topic of sexuality is a taboo subject, and in 14% the subject of sexuality is not a taboo subject but they are uncomfortable talking about it, while 57% of participants speak freely on the subject. 47% of women surveyed say that they always communicate with their husbands about sex, 32% speak frequently on the subject while 21% never spoke on the subject.

Percentage of women who answered that it is possible to have sex during pregnancy is 86%, 11% of women do not know if it is possible or not, while 3% think it is not possible to have sex during pregnancy. 66% of participants said that sex did not affect pregnancy, 26% answered yes, while 8% did not know if there were consequences or not. As for possible consequences of sexual intercourse according to women surveyed are: Bad effect on the fetus according to 17% of the participants, Miscarriage according to 14%, 3% do not

know, while 66% of the participants say that sexual intercourse has no consequences on the pregnancy.

**Table 1:** personal data of participants (N=100), factors Influencing their Sexual Health, factors related to changes made by pregnancy, subject of sexuality and factors related to false ideas.

Personal data of participants	Variables	%	
Personal data of participants	Age	<20 years	24
		20-30 years	59
		30-40 years	14
		>40 years	3
		Mean age	24.76 ± 6.38
	place of residence	urban areas	84
		rural areas	16
	Level of education	primary	51
		Preparatory- Secondary	35
		University	14
Factors Influencing the Sexual Health of participants	<b>parity</b>	<b>primiparous</b>	54
		pauciparous	30
		multiparous	16
	Duration of the conjugal union	<1 year	21
		1-10 years	72
		> 10 years	7
	Desire of pregnancy	Desired	88
		Non desired	12
	Age of the pregnancy at the time of the survey	1 <sup>st</sup> trimester	19
		2 <sup>nd</sup> trimester	47
3 <sup>rd</sup> trimester		34	
Factors related to changes made by pregnancy	physiological changes	Yes	72
		No	28
	psychological changes	Yes	71
		No	29
Subject of sexuality	What represents the subject of sexuality?	Taboo subject	29
		Not taboo, but it is embarrassing talking about	14
		May be freely discussed	57
	Discussion about sexuality in the couple communication	Always	47
		Frequent	32
		Never	21
Factors related to false ideas	Possibility of sexual intercourse during pregnancy	Yes	86
		Ignorance	11
		No	3
	How women themselves assess consequences of sexual intercourse on pregnancy?	No consequences	66
		With Consequences	26
		Ignorance	08
	Possible consequences of sexual intercourse on pregnancy according to the women surveyed	Miscarriage	14
		Without consequence	66
		Ignorance	03
		Bad effect on the fetus	17

Table 2 shows the changes in sexuality parameters among women surveyed during the three trimesters of pregnancy. According to the table, sexual desire decreased by 50% throughout pregnancy, pleasure decreased by 43%, sexual satisfaction decreased by 55% and sexual intercourse decreased by 46% during pregnancy, while spouse's sexual desire is decreased by just 8%. This decrease in sexuality parameters differs from one semester to another.

**Table 2:** Changes in parameters of sexuality during pregnancy (N=100). □□ : means decrease ; □□: means increase ; = : means evolution.

Trimester	Changes	sexual intercourse frequency	desire (libido)	sexual pleasure	Sexual satisfaction	Desire of the joint
1 <sup>st</sup>	□	56 %	66%	55%	55%	8%
	=	35%	31%	36%	36%	91%
	□	2%	3%	2%	2%	1%
	Sexual intercourses stop	7%	0%	7%	7%	0%
	Total	100	100	100	100	100
2 <sup>nd</sup>	□	56%	59%	55%	55%	8%
	=	22%	21%	23%	36%	91%
	□	1%	2%	1%	2%	1%
	Not yet	17%	18%	18%	0%	0%
	Sexual intercourses stop	4%	0%	3%	7%	0%
Total	100	100	100	100	100	
3 <sup>rd</sup>	□	26%	25%	21%	55%	8%
	=	8%	10%	15%	36%	91%
	□	1%	1%	1%	2%	1%
	Not yet	64%	64%	61%	0%	0%
	Sexual intercourses stop	1%	0%	2%	7%	0%
Total	100	100	100	100	100	
Entire pregnancy		□□□□□	□□□□	□□□□	□□□□	8%□

## DISCUSSION

To our knowledge, this is the first study to deal with opinions and practices of pregnant women about sexuality during pregnancy in Morocco. One hundred (100) pregnant women enrolled in this study.

Sexuality was considered as a taboo subject by 29% pregnant women and discussing about it was uncomfortable for 14% of women. This result was significantly similar to that of



Kiemtorè et al (2016) who recorded 31.3% in their study about opinions, attitudes and sexual practices among 412 pregnant women in Burkina Faso [20].

In our series, 89 % of respondents believed that it is possible to have sex during pregnancy. Our results are in line with literature data. Bello et al (2011) have found that pregnant women believe that it is possible and safe to have sex during pregnancy [21]. The Reasons for maintaining sex during pregnancy were to obtain their own pleasure for 44 % of participants, to obtain husband pleasure for 30%, to satisfy their marital obligations for 18% or to facilitate childbirth for 1%. This agreed with Ribeiro et al (2017) that identified 13 studies with 3122 participants about the main positive beliefs about sex in pregnancy and were that it makes labor easier, promotes marital harmony, prevents infidelity, and improves fetal well-being [22]. In contrast some women in our study believed that sex had a negative impact on pregnancy. Consequences cited by the interviewers were that intercourse will hurt the fetus (17%) or can lead to miscarriages (14%). Several studies have highlighted the idea that decrease in sexual relations during pregnancy, as well as sexual difficulties during this period, are mainly linked to manifestations of fears [23].

Our results showed that 7% of women stopped having sex during pregnancy because they were afraid of miscarriage (5%), fear of hurting the fetus (1%) or following a medical prescription (1%). These results were consistent with those generally found in the literature [24]. However, these beliefs are contrary to scientific knowledge. In fact, no study so far has shown danger of the sexual intercourse on a normal pregnancy. Deborah K, (2012) showed in her study that sex did not increase the risk of preterm delivery. As for pregnancy-term, sexual act would facilitate the induction of labor and its smooth outcome [25].

Participants in this study reported during pregnancy a decrease of sexual intercourse frequency, a decrease in sexual desire, a decrease in sexual pleasure, a reduction in interest in sexual activity and in sexual satisfaction. These results are consistent with those of other studies that concluded a decrease in the frequency of sexual intercourse as pregnancy progresses [26].

In a study conducted in Taiwan among 663 pregnant women, a prevalence of reduced sexual interest ranging from 57% to 75% with subsequent reduction in the frequency of intercourse and diminution of libido and sexual enjoyment has been reported to occur during pregnancy [27]. Fluctuations in sexual desire are effectively normal during pregnancy. Most women admit that during pregnancy their libido change at least to some degree and according to Pillitteri (2007) sexual desire is largely influenced by the estrogen level and the mother's beliefs [28].

On the other hand, spouse sexual desire has not changed according to 91% of participant, decreased for 8% and increased for 1%. These results are identical to those of Reichenbach et al. (2001), which showed that men sexual desire was very present, even a progressive decrease, but slower than among women, this can be explained by functional and physical discomforts during pregnancy such as nausea and fatigue [29]. Anzaku et al (2015) have mentioned that reduction of sexual intercourse frequency during pregnancy may be attributed to physiological, psychological and emotional changes that occur in pregnancy leading to reduction in sexual desire [30].

In our study, 55% of patients considered sexual intercourse less satisfying, This finding was close to those of Dao et al (2007) [24]. Sexual satisfaction was lower among multiparous

versus primiparous. However, our study found that 2% of women experienced an increase in sexual satisfaction. This perception of sexual satisfaction therefore varied between pregnant woman [31], some women in our series reported having their first orgasm during pregnancy.

## CONCLUSION

This study shows that it is interesting to investigate the sexual functioning of pregnant women, in order to detect changes of sexual behavior and factors influencing the sexual life of the couple during pregnancy. Opinions and practices, of pregnant women about sexuality during pregnancy, have been discussed. Sexual activity before and during pregnancy has been compared. Different factors influencing the sexuality of pregnant women have been identified.

The findings of our research are quite significant, and thus the following conclusions can be drawn: Sexuality was considered as a taboo subject by 29% pregnant women and discussing about it was uncomfortable for 14% of women; 89 % of respondents believed that it is possible to have sex during pregnancy, while 7% of women stopped having sex during pregnancy because they were afraid of miscarriage (5%), fear of hurting the fetus (1%) or following a medical prescription (1%). On the other hand, spouse sexual desire has not changed according to 91% of participant, decreased for 8% and increased for 1%. These results are identical to those of Reichenbach et al. (2001) [29]. 55% of patients considered sexual intercourse less satisfying, which is close to what has been reported by Dao et al (2007) [24]. Sexual satisfaction was lower among multiparous versus primiparous. 2% of women experienced an increase in sexual satisfaction. This perception of sexual satisfaction therefore varied between pregnant woman [31].

The majority of our results are in agreement with those reported in the literature in other countries.

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