

INFORMATION SOURCES A DOMINANT FACTOR OF AFFECTING SEXUALITY DURING PREGNANCY

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Abstract— Sexuality is one of the important factors in human life, which greatly determines human well-being. In fact, sexual problems are one of the priorities in married life. Pregnancy is a condition that causes physiological and psychological changes in women and considered to be a factor causing sexual disorders. This study used a cross sectional design. The number of samples selected in this study were 110 respondents and were taken by random sampling. The population in this study were pregnant women in the first, second, and third trimesters who received antenatal care services at one of the health centers in South Jakarta in 2019. The data was collected by interviewed using a questionnaire. The research variables were knowledge, education, information sources, husband's role, and socio-culture on sexual relations during pregnancy. Sources of information was the factors that most influence sexual intercourse in pregnant women. Therefore, the role of health workers was needed in providing information to mothers about sexuality during pregnancy. Doctors, midwives and health workers need to be trained to evaluate sexual difficulties in pregnant women and provide solutions according to sexual problems experienced.

Keywords: Pregnancy, Sexuality, Information

Introduction

Sexuality is one of the important factors in human life, which greatly determines human well-being (Fuchs et al., 2019). In fact, sexual problems are one of the priorities in married life. (Jamali & Mosalanejad, 2013). According to WHO, sexuality is an important aspect in the human life cycle which includes sex, gender identity and roles, sexual orientation, eroticism, happiness, intimacy and reproduction. Although sexuality can include all dimensions, not all of them are always experienced or expressed. Sexuality was influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical, religious and spiritual factors (World Health Organization, 2002). Sexual dysfunction has an impact on women's quality of life, because decreased sexual function has a negative effect on their self-esteem and interpersonal relationships. It is well known that pregnancy could affect a woman's sexual behavior, this was because the physiological and psychological changes occur during pregnancy could affect sexual function and satisfaction. (A et al., 2014; Pauleta & Pereira, 2010).

Pregnancy is a condition that causes physiological and psychological changes in women and is considered a contributing factor to sexual disorders. Studies conducted have shown that compared to the pre-pregnancy period, the tendency to decrease sexual intercourse was greatly increased during pregnancy until several months after delivery (Jamali & Mosalanejad, 2013). The stimulation of the breasts or nipples during sexual intercourse during pregnancy could cause releasing of oxytocin, orgasm could also stimulate uterine contractions that could lead to labor (Atrian et al., 2015; Kelly et al., 2001). Monitoring of uterine contractions reveals increased uterine activity after sexual intercourse. Sexual activity can hasten the onset of labor, prevent prolonged pregnancy, and reduce the need for labor induction (Sekhavat & Karbasi, 2010; Tan et al., 2006). This effect is thought of

prostaglandin E in human semen which can ripen the cervix and play a role in uterine contractions.(Foumane et al., 2014).

Sexual intercourse during pregnancy was influenced by several factors. The frequency of sexual intercourse appeared to decrease in the first trimester and increased in the second trimester. However, a sharp decrease occurs between the second and third trimesters of pregnancy (Hasani et al., 2019). Factors such as fatigue, nausea, vomiting, and sensitive breasts in the first trimester, and physical changes in late pregnancy due to enlargement of the stomach leading to restrictions on sexual activity (Orji et al., 2002). Apart from trimester, maternal age and nulliparity were independent factors associated with reduced sexual intercourse (Fok et al., 2005). The importance of sexual relations in marriage and the insufficient research on it, this study aims to evaluate the factors associated with sexual intercourse during pregnancy. The results of this study are expected to increase knowledge about sexual relations during pregnancy and improve the stability of a family's marriage.

Methods

This study used a cross sectional design. The population in this study were pregnant women in the first, second, and third trimesters who received antenatal care at one of the health centers in South Jakarta in 2019. The number of samples selected in this study were 110 respondents and will be taken by random sampling. In this study, data collection was carried out by interviewing using a questionnaire. The variables in this research were knowledge, education, information sources, husband's role, and socio-culture on sexual relations during pregnancy. Data will be analyzed using the Chi Square test (χ^2) with α 0.05 and 95% confidence interval (CI).

Result

The results of the research on the factors that influence sexual intercourse during pregnancy can be seen in the table below.

Table 1
Distribution of Sexual intercourse, Knowledge, Education, Role of Husbands, Socio-Culture and Sources of Information on Respondents

No	Variable	Total	%
1.	Sexual intercourse		
	Having sexual intercourse	92	83.6
	Not having sexual intercourse	18	16.4
2.	Knowledge		
	Good	72	65.5
	Not good	38	34.5
3.	Education		
	Lower level of Education	62	56.4
	Higher level of education	48	43.6
4.	Role of Husband		
	Support	57	51.8
	Does not support	53	48.2
5.	Socio-cultural		
	No Effect	100	90.9
	Influence	10	9.1

6. Information Resources		
Exposed	92	83.6
Not Exposed	18	16.4

As many as 83.6% of respondents had sexual intercourse during pregnancy. 65.5% of respondents who have good knowledge about sexual intercourse during pregnancy. Respondents who have low and high education were almost same with the respective percentages of 56.4% and 43.6%. Regarding the role of the husband, 51.8% of respondents said that there was a husband's involvement during pregnancy that could affect sexual relations during pregnancy. A total of 90.9% respondents said that there were no beliefs or myth carried out by respondents during pregnancy that affected sexual relations during pregnancy. Based on information sources, 83.6% of respondents had been exposed to sources or media of information about sexuality during pregnancy.

Table 2
Analysis of Knowledge, Education, Husband's Role, Socio-Cultural and Information Sources on Sexual Intercourse during Pregnancy

No	Variable	Sexual intercourse				OR	CI 95%	P Value
		Having sexual intercourse		Not having sexual intercourse				
		n =	%	n =	%			
1. Knowledge								
	Good	59	81.9	13	18.1	0.688	0.225-2.099	0.697
	Not good	33	86.8	5	13.2			
2. Level of Education								
	Lower level of Education	52	83.9	10	16.1	1.040	0.376-2.875	1.000
	Higher level of education	40	83.3	8	16.7			
3. Role of Husband								
	Support	52	91.2	5	8.8	3.380	1.113-10.264	0.048
	Does not support	40	75.5	13	24.5			
4. Socio-cultural								
	No Effect	86	86	14	14	9.214	2.305-36.829	0.002
	Influence	4	40	6	60			
5. Information Resources								
	Exposed	87	94,6	5	5,4	45.240	11.499-177.992	0.000
	Not Exposed	5	27,8	13	72,2			

The results of variable analysis with sexual intercourse during pregnancy showed that as many as 86.8% of respondents who had poor knowledge had sexual intercourse during pregnancy. It was not much different from respondents who have good knowledge of also having sexual intercourse during pregnancy (81.9%). From the analysis results, there was basically no effect between knowledge and sexual relations during pregnancy. Meanwhile, the level of education also showed same. There was no relation between education level and sexual relations during pregnancy. Respondents who had low

and high education almost all had sexual intercourse during pregnancy with a percentage of 83.9% and 83.3%, respectively.

The role of the husband affected sexual relations during pregnancy. Husbands who were supportive during pregnancy tended to have sexual intercourse during pregnancy (91.2%) and 24.5% of respondents with unsupportive husbands who did not have sexual intercourse during pregnancy. Based on socio-culture, 86% of respondents who did not have certain customs had sexual intercourse during pregnancy (86%) and conversely 60% of respondents who had certain habits or customs did not have sexual intercourse during pregnancy. It appeared that social culture had an influence on sexual relations during pregnancy. Exposure to information sources also affected sexual intercourse during pregnancy. Respondents who were exposed to the media or sources of information tended to have sexual intercourse during pregnancy (94.6%) and conversely respondents who were not exposed did not have sexual intercourse during pregnancy (72.2%).

Discussion

Pregnancy is a condition that has an impact on the quality of sexual relations between partners. A safe sexual life during pregnancy was one of the main keys that plays an important role in a partner's happiness (Khalesi et al., 2018). Sexual function in each partner has a complex etiology because it was determined by several psychological, cultural, ethical, sociological, physiological, and neurological factors that differ between each individual. (Bartellas et al., 2000). Other factors that contribute to the decline in female sexual function were the loss of sexual interest in the partner due to worries about the woman and her baby, as well as the non-erotic effects of a woman's appearance in late pregnancy (Khalesi et al., 2018). Husband's support was very important during pregnancy, especially during pregnancy there was decreased in the quality of sexual relations which was an important factor in marriage.

Pregnancy that greatly affected sexuality was characterized by physical, hormonal and psychological changes, all of which are influenced by social and cultural factors (Erbil, 2018). Socio-cultural factors and myths could affect the sexual life of pregnant women. Demographic factors such as level of education, full-time employment, duration of marriage and ethnic group were reported to influence sexual function during pregnancy. There were many different sexual practices during pregnancy based on cultural factors, myths and norms, usually depending on where the partner was from (Zaksek TS., 2015). A study of women in Pakistan by Naim and Bhutto showed that there was decreased sexual function during pregnancy due to the belief that sexual intercourse could harm the baby, caused premature labor and even led to abortion. (Naim & Bhutto, 2000).

The results of this study also showed that there was an effect of a source of information on sexual relations during pregnancy. Information could increase knowledge about sexuality during pregnancy and this was very important to be conveyed to pregnant women in order to support and promote the acceptance of normal functioning of the female body, as well as develop supportive relationships which were very important during pregnancy and birth (Allen & Fountain, 2007). With regard to sources of information on sexual activity during pregnancy, the majority of women felt more comfortable discussing sexual activity topics during pregnancy with a midwife or nurse, less with social workers, and least with a doctor. A small proportion (3%) discussed the topic of sexuality in pregnancy with a doctor. This may be related to traditional values, religious beliefs and perhaps language barriers between doctors and their patients. It was important for doctors together with other health workers to be able to provide information about emotional and sexual aspects of pregnancy, including changes that may occur and changes in sexual relations and decreased activity during pregnancy. (Moodley & Khedun, 2011).

Conclusion

Sexual problems during pregnancy may have an effect on the marriage relationship and could create problems with your partner. In this study, the source of information was the most influential factor in sexual relations among pregnant women. Therefore, the role of health workers was needed in providing information to mothers about sexuality during pregnancy. Doctors, midwives and other health professionals should be trained to evaluate sexual difficulties in pregnant women and recommend possible solutions. Doctors, midwives and other health professionals should be trained to evaluate sexual difficulties in pregnant women and recommend possible solutions.

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