DERLEME / *REVİEW*

Kadın Cinselliği Üzerine Gebeliğin Etkileri

Effects of Pregnancy on Women Sexualty

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ÖZET

Kadın yaşamında gebelik ve doğum en önemli dönemlerdir. Hormonal uyarılar, fiziksel ve ruhsal değişiklikler kadının genel sağlığı, ilişkileri ve cinselliği üzerinde etkili olmaktadır.

Gebelik, kadın yaşamını etkileyen çok farklı bir süreçtir. Gebelik genellikle bir cinsel ilişkinin sonucunda oluşmasına karşın, kadının cinselliği bu dönemde unutulmaktadır. Gebelik dönemindeki fizyolojik, anatomik ve psikolojik değişiklikler cinsel yaşamı etkilemektedir. Bu değişiklikler kadının cinsel ilgi ve isteğini değiştirebilmekte, ayrıca, gebelikte yaşanan fiziksel rahatsızlıklar ve bebeğe zarar verme korkusu çiftin cinsel ilişkisini etkileyebilmektedir.

Gebelikte karşılaşılan cinsel değişimler hakkında danışmanlık hizmeti verilmeli ve bu konuda eğitim materyalleri hazırlanarak çiftler bilgilendirilmelidir. Gebelikte cinsel yaşamın nasıl olması gerektiği ve cinsel yaşamı nelerin etkilediği ile ilgili daha fazla araştırma gerekmektedir. Bunları belirlemeye yönelik hem ebe/hemşireler ve hem de diğer sağlık profesyonelleri tarafından konuyla ilgili araştırmalar yapılmalı, araştırmaların sonuçlarına göre doğru ve güvenilir bilgiye ulaşım sağlanmalıdır.

Anahtar kelimeler: Gebelik, cinsellik, sağlık eğitimi

ABSTRACT

Pregnancy and labor (birth) are the most important periods in the lives of women. Hormonal, physical and psychiatric changes are effective on woman's general health, mood, relationships and sexuality. Pregnancy, affecting women's lives is a very different process. Pregnancy usually occurs as a result of a sexual relationship but women's sexuality in this period is forgotten. Anatomical, physiological and psychological changes as results of pregnancy affect the sex life. These changes may alter a woman's sexual interest or desire. In addition, physical discomforts of pregnancy or fears of harming the baby can affect a couple's sexual relationships.

Consultancy services must be provided about the sex life changes in the pregnancy and education materials about this issue must be developed and couples must be informed. The further researches are needed about how should the sex life be and which factors affects the sex life in the pregnancy. In order to determine these, related researches should be done by midwife/nurses and other medical professionals and according to the results of those researches reaching to the valid and reliable information must be provided.

Keywords: Pregnancy, sexuality, health education

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Introduction

Sexuality is an activity that is not obligatory for the continuation of individual life but is necessary for continuity of life[1]. Sexuality is multidimensional and affected by physiological, psychological and sociocultural factors and develops life-long[2,3].

Pregnancy is a period which affects women's lives and created many changes in couples' sexual relations[4-6]. Physical disturbances, changes and fear of harming the baby can affect the sexual relationship of the couple by altering their sexual interest and desire. Sexuality in pregnancy is affected by the reaction of couples to pregnancy, the sexual identity and role of women, the idea of being a family, economic factors and cultural norms[5,7].

Although there is little information about sexual life in pregnancy, more research is being done recently on the subject. An increase in relevant information about sexuality has reduced the anxieties of spouses. It is often proposed that spouses must refrain from sexual intercourse during the last trimester of pregnancy and that sexual intercourse should be initiated at a stage after birth, and refraining from sexual intercourse is thought to have an impact on the quality of life of the pregnant woman. However, restricting sexual intercourse in a non-risk pregnancy is unnecessary[5,6].

While sexuality is easily shared in developed societies, it still continues to be a taboo in developing societies. In our society, spouses often refrain from asking their doctors about sexuality; physicians also ignore the issue of sexuality in patient interviews and this issue usually comes about when there is a problem with pregnancy, and as a result, sexuality is prohibited for a time[5,6,8,9].

There are not enough studies to determine the possible changes in sexual life during pregnancy[6,10-15]. Koyun (2012) reported that sexual function decreased in advanced age pregnancies, but that promotional features did not affect sexual functions[11]. Bilen, Sadi and Aksu (2014) stated that 42.9% of the women did not find sexual relations safe in pregnancy and 51.4% of them were afraid of sexual intercourse during pregnancy. In addition, the libido score of 8.7% of the women and 12.6% of the men in the pre-pregnancy period was very low, 41.3% of the women and 13.6% of the men in the pregnancy period had a very low libido score. It is also known that many people have misconceptions about sexual life in pregnancy.

Knowing the effects of pregnancy on sexual life will benefit the protection of healthy family structure. In this direction, this study is aimed to be a guide in education and counseling services provided by health professionals related to sexual life in pregnancy.

Sexual Life in Pregnancy

Sexuality is an important part of human life[16]. During pregnancy, women are negatively affected by the perception of sexuality, parental thoughts, cultural norms, economic factors, negative thoughts about sexual life, myths and inadequate information about sexuality[17]. Despite the fact that pregnancy occurs as a result of sexual intercourse, women's sexuality is often forgotten in this

process. Despite individual differences, sexual activity is often reduced in advanced age pregnancies[18].

First Trimester: In the literature, it has been stated that sexual desire and the frequency of sexual intercourse decreases in the first trimester. Physical diseases appears in the 1st Trimester such as fatigue, nausea-vomiting are the main factors leading to decrease in libido. The decrease in libido is associated with the severity of the diseases experienced in this period. In the first Trimester, sexual intercourse is not recommended to the pregnant with abortion story[19,20].

Second Trimester: It is the most comfortable time for sexual activity during pregnancy. It is observed that in the pregnant who rescues from complaints in the 1st semester and adapted psychologically to pregnancy, sexual activity is observed to increase. In the 2nd Trimester, physical complaints such as nausea-vomiting and fatigue decreases and pelvic convulsion increases. Some fathers may be afraid of harming the baby during sexual intercourse, and as the baby moves, they think that the fetus is perceiving them[19,20].

Third Trimester: Physical complaints that diminish in the 2nd trimester may recur in this period. Some symptoms such as fatigue, tiredness, respiratory complaints, stomach problems, pelvic ligament pain, decreased motility, frequent urination, milk coming from the breasts and some thoughts such as sexual intercourse and strong uterine contractions that occur during orgasm lead to premature ejaculation may cause to decrease libido and take the sexuality to the backseat[19-21].

Factors Affecting Sexuality in Pregnancy

Psychological Factors: Pregnancy is a period that brings the couple closer together. But transitioning to parenting may affect sexual relations by creating stress or even a major crisis in some couples[22]. During the pregnancy, women may also be worried that they will return to their original physical state while they are trying to cope with changes in eating and sleeping patterns, changes in color in their skin, nausea-vomiting, growing mammals and weight gain[22,23]. The pregnant is concerned about the birth and whether the baby will be healthy or not. Fear of losing the sexual attractiveness, interest and love of the spouse add to these anxieties. The pregnant may feel guilty as a result of depriving their spouses of sexual activity due to reduced sexual desire in pregnancy. This may lead to jealousy of the spouses and denial of the pregnancy[24,25]. Some men negotiate with their emotions about sexual intercourse with the woman, not only the wife but also the mother of the baby, and they have mixed feelings about it. Some men can avoid sexual intercourse because they believe it is unfair to have sex with the pregnant woman[4].

Physical Factors: In Pregnancy, Human Chorionic Gonadotropin (HCG), progesterone and estrogen hormone play an important role in physical changes. Increased blood flow during pregnancy leads to increased secretions and accompanying sexual arousal. However, this condition is short due to fatigue, exhaustion, nausea-vomiting, fetal movements and back pain in pregnancy. The sensitivity of the breasts is increased due to hormonal and vascular changes. This situation adversely

affects sexual life, causing the release of milk together with orgasm in the weeks following pregnancy and the couples becoming uncomfortable during sexual intercourse[26,27].

Myths and Misleading Information: People's thoughts about pregnancy and sexuality are full of myths, false beliefs and taboos throughout history. Sexual myths are inaccurate, distorted, non-scientific, incomplete knowledge, thoughts and beliefs. In the literature, it is generally indicates that the pregnant have a sense that sexual intercourse may cause to abortion or premature birth, and that they need to refrain from sexual intercourse for fear of harming the fetus and / or mother. This situation causes their partners to move away from sexual activity. According to some societies, pregnant can not be both a good mother and a sexual partner at the same time. These thoughts can affect sexual intercourse in pregnancy[22].

Sociocultural Factors: The effects of socio-demographic and socio-cultural characteristics on the sexual life of women were examined in some studies on sexual problems. In the studies; it has been found that the socio-demographic features and sociocultural factors such as age, education level[28-30], income level, working status[30-32], using effective family planning method[31,33], spousal and marital characteristics[34,35], body mass index affect women's sexual life[36,37].

*Sexual Role:*While raising their daughters, parents teach that they must not care about sexuality and talking about sexuality is immoral. Sexual interests and activities of young girls are reproved and prohibited. While raising their sons, parents teach the thought that the boys always want sexual relations and ready for it as taught by the society as a male role[5].

Cultural Aspect: Although the physiological mechanism is the same for all women, cultural norms are very diverse. The attitudes of sexuality in pregnancy vary from society to society and throughout history. For example, in some societies, when a pregnant woman is banned from sexual intercourse, some societies are encouraged to have sexual intercourse, especially at the beginning of pregnancy, in order for the baby to develop better. While there is thought in some societies that frequent sexual intercourse causes twin pregnancies, some do not see any drawbacks[38]. In Jordan, pregnancy is considered to be a sign that it has strengthened the foundation of marriage and that the husband is still attentive to her sexual orientation[39]. Despite being regional and individual differences, sexual intercourse during pregnancy in our country is regarded as a kind of uncontrollable; there is a fear that the sexual relationship may harm the fetus, and it is believed that sexual intercourse during the first postpartum period is harmful to the mother[14,40].

*Economic Status:*Regardless of how planned pregnancy is, many couples are worried about the economic problems brought by their pregnancies and feel the inability to cope with this situation. If economic resources are inadequate and pregnancy is not planned, partners may tend to blame each other and problems may arise in their sexual activities[5].

Marital Status: A pregnant adolescent may want to terminate pregnancy. However,

termination of pregnancy is not acceptable for many families. However, many adolescent pregnant women may not accept pregnancy until the end of the 2nd trimester. The pregnancy of unmarried adolescents is a crisis situation not only for the girl but also for the family[39,41].

Medical Problems in Pregnancy

Even minor problems in pregnancy can cause stress and affect sexual health. The most common health problems in women during pregnancy are candidiasis, urinary tract infections, hemorrhoids and dyspareunia while erectile dysfunction in men[42].

Candidiasis: In pregnancy, the appearance of glycosuria as in diabetes creates a suitable environment for the development of fungal infections. Candida infection is characterized by a chewy discharge, especially at night, which worsens at night, that is white and similar to soured milk. There is a severe itching in vulva and vagina. With this itching, the woman is unable to sleep and becomes very tired and the sexual activity is adversely affected as a result[43].

Urinary System Infections: Changes that occur in pregnancy lead to urinary system infections. Stress incontinence and frequent urination in pregnancies are the most common complaints. Urinary incontinence can affect sexual function by creating psychological and social effects. During sexual intercourse in the actual stress incontinence, there is widespread urinary leakage at the time of penetration[43].

Hemorrhoids: In pregnancy progesterone may develop hemorrhoids due to decreased peripheral resistance and venous dilation. Other causes include constipation, previous hemorrhoids, and excess weight. Rectal bleeding, itching around the anus, discomfort and mucosal changes can negatively affect sexual activity[43].

Disparoni: The incidence of sexual activity in the active phase is 46% [3,44]. In the study of Aslan et al. (2005), it was reported that especially in the third trimester, the disparonin increases in pregnancy[21]. Reamy and White dyspareunia in pregnancy stated in 1985 that many physical factors such as vaginal congestion and decreased lubrication, deep fetal headache, candidiasis, urinary tract infections, trichomonas vaginalis and also fatigue, body image change and anxiety cause of disparoni[45].

Erectile Dysfunction in Men During Pregnancy: A large number of males may experience erection problems once during the pregnancy period of their couples. This is not a sign of erectile dysfunction. This can usually be associated with fatigue, intense sadness, or getting too much alcohol. Sometimes men can not have an erection or continue their erection while their partners are pregnant. Sexual function can be blocked if the partner does not get attractive. In addition, fear of harm to the baby and the mother may affect sexual function[5,6].

The Situations Prohibiting Sexuality During Pregnancy

In the past, couples were recommended to avoid sexual intercourse in order to avoid abortions in the first three months and to prevent infection in recent weeks. It is thought that in today's healthy pregnancy, it is not

necessary to limit sexual activity. The situations where sexual activity must be restricted in pregnancy are early membrane rupture, cervical insufficiency, recurrent low in previous gestation, low risk in ongoing pregnancy, premature birth, premature labor, vaginal bleeding, infection in the genital area and a sexually transmitted infection. Mothers who are at risk of developing severe developmental retardation or fetal distress in their infants should not have sexual intercourse from a period determined by their physicians[5,46,47].

Sexual Health Education in Pregnancy

Sexual health in pregnancy is affected by physical, emotional changes in the pregnancy and beliefs about sexuality. Difficulties may arise due to inadequacy, myths and misinformation in the sense of the couple's physical and emotional dynamics in pregnancy. Many couples have problems with sexual life in pregnancy[10,48].

The nurse / midwife has many opportunities for pregnancy or double counseling. They work in parental education classes, work in clinic or offices, do home visits, and provide day and night nursing care at the hospital. Diagnosis usually begins with the first prenatal visit of the pregnant or the couple. The history focuses on information about biopsychosocial variables that affect sexuality. The nurse / midwife assesses both partners' behavior during pregnancy, their desire for pregnancy, their perception of pregnancy, pregnancy and sexuality[10,48].

The following questions about sexual experiences and anxieties can be questioned when taking anamnesis:

- What do you think about sexual life in pregnancy?
- Has your pregnancy changed your life and sexual orientation?
- What did your wife and relatives say about sexuality in pregnancy?
- Do married people masturbate?
- Do you have any concerns or anxieties about pregnancy and sexual intercourse?
- What do you think of each of your experiences in pregnancy?
- What do you feel about the changes in your appearance?
- Do pregnancy clothes make the woman attractive?
- How do you think that being a baby owner will change your life?
- Has your health recently changed?

Then, information about the sexual relationship status, coital or noncoital activity frequency, orgasm status, wife interest, confidential and explicit sexual needs are collected before and during pregnancy. This information is added to past obstetric anamnesis[10,39,48].

The nurse / midwife plans care for the pregnant woman and her husband to meet their related needs in line with the following objectives:

- Helping to improve pregnant and peer sexual experience and relationships
- Giving information about sexual

function before pregnancy, during pregnancy and after pregnancy

- Emotional support

The nurse / midwife plans care for the needs of the couple, helps clarification of differences in normal response and response and reduce anxiety and support sexual adaptation[10,39.] During pregnancy, women and their couoles are educated and counseled. Counseling and training involving both partners are most useful. Couples counseling involves correcting false information, giving confidence and suggesting alternative behaviors. The role of nurse / midwife in sexual counseling varies according to the severity and source of the sexual problem[10,48].

Result

All sexual functions decrease with increasing gestational age in pregnancy. While slight improvement is observed in sexual function in the second trimester, the decrease is the highest in the third trimester. It should not be forgotten that sexual activities in pregnancy may show individual differences. In healthy pregnancies, couples may have sexual intercourse for up to four weeks before birth. Information and brochures containing technical and detailed information about sexual intercourse and sexual activities in pregnancy should be prepared by by health professionals and counseling services should be provided and couples should be informed.

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