Journal of Medicine and Medical Science Vol. 2(6) pp. 894-899, June 2011
Available online@ http://www.interesjournals.org/JMMS
Copyright © 2011 International Research Journals

Full Length Research Paper

Sexuality and sexual experience among women with uncomplicated pregnancies in Ikeja, Lagos

Fabamwo Adetokunbo Olusegun and Akinola Oluwarotimi Ireti

Department of Obstetrics and Gynaecology, Lagos State University College of Medicine, Ikeja, Lagos, Nigeria.

Accepted 20 May, 2011

This study was carried out to assess the sexuality and the sexual experiences of women with uncomplicated pregnancies attending the antenatal clinic in our centre. Self administered anonymous questionnaires containing questions pertaining to the women's epidemiologic data as well as those particularly directed at various aspects of their sexuality and sexual experience in pregnancy were used. Most of the patients were highly educated and in marital unions. The majority were regularly engaged in sexual intercourse as frequently as once to three times a week. Those that abstained did so for a variety of reasons but mainly inconvenience, pain and fear of complications. The preferred position was penile entry from the rear in most cases. Oral and anal sex was practiced by a few patients. There was generally a poor knowledge of the basic guidelines for safe sexual intercourse in pregnancy among the respondents. There is a need to include sex education for pregnant women into the contents of the routine health talk at the antenatal clinics.

Keywords: Sexuality, sexual intercourse, pregnancy, abstinence, health education.

INTRODUCTION

Not much is known about the sexual experience of the pregnant Nigerian woman. On face value it would appear that discussing and engaging in sexual intercourse during pregnancy are much avoided activities in this group of women.

Studies of sexuality in pregnancy abound in the literature mainly from the developed world countries but the conclusions vary widely. Differences in cultural values as well as divergent sociological world views will definitely come into play when pregnant women in the developing world countries are bench marked against their counterparts in the developed world countries. A recent study concluded that sexual satisfaction does not change in pregnancy compared with the pre- pregnancy patterns despite a decline in sexual activity during the third trimester (Pauleta et al., 2010). However, another one found that many women experience some problems in their sexual life during pregnancy, which can contribute to significant emotional distress (Shojaa et al., 2009). In this, other studies concluded that sexuality usually decreases as pregnancy advances (Bartellas et al., 2000; Pauls et al., 2008; Leite et al., 2009; Wannakosit and Phupong, 2010; Serati et al., 2010; Lee et al., 2010) mainly due to concerns regarding complications in pregnancy as a result of sexual intercourse. On the contrary, in a New York population, physical and sexual activity during pregnancy was more common than previously reported even in the last two days before labour (Fox et al., 2008).

One of the issues surrounding sexual activity in pregnancy has to do with the husbands' reduced desire for sexual intercourse mainly attributed to the enlarging abdomen and inconvenient positioning. The pregnant woman herself in most cases develops repulsion to sex as the pregnancy progresses. In addition, the fear of harming the unborn foetus or precipitating a premature labour abounds (Yangin and Eroglu, 2011).

It is believed that hormonal and physiological changes

*Corresponding author E-mail: legiree@yahoo.com; Tel: 08037787788, 07089384371

Table 1: Showing the distribution of study participants according to the trimester of pregnancy

Trimester	No	Percentage
First	72	36.7
Second	81	41.3
Third	43	22.0
Total	196	100.0

Table 2: Epidemiologic data of study participants

Parameter	Number	Percentage
Age range		
20-24	7	3.6
25-29	74	37.8
30-34	72	36.7
>35	43	21.9
Total	**196**	**100**
Educational level		
Secondary school	21	10.7
Technical/trade school	12	6.1
Polytechnic	61	31.1
University	88	44.9
Masters degree	14	7.2
Total	**196**	**100**
Marital status		
Single	4	2.0
Engaged	8	4.0
Married	182	93.0
Divorced/separated	2	1.0
Total	**196**	**100**
Parity		
0	60	30.6
1	67	34.2
2	35	17.9
3	23	11.7
4	11	5.6
Total	**196**	**100**

influence women's well-being, mood and sexual behaviour (Shojaa et al., 2009). In pregnancy sexual behaviour is increasingly modified as pregnancy progresses due to biological, psychological and social factors (Pauleta et al., 2010).

Pregnancy represents a life crisis to the pregnant woman and her husband. Complex psychosocial and physiological demands may produce insecurities, anxieties and somatic complaints (White and Reamy, 1982). On the other hand, sexual proscriptions may precipitate sexual frustration and marital estrangement.

Concerning the fear of abortion, it is only rarely caused by coitus in pregnancy (White and Reamy, 1982). In addition coitus in pregnancy with accompanying orgasm has not been found to be related to prematurity and distress of the foetus or newborn (White and Reamy, 1982). These assertions are still subjects of controversy in the literature. A more recent study concluded that women who reported coitus were less likely to go into spontaneous labour prior to their scheduled labour induction. Reported coitus and orgasm were not associated with adverse pregnancy outcome.(Tan et al., 2009) .

However, coitus can indirectly result in maternal, foetal and neonatal morbidity through the spread of sexually transmitted diseases.

This study was necessitated by the need to document the sexuality and sexual experiences of women with apparently uncomplicated pregnancies, attending a tertiary maternity antenatal clinic in cosmopolitan Lagos, Nigeria. Areas of additional counselling which can be incorporated into the routine antenatal health care will be identified.

MATERIALS AND METHOD

This study was a descriptive one carried out to assess the sexuality and sexual experiences of women with uncomplicated pregnancies attending the antenatal clinic of the Department of Obstetrics and Gynaecology, Lagos State University Teaching Hospital, Ikeja, Lagos. The study period spanned 1st September 2009 and 31st October 2009. Women with high risk factors like previous miscarriages, placenta praevia, hypertensive disorders, cardiac disease, coexisting uterine fibroids, polyhydramnios, multiple pregnancy. etc. were excluded.

Self administered anonymous questionnaires containing questions pertaining to the women's epidemiologic data as well as those particularly directed at various aspects of their sexuality and sexual experience in pregnancy were used. A trained Nursing Officer was always at hand to explain grey areas.

The data was analysed using statistical computer software version 16.0 (Statistical Package for Social Sciences. Inc. Chicago III)

Descriptive and inferential statistics were applied in the course of analysis. Proportions and percentages were calculated for categorical variables. Descriptive statistics (minimum, maximum, mean and standard deviation) were appropriately applied in the course of analysis. Pearson's Chi-square was used to assess relationships and statistical significance between categorical variables. P-value less than 0.05 were considered to be statistically significant (95% confidence level).

RESULTS

A total of 215 women attending the antenatal clinic were invited to participate in the survey. Nineteen of them declined hence 196 women (91.2%) were finally included in the study. Seventy two (36.7%) were in the first trimester while 81 (41.3%) and 43 (22%) were in the second and third trimesters respectively. (Table 1)

The sociodemographic indices of the women are shown in Table 2.

Table 3: Showing frequency of sexual intercourse among study participants who did not abstain from sexual intercourse (n=162, 82.4%)

Frequency	Number	Percentage
Daily	5	3.1
Three times a week	21	12.9
Twice a week	29	17.9
Once a week	46	28.4
Once a fortnight	27	16.6
Once a month	28	17.3
Once in two months	3	1.9
Anytime	3	1.9
Total	**162**	**100**

Table 4: Showing the reasons for abstaining from sexual intercourse among non sexually active study participants (n=34, 17.4%)

Reason	Number	Percentage
It is too painful	3	8.8
Doctors advice	4	11.8
It is inconvenient	12	35.3
Worried about complications	2	5.9
Does not appeal to me	6	17.6
Reason of illness	3	8.8
Husband not interested	2	5.9
Husband not around	2	5.9
TOTAL	**34**	**100.0**

Table 5: Showing the reasons for not enjoying sexual intercourse among sexually active study participants (n=76, 38.8%)

Reason	No	%
It is painful	11	14.5
It is inconvenient	26	34.2
It is uncomfortable	26	34.2
Scared of possible complications	4	5.3
Difficulty in moving well	3	3.9
Cannot find a good position	6	7.9
Total	**76**	**100.0**

Table 6: Showing the preferred coital positions among the sexually active study participants (n= 162)

Position	No	%
Partner on top	39	24.1
Partner below	16	9.8
From the side	57	35.2
From the back	50	30.8
Total	**162**	**100.0**

Fourty one women (26.3%) had previous miscarriages with 77.5% of the miscarriages occurring within the first three months of pregnancy.

The commonest complaints in pregnancy among the women were tiredness (40.4%), backache (29.0%), vomiting (28.5%) and lower abdominal pain (26.4%).

Fifty percent of the women had their first sexual experience between age 20 and 29 years while 17.4% had it between 14 and 19 years. The early onset group (<14 years) constituted 20.1% while the late onset group (>29 years) constituted 12.5%.

One hundred and sixty two (82.6%) of the women were currently engaged in regular sexual intercourse while 34 (17.4%) were in abstinence. All patients aged 20 to 24 years (100%) were having sex regularly compared to the older age groups (84.1% to 92.1%) even though there was no statistical significance. Also the unmarried women (85.7%) were engaged in sexual intercourse just as much as their married counterparts (87.4%). The para 2 group had the highest percentage of women (100%) regularly engaged in sexual intercourse.

Table 3 shows the frequency of sexual intercourse among the women. ' Majority of the respondents N=102 (62.9%) had sexual intercourse between twice and eight times in a month. A rather small percentage N=5 (3.1%) had sexual intercourse everyday while an equally small number N=3 (1.9%) had sexual intercourse only once in two months.

The commonest reasons for abstaining from sex are shown in Table 4. Twelve women (35.3%) said sexual intercourse was inconvenient, while N= 6 (17.6%) said sex did not appeal to them.

Out of the 162 sexually active women, 86 (53.1%) claimed that they enjoyed sex. Among the group that did not enjoy sex, N= 76 (46.9%) reasons given included being painful N= 11 (14.5%), inconvenient N= 26 (34.2%), uncomfortable N= 26 (34.2%), worried about possible complications N= 4 (5.3%), could not move very well N= 3 (3.9%) and that there was no good position N= 6 (7.9%). (Table 5)

The women were asked questions about what they knew as guidelines for sexual intercourse in pregnancy. One of them (0.5%) said it was not allowed under any circumstance while 24.3% said it was not allowed if there are certain complications. Others felt that it was allowed occasionally (7.4%), not allowed in the first three months (30.9%), not allowed in the last month (2.7%) and allowed anytime in pregnancy (39.4%). Generally only 49.5% of the patients had fair to good knowledge of applicable safety guidelines concerning sexual intercourse in pregnancy. Knowledge of pregnancy sex guidelines did not increase with subsequent pregnancies. Most of the university graduates and Master's degree holders had a poorer knowledge than the technical/trade school diploma holders. Also the unmarried women had a better knowledge than the married ones.

Concerning the most convenient position for sexual intercourse in pregnancy, 59 women (34.7%) answered that it was from the side, 52 (30.6%) women answered that it was from the back in the semi prone position while 41 women (24.1%) had their partners on top and 18 women (10.6%) had their partners below (Table 6)

Oral sex was practiced by 34 women (23.1%) once in a while and on a regular basis by 3 women (2.0%). A total

of 110 women (74.8%) never practiced it. The age group 20 to 24 years had the highest percentage of women regularly practicing oral sex.

Anal sex was practiced regularly by 3 women (2.0%) and infrequently by 11 women (7.3%).

DISCUSSION

There was a fairly good response to the invitation for the survey among women attending the antenatal clinic in our centre. This was largely because the rationale for the study was carefully explained to each of the potential respondents. In our environment it is usually not too difficult to enlist the cooperation of clinic attendants for non invasive research studies.

This study revealed a number of interesting findings pertaining to the sexuality of pregnant women attending the antenatal clinic in a cosmopolitan tertiary facility in Southwest Nigeria.

Most of the pregnant women in this study were highly educated with 76.0% of them having undergone tertiary education. Within the context of our setup, this was not surprising since quite a number of middle income and lower high income families avail themselves of the services of our tertiary maternity unit which is located in the cosmopolitan, urban and capital city of Ikeja.

In terms of pregnancy experience, this study comprised mainly of 60 women (30.6%) who were pregnant for the first time and 67 women (34.2%) who were pregnant for the second time. In addition, quite a number of the subjects studied had previous miscarriages especially in the first trimester of pregnancy. It is not common in most maternity centres in the developing world countries to carry out either pathological or chromosomal studies in abortion cases. This is attributable to shortage of trained personnel and facilities. As a result even though some of the women might have had spontaneous abortions from gross or chromosomal abnormalities, they might have erroneously attributed the occurrence to their engagement in sexual activities even though the evidence from literature is that abortion is rarely caused by coitus (White and Reamy, 1982). The deductions made from this study therefore may be slightly coloured by these observations. A study of pregnant Swedish women showed that age and education among other factors affected changes in sexual behaviour during pregnancy (Bogren, 1991). However, a study of Hong Kong Chinese women did not demonstrate any relationship between age, parity, level of education or employment status and sexual behaviour either before or during pregnancy (Haines et al., 1996).

A study of the women's common pregnancy complaints was undertaken with a view to possibly demonstrate an association with their sexuality and sexual experience. As regards transient loss of interest in sexual intercourse, some of the complaints like tiredness (40.4%), backache (29.0%) and lower abdominal pain (26.4%) may be contributory. Fatigue impacted on measures of sexuality directly or indirectly throughout the perinatal period in an Australian study (DeJudicibus and McCabe, 2002). Indeed, fear of sexual intercourse was responsible for reduction in sexual activity in almost a quarter of Portuguese women studied (Pauleta et al., 2010).

In this study, painful sexual intercourse was the reason given for abstinence by some of the women interviewed.

It is remarkable that in this study a large majority (86.2%) of the women were having regular sexual intercourse with frequencies of between once to twice a week. A lot of them had sexual satisfaction.

A number of studies had earlier documented low libido and varying degrees of reduced frequency of sexual intercourse throughout pregnancy (Bartellas et al., 2000; Pauls et al., 2008; Shojaa et al., 2009; Pauleta et al., 2010;). In some other studies, sexuality and sexual frequency remained unchanged until pregnancy entered the third trimester (Bogren, 1991; Haines et al., 1996; Orji et al., 2002; Robson et al., 2005; Pauleta et al., 2010). In a group of pregnant Thai women studied, half of them believed that having sex during pregnancy was natural and normal and about 70% were not concerned about decreasing sexual desire throughout pregnancy. (Kerdarunsuksri and Manusirivithaya, 2010). Despite the reduced desire for sexual intercourse, the desire for body contact was highlighted as remaining at a very high level throughout pregnancy (Malarewicz et al., 2006). In this study the Para 2 women had a higher percentage of women regularly engaged in sexual intercourse compared to the primiparas. This finding was similar to that of another study (Robson et al., 2005). This is possibly because they had undergone a previous pregnancy experience and felt more confident about engaging in sexual intercourse unlike their primipara counterparts who were likely to harbour fears about having sexual intercourse in pregnancy. Postulations and possible explanations for these observed changes in sexuality during pregnancy abound in the literature. Possible harmful effect on the foetus (Bogren, 1991; Bartellas et al., 2000; Robson et al., 2005; Fok et al., 2005; Senkumwong et al., 2005; Brtnicka et al., 2009), fear of premature membrane rupture and labour (Bartellas et al., 2000), negative reaction to the physical appearance (White and Reamy, 1982), the hormonal changes in pregnancy (White and Reamy, 1982), maternal depression (DeJudicibus and McCabe, 2002; Robson et al., 2005) and fear of not satisfying the male (Brtnicka et al., 2009). In a study of maternal sexuality during first pregnancy significant associations were found between reduced sexual frequency and enjoyment and aspects of maternal personality and childhood relationships, marital conflict, previous miscarriages and difficulties in conceiving (Robson et al., 2005).

It is a bit disturbing that despite the relatively high level of education of the women studied, there was a poor knowledge of the basic guidelines concerning sexual intercourse in pregnancy. More disturbing still was our finding that this poor knowledge did not seem to improve with higher order pregnancies. We suggest that this may have to do with the reluctance of women in our environment to discuss anything pertaining to sex with their health care providers. A similar study in Iranian women concluded that none of the women studied sought counselling or information from a doctor or midwife, due mainly to shyness in talking about sex (Shojaa et al., 2009). In another study, the few women who sought such information from health providers considered it insufficient (Brtnicka et al., 2009). In a group of pregnant women studied in Hong Kong, only 9.4% discussed sexuality with their doctors and half of them raised the topic by themselves (Fok et al., 2005). Also among a Canadian population of pregnant women, only 29% discussed sexual activity in pregnancy with their doctor and about half of these raised the issue first with a third feeling uncomfortable in bringing up the topic themselves (Bartellas et al., 2000). Females and their partners are under informed on sexual life in pregnancy (Malarewicz et al., 2006). It will then appear as if this failure on the part of health providers to give relevant information and the reluctance or shyness of the women themselves to seek such information is a cross cultural phenomenon and not just a developing world observation.

The issue of the most convenient position for sexual intercourse in pregnancy is quite important This is more so as some respondents in this study refrained from sexual intercourse because they could not find a convenient position. Almost half of Iranian women preferred the rear position (Shojaa et al., 2009) while in Thai women the preferred position was ‘man on top’ but this gradually gave way to the rear position as pregnancy became more advanced (Senkumwong et al., 2005). In the present study, the rear position was the preferred position in most sexually active women.

An interesting finding in this study was the practice of oral and anal sex in some of the women. Findings of non-genital fondling, clitoral stimulation, vaginal and breast stimulation, masturbation as well as oral and anal sex had earlier been documented (Malarewicz et al., 2006; Pauleta et al., 2010). The finding in this study, of such unorthodox sexual activities appears to be a cultural deviation in our environment; however, it could be the result of a genuine desire to satisfy their spouses by any means while avoiding penetrative vaginal intercourse because of the fear of untoward consequences. Oral sex in itself had been associated with fatal air embolism (Kaiser, 1994).

There is a definite void in the quantum of information available to pregnant women in our setting as far as sexual intercourse in pregnancy is concerned. There is evidence that even though a large majority of women studied engaged in sexual intercourse it was largely unfulfilling and barely tolerated. A minority of women engaged in what could be considered as unconventional sexual practices like oral and anal sex. Some of the women abstained from sexual intercourse because they could not find a convenient position.

It is suggested that sex education should be integrated into the routine health talks at the antenatal clinics. The contents of such talks should include guidelines for sexual intercourse in pregnancy, recommended coital positions, possible complications of unorthodox sexual activities and the demystification of common wrong beliefs like coitus is not allowed in pregnancy or is capable of precipitating premature labour.

ACKNOWLEDGEMENT

The authors wish to acknowledge the assistance of the Chief Matron in Charge of the Antenatal Clinic in coordinating the distribution and filling of the questionnaires. We also acknowledge the input of Mr Opawale, the statistician.

REFERENCES

Bartellas E, Crane JMG, Daley M, Bennet KA, Hutchens D (2000). Sexuality and sexual activity in pregnancy. Br. J. Obstet. Gynaecol. 107(8): 964-68.

Bogren LY (1991). Changes in Sexuality in Women and Men during Pregnancy. Arch Sex Behav 20(1): 35-45.

Brtnicka H, Weiss P, Zverina J (2009). Human sexuality during pregnancy and the postpartum period. Bratisl Lek Listy 110(7): 427-31.

De Judicibus MA, McCabe MP (2002). Psychological factors and the sexuality of pregnant and postpartum women. J. Sex. Res. 39(2): 94-103.

Fok WY, Chan LY, Yuen PM (2005). Sexual behaviour and activity in Chinese pregnant women. Acta Obstet. Gynecol. Scand. 84(10): 934-8.

Fox NS, Gelber SE, Chasen ST (2008). Physical and sexual activity during pregnancy and delivery. J Womens Health. 17(9): 1431-5.

Haines CJ, Shan YO, Kuen CL, Leung DHY, Chung TKH, Chin R (1996). Sexual behaviour in pregnancy among Hong Kong Chinese women. J. Psychosom. Res., 40(3): 299-304.

Kaiser RT. (1994) Air embolism death of a pregnant woman secondary to orogenital sex. Acad Emerg Med. 1(6):555-558.

Kerdarunsuksri A, Manusirivithaya S (2010). Attitudes and sexual function in Thai pregnant women. J Med. Assoc. Thai. 93(3):265-271.

Lee JT, Lin CL, Wan GH, Liang CC (2010). Sexual positions and sexual satisfaction of pregnant women. J. Se.x Marital. Ther.36(5): 408-20.

Leite AP, Campos AA, Dias Ar, Amed AM, De Souza E, Camano L (2009). Prevalence of sexual dysfunction during pregnancy. Rev. Assoc. Med. Bras. 55(5): 563-568.

Malarewicz A, Szymkiewicz J, Rogala J (2006). Sexuality of pregnant women. Ginekol. Pol. 77(9): 733-9.

Orji EO, Ogunlola IO, Fasubaa OB (2002). Sexuality among pregnant women in South West Nigeria. J. Obstet. Gynaecol. 22(2): 166-8.

Pauleta JR, Pereira NM, Graca LM (2010). Sexuality during Pregnancy. Aust N Z J. Obstet. Gynaecol. 18(2): 114 -117.

Pauls RN, Occhino JA, Dryfhout VL (2008). Effects of pregnancy on female sexual function and body image: a prospective study. J. Sex

Med., 5(8): 1915-22.
Robson KM, Brant HA, Kumar R (2005). Maternal Sexuality during first pregnancy and after childbirth. Br. J. Obstet. Gynaecol. 88(9): 882-9.
Senkumwong N, Chaovisitsaree S, Rugpao S, Chandrawongse W, Yanunto S (2005). The changes of sexuality in Thai women during pregnancy. J. Med. Assoc. Thai. 89(Suppl 4): S124-9.
Serati M, Salvatore S, Siesto G, Cattoni, Zanirato M, Khullar V, Cromi A, Ghezzi F, Bolis P (2010). Female Sexual Function during Pregnancy and after Childbirth. J. Sex. Med., (E pub ahead of print)
Shojaa M, Jouybari L, Sanagoo A (2009). The sexual activity during pregnancy among a group of Iranian women. Arch. Gynecol. Obstet. 279(3): 353-356.
Tan PC, Yow CM, Omar SZ (2009). Coitus and orgasm at term: effect on spontaneous labour and pregnancy outcome. Singapore Med. J. 50(110): 1062-7.
Wannakosit S, Phupong V (2010). Sexual Behavior in Pregnancy: Comparing between Sexual Education Group and Nonsexual Education Group. Sex Marital. Ther. 36(2): 124-136.
White SE, Reamy K (1982). Sexuality and pregnancy: A review. Arch. Sex. Behav. 11(5): 429-44.
Yangin HB, Eroglu K (2011). investigation of the sexual behaviour of pregnant women residing in squatter neighbourhood in southwestern Turkey: a qualitative study. J. Sex. Marital. Ther. 37(3): 190-205.