Open Access

Sexual Medicine



Sexual Activity during Pregnancy in Taiwan: A Qualitative Study

Hsin-Li Liu, RN, MSN,* Pohan Hsu, sophomore,[†] and Kuang-Ho Chen, PhD[‡]

*Nursing Department, College of Nursing, Central Taiwan University of Science and Technology, Taichung, Taiwan; [†]The First National Taichung Senior High School, Taichung, Taiwan; [‡]Central Taiwan University of Science and Technology, Taichung, Taiwan

DOI: 10.1002/sm2.13

ABSTRACT-

Background. Pregnancy is a special period in a woman's life that involves physical and mental changes. These changes are influenced by cultural, social, religious, and emotional factors among others.

Aim. The aims of this article were to gather information, to describe the changes and behavior of sexual experiences in pregnancy, and to identify the reasons why pregnant women from central Taiwan decrease coital frequency during pregnancy.

Methods. This phenomenological qualitative research was intended to respond to open-ended questions that allowed the respondents to elaborate on the individuals' experiences. We collected data from in-depth, tape-recorded, and semi-structured interviews conducted in a cross-sectional study of 62 healthy pregnant women. The investigation ended when three consecutive interviewed subjects could not offer any new activities, which indicated that the study had reached its saturation point.

Main Outcome Measures. We performed data collection and content analysis to ensure standards of rigor and reliability. Credibility was enhanced by prolonged engagement, triangulation, referential adequacy, member checking, and expert review; we categorized meaningful unit-codes in a mutually exclusive and exhaustive manner into perceptions, experiences, and practices such that common themes were grouped into categories.

Results. Three themes emerged: negative aspects of sexual experiences; stress and emotional responses; and changes in sexual practices. The majority of the women stopped engaging in coital activities during pregnancy. We determined that in most cases, the 62 participants obtained information regarding sexual activity during pregnancy from postpartum women and the Internet.

Conclusions. The current evidence-based findings encourage the provision of sexuality education to newlyweds and the discussion of sex-related issues during pregnancy. We propose developing strategies for increasing sexual knowledge and focusing on emotional support to decrease pregnant women's anxiety regarding sexuality in Taiwan. Liu HL, Hsu P, and Chen KH. Sexual activity during pregnancy in Taiwan: A qualitative study. Sex Med 2013;1:54–61.

Key Words. Content Analysis; Pregnancy; Sexual Intercourse; Qualitative Study; Taiwan

Background

S exuality is an important component of health and well-being in a woman's life. Sexual behavior, which is influenced by biological, psychological, and social factors, modifies as pregnancy progresses [1]. Feelings and experiences during pregnancy and their social and cultural influences should be considered in a qualitative investigation [1-3]. Systematic reviews by Von Sydow [2] and Serati et al. [3] have demonstrated that the frequency of coitus does not change or changes only

Sex Med 2013;1:54-61

© 2013 The Authors. *Sexual Medicine* published by Wiley Periodicals, Inc. on behalf of International Society for Sexual Medicine.

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

minimally during the first and second trimesters of pregnancy [1–3]. Over the years, several studies have attempted to explore sexual activities during pregnancy by concentrating on measurable sexual function and frequency [1,3–19]. For many people, a reduction in the frequency of sexual intercourse, desire, and satisfaction occurs during the third trimester compared with the period before pregnancy [4–8,20–22]. Numerous physical and psychological factors may cause this decrease in sexual activity [10,23]. Concerning physical changes, hormonal changes can increase levels of estrogen, progesterone, and prolactin, which are considered to be responsible for nausea and vomiting, breast tenderness, and weight gain; breast tenderness, in addition to fatigue and anxiety, may contribute to general malaise and difficulty in becoming aroused [1,24]. Because sexual desire and arousal influence sexual satisfaction and intercourse frequency, it is understandable that sexual activities tend to decrease during pregnancy [1,25]. Moreover, the duration of intercourse and the ability to experience orgasm decrease during the later phases of pregnancy compared with prepregnancy, and dyspareunia increases significantly throughout pregnancy [2]. However, many sexually active pregnant women and their partners are concerned that sexual intercourse will result in pregnancy complications [4–6].

The Chinese medicine has many prohibitions on sexual activities during pregnancy. The pregnancy restrictions aim to protect the child from "malign influences" and to avoid problems associated with pregnancy [26]. Chinese medicine is generally practiced in different ways in China, Hong Kong, and Taiwan. Traditional Chinese medicine (TCM) places great emphasis on dietary and behavioral restrictions to restore physical and emotional harmony [27–29]. In the 1689 Chinese medicine book, "Bible on Women," Xiau wrote about the paternal connections between generations of Chinese families: "If a woman is pregnant, her man is not allowed to have sexual intercourse with her." Anything that influences a woman's mind and behavior affects the fetus in the uterus. According to Xuan [30] and Uwapusitanon and Choobun [31], due to the restrictions, many pregnant Chinese women feel uncomfortable asking about or discussing sexual topics with their doctors of that any quantitative investigation cannot be identified.

Aims

This report describes a qualitative study of sexual activities during pregnancy. The aims of this article were to gather information, to describe the changes and sexual behavior in pregnancy, and to identify the reasons why pregnant women from central Taiwan tend to decrease coital frequency during pregnancy.

Methods

The relevant literature considered physical and psychological factors to be the primary contributing factors during the perinatal period. Based on the literature review, we hypothesized that the reasons for decreasing and avoiding sexual activities were the fear of harming the fetus [3-5,8,10,11] and the discomfort during intercourse [2,4,8,10,12]. The objectives of this study were to use a phenomenological method to determine the impact that pregnant women's sexual activities have during pregnancy, to identify the reasons why Taiwanese women tend to decrease the frequency of coitus as their pregnancy advances and to identify the ways in which pregnant women meet their sexual needs with their spouses. In the current qualitative investigation, to confirm the coitus phenomenon during pregnancy, we performed a statistical analysis only in the three trimesters in the no coitus group vs. the coitus group in categories. We found a statistical significance in the no coitus group vs. other categories. The statistics are presented in the footnote of Table 1 and confirm a decreased frequency

Table 1 Frequency of vaginal intercourse during pregnancy for each trimester (N = 62)

Group	1st trimester n (%, SE)	2nd trimester n (%, SE)	3rd trimester n (%, SE)
No coitus	31 (50.00%, 0.50)*	20 (32.26%, 0.48)*	40 (64.52%, 0.48)*
No change	6 (9.68%, 018)	10 (16.13%, 0.37)	6 (9.68%, 0.30)
Decreased	23 (37.10%, 0.48)	31 (50.00%, 0.50)	14 (22.58%, 0.42)
Not reported	2 (3.23%, 0.18)	1 (1.61%, 0.13)	2 (3.23%, 0.18)
total	62 (100%)	62 (100%)	62 (100%)

None of the women reported an increase in the frequency of coitus in any of the three trimesters.

All the four groups are significantly different among the three trimesters the 4 by 3 table with P = 0.02. *No coitus group vs. the coitus group, the sum of the other three groups is significant with P = 0.02.

SE = standard error

© 2013 The Authors. *Sexual Medicine* published by Wiley Periodicals, Inc. on behalf of International Society for Sexual Medicine.

Download English Version:

https://daneshyari.com/en/article/4274623

Download Persian Version:

https://daneshyari.com/article/4274623

Daneshyari.com