

Relationship of pregnant women's knowledge about sexuality during pregnancy with sexuality quality

Relación de los conocimientos de las mujeres embarazadas sobre la sexualidad durante el embarazo con la calidad de la sexualidad

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Abstract

Introduction and aim: There are no restrictions and restrictions on sex during pregnancy as long as it is done safely and correctly. A safe and healthy relationship will improve the quality of life for married couples. Sexual intercourse has no risk to the unborn baby. The baby in the womb remains safe because it is protected by an amniotic sac which has the function to protect the baby from problems. The purpose of this study was to analyze the relationship between the knowledge of pregnant women about sexuality during pregnancy and the quality of sexuality during pregnancy.

Methods: This research method is a cross-sectional design with a quantitative approach. The population in this study amounted to 150 people, the sample in this study amounted to 50 people with a sampling technique using non-probability sampling with a consecutive sampling method.

Results: The result of this study is that there is a relationship between the knowledge of pregnant women about sexuality during pregnancy and the quality of sexuality during pregnancy with a p-value of 0.000.

Conclusion: There are a relationship between knowledge about sexuality and the quality of sexuality during pregnancy.

Key words: Knowledge, Sexuality, quality of sexuality, pregnancy.

Resumen

Introducción y objetivos: No hay restricciones ni limitaciones en las relaciones sexuales durante el embarazo, siempre que se hagan de forma segura y correcta. Una relación segura y saludable mejorará la calidad de vida de las parejas casadas. Las relaciones sexuales no suponen ningún riesgo para el feto. El bebé en el vientre materno permanece seguro porque está protegido por una bolsa amniótica que tiene la función de proteger al bebé de los problemas. El objetivo de este estudio era analizar la relación entre los conocimientos de las mujeres embarazadas sobre la sexualidad durante el embarazo y la calidad de la sexualidad durante el mismo.

Metodología: Este método de investigación es un diseño transversal con un enfoque cuantitativo. La población en este estudio ascendió a 150 personas, la muestra en este estudio ascendió a 50 personas con una técnica de muestreo utilizando un muestreo no probabilístico con un método de muestreo consecutivo.

Resultados: El resultado de este estudio es que existe una relación entre el conocimiento de las mujeres embarazadas sobre la sexualidad durante el embarazo y la calidad de la sexualidad durante el embarazo con un valor p de 0,000.

Conclusión: Existe una relación entre los conocimientos sobre la sexualidad y la calidad de la sexualidad durante el embarazo.

Palabras clave: Conocimiento, sexualidad, calidad de la sexualidad, embarazo.

Introduction

Pregnancy is a symbol of a woman's femininity because pregnancy is part of a woman's life cycle. All women can experience something self-understanding if they have not succeeded in getting pregnant, but on the other hand, pregnancy can cause a woman to experience pain and death. During pregnancy, women experience physical, psychological, social, and sexual changes¹. Pregnant women can still have sexual intercourse as long as the sexual relationship does not endanger pregnancy².

Sexual intercourse is a necessity for survival for husband and wife, not to mention during pregnancy, and husband and wife need each other, love, and give satisfaction and intimacy. Sexual intercourse activities provide harmony in the household of husband and wife, not including during pregnancy and after giving birth¹. Doing and not having sex during pregnancy is due to the low knowledge of pregnant women about safe sex during pregnancy³.

There are no restrictions and restrictions on sex during pregnancy as long as it is done safely and correctly, the safe position is the supine position with the husband's stomach without putting pressure on the mother's stomach³. There are three main categories of beliefs about sexuality during pregnancy: erroneous beliefs, a holistic approach to sexuality, and limited sexual counselling⁴. Sexuality and sexual well-being during pregnancy are associated with fear of harming the fetus, satisfaction with intimate partner relationships, attitudes toward sexuality, physical self-image, and overall well-being⁵.

The most important factor in determining sexual satisfaction is the aspect of the relationship with a partner, and closeness with a partner is very important⁶. The husband will be very concerned about the condition of his wife who is starting to get pregnant and stay away from sex for fear of hurting the baby. There are husbands whose sexual desire for pregnant women is higher⁷.

Pregnancy raises a range of concerns about the course and its consequences, leaving women very vulnerable and requiring appropriate care based on adaptability⁸. During pregnancy under normal circumstances, intercourse can be carried out until the end of pregnancy, although there are some experts who think that no longer have sex for 14 days until delivery. Intercourse is not allowed if bleeding occurs, has a history of repeated miscarriages, abortion, premature imminent, premature rupture of membranes⁹.

Health care professionals should be trained to assess sexual difficulties in pregnant women and recommend possible solutions¹⁰. Health workers must be active in providing information on sexual relations during pregnancy so that people's opinions that do not

understand such as having sex will make the fetus sick, will cause miscarriage/fetal death, bleeding, or defects in the fetus become a correct opinion or a positive opinion so that it will not events occur from one's thoughts.

This research has novelty from other research. This study assesses the knowledge of pregnant women about sexuality during pregnancy with the quality of sexuality during pregnancy. This study wants to see that pregnant women can still carry out sexual activities with a sense of security so that during pregnancy the husband and wife need each other, love, and give satisfaction and intimacy so as to provide harmony in the married couple's household.

Methods

This type of research uses a cross-sectional design with a quantitative approach. This research was conducted to determine the relationship or influence between one variable and another variable¹¹. This study aims to analyze the relationship between the knowledge of pregnant women about sexuality during pregnancy and the quality of sexuality during pregnancy at Ely Clinic Medan.

The population in this study was all pregnant women who had prenatal care as many as 150 people. The sampling technique in this study is non-probability sampling with a consecutive sampling method. The number of samples in this study was 50 people. The data collection technique used a questionnaire prepared by the researcher by pregnant women who were given an explanation about the research conducted and were given Consent After Explanation (PSP) after being willing to become respondents. The statement consists of a positive statement (favourable) with a yes or no answer choice. A score of 1 if yes and a score of 0 if no. Fill out the questionnaire by putting a tick (✓) on the answer that is considered Yes.

The data analysis technique is used in univariate and bivariate analysis. Univariate analysis using the frequency distribution of knowledge of pregnant women about sexuality and the quality of sexuality during pregnancy. bivariate analysis to find out if there is a relationship between the knowledge of pregnant women about sexuality during pregnancy with the quality of sexuality during pregnancy. The statistical test used was non-parametric with the Chi Square method because the data were not normally distributed based on the results of the normality test with Kolmogorov Smirnov¹². This research was carried out after obtaining an ethical feasibility letter from the Ethics Commission of the University of Prima Indonesia with the Number: 008/KEPK/UNPRI/V/2019.

Result

Univariate Analysis

Table I: Knowledge of pregnant women about sexuality during pregnancy.

No	Knowledge	f	%
1	Well	7	14
2	Enough	22	44
3	Not enough	21	42
	Total	50	100

Table I can be concluded that from the 50 samples, the majority were moderately knowledgeable, 22 people (44%) and the minority had good knowledge, 7 (14%).

Table II: Quality of sexuality during pregnancy.

No	Knowledge	f	%
1	Well	7	14
2	Enough	22	44
3	Not enough	21	42
	Total	50	100

Table II can be concluded that the majority of pregnant women have sufficient sexuality quality as many as 22 people (44%) and the minority has good quality as many as 7 people (14%).

Bivariate Analysis

Bivariate analysis is to determine the relationship between the knowledge of pregnant women about sexuality during pregnancy and the quality of sexuality during pregnancy

Table III: Relationship between knowledge of pregnant women about sexuality during pregnancy and quality of sexuality during pregnancy.

No	Knowledge	Quality						Total	P-value
		Good		Enough		Not enough			
		f	%	f	%	f	%		
1	Well	7	14	0	0	0	0	7	0.000
2	Enough	0	0	22	44	0	0	22	
3	Not enough	0	0	0	0	21	42	21	
	Total	7	14	22	44	21	42	50	

Table III can be concluded that the majority of pregnant women have sufficient knowledge of the quality of sexuality during pregnancy as well, namely a number of 22 people (44%) and a minority of pregnant women with good knowledge of good sexuality quality during pregnancy as many as 7 people (14%). Based on the data, it can be concluded that It is known that the test results Chi-Square Tests when the p-value is $0.000 < 0.05$ so that the conclusion is H_0 is rejected, it is concluded that there is a relationship between the knowledge of pregnant women about sexuality during pregnancy and the quality of sexuality during pregnancy at Elly Clinic Medan.

Discussion

Based on the data obtained, the results showed that the majority of pregnant women had sufficient knowledge about sexuality during pregnancy, and the minority had

good knowledge of sexuality during pregnancy. This is because respondents are worried about having sex during pregnancy, especially in the 1st trimester of pregnancy, because husband and wife are worried that it will cause bleeding if they have sex in the first weeks of pregnancy. In the first trimester of pregnancy, women are most likely to choose sexual intercourse in the missionary position. The position that is often done when having sexual relations by the respondents is the missionary position, where the husband can be more careful when having sexual relations by being able to see his partner's stomach so that he can be more careful or careful¹³.

Changes in sexuality during pregnancy are observed with less sexual contact, less desire, and less excitement¹⁴. Changes in sexual behavior and sexual problems often occur during a person's first pregnancy, often having negative consequences on the person and the future of the relationship¹⁵.

Respondents feel safe having sexuality in the second trimester when mothers feel safe and are not too worried when having sexual relations. Women are most sexually active during the second trimester¹³. Pregnant women associate changes in sexual behavior with physical and psychological discomfort during pregnancy in recognizing changes in sexual behavior caused by pregnancy¹⁶. There are significant changes in the biological aspects of the mother's sexual activity before and during pregnancy, especially in the second and third trimesters of pregnancy which results in a decrease in blood volume¹⁷.

Respondents stated that in the third-trimester sexual relations were less frequent because the husband was worried that he was afraid that having sex would endanger the baby in his wife's womb. Sexual satisfaction does not change in pregnancy compared to pre-pregnancy patterns despite a decrease in sexual activity during the third trimester¹⁸. A safe and healthy relationship will improve the quality of life for married couples¹. Couples should be informed about the decreased libido, desire, and orgasm that usually occurs during pregnancy, especially in the last trimester¹⁹. The sexual function of pregnant women in late pregnancy is affected¹⁰. In the third trimester of pregnancy, women put their sexual appetites aside and concentrate on the well-being of their newborn baby²⁰.

Female sexual dysfunction was found in pregnant women, and depression remained constant compared to non-pregnant women, with no effect on sexual function²¹. There is no relationship between pregnancy and postpartum sexuality. All participants who experienced pre-pregnancy sexual dysfunction continued to experience it throughout pregnancy, and most of them had a significant degree of sexual dysfunction after delivery²².

Sexual intercourse has no risk to the unborn baby. The

baby in the womb is still safe because it is protected by an amniotic sac which has a function to protect the baby from problems such as infection so that it is possible for the baby to experience an infection or the impact of having sex. If fertilization occupies a good place in the uterus, then the chances of miscarriage or childbirth are very small. If there is a miscarriage or premature delivery (delivery before 37 weeks of gestation), then there are other causes due to sexual intercourse that led to labor²³. Incorrect knowledge will affect sexual relations during pregnancy, where partners think that sexual intercourse will be harmful to the fetus in the womb.

According to the researcher's assumption that sexual intercourse during pregnancy may be carried out where the husband and wife must know the position of sexuality during pregnancy which is adjusted for gestational age. Sexual intercourse should not be carried out if there are

other problems in pregnancy such as intercourse is not allowed if there is bleeding, a history of miscarriage, abortion/Partum, and premature rupture of membranes.

Conclusions and recommendations

The conclusion in this study is that the majority of knowledge about sexuality during pregnancy with the quality of sexuality is sufficient with a value of p-value $0.000 < 0.05$ so that the conclusion is H_0 is rejected, it is concluded that there is a relationship between knowledge of pregnant women about sexuality during pregnancy and quality of sexuality during pregnancy at Ely Clinic Medan.

Research Conflict

In this study, the researcher stated that during the study there was no conflict of interest.

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