Common myths among a group of Iranian women concerning sexual relationships during pregnancy

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Abstract

Introduction: There are a variety of ideas and beliefs among women about sexual relationships during pregnancy. The aim of the study was to discover the beliefs of pregnant women about having sex during pregnancy.
Material and methods: Open-ended interviews were conducted with 51 pregnant women who were referred to the teaching clinic in Iran. All of the interviews were tape recorded and transcribed line by line. The data were coded and categorized as is usual in qualitative methods.
Results: Two main themes in the study are "Anxious of harmfulness" and "Feeling sinful". Fear of abortion, fetus suffocation, fetus abnormality, rupture of fetus hymen, and concern of harm to the mother are some of the myths among our participants.
Conclusions: Since some of the beliefs are harmful and could have a negative impact on relationships, the role of evidence-based education in providing a healthy sex life should be considered.

Key words: sexual relationships, myths, pregnancy, women, Iran.

Introduction

Many couples, during a pregnancy, experience changes in their emotional and sexual relationships [1]. These changes, combined with cultural and religious influences, could affect sexuality and sexual activity during pregnancy.

Researchers have reported a decrease in sexual desire [2-4] and coital frequency from the first to the third trimester [1]. Studies show the use of limited positions and techniques for sexual activity [1, 3, 5] due to natural reasons such as nausea and vomiting in the first trimester, a large abdomen in the third trimester [4], psychological factors [2, 5, 6], low sexual desire [3, 7], and physical discomforts associated with intercourse [8]. Most of the women feel more commitment and sincerity than before, while some of them encounter conflicts and arguments [1]. Lack of sexual activity or reducing the frequency of such may have a negative impact on the emotional relationship of the couples, reducing their affection and making them irritable. This is primarily true for the male partners. This may be one of the reasons for some of the males to seek unsafe and out of home sexual activity [9]. With the variety of cultures in the entire world, there are many myths amongst women concerning pregnancy, proving this does not solely pertain to Iranian women. In Western countries there are also myths and many taboos about baby gender selection [1] and sexual

behaviour during pregnancy. The aim of this study was to explore the common beliefs of pregnant women regarding sexual relationships during pregnancy.

Material and methods

This descriptive study was conducted between August and September, 2007 in Gorgan, which is located in northern Iran. For the data gathering, we conducted interviews with women who were referred to the only referral clinic at a teaching hospital in Gorgan. Inclusion criteria were current pregnancy and being in the third trimester. Women who had to live far from their husbands due to job conditions were not included in the study. Fifty one pregnant women participated in the study. The criterion to stop data gathering was "data saturation", which is a common term in qualitative studies. Individual semi-structured interviews were conducted. The questions regarded the women's beliefs and behaviours concerning sexual relationships during pregnancy. Some of the main interview questions were: "Could you tell me about your sex in pregnancy?", "Do you feel any change in your sexual relationship compared to before?", "What do you think about the cause of the changes during pregnancy?" We also probed for answers using: "Why, Where, When, Who and How". Responses were audio-taped and transcribed verbatim by the researcher. All of the interviews were arranged in a private room. We assured the participants of the confidentiality of the study. A qualitative content analysis was performed, focusing on the changes over the course of pregnancy. The data were coded and categorized as usual for qualitative methods. Samples of agent statements are mentioned in the report.

Results

Fifty one women, aged 17 to 33 years old, with a mean age of 24 years, participated in the study. The number of children born to each woman varied from 0 to 3. 25 women (41%) were expecting their first child and 26 women (51%) were already a mother. Only two of them were employed outside of the home, and the others were homemakers. 5.88% of the women were illiterate and 94.12% of them were educated. We asked the participants to share their personal sex life stories during pregnancy. Their narratives revealed common myths about sexual activity while pregnant. We categorized them into two groups: "Anxious of harmfulness" and "Feeling sinful".

Thirty five women (68%) stated that they avoided intercourse in the first trimester. All of the participants also stated that they would avoid intercourse in the last trimester for many reasons, such as: "concern about their baby's health, abortion, feeling sinful, fatigue, pain and discomfort due to a big abdomen, nausea and vomiting." Some of the women stated that their husbands had cooperated in changing the frequency of intercourse because of fear of harm to the baby and also considering the comfort of the wife. About half of the participants believed that if the baby is known to be a girl, having intercourse during pregnancy is the same as adultery. As one of the participants stated, from the fourth month the couples must avoid coitus because it can bring the father's semen in touch with the baby. Almost half of the participants avoided having coitus for reasons such as: "rupture of the hymen of a female fetus, an abnormality such as blindness, and suffocation of the baby". One of the participants stated that "having coitus after the first trimester would allow semen to flow into the fetus' eyes and blind her".

One of the most common pregnancy sex myths is that the baby will know that his or her parents are engaging in sex, or that he or she will somehow feel it. Surprisingly, some of the participants believed the parents should avoid coitus because the baby would know and feel the penis of their father. A participant stated that women should not have intercourse after the seventh month because it causes rupture of the membrane. Nausea, vomiting and fear of abortion were the reasons participants avoided coitus in the first trimester overall. Also, the couples were ashamed of intercourse when the fetus was known to be female. All of the participants stated that they would not have coitus in the later stage of pregnancy because of the large abdomen as well. Five of the women said that their mates were in agreement with them to avoid intercourse for safety reasons. However, the rest of the women felt they had to have sexual intercourse in order to please their husbands. It should be noted that the men were the initiators of that sexual activity. The women stated that their men were worried about not having enough sex and that it was a cause for arguments between the couples.

None of the women interviewed were seeking counselling or attempting to obtain information from a doctor or midwife due primarily to their timidity in talking about sex. One of the participants stated, "I am shy. I don't know what or how I should say anything to the doctor."

However, it was found that sharing their problems with their friends was easier. "I think if I have sex [especially vaginally] I will cause damage to my kid. I talked to my neighbours about that, but they say they have sex during pregnancy and have vaginal sex also."

Discussion

Sexual behaviours between couples can influence the quality of life a great deal [6]. In this study "sex will hurt the baby, sex will hurt me, having sex will cause premature labour" were the most common myths. Half of the expectant women cut back on sex once they achieved pregnancy. In Trutnovsky's study 45% of women [2] and in Bartellas' survey [6] 49% of participants were concerned about the safety risk to the baby in having intercourse. The findings of Byrd [8], Zahraee [10], Naim [11], Von [3], and Sueiro [12] also indicated that the couples were worried about harm to the baby. In a study about the sexual behaviour and beliefs of 440 pregnant women from south-eastern Nigeria, the mean frequency of sexual intercourse during pregnancy (1.5 times per week) was less than that before pregnancy [13]. For most women sex is perfectly safe, and even encouraged, during pregnancy and women can keep doing it right up until their water sac breaks with a normal pregnancy [1, 12]. Only in the special case that there is a problem, such as bleeding, or a history of miscarriage, should the women seek advice from their doctor or midwife [14].

In this survey, some of the women believed that having sex will cause premature labour and a ruptured membrane. That is stated by Bartellas also [6]. As was documented in Zahraee's study [10], in this study many of the women stated that their sex drive decreased during pregnancy, that their men found them unattractive, that the men were concerned for the health of the wife and baby, were apprehensive about impending fatherhood, or even self-conscious about making love in the presence of the unborn child.

According to the studies of Gerda [2], Bartellas [6], Naim [11] and Barclay [4], pregnant women were not interested in intercourse despite the men's desire, while sometimes they did engage in sexual relations just to please their men. Every woman needs more attention during pregnancy and greater levels of affection from her husband than before. Therefore the relationship should be more heartfelt and sincere [15]. As the participants stated, having sex without desire by either one of a couple will create a negative relationship. In our study, none of the couples met with a health care provider for counselling about their sex questions. Obviously, there is a need to place emphasis on the role of counselling for the couples in making clear the common myths and discussing non-answered questions. Sexual activity during pregnancy is rarely discussed between pregnant women, doctors or midwives, although most women feel it should be discussed and wish to receive more information [16, 17].

It seems that counselling is a deficient and ignored aspect of our health care service. In a descriptive study that was carried out with 238 women in Turkey, 61.4% regarded coitus as a risk during pregnancy, while 31.9% did not have any knowledge about this matter. In 81.5% of them sexual life was affected during pregnancy. Exhaustion and fatigue; waning of sexual desire; harm to the fetus; causing abortions in early pregnancy; and inducing preterm labour were the reasons for this decline [18].

We, as health care providers, are responsible for thoroughly teaching and counselling people. Then we should explore the common myths among people and attempt to refine them. Health care providers, and in particular midwives, can provide invaluable advice to couples regarding psychosexual changes that may occur during pregnancy. It is important that couples understand the normal fluctuations in sexual interest. Changes in coital positions can also be anticipated. Understanding these changes may help to minimize anxiety on behalf of the couples. It is important that couples be reassured that sexual intercourse will not normally cause complications in the pregnancy [6]. Education is as important, and perhaps more so than treatment. Our slogan should be "Education, more education and then at last treatment".

In conclusion, since some beliefs are harmful and could have a negative impact on relationships, the role of evidence-based education in providing a healthy sex life should be considered.

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