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SEXUAL SATISFACTION OF PREGNANT WOMEN WHO PERFORM PRENATAL IN BASIC HEALTH UNITS

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ABSTRACT

Pregnancy is a period of physical and emotional changes that have repercussions on sexuality, where sexuality is rarely addressed in prenatal consultations, which can affect the sexual life of pregnant women. Therefore, this study aims to analyze women's sexual satisfaction, physical, physiological and psychological changes during pregnancy. It was a field study, of a quantitative character with an exploratory and descriptive approach, carried out with pregnant women attended at Health Units in the city of Goiana-PE, from February to March 2020, the sample included 23 pregnant women. Data were collected through interviews, which included questions about the levels of sexual function during pregnancy and all ethical principles were respected. For data analysis, descriptive statistics were performed. This study demonstrated that 65.2% of pregnant women experience difficulties in having sexual intercourse, 60.9% report fear of hurting the baby during sexual intercourse, 43% say that pregnancy affected their self-esteem and the way she sees her body , 39.1% say they are able to reach orgasm and 43.5% say they are sexually satisfied. Sexual desire and pleasure during pregnancy depend on the couple's interaction, so sexual satisfaction can be pleasurable even with altered libido.

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INTRODUCTION

Pregnancy is a period not only marked by physical and emotional changes, but, above all, by a change in social interactions. This includes the couple's relationship, which can significantly affect their sex life. During this phase of change, the couple needs balance and suppleness: it can also be an exciting time to develop a new perspective on sexuality. A couple's sexual life during pregnancy can improve or undergo changes that negatively impact physical and psychological health (Carteiro *et al*, 2016; Yeniel and Petri, 2014; Prado *et al*, 2013; CHANG *et al*, 2012). Most of the publications in which it refers to sexuality during pregnancy addresses the sexual difficulties resulting from the physiological and psychological changes typical of the period. The discussion of sexuality involves important sociocultural issues that must be considered in the learning of medicine and in the care of women, clarifying doubts and myths that can interfere negatively with sexual life, especially during the period of pregnancy and the puerperium (Ribeiro *et al*, 2016; Galazka *et al*, 2015; Güleroglu and Beşer, 2014; Johnson, 2011). The sexuality of women during pregnancy will depend, among other reasons, on how they perceive, evaluate and appreciate themselves at this stage.

Anyway, it will depend greatly on your self-esteem. Feeling loved and attractive, in addition to the reality of the facts of being, in fact, loved and being, in fact attractive, in addition to your partner's efforts to make his feelings for her clear, depends decisively on his self-esteem and, in a way consequently, of their affectivity (Ballone, 2016). Physical and psychological changes weigh heavily on sexuality during this period, influencing the decrease in desire and arousal in the first and third trimester of pregnancy. Other factors also contribute to this, such as beliefs, anxiety and bodily discomfort, especially in the third trimester. In the second trimester, according to the literature, there is an increase in desire, which results from hormonal aspects that facilitate pelvic vasocongestion, self-esteem and appreciation of the body and the very decrease in physical changes (Fiamoncini and Reis, 2018). Sexual interest in pregnancy varies from woman to woman, ranging from spontaneous rejection to increased sexual desire (Medeiros *et al*, 2013). From an emotional point of view, women may not feel attractive or feminine, thereby reducing their self-confidence. Men, on the other hand, do not have organic changes, but they can be compromised by emotional issues, such as anxiety about childbirth, child rearing, the responsibility of being a father, among others. (Ballone, 2016). Investing in the education of health professionals about sexuality during pregnancy,

given that many women, out of shame, embarrassment, do not ask. It is important to dispel unfounded fears, clarify possible beliefs about sex during pregnancy, but it can also improve women's sexual function during pregnancy (Rocha *et al*, 2014). Therefore, this study aims to analyze sexual satisfaction, physical, physiological and psychological changes of women during pregnancy. Seeking with this study to answer the following research question: What is the level of sexual satisfaction of pregnant women who perform prenatal care in Basic Health Units?

MATERIALS AND METHODS

This is a quantitative field study with an exploratory and descriptive approach. The research scenario was the Family Health Units located in the city of Goiana - PE, held from February to March 2020. The study population were pregnant users attended at two Family Health Units in the city of Goiana-PE, who consented to participate in the research. Thus, the estimated sample, respecting a significance level of 5%, was composed of 23 users. After analyzing the inclusion criteria, pregnant women over 18 years of age, attended at Family Health Units in the city of Goiana-PE, who agree with the Informed Consent Form and agreed to participate in the research and study exclusion, not accept or disagree with the Informed Consent Form, high-risk pregnant women who cannot read and write, pregnant women who do not have an active sex life or give up. Participants were selected by non-probabilistic sampling method, for convenience. The research instrument used was a semi-structured questionnaire, referring to sociodemographic aspects, socioeconomic data, obstetric data, data related to factors associated with the sexual satisfaction index during pregnancy (appendix B). Based on the questionnaire on the Index of Female Sexual Function - IFSF, where the participant voluntarily answered what her current moment fits.
The questionnaire was carried out individually during the pregnant women 's regular prenatal consultations, in a separate, air - conditioned room in a quiet manner in the Basic Health Units of the Municipality of Goiana - PE. When the questionnaires were answered without interference from the interviewer.

As it is a research with human beings, the requirements of the National Health Council, resolution 466/12, were met, which states that research with human beings must ensure the participant respect and confidentiality of all personal information, and which incorporates, from the perspective of the individual and the collectivities, bioethical references such as autonomy, non-maleficence, beneficence, justice and equity aiming to ensure the rights and duties that concern the research participants. The research project was submitted to the Health Department of Goiana, to release the consente and the Research Ethics Committee from University Center of João Pessoa UNIPÊ, being approved under the CAAE protocol: 26767619.7.0000.5176 and Consubstantiated Opinion: 3.779.681. The data recorded after the collection was stored in an electronic spreadsheet (Microsoft Excel 2007), in which each line corresponds to a data collection form. As for the statistical analysis for quantitative variables, sexual satisfaction was presented using the descriptive statistics instrument through the mean and standard deviation. The data were processed using the statistical program Statistical Package for the Social Sciences (SPSS, version 20.0.0.0). Correlations were made after testing the normality of the data. As the data presented a non-parametric distribution, we applied the Spearman's Rô correlation test, adopting a significance level of 5%.

RESULTS AND DISCUSSION

The quantitative focus of the study was composed of 23 participants, aged between 18 and 37 years old with a mean of 24.4 and standard deviation of 5.5. With a mean gestational age of 24.7 weeks. Regarding race, 30.4% of pregnant women consider themselves white, 34.8% consider themselves brown and 34.8% consider themselves black. As for the level of education, 30.4% have incomplete elementary education, 34.8% complete high school (Table 1). In the present study, the pregnant women interviewed had an average age of 24.4 years. In the study by Dias *et al* (2015) conducted with 18 pregnant women in the city of Janaúba-MG, they identified a prevalence of younger pregnant women, aged between 18 and 24 years. The level of education found in this research was 34.4% of pregnant women with complete high school and 30.4% of pregnant women with incomplete high school. In the surveys by Bomfim and Melro (2014), the average number of pregnant women with complete high school is 42%, while in Leite et. al, (2007) the average of elementary education was 66% of pregnant women, demonstrating a better level of education in the present study (Table 1). For Silva *et al* (2013) education is a factor that influences the planning of a pregnancy. Women with low schooling are more likely to have an early and unplanned pregnancy, women who have stopped going to school, and do not have access to knowledge about sexuality and family planning, make their reproductive health vulnerable.

Tabela 1. Dados sociodemográficos das gestantes, participantes do estudo. Goiana, PE, 2020

Variables	N	%
Ethnicity		
White	7	30,4
Brown	8	34,8
Black	8	34,8
Education		
Incomplete elementary school	7	30,4
Complete primary education	2	8,7
Incomplete high school	4	17,4
Complete high school	8	34,8
Incomplete higher education	2	8,7
marital status		
Single	7	30,4
Falling in love	3	13,0
Married / stable relationship	13	56,5
Occupation / activity in relation to work		
Student	2	8,7
Working	4	17,4
Maternity leave	1	4,3
Unemployed	8	34,8
From home	8	34,8
Family monthly income		
Up to 1 minimum wage	8	34,8
Between 2 and 3 minimum wages	1	4,3
No fixed income / Not applicable	14	60,9
Receives aid from some government program		
Yes	12	52,2
No	11	47,8

Source: Research data, (2020).

It is observed that 69.3% of pregnant women report having a steady partner and 30.4% report being single (table 1). Corroborating this, Carvalho (2004), points out that the adjustment of sexuality during pregnancy will depend on the previous quality of the couple's complete relationship, the marital situation and feelings regarding the pregnancy. For Barreto *et al* (2016), pregnant women who have an affective bond with their partners share knowledge about pregnancy and together they come to know the assistance provided during prenatal care. Thus, in the course of care, it is necessary to value both the father's and the pregnant woman's opinions, as both have an important role in prenatal care. According to the study by Vieira et at (2016) there was a percentage of 55% among the interviewees of stable and married partners, considering this a relevant factor, since the presence of a partner to support during this period of pregnancy transmits greater security for women. In this study 34.8% of the interviewed pregnant women are unemployed, while 17.4% report working. The vast majority of them, around 60.9%, do not have a fixed monthly income and / or do not apply, while 52.2% say they receive aid from some government program (Table 1). The low socioeconomic status of pregnant women, with an income of up to one minimum wage, justifies the performance of prenatal care in the public health system, without having access to private and health insurance (Bomfim and Melro, 2014). In the present study, the data show that 39.1% of pregnant women are in the second semester and 39.1% in the third semester. 65.2% report not having planned the

pregnancy and 39.1% are primiparous (Table 2). According to Bonfim and Melro (2014) in their research, only 12 (29%) were primiparous and 29 (71%) were multiparous. According to Ricci (2008), a significant aspect that interferes with sexuality during pregnancy is the question of parity of the pregnant woman (primigravida and multigravida) satisfaction with the marital relationship decreases during pregnancy and after the birth of the first child. Thus corroborating with the present study that demonstrates a greater relevance of the multigravidae.

Table 2. Obstetric data of the study participants. Goiana, PE, 2020

Variables	N	%
Gestational trimester		
First	5	21,7
Second	9	39,1
Third	9	39,1
Planned pregnancy		
Yes	8	34,8
No	15	65,2
Previous pregnancy		
None	9	39,1
One	8	34,8
Two	6	26,1

Source: Research data, (2020).

Pregnant women represent an average of 56% and 47%, respectively, in the decrease in sexual practice between the first and third trimesters, therefore pregnant women who are in the second trimester have better and higher sexual frequency, the result of which may be associated by the fact of being in a more balanced gestational period relating to the initial hormonal changes, in addition to being a period where the pregnant woman is more stable regarding the musculoskeletal changes that are beginning, not limiting certain postures in sexual practice (Bomfim and Melro, 2014). For Barbosa (2012), pregnancy is one of the most intense moments in the life of a woman in which she experiences a range of feelings, if planned, it brings joy, otherwise it can bring surprise, sadness, even rejection. According to the data obtained in the survey, only 3.8% of pregnant women report having planned their pregnancy, in contrast 65.5% say they had not planned. Borges *et al* (2011) states that pregnancy planning is not a constant event, often this behavior is determined by the women's lifestyle, as well as their reproductive history, and not simply by the ways to avoid pregnancy or their level of study. According to the survey of factors associated with the sexual satisfaction index described in table 3, it is observed that 60.9% of pregnant women continue to have penetrative sexual relations, despite the physical difficulties found in 65.2% and the fear of hurting the baby in 60.9% of pregnant women. Where 43.4% of the interviewees describe having felt their self-esteem affected during this period, but 43.5% say yes, they are satisfied with their sex life, although 39.1% consider their level of arousal low and 34, 8% consider it moderate, which can be explained due to the possible changes, physical, psychological and emotional arising from this period. Fiamoncini and Reis (2018) describe pregnancy as a phase of major emotional, physiological and social changes and have repercussions on the expression of the woman's and the couple's sexuality. Sexuality is a behavior that expresses itself through feelings, thoughts, stimuli, intimacy and pleasures and, during pregnancy, these characteristics should be even more valued so that the couple can remain in harmony.

Of the pregnant women interviewed, 39.1% said they had a low level of excitement, while 13.0% reported having a very low or none level of excitement. In a study published by Sacomori *et al* (2012) a decrease in sexual arousal was found throughout the gestational period. The drowsiness and indisposition experienced at the beginning of pregnancy, as well as the change in body self-image, can lead to reduced desire and, consequently, the stage of arousal is affected (Prado *et al*, 2013). The data obtained in this research, in which 65.2% of the interviewed pregnant women say they feel it difficult to continue having sex, 60.9% report being afraid that the sexual act may harm the baby in some way, 43% of the pregnant women feel that pregnancy did affect her self-esteem and the way she sees her body, and 21.7% reported that her self-esteem was slightly affected. These data found in this research, are in line with what the research by Mota *et al* (2009) and Savall *et al* (2008) say, in which they report that sexuality in pregnancy can be difficult, for several reasons, among them, alterations bodily, prejudices of women, partners and family members, fear of affecting the fetus during sexual intercourse, insecurity in relation to self-esteem and for several other causes that should be openly discussed by couples, even before they become pregnant. Therefore, emotional, physical, behavioral, marital issues, myths and beliefs encompass a set of factors that can affect the pregnant woman and the marital relationship. For some cases, certain factors will be more evident and intrinsic than for others. Each pregnant woman and each couple will live this experience in a unique way (Romagnolo, 2018). This can be explained through the study by Leister (2015) in which he finds that sexual satisfaction is more limited in the third trimester of pregnancy, when body discomfort is more evident. During this period, there is greater concern with sexual positions, in an attempt to find more comfort in carrying out sexual practice. That is, when sexual satisfaction is related only to sexual intercourse, a gradual decrease is noticed during the pregnancy. Reisdorfer (2010) says that sexual satisfaction during pregnancy largely depends on how the woman perceives herself, evaluates and values herself in this phase, in addition to the way her partner expresses his feelings for her. The bodily, psychological and hormonal changes inherent to the gestational period, as well as the fear that the sexual act may justify such a negative impact of pregnancy on female sexual function. Among the domains of sexual function, desire and arousal were the most affected (Prado *et al*, 2014). In the present study, there were no correlations between self-esteem and the way in which you see your body, insecurity in feeling desired, attractive during pregnancy, and the level of sexual desire / interest during this period with the other correlated variables, such as: age, education, marital status, religion, monthly family and individual income, age, planning, gestational trimester and previous pregnancies. Correlations were made after testing the normality of the data. Thus confirming the absence of correlations between the variables presented after testing the normality of the data.

Final Considerations

The results show that in the variables correlated to the level of sexual interest during pregnancy, self-esteem and the level of insecurity in relation to feeling desired and attractive, with the other variables, age, education, marital status, religion, family monthly income and individual, gestational age, planned pregnancy, gestational trimester and previous pregnancies, there was no statistically significant correlation. A correlation may be found in any of these variables presented, if the sample is expanded. Although the sample size was small and only two health units were approached, all pregnant women were included in the survey, with the exception of those that were part of the exclusion criteria. There are not many studies in the literature that analyze sexual satisfaction during pregnancy, which demonstrates the need to develop works similar to this one, thus being able to develop a protocol, during prenatal care, in which this topic can be approached in a different way. broader and clearer, because there are still several aspects to be explored. The present study had as limitations the difficulty in collecting samples, due to the current moment of the pandemic, thus limiting access to the Health Units planned for research, due to this, the sample number was reduced. Despite the difficulties in conducting the interview as it is an invasive topic that may cause embarrassment, the pregnant women answered all questions naturally.

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