

Attitude Towards Sexuality During Pregnancy, Sexual Satisfaction and Sexual Quality of Life of Pregnant Women

Gebe Kadınların Gebelikte Cinselliğe Yönelik Tutumları, Cinsel Yaşamdan Memnuniyetleri ve Cinsel Yaşam Kaliteleri



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Abstract

Objective: The aim of this study is to evaluate the impact of attitudes towards sexuality during pregnancy and satisfaction with sexual life on sexual quality of life.

Method: The sample of this descriptive study consisted of 489 pregnant women. Data collection tools included a "personal information form", "the Attitude Scale toward Sexuality during Pregnancy (ASTsDP)", "the Sexual Quality of Life Questionnaire-Female (SQLQ-F)", and "the Visual Analog Scale (VAS)".

Results: Participants' mean score was 122.96±20.12 on the "ASTsDP", 69.77±17.02 on the SQLQ-F, and 5.78±2.48 on the VAS sexual satisfaction. The attitude of 72.8% of the participants toward sexuality during pregnancy was positive. A weak, significant positive, and correlation was found between "ASTsDP", "Anxiety", and "Beliefs and Values" scores and SQLQ-F and VAS sexual satisfaction scores ($p<0.001$). It was observed that marital duration, number of pregnancies, number of living children, experience of miscarriage, continuing sexual activity during pregnancy, VAS sexual satisfaction score, Beliefs and Values, and Approval were significant predictors of pregnant women's sexual quality of life scores ($p<0.05$).

Conclusions: The findings of this study demonstrated a positive correlation between attitudes towards sexuality during pregnancy and the enhancement of sexual life quality and sexual satisfaction. Therefore, it is recommended that nurses and other healthcare professionals assess pregnant women's attitudes towards sexuality during the antenatal period and implement interventions to cultivate positive attitudes, ultimately aiming to improve the quality of sexual life and sexual satisfaction.

Keywords: pregnancy, sexuality; attitude; satisfaction

Özet

Amaç: Bu çalışmanın amacı gebelikte cinselliğe yönelik tutum ve cinsel yaşamdan memnuniyetin cinsel yaşam kalitesi üzerindeki etkisini değerlendirmektir.

Yöntem: Tanımlayıcı tipteki bu araştırma 489 gebe kadın ile yürütülmüştür. Araştırmanın verileri kişisel bilgi formu, Gebelikte Cinselliğe Karşı Tutum Ölçeği (GCKTÖ), Cinsel Yaşam Kalitesi Ölçeği-Kadın (CYK-K) ve Görsel Analog Ölçeği (VAS) ile toplanmıştır.

Bulgular: Katılımcıların ortalama puanı GCKTÖ için 122,96±20,12, CYK-K için 69,77±17,02 ve VAS cinsel memnuniyet için 5,78±2,48 olarak saptandı. Katılımcıların %72,8'inin gebelikte cinselliğe yönelik tutumu olumlu olduğu belirlendi. GCKTÖ, Kaygı, İnanç ve Değerler puanları ile CYK-K ve VAS cinsel memnuniyet puanları arasında zayıf, anlamlı, pozitif ve doğrusal bir korelasyon bulundu ($p<,001$). Katılımcıların evlilik süresi, gebelik sayısı, yaşayan çocuk sayısı, düşük deneyimi, gebelik döneminde cinsel aktiviteyi sürdürme durumu, VAS cinsel memnuniyet skoru, İnanç ve Değerler, Onaylama faktörlerinin gebelerin cinsel yaşam kalitesi puanları üzerinde anlamlı yordayıcıları olduğu belirlendi ($p<0,05$).

Sonuç: Bu çalışmanın bulguları, gebelik sırasında cinselliğe yönelik tutumlar ile cinsel yaşam kalitesi ve cinsel yaşamdan memnuniyetin artması arasında pozitif bir ilişki olduğunu göstermiştir. Bu nedenle hemşirelerin ve sağlık çalışanlarının doğum öncesi dönemde gebelerin cinselliğe ilişkin tutumlarını değerlendirerek, cinsel yaşam kalitesini ve memnuniyetini artırmaya yönelik olumlu bakış açılarını geliştirecek müdahalelerde bulunmaları önerilmektedir.

Anahtar Sözcükler: gebelik, cinsellik, tutum, memnuniyet

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Introduction

Pregnancy is a transformative period that brings about significant changes in sexual life. Many scientific studies have consistently shown the adverse influence of pregnancy on sexual functions (1-3), resulting in a reduction in the frequency of sexual intercourse (4-6). The literature on the sexual quality of life in pregnant women is limited, but the consistent findings from available studies indicate a decrease in sexual satisfaction during pregnancy (7-9). The reported changes in sexual functions and sexual quality of life during pregnancy are linked to a decrease in sexual satisfaction (1,10-11). Notably, Staruch et al. found that nearly half of the pregnant women in their study experienced decreased sexual satisfaction compared to the pre-pregnancy period (12). A comparable study indicates that only 13% of women conveyed being entirely satisfied with their sexual life during pregnancy, while 25% expressed feelings of dissatisfaction (2).

Beliefs and attitudes towards sexuality during pregnancy play a significant role in shaping the changes experienced in sexual life, alongside the anatomical, physiological, and spiritual transformations encountered by women. Attitude refers to an individual's readiness to exhibit a positive or negative response towards objects and symbols, and it is recognized as a determinant influencing one's behavior (13,14). A less positive attitude towards sexuality during pregnancy can influence the couple's decision regarding engaging in sexual intercourse during this period (15). Attitudes regarding sexuality during pregnancy frequently involve apprehensions about potential harm to the pregnancy, primarily grounded in the belief that vaginal intercourse may lead to unfavorable obstetric complications or endanger the well-being of the fetus or the pregnant partner (16). While couples may choose to postpone sexual activity due to concerns about potential harm to the baby, they also face the dilemma of maintaining a healthy marital relationship that necessitates a fulfilling sexual life (17). In reality, for most couples without specific medical conditions, sexual activities, including vaginal penetration, do not pose significant risks to the pregnancy (18).

Understanding the attitudes towards sexuality during pregnancy and their impact on sexual life can provide valuable insights for the provision of sexual counseling services during this period. The objective of this study is to evaluate the impact of attitudes towards sexuality during pregnancy and satisfaction with sexual life on sexual quality of life.

Materials And Methods

Research Type

The current research was of descriptive type.

Sample and Recruitment

The population of this study consisted of pregnant women who applied to the obstetrics and gynecology clinic at a university hospital. The sample consisted of eligible volunteers who visited the clinic between April and September 2021. The inclusion criteria for the sample were as follows: being literate, not having any restrictions on sexual intercourse, being a volunteer, being over the age of 18, and having no history of psychiatric disorders. During the specified period, a total of 15,473 pregnant women presented to the clinic. The sample size for the study was determined using the Raosoft Sample Size Calculator, an online tool (<http://www.raosoft.com/samplesize.html>). Based on a statistical power of 97% and a margin of error of 0.05, the minimum required sample size was calculated as 458 individuals. Taking into account potential data loss, a total of 550 pregnant women were invited to the study. Of these, 22 did not meet the inclusion criteria, 21 declined to participate, and 18 pregnant women did not complete the data collection forms adequately. In the end, the study included a total of 489 pregnant women.

Data Collection

Measurements

The data collection instruments utilized in this study consisted of a descriptive form, the Attitude Scale toward Sexuality during Pregnancy, the Sexual Quality of Life Questionnaire-Female, and the Visual Analog Scale (VAS).

The Descriptive Form: This form consists of questions about descriptive characteristics (such as age, family type, economic status), pregnancy characteristics (such as the number of

pregnancies, the status of pregnancy planning), and sexuality during pregnancy (such as getting information about sexuality and continuing sexual activity).

The Attitude Scale toward Sexuality during Pregnancy (AStSdP): "AStSdP" was developed by Yılmaz Sezer and Şentürk Erenel to determine the attitudes sexuality during pregnancy. The scale consists of three sub-dimensions and 34 items. It is a five-point Likert-type scale. High scores on the total "AStSdP" indicate that the attitudes toward sexuality during pregnancy are positive. The attitudes of people with a total "AStSdP" score of ≥ 111.5 are interpreted as positive. The Cronbach's alpha value was found to be 0.90 in the original study and 0.92 in this study (19).

The Sexual Quality of Life Questionnaire-Female (SQLQ-F): "SQLQ-F" developed by Symonds et al., is a Likert-type scale consisting of 18 items. The possible scores on the scale range from 18 to 108. A higher score indicates a better quality of sexual life (20). The Turkish validity and reliability study of the scale was conducted by Tuğut and Gölbaşı in 2010. The Cronbach's alpha value for the Turkish version was found to be 0.83 and 0.86 in this study (21).

The Visual Analog Scale (VAS): VAS is a measurement tool employed to assess pain, emotional states, and other subjective experiences, as well as to gauge satisfaction. It consists of a 10 cm long scale, with the left end labeled as "no satisfaction at all" and the right end labeled as "the highest possible satisfaction". In this study, the level of sexual satisfaction during pregnancy was determined by recording the value indicated by pregnant women on the scale.

Data Analysis

Data analysis employed SPSS 20.0 software. The normality of the data set was tested via descriptive statistics. This method uses skewness and kurtosis values obtained from the data set to analyze normality. In the study, skewness and kurtosis values were determined to range between ± 2 , which showed the evidence that the data set had normal distribution (22). Therefore, parametric tests were utilized to answer the first and second sub-research

questions. Along with descriptive statistics in the analyses, independent samples t-test was used to compare two independent groups, and Pearson correlation analysis was utilized to compare two quantitative data. Multiple regression analysis was applied to determine the factors affecting the SQLQ-F scores. The statistical significance level was considered as $p < 0.05$.

Ethical Consideration

The research was conducted following the approval of the Ankara University Ethics Committee of (Approval Date: 30.10.2020, Approval Number: 16/226). All pregnant women participating in the study were provided with detailed information regarding the aim of the research, the procedures involved, and the confidentiality of their data. It was emphasized that participation was voluntary and that they had the right to withdraw from the study at any time without any negative consequences. Written informed consent was obtained from all participants who willingly agreed to take part in the study. No conflicts of interest were present in the research.

Results

The mean age of the participants was 27.8 ± 4.8 years, and the mean duration of marriage was 5.1 ± 4.1 years, 39.1% of the participants had a university or above graduates, 84.0% lived in a nuclear family, the longest place of residence of 70.1% was a province. 75.3% did not work in an income-generating job, and 63.6% had a medium income level. 44.6% of the participants had a second pregnancy and 43.0% had a living child. The mean number of participants' pregnancies was 2.0 ± 1.1 , and the mean number of living children was 0.9 ± 0.8 . Moreover, 78.9% of the participants had a planned pregnancy, 68.9% reported that they continued sexual activity during pregnancy (Table 1).

The mean "AStSdP" score was 122.96 ± 20.12 . The mean score on the total SQLQ-F was 69.77 ± 17.02 , and the mean VAS sexual satisfaction score was 5.78 ± 2.48 (Table 2). 72.8% of the participants had a positive attitude toward sexuality during pregnancy. SQLQ-F and VAS sexual satisfaction scores of pregnant women with negative attitudes

Table 1. Distribution of descriptive and obstetric characteristics of pregnant women (n=489).

Variables	Mean±SD
Age	27.8±4.8
Duration of marriage	5.1±4.1
	n (%)
Education status	
Elementary school	25 (5.1)
Middle school	82 (16.8)
High school	191 (39.1)
University and above	191 (39.1)
Family type	
Core	411 (84.0)
Extended	78 (16.0)
Paid employment	
Yes	121 (24.7)
No	368 (75.3)
Monthly income	
Low	112 (22.9)
Medium	311 (63.6)
High	66 (13.5)
	Mean±SD
Number of pregnancies	2.0±1.1
Number of living children	0.9±0.8
	n (%)
Status of planning the pregnancy	
Planned	386 (78.9)
Unplanned	75 (15.3)
Unwanted	28 (5.7)

Experience of miscarriage	
Yes	100 (20.4)
No	389 (79.6)
Continuing sexual activity during pregnancy	
Yes	337 (68.9)
No	152 (31.1)

towards sexuality during pregnancy were lower than those with positive attitudes ($p<0.001$) (Table 3). The ASTsDP, SQLQ-F, and VAS sexual satisfaction scores of pregnant women who received information about sexuality during pregnancy were higher than those who did not ($p<0.005$) (Table 4).

It was determined that there was a weak, significant positive, and linear correlation between the mean "ASTsDP", "Anxiety", and "Beliefs and Values" scores and the mean SQLQ-F and VAS sexual satisfaction scores ($p<0.001$) (Table 5).

To determine whether the level of sexual satisfaction during pregnancy and attitudes toward sexuality during pregnancy have an effect on pregnant women's SQLQ-F scores, multiple linear regression analysis was conducted. The established model was found to be significant, indicating that the variables included in the model collectively serve as statistically significant predictors of pregnant women's SQLQ-F scores ($R=0.422$, $R^2=0.178$, $F=5.065$, $p<0.001$). These variables together explained 17.8% of the variance in pregnant women's SQLQ-F scores. Upon examining the significance of regression coefficients and their order of importance, it was observed that marital duration ($\beta=0.158$),

Table 2. Scale scores of pregnant women (n=489).

	Min	Max	Mean	Std. Deviation
ASTsDP	46	164	122.96	20.12
Anxiety	9	45	32.90	7.34
Beliefs and Values	12	50	41.46	7.02
Approval	16	72	48.61	9.56
SQLQ-F	16	100	69.77	17.02
VAS sexual satisfaction score	0	10	5.78	2.48

Abbreviations: ASTsDP, The Attitude Scale toward Sexuality during Pregnancy; Anxiety, Anxiety about Sexual Intercourse during Pregnancy; Beliefs and Values, Dysfunctional Beliefs and Values about Sexuality during Pregnancy; Approval, Approving Sexuality during Pregnancy; SQLQ-F, Sexual Quality of Life Questionnaire-Female; VAS, Visual Analog Scale

Table 3. SQLQ-F and VAS sexual satisfaction scores according to participants' getting information about sexuality during pregnancy (n=489).

		SQLQ-F	VAS sexual satisfaction score
Variables	n (%)	Mean±SD	Mean±SD
Attitude towards sexuality during pregnancy (according to AStSdP)			
Negative	133 (27.2)	62.85±16.21	4.81±2.53
Positive	356 (72.8)	72.35±16.61	6.15±2.37
Analysis†		t=-5.437 p<0.001*	t=-5.666 p<0.001*

Abbreviations: AStSdP, The Attitude Scale toward Sexuality during Pregnancy; SQLQ-F, Sexual Quality of Life Questionnaire-Female; VAS, Visual Analog Scale †Independent t Test; *p<0.001

Table 4. AStSdP, SQLQ-F and VAS sexual satisfaction scores according to participants' sexual attitudes (n=489).

		AStSdP	SQLQ-F	VAS sexual satisfaction score
Variables	n (%)	Mean±SD	Mean±SD	Mean±SD
Getting information about sexuality during pregnancy				
Yes	247 (50.5)	126.71±20.29	71.79±16.54	6.17±2.44
No	242 (49.5)	119.13±19.24	67.70±17.29	5.38±2.47
Analysis†		t=4.240 p<0.001*	t=2.674 p=0.008	t=3.557 p<0.001*

Abbreviations: AStSdP, The Attitude Scale toward Sexuality during Pregnancy; SQLQ-F, Sexual Quality of Life Questionnaire-Female; VAS, Visual Analog Scale †Independent t Test; *p<0.001

Table 5. The correlations between participant's scores on the AStSdP, SQLQ-F, VAS sexual satisfaction scores

	AStSdP	Anxiety	Beliefs and Values	Approval	SQLQ-F	VAS sexual satisfaction score
AStSdP	1	.859**	.841**	.826**	.205**	.351**
Anxiety		1	.728**	.505**	.230**	.305**
Beliefs and Values			1	.477**	.270**	.273**
Approval				1	.056	.305**
SQLQ-F					1	.245**
VAS sexual satisfaction score						1

Abbreviations: AStSdP, The Attitude Scale toward Sexuality during Pregnancy; Anxiety, Anxiety about Sexual Intercourse during Pregnancy; Beliefs and Values, Dysfunctional Beliefs and Values about Sexuality during Pregnancy; Approval, Approving Sexuality during Pregnancy; SQLQ-F, Sexual Quality of Life Questionnaire-Female; VAS, Visual Analog Scale

**p<0.001 (Pearson correlation analyses).

number of pregnancies ($\beta=0.241$), number of living children ($\beta=-0.211$), experience of miscarriage ($\beta=-0.131$), continuing sexual activity during pregnancy ($\beta=-0.137$), VAS sexual satisfaction score ($\beta=0.227$), Beliefs and

Values ($\beta=0.210$), and Approval ($\beta=-0.102$) were significant predictors of pregnant women's SQLQ-F scores ($p<0.05$). However, no significant contributions of other variables were found in the established model ($p>0.05$) (Table 6)

Tablo 6. Factors Affecting Sexual Quality of Life: Multiple Linear Regression

Variables	Coefficients					95.0% Confidence Interval for B	
	B	Std. Error	β	t	p	Lower Bound	Upper Bound
(Constant)	39.063	8.067		4.842	<.001	23.211	54.916
Age	-.357	.207	-.101	-1.724	.085	-.764	.050
Duration of marriage	.656	.291	.158	2.256	.025	.085	1.228
Education status							
Elementary School (1)	-1.020	3.665	-.013	-.278	.781	-8.223	6.183
Middle school (2)	.224	2.391	.005	.094	.925	-4.473	4.922
High school (3)	.814	1.821	.023	.447	.655	-2.764	4.391
Family type	1.657	2.037	.036	.814	.416	-2.346	5.661
Paid employment	1.084	1.808	.028	.600	.549	-2.469	4.636
Monthly income							
Low (1)	2.752	2.580	.068	1.067	.287	-2.317	7.822
Medium (2)	3.522	2.254	.100	1.563	.119	-.906	7.951
Number of pregnancies	3.744	1.598	.241	2.343	.020	.604	6.884
Number of living children	-4.380	1.859	-.211	-2.357	.019	-8.033	-.728
Status of planning the pregnancy							
Planned (1)	2.410	3.192	.058	.755	.451	-3.863	8.683
Unplanned (2)	4.092	3.577	.087	1.144	.253	-2.938	11.122
Experience of miscarriage	-5.503	2.388	-.131	-2.305	.022	-10.195	-.811
Continuing sexual activity during pregnancy	-5.041	1.760	-.137	-2.864	.004	-8.500	-1.583
Getting information about sexuality during pregnancy	1.813	1.508	.053	1.202	.230	-1.150	4.777
VAS sexual satisfaction score	1.554	.320	.227	4.850	<.001	.924	2.184
Anxiety	.261	.153	.113	1.702	.089	-.040	.562
Beliefs and Values	.510	.155	.210	3.293	.001	.206	.814
Approval	-.182	.093	-.102	-1.954	.050	-.366	.001
R=0.422, R ² =0.178, A. R ² =.143; F=5.065 p<0.001; Durbin-Watson=1.576 Abbreviations: Anxiety, Anxiety about Sexual Intercourse during Pregnancy; Beliefs and Values, Dysfunctional Beliefs and Values about Sexuality during Pregnancy; Approval, Approving Sexuality during Pregnancy; VAS, Visual Analog Scale							

Discussion

This study investigated effects of pregnant women's attitudes toward sexuality on their sexual quality of life and sexual satisfaction during pregnancy were examined.

The mean score on the ASStDp for the

participants was found to be 122.96 ± 20.12 , indicating that the majority of pregnant women (7 out of 10) held a positive attitude toward sexuality during pregnancy. This finding aligns with the study by Igbana et al., where a significant proportion of women (83%) exhibited

a positive attitude toward sexual behaviors during pregnancy (23). Similar findings were also reported by Anzaku et al., indicating that many individuals hold positive attitudes toward sexuality during pregnancy (24). However, negative attitudes toward sexual intercourse during pregnancy are also prevalent, often associated with negative beliefs (15). Cultural beliefs and unfounded fears regarding potential risks such as preterm delivery, miscarriage, infection, bleeding, or harm to the fetus contribute to these negative attitudes (15,25). Attitudes toward sexual intercourse during pregnancy have a significant influence on sexual behaviors (25). Consequently, it is crucial for nurses and other healthcare professionals to assist couples in maintaining positive attitudes toward sexual activity during pregnancy and provide appropriate interventions for pregnant women who hold negative attitudes.

The participants' mean score on the SQLQ-F was found to be 69.77 ± 17.02 . In a previous study conducted with 300 pregnant women in our country, Çavuş and Beyazıt reported mean scores on the SQLQ-F as 55.5 (44.4-80.0) in the first trimester, 64.4 (52.2-88.8) in the second trimester, and 64.9 (57.7-92.2) in the third trimester (8). Similarly, Kısa et al. and Alan Dikmen et al. found the median score on the SQLQ-F to be 35.5 (9,26). Furthermore, a study conducted in Iran indicated a significant decline in sexual quality of life during pregnancy (7). These findings collectively suggest that scores on the quality of sexual life during pregnancy are generally low. In light of these findings, it is crucial for nurses and healthcare practitioners to evaluate the sexual quality of life of pregnant women throughout their entire pregnancy duration and offer requisite interventions. By addressing the specific needs and concerns of pregnant women regarding their sexual well-being, healthcare providers can contribute to improving their overall sexual quality of life.

The mean sexual satisfaction score of the participants in the study was found to be 5.78 ± 2.48 . Previous research has consistently associated pregnancy with decreased sexual satisfaction. For instance, Pauleta et al. reported that approximately one out of every three pregnant women experienced a decline in sexual

satisfaction compared to the pre-pregnancy period (27). Similarly, Staruch et al. found that 54% of pregnant women reported reduced sexual satisfaction when compared to their pre-pregnancy levels (12). In another study conducted by Ilska et al. involving 68 women with low-risk pregnancies and 63 women with high-risk pregnancies, it was determined that approximately a quarter of women in both groups experienced low sexual satisfaction (11). These findings highlight the importance of evaluating factors that influence sexual satisfaction during pregnancy and providing counseling services to enhance satisfaction levels. By identifying and addressing the factors that contribute to decreased sexual satisfaction during pregnancy, healthcare professionals can offer valuable support and guidance to pregnant women. Providing comprehensive and personalized counseling services can help promote a positive and fulfilling sexual experience during this unique period of a woman's life.

The pregnant women who had received information about sexuality during pregnancy had more positive attitudes towards sexuality during pregnancy and that their sexual life quality and satisfaction were higher than those of women who had not. In the literature, it is stated that having knowledge about sexual life during pregnancy affects attitudes toward sexuality (25,28) and that individuals who receive information have a more positive attitude. Igbana et al. found that the level of knowledge that women had and their sources of information about sexual behaviors affected sexual behavior during pregnancy and that the correlation between them was significant (23). Also, Pakray et al. stated that sexual education and counseling given to pregnant women were effective in creating a positive attitude towards sexuality (29). Similarly, Avcıbay and Gökyıldız Sürücü showed that receiving sexual counseling was an effective predictor of the decrease in negative attitudes and beliefs towards sexuality during pregnancy (30). The knowledge of pregnant women about sexuality affects their attitudes and behaviors toward sexuality during pregnancy. To improve sexual health and solve problems in the early period, sexual health counseling should be considered an important component of prenatal care, and every pregnant woman should be given

information and counseling about sexuality, regardless of the existence of a problem.

In our study, it was found that marital duration, the number of pregnancies, and the number of living children influence pregnant women's sexual quality of life. Ahmadi et al. reported a significant correlation between participants' duration of marriage and their sexual satisfaction during pregnancy (31). Duration of marriage, the number of pregnancies, and the number of living children affect changes in sexual life during pregnancy.

Furthermore, in this study, it was found that the experience of miscarriage affects pregnant women's sexual quality of life. Tuğut et al. examined changes in sexual life among women with experience of miscarriage and other high-risk pregnancies. They determined that more than half of women diagnosed with high-risk pregnancies experienced negative changes in their sexual lives. Additionally, complaints such as sexual dissatisfaction, lack of sexual desire, and pain during sexual intercourse were observed in high-risk pregnancies (32). These results suggest that the presence of risk factors such as a history of miscarriage during pregnancy negatively affects sexuality, which in turn leads to a decline in sexual quality of life.

The participants' attitudes toward sexuality during pregnancy and sexual satisfaction have been found to significantly influence their sexual quality of life. Participants with a positive attitude toward sexuality during pregnancy had higher scores in terms of sexual quality of life and sexual satisfaction compared to those with a negative attitude. In addition the positive attitude towards sexuality during pregnancy increased, the quality of sexual life and sexual satisfaction increased, as well. No existing studies were found in the literature that specifically examined the effects of attitudes toward sexuality during pregnancy on sexual quality of life. However, limited research suggests that attitudes toward sexuality do impact sexual satisfaction. For instance, Jawed-Wessel et al. found that more positive attitudes about sexual intercourse during pregnancy were associated with higher levels of sexual satisfaction (33). Similarly, Cybulski et al. identified a positive relationship between attitudes toward sexuality and sexual satisfaction in women aged 60 and

above (34). It is postulated that maintaining a favorable attitude about sexuality during pregnancy plays a crucial role in promoting the persistence of sexual behaviors throughout the gestational period, which, in turn, leads to heightened levels of sexual satisfaction (33,35). Consequently, enhancing attitudes toward sexuality during pregnancy holds the potential to augment both sexual satisfaction and the overall quality of sexual life.

Conclusion

The present study revealed that the majority of participating pregnant women exhibited a positive attitude toward sexuality during pregnancy. This research provided evidence of the impact of attitudes toward sexuality during pregnancy on both sexual quality of life and sexual satisfaction. Notably, participants with positive attitudes displayed higher levels of sexual quality of life and sexual satisfaction compared to those with negative attitudes. Furthermore, an increase in positive attitude toward sexuality during pregnancy was associated with a concurrent improvement in the quality of sexual life and sexual satisfaction. These findings underscore the significance of incorporating sexuality as an integral component of antenatal care. It is postulated that healthcare professionals, particularly nurses, should assess the attitudes of pregnant women toward sexuality during the antenatal period and devise appropriate interventions aimed at fostering positive attitudes. Such interventions have the potential to positively influence the quality of sexual life and sexual satisfaction experienced by pregnant women.

Disclosure Statement

There was no conflict of interest.

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