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Research Article

Knowledge of Benefits, Attitude to, and Sexual Activities During Pregnancy Among Women in A Community in Ibadan, Nigeria

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ABSTRACT

Pregnancy affects the mental, emotional, physical and psychological wellbeing of a woman and her unborn child. Although sexual intercourse during pregnancy is beneficial it is discouraged in many African countries for religious cultural reasons. Not enough is known about sexual activities during pregnancy among women of reproductive age in Nigeria. This study addressed this gap in knowledge. Methods: A total of 300 randomly selected women of reproductive age in Yemetu, Ibadan metropolis in South West Nigeria, were interviewed through a semi-structure interviewer administered questionnaire to determine their knowledge of the benefits of, attitude to, and sexual activities during pregnancy. Results: Mean age of respondents was 32.1±7.7 years. The majority (69.9%) had adequate knowledge of benefits and positive attitude (68.7%) to sexual activity during pregnancy. A substantial percentage (91.5%) reportedly practiced sexual activities during pregnancy including vaginal intercourse (98.3%), kissing (38.5%), body fondling (34.4%) and masturbation (15.1%). Of 287 pregnant sexually active women 69.8% reportedly changed sexual behaviour during pregnancy; 25.3% reduced frequency of sex within the first trimester, 55.4% increased this activity in the second-third trimester and (25.3%) stopped during the birth week. The main reason for not having sexual activities during pregnancy was unavailability of their partners (33.3%). The predictors of sexual activities during pregnancy were; level of education, level of knowledge, source of knowledge and attitude. Conclusion: A large majority of women were adequately informed, held positive attitudes of the benefits and consequently participated in sexual activities during pregnancy. Health workers should continue to encourage women to practice sexual activities during pregnancy.

Keywords: *Pregnancy and sexual activities, Sexual anxiety, pregnant women, Perceived health risk*

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INTRODUCTION

Pregnancy and birth are important phases in the reproductive life of a woman. Pregnancy is a huge transition in a woman's life because it involves a complex mix of emotions. For many women, this results in reduction in the desire, frequency of sexual intercourse and satisfaction especially during the third trimester of pregnancy (Alder, 1989). Several physical and psychological factors are responsible for the decrease in sexual activity (Stuckey, 2008). The physical factors include hormonal changes which contribute to general malaise, difficulty in becoming aroused (Basson, 2005) and less satisfaction in sexual activities (Basson, 2001). Moreover, the duration of intercourse and the ability to experience orgasm decrease during the later phases of pregnancy compared with the pre-pregnancy period (Pauleta *et al.*, 2010).

With respect to the psychological factors, many sexually active pregnant women and their partners tend to decrease sexual intercourse during pregnancy because of concerns about pregnancy complications (Bartellas *et al.*, 2000). Other beliefs about sexual intercourse during pregnancy include fear

that coitus may cause a miscarriage, that an orgasm may trigger premature labour, that the foetus is "watching" or "aware," and concerns that the penis may hit the baby on the head (Andrews, 1997; Lewis & Black, 2006). Lewis and Black (2006).

Sexual activities during pregnancy are beneficial in the sense that it increases bond between partners (Adinma and Aust, 1995). In many African countries, sexual activities during pregnancy is discouraged (Adinma and Aust, 1995), leading to reduction in the act during this period among both men and women (Orji, Ogunlola and Fasubaa, 2009; Rado, Vranes and Sunjic, 2014). Poor knowledge of its benefit and fear of hurting the foetus has been a challenge for many couples (Radoet *et al.*, 2014). The bulk of the evidence on sexual activities during and after pregnancy is derived from surveys of women recruited in health facility settings. There is limited evidence on the knowledge, attitude and sexual activity during pregnancy among women in the community. We report in this paper a cross-sectional survey designed to investigate the level of knowledge, attitudes, and sexual behaviours during

pregnancy, among women of reproductive age in Yemetu community, Ibadan, Nigeria.

MATERIALS AND METHODS

Setting: Yemetu is one of the indigenous communities in Ibadan, a metropolis of approximately 3.5 million people in South West, Nigeria. The community has some of the features of an urban-slum namely poor housing units, dense and overcrowded living quarters which creates breeding grounds for communicable diseases as described by the United Nations Human Settlements Programme (UN HABITAT, 2005). The women are predominantly petty traders, artisans, and market traders. Recent information from the State Ministry of Health reveals that the current estimated population of the area is 110,758 with women aged 15-49 estimated to be 25,921 (23%) (State Ministry of Health, 2015). The study was conducted among women of reproductive age including those who were pregnant at the time of the study (2018), and those who had been pregnant in the 12 months preceding the survey.

Sampling Procedures: A proportionate sampling was done by mapping out the settlements within the community to determine the number of respondents that will be recruited. These settlements have been clustered into 10 communities based on proximity and estimate population size as stated by the Yemetu community Urban Project Development Association. This involved the selection of households that would participate in the study; the houses in each cluster was numbered and then written on a paper for the purpose of balloting; only the houses picked through balloting were selected. Each selected woman in the household that met the inclusion criteria was randomly invited to participate in the study. For households in which more than one woman was eligible for recruitment into study, two ballot papers were made and any of the women who picked a “yes” was recruited into the study. Face-to-face interviews were conducted with each respondent.

Instruments for data collection: Quantitative data was collected using a semi-structured, interviewer-administered questionnaire. Qualitative data were collected using an In-depth interview (IDI) guide from 10 consented participants identified to be pregnant and engaging in sexual activities, this was determined from the already administered questionnaire to explore their attitude and experience.

Data analysis: Knowledge was measured on an 11-point scale; score of >9 was classified as good; ≥5-8 as fair and <5 as poor. Attitude was measured on an 18-point scale; score of >10 was classified as positive and a score of <10 as negative. Practice was measured on 6-point scale; score of >3 was classified as healthy while a score of <3 was classified as unhealthy practices. Quantitative data were analysed using descriptive and inferential statistics (Chi square) at $p < 0.05$. The in-depth interview sessions were transcribed and reported using thematic approach.

Ethical Considerations: The Oyo State Ministry of Health approved the study before it was implemented. Informed

consent was obtained from the participants and their confidentially assured. Each of the women signed an informed consent form after she was informed about the purpose of the study, the procedures involved, potential risks and benefits and that her participation was voluntary.

RESULTS

The demographic profile of the participants are shown on Table 1. Ages of the respondent range from 18 years to 46 years with a mean of 32.1 ± 7.7 . Majority of the respondents (41.8%) were between 26-35 years. Most (62.0%) had secondary education and 60.9% are Christians. Virtually (93.0%) were married and Yoruba ethnic group were in the majority (75.9%). The respondents: (60.9%) had been pregnant within the last year and (29.1%) currently pregnant as at the time of data collection, with the majority (29.1%) of those pregnant in their second trimester (18.8%). Similarly, 47.8% of the women were engaged in various businesses and trades while 30.1% were mainly artisans. Majority (91.9%) had received a form of education on sexual activity during pregnancy in the healthcare centre.

Table 1:
Socio-demographic variables

Socio-demographic variable	Frequency	Percentage	
Level of Education	Primary	15	5.0
	Secondary	186	62.0
	Tertiary	97	32.3
	None	2	0.7
Age at last birthday*	16-25	68	22.6
	26-35	126	42.0
	36-45	91	30.4
	46-55	15	5.0
Marital status	Single	7	2.3
	Married	279	93.0
	Divorced	9	3.0
	Widowed	5	1.7
Occupation	Professional	25	8.3
	Artisan	90	30.0
	Teachers	34	11.3
	Housewives	8	2.7
	Business	75	25.1
	Trading	68	22.7
Pregnancy status within the last year	Yes	181	60.7
	No	118	39.3
Current pregnancy status	Yes	87	29.0
	No	213	71.0

* Mean age of respondents 32.1 ± 7.7

Knowledge of Benefits of Sexual Behaviours during Pregnancy: In determining respondents knowledge of the possible consequences of sexual activity during pregnancy, (99.7%) agreed that having sexual activity during pregnancy aids easy delivery, and subsequently increasing the chances of producing a healthy baby (97.7%). Similarly, 69.6% disagreed that sexual activity during pregnancy does not lead to miscarriage or preterm delivery (72.3%).

On the benefits of sexual activity during pregnancy to the mother, more than three quarter (80.7%) agreed that sexual activity during pregnancy relieves emotional tension for

couples (Table 2). A summary of the knowledge on sexual activity during pregnancy indicates that 69.9% had good knowledge, 24.4% had fair knowledge and 5.7% had poor knowledge on the consequences and benefits of sexual activity during pregnancy.

Attitude of women towards Sexual Behaviours during Pregnancy: Concerning attitude, 98.0% affirmed that having sexual intercourse while pregnant is good and are of the opinion that sex should be allowed anytime during pregnancy (92.0%), agreeing with the opinion that sex during pregnancy is safe (94.3%) and gratifying (97.7%) and 96.7% will have sex while pregnant for the health of the baby. This is represented in Table 3.

Sexual behaviour during pregnancy: A large majority (95.7%) of respondents reported that they had engaged in sexual activity during their last pregnancy with the majority predominantly engaging in sexual intercourse (98.3%), 38.5% kissing, 34.4% fondling and 15.1% masturbating for sexual satisfaction. About 91.5% of the respondents were noted to engage in healthy practice of sexual activity. 50.0% of the respondents have engaged their healthcare providers in discussion concerning sexual activity during pregnancy (Table 5).

Table 2:
Knowledge on sexual behaviours during pregnancy

Knowledge Statement	Percentage answering correctly
Possible consequences of engaging in sexual activity during pregnancy	
Easy delivery	99.7
Healthy baby	99.0
Closeness of couple	91.6
Miscarriage	69.6
Preterm delivery	72.3
Vaginal bleeding	72.6
Black spots	58.8
Perceived benefits of sexual activity to the mother	
Aids easy delivery	98.3
Widens the vagina	97.0
Relieves emotional tension	80.7
Physical fitness	81.1

Table 4:
Association between level of knowledge and attitude of respondents towards sexual behaviour

Level of Knowledge of sexual behaviour during pregnancy	Attitude towards sexual behaviour			Total (%)
	Negative (%)	Neutral (%)	Positive (%)	
Poor(≤5.5)	2(11.8)	2(11.8)	13(76.5)	17(5.7)
Fair (>5.5≤ 8)	3(4.1)	9(12.3)	61(83.6)	73(24.4)
Good (≥9)	1(0.5)	49(23.4)	159(76.1)	209(69.9)
Total	6(2.0)	60(20.1)	233(77.9)	299(100.0)

$\chi^2=13.830$, $df= 4$, p value = 0.005* *Fishers Exact test

Table 3:
Attitude towards sexual activities during pregnancy (n=300)

Statements	Positive response
I think having sexual intercourse while I am pregnant is good	98.0
I am of the opinion that sex should be allowed during pregnancy only occasionally	4.0
I will have sex with my partner while pregnant so that my baby can be healthy	96.7
I agree to the fact that sexual intercourse should not be allowed during the first 3 month of pregnancy	15.7
Sex should be allowed only during the last month of pregnancy	28.1
Sex should be allowed any time during pregnancy	92.0
If I have sex while I am pregnant, I will have abortion	74.0
If I have sex while I am pregnant, I will bleed	78.7
If I have sex while I am pregnant, I will have premature labour	80.0
The baby can feel us when we have sex	32.3
I am of the opinion that sex during pregnancy is safe	94.3
My baby will get infected if I have sex while pregnant	73.0
I have sexual intercourse during pregnancy because it is gratifying	97.7
I only engage in sexual activity during pregnancy to satisfy my own desire	65.7
Sex during pregnancy will bring me and my spouse closer	91.0
I do not allow my husband come close to me during pregnancy	57.7
Sexual activity during pregnancy is a form of exercise	79.7
Having sex when I am pregnant is not necessary	69.0

Frequency and reasons for Sexual Activities during Current Pregnancy: A total of 87 (29.2%) of the women were pregnant during the time of data collection. Of the 87 women who were pregnant, 69% reportedly had sexual intercourse at least once a week, 60.9% did so at last 2-3 times a month. Majority of the women who were pregnant as at the time of data collection preferred to engage in sexual intercourse during pregnancy at the second trimester (86.2%). See table 6

The majority (69.8%) reported that they changed sexual practice during current or previous pregnancy. The main change was a reduction in sexual activity during the birth week (Table 6)

Table 5:

Reported sexual activities during pregnancy

Practice of sex during pregnancy	Frequency	Percentage
Undertook sexual activity during last pregnancy	287	95.7
Abstained from sexual activity	13	4.3
Type of sexual activity engaged in*		
Sexual intercourse	286	98.3
Kissing	112	38.5
Fondling	100	34.4
Masturbation	44	15.1

*Multiple responses are included

The reasons reported for the change in sexual activity during pregnancy was the fear of harming the baby (60.5%), reduction in sexual desire (60.5%), feeling less attractive to their spouse as pregnancy progresses (44.4%) and subsequently feeling less desire from their partner (42.7%), while 37.0% recorded difficulty in lubrication. On the contrary, (38.3%) however recorded an increase in sexual desire as pregnancy progressed. Majority (91.1%) of respondents having good control on sexual activity during pregnancy.

Table 6:

Frequency and reasons for sexual activities during current pregnancy (n=87)

Sexual frequency	Frequency	Percentage
Periods of sex during pregnancy*		
At most once a month	9	10.3
2-3 times a month	53	60.9
At least once a week	60	69.0
2-3 times a week	18	20.7
4-7 times a week	3	3.4
Preferred trimester to engage in sexual intercourse during pregnancy*		
First trimester	16	18.4
Second trimester	75	86.2
Third trimester	19	21.8
Reported changes in sexual activities*		
Changes in sexual activity as pregnancy progresses	60	69.8
Decrease in sexual activity within first-second trimester	21	25.3
Increase in sexual activity within first-second trimester	9	10.3
Increase in sexual activity within second-third trimester	46	55.4
Decrease in sexual activity within second-third trimester	15	17.2
Decrease in sexual activity during birth week	21	25.3
Increase in sexual activity during birth week	8	9.2

*multiple response

Vaginal intercourse was a predominant mode of sexual behaviour (100%) followed by kissing (38.5%), fondling (34.4%) and mutual masturbation (15.1%). Other sexual behaviours assessed oral sex (8.0%). Low frequencies of

sexual activity during pregnancy were recorded among women who reported feeling no sexual desire for their partner while pregnant (41.7%) and discomfort (25.0%). Most of the respondents who had no sexual activity during their pregnancy reported that their partner was not available (33.3) while 8.3% conformed that they had gotten pregnant out of wedlock and so were staying alone.

In comparing the relationship between practice of sexual activity and level of knowledge, there was no statistically significant association between level of knowledge of respondents and the practice of sexual behaviour as $p > 0.05$. This is presented in table 7. The study recorded a strong significant association between level of knowledge and respondents' attitude towards sexual activity during pregnancy. The more informed and educated they are, the more positive their attitude towards sexual activity.

Table 7:

Association between sexual activity and level of knowledge

Respondents' Level of knowledge	Practice of sexual activities during pregnancy		Total (%)
	Unhealthy (%)	Healthy (%)	
Poor	4(23.5)	13(76.5)	17(5.8)
Fair (>5.5≤ 8)	6(8.2)	67(91.8)	73(24.8)
Good (≥9)	15(7.4)	189(92.6)	204(69.4)
Total	25(8.5)	269(91.5)	294(100.0)

$\chi^2 = 5.288, df = 2, p \text{ value} = 0.071$

Table 8:

Sources of Information on sexual behaviour during pregnancy

Sources of information	Frequency	Percentage
Internet	158	53.4
Friends	177	59.8
Health facility	272	91.9
Books	48	16.2
Newspaper	48	16.2
Discussion with postpartum women	208	70.3
Radio	174	58.8
Pregnancy manual	194	65.5
Female relatives	154	52.0
Mother in-law	199	67.2
Teachers	49	16.6
Sisters	179	60.5

Logistic Regression Analysis: Further analysis indicated that education has a significant effect on knowledge about sexual behaviour, participants with secondary education were about 3.3 times more likely to have fair knowledge compared to those without formal education (OR = 3.298, P= 0.025). Also, participants that got information through pregnancy manuals were 3.9 times more likely to have fair knowledge on sexual activities more than respondents that did not read pregnancy manuals (OR = 3.85, P= 0.015). Similarly, respondents that acquired information through female relatives were 1.8 times more likely to have fair knowledge on sexual behaviour (OR = 1.83, P= 0.049). Respondents who obtained information through teachers were 7.4 (1/0.135) times less likely to have fair knowledge about sex compared to those that did not

received information from teachers. This indicated that participants that acquired information through teachers were 7.4 times more likely to have poor knowledge about sexual activities compared to those that did not received information through teachers (OR = 0.135, P= 0.035).

In the same vein, participants with secondary education were about 5.1 times more likely to have good knowledge compared to those without formal education (OR = 5.093, P= 0.002). Also, participants that got information through pregnancy manuals were 5.8 times more likely to have good knowledge about sexual activities more than respondent that did not read pregnancy manuals (OR = 5.833, P= 0.015). (Table 7). Respondent who obtained information through teachers were 4.4 (1/0.228) times less likely to have good knowledge about sexual activities compared to those that did not received information from teachers. This indicated that participants that acquired information through teacher were 4.4 times more likely to have poor knowledge about sex compared to those that did not received information through teachers (OR = 0. 0.228, P= 0.012).

DISCUSSION

The study group was a heterogeneous one covering a range of reproductive age with the least age been 18 and the highest age been 46. Different ethnic groups with the predominant been Yoruba (75.9%) could be attributed to the location of study area as it is located in the South-western part of Nigeria where the predominant ethnic group is Yoruba (Arowojolu *et al.*, 2002). Majority of the respondents were married (93%), and graduates of secondary school with occupations ranging from professional nurses, laboratory technicians, artisans, civil servants with the predominant occupation being the business of petty trading.

The greater number of the respondents were reported to be the only wife to their partner with a substantial number been multiparous although 31.4% were recorded to be carrying their first pregnancy and in their second trimester with the vast majority receiving education on sexual activity during pregnancy at the hospital, this is rather expected as the study area is located in close proximity with a major state owed public health facility which has been noted to be highly patronised by the residents especially those of low socio-economic status and serves as a referral for many primary healthcare facilities and private clinics within Ibadan and its environs, making it very accessible to the residents of the community. Other sources of information were, friends and relatives as noted by this study (Table 7).

The overall knowledge revealed that majority (69.9%) of the respondents had a good knowledge of Sexual behaviour during pregnancy, this result however disagrees with a study conducted in the Philippines on the sexual behaviour of women recording a level of knowledge below average with a mean score of 11.9(Sossah, 2014) this could be attributed to the available systematic discussions on sexuality during pregnancy as majority of the respondents had their source of information on sexual activities during pregnancy from the antenatal clinic (91.9%) during such visits.

The respondents attributed easy delivery (99.7%) and closeness among couple (91.6%) as the benefits of engaging in sexual activity during pregnancy, this corresponds with similar works of other researchers who in their report stated that sexual intercourse during pregnancy increases the emotional attachment between couple and brings about satisfaction of sexual desires and also prevents spousal infidelity (Paulete *et al.*, 2010).Sexual activities during pregnancy has been reported to release endorphins that reduce stress levels thereby giving a healthy environment to the baby and mother (Fok *et al.*, 2005) as noted in the respondents' report of producing a healthy baby (97.7%) as a possible outcome of sexual activity during pregnancy. Apart from this, it has also been noted to increase production of oxytocin, a hormone responsible for attachment and love as reported by Bartellass *et al.*, 2000. This stimulates better bonding and intimacy between partners, cementing a strong bond during the pregnancy phase and helping in a complication-free progression of pregnancy and labour (Shojaa *et al.*, 2009). Other benefits of sexual activities during pregnancy reported in this study include widening of the vagina (97%), relief of sexual tension between couples (80.7%) and sexual intercourse as a form of exercise for physical fitness (81.1%) as blood supply doubles up during pregnancy to meet the requirements of the mother and child. A slow circulation could hinder the process; therefore, an increased blood circulation has been reported to be one of the importance of sex during pregnancy period (Sacomori and Cadaso, 2010). With the release of these hormones, adequate supply of oxygen and nutrition are restored to the foetus to aid growth and development. This report corresponds with similar researches of Anzaku *et al.*, (2015) and Atputharajah, (1987).

We are surprised that many of the concerns respondents had about having sex during pregnancy are unproven. However, similar findings have been reported by other investigators. Although these claims remain unproven, they are in line with the works of Gokyildiz and Beji, (2015) who reported that many women usually experience some vaginal bleeding or spotting after vaginal intercourse, especially during the first trimester of pregnancy, but will nonetheless continue to have a successful pregnancy. They however maintained that medical attention is needed when bleeding continues for several days or is accompanied by clots and abdominal cramping, speculating that deep penile thrusting may cause bleeding in the later stages of pregnancy. Thereby recommending that prolonged bleeding should be reported to the clinic and also suggesting that Health practitioners should educate couples on the normal aspects of bleeding as well as bleeding requiring medical attention. The level of education of respondents significantly determined their level of knowledge of sexual behaviour during pregnancy as recorded in this study. It was noted that respondents who were educated to at least a secondary level affirmed that sexual activities during pregnancy were beneficial to their health and that of their foetus. This also corresponds to Eryilmaz *et al* who recorded a positive correlation in increase in sexual life and level of education. (Eryilmaz *et al.* 2004). Furthermore, Al Bustan *et al.* in their study on 220 pregnant women reported declines in sexual intercourse as educational levels decreased (Al Bustan *et al.* 1995). Tosun *et al* further mentioned that low

educational status adversely affected the sexual lives of pregnant women. (Tosun *et al.* 2014), this indicates that the more educated, the better informed on sexual activities as it is exciting to note in this study that, 62.0% women who were educated enough to read got information on sexual activities during pregnancy from pregnancy manuals(65.5%) they had read.

Respondents for this study were recorded to having a positive attitude towards sexual behaviours during pregnancy (83%) with a mean of 12.5 ± 3.0 . The positive attitude of women to sexual activities found among participants of the current study have also been reported by other authors. This could be attributed to the fact that women in this study had a great support from their significant other, their mother-in-law, female relatives, teachers, health care physicians and postpartum women, who had educated them on sexual activities during pregnancy, this finding could reflect the social and cultural, influences and transmission of norms across generations as reported by Pauleta *et al.*, in their Taiwan study as women elicited sexual behaviour to maintain physical and emotional harmony during pregnancy. This study recorded no significant association between the parity and the attitude of reproductive aged women towards sexual behaviour during pregnancy; it however recorded a significant relationship between level of knowledge of respondents and attitude towards sexual activities during pregnancy.

The study revealed that majority (95.7%) of women reported having sex during the current and previous pregnancies. This is slightly higher compared to 83% of pregnant women who had sexual intercourse while pregnant as recorded by Isajeva *et al* (Isajeva *et al.* 2012). Similarly 100% of women in Orji *et al's* study on sexuality among pregnant women in the south West Nigeria practiced sexual intercourse while pregnant, this corresponds with our study(Orji *et al.* 2002) : the basic reason being that it helps to keep the husband around. the respondents had engaged in sexual activity during their last pregnancy had been involved in kissing, body fondling, and masturbation with majority of the respondents participating sexual intercourse (98.3%). About a third 29% of the respondents currently pregnant at the time of study and have had sex at least once a week and 2-3 times within the month with preference of engaging in sexual intercourse during the second trimester (86.2%).

Majority of women in this study reported a decreased interest in sexual activity during pregnancy at the first trimester (25.3%) and it was found to have increased during the second trimester (55.4%) and declined during the birth week. Similar decrease in sexual activity has been recorded in other studies (Orji. 2002 and Adinma, 1995) despite the difference in population studied. This reduction in frequency of sexual intercourse in pregnancy may be attributed to the physiological, psychological and emotional changes that occur in pregnancy leading to reduction in sexual desire (Shojaa, 2009 and Fok, 2005), a sense of decreased attractiveness as well as usual aches and pains of pregnancy, nausea and vomiting may contribute to reduced frequency as expressed by the respondents in this study. The fears of harming the baby at the first trimester leading to reduction in sexual desire were reported by the respondents. Several

studies had earlier documented low libido and varying degrees of reduced frequency of sexual intercourse throughout pregnancy (Bartellas *et al.*, 2000; Pauls *et al.*, 2008 and Shojaa *et al.*, 2009) In some other studies, sexuality and sexual frequency remained unchanged until pregnancy entered the third trimester (Bogren, 1991; Haines *et al.*, 1996; Orji *et al.*, 2002; Robson *et al.*, 2005), in this study, changes were noted in all trimesters.

The study recorded a significant association between the sources of information on sexual behaviour, level of knowledge as the influencers of the practice of sexual behaviour during pregnancy. The content analysis of the interview transcripts provided a detailed insight into respondent's attitudes and practice regarding sexual behaviour during pregnancy and demonstrated a high individual variability among the women. While majority had expressed delight in having sex during pregnancy for the benefit and health of their baby, their health, placing emphasizes on spousal satisfaction and marital peace and harmony.

Most of the respondents relayed that culture and religion equally encourages the practice of sex during pregnancy in order not to disrupt the marital bond among couple A few had experienced some sexual dysfunctions such as pains during sexual activity resulting from dryness of the vagina, pregnancy discomfort resulting from the bulging stomach in the later part of the pregnancy with many of the women suggesting spousal understanding. Most of the respondents have had discussions with their midwife and nurse during antenatal visits but very few had discussed with their physicians about sexual activities during pregnancy. Although majority of the women in this study engaged in sexual activity for various reasons ranging from the pleasure of feeling loved and for the health of their babies, the fact still remains that one of the obvious reasons is partner satisfaction, marital harmony and spousal fidelity in marriage. The study however, found no significant association between the level of knowledge and the practice of sexual activity during pregnancy although it recorded a significant association between the source of knowledge and the practice of sexual behaviour during pregnancy.

From the study, it is interesting to note women of reproductive age within Yemetu perceive sexual behaviours during pregnancy to relatively entail vaginal intercourse as this was noted to be predominantly practiced as a major form of sexual behaviour during pregnancy. However, other forms of sexual behaviour such as kissing, body fondling, masturbation and oral sex were also noted to be practiced but on a minimal level, these sexual practices should be encouraged as a woman's sexual behaviour is better looked at as a form of expression, projecting feelings of trust, endearment and affection. Many women find it difficult communicating these feelings amidst the irritation that comes with pregnancy; as a result sexual behaviours play a fundamental role in the formation and maintenance of interpersonal relationships and marital functioning. Social influences play a major role in shaping the sexual behaviour of women. Result from the regression analysis suggests that, sources of information such as reading pregnant manual, education level associated with improvement in knowledge about sexual behaviour.

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