THE EXPERIENCE OF SEXUALITY THROUGH THE VIEW OF WOMEN DURING PREGNANCY

A VIVÊNCIA DA SEXUALIDADE NA PERSPECTIVA DE MULHERES NO PERÍODO GESTACIONAL
LA EXPERIENCIA DE LA SEXUALIDAD EN VISTA DE LAS MUJERES DURANTE LA GESTACIÓN

Roberta Lima Gonçalves¹, Joana Mayara David Bezerra², Gabriela Maria Cavalcanti Costa³, Suely Deysny de Matos Celino³, Sheila Milena Pessoa dos Santos⁴, Elisângela Braga Azevedo⁵

ABSTRACT

Objective: to understand the experience of sexuality from the perspective of women during pregnancy. Method: a descriptive, exploratory study with a qualitative approach, conducted in a Basic Health Unit, in Campina Grande/PB/Brazil. Data collection was from April to May 2011, through semi-structured interviews with 17 pregnant women, and the analysis was funded by the technique of content analysis. The research project was approved by the Ethics Committee of the State University of Paraíba, protocol CEP/UEPB No 0092.0.133.000-11. Results: We identified two categories: Experience of sexuality during pregnancy; Impact dialogue between the couple in sexuality. Conclusion: the way women perceive and experience sexuality, demonstrated the importance of conducting this topic in prenatal care as a way to promote the experience of a full and healthy. Descriptors: Pregnant; Sexual Intercourse; Sexuality.

RESUMO


RESUMEN

Objetivo: conocer la experiencia de la sexualidad desde la perspectiva de las mujeres durante el embarazo. Método: estudio descritivo, exploratorio, de abordaje cualitativo, realizado en una Unidad Básica de Salud, en Campina Grande/PB/Brasil. La recolección de datos fue de abril a mayo de 2011, a través de entrevistas semi-estructuradas con 17 mujeres embarazadas, y el análisis fue financiado por la técnica de análisis de contenido. El proyecto de investigación fue aprobado por el Comité de Ética de la Universidad Estadual da Paraíba, segundo protocolo CEP/UEPB nº 0092.0.133.000-11. Resultados: se identificaron dos categorías: la experiencia de la sexualidad durante el embarazo, el diálogo entre la pareja impacto en la sexualidad. Conclusión: la manera como las mujeres perciben y experimentan la sexualidad, demostró la importancia de la realización de este tema en la atención prenatal como una forma de promover la experiencia de una vida plena y saludable. Descriptores: Embarazadas; Las Relaciones Sexuales; Sexualidad.

¹Nurse, Master in Public Health, Professor of Nursing's Center for Biological and Health Sciences, Federal University of Campina Grande/UF CG. Campina Grande (PB), Brazil. E-mail: berttalima@gmail.com; ²RN, Coordinator of Primary Care Carnauba da Penha. Campina Grande (PB), Brazil. E-mail: joanamayara@hotmail.com; ³RH, PhD, Professor of Nursing at the State University of Paraíba/UEPB. Campina Grande (PB), Brazil. E-mail: gabymcr@bol.com.br; ⁴Nurse, Master in Public Health, Professor of Nursing, Faculty Maurice of Nassau and Union of Higher Education of Campina Grande. Campina Grande (PB), Brazil. E-mail: deysny@hotmail.com; ⁵Nurse, Master of Education, Professor of Nursing's Center for Biological and Health Sciences, Federal University of Campina Grande. Campina Grande (PB), Brazil. E-mail: sheilla_milenaps@gmail.com; Nurse, Professor, Department of Nursing, FCM, PhD in Nursing from the Federal University of Paraíba/UEPB. Member GEPSM/UEPB. João Pessoa (PB), Brazil. E-mail: elisas@terra.com.br.

Article compiled from the Work of Completion of the Nursing Course << The experience of sexuality from the perspective of women during pregnancy >> shown to the Department of Nursing of the State University of Paraíba / UEPB / Brazil, 2011.
The conquest of completeness, through the Program of Integral Assistance to Women’s Health (PAISM), which advocated a care for women at all stages of their life and the right to exercise their sexuality freely and securely, remains a constant search those who militate in favor of women’s health. Well, it is observed that most of the health actions directed to this group remain focused primarily on technical care during pregnancy.

Despite this priority, the issue of sexuality in this period is little discussed both by health professionals, as by their own mothers. This fact may result in a gap in the care of (the) professionals who assist women during pregnancy, as is the case of (a) nurse (a), since it neglects a subject that is inherent to the human being and which manifests from the beginning of life, watching the individual in all its phases.¹

In this perspective, in order to contribute with the sexual right that is also a human right, sexuality should be discussed during the care offered to women, with a focus that goes beyond just sexual activity. It must be considered, that sexuality has greater extent than sex, since it is historically and culturally constructed, which influences the social group to which the individual belongs, and can manifest as any expression relative to sex, covering issues such as eroticism, pleasure, intimacy and relationships.¹

Despite this greater breadth of sexuality in relation to gender, both seek pleasure on various aspects, and that sex has its biological basis and cultural sexuality.¹

Despite these peculiarities of sex and sexuality, these terms in daily life, we present combined and overlapped in human relationships, it is difficult to separate them in common sense. However, this association between these terms may result in a limited understanding and / or distorted thereof, reflecting the experience of sexuality and sexual activity.⁵

Thus, these issues should be discussed during the care for women from the perspective that involves the physical, psycho-emotional and sociocultural of women because of sexuality, understood in a broad sense, and involves cultural identity and experience of sex roles.

At the stage of pregnancy, however, sexuality may manifest differently, because of the physiological changes in this phase, the associated psychological and sociocultural influences may lead to alter the couple’s sex life in a positive way or negatively.⁶ Addition to these aspects, added to the fact that there is interference myths, taboos, religious issues, as well as the couple’s own ignorance about their bodies, which can also interfere with sexuality and sexual activity of the couple.⁷

Thus, as the pregnancy progresses, the couple should be advised to try other forms of pleasure or the most comfortable positions. Making these adjustments can make intercourse more pleasurable for both as well as the sexually active during normal pregnancy does not harm, helps to maintain the tone of the pelvic region, facilitating childbirth.⁷ Additionally, it maintains the woman’s⁸ orgasmic capacity, and the feeling of being loved and wanted.⁷

However, taking as a starting point to little or no evidence of guidance regarding sexuality and sexual activity in pregnancy, many women are unaware of their own body, not knowing experiencing transformations provided by pregnancy, and their effect on sex life.

Therefore, this study aimed to understand the experience of sexuality during pregnancy from the perspective of pregnant women and identify factors that can alter sexuality. For this, we considered that sexual activity and sexuality can be understood as interrelated.

Therefore, to guide this study, we used the following guiding question: How are you experiencing their sexuality during pregnancy?

**METHODOLOGY**

A descriptive, exploratory qualitative study, conducted in a Basic Family Health (UBSF), located in the urban area of the city of Campina Grande / Paraíba / Brazil.

The study population consisted of all pregnant women who were enrolled in the Information System Prenatal (PRENATAL-SIS) of UBSF searched. To determine the sample, we used the sampling method for saturation, in which the researcher closes the group when information goes to show repeats on its contents being gathered by the homogeneity criterion called ampla. Thus, 17 pregnant women participated in the study.

The collection of empirical material occurred after a previous contact between the researcher and women through the family health team in the months of May and June 2011. Thus, by the criterion of choice for pregnant women, the interviews were conducted in the Basic Health Unit and at home.

As an instrument of data collection were used a semi-structured interviews with socioeconomic characterization data and
subjective questions. The interviews were recorded, transcribed, read and manually segmented; were subsequently analyzed using the technique of content analysis.

Among the various forms of this technique, chose to thematic analysis, understood in a series of relationships and represented through words, phrases or short, which is divided into three steps, which were followed in this study: Pre-analysis, material exploration and, using the results obtained and explanation.

Each respondent was informed about the purpose of the research, the anonymity of responses and free will to be part of the study, and could withdraw consent at any time. To guarantee anonymity, the interviewees were identified by the letter “E” plus a number corresponding to a sequence of interviews.

The research was conducted in accordance with its ethical aspects, involving humans recommended by Resolution 196/96 of the CNS, referred to the Committee on Ethics in Research UEPB that gave its assent on 04/05/2010, according to protocol EPC / UEPB No 0092.0.133.000-11.

DISCUSSION

The results of this study have been described in two stages, as has been organized since the data collection instrument. The first one refers to the profile of the women, and the second time, description and analysis of the interviewees' reports.

- Knowing the profile of pregnant women

In the profile of the 17 women interviewed, it became clear that most were housewives between 18 and 39 years old and were among the first to the eighth month of pregnancy. In relation to marital status, 09 were married, 07 were in a stable relationship and only one reported having been separated from fellow recently. With regard to schooling in the sample, only 03 had completed high school, while the others reported not having completed elementary school.

During the interviews can be seen in the difficulty of some participants talk about “sexuality”, demonstrating inhibition and shyness because it is an intimate affair, which might have influenced the brevity of responses from most respondents, or sometimes, succinct answers and interspersed with periods of silence.

So after reading and comprehensive analysis of the empirical material provided by the interviewees, the results were grouped into two themes: Experience of sexuality and sexual activity during pregnancy and impact of dialogue between the couple in sexuality.

- Experience of sexuality during pregnancy

During the interviews, when asked about the influence of pregnancy on sexuality, most study participants referred the issue only to sexual intercourse, with short answers and long pauses of silence. Staying clear of the embarrassment in talking about the same subject, since 11 authors reveal that sexuality is permeated by many myths and taboos.

Thus, even the three women who reported having no influence of pregnancy on sexuality, the answers were short, reports as follows:

- [Silence] No, it was not! Generally we do every day. (E. 7)
- [Silence] No, ’re normal! (E.10)
- Had not. [Silence] That’s the same way! [Silence] The same way as before. In not changed anything!. (E.11)
- Yet in nine reports, even keeping the association between sexuality and gender, there was a decrease in explicit sexual activity:
  - Now it’s less! [silence] It’s a strange thing [silence] Why first I was lush, but now stopped more! (E.2)
  - Decreased now once a week. Before it was three times a week today is only one week. (E.10)

This sexual hypoactivity during pregnancy is common, even when the woman reported having sexual intercourse before the quality of pre-pregnancy, often because there is a progressive reduction of orgasm, libido and all sexual practices.11

Among the factors involved in reducing sexual desire and practice, the interviewees identified as major modifications in pregnancy involved. Since weight gain and abdominal volume, changes that cause the most discomfort as shown by the reports:

- More or less. [silence] Why now is a little know … A bit tiring. (E. 17).
- Decreased. [silence] I think it’s because of the pregnancy! I think it is. Disrupts. [silence]. It’s why so […] The right belly, it hurts, and hurts something. (E.11)
- Why will a give! - Upsets, tummy hurts! (E.5)

Please note that even with these changes in pregnancy being identified as obstacles to sexuality, the way one perceives the mother at this stage can be an important factor to impact negatively on not seeks alternative strategies of sexual practices in pursuit of pleasure.4
Moreover, these negative aspects of pregnancy on sexuality is not a rule, because the experience of sexuality is not limited only to sex and has specific inherent to every woman, in order that this fact depends on the cultural and social context that was constructed. 15

Thus, these reports noted that the relationship between sexuality and sex very strong, possibly no perpetuation of design that links sex play, nullifying, other forms of pleasure that could be used at this stage in order to lead to new forms adaptation by the couple in exercise sexuality free of barriers.

In just a story, but it imposes a reflection, the woman referred not present desire and disgust to maintain close contact with their partner not only in the sexual act, but any approximation:

I was thus more boring as they say. When he comes near me, I'm disgusted with him ...
So, today was the same thing when he came near me I was disgusted with him ... He gives me a kiss, a hug, whatever. Give just one sick, one entojo, whatever ... It's hard to live with it day. (E.14)

This account of rejection manifested with "disgust" fellow depending on pregnancy can be for various reasons, since pregnancy is a period of profound change not only for women but also for the couple. Material is considered that the feeling of rejection can have on the target closest companion to transfer anxieties. Moreover, pregnancy is sometimes not scheduled and companion is the "cause" of pregnancy and unconsciously she can transfer that feeling. 16

However, one can also observe the opposite situation, where even with physical changes, psychological, emotional and hormonal women interviewed reported a positive influence of pregnancy on sexuality with increasing desire. In some lines it seems that:

Not decreased anything, I just changed that. No! What has changed is not understood? Is that pregnancy I get more comfortable I think. (E.15)
So is […] How do you talk ... I think I get more comfortable understand? " (E.16)

This difference in survival in the study group shows the wide dimension of sexuality, that can reflect the uniqueness of each woman, a universe endowed with subjectivity. Thus, it is critical that this desire sharper during pregnancy or even the absence of this, is not silenced but conferred with his companion in order to have relationship within the freedom of expression of sexuality and sexual practices. 4

- Impact of the dialogue between the couple in sexuality

The dialogue with the partner was cited by interviewees as a factor that alters sexuality and / or sexual life. In speeches clippings following the issue of sexuality when discussed in a harmonic way within the relationship and understanding partner generates satisfaction in women and strengthens the relationship:

Agent talk a lot about it! And so he is a very understanding husband. (Laughs) And that's a part that is very good for are there talking to each other! So it works right. (E.8)

Convert. So … He asks if it hurts, I say yes, then he no longer makes … He says so, can you slow down? If it works well, roll! If it does not stop in time and he's okay! (E.5)

This posture fellow who requires care and nurturing benefits the couple's intimate moment, as it enables greater interaction. In cases where there is no dialog, sex ends being present but no desire by the woman, only with "permission" to satisfy the partner, as seen below:

He has no patience! Then 'we' still go [silence]. (E.6)
No, he does not talk! I try, but he does not speak. (E.7)

This discussion leads to the lack of women's autonomy and ownership of one's body by this partner for sexual intercourse without the woman's desire is an act of violence, even within marriage. This constitutes a form of physical, psychological and possibly verbal. 16 This fact is not perceived by pregnant women, but the gaps found in the realm of sexuality highlights the lack of sex education, also shown in other studies on the subject. 11,17 Lose yourself with it, the opportunity prenatal sexual health promotion at both the individual and collective levels.

CONCLUSION

The study found that women's sexuality during pregnancy is not experienced with fullness and that is very interconnected and restricted sexual activity in view of the interviewed women. In many cases the changes in pregnancy not impacted negatively on sexuality, or even promoted increased libido.

However, in cases where there have been changes in sexuality, these were related to decreasing frequency of sexual activity in pregnancy by modifications such as increased weight and abdominal volume. Moreover, recoils from the companion were also reported as a barrier to sexuality.
In some of these cases, there was the presence of dialogue on the topic, serving as a tool to negotiate other forms of pleasure, where, with respect and understanding fellow, was considered the limits and possibilities of the individual woman and the couple live in or not sexuality.

Where the dialogue between the couple was absent, sexual activity was present even without desire on the part of women, culminating in a sexual activity without the desire of women, including a form of violence.

So how women experience and perceive sexuality, demonstrated the importance of conducting these discussions during the prenatal as a way to promote this experience so full and healthy.

REFERENCES


