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PREGNANT WOMEN'S SEXUALITY IN PRIMARY HEALTH CARE: ATMOSPHERE OF INTERPRETATIONS AND MEANINGS

SEXUALIDADE DE GESTANTES NA ATENÇÃO PRIMÁRIA À SAÚDE: ATMOSFERA DE INTERPRETAÇÕES E SIGNIFICADOS

SEXUALIDAD DE LAS MUJERES EMBARAZADAS EN LA ATENCIÓN PRIMARIA: AMBIENTE DE INTERPRETACIONES Y SIGNIFICADOS

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ABSTRACT

Objective: to understand how pregnant women experience sexuality during pregnancy. **Method:** descriptive study of qualitative approach, developed in Primary Care with 13 pregnant women registered in SISPRENATAL of their respective Family Health Unit, and attending consultations offered by the service. The collection of empirical material occurred between September 2014 and January 2015, through a semi-structured interview guide. Data were transcribed and analyzed by content analysis technique. **Results:** After the interviews and systematization of the material, two categories were outlined: "Pregnancy and Sexuality: a sense that is expressed in a plurality of dimensions" and "Sexual health and its interface with Reproductive Rights: unveiling the knowledge of pregnant women". **Conclusion:** it is essential to promote changes in all social sectors, since both pregnancy as sexuality are permeated with subjectivity sometimes neglected in the family and health professionals approach. **Descriptors:** Sexuality; Pregnancy; Public Policies; Reproductive Rights.

RESUMO

Objetivo: compreender como as gestantes vivenciam a sexualidade durante o período gestacional. **Método:** estudo descritivo, de abordagem qualitativa, desenvolvido na Atenção Primária com 13 gestantes cadastradas no SISPRENATAL de sua Unidade de Saúde da Família, que estavam realizando as consultas oferecidas pelo serviço. A coleta do material empírico ocorreu entre setembro de 2014 e janeiro de 2015, por meio de um roteiro de entrevista semiestruturado. Os dados foram transcritos e analisados pela Técnica de Análise de conteúdo. **Resultados:** após as entrevistas e sistematização do material, foram delineadas duas categorias: "Gestação e Sexualidade: o sentido que se expressa em uma multiplicidade de dimensões" e "Saúde Sexual e sua interface com os Direitos Reprodutivos: desvelando o saber de gestantes". **Conclusão:** é fundamental que haja mudanças em todos os setores sociais, uma vez que tanto a gravidez, quanto a sexualidade são permeadas de uma subjetividade por vezes negligenciada no âmbito familiar e na abordagem de profissionais de saúde. **Descritores:** Sexualidade; Gravidez; Políticas Públicas; Direitos Reprodutivos.

RESUMEN

Objetivo: entender cómo las mujeres embarazadas experimentan la sexualidad durante el embarazo. **Método:** estudio descriptivo de enfoque cualitativo, desarrollado en la Atención Primaria con 13 mujeres embarazadas registradas en el SISPRENATAL de su unidad de Salud Familiar, y que estaban llevando a cabo las consultas ofrecidas por el servicio. La colección del material empírico se produjo entre septiembre de 2014 y enero de 2015, a través de una guía de entrevista semiestructurada. Los datos fueron transcritos y analizados por la técnica de análisis de contenido. **Resultados:** Después de las entrevistas y sistematización del material, se describen dos categorías: "El embarazo y la sexualidad: un sentido que se expresa en una multiplicidad de dimensiones" y "Salud sexual y su interrelación con los derechos reproductivos: revelando el conocimiento de las mujeres embarazadas". **Conclusión:** es esencial que haya cambios en todos los sectores sociales, ya que tanto el embarazo como la sexualidad están impregnados de la subjetividad a veces descuidado en el enfoque de profesionales de la salud y de la familia. **Descriptor:** Sexualidade; Embarazo; Políticas Públicas; Derechos Reprodutivos.

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INTRODUCTION

The woman, among other modifications suffered throughout her life, has to face biological and psychological changes from pregnancy to postpartum, affecting directly and indirectly her conception of sexuality. For the couple, the experience of pregnancy produces a variety of changes, including every way, in a physical, emotional, existential and also sexual way. The need for adaptation is not only reflected in women but also in men, because from the moment the female figure experiences the pregnancy, also lives a development process that will lead to many changes in the biopsychosocial dimensions.

Sexuality depends on how the woman perceives, evaluates and appreciates herself. It is necessary to establish an alliance with the partner, full of union, caress, protection and affection. The female self-esteem directly contributes to the representation of her image, which generally influences her life. In addition to existential questions, the woman still experiences a hormonal revolution and profound changes in her body structure, being able to see and be seen differently, experiencing various conflicts.¹

Sexuality is marked by intense changes influenced by the perceptions and thoughts that guide different understandings that arise from cultural, economic, political and religious contexts. In this dimension, sex, affection, caress, pleasure, love, gestures, communication, reproduction, touch and intimacy must be included, also involving the values and moral norms that every culture elaborates about sexual behavior. When it comes to sex, it refers to the biological characteristics that define humans as women and men. However, sexuality has gained proportions, taking space in the social environment, culminating in discussions in favor of reproductive and sexual rights.²

In this process, it is essential that the pregnant woman has the opportunity to know, accept and express her doubts, fears and uncertainties during her consultation in the Family Health Unit (FHU), as it offers a multi-professional attention focused on the integration of actions in the perspective of nursing, dental, medical staffs, as well as other professionals, so that a holistic and decisive follow-up is guaranteed.

Thus, sexuality during pregnancy is an important aspect, as women face a delicate moment, permeated by doubt and uncertainty. Learning how to know the body, physiological changes, desires, limitations, as well as social, cultural and religious factors

that involve her is a way of coping and expressing her sexuality, especially when she has her partner's support.

Thus, there is a need to discuss about the changes involving the female body during pregnancy and their effects, in addition to the knowledge that these women hold regarding the public policy of sexual health and reproductive rights, indispensable information to a better understanding about the atmosphere of meanings attributed to sexuality. In this perspective, this study aims to:

- Understand how pregnant women experience their sexuality during the pregnancy period.
- Enhance the vision of pregnant women about the public policy of sexual health and reproductive rights.

METHOD

Descriptive study, with qualitative approach³, developed at the Primary Health Care (PHC) in the city of Cuité/PB, specifically in the Health Family Unit Raimunda Domingues de Moura.

For the production of empirical data, a semistructured interview guide was used with objective and discursive issues respectively related to sociodemographic questions and information about the women's sexual experiences during pregnancy and their knowledge regarding public policies for sexual health and reproductive rights.

For data analysis, the Content Analysis Technique was used, as it is a set of communication analysis techniques, treating the information from the speeches of the investigated subjects about certain subject, so that it is possible to centralize and categorize ideas thematically.⁴ Thus, after the interviews and systematization of the material, two categories were outlined: "Pregnancy and Sexuality: a sense that is expressed in a plurality of dimensions" and "Sexual Health and its interface with Reproductive Rights: unveiling the knowledge of pregnant women".

The survey was conducted based on ethical principles proposed by Resolution nº466/2012 of the National Health Council (NHC), which includes researches involving humans. In accordance with the requirements of the mentioned resolution, it was established the obligation of the participants or their representatives to be duly informed about the procedures adopted during the research and the possible risks and benefits.⁵

Prior to the survey, the participants were informed about its purpose and the possibility of leaving it at any stage of its realization without any damages of any kind. It should be emphasized that the subjects were characterized with the symbol "E" ("Entrevistado" - Interviewee in Portuguese) followed by the sequential order of the interview. It is also emphasized that the initial design of this research was approved by the Research Ethics Committee of the University Hospital of Campina Grande/PB, under the Presentation of Certificate number for Ethics Assessment (CAAE) number 40348914.5.0000.5182.

RESULTS AND DISCUSSION

♦ Pregnancy and Sexuality: a sense that is expressed in a plurality of dimensions

Sexuality is an issue that involves biological, psychological and sociocultural dimensions, which are interdependent and interrelated. The cultural and social aspects of a particular region and/or generation can positively or negatively influence on both its understanding as the woman's experience of sexuality in pregnancy.⁶

In this perspective, the participants brought significant answers when they were asked the following question: "What is your understanding about sexuality?".

For me, sexuality comprises from the moment of approximation, of partnership, to the act itself. Sexuality, preventions, everything that involves this man and woman question. (E1)

Speaking of sexuality is saying there are couples that have love. Some other don't. I have! Because if we're together, we have to be partners. (E4)

I think sexuality involves pleasure, attraction, love between man and woman, I think that's it. (E5)

The presence and importance of sexuality in the daily lives of human beings are evident, as well as how they are interpreted from different conceptions, showing its effects and meanings in a positive way in a loving relationship, as pointed out in the speeches of E1, E4 and E5.

Multiple meanings can be attributed to manifestations of sexuality, which includes the socialization experienced throughout life, which can play a key role in the ways of interpreting and experiencing sexuality, going beyond the biological dimension, since perceptions are continually reworked in life of every individual and in the history of societies.⁹

Sexual intercourse is a manifestation of exchange of pleasure, joy, love and affection that involves intimate expressions from the deepest emotions.⁸ From this perspective, the sexual act comes from the intimate contact between people, beyond the physical and biological experience. It is a way of showing affection, knowledge and orgasm, prevailing forms of feelings, emotions and values. The relationship is complete when the affection is present between the couple.¹¹

Talking about sexuality is dealing with a dimension inherent to human involving gender, sexual orientation, emotional involvement, eroticism, love and reproduction. The expression of sexuality involves history, body and culture, being demonstrated in the forms of thoughts, fantasies, desires and beliefs. However, it appears to be often understood only in its sexual aspect as action and act itself.¹²

Thus, the following statements corroborate this context:

For me, it's just intimacy, feeling. I think that's just it. (E8)

Since I was a child, my mother didn't talk about this topic, it was restricted. If I wanted to talk about it, I had to do so with my aunts, because my mother used to say: you can't do it, you can't do it like that, and that's it, that's all she said. I think that was a way of leaving me out of this subject. (E12)

The sexuality subject was rarely discussed in social media, being restricted to the practice knowledge and exercise. Sex education was little addressed in family foundations and, sometimes, repressed.¹³ Some families did not mention the subject for fear of awakening the curiosity for sex, as shown by E12.

In the meantime, it is assumed that sexuality could be massively discussed from guidance and clarification of doubts, minimizing anxieties, taboos and prejudices by the children and the loved ones. However, in certain circumstances, the family omits and disclaims responsibility by transferring it to schools whose environment becomes suitable for the elucidation of questions related to sexual and reproductive health, emphasizing its exercise, the prevention of sexually transmitted diseases and the use of contraceptive methods.¹³

In many cases the dialogue between parents and children is not enough as it is anchored in traditional, conservative and repressive postures due to fear and lack of adequate information about how to address the subject. Nevertheless, the familiar opening is important for the parent/child

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binomial in the subject explanation, because the basis of sexual orientation should mainly come at home and, later, in the educational environment, where the function is educational and socializing.¹¹

On the other hand, the mother must have initiative and wisdom to prepare the daughter to receive the body changes and, at the same time, advise her to prevent risks that sexuality can lead.⁹

Therefore, when the question **"In your opinion, how do you experience your sexuality?"** is asked, the users mention feelings like caress, love and intimacy, related to the loving question proposed by sexuality, as seen in the following speeches:

I think it involves knowing the person. And the way the person treats you, the caress, the way. For me, sexuality is not only sex. It's also the loving question. (E7)

For me, it's pleasure. It involves pleasure, feelings. For me, it depends on the person, but, particularly, it involves pleasure, feelings, as a set. And the certainty of what you want, what you're doing. (E13)

In this context, sexuality is not restricted to the sexual act. It is represented by love and affection, being seen in a context of delivering the body and respect, not exclusively linked to the consummation of carnal desire. The experience of sexuality during pregnancy can be pleasurable with the libido touched from adaptive sexual forms. The pleasure and desire will depend on the involvement of partners and interpretations that make this situation, reflecting on their psychological aspects.¹⁴

Sexuality, for some scholars, can be understood as the union of features that interact bringing physical, mental and emotional satisfaction, and the main way to express love and meet basic human needs in the direction of the pursuit of pleasure and procreation.¹⁴⁻¹⁵ It may also be designed as a set of human existence, an indescribable language where the tenderness is expressed by mutual recognition and personalization, as it is established in the subjective reciprocity between man and woman.

Sexuality has different meanings when it comes to genders. For women, it is related to feeling, because they are considered emotional, attributing value to the feeling in a relationship. As for men, it comes down to pleasure and constant need to have sex, manifesting a greater sexual desire, regardless of the feeling of existence. In this view, sex and love appear as opposed to each other in a relationship. From these principles, it is identified that sexuality is a way to feel and

give pleasure, involving physical desire, the knowledge of the body of the woman and her partner, the satisfaction of the other's will, beyond expressions of feeling, love and affection.¹⁷

Meanwhile, when asked the question: **"Do you think that pregnancy and its changes influence on your behaviors and impressions about sexuality? If so, in which way?"**, the pregnant presented the following opinions:

For mim, the pregnancy hasn't changed anything; I know nothing is gonna happen. Because it's not bad. The doctor said I can have sex normally, that the kid won't suffer anything. (E1)

Now I feel much more disturbed, we feel much more tired, so there are many factors that make us reduce our sexuality rhythm during pregnancy. (E2)

I realized that, now that I feel a lot of pain in my belly's foot, so it's been seven months I haven't had sex. (E3)

It appears that for some pregnant women the pregnancy factor does not influence on the routine of the couple, since they keep having sex as they learn there are no negative implications for the fetal development. It is necessary to understand that spouses can maintain a sexual practice during pregnancy, adapting to the physical changes of women, respecting their fears and seeking solutions, which does not bring harm to the fetus, as E1 reported. However, not all women feel comfortable for this practice, as they manifest discomforts such as fatigue, malaise and pain, as ensured by the reports of E2 and E3.

As the gravid process is a peculiar time and full of transformations, it may represent a time of crisis for many couples, demanding greater adaptation by those who experience this process, bearing in mind that such changes bring many repercussions.⁹

It is essential to maintain hygiene and prioritize comfort, and to dialogue so that alternative and creative methods are expressed in the pursuit of pleasure. Therefore, it is observed that sex is possible and indicated, being fundamental to pay attention to the various physical and psychological reactions that contribute to better quality and coping the difficulties experienced in pregnancy.¹⁸

In this process, the intimacy of the couple may be compromised because of the abdomen of pregnant women associated with sexual practices. Therefore, it is important to understand how a woman can be seen at this stage, being important to assume greater flexibility and understanding in the search for adaptive and pleasurable positions for both.¹⁴

Still considering the various adjustment changes perceived by women in pregnancy stage, the lines below brought the following impressions:

I think we get more tired, emotional, for the way the belly looks like. We get more disturbed. So does the husband. It's not good, everything is difficult because of the belly, so you don't feel excited. (E4)

I realized that we can't date anymore. Until eight months I could do it, but, then, I stopped because there were no more positions and also not to hamper me, as I'm very heavy, so it gets harder. (E6)

It reduced every will of mine of doing everything, especially sex, because there are days you feel so much tired, all you wanna do is to lay down and sleep. (E9)

Regarding the body gravidic transformations, the reports of the participants E4, E6 and E9 evidenced that the woman's body undergoes several changes to adapt to a new life. The predominantly mentioned processes are nausea, dizziness, anxiety, weight gain, discomfort related to the ideal position, breathlessness and emotional changes, determining factors for decreased libido in sexual practice.

The changes that occur during pregnancy cause great impact on family, professional and sexual life of the woman. The sexual desire may be diminished in some situations, especially in the beginning of the pregnancy process, depending on the preference of the partner, which sometimes creates disincentive for her libido. It should be also noticed that some women have a committed self-image and self-esteem, which may influence on post-partum, besides undergoing behavioral changes and the role of motherhood.⁶⁻⁸

Thus, if the sexual act is exclusively related to the need for aesthetics and bodily perfection, any sexual manifestation that does not follow this pattern can make sexuality divergent, pathological or without need, becoming necessary only when linked to procreation.¹⁹

It is found that female sexuality during pregnancy is mainly related to self-esteem and, consequently, the affectivity, as the way the pregnant realizes, evaluates and appreciates herself in that stage affects the way she feels loved and attractive, contributing to the awakening of her sexual desire.²⁰

With the range of changes in pregnancy, the impressions of this period are manifested from the body changes, prejudices of the women and her partner and family, as well as assistance and lack of support from health professionals during the pre natal, as the

woman faces the process of accepting the fetus, of becoming a mother, in addition to the adjustment of the couple and the social acceptance of pregnancy. In this paradigm, fear of harming the fetus during sex, low self-esteem and other issues should be strongly discussed by couples before pregnancy to reframe ideas and concepts.²¹⁻²²

Given these aspects and values, modern women deal with their sexuality, playing their reproductive role. However, despite the many female conquests, many women still find it difficult to understand and accept the issue of sexuality at this stage, and may come across with triggering questions of prejudice and negative feelings about this moment.¹⁸⁻²⁰

♦ Sexual health and its interface with Reproductive Rights: unveiling the knowledge of pregnant women

Currently, it is noticeable the transformation that society has experienced, either in the labor market, where women have become appreciated, or in other social sectors. Although itemized sometimes the female figure has been taking important roles in different contexts, as an example, the family base, assuming the roles of leader, mother, wife, manager, caretaker and provider of home, balancing the need to maintain a healthy and loving relationship with her partner, besides children.²³

It is known that the maternal role of women has been gradually and crucially constructed through time, causing the female image to assume various functions. However, these attributes have been questioned while they have been changing and influencing the decisions that women have taken. The contemporary woman is struggling to establish herself not only in the professional field, but also in the emotional and family environment, becoming more and more conscious about her choice and reproductive rights.¹⁸

Therefore, considering the mentioned discussion and the reality of pregnant women and their knowledge about the female role in society, the following question was asked: "Have you ever heard or for have any knowledge about the programs and public policies that ensure women's sexuality and reproductive rights?". The answers expressed a range of meanings as observed in the following speeches:

Nowadays, women do more things than men. Women, in the past, didn't do anything, only men. We are conquering everything. (E1)

The woman used to be treated as a slave. Today, we're more independente, we earn

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our own money. It's so good like that, that more things change from now on. (E5)
I see things are a lot different from the past. In the past, the woman had the only role of having children. The woman, nowadays, works, earns her own money, sometimes more than her husband. (E9)

Throughout history, it is clear that the female figure was more depressed and socially controlled in relation to man, and these characteristics are often justified by the patriarchal power. Women's path is marked by discrimination, sexual differences, hierarchical imposition and male power that prevailed over the woman.²⁴

The Brazilian woman, in the late twentieth century, gained ground, remaining in evidence in public and private sectors. Thus, both men and women have gained a social place, which creates nuisance for those facing the loss of opportunities in the labor market for the opposite sex.²⁵

In this context, a strong trend is the woman substantially focusing on her professional career, refusing to be financially dependent on the father or partner. She occupies most of the offered jobs, disqualifying the ideology marked by the woman as a perfect housewife. This stereotype of women being a wife, restricted to domestic activities and the task of being a mother has lost ground in contemporaneity.² The ideas below confirm this understanding:

The woman has been gaining ground. Nowadays, everything evolved, the rights are almost equal. In the past, the woman had to stay at home. (E11)
Nowadays, we make our choices! And a choice among the partners. In the past, if the woman lost her virginity before getting married, she wasn't part of the family anymore. Not now! (E12)
Nowadays, I see that only gets pregnant or STD who wants to! Because there are ways to avoid them. There are a lot of available options to make people aware and avoid this to happen. (E13)

E11 and E12 state the importance of the achievement of women's and sexual rights, highlighting the possibility to freely choose their partners, as well as the decision to practice sex and procreate.

However, personal and sexual female fulfillment was not contemplated; the woman was prepared to have numerous children, taking care of her house, children and husband, making him sexually and socially satisfied. Marriage and procreation now become secondary plans in women's lives as they represent a greater burden of responsibility and concern, being

accomplished with future financial stability to ensure the child safety and comfort.²⁵

We see women started to claim, because it was hard for women to get any service. (E8)
We see things have changed. The woman works earning her own money and decides when and with who she wants to have her baby. (E9)

There are many achievements regarding sexual and reproductive rights, but there is a lot to be done in order to give women new non-coercive roles, functions that are safeguarded in respect of all social sectors, whether in education, security, politics, and especially in the health field.

In this perspective, equality in sexual activity has become the greatest female conquest on the individuality of the separation of sex and procreation, allowing the woman to choose the ideal time to become a mother from contraceptive use, making her equal to man about deciding to have an active sex life.²⁶

It is also emphasized that the control of fertility can be directly linked to the practice of female power over her body, determining the biological motherhood moment. Thus, for some women, not having children is a decision that often gets fairly comfortable and without risks and difficulties that maternal life could give her.²⁷

In the past, the woman was a lot submissive to man. Nowadays, many things have really changed. Today, I make plans the way I want. (E3)
Nowadays, everything evolved, the rights are the same. Today, no matter if you're a hospital's or an enterprise's director, every man respects you the same way. I've always enjoyed my freedom and I'm the one who decides when I want a child and take care of my health. (E11)

The modern woman has won the right to sexual and reproductive health in today's society, taking her reproductive role and the best way to exercise her sexuality. At the same time, with the new leadership, the woman faces multiple tasks concurrently, and may feel overloaded, resembling the male duties in the social world.¹⁸

In this perspective, one highlights the importance of the PHC in this process, expanding the communication and dialogue with its users so that they can discern, reflect and act consciously, acting according to their own choices. It is necessary, therefore, that women are encouraged to exercise their citizenship, claiming their rights, judging and seeking possibilities to adopt beneficial practices and attitudes about the complex decision to bear a child.

Thus, the investiture in women's sexual and reproductive rights is a bridge to improve the women's quality of life, highlighting the importance of effective practices in health and learning strategies where women become aware, appropriating information and using them in favor of their sexual and reproductive health.²⁸

CONCLUSION

Talking about sexuality during pregnancy involves certain complexity, since this period is influenced by physiological, psychological and sociocultural factors and not always the familiar bases are prepared to discuss this issue; either for fear of awakening curiosity and the later practice or simply for not knowing how to discuss the issue due to lack of skills and/or information, depending on the socioeconomic and cultural issues.

Sexuality is a manifold and when associated with pregnancy element, it becomes even more delicate. For most women, pregnancy factor directly influences their sexual life. Not simply because they are pregnant and involved in the process of becoming mothers, but also the experienced body changes.

The knowledge of pregnant women about the Public and Sexual and Reproductive Health Policies revealed in this research, reinforced that such measures significantly contributed to the achievement of the desired spaces. Several changes and sacrifices occurred for women to acquire respect in society, especially to minimize the male power over their lives.

The struggles and claims were important to women to enter the labor market and receive an equal payment, for example. The sexual activity before marriage, condemned by many, begins to sound more naturally; the right to make choices and, especially, decide to apply for a divorce when the marriage is no longer viable for both are issues that have become reality. The supposed priority of motherhood has become secondary for many, the woman can choose between having children or not from the use of contraceptive methods.

Thus, this study reinforces the importance of improving and changing all social sectors, in order to stimulate discussions about this theme, since both pregnancy as sexuality have been considered issues often neglected in the family and by health professionals.

It is believed that this study may help to generate new reflections on the studied theme, allowing the opening of the field for further research, in addition to the

importance of awareness and encouragement of health professionals, couples and, especially, pregnant women to the office of sexuality as an element inherent in human life and that needs to be considered in its entirety.

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