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Determination of Sexual Myth Awareness, Attitudes and Behaviors During Pregnancy

Gebelikte Cinsel Mit Farkındalığı, Tutum ve Davranışlarının Belirlenmesi

***Demet ÇAKIR*[1] *Emine AKSÜT AKÇAY*[2] *Hilal ÖZBEK*[1]**

ÖZ

Amaç: Bu çalışma gebelerde cinsel mit farkındalığını, tutum ve davranışlarını değerlendirmeyi amaçlamaktadır.
Araçlar ve Yöntem: Analitik tanımlayıcı çalışma Temmuz 2023-Ağustos 2023 tarihleri arasında gerçekleştirilmiştir. Veriler, Akdeniz bölgesindeki bir ilde örnekleme alınan 314 gebeden Kişisel Bilgi Formu ve Gebelikte Cinsel Mitler Ölçeği (GCMÖ) kullanılarak çevrimiçi olarak toplanmıştır.
Bulgular: GCMÖ toplam puan ortalaması 70.87±15.83 olup, gebelerin gebelikte cinsel mitlere bakış açısının ortalamanın üzerinde olduğu bulunmuştur. GCMÖ alt ölçeklerinin puan ortalamaları değerlendirildiğinde, gebelik ve cinsellik puanı 13.12±3.40, bebekle ilgili endişe puanı 17.05±4.38, seks/çekicilik puanı 14.25±3.76 ve gebelikle ilgili endişeler puanı 23.56±5.88'dir. GCMÖ toplam puanı ile evlilik türü, planlı gebelik, gebelikte cinsel yaşam hakkında alınan bilgi, gebelikte cinsel yaşam hakkında bilgi kaynağı, gebelikte cinsel ilişkiden kaçınılması gereken durumlar hakkında alınan bilgi ve gebelikte cinsel yaşamın nasıl olması gerektiği değişkenleri arasında anlamlı bir fark olduğu bulunmuştur.
Sonuç: Gebe kadınların gebelik sırasında ortalamanın üzerinde cinsel mitlere sahip olduğu bulunmuştur. Gebelikte cinsel mitlerin düzeyi ile ilgili faktörler göz önüne alınarak başta ebeler olmak üzere sağlık profesyonelleri tarafından eğitim verilmesi önemlidir.

Anahtar Kelimeler: cinsellik; cinsel farkındalık; eğitim; gebelikte cinsel yaşam

ABSTRACT

Purpose: This research aimed to assess sexual myth awareness, attitudes, and behaviors among pregnant women.
Materials and Methods: The analytical descriptive research was conducted between July 2023 and August 2023. The data were collected online from 314 pregnant women sampled in a province in the Mediterranean region using the Personal Information Form and the Sexual Myths in Pregnancy Scale (SMPS).
Results: The mean total score of the SMPS was 70.87±15.83, and it was found that pregnant women's perspective on sexual myths during pregnancy was above average. When the mean scores of the SMPS subscales were evaluated, pregnancy and sexuality were 13.12±3.40, the concern about the baby score was 17.05±4.38, the sex/attraction score was 14.25±3.76, and the concerns about pregnancy was 23.56±5.88. It was found that there was a significant difference between the SMPS total score and the variables of type of marriage, planned pregnancy, information received about sexual life during pregnancy, source of information about sexual life during pregnancy, information received about situations to avoid sexual intercourse during pregnancy, and how sexual life should be during pregnancy.
Conclusion: Pregnant women have been found to have higher than average sexual myths during pregnancy. It is important to provide training by health professionals, especially midwives, considering the factors related to the level of sexual myths during pregnancy.

Keywords: sexuality; sexual awareness; education; sexual life in pregnancy

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[1]Tokat Gaziosmanpaşa University, Faculty of Health Sciences, Department of Midwifery, Tokat, Türkiye.
[2]Kahramanmaraş Sütçü İmam University, Faculty of Health Sciences, Department of Midwifery, Kahramanmaraş, Türkiye.
Corresponding Author: Emine Aksüt Akçay, Kahramanmaraş Sütçü İmam University, Faculty of Health Sciences, Department of Midwifery, Kahramanmaraş, Türkiye. e-mail: bau_sirinim@hotmail.com

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INTRODUCTION

Culture is the sum of all kinds of living, thought and artistic entities in the form of tradition that form the unity of perception and thought of a society.[1,2] The most important factor in the growth and development of sexuality in individuals is the attitude of the culture in which the individual was raised towards sexuality. Attitudes towards sexuality can vary between cultures, as well as regional differences within the same culture. Some cultures suppress sexuality; some cultures limit it, while others support it.[3] Sexuality is a topic of great curiosity, but it is rarely discussed, and often considered private and intimate. The fact that this subject is considered private paves the way for misconceptions and myths about sexuality that couples can experience in line with their expectation.[1] Sexual life during pregnancy, which is a unique experience that brings happiness to each individual, can be influenced by individual and social factors.[4,5] Pregnancy is a process that greatly affects women's lives, in which physical changes are accompanied by psychological changes. In this process, sexuality, which is important at every stage of a woman's life, is important for the quality of life. Sexuality, which begins to develop during intrauterine life, is influenced by numerous factors from childhood to adulthood and continues to be influenced during pregnancy.[6] Anatomical, physiological, and psychological changes during this period can affect not only the mother but also the sexual life of the couple.[2,7] In addition, myths about sexual life during pregnancy, sexual dysfunction, and physical changes in women can affect sexuality during this time.[4,8] Pregnancy-related problems and the restrictions caused by the enlargement of the abdomen with the growing fetus limit the sexuality that should be experienced for a healthy marriage.[7,9] Couples may consider postponing sexual intercourse during pregnancy due to fear of harming the baby.[10-12] In addition, couples may limit their sexual life during pregnancy due to concerns that it may lead to miscarriage, increase the risk of preterm labor, induce labor, the baby may be born with abnormalities, or the baby may be harmed, and even the hymen of female babies may be damaged during sexual intercourse. Couples may even abstain from sex altogether during pregnancy.[13,14] However, misconceptions and myths surrounding sexuality during pregnancy can adversely impact sexual life.[15] Research suggests that couples often lack accurate information about sexual intercourse during pregnancy[16] and experience a significant decrease in sexual function during this period.[17,18] Furthermore, sexuality is often regarded as a situation to be avoided during pregnancy,[9] and sexuality during pregnancy is a widespread problem among couples.[19] However, the literature on sexuality states that there is no harm in continuing sexual intercourse during pregnancy unless there are medical problems.[19,20]

While sexuality follows a similar pattern for most individuals, sexual myths can affect individuals differently. Although sexual life during pregnancy is crucial for individuals, societal value judgments and myths surrounding sexuality play a significant role in limiting sexual life during this process.[21,22] Training provided to expectant couples regarding sexual intercourse during pregnancy can alleviate their anxiety, enhance the quality of sexual life during pregnancy, and fortify the physical and emotional connection between partners.[13,23] However, it should be noted that there are also potential sexual dysfunctions that may adversely affect sexual life and emerge because of sexual anxieties and feelings of inadequacy. Untreated sexual dysfunction may become chronic and negatively impact couples' sexual lives. In order to minimize these negative experiences, necessary information and training should be organized by health professionals. Sexual myths are often based on lack of education and knowledge.[22] Only a limited number of studies have explored awareness, attitudes, and behaviors related to sexual myths during pregnancy in the literature. Increasing the quantity of research on myths surrounding sex that have an adverse impact on the intimate life of couples will not only provide recommendations to enhance the quality of the sexual life of couples during pregnancy but also fill the gap in the literature on this topic. This research was conducted to investigate sexual myth awareness, attitudes, and behaviors, and to fill the gap in the literature on this topic.

MATERIALS and METHODS

Research Type

This analytical descriptive research was conducted to determine the sexual myth awareness, attitudes, and behaviors of pregnant women.

Ethics Committee Statement

Approval for this study was obtained from Kahramanmaraş Sütçü İmam University Medical Research Ethics Committee (04.07.2023, session no: 2023/08, decision no: 01).

The Place and Time of the Research

Data were collected online between July 10, 2023 and August 22, 2023. Data collection forms were sent to pregnant women online and after the purpose of the study was explained and informed consent was obtained, the form website was opened for filling. Data forms were sent using social media platforms and the snowball method was used to reach pregnant women. Personal Information Form and Sexual Myths in Pregnancy Scale were used as data collection tools.

Research Population/Sample

G*Power 3.1.9.7 software was used to determine the sample size of the research. In the research conducted to determine sexual myth awareness, attitudes, and behaviors during pregnancy, the sample size was calculated by considering the medium effect size suggested by Cohen. Accordingly, the effect size is f=0.17, the confidence interval is 85%, and the margin of error is 5%. Calculations suggested that there should be a total of 314 pregnant women.

Data Collection Tools

Personal Information Form

This form was developed by the researchers based on the literature. It consists of a total of 19 items to determine the socio-demographic characteristics of the pregnant women (age, educational status, income status, etc.) and some obstetric characteristics (number of pregnancies, number of childbirths, gestational week, etc.), the frequency of sexual life during pregnancy, the level of knowledge about sexual life during pregnancy, and to determine where they received this information.[24,25]

Sexual Myths in Pregnancy Scale (SMPS)

This scale for measuring sexual myths in pregnancy was developed by Salcan and Gökyıldız in 2020. It consists of 25 items on a five-point Likert scale (1=strongly disagree, 5=strongly agree). There are no reverse-coded items in the scale. The scale has four sub-scales including pregnancy and sexuality (items 1, 2, 3, 4, 5), concerns about the baby (items 6, 9, 10, 12, 14, 15), sex/attraction (items 7, 8, 11, 13, 20), and concerns about pregnancy (items 17, 18, 19, 21, 22, 23, 24, 25), and there is no cut-off point on the scale. An increase in the scale score indicates an increase in sexual myths during pregnancy. Salcan and Gökyıldız Sürücü (2020) reported Cronbach's alpha value of the scale as 0.94 in their research of pregnant women.[8] In this research, Cronbach's alpha value was found to be 0.95.

Data Evaluation

The statistical evaluation of the collected data was performed with SPSS 25.0 software in a computer environment. Descriptive statistics (mean, standard deviation, minimum and maximum values, and percentages) were used. According to the normality analysis performed to determine the tests to be used in the evaluation of the data, it was determined that the distribution of the data was within normal limits since the skewness and kurtosis coefficients of the SMPS total and sub-dimension scores were within ±2 limits. According to this result, the Independent Samples t-test, among parametric tests, was used to determine the difference between the means of two independent groups, analysis of variance was used for more than two independent groups (Tukey test was used when homogeneity is present to determine which group mean is different from the others, otherwise Tamhane's T2 test was used), multiple linear regression analysis was used to determine the level of effect of the variables believed to affect the scale, and the margin of error was taken as 0.05.

RESULTS

Cronbach's alpha reliability coefficient was used to determine the internal validity level of the total and subscale mean scores of the scale used in the research. The mean SMPS score of the pregnant women was 70.87±15.83, indicating that the perspective of pregnant women on sexual myths during pregnancy was above average. When the mean scores of the SMPS subscales were evaluated, the pregnancy and sexuality score was 13.12±3.40, the concern about the baby score was 17.05±4.38, the sex/attraction score was 14.25±3.76, and the concern about pregnancy score was 23.56±5.88. When the internal validity coefficients of the scales used in the research were examined, it was found that the overall reliability level of the SMPS total score was at a high level (high level: $0.81<\alpha<0.99$) (Table 1).

Table 1. Distribution of the total and subscale mean scores of the sexual myths in pregnancy scale (SMPS).

Scale	$\bar{X}$	SD	min	max	Cronbach's alpha
SMPS Total Score	70.87	15.83	25	102	0.95
Pregnancy and sexuality	13.12	3.40	5	23	
Concerns about the baby	17.05	4.38	6	28	
Sex/Attraction	14.25	3.76	5	23	
Concerns about pregnancy	23.56	5.88	8	37	

$\bar{X}$=Mean value, SD=Standard Deviation

Of the pregnant women, 39.2% (n=123) were in the 24-29 age group, 30.3% (n=95) had completed secondary school, 63.4% (n=19) had a balanced income, 41.4% (n=130) had been married between the ages of 16 and 19, 56. 7% (n=178) had arranged marriages, 93.9% (n=295) were non-smokers, 79.3% (n=249) had planned pregnancies, 93.3% (n=293) were at >=27th gestational age, 49.7% (n=156) had 2-3 pregnancies. The mean age of the pregnant women was 26.89±5.39 years, with the youngest being 18 years and the oldest being 45 years. The mean age of marriage was 20.83±3.32 years, with the youngest being 16 years, and the oldest being 31 years. The mean gestational age of the pregnant women was 35.13±5.59 weeks, with a minimum of 8 weeks and a maximum of 42 weeks. In the comparison of the sociodemographic and obstetric characteristics of pregnant women and the SMPS total score, it was found that the variables of marriage type and planned pregnancy status showed significant differences ($p<0.05$) (Table 2).

It was determined that 66.9% (n=210) of the pregnant women had a moderate level of knowledge about sexual life during pregnancy, 69.1% (n=217) did not receive information about sexual life during pregnancy, and 45.4% (n=44) of the pregnant women who received information about sexual life during pregnancy were informed by a physician. In addition, it was found that 97.5% (n=306) of the pregnant women did not have any problems with sexual intercourse during pregnancy and 83.1% (n=261) did not receive information about sexual positions during pregnancy. It was found that 82.2% (n=258) of the pregnant women did not receive information about situations in which sexual intercourse should be avoided during pregnancy and 51.3% (n=161) believed that sexual intercourse should be less frequent during pregnancy. When the sexual characteristics and sexual lives of the pregnant women were compared; It was determined that there was a significant difference between the information received about sexual life during pregnancy, the source of information about sexual life during pregnancy, the information received about situations in which sexual intercourse should be avoided during pregnancy and the total scale score and all subscales ($p<0.05$) (Table 3).

As a result of the multiple linear regression analysis performed to determine how the variables that may affect sexual myths during pregnancy predicted the SMPS scores, it was seen that these 6 predictor variables showed a significant relationship ($R=0.333$, $R^2=0.101$) with sexual myths ($F=6.369$, $p<0.05$). These six variables explain 10.0% of the level of sexual myths. Considering the significance tests of the regression coefficients, the type of marriage was found to be a significant predictor of sexual myths during pregnancy ($p<0.05$) (Table 4).

Table 2. Comparison of sociodemographic and obstetric characteristics of pregnant women with sexual myths in pregnancy scale total and subscale mean scores (*N*=314).

Characteristics	n	%	Sexual Myths in Pregnancy Scale (SMPS)				
			Pregnancy and sexuality	Concerns about the baby	Sex/attraction	Concerns about pregnancy	Scale total
			X̄±SD	X̄±SD	X̄±SD	X̄±SD	X̄±SD
Age							
18-23 years old	99	31.5	12.72±3.24	16.73±4.74	13.92±4.09	23.25±6.27	69.57±17.00
24-29 years old	123	39.2	13.21±3.32	17.27±4.09	14.59±3.44	23.80±5.64	71.77±14.33
30 years and older	92	29.3	13.42±3.65	17.10±4.38	14.14±3.81	23.58±5.82	71.06±16.50
F/p			1.107/0.332	0.425/0.654	0.907/0.405	0.240/0.786	0.536/0.586
Average Age	26.89±5.39 (min-max: 18-45 years)						
Education status							
Primary school	41	13.0	13.56±3.69	16.63±3.60	13.78±3.35	22.29±5.60	68.90±13.75
Secondary school	95	30.3	13.27±2.96	17.31±3.95	14.25±3.08	23.89±5.26	71.71±13.52
High school	98	31.2	12.51±3.42	17.08±4.62	14.41±4.06	23.56±6.15	70.46±16.93
University graduate and above	80	25.5	13.45±3.65	16.91±4.95	14.28±4.32	23.83±6.40	71.37±18.00
F/p			1.605/0.188	0.256/0.857	0.269/0.848	0.788/0.502	0.347/0.791
Income Status							
Income is lower than expenses	30	9.6	11.27±2.95[ab]	15.50±4.59[a]	13.43±4.29	23.10±6.67	66.16±17.49
Balanced income	199	63.4	12.89±3.46[ac]	16.95±4.54	14.18±3.83	23.47±6.16	70.35±16.28
Income is higher than expenses	85	27.0	14.29±2.99[bc]	17.81±3.73[a]	14.69±3.35	23.95±4.88	73.74±13.64
F/p			***10.565/0.000***	***3.252/0.040***	1.338/0.264	0.304/0.738	2.859/0.059
Age of Marriage							
16-19 years old	130	41.4	13.33±3.22	17.16±4.44	14.28±3.84	23.52±5.88	71.20±15.55
20-23 years old	113	36.0	13.13±3.54	17.13±4.54	14.49±3.83	23.58±6.23	71.22±16.76
24 years and older	71	22.6	12.70±3.49	16.70±4.05	13.79±3.51	23.63±5.39	69.70±14.93
F/p			0.780/0.459	0.282/0.755	0.760/0.469	0.010/0.990	0.249/0.780
Average age of marriage	20.83±3.32 (min-max: 16-31 years)						
Type of marriage							
Arranged marriage	178	56.7	14.03±3.17	17.90±4.27	14.94±3.62	24.44±5.47	74.35±14.57
Companionate marriage	136	43.3	11.92±3.32	15.93±4.29	13.33±3.76	22.42±6.22	66.30±16.29
t/p			***5.730/0.000***	***4.031/0.000***	***3.843/0.000***	***2.998/0.003***	***4.607/0.000***
Smoking status							
Smoker	19	6.1	13.11±3.71	16.32±4.43	12.42±4.42	22.21±6.52	66.78±17.82
Non-smoker	295	93.9	13.12±3.38	17.09±4.38	14.36±3.69	23.65±5.84	71.13±15.69
t/p			0.017/0.987	0.750/0.454	***2.192/0.029***	1.034/0.302	1.160/0.247
Planned pregnancy status							
Yes	249	79.3	16.92±3.41	16.86±4.55	14.17±3.89	23.22±6.06	70.02±16.14
No	65	20.7	13.89±3.26	17.77±3.58	14.52±3.22	24.88±4.99	74.12±14.22
t/p			***-2.072/0.039***	-1.717/0.089	-0.746/0.457	***-2.272/0.025***	***-2.010/0.047***
Gestational week							
1-13 weeks	4	1.3	15.50±5.74	12.75±4.57	10.75±3.50	20.75±3.40	62.00±10.55
14-26 weeks	17	5.4	13.12±3.21	17.12±4.15	14.12±3.65	23.65±4.35	70.76±14.91
27 weeks and above	293	93.3	13.09±3.37	17.10±4.38	14.30±3.76	23.60±5.99	71.00±15.94
F/p			0.994/0.371	1.959/0.143	1.773/0.172	0.462/0.631	0.636/0.530
Average gestational age	35.13±5.59 weeks (min-max: 8-42 weeks)						
Number of pregnancies							
First pregnancy	83	26.5	13.04±3.36	17.18±4.72	14.57±3.91	23.61±6.05	71.40±16.45
2-3 pregnancies	156	49.7	12.81±3.34	16.82±4.34	14.08±3.81	23.75±5.99	70.31±15.98
4 or more pregnancies	75	23.8	13.85±3.49	17.37±4.09	14.23±3.52	23.12±5.51	71.44±14.96
F/p			2.449/0.088	0.453/0.636	0.445/0.641	0.293/0.746	0.192/0.825
Average number of pregnancies	2.66±1.64 (min-max: 1-10)						

F: One-way analysis of variance, t: Independent samples t-test, a-b: there is a significant difference between groups with the same letter. X̄=Mean value, SD=Standard Deviation

Table 3. Comparison of the pregnant women's sexuality and sexual life characteristics and sexual myths in pregnancy scale total and subscale mean scores.

Characteristics	n	%	Sexual Myths in Pregnancy Scale (SMPS) Pregnancy and sexuality X̄±SD	Concerns about the baby X̄±SD	Sex/attraction X̄±SD	Concerns about pregnancy X̄±SD	Scale total X̄±SD
Level of knowledge about sexual life during pregnancy							
Medium	210	66.9	12.87±3.48	16.96±4.29	14.19±3.74	23.40±5.70	70.24±15.65
Good	104	33.1	13.62±3.17	17.23±4.57	14.36±3.82	23.88±6.25	72.14±16.19
t/p			-1.831/0.068	-0.520/0.603	-0.366/0.715	-0.679/0.498	-1.002/0.317
Received information about sexual life during pregnancy							
Yes	97	30.9	12.26±3.48	15.54±4.52	13.04±3.78	21.91±5.81	65.43±16.45
No	217	69.1	13.50±3.29	17.72±4.15	14.78±3.63	24.30±5.78	73.30±14.95
t/p			***-3.035/0.003***	***-4.192/0.000***	***-3.872/0.000***	***-3.388/0.001***	***-4.176/0.000***
Source of information about sex life during pregnancy (n=97)							
Friends/relatives	28	28.9	12.68±3.51[a]	15.93±3.92	12.79±3.56	22.64±5.87	66.85±14.95
Midwife/nurse	20	20.6	11.85±2.64	15.40±4.40	13.15±2.99	21.80±5.54	64.90±14.96
Physician	44	45.4	11.80±3.56	15.11±4.68[a]	12.73±4.00[a]	21.09±5.69[a]	63.31±17.44[a]
Social media	5	5.1	15.20±4.81[a]	16.00±6.78[a]	14.40±6.22[a]	22.80±6.53[a]	71.00±19.22[a]
F/p			***3.801/0.005***	***5.059/0.001***	***4.838/0.001***	***3.707/0.006***	***5.415/0.000***
Problems with sexual intercourse during pregnancy							
Yes	8	2.5	13.75±3.28	15.63±4.56	12.63±4.34	21.63±7.07	66.25±18.65
No	306	97.5	13.10±3.40	17.08±4.38	14.29±3.74	23.61±5.86	70.99±15.77
t/p			0.532/0.595	-0.930/0.353	-1.234/0.218	-0.943/0.346	-0.836/0.404
Received information about sexual positions during pregnancy							
Yes	53	16.9	12.49±3.72	15.75±4.43	13.19±3.83	22.94±6.30	67.16±16.81
No	261	83.1	13.25±3.32	17.31±4.33	14.46±3.72	23.69±5.80	71.62±15.55
t/p			-1.475/0.141	***-2.373/0.018***	***-2.255/0.025***	-0.841/0.401	-1.875/0.062
Received information about situations to avoid during pregnancy							
Yes	56	17.8	12.16±3.86	15.64±4.95	13.20±3.91	21.57±5.74	65.33±17.72
No	258	82.2	13.33±3.26	17.35±4.19	14.47±3.70	24.00±5.84	72.07±15.16
t/p			***-2.101/0.039***	***-2.672/0.008***	***-2.315/0.021***	***-2.824/0.005***	***-2.920/0.004***
How sexual life should be during pregnancy							
It should continue as before pregnancy	124	39.5	13.33±3.28	17.65±4.46	14.87±3.77	24.92±6.00[ab]	73.75±15.65[a]
It should be less frequent	161	51.3	13.11±3.53	16.75±4.41	13.88±3.79	22.90±5.81[a]	69.47±16.12
There should be none	29	9.2	12.24±3.06	16.17±3.55	13.59±3.30	21.45±4.54[b]	66.34±13.11[a]
F/p			1.208/0.300	2.128/0.121	2.941/0.054	***6.391/0.002***	***3.936/0.021***

t: Independent samples t-test, F: One-Way analysis of variance, a-b: there is a significant difference between groups with the same letter. X̄=Mean value, SD=Standard Deviation

Table 4. Regression analysis of the sexual myths in pregnancy scale total score.

Independent Variables	Standardized regression coefficients	t	p
Type of marriage	***-0.200***	***-3.398***	***0.001***
Planned pregnancy status	0.003	0.048	0.962
Received information about sexual life during pregnancy	0.086	0.626	0.532
Source of information about sexual life during pregnancy	-0.051	-0.385	0.700
Received information about situations to avoid during pregnancy	0.075	1.217	0.225
How sexual life should be during pregnancy	-0.104	-1.903	0.058
R= 0.333 R^2 = 0.101			
F=6.369 p=0.000			

* Multiple linear regression analysis was use.

DISCUSSION

It is widely recognized that women's sexual behavior and satisfaction levels decline during pregnancy. This is linked to the physiological and psychological changes that occur during pregnancy. Changes that occur during pregnancy can affect sexual function and sexual activity while changing the sexual lives of couples.[26] However, sexual myths also negatively affect sexual life throughout pregnancy.[15] In this research conducted on pregnant women, sexual myth awareness, attitudes, and behaviors were investigated.

Results indicate that pregnant women had a moderate level of knowledge regarding sexual life during pregnancy, however, the majority did not receive information related to the topic. Furthermore, the research revealed that pregnant women had a low level of knowledge in this regard.[27,28] Studies have also found that pregnant women believe that sexual intercourse should be avoided during pregnancy, or that sexual intercourse should be performed less frequently.[9,29] It is important to provide information to pregnant women about sexual life during pregnancy. Lack of respective knowledge can affect the quality of sexual life due to the formation of misconceptions about sexuality.[30]

Sexuality is seen as a taboo and embarrassing subject to talk about. Therefore, individuals often cannot express their problems comfortably and easily. As a result, couples are unable to overcome their problems.[31] Limited sexual education and the taboo surrounding sexuality in families and society contribute to the formation and propagation of sexual myths.[32] In this context, the research suggests that most pregnant women receive information regarding sexual life during pregnancy from friends and relatives. It was also found that pregnant women did not receive information on appropriate sexual positions during pregnancy or situations to avoid in the same period. However, when comparing the characteristics of sexuality and sexual life of the pregnant women, significant differences were found between the scale total and all subscale scores of the scale and the information received about sexual life during pregnancy, the source of information about sexual life during pregnancy, and the information received about situations that require avoiding sexual intercourse during pregnancy. Studies supporting this research found that healthcare professionals do not regularly provide training on this topic, resulting in a limited acquisition of knowledge by pregnant women.[31] Another research revealed that healthcare professionals provided limited sexual education to pregnant women, most of whom did not request information about sexual intercourse, and when they did, the information given was incomplete.[33] A randomized controlled trial on the effectiveness of training also emphasized the importance of sexual education during pregnancy. Researchers found a significant impact of sexual education on sexual function.[7]

In our research, the mean SMPS score of the pregnant women was found to be above normal. This finding demonstrates an increase in sexual myths among pregnant women during pregnancy. In addition, significant differences were found when sociodemographic and obstetric characteristics were compared with the scale subscale scores. As a result of the multiple linear regression analysis performed to determine how the variables that may affect sexual myths during pregnancy predicted the SMPS scores, it was found that the "type of marriage," "planned pregnancy," "information received about sexual life during pregnancy," "information received about situations to avoid during sexual intercourse during pregnancy," and "how sexual life should be during pregnancy" variables all significantly predicted the SMPS scores. In this context, the literature suggests that sexual myths about pregnancy affect sexual intercourse during pregnancy.[31,34] In addition, it was found that couples refrain from sexual intercourse during pregnancy due to negative beliefs, including the belief that it would harm the baby and mother, result in infection, or even harm the fetus.[35,36] The research results reveal that myths surrounding sexual intercourse during pregnancy adversely impact sexual life, supporting our research.

Culturally and religiously embedded sexual myths in various parts of the world affect expectant couples' relationships as well as the quality of their sexual life.[35]

Education is important for addressing problems related to sexual life during pregnancy. In addition, the participation of their spouses will improve the effectiveness of the training given.[7]

Conclusion and Recommendations

The research revealed that pregnant women's knowledge levels were moderate, and they received information mostly from their family and friends. However, it was also found that pregnant women scored higher than normal on the sexual myth scale and that sexual myths tend to increase during pregnancy. As a result of the multiple linear regression analysis performed to determine how the variables that may affect sexual myths during pregnancy predicted the SMPS scores, it was found that the "type of marriage," "planned pregnancy," "information received about sexual life during pregnancy," "information received about situations to avoid during sexual intercourse during pregnancy," and "how sexual life should be during pregnancy" variables all significantly predicted the SMPS scores. In this context, sexual myths during pregnancy can potentially be reduced through sexual education both before and during pregnancy. Therefore, it is recommended to plan education on sexual life during pregnancy. Starting this education in the preconception period will minimize the problems that may occur during pregnancy and the formation of pregnancy. Within the scope of preconception education, education should be given on false beliefs about sexuality, genetic diseases, the formation of pregnancy, and sexually transmitted diseases. It is important that this education is given by health professionals, especially midwives, who are indispensable for women's health. In this context, it is of great importance to conduct studies on sexual myths during pregnancy.

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Data availability statement

The data that support the findings of this research are available in at [URL/DOI], reference number. These data were derived from the following resources available in the public domain.

Conflict of Interest

The authors declare that there is not any conflict of interest regarding the publication of this manuscript.

Ethics Committee Permission

Approval for this study was obtained from Kahramanmaraş Sütçü İmam University Medical Research Ethics Committee (04.07.2023, session no: 2023/08, decision no: 01).

Authors' Contributions

Concept/Design: DÇ, HÖ, EAA. Data Collection and/or Processing: EAA. Data analysis and interpretation: DÇ. Literature Search: EAA. Drafting manuscript: DÇ, HÖ, EAA. Critical revision of manuscript: DÇ, HÖ, EAA. Supervisor: DÇ, HÖ, EAA.

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