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Sexual Satisfaction among Pimigravida and Mulitgravida Women

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Abstract

The study examined sexual satisfaction among primigravida and multi gravida pregnant women. 211 pregnant women with a mean age of 28.40 were selected from two hospitals in Awka. . The ages of the participants ranged from 18 to 41 years with a mean age of 28.40 and a standard deviation of 5.17. A 25 item index of Sexual Satisfaction was used as the instrument for the research**.** The study was a cross-sectional survey. Independent T-Test was employed as the statistical tool for data analysis. Result of the analysis revealed no significant difference in sexual satisfaction between primigravida and multigravida at P>.05. Discussion highlighted the necessity of assessing and discussing sexual satisfaction during antenatal visits by the clinicians thereby providing purposeful therapy to the pregnant women which will help to manage their effects in the marital relationship.

Keywords: Sexual satisfaction, Primigravida, Multigravida

Introduction

Sexual satisfaction as a psychological construct seems not to have received the attention of most researchers in Nigeria especially in the Eastern part of the country with special reference to pregnant women. It continues to be a significant event in the present-day marriages. The topic sex has been observed to be hardly discussed during prenatal visits

in the hospitals and is seen as a sacred topic that needs not to be discussed. As a result, most women are filled with certain misconceptions and misinformation since they feel so shy to consider the issue. Sexual satisfaction among pregnant women is of immense research importance and if left unchecked can lead to adverse effect on the persons involved owing to its importance to marital satisfaction and other societal implications.

Neto (2012) opined that satisfaction with ones sexual life can be defined as a global evaluation by the person of his or her sex life. It appears that individuals construct a standard, which they perceive as appropriate for themselves, and compare the circumstances of the sex life to that standard. Hence, this is a subjective judgment rather than a judgement based on some externally imposed objective standard**.** The Society of Obstetrician and Gynaecologist of Canada (2012) in their contribution noted that sexual satisfaction is not just physical pleasure, nor is it simply the absence of dissatisfaction or problems. It rather involves the overall feeling an individual is left with after considering the positive and negative aspects of their sexual relationship. It is highly an individual and unique experience. McClelland (2010) believes that the psychological construct of sexual satisfaction aims to highlight whether a person has reached a level of fulfillment with his/her sexual life, which is an increasingly important consequence in people's lives. Higgins (as cited in Yekta, Raisi, Ebadi & Shahvari, 2015) opined that sexual satisfaction has two dimensions: physiological and psychological. Sexual self-comfort, orgasm frequency, and relationship status were significant predictors of high levels of physiological satisfaction among women and unique predictors of high levels of psychological satisfaction were sexual guilt and self-esteem. How one perceives sexual satisfaction differs and this has to do with the value it plays on an individual's life.

Pregnancy plays an important role in the sexual function and behavior of women (Aslan, Aslan, Kizilyar, Ispahi & Esen, 2005). It seems to be a wonderful experience for mothers because they are always willing to put aside their own interest for the health of their babies. Hogan (as cited in Gokyildiz & Kizilkaya, 2005), defines pregnancy as a difficult period of life for women punctuated by physical and emotional changes that affect their sexual lives. These changes are generally thought to be associated with hormonal

alterations that go with the evolution of pregnancy. Many non-hormonal factors such as emotional, socio-economical, and cultural, factors as well as the identity role of the woman, the fact of becoming a mother, the partner's reaction to pregnancy, and the woman's beliefs about sexuality are all included. There is no evidence however relating hormonal changes that occur in pregnancy to the sexual behavioral modification (Jurgense, as cited in Sossah, 2014).

Research has shown that there is a significant relationship between primigravida women (a woman in her first pregnancy) and sexual satisfaction (Kim & Park, 1997). According to the National Vital Statistics Reports (NVSR), approximately 50% of marriages in the United States end in divorce (NVSR, 2009), and this trend of high divorce rates is apparent in countries around the world (Gonzalez & Viitanen, 2009). With the high rate of unsuccessful marriages, many researchers have sought to identify the reason for such and the role of sexual satisfaction has been highlighted as a metaphorical barometer of relationship satisfaction, indicating that sexual satisfaction is vital in an intimate relationship, possibly even a make or break factor (Barrientos & Paez, 2006; Litzinger & Gordon, 2005).

A cross-sectional study by Moraloglu, Engin-ustun, Yasar, Perçin, Aktulay, Kose, and Mollamahmutoglu (2015) evaluated the effect of pregnancy on sexual satisfaction in Turkish women using a Turkish version of Golombock-Rust Inventory of Sexual Satisfaction (GRISS) questionnaire. An additional questionnaire was used for demographic information including age, educational level, employment status, and economical income status. 202 pregnant women who had a stable relationship with their partner were enrolled in the study when they were first diagnosed to be pregnant. Out of a total of 202 pregnant women, 176 completed their questionnaires resulting in a response rate of 87.1%. Each woman's obstetric history was also recorded. All patients answered the Golombock-Rust Inventory of Sexual Satisfaction (GRISS) questionnaire again during their third trimester (36th gestational week) antenatal visit. Result indicated that sexual satisfaction was affected by multiparity ($p=0.015$) and working life ($p=0.072$) negatively

(Exp (β) < 1).This indicates that the more one have children the less sexual satisfied the woman becomes.

A descriptive cross-sectional study of pregnant women at 37 or more weeks of gestation between September 2014 and February 2015, recruited consecutively at the antenatal clinic of Bingham University Teaching Hospital, Jos, Nigeria was carried out by Anzaku, Okoye, Bulus, and Edet, (2015). This study was undertaken to evaluate the frequency, practices, perceptions, and safety of

sexual intercourse during pregnancy among pregnant women in Jos, Nigeria. 204 healthy women at term over a 6-month period were used for the study. They anonymously completed self-administered questionnaires regarding sexual activities during pregnancy. Data collected included coital frequency, perceptions and concerns of sexual intercourse during pregnancy, its benefits and problems encountered. Statistical analysis was done using SPSS version 16. Descriptive statistics was performed and Chi- square test was used to ascertain associations between categorical variables. P < 0.05 was considered significant. Result indicated that primigravity (P = 0.52, OR 0.80, 95% CI 0.40 – 1.60) and nulliparity (P= 60, or 0.83, 95% CI 0.43 – 1.62) had no influence on coital frequency. Sexual satisfaction is not affected by primigravity or number of pregnancy.

A cross-sectional study by Tavakol, Mirmolaei, Mansouri, Momeni-Movahed, Salehiniya (2014) evaluated the correlates of sexual satisfaction among Iranians women attending South Tehran health centers. A convenience sample consist of 405 women who were married, had at least sixth-grade literacy level, were not addicted to opioids or alcohol, had no history of infertility, psychiatric, and physical disorders were selected. Questionnaire consists of three parts: women's demographic characteristics: including woman and her partner's age, educational level, employment, length of marriage, woman's history of the previous marriage, number of off springs, family income, and housing. (2) Female sexual function in last month: 10 items including number of sexual intercourses, dyspareunia, starter of intercourse, how to response to partner's sexual demand, arousal by eroticisms, lubrication, orgasm, difficulty in achieving orgasm, time to achieve orgasm versus partner, totally experience of orgasm and women's sexual satisfaction. The findings indicated that there was a significant indirect association between sexual satisfaction and

gravidity number (P = 0.029), and number of offspring (P = 0.006). That is, sexual satisfaction is not related to primigravidity (first pregnancy) or multigravidity (two or more pregnancies).

Jeyanthi and Kavitha (2008) conducted a comparative study on anxiety and stress among primigravida and multigravida using 60 participants. Data was analyzed using Karl Person's co- efficient of correlation. The result showed that a significant relationship between stress, anxiety and sexual satisfaction. During pregnancy, a woman experiences various fears; including concerns about the baby's health, her husband's sexual interest, and her own body image. The fear that sexual intercourse will harm the unborn child or lead to abortion makes women to avoid sex thus may not be satisfied sexually even when involved in the act because of anxiety. As a result, there is no difference in sexual satisfaction in both primigravida and multigravida.

Pepe and colleagues (1987) carried out research on the correlation between parity and sexual behaviour during pregnancy using 106 pluriparous and primiparous patients. Sexual desire, frequency of coitus, frequency of orgasm which partner initiated, and level of sexual satisfaction were analyzed in the year before pregnancy and during pregnancy. Sexual desire, frequency of coitus and sexual satisfaction were qualitatively equal in both groups. The result of the study revealed that there is no significant difference in sexual satisfaction of both the first-time pregnant women and second time pregnant women.
In the Bartellas, Crane, Daley, Bennett and Hutchens (2000) survey of a mixture of 141 primigravida and multigravida women, the number of women who were afraid of causing preterm labor grew with each trimester, from 9% of women in the first trimester, to 21% in the second trimester, and to 49% by the third trimester. Sexual activity was shown to decrease in proportion to the increase in women fearful of causing preterm labor. Sexual satisfaction among the gravidas tends to decrease as a result of anxiety. Dejudicibus & McCabe (2002) studied 104 primigravida aged 22 - 40 years and detected reduction of sexual desire, frequency and satisfaction. Dejudicibus & McCabe (2002) studied 104 primigravida aged 22 - 40 years and detected reduction of sexual desire, frequency and satisfaction. This is an indicator that sexual satisfaction is not related to primigravida.

Past studies have focused mainly on sexual satisfaction among pregnant women without checking if there will be a difference in the satisfaction between primigravida and multigravida; hence this study is focused to find out if there will be a significant difference in sexual satisfaction between primigravida and multigravida women during pregnancy.

In order to address this, a hypothesis was formulated thus:

There will be a significant difference in sexual satisfaction between prinigravida and multigravida women

Method

Participants

Participants for the study comprised 211 pregnant women selected on a voluntary basis from the obstetrics and gynecology department of two hospitals, in Awka town of Anambra State. The ages of the participants ranged from 18 to 41 years with a mean age of 28.40 and a standard deviation of 5.17. 114 were primigravida while 97 were multigravida and the research lasted for a period of two months. All participants were married, can read and write and have been pregnant for at least four months without any complicated situation.

Instruments

One instrument was used for this study namely the Index of Sexual Satisfaction (Hudson, 1982). The 25-item scale is a measure of the degree of satisfaction people have in the sexual relationship with their partner.it has a 7-point Likert response format ranging from 1 = None of the time to 7 = All of the time. Items 1, 2, 3, 9, 10, 12, 16, 19, 21, 22, and 23 are reverse scored. The Cronbach's alpha for this study is .89.

Procedure

The researcher obtained permission from the authorities of the selected hospitals to conduct the research in the obstetrics and gynecology unit of the hospitals with a letter of introduction by the Head of Department. The participants were individually administered the questionnaires by the researcher and research assistants. The participants were

instructed on how to complete the questionnaires and were encouraged to do so honestly. Participants provided informed consent and received no monetary reward for participating in the study. The questionnaires were shared to the women on their antenatal day visits. Out of 226 copies of questionnaires administered, 211 copies were properly filled and considered as data in the present study, 10 copies were not properly filled, while 6 copies were not returned. The properly filled copies were analyzed using the appropriate statistics.

Design/Statistics

It is a survey study. Independent T-test was employed as the statistical tools for data analysis.

Result

Summary table of independent T-test on Primigravida (a woman in her first pregnancy) and multigravida

Pregnancy Status	N	Mean	Std.Deviation	T	Df	Mean Difference
Primigravida	114	22.01	11.42	1.85	209	2.81
Multigravida	97	24.82	10.39			

The table revealed that there was no significant difference between primigravida (22.01) and multigravida (24.82) on sexual satisfaction at T (1, 209) = 1.85, p>.05 level of significance. Therefore, the hypothesis which stated that "There will be a significant difference between primigravida (a woman in her first pregnancy) and multigravida on sexual satisfaction among pregnant women in Awka," was rejected. This means that primigravida women are not more satisfied sexually than the multigravida women.

Discussion

The hypothesis which stated that there will be a significant difference between primigravida (a woman in her first pregnancy) and multigravida in sexual satisfaction was rejected. This is consistent with previous research Anzaku, Okoye, Bulus, and Edet, (2015). They reported that sexual satisfaction is not determined by gravid or number of pregnancy. This means that sexual satisfaction is not measurable by gravidity. Jeyanthi and Kavitha (2008) also reported that sexual satisfaction is negatively correlated to both primigravida and multigravida.

Sexual satisfaction by pregnant women can be determined by various factors irrespective of the gravid. The non-significant difference between primigravida and multigravida on sexual satisfaction can be justified by the perception that sexual intercourse expands the vagina which makes delivery to be easy. Some women seem to believe that sexual satisfaction is a means of stress relief. This can be related to the interpersonal exchange model of sexual satisfaction which states that sexual satisfaction is expected to be greater to the extent that the level of rewards (experience of orgasm, sexual pleasure, emotional expressions of love) incurred in the sexual relationship exceeds the level of sexual costs (sexual dysfunction). Length of marriage, mutual love, respect and understanding with the spouse and the number of children is also positive factors in sexual satisfaction. In addition, understanding one's partners expectations and fulfilling owns own sexual needs also plays a major role as well.

Pregnant women who have already formalized their commitment to their partners and see sex as a function of procreation and pleasure tend to feel sexually satisfied. Most of the women who are sexually open to sexual issues with their spouses as a result of long-term relationships seem to be satisfied as well. It can also be explained based on the ecological theory of sexual satisfaction which states that sexual satisfaction is affected by the interaction between individual characteristics, environmental and social conditions such as micro system (individual values, personality), mesosystem (relationship satisfaction, sexual assertiveness, communication), exosystem (social support, family relationship and socio-economic status, and macro system (societal norms, cultural and religious beliefs). The value a pregnant woman places on sex determines how sexually satisfied she

becomes. Sexual attachment and affection are examples of these values; and obtaining a husband's love and his sexual satisfaction creates a sense of empowerment in women. Satisfying ones husband sexually boast the ego and confidence of women. As a result of cultural and religious beliefs, women become sexually satisfied, respond positively to their spouses and protect their partners from infidelity since they believe that their body belongs to their husband. In contrast, some pregnant women may experience some amount of anxiety about the baby's health thinking that sexual intercourse would provoke abortion or that it would harm the fetus, and as a result will not be satisfied.

Conclusion

Conclusively, sexual satisfaction in pregnancy is individualistic and unique to each woman and is expected to vary. Therefore, it is important to inform women that sex is safe during pregnancy from the first day to the last day if they have no medical risk The clinicians should pay more attention to women's sexual problems primigravida and multigravida women at large and therapeutic clinics must be established in hospitals both private and government owned.

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