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Original Article

Turkish Expectant Fathers' Experiences of the Sexual Life During Pregnancy: A Qualitative Study

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ABSTRACT

BACKGROUND/AIMS: The feelings and thoughts on sexuality of the expectant fathers like mothers during pregnancy are influenced by many factors. Therefore, this qualitative study was conducted to investigate Turkish expectant fathers' experiences of sexual life during pregnancy.

MATERIALS and METHODS: The sample of the study consisted of 29 expectant fathers. The data of the study were collected using a semi-structured individual in-depth interview form and a personal information form. Researchers prepared the forms based on the relevant literature. The data were analyzed using content analysis.

RESULTS: Two main themes were developed as a result of the study. The first theme, '*Feelings and thoughts on sexuality*', revealed that sexuality was very important for expectant fathers, it was not communicated between the spouses, and expectant fathers did not want to talk about sexuality. The other theme, '*Sexual life during pregnancy*', showed that pregnancy affected sexual life, and it strengthened the marriage and the bonds between spouses. The themes also revealed that the wives of expectant fathers were disturbed by their changing body images and feared their husbands to engage in extramarital relationships, and sexual intercourse might become only a dull duty during pregnancy.

CONCLUSION: In accordance with these results, researchers recommend creating a service model that includes expectant fathers to provide couples with an informational service through an integrative approach.

Keywords: Pregnancy, expectant fathers, sexual life, experiences, nursing

Main Points:

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- These results give data on feelings and thoughts on sexuality of expectant fathers during pregnancy.
- These results give data on sexual life of expectant fathers during pregnancy.
- The most striking result of the study is that all expectant fathers stated that their sexual life was negatively affected during pregnancy.
- According to the results, nurses should plan a training and counseling that will cover both partners in the prenatal period.

INTRODUCTION

According to the World Health Organization (WHO), sexuality is defined as the combination of physical, emotional, intellectual and social aspects of personality, communication, and love-enhancing effects (1). The expression of sexuality, which starts in intrauterine life and continues until death, differs in every period of life. Human sexuality is a multidimensional phenomenon developing throughout life, which is influenced by psychological, physiological and socio-cultural factors (2).

Pregnancy is an important life experience that affects sexuality. Pregnancy, having an important place in women's lives, is a transition from one psychological state to another: from being a couple to becoming a family (2). It is a process during which many changes and feelings occur, which are affected by biological, psychological and social factors. Accordingly, it significantly affects the sexual behaviors of the couple (3-5).

Although in normal conditions pregnancy occurs because of sexual intercourse, sexual life is still a taboo in certain societies. Thus, couples do not get enough counseling from the health professionals during the pregnancy and the sexuality of the couple is interrupted.^[6] In the

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literature, usual reasons for the interruption of sexuality during pregnancy are shown as the worries about the risks of damaging the fetus, miscarriage, infection, early delivery and preterm membrane rupture development (7-10).

The minimum follow-up is done four times in the prenatal period in Turkey (11). During these follow-ups, the main focus is on the physical health of pregnant women but not on their sexual lives. In addition, expectant fathers are not provided with a service during this period and their informational needs are not met (12). Therefore, couples have a misconception about their sexual life. Culture and religion are also particularly influential on such an issue in Turkey. Because sexual intercourse during pregnancy may be perceived as shame, prohibition and sin in Turkish culture (13). In addition, emotional changes such as ambivalence, refraining from having sexual intercourse with the spouse, fear of damaging the fetus, anxiety, and depression may occur in expectant fathers during pregnancy. All these factors affect negatively the sexual lives of couples during pregnancy (2). Therefore, couples should try to maintain their relationship in a healthy way to develop the mutual emotional bond and close physical attraction, share their sexual satisfaction, and meet the sexual needs of each other (14).

During pregnancy, couples often interrupt sexuality for various reasons and are reluctant to ask questions about sexual life. Thus, pregnant women and their spouses that experience problems in maintaining sexual life during pregnancy may need professional support. Especially, since they are to pregnant women and their spouses, nurses should try to consult with the couple in order to help them adapt to the new situation. Furthermore, they should try to eliminate the concerns, worries, and misconceptions regarding sexuality during pregnancy (2).

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Despite, the existence of many studies on pregnant women's sexual life in the literature (3-10), there are not enough scientific studies on the sexual life of expectant fathers. This situation has been one of the most important reasons that have led the researchers to conduct this study (15-17).

The present paper is an attempt to provide answers to the following questions:

1. Does pregnancy affect the sexual experiences of expectant fathers?
2. Do expectant fathers experience sexual problems and changes during pregnancy?
3. How do the expectant fathers perceive sexuality?

MATERIALS AND METHODS

Study design

This qualitative study was conducted to investigate Turkish expectant fathers' experiences of sexual life during pregnancy.

Selection and description of participants

Expectant fathers attending a university hospital's obstetrics outpatient clinic between August 25 and October 18, 2017, with their wives, participated in the study. The purpose-oriented sample selection method was used in the study. The sample selection approach utilized in our study required the data collection process to continue until the concepts and processes that are able to answer the research question begin to repeat themselves (saturation point) (18). The researchers concluded that the saturation point was attained when the sample reached 29 individuals who agreed to participate in the study.

Data collection procedures

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The data collection form included two sections. The first section consisted of questions regarding socio-demographic characteristics of the expectant fathers, which are age, profession, education, longest-lived place of residence, age disparity between him and his wife, the number of children and gestational week of the wife. The second section included the “semi-structured individual in-depth interview form”, which was prepared in order to determine the feelings, thoughts, and experiences of expectant fathers in relation to their sexual lives during pregnancy (3-5,15-17).

The following four questions were included in the individual in-depth interview form:

1. How was your relationship with your wife before; and how is it now during pregnancy?
2. Could you explain your feelings and thoughts about your sexual life before and during pregnancy?
3. Do you think that pregnancy has affected your sexual life? (Positively/negatively)
4. Could you explain yours and your wife’s opinions and experiences about receiving information/counseling regarding sexuality during pregnancy?

After receiving the opinions of two qualitative research experts, the semi-structured individual in-depth interview questionnaire was put into its final form. Later a pilot application of the questionnaire was carried out with five expectant fathers to assess the usability of the semi-structured individual in-depth interview questionnaire. No modifications were made in the questionnaire after the pilot application.

Expectant fathers who came to outpatient clinic with their wives were invited to individual in-depth interviews. When pregnant women came to the outpatient clinic alone, they were informed about the participation of their husbands in the research, and their phone numbers

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were obtained. The purpose of the study was explained to the expectant fathers who accepted to participate in the study before the beginning. In addition, if there were any hesitations about the researchers or the study on the part of the expectant fathers, they were reminded of their opportunity to disclose their hesitations. They were requested to read and sign the "Informed Consent" and to fill in "Personal Information Forms". Prior to the interview, the expectant fathers were assured of the confidentiality of all the information given by them. Face-to-face interviews were conducted with expectant fathers at their determined date and time in the investigator's office by a researcher. Interviews were recorded with an audio recorder after getting permission from the expectant fathers. The investigator also took notes about the body language of the expectant fathers during the interviews, paying special attention to their gestures and mimics. Each interview recorded by an audio recorder lasted for approximately 60 minutes.

Data analysis

Within the analysis process of the data obtained through the semi-structured individual in-depth interview, at first, the recordings of the interviews were transcribed and classified. The content analysis was carried out by researchers by taking into consideration the prevalence of the comments in the answers given, the number of participants who made the same comment or used the same word. As for the qualitative analysis of the data transferred to the computer, researchers paid heed to what was meant to be said and the originality of the responses. The raw data were coded after carefully read by the researchers. Themes were created by combining the coded data. The themes obtained were sent to the two above-mentioned experts who were experienced within the field of qualitative research. The content analysis was completed after taking expert opinions. The data concerning the socio-

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demographic characteristics of the expectant fathers, as well as gestational weeks of the spouses and probable problems during pregnancy were assessed through SPSS, 20.0 (Chicago, Illinois, USA) package software in terms of mean, standard deviation, minimum and maximum values.

Ethical approval

All procedures were approved by Mersin University Social Sciences Institutional Ethics Review Board (Decision No: 2017/53) and Mersin University Health Research and Application Center (Decision No: 41993462-774.001.0600000443843). In addition, all the participants signed the informed consent form.

RESULTS

As presented in table 1, the average age of expectant fathers was determined to be 33.5±5.1. The number of expectant fathers working as civil servants was 18; 22 had at least a bachelor's degree, 16 lived in the province, the average age difference between them and their spouses is 4±3.4 years, 17 did not have a child before. The average gestational week of their spouses was 26.3±10, and 25 did not have any problem during pregnancy.

The content was analyzed to determine the characteristics of the sexual life of expectant fathers during pregnancy. Two main themes and eight sub-themes were obtained (Table 2).

Theme 1. Feelings and Thoughts on Sexuality

1.1. The significance of sexuality for expectant fathers

All expectant fathers explain sexuality as a vital need such as eating and drinking, a function that is necessary for reproduction, happiness, pleasure, satisfaction, and joy. The expectant fathers state that sexuality is a quite important and vital need in daily life and

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marriage, especially for men. The statement of one of the expectant fathers regarding the significance of sexuality is quoted below:

“It is a necessity, a desire of the body, there is somehow a production in the body, especially in male’s, of course you do not know what happens after that poison spreads to the body, though.... I can say it is primarily a necessity.” (#18, 30 years old, master’s degree, Expecting his first child).

“It is one of the basic elements such as food and water. It’s quite a principal criterion for a man to feel manly. The impulse or the psychology behind the reproduction, which is caused by hormones, is intended for making you feel normal. The word ‘pleasure’ simply means the joy of life.” (#6, 36 Years old, Master’s degree, Expecting his first child).

1.2. Feelings about sexuality are not communicated between the spouses

In the study, 17 expectant fathers report that they do not talk with their spouses about their emotions since they think that there is no problem concerning their sexual life during pregnancy. Below is the statement of an expectant father.

“We do not talk excessively about those subjects, but we do not worry about it. No, we did not talk on it at all, but this is a normal process, so we did not feel a need to talk.” (#26, 27 Years old, Bachelor’s degree, Expecting his second child).

1.3. Expectant fathers do not want to talk about sexuality

In the study, 9 expectant fathers said that they did not want to make any discussions regarding sexuality and their sexual life. Four expectant fathers stated that sexuality was considered forbidden and “sinful matter” in society. The statements of two expectant fathers regarding this topic are as follows:

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“I do not think that it [talking about sexuality] is necessary. I mean, it is a private issue, we talk about [the health condition of] my [pregnant] wife.” (#10, 37 Years old, Secondary school graduate, Expecting his third child).

“In our society, religion is very important; we do not talk about the sexual and private lives of others. We also do not find it right in the religious sense to talk about sexuality, because it is a sin to talk about sexuality in our religion.” (#1, 27 Years old, Bachelor’s degree, Expecting his first child).

1.4. Expectant fathers are not willing to receive counseling on sexuality

Approximately 50% of the expectant fathers who participated in the study stated that they did not want to receive counseling from healthcare professionals when they had any problems regarding sexuality; they believe that they are able to solve these problems by themselves, and they are ashamed of talking about sexuality. The statement of an expectant father on the subject is as follows:

“Actually, I wanted to beat the doctor when he first asked me [questions about sexuality]; I thought ‘how dare you ask me something like this?’. I mean, I did not want to beat him up, but I just got angry since he questioned me about my privacy, but later I thought [on the subject] and I got used to it.” (#29, 29 Years old, Bachelor’s degree, Expecting his first child).

Theme 2. Sexual Life During Pregnancy

2.1. Pregnancy may affect sexual life

All expectant fathers stated that their sexual life was negatively affected during pregnancy. Because they used to have sexual intercourse 3-4 times per week before pregnancy, and this

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frequency decreased, or their sexual life completely disappeared during pregnancy. Expectant fathers indicated that their sexual life was negatively affected because of reasons such as the fear of harming the baby, the belly growth, and the limitation of the mother's movements. The statement of an expectant father is as follows:

“When you know that your wife is pregnant, you still want to have sexual intercourse, but you have a fear of harming the baby inside her. I mean, if your normal routine is to do it every day before pregnancy, it decreases to once or twice a week during pregnancy; you become worried or afraid, the doctor does not say anything, but you become psychologically disturbed.” (#8, 39 Years old, Bachelor's degree, Expecting his first child).

“There is no situation in which you can hang in any position you want, so as a result of our thinking of the baby every time, we wonder if something is happening to it or we touch it or I am down on it, so such things that can be negative.” (#18, 30 years old, master's degree, Expecting his first child).

2.2. Pregnancy may strengthen the marriage and increase the bond between spouses

In the study, 13 expectant fathers stated that pregnancy strengthened their marriage, and pregnancy enhanced the bonds between spouses. The statement of an expectant father on this subject is as follows:

“It seems like we have become attached to each other more. Because we're happy that we'll become a complete family” (#24, 30 Years old, Primary school graduate, Expecting his first child).

2.3. The effect of the changes of the body image on pregnant women and the fear of an extramarital affair

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Six expectant fathers who participated in the study reported that their spouses might be uncomfortable with their physical appearance because of the weight they have gained, might not feel as attractive as they used to feel since their belly has grown. As a result, they might have a sense of not being sexually desirable. In addition to this, four expectant fathers expressed that their spouses had a fear of being cheated on during pregnancy. The statements of two expectant fathers on this subject are as follows respectively:

“For example, she is so afraid of her body to be deformed; she says ‘I have stretch marks on my body, get me a stretch mark cream,’ her feeling of not being desirable increases.” (#6, 36 Years old, Master’s degree, Expecting his first child).

“My wife generally questions this issue; she asks me ‘if there is a problem for me [about not having sexual intercourse]’ because of the rumors she has heard from people around for years like ‘men cheat on their wives most during pregnancy.’” (#18, 30 years old, master’s degree, Expecting his first child).

2.4. Sexual intercourse may become just a duty during pregnancy

In the study, 4 expectant fathers stated that sexuality might become just a duty during pregnancy and their sexual intercourse took place without the desire of their spouses. Only 2 of the expectant fathers emphasized that the sexual desire of their wives has increased during this period. The statements of an expectant father on the subject are as follows:

“Sexuality turns into something else after a certain point. I mean, like a duty, rather than [taking place] out of a desire” (#11, 37 Years old, Bachelor’s degree, Expecting his second child).

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"But after I heard that she was pregnant, I continued for a while for another month or two at request of my wife" (#15, 37 Years old, Bachelor's degree, Expecting his second child).

DISCUSSION

Sexuality is one of the main daily activities of individuals. Among the physiological needs, Abraham Maslow emphasized the importance of sexuality in his basic human need theory by ranking it on top (6). In this study, the expectant fathers stated that they defined sexuality as an indispensable need that brings happiness, pleasure, and satisfaction to men. The study conducted by Rust et al. emphasized that sexuality was very important in marriage for men (19). The findings are parallel to the findings of the present study. That result may arise from the fact that men view sexuality as an action intended for ensuring their sexual satisfaction as well as continuity of their lineage.

The fact that couples do not discuss sexual life negatively affects their sexual relations. It also causes many conflicts among spouses (20). Expectant fathers stated that they could not talk about their feelings regarding their sexual lives with their spouses. In the study conducted by Cakir Kocak, almost all of the expectant fathers (90%) stated that they could comfortably talk about subjects related to sexuality with their spouses during pregnancy (21). In a study conducted with pregnant women, they emphasized that they talked about sexuality with their husbands and got information from them (8). Turkish men have difficulties in talking about sexuality with women, and still view this matter as a taboo.

In the present study, it appeared that expectant fathers are reluctant to make discussions regarding sexuality. In addition, expectant fathers reported that sexuality is seen as a sin in their religion. As far as literature is concerned, there is no study reporting that the expectant

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fathers are not willing to talk about sexuality. However, in a study conducted by Torun et al., which aims at investigating the beliefs about sexual myths and the factors affecting belief in these myths among Turkish men, while the majority of men responded to all the questions, more than a quarter of men did not want to answer questions about relevant sexual experiences (22). The results of our study can be explained by the fact that sexuality is seen as a taboo in our country just as in other developing countries.

Additionally, expectant fathers do not seem to be willing to receive counseling regarding sexuality. In the study conducted by Bilen Sadi and Aksu, 63.8% of expectant fathers were determined not to get information, in parallel with the results of our study (16). In the study conducted by Senturk Erenel et al., 64.3% of pregnant women were found not to receive counseling on sexual life during pregnancy from health professionals (9). The result of our study can be explained by the fact that sexuality and sexual life are still considered as a subject that must be kept secret in our society, as well as by the fear of men to be perceived as weak by others if they disclose such matters.

Sexual life of expectant fathers is negatively affected during pregnancy due to reasons such as the fear of harming the baby, avoidance of risking the life of the baby, the restriction of the mother's movements due to the growth of her belly. In the studies conducted by Rados et al and Onah, researchers concluded that the sexual desire, the frequency of sexual intercourse and the sexual satisfaction of expectant fathers decreased during pregnancy due to reasons such as fear of harming the baby and fear of miscarriage; while erection problems could also be frequent (15,17). Studies on pregnant women and their spouses emphasize that the fear of harming the fetus, stress, fatigue, and weakness are followed by a decrease in sexual desire and

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discomfort during sexual intercourse, which negatively affects sexual life during pregnancy (3-5,7). These findings are in parallel with the findings of the present study. However, it was emphasized that overall sexual satisfaction and function were not problematic for these couples during pregnancy based on the Golombok-Rust Inventory of Sexual Satisfaction (GRISS) scale in the another study by Dwarica et al (23). In other reviews in the literature, it is stated that sex is normal in pregnancy and there are very few proven contraindications and risks to intercourse in low-risk pregnancies (24). In addition, it was emphasized that recommendations for or against restricting sexual activity should be based on evidence-based guidelines (25).

Pregnancy may increase the love between spouses and may strengthen the bond of marriage (2). In the conducted studies, it was determined that expectant fathers paid attention and behaved closer to their wives, also expressed love to them more during pregnancy (26,27). In our study, expectant fathers stated that pregnancy increased the intimacy between them and their spouses. This result might have arisen from the peculiarities of the individual characteristics of the expectant fathers and the dynamics of their marriage. In addition, it can be explained by the fact that positive emotions related to the future new member of the family make the attachment between spouses stronger since the concept of family is given much importance and value in Turkish society.

The expectant fathers stated that their spouses were affected by the change in their body image and accordingly afraid of the possibility of an extramarital affair of them. Similarly, Olsson et al. found that the sexual life of pregnant women whose body image was distorted, who felt overweight and who believed that their husbands considered them ugly, were adversely affected (28). In the study conducted by Bilen Sadi and Aksu, 37.1% of expectant fathers stated that

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their wives were sexually attractive, even though they had gained weight (16). In the study carried out by Bello et al. to determine Nigerian women's experiences and opinions about their postpartum sexual experiences, 26% of women reported that they accepted sexual intercourse in order to prevent their husbands' infidelity (29). In another study conducted in Nigeria, women were indicated to have sexual intercourse with their partners during pregnancy since they are afraid of their partners' infidelity (30). As we have seen in the studies conducted before, there are usually fears of unfaithfulness in pregnant women who live in Middle East countries. When the population of Mersin is examined, it is seen that there is a lot of migration from the Southeast region of Turkey. Apart from this, hormonal changes in estrogen and progesterone may also influence mood and body image in pregnant women, in addition to the increasing body weight. Therefore, women are expected to experience such fears caused by increasing body weight and changing body image during pregnancy.

In conclusion, sexuality is generally viewed by expectant fathers as a duty, which is fulfilled mostly after the sexual desire of the husband. Nevertheless, some studies support the fact that the sexual desire of pregnant women increases during pregnancy (7,31). The result of the present study might have arisen from the fact that expectant fathers did not want to have sexual intercourse due to the fear of harming the fetus and mother.

Limitations

Being qualitative research, the results of the study are not representative and should be carefully interpreted. In addition, other limitations of the study are the small sample size and the fact that it was derived from a specific area of Turkey with certain cultural characteristics.

CONCLUSION

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This study is the first qualitative study that investigates the sexual life of expectant fathers during pregnancy in Turkey, addressing possible problems that may emerge during this period. According to the content analysis, two main themes were developed as a result of the study. The first theme 'Feelings and thoughts on sexuality', revealed that sexuality was very important for expectant fathers, it was not communicated between the spouses, and expectant fathers did not want to talk about sexuality. The other theme, 'Sexual life during pregnancy', showed that pregnancy affected sexual life, and it strengthened the marriage and the bonds between spouses. The themes also revealed that the wives of expectant fathers were disturbed by their changing body images and feared their husbands to engage in extramarital relationships, and sexual intercourse might become only a dull duty during pregnancy. Therefore the findings may guide physicians and nurses in planning counseling and training services that would be provided to the expectant fathers; since healthcare professionals play a critical role for people to maintain a healthy sexual life.

In accordance with the results obtained from the present study, researchers recommend forming an integrated service model in which expectant fathers are also included in the prenatal preparation classes that provide services for pregnant women, and addressing the topics that expectant fathers are curious about and need about the during pregnancy in these classes. In addition with, more research is needed including both qualitative and quantitative studies, in order to look into this interesting matter of sexuality more thoroughly and investigate possible intercultural differences.

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Table 1. Sociodemographic Characteristics of the Participants (N=29)

Sociodemographic Characteristic			N
	$\bar{X}\pm SD$	Min-Max	
Age	33.5+5.1	22-43	29
Profession			
Civil servant			18
Artisan			6
Worker			5
Education Level			
Primary school			4
High school			3
University			22
Longest Living Place			
Village			5
District			8
Province			16
Age Disparity Between Spouses			
	$\bar{X}\pm SD$	Min-Max	
	4+3.4	0-11	29
Status of Having Child			
Yes			12
No			17
Gestational Week of the Wife			
	$\bar{X}\pm SD$	Min-Max	
	26.3+10	10-40	29
Status of Having Any Problems During Pregnancy			
Yes			4
No			25

Table 2. Main and Sub-Themes

Theme 1. Feelings and Thoughts on Sexuality	Theme 2. Sexual Life During Pregnancy
1.1.The significance of sexuality for expectant fathers	2.1. Pregnancy may affect sexual life
1.2.Feelings about sexuality are not communicated between the spouses	2.2. Pregnancy may strengthen the marriage and increase the bond between spouses
1.3.Expectant fathers do not want to talk about sexuality	2.3. The effect of the changes of the body image on pregnant women and the fear of an extramarital affair

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1.4.Expectant fathers are not willing to receive counseling on sexuality

2.4. Sexual intercourse may become just a duty during pregnancy

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