

INFLUENCE OF THE GESTATION PERIOD ON SEXUAL DESIRE

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Various studies in this field have focused on understanding the relationship between the gestation period and sexual desire. The majority of such research suggests that, during pregnancy, both sexual desire and frequency of sexual relations decrease. The objective of the present study is to investigate whether there are any differences in sexual desire between women at different stages of the gestation period. The sample is made up of 39 pregnant women aged between 17 and 40, selected from those attending the Obstetrics and Gynaecology surgery of a Spanish local authority hospital. The assessment instrument used is the Test of Inhibited Sexual Desire (Masters, Johnson, and Kolodny, 1996).

The results of the Kruskal-Wallis non-parametric test indicate that there are no statistically significant differences in inhibited sexual desire [$X^2 = 3.03$; $p < 0.21$] between women in their first, second, and third gestation trimesters, respectively.

A lo largo de la literatura, determinados estudios se han centrado en conocer que relación existe entre el estado de gestación y el deseo sexual. La mayoría de ellos, apuntan que durante el embarazo el deseo, así como la frecuencia de conductas sexuales disminuye.

El objetivo del presente trabajo, es evaluar si hay o no diferencias en el deseo sexual en mujeres que se encuentran en diferentes momentos del estado de gestación. La muestra está compuesta por 39 mujeres embarazadas con edades comprendidas entre 17 y 40 años seleccionadas de la consulta de obstetricia y ginecología de un hospital del Servicio Andaluz de Salud (S.A.S). El instrumento de evaluación utilizado fue el Test del deseo sexual inhibido (Masters, Johnson y Kolodny, 1996). Los resultados de la prueba no paramétrica de Kruskal-Wallis indican que no existen diferencias estadísticamente significativas en deseo sexual inhibido [$X^2 = 3,03$; $p < 0,21$] entre mujeres que se encuentran en el primer, segundo y tercer periodo de gestación respectivamente.

With regard to the physiology and psychology of women's sexual response during pregnancy little is known and a great deal presupposed (Masters and Johnson, 1981). The relationship between the state of gestation and sexual desire has been studied by several authors. Ryding (1984), in a study carried out with pregnant women, found that during pregnancy 72% of the women experienced a decrease in sexual desire. Three months after childbirth, 20% of women continued to report inhibited sexual desire, while 21% actually reported total loss of desire or aversion to sexual activity.

The state of gestation exercises a great influence on female sexuality. The interest of the pregnant woman in sexual practices may be affected by physical changes and by the alteration of hormonal levels during the gestation period, since, despite individual differences, pregnancy tends to be accompanied by decreases in sexual

desire, in frequency of intercourse and in frequency of orgasm (White and Reamy, 1982).

Some studies have shown that the decrease in sexual desire, activity and satisfaction generally occurs as the state of gestation advances towards childbirth (Tolor and DiGrazia, 1976), in many cases due to the woman's fear of harming the foetus (Walbroehl, 1984). The result is often that there are changes in sexual practice.

In a study by Oruc, Esen, Lacin, Adiguzel, Uyar and Koyuncu (1999) with a sample of pregnant women, dyspareunia was found to be a common sexual disorder. These authors also found that pregnancy had a negative effect on orgasm quality and that frequency of intercourse decreased.

In addition to the changes that occur during pregnancy, another focus of research has been the changes observed in sexual behaviour after childbirth. Byrd, Hyde, DeLamater and Plant (1998) found that at one month and four months after childbirth there was a reduction in both sexual activity and sexual satisfaction in women that breast-fed their babies, compared to those that did not.

Masters and Johnson (1981) suggested that the imminent birth and the third trimester of pregnancy have a

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strong influence on the pre-childbirth female sexual response, and that breast-feeding generally leads to a rapid return of interest in sexual activity. Other studies, however, have shown that neither sexual desire nor frequency of sexual relations is affected by pregnancy. What they did observe were changes in sexual behaviour, with the most frequent position being the woman on top of the man. They also found that in some cases intercourse was replaced by masturbation, and that the introduction of different sexual practices was gratifying for both members of the couple (Sueiro, Gayoso, Perdiz and Doval, 1998).

The aim of the present research was to assess whether there are any differences in inhibited sexual desire among women in the first, second and third trimesters of gestation, respectively.

METHOD

Subjects

The sample was made up of 39 pregnant women aged between 17 and 40 years (mean = 27.37; standard deviation = 5.87), selected from those using the obstetrics and gynaecology service of a hospital within the Health Services of Andalucía (southern Spain) (*Servicio Andaluz de Salud, S.A.S*). Of the initial sample, 9 women were in the first trimester of gestation, 19 in the second and 11 in the third.

Instruments

Test of inhibited sexual desire (Masters, Johnson and Kolodny, 1996).

Procedure

The assessment instrument was applied individually and in the same conditions for all subjects. The tests were administered in the waiting room of the obstetrics and gynaecology surgery of the hospital.

RESULTS

In the data analysis, the Kruskal-Wallis non-parametric test for independent samples was used, with the object of discovering whether there were any statistically significant differences in the variable "inhibited sexual desire" in the groups of pregnant women in the first, second and third trimesters of gestation, respectively. Table 1 shows the means and standard deviations for inhibited sexual desire as a function of gestation trimester.

The results of the non-parametric test indicate no statistically significant differences in inhibited sexual desire [$\chi^2 = 3.03$; $p < 0.21$] in the sample of pregnant women

as a function of gestation trimester. In spite of the non-significance suggested by the results, it is interesting from a clinical point of view to observe (see Figure 1) that as pregnancy progresses, inhibited sexual desire increases, so that women in the period between the sixth and ninth month of gestation are those with the highest levels of inhibited sexual desire.

DISCUSSION

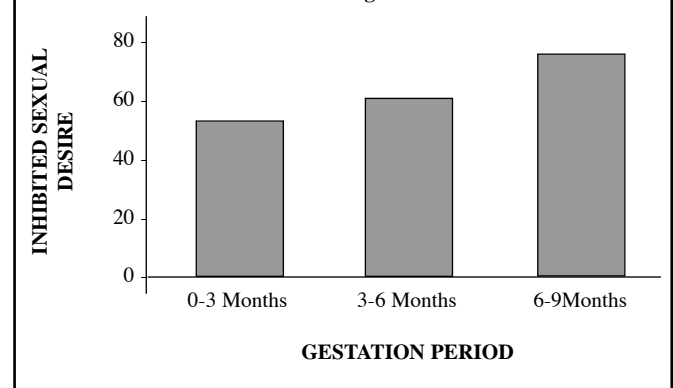
The above results suggest that sexual desire is not significantly affected during the gestation period. In none of the stages of gestation can we speak of an inhibition of sexual desire, since the mean scores obtained in the three trimesters are below the cut-off point considered by Masters et al. (1996) to indicate inhibited sexual desire. These results contradict those of other studies, which have demonstrated that pregnancy is a stage in which both sexual desire and sexual satisfaction in the woman are reduced (Tolor and DiGrazia, 1976).

Nevertheless, other work in the field has shown that the woman's full sexual satisfaction correlates positively with the feeling of happiness at being pregnant, and that women feel more attractive at the end of pregnancy than before it (Reamy, White, Daniell and Le Vines, 1982). A possible explanation of this absence of

Table 1
Mean scores and standard deviations in sexual desire for sample of pregnant women as a function of gestation trimester

GESTATION PERIOD	MEAN	SD
FIRST TRIMESTER	55.66	20.13
SECOND TRIMESTER	61.57	27.76
THIRD TRIMESTER	76.18	32.96

Figure 1
Mean scores in inhibited sexual desire of the sample of pregnant women as a function of gestation trimester



inhibited sexual desire found in our own study can be found in the changes in sexual practice that occur during this period, and which have been reported by various authors. In this line, the majority of studies point to a progressive decline in the frequency of intercourse as the gestation period advances (Perkins, 1982; Oruc et al., 1999); however, it is also found that other types of sexual behaviour occur, which may substitute coitus, and thus explain the fact that sexual desire does not necessarily decrease.

Barclay, McDonald and O'Loughlin, (1994) carried out a study with pregnant women in which they found a narrowing of the range of sexual activities practised during pregnancy, as well as changes in sexual practices, with oral sex being frequent, while Perkins (1982) found that masturbation was one of the most-frequently reported sexual practices during the gestation period.

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