

SOME ASPECTS OF SEXUAL BEHAVIOUR DURING PREGNANCY IN HIGH RISK AND LOW RISK MULTIGRAVIDA

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SUMMARY

The subject of sexual behaviour in pregnancy in India is still an uncharted sphere. A questionnaire interview of 400 multigravida with low and high risk factors in relation to sexual behaviour during pregnancy is presented. The characteristics of the study population are reviewed. In relation to their attitude to such study; coital frequency, sex desire and enjoyment, rate of orgasm, time coitus, and advice of sex in pregnancy and comparison are drawn between High risk and low-risk subjects. Overall declining trend was noted in sexual activity as pregnancy progressed. However, woman with previous bad obstetric history tended to be very cautious regarding sexual behaviour.

Introduction

Although India can boast of the world's first treatise on human sexuality, "Kama Sutra of Vatsyayana" written 2,300 years ago, it is ironical to think that we do not have factual baseline data depicting sexual behaviour pattern of our people. There are few workers who have suggested harmful effects, while other imply that sex may have some beneficial effect on pregnancy. At present there are writers from both camps and neither of them have sufficient data to substantiate, nor refute their prejudice. Thus there is clear need for baseline data in Indian context to know the attitude and range of normal sexual behaviour in non-pregnant and pregnant state and how it differs in patients with prior reproductive misfortune. Association of sexual habits

with adverse obstetric events as premature labour and premature rupture of membranes will be reported later.

Material and Methods

A questionnaire and/or interview was administered by one of the author to 200 high risk and 200 low risk multigravid patients on the first or second postpartum day at LHMC and S. K. Hospital, New Delhi. The questions were asked in vernacular language in order to study many aspects of their personal and sexual lives before and during pregnancy. Obstetrical data was added from mother's and babies' charts before concluding the interview. Control low-risk patients were randomly selected from overtly normal subjects, having delivered between 37 to 40 weeks of pregnancy following spontaneous onset of labour with no known antenatal, intranatal and postnatal complications as well as no known neonatal complications. Selection of cases with high-risk factors is shown in Table I. Last

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Accepted for publication on 15-2-88.

TABLE I
Distribution of Cases According to High-Risk Factors

Factors	Low-Risk control group (N-200) %	High Risk group (N-200) %
— Nil	100	—
— One or more previous abortions or premature labour	—	34
— One or more previous perinatal death (Still birth or Neonatal death)	—	52
— Previous—PET	—	6
— APH	—	8

coitus prior to admission is expressed in days, as "Time Coitus".

Observation and Discussion

Attitude and Reactions of the subjects to the study

Education and socio-economic status had an important bearing on the attitudes of women interviewed. Higher the level of education and socio-economic status, better was the response. In comparison lower educational and socio-economic status group of woman tended to be more aloof and withdrawn initially but had no difficulty in communicating about sex as such. Subjects in high-risk group were exceptionally responsive and cooperative and expressed a felt need for counselling on sexual behaviour in pregnancy by treating obstetricians.

Table II contains basic demographic data from our study population. Table III outlines the sexual frequency in the preceding year (Baseline) and during the different stages of pregnancy. Due to random selection, 13% of high risk women were observed to have gone into labor prematurely and thus their sex experience of the last month were not available. The trend of progres-

sive decline in coital frequency observed in control low-risk multiparous patient, was particularly notable in high-risk cases, who established a pattern of markedly diminished sexual activity. Similar observations have been recorded by Perkins (1984) regarding patients with prior bad obstetrical history. Increasing level of education and income tended to retard the rate of decline in sexual activity, but did not avert this decline altogether.

TABLE II
Demography of Study Population

Age	Low-risk	High-risk
<20	3.5	1
20-29	88	81
30-39	8.5	18
Religion		
Hindu	88	93
Sikh	8	5
Christian	2	—
Muslim	2	2
Education		
Nil/or		
Grade 1-5	32	51
Grade 6-12	30	31
Beyond grade 12	38	18

TABLE III
Frequency of Coitus

Frequency/wk.	Baseline		I		II		7		8		9	
	%		%		%		%		%		%	
	LR	HR	LR	HR	LR	HR	LR	HR	LR	HR	LR	HR
None	—	—	—	19	—	1	14	18	31.5	40	35	48
<1	6.5	3.5	4	24	9	45	15	34	17	24	21	21
1-2	56	59	70	51	75.5	47	65.5	42	46	23	42	18
3-5	37.5	36.5	26	6	15.5	7	5.5	10	5.5	3	2	—
>5	—	1	—	—	—	—	—	—	—	—	—	—
Mean ± S.D.	2.35±	2.11±	2.07±	1.17±	1.88±	.92±	1.3±	.84±	.84±	.68±	.73±	.33±
(Freq. >wk.)	.85	1.15	.79	1.12	.76	1.12	.97	1.5	.91	1.2	.70	.60

LR — Low risk. HR — High risk.

Table IV shows the time coitus in low-risk and high-risk group. The results of time coitus have suggested that significant number of women in India continue to be sexually active till the last month irrespective of their risk factor in pregnancy, but only a small percentage of women display sexual activity just before the onset of labor (5.5% in low risk versus none in high-risk group). The mean figure of time coitus in high risk group was significantly higher as compared to low-risk group ($p < 0.001$).

In general, the changes in sexual desire and enjoyment in majority of the low-risk group subjects in this study, paralleled changes in coital frequency (Table V). This has been the observation of Solberg *et al* (1973), Kenny (1973), Falicov (1973), Robson and associates (1981) and Perkins (1984). However discrepancies were most apparent in high-risk group where sexual desire and enjoyment persisted, while frequency of intercourse was either reduced or totally absent on account of lay or medical advice; or spontaneous fear of harm to the conceptus due to previous bad obstetrical experience.

Table VI shows rates of orgasm in low and high-risk groups. The mean orgasm rate in low-risk multiparous women was significantly higher than high-risk women ($p < .001$). However there is no explanation at present why high-risk women tended to be relatively an-orgasmic or had lower rate of orgasm. This phenomena was observed in the study of Goadlin *et al* (1971).

Post-coital uterine irritability was noted in 16.5% and 18% low-risk and high-risk subjects respectively. In comparison Perkins (1982) gave figure of 16.3% and 13.5%, uterine irritability after coitus with orgasm and coitus without orgasm respectively. However, Solberg (1973) and Goadlin (1971) reported much higher figures.

TABLE IV
Time Coitus in Low and High Risk Groups (%)

Days	Low Risk group	High Risk Group	
<1	5.5	Nil	
1-10	21	14	
11-20	17	12	
21-30	21.5	13	
>31	35	61	
Mean \pm S.D.	36.66 \pm 32.34	69.36 \pm 64.82	P < .001

TABLE V
Sex Desire and Enjoyment (%)

	Sex Desire (Trimester)						Sexual enjoyment	
	I		II		III		LR	HR
	LR	HR	LR	HR	LR	HR		
Decreased	1.5	15	23.5	27	58.5	69.5	50	64
No change	91.5	85	73.5	73	41.5	30.6	41.5	26
Increased	7	—	3	—	—	—	8.5	—

TABLE VI
Rate of Orgasm

Rate of orgasm (%)	Low Risk	High Risk	
Nil	22.5	44	
1- 25	26.5	29	
20- 50	14.5	14	
51- 75	10.5	4	
76-100	27	9	
Mean + SD	44.98 \pm 30.42	23.12 \pm 28.16	P < .001

The question of 'Coital position in pregnancy' was received with mixed feelings. More than half kept quiet on the ground that it was too personal question. Of the various coital position mentioned, the male over female position seemed to be the commonest in earlier half of pregnancy, while in later half in order of decreasing frequency various positions, side by side, both lying down, and male over female position were mentioned. Views on Sex in pregnancy: 62% of high-risk women were worried about danger to baby, miscarriage and pre-

mature labor as a result of coitus as compared to 26% low-risk subjects, who complained more about physical discomfort, tiredness and weakness.

Advice on sex in pregnancy: It is pertinent to note that only half of women belonging to the high-risk group received advice on sex during pregnancy. However, medical advice regarding sex was only given to 18% in high-risk group as compared to 1.5% in low-risk group ($p < .05$), showing thereby that definite communication gap with regard to sexual matter exists between

the treating doctor and patients in Indian set up. It was also revealed that compliance with the advice given, was not total, although advice rendered by a medical source was generally followed.

Comments

Subject of sexual behaviour in pregnancy in normal multigravid subjects and how it differs in patients with bad obstetric history is still on uncharted sphere. There is great need for future investigations on a large sample size. In the type of study that was carried out, which was based on recall method has its own drawbacks. Thus a longitudinal study of pregnant women being followed through the duration of their preg-

nancy, labor and postpartum period would be ideal.

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