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The Relationship Between Attitudes Towards Sexuality and Anxiety During Pregnancy

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ABSTRACT

Objective: The study was carried out to determine the relationship between attitude towards sexuality and anxiety during pregnancy. **Materials and Methods:** The study sample consisted of voluntary pregnant women throughout Turkey who participated in the online survey and met the specified criteria. This relationship-seeking and descriptive study was conducted online with 268 pregnant women between November 2022 and March 2023. In this context, the random sampling method was used. The survey form prepared by the researchers, the Pregnancy Sexuality Attitude Scale and the Pregnancy-Related Anxiety Scale were used in the study. **Results:** It was found that the attitudes of pregnant women towards sexuality during pregnancy were moderately positive and they had moderate anxiety. It was determined that there is a negative relationship between positive beliefs about sexuality during pregnancy and approval of sexuality during pregnancy and the anxiety level of pregnant women, and a positive relationship between anxiety about sexual intercourse during pregnancy and anxiety level ($p<0.05$). **Conclusion:** The findings of the study show that there is a relationship between the attitude towards sexuality during pregnancy and anxiety about pregnancy. All health professionals, especially midwives working in primary health care institutions, should include the issue of sexuality in pregnancy follow-up.

Keywords: Pregnancy, Sexuality, Anxiety.

Gebelikte Anksiyete ile Cinselliğe Yönelik Tutum Arasındaki İlişki

ÖZ

Amaç: Çalışma gebelik döneminde cinselliğe karşı tutum ile anksiyete arasındaki ilişkiyi belirlemek amacıyla gerçekleştirilmiştir. **Gereç ve Yöntem:** Araştırmanın örneklemini Türkiye genelinde çevrimiçi ankete katılan ve belirlenen kriterlere uygun gönüllü gebeler oluşturmuştur. İlişki arayıcı ve tanımlayıcı tipte yapılmış bu çalışma, Kasım 2022-Mart 2023 tarihleri arasında çevrimiçi olarak 268 gebe ile yürütülmüştür. Bu kapsamda kolayda örnekleme yöntemi kullanılmıştır. Araştırmada araştırmacıların oluşturduğu anket formu, Gebelikte Cinselliğe Karşı Tutum Ölçeği ve Gebelikte İlişkili Anksiyete Ölçeği kullanılmıştır. **Bulgular:** Gebelerin gebelikte cinselliğe karşı tutumlarının orta düzeyde olumlu olduğu ve orta düzeyde anksiyeteye sahip oldukları bulunmuştur. Gebelikte cinselliğe yönelik inançların olumlu olması ve gebelikte cinselliği onaylama ile gebelerin anksiyete düzeyi arasında negatif, gebelikte cinsel birleşmeye yönelik kaygı ile anksiyete düzeyi arasında pozitif bir ilişki olduğu belirlenmiştir ($p<0.05$). **Sonuç:** Araştırmadan elde edilen bulgular, gebelikte cinselliğe karşı tutum ile gebeliğe ilişkin anksiyete arasında ilişki olduğunu göstermektedir. Birinci basamak sağlık kuruluşlarında görev alan ebeler başta olmak üzere tüm sağlık profesyonelleri gebelik izlemlerinde cinsellik konusuna yer verilmelidir.

Anahtar Kelimeler: Gebelik, Cinsellik, Anksiyete.

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INTRODUCTION

Pregnancy is one of the most important turning points in a woman's life. Pregnancy is a physical and psychological challenge for both the mother and the father-to-be (Aksoy et al., 2019). During this time, there are social, psychological and physiological changes in women's lives (Khalesi et al., 2018; Çevik & Yanikkerem, 2020). These changes cause different psychological reactions in pregnant women (Baran et al., 2020; Aralı & Öztürk, 2022). Although pregnancy is welcomed with joy by women, it is sometimes seen as an anxious process (Arslan & Okçu, 2019). Sexual life is subject to fluctuations due to the psychological changes during pregnancy (Güney & Bal, 2023; Oche et al., 2020). However, sexuality is influenced by many factors in addition to sexual activity, living environment, beliefs and attitudes (Güney & Bal, 2023; Aksoy et al., 2019).

According to the World Health Organization, it is described as a fundamental aspect of being human (World Health Organization, 2022). Furthermore, sexuality encompasses gender identities, roles, sexual orientation, eroticism, pleasure and reproduction (World Health Organization, 2022). Sexual attitudes related to sexuality are shaped by the environment, laws, traditions, social value judgments, social status and religious beliefs in which people live (Evangelista et al., 2019). Sexual attitudes are closely linked to sexual interest (Evangelista et al., 2019).

Anxiety is another factor that influences attitudes towards sexuality, especially during pregnancy (Phan et al., 2021). It has been found that as anxiety increases, women adopt an avoidant attitude towards sexuality during pregnancy (Güney & Bal, 2023; Oche et al., 2023; Phan et al., 2021; Branecka-Woźniak et al., 2020). This situation has been shown to have a negative impact on couples' sex lives (Branecka-Woźniak et al., 2020; Bilge et al., 2021). However, no study was found in the literature on the relationship between attitudes towards sexuality during pregnancy and anxiety. The study was conducted to determine the relationship between attitudes towards sexuality and anxiety during pregnancy.

MATERIALS AND METHODS

Study type

The research is relational and descriptive, and the population of the research consists of all women who were pregnant between November 2022 and March 2023.

Study group

Random sampling method, one of the non-probability sampling methods, was used to select the sample. In the non-probability sampling method, sample selection is based on the researcher's preferences or certain characteristics of the population rather than a specific plan or random selections. The researcher selected the sample to be representative of the population. The study was announced to all pregnant women throughout Türkiye and volunteers were encouraged to

participate. The sample size was calculated using the G*Power 3.1.7 program to 268 pregnant women with a power of 80% within a deviation of 2 points from the known value (30.53± 6.49) (Duman et al., 2021). The minimum number of pregnant women expected to be reached in the study was 268, and the study was terminated when this number was reached. All women who consented to the online survey between the indicated dates, were open to communication, literate, pregnant for the first time, at least 18 years of age, healthy with a single fetus, pregnant women who had no psychiatric illness, and volunteered to participate in the study were included.

Data collection tools

Personal information form

The questionnaire form was created by the researchers by scanning the literature and consists of 12 questions about socio-demographic characteristics, obstetric characteristics and sexual experiences (Sezer et al., 2021; Kurt and Aslan, 2020). The survey was created online.

Link:
<https://docs.google.com/forms/d/e/1FAIpQLSca1bqXTFMghJLMPVUjceUNtHEcNLIF5YdGaf6ouwX4sWcNtw/viewform?pli=1>

And shared through the researchers' social media accounts (Facebook, Instagram, Whatsapp). Before the online survey was launched, a checkbox was set up for women to give consent to participate in the study, and after consent was given, questions were accessed

Attitude Scale Towards Sexuality During Pregnancy

This scale, developed by Sezer et al. in 2021, has been accepted as a valid and reliable tool consisting of 34 items and 3 sub-dimensions for determining the attitudes of pregnant women and their spouses towards sexuality (Sezer et al., 2021). The subdimension "beliefs and values regarding sexuality during pregnancy" consists of 10 items (3, 4, 8, 9, 12, 13, 16, 17, 19, 29); the subdimension "fear of sexual intercourse during pregnancy" consists of 9 items (7, 10, 15, 18, 22, 25, 26, 27, 30); The subdimension "affirmation of sexuality during pregnancy" consists of 15 items (1, 2, 5, 6, 11, 14, 20, 21, 23, 24, 28, 31, 32, 33, 34). Positive statements were scored as "disagree at all"="1", "disagree"="2", "agree moderately"="3", "agree"="4, and "agree fully"="5, while negative statements; disagree at all"="5", "disagree"="4", "agree moderately"="3", "agree"="2", and "agree fully"="1". The scores that can be taken from the sub-dimension "Fear of sexual composition during pregnancy" are in the range of 9-45 points, "Beliefs and values regarding sexuality during pregnancy" and the score that can be obtained from the sub-dimension "Affirmation of sexuality during pregnancy" are in the range of 15-75 points. With the total "Scale of attitudes towards sexuality during pregnancy" you can score a minimum of 34 and a maximum of 170 points. The higher the total score of the "Attitude Scale Towards Sexuality During Pregnancy", the more positive it is, and the lower the total score decreases, the more

negative the attitude towards sexuality during pregnancy.

Pregnancy-Related Anxiety Scale (PrAS)

The Turkish reliability and validity study of the scale, which was developed by Brunton et al. in 2018, was conducted by Kurt and Aslan in 2020, reducing the number of items from 33 to 31, developing a scale with 9 subdimensions as a result the Turkish validity and reliability studies (Kurt and Aslan, 2020). Subdimensions of the scale; "Worries About Childbirth" (items 1. 2. 3. 4. 5. and 6.), "Attitudes Towards Childbirth" (Items 11, 12 and 13), "Body Image Anxiety" (7. 8. 9 and Article 10) "Concern About Motherhood" (Articles 14, 15 and 16), "Acceptance of Pregnancy" (Articles 17, 18 and 19), "Attitudes toward health care workers" (Articles 23, 24 and 25)), "Anxiety Indicators" (Articles 20, 21 and 22), "Avoidance" (Articles 26, 27 and 28) and "Fear of The Baby" (Articles 29, 30 and 31). The scale includes a 4-point Likert type assessment consisting of "Never: 1", "Sometimes: 2", "Mostly: 3", "Very often: 4" options. The lowest was found to be 31 and the highest 124 points across the scale. The items indicated in parentheses in the scale (11, 12, 13, 17, 18, 19, 23, 24, and 25) are scored in reverse order. After the 9 reverse-scored items are translated, each sub-dimension is scored on its own, and the sum of the scores of all items in the score gives the "total scale score". As the score on the total scale increases, the level of pregnancy anxiety increases linearly. The Cronbach's alpha of the scale in the original study was reported as 0.92. In this study, the Cronbach's alpha value of the PrAS was calculated to be 0.89 (Kurt & Arslan, 2020)

Dependent and independent variables

The independent variables of this research are age, education, working status, husband age, spouse's employment status, smoking status, social security status, income perception and emotions about the upcoming birth, number of pregnancies, pregnancy trimesters, thinking that pregnancy affects sex life. The dependent variable is pregnancy related anxiety and attitudes towards sexuality.

Statistical analysis

Analysis of the data obtained from the study was performed using the Statistical Package for Social Science 25 (SPSS 25.0) program on the computer. Since the data did not have a normal distribution, the Kruskal Wallis test and the Mann Whitney U test were used for the analysis. The relationship between attitudes toward sexuality during pregnancy and pregnancy-related anxiety was determined by Pearson correlation analysis.

Ethical considerations

Permission for the study was obtained from the Non-Invasive Research Ethics Committee of the Faculty of Health Sciences, Selcuk University. The pregnant women who agreed to participate in the study were informed about the study. They were informed that they had the right to withdraw from the study at any time during the study, and the informed consent form

was forwarded to the participants and they were promised that their information would be kept confidential.

RESULTS

The mean age of the women participating in the study was 28.15 ± 2.46 (min:20-max:40) and the mean gestational week was 32.95 ± 3.72 . The mean score of the scale of women's attitude toward sexuality during pregnancy was 86.72 ± 14.11 , and since the highest score that can be obtained on the scale is 170, it shows that the women have a moderately positive attitude toward sexuality during pregnancy (Table 1). The mean value of the inventory of pregnancy-related anxiety (PRAS) was 69.40 ± 11.25 , considering that the highest value that can be obtained with this scale is 124, it can be said that the women's pregnancy anxiety is moderate (Table 2).

Table 1. Women's attitudes towards sexuality in pregnancy scale sub-dimension and total mean scores.

| Variables | Mean \pm SS | Min-Max |
|--|-------------------|---------|
| Beliefs and Values Related to Sexuality in Pregnancy Sub-Dimension Score | 18.59 \pm 7.45 | 9-45 |
| Anxiety Regarding Sexual Mating During Pregnancy Sub-Dimension Score | 20.96 \pm 7.54 | 9-45 |
| Sub-Dimensional Score of Confirming Sexuality in Pregnancy | 47.12 \pm 10.66 | 15-73 |
| Attitudes Towards Sexuality During Pregnancy Scale Total Score | 86.72 \pm 14.11 | 34-130 |

Table 2. Women's pregnancy-related anxiety scale (PRAS) sub-dimension and total mean scores.

| Variables | Mean \pm SS | Min-Max |
|------------------------------------|-------------------|---------|
| Birth-Related Concerns | 14.76 \pm 4.52 | 6-24 |
| Attitudes Towards Birth | 7.27 \pm 2.21 | 3-12 |
| Body Image Anxiety | 6.51 \pm 2.53 | 4-16 |
| Worrying About Motherhood | 5.07 \pm 2.00 | 3-12 |
| Acceptance Of Pregnancy | 4.99 \pm 2.40 | 3-12 |
| Attitudes towards Health Personnel | 8.52 \pm 2.92 | 3-12 |
| Concern Indicators | 6.10 \pm 2.29 | 3-12 |
| Avoidance | 5.17 \pm 2.50 | 3-12 |
| Concerns Regarding the Baby | 5.44 \pm 2.34 | 3-12 |
| Scale Total Score | 69.40 \pm 11.25 | 30-144 |

Table 3. The relationship between sociodemographic and obstetric characteristics of pregnant women, and Attitudes towards Sexuality in Pregnancy Scale and PRAS.

| Variables | | n | % | Attitudes towards Sexuality in Pregnancy Scale Mean \pm Ss | Pregnancy-Related Anxiety Scale Mean \pm Ss |
|--------------------------|-------------------|-----|----|--|---|
| Age | 18-30 years old | 180 | 67 | 87.82 \pm 14.07 (88) | 70.58 \pm 11.39 (71) |
| | 31-45 years old | 88 | 33 | 85.51 \pm 13.98 (86) | 67.75 \pm 10.04 (66) |
| | P** | | | 0.27 | 0.023 |
| Education | Primary education | 97 | 36 | 85.20 \pm 15.88 (86) | 66.04 \pm 10.94 (66) |
| | High school | 82 | 30 | 88.56 \pm 14.65 (88) | 72.10 \pm 9.61 (72) |
| | University | 87 | 34 | 87.82 \pm 10.62 (87) | 71.60 \pm 11.33 (71) |
| | P* | | | 0.429 | 0.001 |
| Working status | Not working | 182 | 68 | 86.40 \pm 14.60 (88) | 68.56 \pm 10.81 (68) |
| | Working | 86 | 32 | 90.11 \pm 13.63 (91) | 73.94 \pm 9.18 (75) |
| | P** | | | 0.782 | 0.010 |
| Husband Age | 18-30 years old | 140 | 52 | 88.55 \pm 14.12 (88) | 71.07 \pm 11.69 (71) |
| | 31-45 years old | 128 | 48 | 85.34 \pm 13.84 (86) | 68.00 \pm 9.97 (67) |
| | P** | | | 0.080 | 0.049 |
| Husband's Working Status | Yes | 250 | 93 | 87.93 \pm 11.54 (85) | 65.40 \pm 10.39 (63) |
| | No | 18 | 7 | 87.00 \pm 14.22 (88) | 69.92 \pm 11.01 (70) |
| | P** | | | 0.813 | 0.057 |
| Smoking status | Yes | 21 | 7 | 85.80 \pm 15.44 (86) | 70.75 \pm 9.27 (70) |
| | No | 247 | 93 | 87.19 \pm 13.98 (88) | 69.48 \pm 11.16 (69) |
| | P** | | | 0.582 | 0.806 |
| Social security status | Yes | 207 | 77 | 87.62 \pm 13.54 (88) | 69.83 \pm 10.66 (69) |
| | No | 61 | 23 | 85.03 \pm 15.72 (88) | 68.98 \pm 12.26 (69) |
| | P** | | | 0.556 | 0.538 |
| Perception of Income | Bad | 42 | 15 | 85.02 \pm 17.14 (88) | 65.75 \pm 13.76 (66) |
| | Middle | 212 | 79 | 87.04 \pm 13.31 (87) | 70.28 \pm 10.20 (70) |
| | Good | 14 | 6 | 95.40 \pm 12.62 (96) | 72.90 \pm 11.23 (74) |
| | P* | | | 0.146 | 0.115 |
| Number of Pregnancies | 1 | 110 | 41 | 87.58 \pm 12.40 (88) | 71.13 \pm 11.12 (71) |
| | 2 | 90 | 33 | 87.36 \pm 15.35 (90) | 69.00 \pm 10.56 (69) |
| | ≥ 3 | 68 | 26 | 85.78 \pm 14.89 (86) | 68.09 \pm 11.30 (67) |
| | P* | | | 0.354 | 0.272 |
| Pregnancy trimesters | 1. Trimester | 39 | 14 | 85.34 \pm 16.57 (88) | 67.28 \pm 10.49 (68) |
| | 2. Trimester | 69 | 25 | 83.68 \pm 13.88 (86) | 69.56 \pm 11.25 (70) |
| | 3. Trimester | 160 | 61 | 88.91 \pm 13.29 (88) | 70.19 \pm 11.01 (70) |
| | P* | | | 0.072 | 0.795 |

Table 3. (Continue). The relationship between sociodemographic and obstetric characteristics of pregnant women, and Attitudes towards Sexuality in Pregnancy Scale and PRAS.

| | | | | | |
|--|-------------|-----|----|------------------|------------------|
| Thinking that pregnancy affects sex life | Yes | 109 | 40 | 87.82±12.62 (87) | 70.69±10.98 (69) |
| | No | 159 | 60 | 86.54±14.95 (88) | 68.94±11.01 (70) |
| | P** | | | 0.611 | 0.380 |
| Emotions about the upcoming birth | Positive | 154 | 57 | 95.00±14.45 (90) | 67.89±9.20 (67) |
| | Negative | 7 | 2 | 86.10±14.65 (87) | 83.20±25.83 (76) |
| | Complicated | 107 | 41 | 88.06±13.03 (88) | 71.54±11.71 (72) |
| | P* | | | 0.227 | 0.007 |

Table 4. Correlation coefficients of attitudes towards sexuality in pregnancy scale sub-dimension and total scores, and PRAS sub-dimension and total score.

| PRAS Sub-Dimensions | PRAS 1. Sub-Dimension | PRAS 2. Sub-Dimension | PRAS 3. Sub-Dimension | PRAS 4. Sub-Dimension | PRAS 5. Sub-Dimension | PRAS 6. Sub-Dimension | PRAS 7. Sub-Dimension | PRAS 8. Sub-Dimension | PRAS 9. Sub-Dimension | PRAS Total |
|--|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|------------------------|
| Attitudes towards Sexuality in Pregnancy Scale 1. Sub- Dimensions p | -0.153 0.013 | -0.238 0.000 | -0.075 0.226 | -0.156 0.010 | -0.172 0.005 | -0.191 0.002 | -0.219 0.000 | -0.186 0.002 | -0.711 0.000 | -0.163 0.008 |
| Attitudes towards Sexuality in Pregnancy Scale 2. Sub- Dimensions p | 0.242 0.000 | 0.168 0.006 | 0.124 0.044 | 0.224. 0.000 | 0.066 0.284 | 0.255 0.000 | 0.238 0.000 | 0.175 0.004 | 0.360 0.000 | 0.259 0.000 |
| Attitudes towards Sexuality in Pregnancy Scale 3. Sub- Dimensions p | -0.033 0.590 | -0.289 0.000 | -0.071 0.251 | -0.022 0.726 | -0.369 0.000 | -0.075 0.228 | -0.0.65 0.296 | -0.055 0.379 | -0.639 0.000 | -0.173 0.005 |
| Attitudes towards Sexuality in Pregnancy Scale Total Score p | -0.253 0.000 | -0.005 0.933 | -0.153 0.013 | -0.217 0.000 | -0.160 0.010 | -0.288 0.000 | -0.193 0.002 | -0.153 0.013 | -0.398 0.000 | -0.360 0.000 |

PRAS 1st sub-dimension: **Birth-Related Fears**, PRAS 2nd sub-dimension: **Attitudes Regarding Childbirth**, PRAS 3rd sub-dimension: **Body Image Anxiety**, PRAS sub-dimension 4: **Maternity Anxiety**, PRAS 5th subdimension: **Acceptance Of Pregnancy**, PRAS 6th subdimension: **Attitudes Toward Health Care Workers**, PRAS 7th subdimension: **Indicators Of Anxiety**, PRAS 8. sub-dimension: **Avoidance Behaviour**, PRAS 9th subdimension: **Concern About The Infant**, Attitudes toward sexuality during pregnancy scale Subdimension 1: **Beliefs And Values Regarding Sexuality During Pregnancy**, Attitude scale toward sexuality during pregnancy 2nd subdimension: gender anxiety during pregnancy, Attitude scale towards sexuality during pregnancy Subdimension 3: **Affirmation Of Sexuality During Pregnancy**

Table 3 shows the association between the sociodemographic and obstetric characteristics of pregnant women and Attitude Scale Towards Sexuality During Pregnancy and PRAS. It was found that there was no association between women's attitudes toward sexuality during pregnancy and their sociodemographic characteristics. In examining the association between pregnancy anxiety and sociodemographic characteristics, women in the 18-30 age group were compared to the other groups, women with high school diplomas compared to women with elementary and high school diplomas, women with spouses between the ages of 18-30 compared to women who are not employed, and women who have negative view of the upcoming birth were compared to the others. Anxiety levels are found to be higher than those experiencing complex emotions.

Table 4 shows the correlation coefficients for the Attitude Scale Towards Sexuality During Pregnancy subdimension and total score and for the PRAS subdimension and total score. A negative significant correlation was found between the 1st subdimension (beliefs and values regarding sexuality in pregnancy) of the Attitude Scale Towards Sexuality During Pregnancy and all other subdimensions except the 3rd subdimension of the pregnancy-related anxiety scale and the total score. It is observed that the level of anxiety decreases when attitudes about beliefs and values regarding sexuality in pregnancy are positive. It was found that with the increase in the 2nd subdimension of the Fear of Pregnancy Scale (fear of sexual coitus during pregnancy), all subdimensions and total scores of the Fear of Pregnancy Scale increased, with the exception of the 5th subdimension. This shows us that as the fear of sexual intercourse during pregnancy increases, the level of anxiety also increases. Attitudes toward sexuality in pregnancy Scale 3rd subdimension (affirmation of sexuality in pregnancy) PRAS It was found that there was a negative relationship between attitudes toward childbirth, acceptance of pregnancy, worries about the baby, and total anxiety score. It was found that there is a negative significant relationship between the total score of the Attitudes toward Sexuality in Pregnancy scale and all other sub-dimensions except the 2nd sub-dimension PRAS and the total score.

DISCUSSION

The data obtained from this study shed light on the sexual attitudes and fears of expectant mothers during pregnancy. In our study, it was found that expectant mothers' attitudes towards sexuality during pregnancy were moderately positive. However, women were found to have an avoidant attitudes towards sexuality because of the increase in discomfort and dyspareunia and because they do not perceive sexual intercourse as safe during pregnancy (Güney & Bal, 2023; Phan et al., 2021). In addition, studies have shown that sexual life during pregnancy

between couples is negatively affected (Mutlu & Güleröglü, 2023; Uğurlu et al., 2023; Özgan Çelikel & Bulut, 2019). It is assumed that the level of education, sociocultural characteristics and the week of pregnancy of the pregnant women influence this situation (Özçoban & Dilcen, 2022; Gümüşay et al., 2021; Özgan Çelikel & Bulut 2019; Oche et al, 2020). However, in our study, sociodemographic characteristics and gestational week had no effect on attitudes towards sexuality during pregnancy. And although the women experienced a decrease in sexual desire, they continued to have sexual intercourse to satisfy their partners (Özgan Çelikel & Bulut 2019; Oche et al., 2020).

It has been found that there is a relationship between changes in sex life and anxiety in pregnant women (Güney & Bal, 2023). In our study, it was found that there is a relationship between age, sociodemographic characteristics, thoughts about impending labor and anxiety. In studies similar to our study, there is a close association between sociodemographic characteristics and anxiety (Effati-Daryani et al., 2021; Bilge et al., 2021). In particular, socioeconomic status can increase anxiety (Effati-Daryani et al., 2021). Another factor that influences anxiety is the interruption of sex life (Effati-Daryani et al., 2021). The study found that the quality of sex life increases marital satisfaction and reduces anxiety (Effati-Daryani et al., 2021). However, in the study conducted by Hajnasiri et al. it was found that pregnancy trimesters were not affected by anxiety depending on sex life (Hajnasiri et al., 2018). In our study, it was found that the anxiety of pregnant women was at a moderate level. Another important finding of the study is that there is a negative relationship between positive beliefs about sexuality during pregnancy and approval of sexuality during pregnancy and anxiety levels of pregnant women and a positive relationship between anxiety about sexual intercourse during pregnancy and anxiety levels. Similar to our study, the literature states that decreased sexual desire and fear of sexual intercourse increase the level of anxiety (Güney & Bal, 2023; Demir et al., 2023).

In a study conducted by Özçoban and Dilcen, it was found that most couples consider sexual intercourse during pregnancy to be safe (Özçoban & Dilcen, 2022). In another study, although a relationship was found between the perception of body image and sexual functions of pregnant women, in contrast, a healthy sexual life was found in their spouses due to a positive body image (Gümüşay & Erbil, 2021). As in our country, in both Muslim countries and some non-Muslim countries, sexuality between spouses is not discussed and is seen taboo (Özçoban & Dilcen, 2022; Zhang et al., 2021; Effati-Daryani et al., 2021; Phan et al., 2021). However, studies have found that conversations about sexuality between spouses, access to correct information in the pre-conceptual phase, marital harmony between couples and attitudes

towards sexuality during pregnancy reduce anxiety by positively influencing it (Özçoban & Dilcen, 2022; Effati-Daryani et al., 2021; Bilge et al., 2021).

Limitations of the Research

The data obtained in the research is limited to the information provided by the expectant mothers.

CONCLUSION

The results of the study show that there is an association between attitudes toward sexuality during pregnancy and fear of pregnancy. Among health professionals, especially midwives working in primary health care facilities on this issue, the topic of sexuality should be included in pregnancy examinations. Studies should be conducted to reduce the fears of expectant mothers regarding sexuality and pregnancy-related fears in the areas of misinformation, sexual life during pregnancy, and psychology of pregnancy. Pregnancy-related fears should be identified, especially among expectant mothers. It is foreseeable that pregnant women and future generations will develop healthy sexual behavior by ensuring that they have sufficient knowledge and materials about sexual life during pregnancy. In addition, further studies are needed to determine the attitudes of expectant mothers toward sexuality during pregnancy in our country.

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Conflict of Interest

The author declares no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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Author Contributions

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Ethical Approval

Institution: Selcuk University Ethics Committee

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