ISSN: 2757-6817

Unika Sağlık Bilimleri Dergisi
Unika Journal of Health Sciences

Araştırma Makalesi/Research Article

The Determination of the Relationship Between Pregnant Women's Self-Perception and Dyadic Adjustment in Relation to Sexual Attitudes, and Identification of Influencing Factors

Gebelerin Kendilik Algıları ile Çift Uyumlarının Cinselliğe Yönelik Tutumları ile İlişkisi ve Etkileyen Faktörlerin Belirlenmesi

Melike KAHVECİ [1*], Ebru CİRBAN EKREM [2]

Abstract: Objective: The aim of this study is to determine the relationship between pregnant women's self-perception and dyadic adjustment with their attitudes towards sexuality during pregnancy, and to identify influencing factors. Methods: Data for this cross-sectional study were collected through the self-report technique using a snowball sampling method between June 2022 and June 2023. A total of 403 pregnant women were included in the study. Data were collected using a Personal Information Form, Pregnant Women's Self-Perception Scale (PWSPS), Revised Dyadic Adjustment Scale (RDAS), and Pregnancy Sexual Attitude Scale (PSAS). Results: The study revealed that pregnant women's perceptions of motherhood and body image were moderate, the quality of their relationships with their partners was good, and their attitudes towards sexuality during pregnancy were negatively rated. Maternal perception ($r=0.541$, $p<0.0001$) and dyadic adjustment ($r=0.102$, $p=0.040$) showed a positive relationship with attitudes towards sexuality during pregnancy, while body image ($r= -0.144$, $p=0.004$) exhibited a negative relationship. Maternal perception and dyadic adjustment were significant predictors of attitudes towards sexuality during pregnancy ($p<0.001$). Conclusions: Increasing relationship satisfaction and compromise, which are significant determinants of maternal perception and dyadic adjustment during pregnancy, enhance positive attitudes towards sexuality.
Keywords: Pregnant, Perception, Dyadic adjustment, Sexual attitude, Motherhood.

Öz: Amaç: Gebelerin kendilik algısı ile çift uyumlarının, gebelikte cinselliğe yönelik tutumları ile ilişkisi ve etkileyen faktörlerin belirlenmesidir. Gereç ve Yöntem: Kesitsel tipteki çalışmanın verileri, Haziran 2022-Haziran 2023 tarihleri arasında kartopu örnekleme yöntemi ile öz bildirim yoluyla toplanmıştır. Çalışmaya 403 gebe dahil edilmiştir. Veriler Tanıtıcı Bilgi Formu, Gebelerin Kendilerini Algılama Ölçeği (GKAÖ), Yenilenmiş Çift Uyum Ölçeği (YÇUÖ) ve Gebelikte Cinselliğe Yönelik Tutum Ölçeği (GCYTÖ) kullanarak toplanmıştır. Bulgular: Çalışmanın sonucunda gebelerin annelik ve beden algılarının orta, eşleri ile ilişkilerinin kalitesinin iyi ve gebelikte cinselliğe yönelik tutumlarının olumsuz düzeyde olduğu belirlenmiştir. Annelik algısı ($r=0,541$, $p<0,0001$) ve çift uyumu ($r=0,102$, $p=0,040$) gebelikte cinselliğe yönelik tutum arasında pozitif, beden algısı ($r=-0,144$, $p=0,004$) ile negatif ilişki bulunmuştur. Gebelerin annelik algısı ile çift uyumları, cinselliğe yönelik tutumlarının anlamlı bir yordayıcısıydı ($p<0,001$). Sonuç: Gebelikte annelik algısı ile çift uyumunun önemli belirleyicilerinden olan ilişki doyumunun ve uzlaşımın artması, cinselliğe yönelik olumlu tutumu arttırmaktadır.
Anahtar Kelimeler: Gebe, Algı, Çift uyumu, Cinsel tutum, Annelik.

[1] Sorumlu Yazar: Uzman Hemşire, Kadın Hastalıkları ve Doğum Kliniği, İzmir Şehir Hastanesi, ORCID: 0000-0002-4459-4272, melikekahvec@gmail.com
Corresponding Author: Specialist Nurse, Obstetrics and Gynecology Clinic, Izmir City Hospital
[2] Öğretim Görevlisi, Bartın Üniversitesi, Sağlık Bilimleri Fakültesi, ORCID: 0000-0003-4442-0675, cirban.ebru@gmail.com
Lecturer, Bartın University

Makale Gönderim:23.09.2024 Makale Kabul:30.10.2024 Makale Yayın:30.04.2025

Introduction

Pregnancy is a complex period characterized by physiological, psychological, and social changes (Cirban Ekrem & Özsoy, 2020). Each trimester of pregnancy has its unique characteristics. The first trimester is marked by physical symptoms, acceptance of pregnancy, and the experience of ambivalent feelings. The second trimester is a period when fetal movements are felt, pregnancy is perceived, and support from the partner and family is received. The third trimester is a period when expectant parents experience excitement and happiness along with fear, anxiety, and apprehension about the unknown (Coşkun et al., 2020).

During pregnancy, significant hormonal changes in addition to alterations in lifestyle, body image, self-perception, sexual life, and dyadic adjustment are observed (Coşkun et al., 2020; Liu et al., 2013; Santiago et al., 2013). Physical discomfort during pregnancy, difficulty in moving comfortably due to the growth of the body, fear of harming the fetus, and cultural influences can lead to changes in sexual life (Bouzouita et al., 2018). In many societies, sexuality during pregnancy continues to be considered a taboo and a debated topic (Bouzouita et al., 2018). In a study by Liu et al. (2013), it was found that 22.5% of women reduced the frequency of sexual activity during pregnancy, and 64.5% discontinued sexual activity in the third trimester. Another study reported that 63% of pregnant women experienced a decrease in the frequency of sexual intercourse during pregnancy (Bouzouita et al., 2018).

Dyadic adjustment is a factor that influences pregnancy both positively and negatively. Pregnant individuals who experience harmony with their partners and receive support can navigate the pregnancy process more easily. Conversely, challenges may arise during the pregnancy process if there is a lack of harmony with the partner (Molgora et al., 2019). Existing literature emphasizes the need to increase studies evaluating sexual life, self-perception, and dyadic adjustment during pregnancy (Coşkun et al., 2020; Liu et al., 2013; Santiago et al., 2013). In line with this, the aim of this research is to determine the relationship between pregnant women's self-perception and dyadic adjustment with their attitudes towards sexuality during pregnancy and to identify influencing factors.

The research questions addressed in this study are as follows:

- What are the mean scores of pregnant women in PWSPS, RDAS, and PSAS?
- Are there any differences in PWSPS, RDAS, and PSAS scores based on the personal characteristics of pregnant women?

- Is there a relationship between the mean scores of PWSPS, RDAS, and PSAS for pregnant women?
- Do the sub-dimensions of PWSPS and RDAS predict sub-dimension scores of PSAS for pregnant women?

Methods

Research Design and Participants

The target population of this cross-sectional study consisted of pregnant women. The sample size for the study was determined using the unknown population formula (n=t 2.p.q/d 2) with a 95% confidence interval (d=0.05), t=1.96, p=0.5, and q=0.5. Based on these parameters, the sample size was calculated to be at least 385 pregnant women. The study was completed with 403 pregnant women.

Inclusion criteria for the study were as follows: (1) Being pregnant between June 2022 and June 2023, (2) Being literate, (3) Absence of chronic illnesses, (4) Absence of psychiatric illnesses, (5) Low-risk pregnancy, (6) No hearing, visual, or communication problems, and (7) Willingness to participate in the study.

Data Collection

The data were collected online from pregnant women residing in Turkey between June 2022 and June 2023 using the self-reporting technique. The snowball sampling method was employed in the study. First, participants around the researchers were reached, then the participants' environment was reached. The data collection form for the study was regularly published on online platforms (via WhatsApp, Twitter, Instagram, Facebook, etc.) twice a week. This approach allowed the researchers to reach participants in their immediate network first and then expand to the networks of the participants. Before the questions began to be answered, information was given that the study was only relevant to pregnant women. Participants were allowed to enter the online data collection form only once per computer identification number. The average time for completing the data collection form was approximately 20 minutes.

Data Collection Tools

The data were collected using the Personal Information Form, Pregnant Women's Self-Perception Scale (PWSPS), Revised Dyadic Adjustment Scale (RDAS), and Pregnancy Sexual Attitude Scale (PSAS).

Personal Information Form: The form, created by the researchers based on the literature, consists of 16 questions aimed at obtaining sociodemographic and introductory information

about pregnant women (age, education level, employment status, number of pregnancies and births, etc.) (Gümüşdaş & Ejder Apay, 2016; Yılmaz Sezer & Şentürk Erenel, 2021).

Pregnant Women's Self-Perception Scale (PWSPS): Developed by Kumcağız, Ersanlı, and Murat (2017), this 12-item scale has two sub-dimensions. The Maternal Perception of Pregnancy (MPP) sub-dimension consists of the first seven items, and the Body Perception of Pregnancy (BPP) sub-dimension consists of the remaining five items. The MPP sub-dimension comprises entirely positive questions, while the BPP sub-dimension consists of entirely negative questions. The items are rated on a four-point Likert type scale from "Never (1)" to "Always (4)." The separate evaluation of the sub-dimensions of PWSPS determines the pregnant woman's perception of her pregnancy and her body. The lowest score that can be obtained in the MPP sub-dimension is 7, and the highest score is 28. As scores increase in the MPP sub-dimension, an increase in maternal perception of pregnancy is observed. In the BPP sub-dimension, the lowest score that can be obtained is 5, and the highest score is 20. A high score in the BPP sub-dimension indicates a negative perception of the body during pregnancy. The Cronbach's alpha values for the MPP sub-dimension and the BPP sub-dimension are 0.86 and 0.75, respectively (Kumcağız, Ersanlı, & Murat, 2017). In this study, the Cronbach's alpha coefficient was found to be 0.85 for the MPP sub-dimension and 0.77 for the BPP sub-dimension.

Revised Dyadic Adjustment Scale (RDAS): The RDAS, developed by Spanier (1976) to assess the quality of couples' relationships, was revised by Busby et al. (1995). Bayraktaroğlu and Çakıcı (2017) adapted the RDAS to Turkish culture. Following the factor analysis of the RDAS, it was noted that items 7, 9, 11, 12, and 13 constitute the Satisfaction sub-dimension, items 1, 2, 3, 4, 5, and 6 form the Consensus sub-dimension, and items 8, 10, and 14 are part of the Cohesion sub-dimension. Items 7, 8, 9, and 10 of the scale are reverse-scored. The scale is a five-point Likert type, scored as "Never (1)" to "Most of the time (5)." The lowest score that can be obtained from the scale is 14, and the highest score is 70. An increase in the obtained score indicates an improvement in the quality of the relationship. The Cronbach's alpha coefficient for the RDAS is 0.87 (Bayraktaroğlu & Çakıcı, 2017). In this study, the Cronbach's alpha coefficient for the scale was calculated as 0.83.

Pregnancy Sexual Attitude Scale (PSAS): The scale, developed by Yılmaz Sezer and Şentürk Erenel (2021), comprises 34 items organized into three sub-dimensions. The Anxiety Toward Sexual Intercourse during Pregnancy sub-dimension consists of nine items (7, 10, 15, 18, 22, 25, 26, 27, 30); Beliefs and Values Regarding Sexuality during Pregnancy sub-

dimension consists of 10 items (3, 4, 8, 9, 12, 13, 16, 17, 19, 29); Approval of Sexuality during Pregnancy sub-dimension consists of 15 items (1, 2, 5, 6, 11, 14, 20, 21, 23, 24, 28, 31, 32, 33, 34). Items 3, 4, 7, 8, 9, 10, 12, 13, 15, 16, 17, 18, 19, 22, 25, 26, 27, 29, 30 in the PSAS are reverse-coded. The scale is a five-point Likert type, scored as "Strongly Disagree"=1, "Strongly Agree"=5. The lowest score that can be obtained from the scale is 34, and the highest score is 170. An increase in the obtained score indicates a positive attitude towards sexuality during pregnancy. Additionally, the cutoff point for the scale is determined as 111.5; therefore, scores above this point are considered to have a positive attitude towards sexuality during pregnancy. The Cronbach's alpha coefficient for PSAS is 0.90 (Yılmaz Sezer & Şentürk Erenel, 2021). In this study, the Cronbach's alpha coefficient for the scale was calculated as 0.76.

Data Analysis

SPSS 26.0 (Armonk, NY: IBM Corp) was utilized for the analysis of the data. Categorical variables were presented with frequencies and percentages, while continuous variables were presented as mean±standard deviation. The normal distribution of the data was confirmed through the Kolmogorov-Smirnov test. For the comparison of data, the student t-test and one-way analysis of variance (ANOVA) were employed. In the comparisons of variables where differences were found, Bonferroni-corrected p-values were used, and Pearson relationship analysis was applied to determine the relationships between scales. Simple regression analysis and multiple regression analysis were employed to verify the mediating effect of pregnant women's perception of motherhood, body image, and dyadic adjustment in the examined relationship. The statistical significance level was set at $p<0.05$.

Ethical Considerations

Approval was obtained from the Ethics Committee of the institution to which one of the authors is affiliated (Date: 27.05.2022, Number: 2022-SBB-0197). Written consent was obtained from all participants.

Results

Table 1 presents the sociodemographic and obstetric characteristics of pregnant women. The mean age of the participants was 33.53±7.56, with an average marital duration of 8.80±6.84 years and an average number of pregnancies of 3.97±2.39. Nearly half of the pregnant women (46.7%) fell within the 26-35 age range, and 36.7% had completed high school. Additionally, 50.6% were not employed, and 40.7% reported that their spouses had a

high school education. Half of the participants (50.1%) reported that their spouses worked in the private sector. Furthermore, 45.7% lived in nuclear families, 37.2% resided in the district, and 52.1% reported that their monthly income was equal to their expenses. About half of the participants (50.2%) were experiencing their first pregnancy, 55.3% reported that their current pregnancy was planned and desired, and 49.6% indicated that their last pregnancy had positively impacted their marriage (Table 1).

Table 1: Socio-demographic and Obstetric Characteristics of Pregnant Women (N=403)

Variables		**n (%)**
Age (33.53±7.56)	17-25 Age	64 (15.9)
	26-35 Age	188 (46.7)
	36-49 Age	151 (37.5)
Education status	Primary/Middle School	89 (22.1)
	High school	148 (36.7)
	Associate/Bachelor's Degree	91 (22.6)
	Postgraduate	75 (18.6)
Working status	Yes	199 (49.4)
	No	204 (50.6)
Spouse's age	22-35 Age	18 (4.5)
	36-48 Age	385 (95.5)
Spouse's education level	Primary/Middle School	38 (9,4)
	High school	164 (40.7)
	Associate/Bachelor's Degree	166 (41.2)
	Postgraduate	35 (8.7)
Spouse's profession	Officer	84 (20.8)
	Private sector	202 (50.1)
	Self-employment	110 (27.3)
	Other	7 (1.7)
Type of Marriage	Willingly	218 (54.1)
	Forcibly-unwillingly	133 (33.0)
	Arranged date	52 (12.9)
Marriage Duration (8.80±6.84)	3 years and under	220 (48.5)
	4 years and above	234 (51.5)
Satisfaction with spousal relationship	Very good	109 (27.0)
	Good	109 (27.0)
	Middle	123 (30.5)
	Bad	47 (11.7)
	Too bad	15 (3.7)
Family Type	Nuclear family	184 (45.7)
	Extended family	131 (32.5)
	Broken Family	88 (21.8)
Living place	Village/town	92 (22.8)
	District	150 (37.2)
	Province	99 (24.6)
	Big city	62 (15.4)
Income rate	Income is less than expenses	155 (38.5)
	Income equals expenses	210 (52.1)
	Income exceeds expenses	38 (9.4)
Number of Pregnancies (3.97±2.39)	First pregnancy	228 (50.2)
	Second pregnancy	146 (32.2)
	Three or more pregnancies	80 (17.6)
Desirability of pregnancy	Desired pregnancy	223 (55.3)
	Unwanted pregnancy	180 (44.7)
How did your last pregnancy affect your marriage?	Did not affect	162 (40.2)
	Positively affected	200 (49.6)
	Negatively affected	41 (10.2)

Table 2 provides the mean scores of pregnant women on PWSPS, RDAS, and PSAS sub-dimensions. The mean scores for the MPP sub-dimension and the BPP sub-dimension were 16.99±5.78 and 13.42±3.31, respectively, indicating moderate levels of maternal perception and body image. The total mean score from RDAS was 46.27±7.15, suggesting a good level of relationship quality. The total mean score from PSAS was 101.30±14.45, falling below the cutoff point of 111.5, indicating that pregnant women did not have a positive attitude toward sexuality.

Tablo 2: Total Score Averages of PWSPS, RDAS and PSAS and their Sub-Dimension (N=403)

Scales	Subscales	Score received		Scale min-max value
		$\bar{X}$±SD	min-max value	
PWSPS	MPP sub-dimension	16.99±5.78	7-28	7-28
	BPP sub-dimension	13.42±3.31	5-20	5-20
RDAS	Satisfaction sub-dimension	15.64±3.44	5-25	5-25
	Consensus sub-dimension	21.30±5.21	6-30	6-30
	Cohesion sub-dimension	9.32±2.25	3-15	3-15
	RDAS total score	46.27±7.15	24-64	14-70
PSAS	Anxiety Toward Sexual Intercourse during Pregnancy sub-dimension	26.12±5.93	9-43	9-45
	Beliefs and Values Regarding Sexuality during Pregnancy sub-dimension	28.52±6.69	10-43	10-50
	Approval of Sexuality during Pregnancy sub-dimension	46.65±6.85	18-71	15-75
	PSAS total score	101.30±14.45	37-154	34-170

Table 3 displays the comparison of pregnant women's demographic characteristics with the mean scores of the MPP sub-dimension, BPP sub-dimension, the RDAS, and the PSAS. The mean scores of the MPP sub-dimension were found to be significantly related to the pregnant women's age ($F=24.919$, $p<0.0001$), educational status ($F=5.322$, $p=0.001$), employment status ($t=2.329$, $p=0.020$), spouse's educational level ($F=5.266$, $p=0.001$), spouse's occupation ($F=3.514$, $p=0.015$), marriage type ($F=21.665$, $p=0.000$), duration of marriage ($t=-9.195$, $p=0.000$), relationship with the spouse ($F=17.418$, $p<0.0001$), family type ($F=46.244$, $p=0.000$), place of residence ($F=16.65$, $p<0.0001$), income level ($F=26.363$, $p<0.0001$), number of pregnancies ($F=133.206$, $p<0.0001$), gestational age ($F=25.384$, $p<0.0001$), the status of having a desired pregnancy ($t=-10.332$, $p<0.0001$), and impact of the last pregnancy on marriage ($F=25.878$, $p<0.0001$). Further analysis revealed that the mean

score of the MPP sub-dimension was higher in pregnant women whose spouses worked in the private sector, who had a poor or very poor relationship with their spouses, who lived in a fragmented family, who resided in a village/town or district, who were in the 0-6 months of pregnancy, and whose last pregnancy did not positively affect marriage.

The mean scores of the BPP sub-dimension were found to be significantly related to the pregnant women's age ($F=4.633$, $p=0.010$), duration of marriage ($t=2.182$, $p=0.030$), relationship with the spouse ($F=6.454$, $p<0.0001$), family type ($F=5.146$, $p=0.006$), number of pregnancies ($F=9.275$, $p<0.0001$), gestational age ($F=9.284$, $p<0.0001$), the status of having a desired pregnancy ($t=2.585$, $p=0.010$), and impact of the last pregnancy on marriage ($F=3.302$, $p=0.038$). Further analysis showed that the mean scores of the BPP sub-dimension were higher in the 36-48 age group, those with a good and very good relationship with their spouses, those living in a nuclear family, those living in the city, and those in the 7-9 months of pregnancy compared to others.

A significant relationship was found between the mean score of RDAS and the employment status of pregnant women ($t=0.784$, $p=0.007$). The total mean score of the PSAS was statistically significant in relation to the pregnant women's age ($F=7.860$, $p<0.0001$), educational status ($F=5.299$, $p<0.0001$), employment status ($t=3.252$, $p<0.0001$), spouse's educational level ($F=2.662$, $p=0.048$), spouse's occupation ($F=3.316$, $p=0.020$), marriage type ($F=11.295$, $p=0.000$), duration of marriage ($t=-5.553$, $p<0.0001$), relationship with the spouse ($F=7.440$, $p=0.000$), family type ($F=19.879$, $p<0.0001$), place of residence ($F=12.132$, $p<0.0001$), income level ($F=10.560$, $p<0.0001$), number of pregnancies ($F=40.620$, $p<0.0001$), gestational age ($F=17.562$, $p<0.0001$), the status of having a desired pregnancy ($t=386.459$, $p<0.0001$), and impact of the last pregnancy on marriage ($F=12.000$, $p<0.0001$). Further analysis indicated that the mean score of the PSAS was more positive in the 36-48 age group, those with postgraduate education, those not living in a nuclear family, those not living in the city center, those with lower income than their expenses, those not in the 7-9 months of pregnancy, and those whose last pregnancy did not positively affect their marriage (Table 3).

Table 3: Comparison of Pregnant Women's Demographic Characteristics with MPP Sub-dimension, BPP Sub-dimension, RDAS, and PSAS Mean Scores

Variables		PWSPS				RDAS		PSAS	
		MPP subdimension		BPP subdimension					
		X±SS	t or Z (p)	X±SS	t or Z (p)	X±SS	p and difference	X±SS	t or Z (p)
Age[a]	22-25 Age (1)	14.64±6.08	24.919 (**p<0.001**)	12.85±4.07	4.633 (**0.010**) 3>1, 3>2, 2>1	47.64±5.06	0.405 (0.667)	99.64±11.00	7.860 (**p<0.001**) 3>2
	26-35 Age (2)	14.48±6.01		14.11±3.35		46.49±7.86		97.49±17.00	
	36-48 Age (3)	18.47±5.11		13.07±3.20		46.08±6.85		103.44±12.62	
Education status[a]	Primary/Middle School (1)	16.29±6.22	5.322 (**0.001**)	13.69±3.52	1.922 (0.125)	45.25±6.56	0.812 (0.488)	99.12±15.14	5.299 (**p<0.001**) 4>1, 4>3
	High school (2)	17.82±5.58		13.28±3.33		46.50±7.08		102.90±12.16348	
	Associate/Bachelor's Degree (3)	15.31±5.99		13.91±3.19		46.46±7.56		97.59±17.36	
	Postgraduate (4)	18.24±4.79		12.77±3.08		46.81±7.45		105.24±12.56	
Working status[b]	Yes	17.67±5.56	2.329 (**0.020**)	13.48±3.26	0.392 (0.695)	31.16±5.46	0.784 (**0.007**)	94.31±16.75	3.252 (**p<0.001**)
	No	16.33±5.92		13.35±3.36		29.69±5.39		103.99±12.49	
Spouse's age[a]	22-35 Age	15.94±6.27	-0.790 (0.430)	12.38±3.51	-1.354 (0.177)	47.38±7.67	0.009 (0.501)	99.66±15.00	-0.492 (0.623)
	36-48 Age	17.04±5.76		13.47±3.30		46.22±7.13		101.38±14.44	
Spouse's education level[a]	Primary/Middle School	13.81±6.17	5.266 (**0.001**)	14.67±3.60	2.688 (0.046)	46.81±6.95	0.146 (0.932)	98.23±15.14	2.662 (**0.048**)
	High school	16.86±5.97		13.54±3.35		46.31±6.82		100.82±14.46	
	Associate/Bachelor's Degree	17.54±5.51		13.10±3.19		46.05±7.70		101.21±14.34	
	Postgraduate	18.45±4.50		12.94±3.13		46.57±6.33		107.28±13.03	
Spouse's profession[a]	Officer (1)	16.52±5.81	3.514 (**0.015**) 2>4	12.91±3.39	0.970 (0.407)	44.80±6.79	1.985 (0.116)	99.96±13.70	3.316 (**0.020**)
	Private sector (2)	17.68±5.79		13.64±3.18		46.36±7.23		102.01±14.43168	
	Self-employment (3)	16.42±5.49		13.40±3.40		47.06±7.26		102.02±14.30	
	Other (4)	11.71±6.39		13.27±4.75		49.00±5.25		85.57±19.05	
Type of Marriage	Willingly	15.43±6.63	21.665 (**0.000**)	13.65±3.62	2.338 (0.098)	46.11±6.80	0.774 (0.462)	99.08±15.92	11.295 (**0.000**)
	Forcibly-unwillingly	19.41±3.15		13.37±2.90		46.84±7.95		106.05±9.92	
	Arranged date	17.36±4.99		12.55±2.82		45.50±6.42		98.48±14.99	
Marriage Duration[b]	3 years and under	12.88±5.79	-9.195 (**0.000**)	14.05±3.78	2.182 (**0.030**)	47.31±6.95	1.806 (0.072)	94.31±16.75	-5.553 **(p<0.001)**
	4 years and above	18.58±4.94		13.17±3.08		45.87±7.20		103.99±12.49096	

Table 3 (Continue): Comparison of Pregnant Women's Demographic Characteristics with MPP Sub-dimension, BPP Sub-dimension, RDAS, and PSAS Mean Scores

Variables		PWSPS							
		MPP subdimension		BPP subdimension		RDAS		PSAS	
		X±SS	t or Z (p)	X±SS	t or Z (p)	X±SS	p and difference	X±SS	t or Z (p)
Satisfaction with spousal relationship[a]	Very good (1)	14.29±6.72	17.418 (**p<0.001**) 5>1, 5>2, 4>1	14.44±3.62	6.454 (**p<0.001**) 1>3, 1>4, 2>3	46.77±7.15	2.375 (0.052)	95.56±17.46974	7.440 (**0.000**)
	Good (2)	15.74±5.94		13.80±3.14		47.53±6.71		101.13±16.13110	
	Middle (3)	19.08±4.20		12.44±3.00		44.94±7.30		104.78±10.30538	
	Bad (4)	19.59±3.22		12.76±2.95		45.34±7.55		105.04±8.77238	
	Too bad (5)	20.46±2.85		13.20±3.27		47.46±6.33		103.93±6.43058	
Family Type[a]	Nuclear family (1)	14.28±6.19	46.244 (**0.000**) 2>1, 3>1, 3>2	13.98±3.66	5.146 (**0.006**) 1>2	46.81±6.73	1.989 (0.138)	96.60±16.05622	19.879 (**p<0.001**) 3>1, 2>1
	Extended family (2)	18.96±4.81		12.83±2.92		45.25±7.27		104.63±12.51412	
	Broken Family (3)	19.73±3.18		13.11±2.90		46.67±7.72		106.17±10.08	
Living place[a]	Village/town (1)	1.19±5.68	16.65 (**p<0.001**) 1>3, 2>3 4>3	12.91±3.49	2.387 (0.069) 3>1,	46.80±6.00	0.802 (0.493)	101.10±12.70585	12.132 (**p<0.001**) 1>3, 2>3, 4>3
	District (2)	18.51±5.10		13.30±3.21		45.88±7.66		105.19±12.22644	
	Province (3)	13.79±5.73		14.14±3.20		46.87±6.76		94.51±17.27766	
	Big city (4)	16.66±5.78		13.30±3.33		45.48±8.02		103.03±13.27017	
Income rate[a]	Income is less than expenses (1)	19.43±4.27	26.363 (**p<0.001**)	12.94±3.10	2.972 (0.052)	46.25±7.08	0.020 (0.980)	105.39±11.3539	10.560 (**p<0.001**) 1>2, 1>3
	Income equals expenses (2)	15.25±6.08		13.79±3.44		46.25±7.28		98.71±16.09167	
	Income exceeds expenses (3)	16.68±6.01		13.28±3.26		46.50±6.86		98.94±12.50	
Number of Pregnancies	First pregnancy	10.24±4.07	133.206 (**p<0.001**)	14.66±3.77	9.275 (**p<0.001**)	47.14±6.55	0.701 (0.497)	91.53±17.13	40.620 (**p<0.001**)
	Second pregnancy	14.06±5.92		14.11±3.17		46.18±7.11		93.61±14.49	
	Three or more pregnancies	19.29±4.34		12.97±3.10		46.05±7.32		105.17±11.69	
Pregnancy Month[a]	0-3 Month (1)	18.33±4.87	25.384 (**p<0.001**) 1>3, 2>3	12.65±3.08	9.284 (**p<0.001**) 3>1, 3>2,	46.14±7.60	0.325 (0.723)	103.50±12.61981	17.562 (**p<0.001**) 2>3, 1>3
	4-6 ay Month (2)	17.97±5.23		13.35±3.16		46.08±7.55		103.86±14.37039	
	7-9 ay Month (3)	13.69±6.45		14.49±3.56		46.76±5.80		94.31±14.60528	
Desirability of pregnancy[b]	Desired pregnancy	19.83±3.73	-10.332 (**p<0.001**)	12.95±3.02	2.585 (**0.010**)	46.39±6.79	0.346 (0.729)	98.00±16.18627	386.459 (**p<0.001**)
	Unwanted pregnancy	14.70±6.12		13.80±3.49		46.13±7.58		105.39±10.67001	
The impact of your last pregnancy on your marriage[a]	Did not affect (1)	18.65±5.09	25.878 (**p<0.001**) 1>2, 3>2	13.19±3.21	3.302 (**0.038**)	46.49±7.58	0.295 (0.744)	105.02±14.69311	12.000 (**p<0.001**) 1>2, 3>2
	Positively affected (2)	15.06±6.05		13.79±3.42		46.01±6.99		97.88±14.41090	
	Negatively affected (3)	19.90±3.33		12.48±2.95		46.73±6.19		103.31±8.86408	

[a]One-Way ANOVA test, [b]Independent Samples T Test

The relationship between PWSPS sub-dimensions, RDAS, and PSAS scores is presented in Table 3. There is a significantly strong, negative relationship between MPP sub-dimension and BPP sub-dimension (r=-0.379, p<0.0001). Additionally, there is a significantly strong, positive relationship between MPP sub-dimension and PSAS (r=0.541, p<0.0001), a significant, negative relationship between BPP sub-dimension and PSAS (r=-0.144, p=0.004), a significantly positive but weak relationship between BPP sub-dimension and RDAS (r=0.184, p<0.0001), and a significant, positive but weak relationship between RDAS and PSAS (r=0.102, p=0.040) (Table 4).

Table 4: Relationship between PWSPS, RDAS, and PSAS Scores of Pregnant Women

Scales		**PWSPS**		**RDAS**	**PSAS**
		MPP sub-dimension	**BPP sub-dimension**		
PWSPS	**MPP sub-dimension**	1	-	-	-
	BPP sub-dimension	r= -0.379**, p<**0.0001**	1	-	-
RDAS		r= -0.070, p=0.159	r=0.184**, p<**0.0001**	1	-
PSAS		r= 0.541**, p<**0.0001**	r= -0.144**, p=**0.004**	r=0.102*, p=**0.040**	1

** The correlation is significant at the 0.05 level. ** The correlation is significant at the 0.01 level.*

There is a significant relationship between PWSPS sub-dimensions and PSAS score (R^2=0.293, p<0.001). The MPP sub-dimension accounts for 29.3% of the total variance in PSAS. It is a significant predictor of attitudes toward sexuality during pregnancy. In addition, the PSAS score shows a significant relationship with the RDAS sub-dimension scores during pregnancy (R^2=0.148, p<0.001). RDAS sub-dimensions, together with PSAS, explain 14.8% of the total variance. According to the standardized regression coefficient (β), the relative importance of predictor variables on attitudes toward sexuality during pregnancy is in the order of satisfaction and compromise. There is a negative relationship between RDAS's compromise sub-dimension and attitudes toward sexuality during pregnancy. RDAS's satisfaction and compromise sub-dimensions are important predictors of attitudes toward sexuality during pregnancy (Table 5).

Table 5: Multivariate Linear Regression of the sub-dimensions of the PWSPS and RDAS Influencing Sexual Attitudes during Pregnancy

Variable	β	Standart Error	Beta	t	*p*	F	Model (p)	R^2	Durbin Watson
Constant	73.078	3.867		18.897	**p<0.0001**				
PWSPS-MPP sub-dimension	1.418	0.113	0.568	12.530	**p<0.0001**	84.437	p<**0.0001**	0.293	1.791
PWSPS-BPP sub-dimension	0.307	0.197	0.070	1.555	0.121				
Constant	89.636	4.381		20.460	**p<0.0001**				
RDAS satisfaction sub-dimension	1.061	0.270	0.253	3.924	**p<0.0001**				
YÇUÖ consensus sub-dimension	-.0503	0.129	-0.182	-3.915	**p<0.0001**	23.162	p<**0.0001**	0.148	1.452
cohesion sub-dimension	0.620	0.415	0.097	1.1.494	0.136				

The total mean score of the RDAS is a significant predictor for the PSAS (R^2=0.010, p<0.005). It explains 10% of the total variance in attitudes toward sexuality during pregnancy (Table 6).

Table 6: Simple Regression Predicting RDAS according to the Total Mean Score of the PSAS

Variable	β	Standart Error	Beta	t	*p*	F	Model (p)	R^2	Durbin Watson
Constant	91.736	4.700		19.519	**p<0.0001**				
RDAS total score average	0.207	0.100	0.102	2.060	**0.040**	4.244	0.040	0.010	1.224

Discussion

During pregnancy, attitudes towards sexuality vary and are influenced by various factors (Abouzari-Gazafroodi et al., 2015). This study aims to determine the relationship between pregnant women's self-perception and dyadic adjustment and their attitudes toward sexuality during pregnancy, as well as the influencing factors. Positive associations were found between maternal perception and dyadic adjustment and negative associations with body perception. Maternal perception and dyadic adjustment of pregnant women were found to be the significant predictors of their attitudes toward sexuality.

In this study, pregnant women's maternal and body perceptions were found to be at a moderate level. As the score for maternal perception related to pregnancy increased, maternal perception improved, while the score for body perception decreased, indicating a more

positive body perception (Kumcağız et al., 2017). Consistent with the literature, the findings suggest that pregnant women generally have positive maternal and body perceptions (Alkin & Beydağ, 2020; Coşkun et al., 2020; Erdemoğlu et al., 2022; Ersanlı Kaya & Atasever, 2022). These results align with existing literature.

In the study, pregnant women with higher scores in the MPP sub-dimension had a higher maternal perception, particularly those whose spouses worked in the private sector and had a less favorable relationship with their spouses. This finding is consistent with Pamuk's (2021) study, which reported higher maternal perception scores among pregnant women whose spouses were civil servants. Other studies have also indicated that pregnant women who express satisfaction with their spouses and marital relationships tend to have higher maternal perception scores (Çoşkun et al., 2020; Ersanlı Kaya & Atasever, 2022). These differences are thought to be related to the socio-demographic characteristics of pregnant women.

The mean score for the BPP sub-dimension was found to be higher in pregnant women with a good relationship with their spouses, indicating a higher body perception. This finding is parallel to the literature (Coşkun et al., 2020; Ersanlı Kaya & Atasever, 2022). The mean BPP sub-dimension score was found to be significantly related to the age of pregnant women, with differences originating from the 36-48 age group. In contrast to this finding, other studies have suggested that body perception decreases with age (Alkin & Beydağ, 2020; Coşkun et al., 2020). In the study, pregnant women living in nuclear families had a higher body perception. This finding aligns with the literature (Molgora et al., 2019; Ersanlı Kaya & Atasever, 2022). Pregnant women living in urban areas in the study had a higher body perception. In contrast to this finding, Ersanlı Kaya and Atasever's study observed lower body perceptions among pregnant women living in urban areas (Ersanlı Kaya & Atasever, 2022). Those in the 7-9 months of pregnancy had a higher BPP. While some studies indicate no significant difference in body perceptions among pregnant women based on pregnancy months (Alkin & Beydağ, 2020; Babacan Gümüş et al., 2011; Çırak & Özdemir, 2015), there are others emphasizing a decrease in body perception towards the end of pregnancy (İnanır et al., 2015; Kök et al., 2018). The differences in findings may be attributed to the cultural backgrounds of women in the sample.

In the study, pregnant women were found to have a good level of relationship quality with their spouses. This aligns with existing literature indicating that the relationship quality between pregnant women and their spouses is generally good (Çankaya & Çark, 2022; Güneş

et al., 2016; Küçükkaya et al., 2022; Molgora et al., 2019; Rollé et al., 2017). Accordingly, it is thought that pregnancy positively influences the relationship quality between couples. The RDAS mean score of pregnant women was significantly related to their employment status, with working pregnant women having higher dyadic adjustment than non-working ones. This finding is in line with the literature (Durualp et al., 2017; Küçükkaya et al., 2022), suggesting that contributing financially to the household positively affects dyadic adjustment for working pregnant women.

Sexuality significantly influences the quality of life (García-Duarte et al., 2023). In the study, pregnant women were found to have a negative attitude towards sexuality ($101.30 \pm 14.45 < 111.5$). In contrast to this finding, there are studies in the literature that report a positive attitude towards sexuality during pregnancy (Güney & Bal, 2023; Pamuk, 2021). Pregnant women in the 36-48 age group in the study had a more positive attitude towards sexuality compared to others. Studies have shown varying results regarding the relationship between age and sexual attitude during pregnancy, indicating both an increase (Kumcağız, 2012; Pamuk, 2021) and decrease (Güney & Bal, 2023) in sexual attitudes with age or no effect of age on sexual attitudes (Seven et al., 2015).

Pregnant women with postgraduate education in the study had a more positive attitude towards sexuality. The literature suggests that educational level positively affects the sexual attitude during pregnancy (Abouzari-Gazafroodi et al., 2015; Tosun Güleroğlu & Gördeles Beşer, 2014). Parallel to this finding, studies in the literature indicate that pregnant women with university-level education or higher have more positive attitudes towards sexuality (Güney & Bal, 2023; Pamuk, 2021). Pregnant women not living in nuclear families had a more positive attitude towards sexuality. However, Pamuk's (2021) study found that pregnant women living in nuclear families had a more positive attitude towards sexuality (Pamuk, 2021). In the study, pregnant women with lower income than expenditures had a more positive attitude towards sexuality. In contrast to this finding, the literature suggests that pregnant women with a good income have more positive attitudes towards sexuality (Güney & Bal, 2023; Pamuk, 2021). Pregnant women not in the 7-9 months of pregnancy had a more positive attitude towards sexuality. In the literature, there is a consensus that there is a significant decrease in sexual desire and sexual activity in the third trimester of pregnancy (Bjelica et al., 2018; Garcia-Duarte et al., 2023; Staruch et al., 2016). The differences between the results of this study and the literature may stem from the sample size of the research and the socio-demographic and cultural characteristics of the women in the sample.

Motherhood perception and body image are two fundamental concepts that influence and are influenced by each other. In the study, it was determined that as the perception of motherhood increased, body image deteriorated. Changes in physical, psychological, and social factors that occur at certain stages of a woman's life can lead to alterations in body image. Changes during pregnancy can also influence body image. A negative body image during pregnancy complicates maternal adaptation (Kök et al., 2018). Motherhood perception also affects the attitude towards sexuality during pregnancy (Polona Mivšek & Tomai, 2023). In the study, it was observed that having a positive level of motherhood perception had a positive effect on the attitude towards sexuality. Body image during pregnancy also influences the attitude towards sexuality (Polona Mivšek & Tomai, 2023). Interestingly, in contrast to the literature (Dinç & Kızılkaya Beji, 2018; Erbil, 2019; Taghani et al., 2019), it was found in this study that a positive body image among pregnant women had a negative effect on the attitude towards sexuality. This discrepancy suggests that factors such as women's sense of motherhood and cultural characteristics may be the source of the difference. Additionally, in this study, it was found that pregnant women with a positive body image had a better quality of relationship with their spouses. This finding is consistent with the literature (Çoşkun et al., 2020; Kök et al., 2018).

During pregnancy, a period of numerous changes for both the mother and the prospective father, physiological and psychological alterations impact the sexual life of couples (Aksoy et al., 2019). In the study, it was observed that having a good level of dyadic adjustment is associated with a positive attitude towards sexuality during pregnancy. The literature also supports a positive relationship between dyadic adjustment and attitudes towards sexuality (Khorasani et al., 2017; Alirezaei et al., 2018).

Conclusion

The study revealed that pregnant women had a moderate perception of motherhood and body image, their relationships with their spouses were of good quality, but their attitudes towards sexuality during pregnancy were not positive. The perception of motherhood and dyadic adjustment were significant predictors of their attitudes towards sexuality. The increase in relationship satisfaction and compromise, which are important determinants of the perception of motherhood and dyadic adjustment during pregnancy, contributes to a more positive attitude towards sexuality.

Women begin to experience the perception of motherhood with pregnancy. Additionally, significant changes occur in a woman's physical appearance and body image

during pregnancy. Moreover, the period of preparing for parenthood during pregnancy can bring about changes in the dyadic adjustment of spouses. All factors encountered during pregnancy and the pregnancy process affect the attitude towards sexuality. Considering sexual relations taboo during pregnancy and the lack of sexual counseling negatively impact the attitude towards sexuality. Pregnant women should be approached comprehensively, and they should be equipped with positive coping behaviors related to potential changes during pregnancy.

Ethical Statement: This study was conducted with the 2022-SBB-0197 numbered decision of Bartın University Social and Human Sciences Ethics Committee

Conflict of Interest: No conflict of interest was declared by the authors.

Author Contributions: Idea: MK, ECE; Dizayn: MK, ECE; Check: MK, ECE; Sources: MK, ECE; Ingredients: MK, ECE; Data collecting: MK, ECE; Analysis: MK, ECE; Literature Review: MK, ECE; Posted by: MK, ECE; Critical Review: MK, ECE.

Funding: This work was not supported by any foundation or institute

Peer Review: Internal/External independent

References

Abouzari-Gazafroodi, K., Najafi, F., Kazemnejad, E., Rahnama, P., & Montazeri, A. (2015). Demographic and obstetric factors affecting women's sexual functioning during pregnancy. Reproductive Health, 12, 1-5.

Aksoy, A., Yılmaz, D. V., & Yılmaz, M. (2019). Gebelikte cinsel yaşantıyı neler etkiler?. Adnan Menderes Üniversitesi Sağlık Bilimleri Fakültesi Dergisi, 3(1), 45-53.

Alirezaei, S., Ozgoli, G., & Majd, H. A. (2018). Evaluation of factors associated with sexual function in infertile women. International journal of fertility & sterility, 12(2), 125. https://doi.org/10.22074/ijfs.2018.5193

Alkin, E. D., & Beydağ, K. D. (2020). Üç ve üzeri gebeliği olan kadınların algıladıkları stres düzeyi ve kendilerini algılama düzeyi ilişkisi. Psikiyatri Hemşireliği Dergisi, 11 (3), 228-238. https://doi.org/10.14744/phd.2020.72621

Babacan Gümüş, A., Çevik, N., Hataf Hyusni, S., Biçen, Ş., Keskin, G., & Tuna Malak, A. (2011). (2011). Gebelikte benlik saygısı ve beden imajı ile ilişkili özellikler. Anatolian Journal of Clinical Investigation, 5 (1), 7-14.

Bayraktaroğlu, H.T., & Çakıcı E. T. (2017). Psychometric properties of Revised form Dyadic Adjustment Scale in a sample from North Cyprus. International Journal of Educational Science, 19 (2,3), (s. 113-119). https://doi.org/10.1080/09751122.2017.1393954

Bjelica, A., Cetkovic, N., Trninic-Pjevic, A., & Mladenovic-Segedi, L. (2018). The phenomenon of pregnancy—A psychological view. Ginekologia polska, 89(2), 102-106. https://doi.org/10.5603/GP.a2018.0017

Bouzouita, I., Ellouze, F., El KEfi, H., Chaari, I., Ben Cheikh, C., Krir, … Oumaya, A. (2018). Sexuality of the Tunisian pregnant women: facts between myth and reality. Sexologies, 27, (s. 103-109). https://doi.org/10.1016/j.sexol.2017.06.004

Coşkun, A.M., Arslan, S., & Okçu, G. (2020). Gebe kadınlarda gebelik algısının stres, demografik ve obstetrik özellikler açısından incelenmesi. Koç Üniversitesi Hemşirelikte Eğitim ve Araştırma Dergisi, 17(1), 1-8. https://doi.org/10.5222/HEAD.2020.001.

Cirban Ekrem, E., & Özsoy, S. (2020). Gebelikte bilgi ihtiyacının karşılanmasında internetin rolü. Sürekli Tıp Eğitimi Dergisi, 29(5), 351-360. https://doi.org/10.17942/sted.513554

Çankaya, S., & Çark, B., (2022). Covid-19 izolasyon sürecinde gebelerin çift uyumunun çatışma çözme tepkileri ile ilişkisi. Turkish Journal of Family Medicine and Primary Care, 16(1), 94-103. https://doi.org/10.21763/tjfmpc.984499

Çırak, R., & Özdemir, F. (2015). Adölesan gebelerde beden imajı algısının belirlenmesi. Anadolu Hemşirelik ve Sağlık Bilimleri Dergisi, 18 (3), 214-221.

Dinç, H., & Kızılkaya Beji, N. (2018). The effect of pregnancy on women's sexual function, body image and pelvic floor functions. Kuwait Medical Journal, 50(1), 17 – 23.

Durualp, E., Kaytez, N., & Girgin, B. A. (2017). Evlilik doyumu ve maternal bağlanma arasındaki ilişkinin incelenmesi. Anatolian Journal of Psychiatry/Anadolu Psikiyatri Dergisi, 18(2), 129-138 https://doi.org/10.5455/apd.231562

Erbil, N. (2019). The relationship between sexual function, body image and body mass index among pregnant women. International Journal of Caring Sciences, 12(2), 925.

Erdemoğlu, Ç., Ay, Ç. K., & Derya, Y. A. (2022). Gebelik algısının psikolojik iyi oluş ve fetal sağlık kontrol odağı ile ilişkisi. Samsun Sağlık Bilimleri Dergisi, 7(2), 537-550 https://doi.org/10.47115/jshs.1102088

Ersanlı Kaya, C., & Atasever, Z. (2022). Gebelerin kendilerini algılama durumları ve etkileyen faktörler. Gümüşhane Üniversitesi Sağlık Bilimleri Dergisi, 11(3), 956-968. https://doi.org/10.37989/gumussagbil.908030

Fernández-Sola, C., Huancara-Kana, D., Granero-Molina, J., Carmona-Samper, E., López-Rodríguez, M. D. M., & Hernández-Padilla, J. M. (2018). Sexuality throughout all the stages of pregnancy: Experiences of expectant mothers. *Acta Paulista de Enfermagem*, *31*, 305-312. https://doi.org/10.1590/1982-0194201800043

García-Duarte, S., Nievas-Soriano, B. J., Fischer-Suárez, N., Castro-Luna, G., Parrón-Carreño, T., & Aguilera-Manrique, G. (2023). Quality of sexuality during pregnancy, we must do something—survey study. International Journal of Environmental Research and Public Health, 20(2), 965. https://doi.org/10.3390/ijerph20020965

Gümüşdaş, M., & Ejder Apay, S. (2016). Gebelikte evlilik uyumu ve sosyal destek arasındaki ilişki. HSP, 3(1), (s. 1-8). https://doi.org/10.17681/hsp.16572

Güneş, M., Selcuk, H., Demir, S., İbiloğlu, A. O., Bulut, M., Kaya, M. C., ... & Sır, A. (2016). Çocuk evliliği yapan kadınlarda çift uyumu ve çocukluk çağı ruhsal travması. Journal of Mood Disorders, 6(2),63-70. https://doi.org/10.5455/jmood.20160425100345

Güney, E., & Bal, Z. (2023). Gebelerin, cinsel yaşam ve cinselliğe karşı tutumlarının değerlendirilmesi. Androloji Bülteni, 25(1). 18−26 https://doi.org/10.24898/tandro.2023.27167

İnanir, S., Cakmak, B., Nacar, M. C., Guler, A. E., & Inanir, A. (2015). Body image perception and self-esteem during pregnancy. International Journal of Women's Health and Reproduction Sciences, 3 (4), 196-200. https://doi.org/10.15296/ijwhr.2015.41

Khorasani, N., Hosseini, M., Matbouei, M., Khafri, S., Vasli, P., & Vardanjani, A. (2017). The study of relationship between self–efficacy and marital satisfaction of couples referring to the community health centers of Babol in 2015. British Journal of Medicine and Medical Research, 19(9), 1-9. https://doi.org/10.9734/BJMMR/2017/29999

Kök, G., Güvenç, G., Bilsel, H., & Güvener, A. (2018). Gebelik döneminde kadınların beden algısı farklılık gösterir mi? Hemşirelikte Eğitim ve Araştırma, 15 (4), 209-214.

Kumcağız, H. (2012). Gebe kadınlarda beden algısı ve benlik saygısının bazı değişkenlere göre incelenmesi. International Journal of Human Sciences, (9) 2, 691-703.

Kumcağız, H., Ersanlı, E., Murat, N. (2017). Gebelerin Kendilerini Algılama Ölçeği'nin geliştirilmesi ve psikometrik özellikleri. Psikiyatri Hemşireliği Dergisi, 8(1), 23-31. https://doi.org/10.14744/phd.2017.12599

Küçükkaya, B., Süt, H. K., Sevcan, Ö. Z., & Sarıkaya, N. A. (2020). Gebelik döneminde çiftler arası uyum ve prenatal bağlanma arasındaki ilişki. Acıbadem Üniversitesi Sağlık Bilimleri Dergisi, (1), 102-110.

Hsu, P., & Chen, K.H. (2013). Sexual activity during pregnancy in Taiwan: A qualitative study. Sexual Medicine, 1(54), (s. 54-61). doi: 10.1002/sm2.13

Molgora, S., Acquati, C., Fenaroli, V., & Saita, E. (2019). Dyadic coping and marital adjustment during pregnancy: A cross-sectional study of Italian couples expecting their first child. International Journal of Psychology, 54(2), 277-285. https://doi.org/10.1002/ijop.12476

Pamuk, T. (2021). Gebelerin cinselliğe karşı tutumunun cinsel işleve etkisi. Ordu Üniversitesi, Sağlık Bilimleri Enstitüsü, Hemşirelik Anabilim Dalı, Ordu. (Yüksek Lisans Tezi).

Polona Mivšek, A., & Tomai, X. H. (2023). Sexual aspects of pregnancy. In Midwifery and Sexuality (pp. 67-76). Cham: Springer International Publishing.

Rollè, L., Prino, L. E., Sechi, C., Vismara, L., Neri, E., Polizzi, C., ... & Brustia, P. (2017). Parenting stress, mental health, dyadic adjustment: A structural equation model. Frontiers in psychology, 8, 839. https://doi.org/10.3389/fpsyg.2017.00839

Santiago, L.R.S., Lara, L.A.S., Romão, A.P.M.S., Tiezzi, M.F.B.M., & Silva, A.C.J.R. (2013). Impact of pregnancy on the art. International Journal of Clinical Medicine, 4, (s. 257-264). https://doi.org/10.4236/ijcm.2013.45045

Seven, M., Akyüz, A., & Güngör, S. (2015). Predictors of sexual function during pregnancy. Journal of Obstetrics and Gynaecology, 35(7), 691-695. https://doi.org/10.3109/01443615.2015.1006596

Staruch, M., Kucharczyk, A., Zawadzka, K., Wielgos, M., & Szymusik, I. (2016). Sexual activity during pregnancy. Neuroendocrinol Lett, 37(1), 53-8.

Taghani, R., Ashrafizaveh, A., Soodkhori, M. G., Azmoude, E., & Tatari, M. (2019). Marital satisfaction and its associated factors at reproductive age women referred to health centers. Journal of education and health promotion, 8, 133. https://doi.org/10.4103/jehp.jehp_172_18

Tosun Güleroğlu, F., & Gördeles Beşer, N. (2014). Evaluation of sexual functions of the pregnant women. The journal of sexual medicine, 11(1), 146-153 https://doi.org/10.1111/jsm.12347

Yılmaz Sezer, N., & Şentürk Erenel, A. (2021). Development of an attitude scale toward sexuality during pregnancy. Journal of Sex & Marital Therapy, 28, (S. 1-17). https://doi.org/10.1080/0092623X.2021.1911892