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ATTITUDES OF PREGNANT WOMEN TOWARDS SEXUAL INTERCOURSE DURING PREGNANCY AT FEDERAL MEDICAL CENTRE, MAKURDI

Dr. Dzer Benjamin Terzungwe[1], Maria Oojo Igomu[2] & Yange Bemgba, PhD[3]
[1]*Department of Psychology, Rev. Father Moses Orshio Adasu University Makurdi (MOAUM), bendzer86@gmail.com-08036146069*
[2]*Department of Nursing Sciences, College of Medicine, Federal University of Health Science Otukpo, Benue State.*
[3]*General Studies Department, Federal Polytechnic, Wannune, Benue State.*

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ABSTRACT

This study investigated the attitudes of pregnant women towards sexual intercourse during pregnancy at federal medical centre, Makurdi. The study employed the descriptive research design. The Taro Yamane Formula was used to select a sample of 200 respondents from a target population of 400 pregnant women which were used to collect relevant data. Data were collected through a questionnaire which was analyzed and presented using frequency, tables and percentages. The significance of this study will help healthcare providers to direct communication during prenatal consultations in order to ensure better sexual fulfilment during pregnancy. Also, it will help maternal health planners and policymakers with programs that may enhance the attitude of pregnant women towards sex during pregnancy. In addition, it will add to academic relevance. Findings from the study revealed that sex during pregnancy is physically awkward, could harm the fetus and lead to contracting infection, is discomforting, and could lead to a rupture of the membrane. Also, nausea, physical awkwardness, fear of harming the fetus and infection, fatigue, and cultural norms and myths are factors influencing attitude towards sex during pregnancy among pregnant women. In addition, findings revealed that, sex during pregnancy enhances spousal emotional and physical intimacy, boosts health during pregnancy, prepares women for childbirth, improves pelvic floor strength and enhances blood circulation, eases delivery and accelerates postpartum recovery. The study recommended that there should be prior and adequate sex education for sexual partners on sexuality during pregnancy and marriage counselors in conjunction with various health workers should organize seminars, workshops and symposia on sexual intercourse during pregnancy. The study had some limitation that include: Data on attitude of pregnant women towards sex during pregnancy among pregnant women were obtained from respondents through self-administered questionnaires, rather than observation. Also, response bias and social desirability bias. In addition, the study did not include the healthcare givers at Federal Medical Centre Makurdi, Benue State. The healthcare givers interact with different categories of women and are in a good position to equally give accurate data.

Keywords: Attitude, Pregnant Women, Sex, Childbearing Age

Introduction

Pregnancy is one of the special moments associated with significant hormonal changes as well as physical changes in a woman's life. During this time of changes, sexuality and sexual activity are influenced by many factors, including religious beliefs and cultural influences. As the pregnancy progresses, sexuality and sexual behavior are equally influenced by social, biological and psychological factors-critical components of health and well-being in a woman's life (Oche *et al*., 2020).

Since ancient times, there are diverse views on sexual relationship during pregnancy. Murtagh (2020) stated that some caution against it or even prohibit it and diverse opinions have been expressed regarding sex during pregnancy. However, in recent times, the world has witnessed scientific interest in sexuality and sexual behavior, especially during the gestational period. During pregnancy, physiological changes occur, leading to psychological and emotional changes that significantly differ from non-pregnant status. Sexual activity changes with apparent regression in the frequency of sexual intercourse, sexual desire, sexual satisfaction and achieving orgasm (Chang *et al*., 2021).

There are myths and misconceptions about sexual intercourse during pregnancy. Perceived harm to the fetus, preterm labor, and miscarriage are factors associated with fear and anxiety and subsequent avoidance of sexual activity during pregnancy (Fok *et al*., 2020). For many women, as pregnancy advances to the last stage, sexual activities such as desire, frequency and satisfaction are significantly reduced compared with other periods before pregnancy (Pauls *et al*., 2021). Possible factors responsible for such a decline in sexual activity include physical discomfort and ineptness, lack of interest, fear of injury to the fetus, painful coitus and perceived unattractiveness (Orji *et al*., 2022).

Physical and psychological factors have been found to be responsible for these changes (Stuckey, 2018). The physical factors include hormonal changes which contribute to general malaise, difficulty in becoming aroused and less satisfaction in sexual activities. Moreover, the duration of intercourse and the ability to experience orgasm decrease during the later phases of pregnancy compared with the pre-pregnancy period (Igbana *et al*., 2021). Hormonal changes are caused by the increased secretion of estrogen, progesterone and prolactin hormones and are responsible for breast tenderness and nausea. In addition to anxiety and fatigue, exhaustion contributes to the general weakness and lack of interest in sexual activity, desire and arousal with the consequent decrease in sexual practice (Basson, 2021).

In some societies, sexual intercourse during pregnancy or menstruation is prohibited and mostly presented as dangerous, which can provoke impotence, sterility, or produce monsters (Gałązka *et al*., 2020). On the other hand, some women in Nigeria believe that sexual relations during pregnancy are beneficial, as they are supposed to widen the vagina canal, facilitating labor and delivery. The same fact can be observed in Japan, where some pregnant women believe that exhausting exercises like sexual intercourse can lighten delivery (Oche *et al*., 2020).

Women's interest in sexual activity during pregnancy is sometimes enhanced due to perceived benefits such as widening of the birth canal, facilitation of labor and fetal well-being (Naim & Bhutto, 2020). According to Orji *et al*. (2022), some women reported sexual discomfort when pregnant. Igbana *et al*. (2021) stated that sexual activities during pregnancy are beneficial in the sense that it increases bond between partners. In many African countries, sexual activities during pregnancy are discouraged, leading to reduction in the act during this period among both men and women.

Pregnancy generates positive feelings, such a joy, but at the same time, negative feelings, such as depression, fear and anxiety, that can have negative repercussions on the expectant woman and her partners' sex life. Expectant mothers have needs, doubts and concerns about their sexuality that should be addressed during their prenatal care and education. Fluctuations in desire and sexual practices are normal throughout pregnancy and postpartum (Fernández-Sola *et al*., 2022). In the first trimester, physical and emotional changes lead a decrease in the frequency of sexual relations and sexual desire. In the second trimester, sexual desire tends to come back, associated with an improvement in an expectant mother's physical wellbeing, less fear of losing the fetus, better vaginal lubrication and ease of intercourse. In the third trimester, physical limitations due to body size and shape and the pressure on the uterus limit sexual activity (Jayaweera *et al*., 2022). Therefore, this study will provide empirical data on the aattitude of pregnant women towards sexual intercourse during pregnancy at federal medical center, Makurdi.

Statement of Problem

Despite the importance of sexual health and well-being during pregnancy, many pregnant women experience changes in their sexual relationships and attitudes towards sexual intercourse. At Federal Medical Centre, Makurdi, there is a need to understand the attitudes of pregnant women towards sexual intercourse during pregnancy, as this can impact their physical and emotional well-being, as well as their relationships with their partners.

Pregnancy is an important phase in the reproductive life of a pregnant woman. It is a period of transition in a woman's life because it involves a complex mix of emotions. For many women, this results in reduction in the desire, frequency of sexual intercourse and satisfaction especially during the third trimester of pregnancy.

In some societies, sexual intercourse during pregnancy is prohibited and mostly presented as dangerous, which can provoke impotence, sterility, or produce monsters. On the other hand, some women in Nigeria believe that sexual activities during pregnancy are beneficial, as they are supposed to widen the vagina, facilitating labour and delivery while others view sex during pregnancy as discomforting. Thus, given mixed feelings regarding sex during pregnancy. In a bid to ascertain the attitude of women towards sex, the researchers were prompted to investigate the prevailing attitudes of pregnant women towards sexual intercourse during pregnancy at federal medical centre.

The aim of this study is to provide empirical information on the attitudes of pregnant women towards sex, factors influencing the attitude towards sex, and the benefits of having sex during pregnancy.

Research Questions

i. What is the overall attitude score of pregnant women towards sexual intercourse during pregnancy?
ii. What factors significantly influence attitude scores towards sex?
iii. What are the benefiting factors of having sex during pregnancy?

Health belief model (HBM)

The health belief model (HBM) is a foundational framework in health behavior research. It was conceptualized in the 1950s to help understand preventative health behavior. The model focuses on how individuals perceive health threats and decide to act based on the value individuals place on a particular goal and the likelihood that actions taken toward that goal will be successful in achieving the goal. It consists of 6 primary cognitive constructs, or "dimensions" that influence behavior: perceived susceptibility, perceived severity, perceived benefits, perceived barriers, self-efficacy, and cues to action.

The health belief model attempts to predict health-related behaviors by accounting for individual differences in beliefs and attitudes. The model has been applied in diverse contexts, from chronic disease prevention to health education and promotion to evaluation of the effectiveness of community-based interventions. Critics argue that the HBM overly emphasizes cognitive constructs, neglecting emotional and social factors. It often overlooks cultural and social influences on health behaviors and assumes rational decision-making, ignoring emotional complexities. Some reviews highlight its static nature and limited predictive power, which can be as low as 20% to 40% compared to other models that incorporate social, economic, and environmental factors. (De Leon, Peterson, Dvorak, Leary, Kramer, Burr, Toth, Pinto, 2023).

The HBM has been adapted to fit diverse medical and cultural contexts influencing public health through health promotion and preventive community-based programs. This indicates the thoughts and points of view about sex during pregnancy. Pregnant women with adequate information about sex during pregnancy and its importance will surely have an encouraging attitude towards it. Pregnant women should be made to see the positive aspects of sex during pregnancy and this can be done through provision of adequate information.

Empirical Review

Fatima *et al*. (2022), conducted a study on "Attitude Towards Sexual Practices During Pregnancy." The cross-sectional analytical study was conducted at antenatal clinic of Obstetrics & Gynecology Department, Combined Military Hospital Rawalpindi Pakistan, from January to June 2020. Three hundred and seventy (370) women who attended the antenatal clinic during the study period were interviewed. The responses to chosen preferences were recorded on a structured questionnaire. Results indicated that majority of participants believed that intercourse could be done throughout pregnancy and it does not result in complications, but improves marital relationships. However, it was difficult due to the changed physical appearance, but it was not unpleasant for the husband. Only 189 (51.1%) of participants agreed to decreased libido. 287 (77.6%), 265 (71.6%) and 279 (75.4%) were of the opinion that it was not prohibited in religion, neither influence baby nor labor, respectively. The study concluded that most pregnant women maintain sexual activity during pregnancy and majority had positive attitude towards sex during pregnancy.

Sibraogo *et al*. (2021), carried out a study on "Sex during Pregnancy: Opinions, Attitudes and Practices among Pregnant Women." The descriptive cross-sectional survey was conducted in 10 health centers. The pregnant women attending the obstetric health facilities for a routine prenatal consultation were interviewed. Data was collected prospectively from 1st July to 31st August 2014 in 10 health centers selected at random. Results showed that among the 412 pregnant women who participated in the survey, 129 (31.3%) said that sex was a taboo subject and 388 (94.2%) of them averred that it was possible to have sex during pregnancy. There are 121 (29.4%) pregnant women who believed that sexual intercourse has a negative impact on pregnancy. Those who thought that sex does not have negative consequences on pregnancy accounted for 249 (60.4%) of cases. The proportion of respondents who reported having had sex during pregnancy was 371 (90%). Decreased sexual desire was reported by 309 (75.1%) of women in the 1st trimester of pregnancy. The study concluded that fluctuations in sexual interest during pregnancy were observed so for a better sexual fulfilment during pregnancy, health providers must ensure good counseling about sexuality during antenatal visits.

Oche *et al*. (2020), conducted another study on "Sexual activities of pregnant women attending antenatal clinic of a tertiary hospital in North-West Nigeria." The cross-sectional study was conducted among 170 pregnant women who were selected using systematic sampling. Data

were collected using an interviewer-administered questionnaire. Data was analyzed using IBM SPSS version 22.0. Descriptive statistics, Chi-square test and Cochran's Q-test were estimated. Results showed that most of the respondents, 107 (62.7%) had formal education. One-fifth of the respondents, 34 (20.2%) have been married for over 10 years. More than half of them were multiparous, 112 (68.3%) and in the third trimester of pregnancy, 99 (59.6%). Majority of the respondents, 153 (87.9%) thought coitus was safe in pregnancy. More than half, 89 (58.2%) had coitus at least thrice a week before pregnancy and 98.8% have engaged in sexual activities during pregnancy. Most of the respondents, 105 (61.1%) enjoyed coitus during pregnancy. The desire for coitus significantly reduced in the third trimester. The study concluded that sexual intercourse during pregnancy was universal and respondents engaged in sexual activities during different stages of pregnancy. Although, sexual frequency declined in pregnancy compared to pre-pregnancy period, most of the respondents desired and enjoyed it.

Alizadeh *et al*. (2021), conducted a study on "Factors Affecting the Variation in Sexual Activity and Response before and During Pregnancy among Pregnant Women in Rasht City, Northern Iran." The cross-sectional study was conducted on pregnant women at Rasht city, Northern Iran in 2018. The data were collected using the pregnancy sexual response inventory (PSRI). Statistical analysis was performed using descriptive and inferential tests by SPSS 25 at a significance level of $P<0.05$. Results revealed that variations in the total score of sexual activity and response during pregnancy decreased by 26.16 points during pregnancy compared to before pregnancy. There was a positive correlation between the number of children and the score of the variations in sexual activity and response before and during pregnancy. The study concluded that couples with a higher level of education and a lower number of children had fewer variations in their sexual response.

Anzaku *et al*. (2022), carried out a study on "Evaluation of changes in sexual response and factors influencing sexuality during pregnancy among Nigerian women in Jos, Nigeria." A total of 177 healthy heterosexual pregnant Nigerian women at term and in stable marital relationships were included in the study. Authors designed structured questionnaire featuring socio-demographic and obstetric characteristics as well as assessment of their sexual desire, arousal, orgasm, sexual satisfaction and pain compared to the pre-pregnancy period was used to collect the information. Data was analyzed using SPSS version 16 for windows. Results indicated that majority of the respondents reported decline in sexual desire, arousal, frequency of orgasm and sexual satisfaction compared to the pre-pregnancy period. Reduce sexual desire was marked in the first trimester but sexual desire peaked in second trimester. Women aged 31 years and above were four times more likely to experience increase frequency of orgasm while those with tertiary education and unplanned pregnancy were more likely to experience decreased sexual satisfaction compared to the pre-pregnancy period. The study concluded that pregnancy is associated with decline in all domains of female sexual response cycle among the women. Older maternal age positively impacts on frequency of attainment of orgasm while tertiary educational level and unplanned pregnancy negatively affect their sexual satisfaction during pregnancy.

Method

This study made use of descriptive survey research design. The design is appropriate for this study since it used questionnaire for collecting data from the respondents without any form of intervention from the researcher to assess the attitudes of pregnant women towards sexual intercourse during pregnancy among pregnant women in Federal Medical Centre Makurdi. The study was carried out in Federal Medical Centre Makurdi, Benue State. Federal Medical Centre Makurdi is located in Makurdi with main headquarters situated along Atiku Abubakar Way,

Wadata, Makurdi, Benue State. It is a frontline healthcare institution dedicated to providing excellent care to patients through health experts who are empathetic, passionate and very respectful.

Federal Medical Centre Makurdi as a health facility that offers a range of health care services in various specialties structured in (15) departments which includes; Accident and Emergency department, Cardiology, Dental, Mental, Obstetrics and Gynecology, Orthopedics, Pediatrics, Radiology, Surgery, Ophthalmology, Physiotherapy, Laboratory, Renal and Radiology. It has experienced healthcare workers who are ready and available to provide quality services at all time. The hospital has professional specialist consultants, surgeons, nurses and technologists who are dedicated to giving excellent care to people within Benue and the surrounding States. Also, the Center has state-of-the-art equipment coupled with motivated and healthy staff strength of about 1874 to deliver the best care possible.

Federal Medical Centre Makurdi was established in 1927 as a small railway clinic to offer first-aid treatment to railway workers. It was subsequently taken over by the Catholic Mission in 1940 as a dispensary. The defunct government of Benue-Plateau State acquired it in 1967 as a General Hospital. In its desire to enable every State in the country access tertiary health care, the Federal Government of Nigeria acquired it in 1995 as a Federal Medical Centre.

At takeover by the Federal Government in 1995, it was operating on three (3) sites within Makurdi, metropolis which includes; Mission Ward (main center), Psychiatric Unit (by river bank) and the Denton-Ophthalmic Complex (DOC) by Aper Aku Stadium. It is currently a 400-bed hospital. In 2011, due to insufficient space for expansion at the main center following the acquisition of a reasonable portion of land, the hospital was relocated to the permanent site at Apir which is about 12 kilometers away from the main hospital, and it runs concurrently with the main Centre at Mission Ward.

The target population of the study comprised of pregnant women between the ages of (15 - 49 years) attending ANC at Federal Medical Centre (FMC) Makurdi, Benue State, where sample information was obtained and the data of the study was generated. The target population was 400 pregnant women.

The sample of the study were 200 pregnant women out of 400. This was calculated using Taro Yamane's Formula to determine a reliable sample size. The Taro Yamane Formula was created in 1967 for statistics and social science students.

$$n = \frac{N}{1 + N(e)^2}$$

Where n = sample size
N = population of the study
e = margin of error (could be 0.01, 0.1 or 0.05)

$$n = \frac{400}{1 + 400\ (0.05)^2}$$

$$n = \frac{400}{1 + 400\ (0.0025)}$$

$$n = \frac{400}{1 + 1}$$

$$n = \frac{400}{2}$$

$$n = 200$$

A simple random sampling technique was used in selecting the subjects who were pregnant women at Federal Medical Centre Makurdi. Sample of 200 was selected from a target population of 400 using simple random sampling technique. 200 pieces of papers marked "True" and 200 marked "False" were put together and shaken/mixed in a bowl of balloting. The pregnant women were given equal chances of picking the papers and all those who picked the papers with "True" were selected and used for the study.

The first step taken was to determine the sample interval

$$\text{Sample interval (S.I)} = \frac{\textit{Total Population of the Study}}{\textit{Sample Size}} \frac{400}{200} = \frac{2}{1}$$

S.I = 2

N/B: Out of every 2 pregnant women, 1 was taken as a sample for the research.

A researcher-based questionnaire was developed by the researchers to elicit information from the respondents. The questionnaire had sections A and B. Section 'A' deals with demographic characteristics of the respondents while Section 'B' which measured variables of the study based on a 4-point Likert scale designed in order of Strongly Agree (SA), Agree (A), Disagree (D) and Strongly Disagree (SD). Based on the research questions of the study, section B was subdivided into 3 clusters. Cluster I contains items 6 - 10 which obtained data on what is the overall attitude score of pregnant women towards sexual intercourse during pregnancy? Cluster II contains items 11 – 16 and obtained data on what factors significantly influence attitude scores towards sex? while cluster III contains items 17 – 21 and obtained data on what are the benefiting factors of having sex during pregnancy?

The questionnaire had content validation and was carefully assessed by the researchers, who also ensured that the instrument actually measures what it is supposed to measure in accordance with the research questions of the study. In order to ascertain the reliability of the items on the questionnaire, a pilot study was conducted among 20 randomly selected pregnant women receiving treatment at Benue State University Teaching Hospital, Makurdi, who do not belong to the study population but share similar attributes with the participants of the study. The responses made were collected and found reliable. The instrument was then used for collection of data for the main study.

In order to ensure high rate of return, the delivery and retrieval method was used in the administration of the instrument. A total of 200 copies of the questionnaire were administered to the respondents and retrieved on the spot using face-to-face method. The educated ones filled theirs and returned them as soon as they were done while the researchers interpreted the questions to the uneducated respondents. They were also assisted in ticking their responses on the questionnaire.

The data collected was analyzed using descriptive statistical measures and presented in simple frequency tables and their percentages respectively. Permission was soughed from the respondents and the researchers explained the importance of carrying out the research to them. The respondents were made to participate willingly out of conviction and not out of compulsion. The respondents were assured of the confidentiality of their responses.

Presentation of Results

Table 1: Showing the number of questionnaires distributed and returned

Questionnaires	Frequency (f)	Percentage (%)
Distributed	200	100
Returned	200	100
Total	**200**	**100**

Source: Field survey, 2023

Section A: Demographic Data

Table 1.1 Showing demographic characteristics of the respondents

Items	Frequency (f)	Percentage (%)
Age		
18-25	52	26
26-33	78	39
34-41	50	25
42 and above	20	10
Total	**200**	**100**
Education		
Primary	27	13.5
Secondary	50	25
Tertiary	105	52.5
None	18	9
Total	**200**	**100**
Religion		
Christianity	153	76.5
Islam	41	20.5
Others	6	3
Total	**200**	**100**
Tribe		
Tiv	96	48
Idoma	68	34
Igede	24	12
Others	12	6
Total	**200**	**100**
Marital status		
Single	23	11.5
Married	165	82.5
Divorced	8	4
Widowed	4	2
Total	**200**	**100**

Source: Field survey, 2023

Table 1.1 shows the demographic characteristics of the respondents in Okpoga, Okpokwu Local Government Area. The result shows that out of a total of 200 (100%) respondents, 52 (26%) were between the ages of 18-25, 78 (39%), 26-33, 50 (25%) were between the ages of 34-41 while the remaining 20 (10%) were between the ages of 42 and above. Education; 27 (13.5%) have primary education, 50 (25%) have secondary education, 105 (52.5%) have tertiary education while 18 (9%) have no formal education. Religion; 153 (76.5%) were Christians, 41 (20.5%) were Muslims while 6 (3%) belong to other religions. Tribe; 96 (48%) were Tiv, 68 (34%) were Idoma, 24 (12%) were Igede while 12 (6%) belong to other tribes. Marital status; 23 (11.5%) were single, 165 (82.5%) were married, 8 (4%) were divorced while 4 (2%) were widowed.

Section B

Table 2: Showing attitude score of pregnant women towards sexual intercourse during pregnancy

S/N	Items	Frequency			Percentage (%)		
		Agree SA + A	Disagree SD + D	Total	Agree SA + A	Disagree SD + D	Total
6	Sex during pregnancy is physically awkward	148	52	200	74	26	100
7	Sex during pregnancy could harm the foetus	156	44	200	78	22	100
8	Sex during pregnancy could lead to contracting infection	150	50	200	75	25	100
9	Sex during pregnancy is discomforting	150	50	200	75	25	100
10	Sex during pregnancy could lead to a rupture of the membrane	134	66	200	67	33	100

Source: Field survey, 2023

Findings from table 2 above, attitude score of pregnant women towards sexual intercourse during pregnancy and out of 200 (100%) respondents, 148 (74%) agreed while 52 (26%) disagreed that sex during pregnancy is physically awkward, 156 (78%) agreed while 44 (22%) disagreed that sex during pregnancy could harm the fetus, 150 (75%) agreed while 50 (25%) disagreed that sex during pregnancy could lead to contracting infection, 150 (75%) agreed while 50 (25%) disagreed that sex during pregnancy is discomforting, while 134 (67%) agreed while 66 (33%) disagreed that sex during pregnancy could lead to a rupture of the membrane.

Table 3: Showing the Factors significantly influencing attitude scores towards sexual intercourse

S/N	Items	Frequency			Percentage (%)		
		Agree SA + A	Disagree SD + D	Total	Agree SA + A	Disagree SD + D	Total
11	Nausea is a factor influencing attitude towards sex during pregnancy among pregnant women	158	42	200	79	21	100
12	Physical awkwardness is a factor influencing attitude towards sex during pregnancy among pregnant women	106	94	200	53	47	100
13	Fear of harming the fetus is a factor influencing attitude towards sex during pregnancy among pregnant women	130	70	200	65	35	100
14	Fear of infection is a factor influencing attitude towards sex during pregnancy among pregnant women	154	46	200	77	23	100

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15	Fatigue is a factor influencing attitude towards sex during pregnancy among pregnant women	144	56	200	72	28	100
16	Cultural norms and myths are factor influencing attitude towards sex during pregnancy among pregnant women	140	60	200	70	30	100

Source: Field survey, 2023

Findings from table 3 above, examined the factors influencing the attitude towards sex during pregnancy among pregnant women and out of 200 (100%) respondents, 158 (79%) agreed while 42 (21%) disagreed that nausea is a factor influencing attitude towards sex during pregnancy among pregnant women, 106 (53%) agreed while 94 (47%) disagreed that physical awkwardness is a factor influencing attitude towards sex during pregnancy among pregnant women, 130 (65%) agreed while 70 (35%) disagreed that fear of harming the fetus is a factor influencing attitude towards sex during pregnancy among pregnant women, 154 (77%) agreed while 46 (23%) disagreed that fear of infection is a factor influencing attitude towards sex during pregnancy among pregnant women, 144 (72%) agreed while 56 (28%) disagreed that fatigue is a factor influencing attitude towards sex during pregnancy among pregnant women, 140 (70%) agreed while 60 (30%) disagreed that cultural norms and myths are factors influencing attitude towards sex during pregnancy among pregnant women.

Table 4: Showing the benefiting factors of having sexual intercourse during pregnancy

S/N	Items	Frequency			Percentage (%)		
		Agree SA + A	Disagree SD + D	Total	Agree SA + A	Disagree SD + D	Total
17	Sex during pregnancy enhances spousal emotional and physical intimacy	174	26	200	87	13	100
18	Sex boosts health during pregnancy	136	64	200	68	32	100
19	Sex prepares women for childbirth	164	36	200	82	18	100
20	Sex improves pelvic floor strength and enhances blood circulation	134	66	200	67	33	100
21	Sex eases delivery and accelerates postpartum recovery	141	59	200	70.5	29.5	100

Source: Field survey, 2023

Findings from table 4 above ascertained the benefits of having sex during pregnancy among pregnant women. It shows that out of 200 (100%) respondents, 174 (87%) agreed while 26 (13%) disagreed that sex during pregnancy enhances spousal emotional and physical intimacy, 136 (68%) agreed while 64 (32%) disagreed that sex boosts health during pregnancy, 164 (82%) agreed while 36 (18%) disagreed that sex prepares women for childbirth, 134 (67%) agreed while 66 (33%) disagreed that sex improves pelvic floor strength and enhances blood circulation, 141 (70.5%) agreed while 59 (29.5%) disagreed that sex eases delivery and accelerates postpartum recovery.

Discussion of Findings

The research questions were used to investigate the attitude score of pregnant women towards sexual intercourse during pregnancy among pregnant who are patients in Federal Medical Centre Makurdi, Benue State. From the data presented in table 2, it was observed that out of 200 (100%) respondents, 148 (74%) agreed that sex during pregnancy is physically awkward, 156 (78%) agreed that sex during pregnancy could harm the fetus, 150 (75%) agreed that sex during pregnancy could lead to contracting infection, 150 (75%) agreed that sex during pregnancy is discomforting, while 134 (67%) agreed that sex during pregnancy could lead to a rupture of the membrane. In support of the findings, Anzaku *et al*. (2022), found that a decline in sexual desire, arousal, frequency of orgasm and sexual satisfaction among women compared to the pre-pregnancy period and reduce sexual desire was marked especially in the first trimester. Also, Oche *et al*. (2020), reported that desire for coitus significantly reduced in the third trimester and sexual frequency declined in pregnancy compared to pre-pregnancy period.

The findings from the data analyzed in table 3, shows that 158 (79%) agreed that nausea is a factor influencing attitude towards sex during pregnancy among pregnant women, 106 (53%) agreed that physical awkwardness is a factor influencing attitude towards sex during pregnancy among pregnant women, 130 (65%) agreed that fear of harming the fetus is a factor influencing attitude towards sex during pregnancy among pregnant women, 154 (77%) agreed that fear of infection is a factor influencing attitude towards sex during pregnancy among pregnant women, 144 (72%) agreed that fatigue is a factor influencing attitude towards sex during pregnancy among pregnant women, 140 (70%) agreed that cultural norms and myths are factor influencing attitude towards sex during pregnancy among pregnant women. Supporting the findings, Sibraogo *et al*. (2021) pregnant women who felt that sex was a taboo and could have a negative impact on pregnancy are likely not to be disposed to having sex during pregnancy. In agreement, Alizadeh *et al*. (2021) stated that perception of sex being awkward during pregnancy, fear of infection and harm to the fetus could influence the attitude of women towards sex during pregnancy.

From the data presented in table 4, it was observed that 174 (87%) agreed that sex during pregnancy enhances spousal emotional and physical intimacy, 136 (68%) agreed that sex boosts health during pregnancy, 164 (82%) agreed that sex prepares women for childbirth, 134 (67%) agreed that sex improves pelvic floor strength and enhances blood circulation, 141 (70.5%) agreed that sex eases delivery and accelerates postpartum recovery. The above findings are in line with the submission of Aboyeji and Ijaiya (2022) which asserted that sex helps in boosting maternal health during pregnancy and helps in the preparation for childbirth by virtue of vaginal lubrication. Also, in support of the findings, Jamali and Mosalanejad (2020), stressed that sex during pregnancy improves pelvic floor strength and blood circulation, and enhances spousal emotional and physical intimacy.

Conclusion

Based on the findings from the study, it was concluded that the respondents don't have a good sexual intercourse during pregnancy by agreeing with the proposition that sexual intercourse during pregnancy is physically awkward and discomforting; could harm the fetus, lead to contracting infection and a rupture of the membrane. Also, it was discovered that nausea, physical awkwardness, fear of harming the fetus and infection, cultural norms and myths are factors that could influence the attitude of pregnant women towards sexual intercourse during pregnancy.

Recommendations

Based on the findings, the following recommendations were made by the researchers:

i. There should be prior and adequate sex education for sexual partners on sexuality during pregnancy.
ii. Marriage counselors in conjunction with various health workers should organize seminars, workshops and symposia on sexual intercourse during pregnancy.
iii. Marriage counselors should work with personnel in various antenatal clinics with the aim of having much contact with pregnant women.

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