

ORIGINAL
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Bu çalışma 26-29 Nisan 2016 tarihleri arasında 3 Adana Çukurova Üniversitesi tarafından düzenlenen 3. Uluslararası ve 7. Ulusal Ebelik Öğrencileri Kongresinde sözel bildiri olarak sunulmuştur.

Received: 20.04.2017
Acceptance: 19.12.2017
DOI: 10.18521/kt.307362

Konuralp Medical Journal
e-ISSN1309-3878
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www.konuralptipdergi.duzce.edu.tr

Assessment of the Views of Undergraduate Students about Female Body and Sexual Life in Pregnancy and the Postpartum Period

ABSTRACT

Objective: In this study, we aimed to determine the views of undergraduate students about the female body and sexual life during pregnancy and the postpartum (PP) period.

Methods: This descriptive study was conducted with 466 students from a public university in the spring semester of the academic year of 2015-2016. The data were collected using a questionnaire. Statistical analyzes included means, standard deviations, percentage distributions and chi-square test

Results: The rates of female and male students who stated that pregnancy suits the female body were 56% and 36.1%, respectively. In contrast, the rates of female students who stated that the PP period does not suit the female body were 40.3%. We found similar ratios of female (50.7%) and male (57.9%) students regarding the opinion that pregnancy adversely affects sexual life, which was explained in first options: "Sexual intercourse during pregnancy may harm the baby". The only positive option about sexual life in the PP period was "Incision/episiotomy in the birth canal makes sexual intercourse easier / reduces pain" with participation rates of 85.7% and 16.6% in female and male graduates, respectively. Additionally, vaginal birth, episiotomy and breastfeeding were listed as factors that adversely affect sexual life in the PP period.

Conclusion: It was concluded that physical changes in the PP period caused aesthetic concerns for female students, while male students had a more negative attitude towards sexual life during pregnancy, and negative opinions about sexual life in the PP period were widespread among the undergraduate students.

Keywords: Undergraduate Students, Pregnancy, Postpartum Period, Female Body, Sexual Life In Pregnancy, Sexual Life In The Postpartum Period.

Üniversite Öğrencilerinin Gebelik ve Doğum Sonu Dönemdeki Kadın Bedeni ve Cinsel Yaşam Hakkındaki Görüşlerinin İncelenmesi

ÖZET

Amaç: Bu çalışmada, üniversite öğrencilerinin gebelik ve doğum sonu (DS) dönemdeki kadın bedeni ve cinsel yaşam hakkındaki görüşlerini belirlemek amaçlanmıştır.

Gereç ve Yöntem: Tanımlayıcı olarak tasarlanan bu araştırma 2015-2016 eğitim-öğretim yılı bahar yarıyılında bir kamu üniversitesinde öğrenim gören 466 öğrenci ile yürütülmüştür. Araştırmanın verileri, anket formu aracılığı ile elde edilmiştir. İstatistiksel analizlerde; ortalama, standart sapma, yüzdelik dağılım ve ki-kare testi kullanılmıştır.

Bulgular: Gebeliğin kadın bedenine yakıştığını belirten kız öğrenci oranı %56, erkek öğrenci oranı %36.1'dir. Buna karşın, DS dönemin kadın bedenine yakışmadığını belirten kız öğrenci oranı %40.3'dir. Gebeliğin cinsel yaşamı olumsuz etkileyeceğini belirten kız (%50.7) ve erkek (%57.9) öğrencilerde görüşler benzer olup ilk sırada; "gebelikte cinsel ilişki bebeğe zarar verebilir" seçeneği yer almıştır. DS dönem cinsel yaşam hakkında belirtilen olumlu tek seçeneğin "doğum kanalına açılan kesi/epizyotomi cinsel birleşmeyi kolaylaştırır/ağrıyı azaltır" olduğu ve bu görüşe katılan kız öğrenci oranının %85.7, erkek öğrenci oranının ise %16.6 olduğu saptanmıştır. Ayrıca, vajinal doğum, epizyotomi girişimi ve emzirme DS dönemdeki cinsel yaşamı olumsuz etkileyen nedenler olarak sıralanmıştır.

Sonuç: DS dönemki bedensel değişimlerin kız öğrencilerde estetik endişe yarattığı, erkek öğrencilerin gebelikteki cinsel yaşama daha olumsuz baktığı ve gebelik ve DS dönemlerdeki cinsel yaşama ait olumsuz görüşlerin üniversite öğrencilerinde yaygın olduğu saptanmıştır.

Anahtar Kelimeler: Üniversite Öğrencileri, Gebelik, Doğum Sonu Dönem, Kadın Bedeni, Gebelikte Cinsel Yaşam, Doğum Sonu Dönemde Cinsel Yaşam.

INTRODUCTION

Pregnancy and the postpartum period due to women's biological characteristics are the most fundamental elements that distinguish a woman from a man (1). The concept of aesthetics, which recently has had broad coverage especially on the media, started to be debated in terms of pregnancy and the postpartum periods, as in other periods of life (2, 3). Some women, with concerns that their body image will be damaged and their partner will no longer like them although they have not gained excessive weight, do not have a sufficient and balanced diet during pregnancy, risk their own and their baby's health, refuse to breastfeed their baby after birth or postpone their plans for pregnancy (4-7). Studies have reported that concerns of especially women regarding being liked and appearing beautiful may naturally affect the process of pregnancy in a negative way (5,8).

Views about pregnancy and the postpartum period have the quality of sentimental prospective fathers, too. For men, accepting pregnancy does not only involve accepting the certainty of pregnancy but it is also concerned with accepting the changing state of women, and this situation affects the sexual satisfaction and frequency of intimacy for partners (9,10). If the man has incorrect information about pregnancy and women's health, it may be more difficult for him to accept pregnancy (9, 11, 12). Some men, even though they want to have sex with their partners, may think of touching a pregnant woman as polluting a sacred thing and experience an internal conflict. Likewise, some may avoid sex due to beliefs that having sex with a pregnant woman is immoral, oppose breastfeeding as they believe it will damage their partners' breast, believe giving birth will widen their partners' vagina and damage their sexual life, and support C-section births (9, 11). On the other hand, there are men who state that they feel happier and closer to their partners during the pregnancy term, and find their partners more attractive and beautiful (9, 11, 12).

The literature review suggested that there is a lack of knowledge regarding sexual life during pregnancy and the postpartum period or misbeliefs influence sexual functions and partner relationships during pregnancy and the postpartum period (13). The period of fertility constitutes a large part of a person's life, and this makes the opinions of university students, who are the parents of the future, on female body and sexuality in pregnancy and the postpartum period important. Considering the pregnancy and the postpartum period affect the health of children, families and therefore the society directly, it is highly important that opinions regarding female body and sexual life in these periods are known by healthcare professionals and suitable approaches are developed (6). This study was conducted with the aim of determining the views of undergraduate students on the female body

and sexual life in pregnancy and the postpartum period.

MATERIAL AND METHODS

This descriptive study was conducted in the spring semester of the academic year of 2015-2016 with students of a public university. The population of the study consisted of all the students enrolled in their undergraduate studies in the central campus of the university (N=38088). As a result of the power analysis, the sample width was calculated as 466 students with 5% level of significance, 97% confidence interval and 80% power to represent the population. The students who agreed to participate in the study were chosen from the related population with the method of non-probability random sampling.

The data of the study were collected with the help of the questionnaire developed by the researchers in line with the literature review (9-12). The questionnaire consisted of 2 sections. The first section consisted of 9 questions to record the individual characteristics (age, sex, department, class level, marital status, type of family, etc.) of the students.

The second section consisted of 8 questions prepared with the aim of determining the students' opinions on the changes that take place in female body/physical appearance and sexual life during pregnancy and the postpartum period.

The data were collected by the researchers during the weekdays and at times when the students did not have classes. The questionnaire was handed out in the classroom environment after providing all necessary information, and the students were asked to personally fill out all the questions. Data collection took an average of 8-10 minutes.

Statistical Analysis

The data collected in the study were analyzed using the SPSS 16.0 statistical package software. The statistical analyses used; means, standard deviations, percentage distributions, and chi-squared test (X²). p<0.05 was taken as the statistically significant level.

Ethical Considerations

For an implementation of the study, approval was received from the Medical Sciences Scientific Research and Publications Ethics Board of Inonu University (Decision No:2016/5-20). Additionally, written permission was received from the Inonu University Presidency. Before starting the study, the students were informed about the process, told that their personal information will be protected, and the ones who volunteered for the study were included.

Limitations of the Study

The study is limited to the students who are enrolled in one public university.

RESULTS

Table 1 shows the distribution of the sociodemographic characteristics among the students. Among the students with the mean age of 21.62 ± 2.47 , 64.4% were female, 26.4% were senior students, and 23.4% were junior students. 78.3% of the students stated that they have a nuclear family,

80% stated that their income is equal to their expenditure, while 56.9% said their mothers and 47.1% said their fathers are secondary school graduates. While the ratio of the students who stated their mothers are working at a job was 15.7%, this ratio was 80.3% regarding the fathers' employment.

Table 1. Distribution of socio-demographic characteristics of students (n=466)

Variables	Mean \pm SS	
	n	%
Age	21.62 \pm 2.47	
Sex		
Female	300	64.4
Male	166	35.6
Class		
1st class student	109	23.4
2st class student	114	24.5
3st class student	120	25.8
4st class student	123	26.4
Income Level		
Income less expense	69	14.8
Income equal to expense	373	80.0
Income over expense	24	5.2
Family structure		
Nuclear	365	78.3
Traditional	87	18.7
Fragmented	14	3.0
Educational level of mother		
Not literate	79	17.0
Primary education	265	56.9
High school	84	18.0
University	38	8.2
Education level of father		
Not literate	17	3.6
Primary education	219	47.1
High school	125	26.8
University	105	22.5
Working status of the mother		
Yes	73	15.7
No	393	84.3
Working status of the father		
Yes	374	80.3
No	92	19.7
Total	466	100.0

Table 2 presents the comparison of male and female students' opinions regarding female body and sexual life in pregnancy and the postpartum period. While 30% of the female students stated that pregnancy does not affect their views on a female body, this ratio was 50% for the male students. While 56% of the female students stated that pregnancy suits the female body / makes it look beautiful, 36.1% of the male students had the same opinion. The difference between the groups was significant ($p < 0.05$).

While 44% of the female students stated that the postpartum period does not affect their views on the female body, this ratio was 56% for the male

students. While 40.4% of the female students stated that the postpartum period makes the female body look ugly / bad, 25.9% of the male students had the same opinion. The difference between the groups was significant ($p < 0.05$).

While 7% of the female students participating in the study stated that the postpartum period will affect sexual life positively, the ratio of the male students who shared the same opinion was 18.1%. While the ratio of the female students who thought the postpartum period will affect sexual life negatively was 57%, this ratio was 50.6% for the male students. The difference between the groups was significant ($p < 0.05$).

Table 2. Comparison of the opinions of female and male students on female body and sexual life in pregnancy and the postpartum period (n=466)

Variables	Sex				Test
	Female		Male		
	n	%	n	%	
State of pregnancy to affect the view on female body					
Does not affect it	90	30.0	83	50.0	$X^2=20.127$ p=0.000*
Pregnancy suits the female body / makes it look more beautiful	168	56.0	60	36.1	
Pregnancy makes the female body look ugly / bad	42	14.0	23	13.9	
State of pregnancy to affect the view on sexual life					
I think it does not affect it	116	38.6	50	30.1	$X^2=3.405$ p=0.182
I think it affects it positively	32	10.7	20	12.0	
I think it affects it negatively	152	50.7	96	57.9	
State of the postpartum period to affect the view on female body					
Does not affect it	132	44.0	93	56.0	$X^2=9.897$ p=0.007**
The postpartum period makes the female body look more beautiful	47	15.7	30	18.1	
The postpartum period makes the female body look ugly / bad	121	40.3	43	25.9	
State of the postpartum period to affect the view on sexual life					
I think it does not affect it	108	36.0	52	31.3	$X^2=13.451$ p=0.001**
I think it affects it positively	21	7.0	30	18.1	
I think it affects it negatively	171	57.0	84	50.6	
Total	300	100.0	166	100.0	

*p<0.001 **p<0.05

Table 3 provides the distribution of positive and negative views on sexual life in the period of pregnancy based on sex. The positive views on sexual life during pregnancy were similar in male and female students, and may be ordered as; “pregnancy brings the man and the woman sexually closer” and “a pregnant woman is sexually more attractive.” The negative views on sexual life

during pregnancy were also similar in male and female students, and may be ordered as; “sex during pregnancy may harm the baby,” “pregnancy may reduce the frequency of sexual intercourse,” “I do not find sex ethical during pregnancy,” “pregnancy may reduce the pleasure during sex” and “I do not find sex during pregnancy appropriate due to religious reasons.”

Table 3. Distribution of the positive and negative opinions regarding sexual life in pregnancy based on sex

Variables	Sex			
	Female (n=32)*		Male (n=20)*	
	n	%	n	%
Positive opinions (n=52)				
Pregnancy brings a man and a women closer sexually	30	93.7	19	95.0
A pregnant woman is sexually more attractive	7	21.9	6	30.0
Negative opinions (n=248)				
Pregnancy may reduce pleasure during sexual intercourse	37	24.3	27	28.1
Pregnancy may reduce the frequency of sexual intercourse	69	45.4	35	36.4
Sex during pregnancy may harm the baby	80	52.6	49	51.0
I do not find sex during pregnancy ethical	51	33.5	30	31.2
I do not find sex during pregnancy appropriate due to religious reasons	13	8.5	16	16.6

* As the statements marked with * occurred more than once, the percentages were taken based on “n”.

Table 4 provides the distribution of positive and negative views on sexual life in the postpartum period based on sex. Positive opinions included one statement as “incision / episiotomy in the birth canal makes sexual intercourse easier / reduces pain,” while 85.7% of the female students and 16.6% of the male students agreed with this opinion. Among the negative opinions, 66.6% of the female students and 69.2% of the male students agreed with the statement “sexual pleasure may

decrease as the birth canal will be widened.” The rate of agreement with the statement “incision / episiotomy in the birth canal may reduce sexual pleasure” was 40.7% in female students and 32.7% in male students. The last statement given as a negative one was “breastfeeding may affect postpartum sexual life negatively,” and 16.6% of the female students and 46.1% of the male students agreed with it.

Table 4. Distribution of the positive and negative opinions regarding sexual life in the postpartum period based on sex

Variables	Sex			
	Female(n=21)		Male (n=30)	
Positive opinions (n=51)	n	%	n	%
Incision / episiotomy in the birth canal makes sexual intercourse easier / reduces pain	18	85.7	5	16.6
No response	3	14.3	25	83.4
Negative opinions (n=160)	Female(n=108)*		Male (n=52)*	
Sexual pleasure may be reduced as the birth canal will be widened	72	66.6	36	69.2
Incision / episiotomy in the birth canal may reduce sexual pleasure	44	40.7	17	32.7
Breastfeeding may affect postpartum sexual life negatively	18	16.6	24	46.1

* As the statements marked with * occurred more than once, the percentages were taken based on "n".

DISCUSSION

In the study conducted with the purpose of determining the opinions of university students on female body and sexual life in pregnancy and the postpartum period, the ratio of female students who stated that pregnancy suits the female body / makes it look more beautiful was 56%, while this ratio was 36.1% for the male students. Significantly more female students had positive opinions regarding the changes that take place in the female body as a result of pregnancy (Table 2, $p < 0.001$). It is an interesting finding that the female students perceived the changes in the body during pregnancy more positively than the male students. Generally, pregnancy is a complex period where gaining weight is expected by the woman and approved by the social environment (14). It may be expected that this situation leads female students to perceive these changes more positively. Additionally, giving birth to a child and becoming a mother is one of the significant characteristics of a woman, and make them experience self-esteem, self-realization, and feelings of being special (6, 15). According to this approach, the finding agrees with those in the literature.

The study found that the ratio of female students who stated that the postpartum period makes the female body look ugly / bad was 40.3%, the same ratio was 25.9%, and significantly more female students had a negative opinion about the female body in the postpartum period (Table 2, $p < 0.05$). This result shows that the postpartum period creates more aesthetical concerns for female students. It is seen that, although the female students perceived the bodily changes in the pregnancy period more positively than the male students did, they had more aesthetical concerns for the period after pregnancy. Other studies reported in similarity that women have less concern about gaining weight and changes in the body during pregnancy, but on the other hand, they may be concerned about whether their body standards before the pregnancy will come back in the postpartum period (16, 17). This finding agrees with the literature. 10.7% of the female students and 12% of the male students in the study stated that pregnancy will

affect sexual life positively. The difference between the groups was not statistically significant (Table 2, $p > 0.05$). The positive views on sexual life during pregnancy were similar in male and female students, and may be ordered as; "pregnancy brings the man and the woman sexually closer" and "a pregnant woman is sexually more attractive" (Table 3). In the literature, it was similarly stated that pregnancy is a period that brings a man and woman closer (11) and some men find their partners more attractive and beautiful during pregnancy (12). The findings are in agreement with the literature. On the other hand, 50.7% of the female students and 57.9% the male students stated that pregnancy will affect sexual life negatively. The negative views on sexual life during pregnancy were also similar in male and female students, and may be ordered as; "sex during pregnancy may harm the baby," "pregnancy may reduce the frequency of sexual intercourse," "I do not find sex ethical during pregnancy," "pregnancy may reduce the pleasure during sex" and "I do not find sex during pregnancy appropriate due to religious reasons" (Table 3). The statement "sex during pregnancy may harm the baby" was listed in the first place among the male and female students (F=52.6%, M=51%). The literature also reported the prevalent idea sex during pregnancy may harm the baby (9, 11, 12, 18, 19). It was reported that especially pregnant women think frequent sexual intercourse may lead to miscarriage or premature birth, feel the need to avoid sexual intercourse due to the fear that it will harm the fetus and / or the mother, some men are afraid that the amniotic sac may be tore during intercourse, and some believe that it will harm the baby or start labor (9). The finding is in agreement with the literature. Additionally, it is expected that the statement "pregnancy may reduce the frequency of sexual intercourse" was expressed in line with the fears of harming the baby.

The study found that male and female students did not find sex during pregnancy ethically appropriate. This ratio was 33.5% in female students and 31.2% in male students. Additionally, 8.5% of the female students and 16.6% of the male student did not find sexual intercourse during

pregnancy appropriate for religious reasons (Table 3). It was a noteworthy finding of the study that a ratio that should not be ignored among both male and female students found sex during pregnancy inappropriate due to ethical and religious reasons. Misbeliefs / myths that sexuality in pregnancy is unethical lead some men to think that even if they want to have sex with their partner, touching a pregnant woman would be like violating a sacred thing, while it may lead some others to believe that having sex with a pregnant woman is immoral (9). It is seen that different myths are carried on in societies regarding sexuality in pregnancy. For example, it was reported that some societies prohibited sex during pregnancy due to beliefs that it is dangerous, results in impotence, sterility and even a birth of a monster as a result of sex (2). Regarding the studies on the Turkish society, it was shown that myths about no sexual relationships during pregnancy are prevalent, and these myths affect sexual life negatively (11, 12, 20, 21). In this sense, the finding agrees with the literature.

According to the results of the study, 7% of the female students and 18.1% of the male students stated that the postpartum period will affect sexual life positively, while the difference was significant (Table 2, $p < 0.05$). The female and male students who stated that the postpartum period affects sexual life positively, provided the statement "incision / episiotomy in the birth canal makes sexual intercourse easier / reduces pain" as the reason. This ratio was 85.7% for the female students and 16.6% for the male students. Additionally, 14.3% of the female students and 83.4% of the male students left the option for the reason blank, although they stated that the postpartum period may affect sexual life positively. It was noteworthy that the female students in the study found sexual life in the postpartum period significantly more positive than the male students, and provided as a reason that incision in the birth canal may make sexual intercourse easier. This finding may be interpreted as that female student's associate sexual intercourse with pain and see the belief in a widening of the birth canal as a factor that reduces pain.

The study determined that 57% of the female students and 50.6% of the male students stated the postpartum period will affect sexual life negatively, while the difference was significant (Table 2, $p < 0.05$). In a study by Sezer et al. (2012) with students, 86.2% of the students stated that the postpartum period affects sexual life, and 90.6% of the students in this 86.2% stated this effect to be negative (22). Considering the female and male students in the study who stated negative opinions regarding sexual life in the postpartum period, 66.6% of the female students and 69.2% of the male students agreed with the statement that "sexual pleasure may decrease as the birth canal will be widened." Additionally, 16.6% of the

female students and 46.1% of the male students thought that breastfeeding would affect the postpartum sexual life negatively. It was an important finding in the study that the students who though the postpartum period will affect sexual life negatively, saw the acts of vaginal birth and breastfeeding as acts that reduce sexual pleasure. Another negative opinion about sexual life in the postpartum period was the opinion that "incision / episiotomy in the birth canal will reduce sexual pleasure." In the literature, it was similarly stated that postpartum sexual life may be negatively affected by socio-cultural characteristics, religious beliefs, taboos, thoughts about breastfeeding, low body image in women, and various anatomic and social factors including operative vaginal birth and episiotomy, and due to these reasons, partners may delay sexual intercourse (21, 23-25). It is emphasized that this negative point of view may affect the process of breastfeeding. For example, some men may oppose breastfeeding because of the idea that it will deform their partners' breasts (9). In this context, the opinions of the female and male students who stated that the postpartum period may affect sexual life negatively were in agreement with those reported in the literature.

CONCLUSION and RECOMMENDATIONS

Consequently, it was found that female students perceived the bodily changes in the period of pregnancy significantly more positively than male students; however, the bodily changes in the postpartum period created more aesthetical concerns in female students.

It was observed that the negative opinions about sexual life during pregnancy were similar for female and male students, and the top reason was the idea that sexual intercourse in pregnancy will harm the baby. It was also found that female and male students had some misbeliefs / myths about sexuality in pregnancy in terms of religion and ethics.

It was found that a high ratio of female students associated sexual intercourse with pain and saw the belief that the birth canal will widen in the postpartum period as a factor that reduces pain. Additionally, female and male students listed vaginal birth, episiotomy intervention and breastfeeding as factors that affect sexual life negatively in the postpartum period.

As lack of knowledge or misbeliefs / myths about pregnancy and the postpartum period are some of the most important factors that affect individuals' sexual functions and partner relationships in the future, the opinions of university students who are the parents of the future on these periods should be taken into account, and medical professional should develop appropriate approaches.

REFERENCES

1. Sezer NY, Öztürk D, Gönenç İM. Sezer Ürem M. Female body and ethical problems. Health Law Articles II. İstanbul Bar Association Publications, 2012; 79-102.
2. Araujo NM, Salim NS, Gualda DMR, Silva LFP. Body and sexuality during pregnancy. Rev Esc Enferm USP 2012; 46(3):552-8.
3. Brackenbury J. Body dissatisfaction during pregnancy: key considerations for aesthetic practice. Journal Of Aesthetic Nursing 2016; 5(8): 388-91.
4. Kumcağız H. Pregnant women, body image and self-esteem according to the examination of some of the variables. Journal of Human Sciences 2012;(2): 691-703.
5. Aktaş S. Influences of media on women's aesthetics and the role of midwife. Anatolian Journal of Nursing and Health Sciences, 2014; 17(3): 187-195.
6. Gümüş AB, Çevik N, Hataf Hyusni S, Biçen Ş, Keskin G, Tuna Malak A. Characteristics associated with self-esteem and body image in pregnancy. Anatol J Clin Investig 2011; 5(1):7-14.
7. Inanir S, Cakmak B, Nacar MC, Guler AE, Inanir A. Body Image perception and self-esteem during pregnancy. International Journal of Women's Health and Reproduction Sciences 2015; 3(4): 196-200.
8. Çalık K.Y, Aktaş S. Depression in pregnancy: prevalence, risk factors and treatment. Current Approaches in Psychiatry 2011; 3(1):142-162.
9. Ertem G, Sevil Ü. The Effect of Pregnancy Over Sexuality. Dirim Medical Newspaper 2010; 85(1):40-7.
10. Beşen MA. Sexuality and aesthetic. Duzce Medical Journal 2014; 16(1): 70-2.
11. Efe H. The effects of pregnancy on female sexuality. Haseki Training and Research Hospital Gynecology and Obstetrics Clinic, Dissertation, 2006.
12. Sadi ZB. The sexual life of partners in pregnancy and examine of affecting factors. Adnan Menderes University Health Sciences Institute, Birth, Women's Health and Diseases Nursing Department, Master Thesis, 2014.
13. Özkan S, Demirhan H, Çınar İÖ. Effect of the pregnancy and socio-demographic characteristics on female sexual function. Atatürk University School of Nursing Journal 2009; 12(3): 28-37.
14. Hodgkinson E.L, Smith D.M, Wittkowski A., Women's experiences of their pregnancy and postpartum body image: a systematic review and meta-synthesis, Hodgkinson et al. BMC Pregnancy and Childbirth 2014, 14: 330.
15. Chang SR, Chao YM, Kenney NJ. I am a woman and I'm pregnant: body image of women in taiwan during the third trimester of pregnancy. BIRTH 2006; 33: 147-153.
16. Johnson S, Burrows A, Williamson I. 'Does my bump look big in this'? The meaning of bodily changes for first-time mothers-to-be. J Health Psychol 2004; 9:361-374.
17. Silveira R.A.M.,Milani R.G,Velho A.P.M1,Marques A.G, Perception of pregnant women about self-care and maternal care, Rev Rene. 2016 Nov-Dec; 17(6): 758-65.
18. Eryılmaz G, Ege E, Zincir H. The investigation of factors affecting sexual life in pregnancy. Atatürk University School of Nursing Journal 2002; 5(1): 11-18.
19. Brtnicka H, Weiss P, Zverina J.Human sexuality during pregnancy and postpartum period. Bratisl Lek Listy 2009; 110(7): 427-431.
20. Mete S. Women and sexuality. In: Şirin A, Kavlak O (Editors). Women's Health, 1st Edition, İstanbul Nobel Medical Bookstore 2008: 116.
21. Şahin N. Sexuality in postpartum period. Zeynep Kamil Medicine Bulletin 2009; 40(3): 125-130.
22. NY, Öztürk D, Gönenç İM. The knowledge and attitude of senior midwifery and nursing students about management of postpartum sexual health. Journal of Ankara Health Sciences 2012 1(3), 165-181.
23. Rachel N. Pauls MD, John A. Occhino MD, Vicki L. Dryfhout MA. Effects of pregnancy on female sexual function and body image: a prospective study. J Sex Med 2008; 5: 1915-1922.
24. Crooker TJ. Sexuality and breastfeeding. Report on a session from the conference. From: new beginnings 2005; 22(5): 208. la leche league international.org.
25. Çetin SA, Aslan E. Women's sexual health and sexual violence against women. In: Beji NK (editor). Women's Health and Diseases, 1st edition. İstanbul, Nobel Medical Bookstore 2015: 169.