

Sexual Behaviour of Pregnant Mothers Living with HIV/AIDS in Enugu, Nigeria

Ezegwui HU; Isiekwene CIC

Reproductive and Sexual Health unit, Department of Obstetrics and Gynaecology ,University of Nigeria Teaching Hospital EnuguNigeria.

ABSTRACT

BACKGROUND: More than 80% of pregnant women world wide remain sexually active during pregnancy. Majority of them experience reduction in sexuality especially as the pregnancy progresses. Medical staff should play a more proactive role in providing information on sexuality to HIV positive pregnant women.

OBJECTIVE: To evaluate sexual behavior and activity in HIV positive pregnant women and their sources of information.

METHOD: This was a cross-sectional study recruiting ninety six HIV positive pregnant women who attended Prevention of maternal to child transmission clinic(PMTCT) of University of Nigeria Teaching Hospital (UNTH) Enugu south east Nigeria from June to August 2007. Data was collected on age, parity, educational qualification and their sexual behavioral changes in pregnancy before and after diagnosis of HIV infection and their sources of information concerning sexuality in pregnancy.

RESULT: Sixty (62.5%) of the pregnant women reported an overall decrease in sexual desire during pregnancy since the diagnoses of HIV in pregnancy. Seventy-eight (81.2%) reported decrease of sexual frequency. Twenty-one (21.9%) had stopped any form of sexual intercourse in the present pregnancy since they were diagnosed HIV positive. Majority of the women (94.6%) practiced vaginal intercourse both during and after the diagnosis of HIV. The majority (60%) use condom for sexual intercourse after the diagnoses of HIV in pregnancy as against 51.2% before the diagnoses of the disease. 69.8% of the women did not know the effect of unprotected sexual intercourse with HIV positive partner on maternal to child transmission (MTCT) of HIV. Most of the women (56.3%) got their information on sexual behavior in pregnancy from doctors and other medical staff. 76% believed that these sexual behavioral changes should be discussed with their doctors but only 47.9% had already discussed this with doctors. They want the health workers to initiate discussion on sexuality.

CONCLUSION: The findings suggest a decrease in sexuality during pregnancy in HIV positive pregnant women. However some of the pregnant mothers stopped any form of sexual activity as soon as they were diagnosed HIV positive. The majority had started using condom to decrease the transmission of the virus. The health workers should encourage complete fulfillment

of safe sexual activity during pregnancy in mothers living with human immunodeficiency virus and AIDS

INTRODUCTION

The attitude towards sexuality in women during pregnancy from some studies is said to be positive and purposeful^{1,2}. Culture, inadequate knowledge and excessive anxiety are the factors for the marked reduction in sexuality in pregnancy³. Though, there is sparse data concerning peculiar sexuality of HIV positive women in pregnancy, but there are ample data concerning sexuality in pregnant women in the general population especially in Caucasian.

In addition to the factors that influence sexuality in pregnancy, sexual behavior of HIV positive pregnant women will also be affected by prevention of mother to child transmission (PMTCT) of HIV. These risk behavior include unprotected sexual intercourse especially in seroconcordant couples, multiple sexual partners and sexually transmitted diseases. The aim of this study is to evaluate the sexual behavior and activity of HIV positive pregnant women and their sources of information on sexuality during pregnancy.

MATERIALS AND METHODS

This is a cross-sectional study of all HIV positive pregnant women who attended PMTCT clinic of Department of Obstetrics and Gynaecology of University of Nigeria Teaching Hospital (UNTH) Enugu from June to August 2007. Data were obtained with semi-structured interviewer-administered questionnaire. The questionnaire gathered information on demographic characteristics, sexual behavior in pregnancy before and after diagnosis of HIV infection and their source of information on this issue. Exclusion criteria included women with medical or obstetrics conditions that do not permit sex (antepartum haemorrhage)

Responses were summarized using descriptive statistics and compared using statistical package of social sciences for windows version 11.0

RESULTS

Ninety (93.8%) of all the ninety-six HIV positive women were married while four (4.2%) and two (2.1%) were widowed and separated from their partners respectively. Majority of them, 65 (68%) were below the

age of 29 years and 49 (51%) with secondary school certificate as highest level of educational qualification. Seventy-one (74%) of them were in the 3rd trimester of pregnancy. The diagnosis of HIV infection was made in 60 (62.5%) of them before the present pregnancy while 36 (37.5%) during the present pregnancy. The partner's HIV status was positive in forty-seven (48.9%) women and negative in 37 (38.6%) of the women. Twelve (12.5) did not know the HIV status of their partners that refused to test for their HIV Status.

Seventy-eight (81.2%) reported a decrease in sexual frequency per week. Twenty-one (21.9%) have stopped having sexual intercourse since they discovered their HIV status. The majority (94.6%) of those still having sexual intercourse practiced vaginal intercourse. The minority (2.7% each) practice oral and anal intercourse. Sixty eight (69.8%) of the studied population did not know the effect of unprotected intercourse with a HIV infected partner to MTCT whereas 28 (30.2%) knew the effect. This study also revealed that 60% of the women who heard about sexual behavioral changes from different sources had sexual intercourse with condoms. Seventy-three (76%) reported that sexual behavior in pregnancy should be discussed with their doctors while only 46% of the women have discussed it with their doctors. Pregnant mothers living with HIV/AIDS want the medical staff to initiate discussion on sexuality in pregnancy.

Table 1 shows the effect of pregnancy on sexual desire. Sixty (62.5%) of the studied population reported a reduction in sexual desire while thirty (33.1%) reported no change, and four (4.2%) an increase.

Table 1: Sexual Desire in Pregnancy

	Frequency	Percent
Decrease	60	62.5
No change	30	31.3
Increase	4	4.2
Do not know	2	2.1
Total	96	100.0

TABLE 11 shows the various sources through which HIV positive women got their information on sexual behavior in pregnancy with majority of them from doctors and other medical staff

Table 11: Source of Information on Sexuality in Pregnancy

	Frequency	Percent
Doctor and other Medical staff	52	54.2
Books and Journals	4	4.2
Electronic media	17	17.7
Friends and Relatives	15	15.6
All the above	8	8.3
Total	96	100.00

DISCUSSION

The study revealed that sexual desire was reduced in 62.5% of HIV positive pregnant women which is consistent with figures observed in pregnant mothers in apparent good health in other studies^{3,4,5,7,8,9}. Though some other studies have suggested that sexual desire is not significantly affected during pregnancy^{1,10}, while others revealed that the woman's full sexual satisfaction correlates with the feeling of happiness at being pregnant, and that women feel more attractive at the end of pregnancy than before it¹¹. Moreover, some studies found that other types of sexual behaviour occur which may substitute coitus¹², but this is not a common practice in our environment because of the conservative nature of sex practice among our people

This was reflected by the proportion of the studied population (94.6%) that practiced vaginal sexual intercourse. Oral and anal sexes are not common in our environment. This study also found that one-fifth of the women stopped sexual intercourse the moment they were diagnosed HIV positive in pregnancy. This was seen in those that discovered their HIV positive status in the index pregnancy. This value is higher than those gotten from USA (11%)¹³ and Europe (14%)¹⁴. This could be explained because those studies were carried out in both HIV positive and negative women. The incidence is higher in HIV positive women because of PMTCT and avoiding the means of infection. These women, just as in the general pregnant women population, were also scared of endangering the life of the fetus^{5,7,8}.

The majority of women reported a decrease in sexual frequency per week with a mean of 1.96 + -1.004 before the diagnosis of HIV infection in pregnancy and 1.92 + -1.139 after the diagnosis. This is comparable to results in one study conducted in Nigeria on pregnant women⁷. Majority of them (69.8%), are still practicing risky sexual behavior increasing Mother to child transmission of HIV. This is consistent with a study in Puerto Rico that found that HIV seropositive pregnant women had high risk sexual behavior than HIV seronegative pregnant women⁹. This could be attributed to poor counseling at the PMTCT clinic. This can be reduced by more interpersonal communication and counseling. There is need to adequately train and retrain counselors. This was reflected in the proportion of women, who had not discussed this issue with their doctors despite the interest they exhibited.

PMTCT is an important entry point to ongoing care and support for women with HIV and their families. The findings from this study suggest a mixed-feeling effect with a tilt towards a positive attitude to sexuality in pregnancy. The health workers should encourage the complete fulfillment of safe sexual activity during

pregnancy.

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