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### Factors Affecting Sexual Relations in Third Trimester Pregnant Women at Batua Health Center Makassar City

Nur Ismi Wahyuni

Graha Education Makassar College of Health Sciences

Email. [nurismiwahyuni@yahoo.com](mailto:nurismiwahyuni@yahoo.com)

#### ABSTRAC

Sexual intercourse during pregnancy is not just an ordinary but useful activity as a pelvic floor preparation for labor. Health care efforts undertaken to alter the public view of sexual activity during pregnancy is to provide careful and precise service. The purpose of this study was to determine the factors that influence sexual relations in pregnant women Trimester III at Puskesmas Batua Kota Makassar Year 2018. Data analysis was performed by Chi-square test. This research use Analytic Survey design with cross sectional Study approach. The sample size in this research is 23 people. Sampling was done using Purposive sampling. This research was conducted at Puskesmas Batua Kota Makassar Year 2018. From result of statistical analysis concluded there is significant influence between pregnant woman's anxiety with sexual relationship where (value  $p = 0,021$ ), there is significant correlation between physical condition of pregnant woman with intercourse where ( $p$  value = 0,006) and there is significant relation between knowledge of pregnant women with intercourse where ( $p$  value = 0,005). Therefore, the puskesmas is expected to add information to the public, especially pregnant women about sexual relations of pregnant women trimester III and for pregnant women do not think negatively about pregnancy.

Keywords : Anxiety, Physical Condition, Knowledge and Sexual Intercourse

#### 1. INTRODUCTION

Sexual activity is an activity carried out between two humans who need each other, complement each other and give each other. This activity is because there is an urge or desire to have intercourse or coitus. Sexuality is an important component of individual identity. Sexuality includes feelings, attitudes and behaviors that are influenced biologically and culturally. Sexuality helps shape an individual's physical, social, emotional and intellectual responses. (Reeder, 2011). The condition of the mother during pregnancy also greatly affects her sexual behavior, but reduced sexual behavior and sexual activity in the mother during pregnancy and after delivery is normal. (Manuaba, 2012).

Pregnancy will cause changes in women, both psychological and physiological. Psychological changes in pregnancy have an impact on the emergence of anxiety in sexual activity, especially in the first trimester there is a decrease due to hormonal changes in pregnant women with complaints of nausea, vomiting, heartburn and easily tired. Besides that, the mother is afraid that an abortion will occur and if this condition persists, there will be household disharmony (Widyasih, 2011).

Sexual activity includes frequency, sexual arousal, orgasm, painful sexual intercourse and intercourse position is influenced by physical factors, environment, bad obstetric history, sexual experience and psychological factors including anxiety (Nurdin, 2011). During pregnancy, the desire to have sex decreases due to the growth of the mother's stomach, especially in women with late pregnancy (Manuaba, 2012). In the first trimester, mothers generally experience a decrease in libido, which can result in the mother not being passionate about doing anything, including having sex. While the second trimester generally mothers are used to these unpleasant conditions, but husbands usually experience a decrease in passion because they are worried that having sexual relations can interfere with the health of the mother and fetus.

In the third trimester, the mother usually experiences a very drastic decrease in libido compared to the first trimester, due to changes in physical form, as well as nausea and vomiting. In this trimester anxiety and worry will increase because of the mother's ignorance about sexual relations at the end of the trimester. The mother will feel worried because she thinks that sexual intercourse during pregnancy can injure the fetus and cause its growth to be disrupted (Suryoprajogo, 2013).

Married couples will also experience various emotions to face the role of prospective parents. Physical discomfort and fear of injury are the main concerns that limit sexual activity (Manuaba, 2012). Sexual behavior that is still carried out with a partner during pregnancy includes a form of attention, love and affection from the husband to his pregnant wife to prove that pregnant women are still meaningful and valued (Bobak, Lowdermilk, 2015).

Sexual intercourse during pregnancy is still allowed. However, in the first three months of pregnancy, the frequency of sexual intercourse should not be done as often as usual, if sexual intercourse is forced during the first three months of pregnancy, it is feared that a spontaneous miscarriage may occur. The things that need to be considered when having sexual intercourse are the position of the sex cam during pregnancy and the timing of whether or not to have sex during pregnancy.

One way to reduce the risks that may arise is to reduce the frequency of sexual intercourse, the need for pregnant women to consult the relevant health workers, from this consultation a pregnant woman will get advice and counseling about how her pregnancy progresses when having sex. And they also expect information/education from trustworthy health workers who can provide guidance and information about their condition. (Reeder, 2011)

Sex during pregnancy is not just an ordinary activity but is useful as a preparation for the pelvic muscles to face the birth process, therefore sex during pregnancy is not to be feared as long as there is no history of repeated miscarriages, weakness of the cervix that opens easily, placenta previa, pregnant with extensive vaginal varicose veins and husband suffering from diseases that can be transmitted through sexual intercourse (Bobak, 2015). Efforts to provide health services to change people's views about sexual activity during pregnancy are to provide services to pregnant women carefully and appropriately (Ministry of Health, 2010).

## 2. METHODS

The type of research used is an analytical survey with a Cross Sectional Study, namely the variables in the research object are measured or collected simultaneously or at the same time. Collecting data for all variables done together. (Notoatmodjo, 2010)

The sample in this study were some of the third trimester pregnant women who checked their pregnancy at the Batua Health Center Makassar City in September to October 2019 as many as 30 people. The sampling method in this study was using a purposive sampling technique.

## 3. RESULT AND DISCUSSION

**Table 1 Distribution of respondents by frequency of sexual intercourse at Batua Health Center Makassar City in 2019**

| Frequency of having sex | Frequency | Percentage (%) |
|-------------------------|-----------|----------------|
| Not having sex          | 5         | 16,7           |
| 1 kali                  | 20        | 66,7           |
| 2 kali                  | 5         | 16,7           |
| Total                   | 30        | 100            |

**Source: Primary Data, Tahun 2019**

Table 1 shows that from 30 respondents, the number of respondents with the frequency of having sexual intercourse 1 time was 20 respondents (66.7%), the frequency of having sexual intercourse 2 times was 5 respondents (16.7%) and did not have sexual intercourse. sexual intercourse as many as 5 respondents (16.7%).

a. Univariate Analysis

1) Respondent's anxiety

**Table 2 Distribution of respondents based on anxiety of pregnant women at Batua Health Center Makassar City in 2019**

| Anxiety | Frequency | Percentage (%) |
|---------|-----------|----------------|
| Ringan  | 12        | 40,0           |
| Sedang  | 18        | 60,0           |
| Total   | 30        | 100            |

**Source: Primary Data, Tahun 2019**

In the results of the research table 2, it shows that from 30 respondents, the number of respondents with moderate anxiety was 18 respondents (60.0%) and mild anxiety was 12 respondents (40.0).

2) Respondent's physical condition

**Table 3 Distribution of respondents based on the physical condition of pregnant women at Batua Health Center Makassar City in 2019**

| Kondisi Fisik | Frequency | Percentage (%) |
|---------------|-----------|----------------|
| Baik          | 11        | 36,7           |
| Kurang Baik   | 19        | 63,3           |
| Total         | 30        | 100            |

**Source: Primary Data, Tahun 2019**

Table 3 shows that of the 30 respondents, the number of respondents with poor physical condition was 19 respondents (63.3%) and 11 respondents (36.7%).

3) Respondent's Knowledge Level

**Table 4 Distribution of respondents based on knowledge of pregnant women at Batua Health Center Makassar City in 2019**

| Knowledge Level | Frequency | Percentage (%) |
|-----------------|-----------|----------------|
| Baik            | 11        | 36,7           |
| Cukup           | 5         | 16,7           |
| Kurang          | 14        | 46,7           |
| Total           | 30        | 100            |

**Source: Primary Data, Tahun 2019**

In the results of the research table 4, it shows that from 30 respondents, the number of respondents with less knowledge was 14 respondents (46.7%), good knowledge was 11 respondents (36.7%) and 5 respondents had sufficient knowledge (16.7%).

4) Respondent's sexual relationship

**Table 5 Distribution of respondents based on sexual relations Pregnant women at Batua Health Center Makassar City in 2019**

| Sexual relationship | Frequency | Percentage (%) |
|---------------------|-----------|----------------|
| Ya                  | 16        | 53,3           |
| Tidak               | 14        | 46,7           |
| Total               | 30        | 100            |

**Source: Primary Data, Tahun 2019**

In table 5, the results show that of the 30 respondents, 16 respondents (53.3%) had sexual intercourse and 14 respondents (46.7%).

b. Bivariate Analysis

Bivariate analysis was conducted to see the influence between the dependent variable and the independent variable which is considered to have a role on the dependent variable. The independent variables include anxiety, physical condition and knowledge. While the dependent variable is sexual relations as described in the table below:

1) The effect of anxiety on sexual relations in third trimester pregnant women

**Table 6 The effect of anxiety on sexual relations in third trimester pregnant women at Batua Health Center Makassar City in 2019**

| Anxiety | Sexual Relations |      |    |      | Total |     | P value |
|---------|------------------|------|----|------|-------|-----|---------|
|         | Yes              |      | No |      |       |     |         |
|         | n                | %    | n  | %    | N     | %   |         |
| Ringan  | 10               | 83,3 | 2  | 16,7 | 12    | 100 | 0,021   |
| Sedang  | 6                | 33,3 | 12 | 66,7 | 18    | 100 |         |
| Jumlah  | 16               | 53,3 | 12 | 46,7 | 30    | 100 |         |

**Source: Primary Data, Tahun 2019**

Table 6 shows that of the 12 respondents who experienced mild anxiety, there were 10 respondents (83.3%) who had sexual intercourse and 2 respondents (16.7%) who did not. Meanwhile, of the 18 respondents who experienced moderate anxiety, there were 6 respondents (33.3%) who had sexual intercourse and 12 respondents (66.7%) who did not.

In this study, the chi square test was used to determine the influence between the two independent variables and the dependent variable with the results of statistical tests using the SPSS Version 20.0 program, p value = 0.021 with a significance level of = 0.05. Then the null hypothesis (Ho) is rejected and the alternative hypothesis (Ha) is accepted in other words that the p value < , which means that there is an influence of anxiety on sexual intercourse in third trimester pregnant women at Batua Health Center Makassar City.

2) The influence of physical conditions on sexual relations in third trimester pregnant women

**Table 7 Effect of physical conditions on sexual relations in third trimester pregnant women at Batua Health Center Makassar City in 2019**

| Hubungan Seksual |    |      |       |      |       |     | P<br>value |
|------------------|----|------|-------|------|-------|-----|------------|
| Kondisi Fisik    | Ya |      | Tidak |      | Total |     |            |
|                  | N  | %    | n     | %    | N     | %   |            |
| Baik             | 10 | 90,9 | 1     | 9,1  | 11    | 100 | 0,006      |
| Kurang Baik      | 6  | 31,6 | 13    | 68,4 | 19    | 100 |            |
| Jumlah           | 16 | 53,3 | 14    | 46,7 | 30    | 100 |            |

**Source: Primary Data, Tahun 2019**

Table 7 shows that of the 11 respondents with good physical condition, there were 10 respondents (90.9%) who had sexual intercourse and 1 respondent (9.1%) who did not. Meanwhile, of the 19 respondents with poor physical condition, there were 6 respondents (31.6%) who had sexual intercourse and 13 respondents (68.4%) who did not.

Based on the chi square statistical test, the p value = 0.006 with a significance level of = 0.05. Then the null hypothesis (Ho) is rejected and the alternative hypothesis (Ha) is accepted in other words that the p value < , which means that there is an influence of the physical condition of the third trimester pregnant women on sexual relations in the third trimester pregnant women at Batua Health Center Makassar City.

3) The effect of knowledge on sexual relations in third trimester pregnant women

**Table 8 Effect of Knowledge Level on the sexual relationship of third trimester pregnant women at Batua Health Center Makassar City in 2019**

| Bunda Health Center Makassar City in 2019 |                  |      |       |      |       |     |         |
|-------------------------------------------|------------------|------|-------|------|-------|-----|---------|
| Tingkat Pengetahuan                       | Hubungan Seksual |      |       |      | Total |     | P value |
|                                           | Ya               |      | Tidak |      |       |     |         |
|                                           | N                | %    | n     | %    | N     | %   |         |
| Baik                                      | 9                | 81,8 | 2     | 18,2 | 11    | 100 | 0,005   |
| Cukup                                     | 4                | 80,0 | 1     | 20,0 | 5     | 100 |         |
| Kurang                                    | 3                | 21,4 | 11    | 78,6 | 14    | 100 |         |
| Jumlah                                    | 16               | 53,3 | 14    | 46,7 | 30    | 100 |         |

**Source: Primary Data, Tahun 2019**

Table 8 shows that of 11 respondents who have a good level of knowledge, there are 9 respondents (81.8%) who have sexual intercourse and 2 respondents (18.2%) who do not have sexual relations and of 5 respondents who have sufficient knowledge level. , there are 4 respondents (80.0%) who have sexual relations and 1 respondent (20.0%) who do not have sexual relations. Meanwhile, of the 14 respondents who had a low level of knowledge, there were 3 respondents (21.4%) who had sexual intercourse and 11 respondents (78.6%) who did not have sexual relations.

Knowledge is everything that is known by humans which is captured from various sources (Ihsan, 2010). Knowledge is the result of knowing, which in this study is everything that is known by third trimester pregnant women regarding sexual relations during pregnancy.

Based on the results of the study showed that the knowledge of pregnant women in the third trimester was mostly good and had sexual intercourse as many as 9 respondents (81.8%), good knowledge and did not have sexual intercourse as many as 2 respondents (18.2%) and sufficient knowledge of mothers pregnant in the third trimester and having sexual intercourse as many as 4 respondents (80.0%). While the knowledge of pregnant women in the third trimester and not having sexual intercourse is as much as 1 respondent (20.0%) and less knowledge of pregnant women in the third trimester and having sexual intercourse as many as 3 respondents (21.4%) and less knowledge of pregnant women in the third trimester. and do not have sexual intercourse as many as 11 respondents (78.6%)

Based on the chi square statistical test, the p value = 0.005 with a significance level of = 0.05. Then the null hypothesis (Ho) is rejected and the alternative hypothesis (Ha) is accepted in other words that the p value < , which means that there is an influence of knowledge of third trimester pregnant women on sexual relations in third trimester pregnant women at Batua Health Center Makassar City.

Based on the results of research conducted by Iin Sindawati on the factors that influence sexual behavior in street children adolescents at the Girlan Nusantara Sleman Foundation in 2012, the relationship between knowledge about reproductive health and sexual behavior of street children at the Girlan Nusantara Thaun Foundation 2012 obtained the results of the Chi square test. shows the value of p = 0.02, so it can be concluded that there is a significant relationship between knowledge about reproductive health and sexual behavior of street children.

The results of this study are in line with research conducted by Ririn, which states that knowledge related to adolescent premarital sex behavior (p values = 0.022 <0.05) means that if the level of knowledge is higher, sexual behavior will also be lower, and vice versa if the level of knowledge is higher, sexual behavior will also be lower. If the level of knowledge is low, sexual behavior will also get worse.

The results of this study are also supported by Nursal (2008) at a public high school in the city of Padang showing that adolescents with relatively low knowledge have an 11.90 times chance of having high risk sexual behavior compared to relatively high knowledge (95%CI=4.5-28.61).

Based on the results of the research above, the researcher assumes that of the 11 respondents who have a good level of knowledge, there are 2 respondents (18.2%) who do not have sexual intercourse. This is because the myths circulating about sexual intercourse during pregnancy can cause the baby to be born prematurely, causing mothers who have a good level of knowledge to not have sex. In addition, hormones also play a role in stimulating arousal. If the production of estrogen decreases, the arousal also decreases so the mother does not want to have sex. Meanwhile, of the 5 respondents who had a sufficient

level of knowledge, there were 4 respondents (80.0%) who had sexual intercourse and of the 14 respondents who had a low level of knowledge, there were 3 respondents (21.4%) who had sexual relations. This is due to the belief of pregnant women that during sexual intercourse will launch the birth process and the desire to meet the needs of partners.

#### **4. CONCLUSION**

- a. There is an influence of anxiety on sexual relations in third trimester pregnant women at Batua Health Center Makassar City in 2018 ( $p = 0.021 \leq 0.05$ )
- b. There is an influence of physical condition on sexual relations in third trimester pregnant women at Batua Health Center Makassar City in 2018 ( $p = 0.006 < \alpha = 0.05$ )
- c. There is an influence of knowledge on sexual relations in third trimester pregnant women at Batua Health Center Makassar City in 2018 value ( $p = 0.005 \leq 0.05$ )

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