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MALE PERCEPTION OF SEXUAL ACTIVITY IN THE GESTATIONAL PERIOD

Percepção masculina sobre atividade sexual no período gestacional

Percepción masculina sobre la actividad sexual en el período gestacional

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ABSTRACT

Objective: To describe men's perception of the sexual activity during the gestational period, in the context of the daily life experienced with their pregnant partners. **Methods:** This is a descriptive study with a qualitative approach. The study included 10 spouses of pregnant women attended to at Basic Health Units in the city of Juazeiro do Norte, Ceará, Brazil. Data was collected between September and October 2015, through a semi-structured interview and evaluated through the systematic technique of content analysis, and analyzed in light of the pertinent literature. **Results:** The majority of interviewees belonged to the age group between 24 and 29 years, attended high school and were married. For the study participants, when it comes to sexuality, some understand it as something beyond sexual intercourse, whereas, for others, sexuality is related only to intercourse. As for sexual activity, changes were identified as a result of pregnancy, although, for some, the practice remained unchanged. Myths associated with the hypothesis of sex being harmful to gestation were discarded. **Conclusion:** Sexual activity may undergo changes deriving from gestation, which depend, in addition to the biological changes resulting from the gestational period, on symbolologies and social constructs that dictate values and norms regarding the maintenance or not of the sexual intercourse during pregnancy.

Descriptors: Sexuality; Pregnancy; Men's Health.

RESUMO

Objetivo: Descrever a percepção dos homens, no contexto do cotidiano vivido com suas companheiras grávidas, sobre a atividade sexual no período gestacional. **Métodos:** Trata-se de um estudo descritivo, com abordagem qualitativa, do qual participaram 10 cônjuges de gestantes atendidas em Unidades Básicas de Saúde do município de Juazeiro do Norte, Ceará, Brasil. Os dados foram coletados nos meses de setembro e outubro de 2015, por meio de entrevista semiestruturada e avaliados através da técnica sistemática de análise de conteúdo à luz da literatura pertinente. **Resultados:** Os entrevistados, em sua maioria, pertenciam à faixa etária compreendida entre 24 e 29 anos, frequentaram o ensino médio e eram casados. Para os participantes do estudo, no que se refere à sexualidade, é compreendida por alguns para além do ato sexual, enquanto, para outros, a sexualidade relaciona-se apenas ao coito. Quanto à atividade sexual, identificaram-se mudanças em decorrência da gravidez, embora a prática tenha permanecido inalterada. Mitos associados à hipótese do sexo como prejudicial à gestação foram descartados. **Conclusão:** A prática sexual pode sofrer modificações em decorrência da gestação, as quais dependem, para além das alterações biológicas decorrentes do período gestacional, de simbologias e constructos sociais que ditam valores e normas quando o assunto é a manutenção ou não do ato sexual durante a gravidez.

Descritores: Sexualidade; Gravidez; Saúde do Homem.



RESUMEN

Objetivo: Describir la percepción de los hombres en el cotidiano con sus compañeras embarazadas respecto la actividad sexual en el período gestacional. **Métodos:** Se trata de un estudio descriptivo de abordaje cualitativo. Diez cónyuges de mujeres embarazadas asistidas en Unidades Básicas de Salud del municipio de Juazeiro do Norte, Ceará, Brasil, participaron de la investigación. Se recogieron los datos entre los meses de septiembre y octubre de 2015 a través de entrevistas semiestructuradas que fueron evaluadas con la técnica sistemática del análisis de contenido a la luz de la literatura pertinente. **Resultados:** Los entrevistados, en su mayoría, estaban en la franja de edad entre 24 y 29 años, con educación secundaria y casados. Para algunos de los participantes del estudio el tema de la sexualidad es comprendida más allá del acto sexual mientras para otros la sexualidad se relaciona solamente con el coito. Sobre la actividad sexual, se identificaron cambios decurrentes del embarazo aunque la práctica se ha quedado inalterada. Se descartaron los mitos asociados con la hipótesis del sexo como algo dañoso a la gestación. **Conclusión:** La práctica sexual puede cambiarse debido la gestación y los cambios dependen más allá de las alteraciones biológicas del período gestacional, de simbologías y constructos sociales que dictan valores y normas cuando el tema es la mantención o no del acto sexual durante el embarazo.

Descriptor: Sexualidad; Embarazo; Salud del Hombre.

INTRODUCTION

The gestational period implies new forms of balance given the occurrence of various changes⁽¹⁾ related to biological, psychological and social modifications, which may interfere in several dimensions of human life, exceptionally in the sexuality of a couple⁽²⁾.

It is emphasized that sexuality is not only understood as the sexual act itself, but rather comprises the psychospiritual consequences that it can promote, in addition to the desires and excitements associated with the intercourse itself. It is important to emphasize that sexuality is built throughout life, being influenced by cultural, social and religious factors⁽³⁾.

In respect to the sexual dimension of sexuality, the abdominal growth, breast soreness, nausea and vomiting, changes expected by the woman during pregnancy, can influence the sexual activity of the couple by generating discomfort. In addition, the woman can experience a reduction in the number of sexual relations; difficulties related to desire, arousal, orgasm and lubrication, as well as sexual dissatisfaction and dyspareunia⁽⁴⁾.

Sexuality also depends on the woman's self-perception in the gestational period, since bodily alterations such as body aesthetics may affect the woman's and the partner's sexual performance^(5,6). Furthermore, the prejudice on the part of the pregnant woman and the partner, the lack of guidance by the health professional in the prenatal consultation on the sexual practices during pregnancy, the fear of affecting the fetus during intercourse, and other factors may interfere in a negative way in the sexual activity. Thus, these factors, as well as myths and taboos that remain present throughout the generations, should be discussed between the couple^(5,7); such is the case of the prohibition of sexual practice with menstruating or pregnant women, associating it with impotence, sterility and production of deformed beings^(1,8).

Thus, it is important that the spouse be aware of the modifications that are occurring in their partner during pregnancy, since the sexual relation is an act between two people, involving several aspects, and these changes can alter the sexual desire and practice of pregnant women and their partners⁽⁹⁾.

Therefore, considering the myths and difficulties related to the sexuality and sexual practice in the gestational period, health professionals should be prepared to provide guidance in this regard. Prenatal health education should be focused on promoting the health of the mother, the couple and the baby⁽¹⁰⁾, since during this period the transition to parenting unfolds, being regarded by the partner as a period full of emotions. Parenting is a terminology that denotes the importance of the bonding between parents and children, that is, it would be the moment in which the man begins to identify himself as a father, establishing affectional bonds with the child⁽¹¹⁾.

Paternity should be understood as a moment in which this man can actively participate in conception, pregnancy, delivery and the birth of the child. The National Policy for Comprehensive Attention to Men's Health (*Política Nacional de Atenção Integral à Saúde do Homem - PNAISH*) indicates that the spouse has the duty and the right to participate in reproductive planning before conception⁽¹²⁾.

In this sense, during the gestational period of their partners, men also need to adapt, reevaluate and adjust themselves psychologically, since the involvement and emotional support of men during pregnancy, delivery and postpartum period have a strong influence on the processes experienced, the paternal spouse being a participant and active agent⁽¹³⁾. The required adjustment is made in all aspects of the life of the partner, particularly in their sexuality and sexual practice, which will undergo changes in habit, frequency and preference. Thus, it becomes relevant to know the man's perception of his sexuality and sexual activity during the gestational period, and the difficulties and the positive aspects that he faces in the exercise of sexuality/sexual practice

in this period, because, in this way, the health professional will know how to approach the male population with regard to this human dimension in the prenatal consultation⁽¹⁴⁾. With proper guidance on sexuality and sexual activity during the gestation of their partner, men will be able to understand the changes that arise and, thus, achieve a better adaptation in this process, with potential benefits for strengthening the bond between the couple, such as: the involvement of the man in caring for the mother and the child; promotion of an affective paternity with an important impact on the physical, emotional and social development of the children; facilitation and stimulation of man's access to health actions and services and increased self-care, contributing to the improvement of quality of life⁽¹¹⁻¹³⁾.

Furthermore, gestation is a unique moment of transition to fatherhood, defined by these physical, psychological and sociocultural changes and adaptations already mentioned, which may interfere in the couple's intimacy⁽¹⁵⁾. Therefore, the aim of this study was to describe the men's perception of sexual activity during the gestational period, in the context of the daily life experienced with their pregnant partners.

METHODS

This is a descriptive study, with a qualitative approach, carried out in five Basic Health Care Units (BHUs) located in the city of Juazeiro do Norte, Ceará, Brazil. Data collection took place in September and October 2015. The five BHUs participating in the study were selected because, in the month prior to data collection, they had a larger number of records of pregnant women enrolled and followed up in the prenatal program at the primary health care level of the municipality⁽¹⁶⁾.

The study participants consisted of spouses of pregnant women users of these BHUs. Thus, in order to access this specific public, firstly, the pregnant women who attended the prenatal visits at the chosen BHUs were selected. At that occasion, they were informed about the aim of the study, methodological criteria and ethical and legal aspects, and were asked to identify their partners and address for subsequent home visit with prior appointment. Next, the home visits were made in order to meet the partners of these pregnant women. The spouses were then evaluated as for the inclusion criteria, namely, to be a pregnant woman's spouse and aged 18 years or older, and the exclusion criteria, that is, not living with the pregnant woman during the gestational period. After obtaining the partners' agreement to the research objectives and having the Informed Consent Form (ICF) signed, data collection was carried out through the application of a semi-structured interview script⁽¹⁷⁾, in which they initially answered questions inherent to the characterization of the subjects (including the variables age range, schooling, religion and marital status) and, later, questions on their perceptions of the topic addressed. It should be pointed out that, due to repetition of the statements obtained, the interviews were closed with 10 participants, that is, when the theoretical saturation of the findings was identified⁽¹⁸⁾.

In order to ensure the privacy of the data collected, the participants were asked to have the interviews carried out in a private place within the household, at their choice. Thus, the main sites pointed out by the spouses for conduction of the interviews without the presence of the partners were the couples' rooms, followed by the peridomiciles. In addition, in order to guarantee the data confidentiality, the true names of the participants were replaced with codes based on the adoption of color names (black, yellow, brown, gray, orange, red, purple, blue, green, white).

Thematic categorization⁽¹⁹⁾ was adopted for organization of the participants' statements, being understood as the combination of the knowledge produced in the study, using the knowledge previously and scientifically produced by other scholars and the experience acquired in field research. To that end, the data was initially read and grouped according to its internal similarity, resulting in the identification of an analytical categorization system, which enabled an adequate analysis and understanding of the data collected in the field. Thus, three thematic categories were formulated with the purpose of outlining the information obtained about the men's perception of sexuality and sexual activity during gestation: 1) Knowledge about sexuality; 2) Changes in sexual relation due to gestation; and 3) Myths regarding the sexual practice during gestation. From these categories, inferences and interpretations were proposed, interrelating them to the pertinent literature⁽¹⁹⁾.

It should be emphasized that, in the development of the research, the guidelines and norms of Resolution 466/2012 of the National Health Council were observed, and the study was approved by the Ethics Committee of the Faculty of Juazeiro do Norte, under Approval no. 1.254.612.

RESULTS AND DISCUSSION

Of the 10 participants in the survey, the highest proportion was in the age group between 24 and 29 years (four participants), three were in the age group of 18 to 23 years, two between 30 and 35 years, and only one participant was aged between 36 and 40 years. As for the educational level, nine of them had studied up to high school and only one entered higher education. In regard to religion, eight were Catholics and two were evangelicals.

In relation to married life and type of union, six participants were married and four lived in a stable union. As for the relationship time, it was verified that the majority had one to five years of union (six participants), three had five to 10 years of relationship, and only one participant had between 15 and 20 years of union.

The following are the thematic categories that emerged from the participants' statements: "Knowledge about sexuality and sexual intercourse", "Changes in sexual relation as a result of gestation" and "Myths regarding the prohibition of sexual practice during pregnancy".

Knowledge about sexuality and sexual intercourse

Sexuality is permeated by several changes influenced by thoughts and feelings, which guide different interpretations arising from cultural, economic, political and religious contexts. In this sense, it is necessary to include sex, affectivity, pleasure, affection, gestures, communication and love, properly speaking; also involving the values and moral norms that each culture constructs in regard to the sexual behavior⁽²⁰⁾.

Thus, guided by the expanded conception of sexuality as a human construct, this category addressed the male knowledge about sexuality:

"It means having sex. No one lives without sex." (Black)

"It means sex, having sex." (Yellow)

"It's a way of expressing love. Sex is not everything in life." (Brown)

"It involves several factors of the couple's intimacy." (Orange)

"Definition between man and woman." (Gray)

It was observed that the participants defined sexuality as the sexual act itself. In this sense, the perception of sexuality seems to result from social and cultural relations, which are subject to human experiences, and there is still a symbolic association between sexuality and the sexual act, since the way in which sexuality is experienced is still directly related to the way the values and social practices are perceived by the subjects, reflecting the different existing cultures⁽²¹⁾.

The term sexuality, in most cases, is used in the social environment with a connotation that refers to the sexual act itself. Possibly, such a symbolic association results from the interrelationship of concepts in the daily life of a couple, being almost impossible to differentiate terminologies, since these are combined and strongly superimposed in the human relationships⁽²²⁾. Such is the case especially when one relates socially constructed, stereotyped gender images, as in Gray's statement: "*definition between man and woman*". Furthermore, sexuality can have different meanings, as it depends on the way the person experiences it, being related to the social environment in which one lives, the religion that is followed, and the stage of life that one is going through, such as childhood, adolescence, adulthood or old age⁽³⁾.

It is known, however, that sexuality affirms itself beyond the sexual act and the pleasure, and can be experienced in other ways, like through the demonstration of affection and love for the other. In fact, the concept of sexuality is quite broad and is also related to the social, behavioral, anthropological, biological and psychocultural aspects of an individual towards themselves and the world, as well as the affective-sexual relationships between a couple⁽¹⁴⁾.

Corroborating this statement and through the words from participant "brown" ("*It is a way of expressing love. Sex is not everything in life.*"), it is verified that sexuality is not only related to sexual practices and to pleasure that is strictly linked to the functioning of the genital tract. The sexual life, present during the gestational period, must go beyond the mere conception of pleasure associated with the genital area. It should bring about commitment and acceptance of the other, with significant benefits for both. Sex and sexuality can and should develop eroticism in the pregnant woman, so that she can continue to feel sexually desired and loved by the partner⁽²³⁾.

Given the complexity of its definitions and experiences, discussing sexuality, especially in the gestational period, emanates a mixture of doubts, myths and fears, since there is often a perception of sexuality as solely associated with the sexual act, and that sex in this period is harmful to the fetus, even if studies have proven otherwise. Moreover, the idea of sex for the sole purpose of procreation is still spreading⁽⁹⁾.

Changes in sex relation due to gestation

Gestation is a complex period of important biological and psychological changes that can affect the experience of sexuality and sexual activity of the couple, leading to difficulties that trigger sexual dysfunctions and problems with negative repercussions for the physical and psychological health of the pregnant woman and her partner⁽²⁴⁾.

It is important to highlight that the biological and emotional factors should not be regarded as the only determinants of sexual behavior during the gestational period. It is understood that a set of cultural beliefs and patterns, even if unconsciously, interfere in the experience and sexual activity at this stage of human development. Therefore, it is important to consider the way by which each individual balances their sexual relation, emphasizing that all are able to overcome obstacles related to sex during pregnancy⁽²⁵⁾.

Thus, in this category, the man's perception of the changes occurred in the sexual relation due to the gestation of their partner is addressed, as follows:

"Today it has changed a little, we have less sex because of pregnancy." (Brown)

"It doesn't happen with the same intensity." (Orange)

"It's been through changes because of the increase of the belly." (Red)

"It's less frequent, but normal. Sometimes, she feels pain." (Purple)

It is observed that, even though the sexual practice occurs in the gestational period, for men, it has undergone alterations, mainly in its frequency. Indeed, in pregnant women, difficulties maintaining the sexual activity appear in result of physical discomfort or increased sensitivity, which requires affection and care from the partner in a more expressive way⁽²⁶⁾.

The change in frequency and sex position is often associated with the physical changes that the woman undergoes in this period, such as abdominal growth, which implies that the couple will face some limitation at the moment of the intercourse, and must adapt themselves. Another modification perceived in the present research occurred at the psychological level of the pregnant woman, which can interfere in the woman's desire for her partner, causing the pregnant woman to reject the spouse, directly interfering in the decrease of desire and sexual frequency⁽²⁵⁾.

In agreement with the facts, one of the most important aspects in the experience of gestation is the change that occurs in the woman's body, because the gravid body is transformed and different sensations become present⁽²⁴⁾.

In the first trimester, it is common that sexual desire experiences a decrease due to changes such as nausea and vomiting. In the second trimester, gestation becomes more real as a result of bodily changes, despite a decrease in the frequency of nausea and, because of that, an improvement in the sexual disposition can occur. As for the third trimester, couples become more reluctant to seek sexual activity, and some even abstain from sex because of the discomfort due to increased uterine contractions and increased incidence of cramping, in addition to the discomfort of abdominal protuberance, and new forms of pleasure must be sought by the couple in this stage⁽¹⁰⁾.

However, some women do not experience any changes in sexual practice resulting from pregnancy, which can be very pleasant in the married life, since the sexual relation will continue as it was before gestation⁽²³⁾. The following excerpts point to this fact:

"It has always been like this... pregnancy has not diminished the practice of sex." (Blue)

"It hasn't changed at all, we keep having sex as we used to." (White)

"I think nothing has changed. It's normal, as it's always been." (Green)

Gestation may not interfere with the sexual practice, since the woman's sexual desire remains the same as before the gestational period, which contributes to the couple's satisfactory relationship, as this is one less change to face during that period⁽¹⁴⁾.

When no bodily discomfort occurs and physical symptoms are not present during gestation, sexual practices may be active and pleasurable between the couple⁽¹⁾. In most cases, the period of pregnancy will not lead to disruption in the sexual practice of the couple, if it was previously satisfactory⁽²⁷⁾.

Not only are the sexual practices during the gestational period harmless, but they even contribute to establishing the maintenance of the tone in the pelvic region, which is helpful during labour, as well as maintains the woman's orgasmic capacity and the feeling of being loved and desired. Thus, the priority roles of husband and wife should not be suppressed nor affect the expression of the erotic affectivity of the couple⁽²⁸⁾.

Therefore, according to the statements from the participants of the present investigation, it was noticed that, in spite of changes inherent in the gestation, this may or may not modify the sexual practice of the couple. The practice of sexuality during gestation is experienced in a unique way by each man and woman, and it reflects how the current sexual experiences result from the relationships maintained by the couple before pregnancy, that is, if their sexual practice was deemed satisfactory, the probability is that, excluding the physiological discomforts of pregnancy, it remains unchanged⁽²⁴⁾.

Myths regarding the prohibition of sexual practice during pregnancy

The gestational period is known to be a period of adaptations for the couple. But, even today, the subject of sexual activity in gestation is still permeated by many doubts, myths and fears, with the frequent belief that sex during that particular stage of a woman's life can cause harm to the child in her womb⁽⁹⁾. In part, such myths are related to the cultural symbology of the conception of impurity and fragility of the female body, seen as a source of pollution and, when linked to gestation, they render the pregnant woman and her partner insecure about exercising the sexual activity during pregnancy⁽²⁹⁾.

The process of pregnancy, for being a singular moment, full of transformations, becomes fertile ground for the propagation of taboos and myths. Such a condition can lead to a momentary crisis for many couples, requiring that those experiencing this process undergo some adaptation, since such changes bring along a number of repercussions⁽²⁰⁾.

Thus, this study sought to identify the man's knowledge about potential myths and taboos regarding the maintenance of sexual practice during the gestation of their partner:

"I've heard that sex during pregnancy causes the baby to be born with a defect." (Black)

"I've heard many stories about children being born disabled because of sex during pregnancy." (Yellow)

"I think the penetration can hurt the baby." (Purple)

From the dialogues shown above, one can observe that untruths are present in men's perception of the association between sexual activity and pregnancy, such as: penetration can hurt the baby, and sexual intercourse during pregnancy puts the birth of healthy babies at risk.

Possibly, such conceptions, beyond the ignorance regarding one's own body and its functioning, are propagated and reside in a symbolic cultural/religious interaction that regards the exercise of sexuality as incompatible with motherhood. Sexual activity during the gestational period is still seen as inadequate, and the woman is expected to drive her sexual libido to caring for the progeny, excluding sex from the couple's life and sanctifying the childbearing⁽³⁰⁾. The association of sexual activity with motherhood has also given rise to other secondary popular beliefs, one of which is that the pregnant woman has no sexual desire⁽³¹⁾.

Such beliefs can generate conflicts, because, contrary to what most people think, the sexual relation contributes to the woman's well-being, since she becomes more needy and has feelings on the edge in this period, needing to be supported and cherished by her partner⁽²²⁾.

Thus, it is emphasized the need to perform a quality prenatal care, allowing the couple to clarify occasional doubts and questions about sexuality/sexual practice in the gestational period and its implications for the family and conjugal context, since fears and suspicions need to be overcome in order to elevate the self-confidence of the woman and her partner⁽⁹⁾, disproving myths and their propagation.

A study carried out with 11 pregnant women in health services in the state of Rio Grande do Norte, Brazil, corroborates the results of the present study, pointing out the importance of the spouse's participation in the evolution of the partner's pregnancy, not restricting the care during pregnancy only to the women, as a female-specific cultural attribution, but instead strengthening the male bond with the baby and, from their participation in prenatal consultations, providing them with guidance on possible doubts and longings that permeate the imagination of the spouses, especially regarding sexuality and sexual activity⁽³²⁾.

In fact, it makes it possible to raise the partners's knowledge about the non-prohibition of sexual practice during pregnancy, providing benefits to the couple, as expressed in the following statements:

"It's not harmful. Respecting her limits, the form and occasions when she wants it." (White)

"I think not; having sex can improve the conditions of the pregnant woman." (Purple)

"It causes no harm, since sex is helpful for the baby to be born faster." (Blue)

"Everybody does it. If that was the case, all babies would be born with problems." (Yellow)

"I don't think so, but, when I get close to giving birth, I'm going to avoid sex." (Green)

For these spouses, the sexual act during the gestational period is not harmful to the fetus, and they even emphasize that remaining sexually active results in benefits to the woman, contributing to labor and better physical conditions of the pregnant woman. However, as already mentioned, it is necessary to respect the moment of the pregnant woman, to find a sex position that is comfortable, even because of physical conditions, since the abdominal growth of this woman will cause some limitation in movement⁽⁴⁾.

It was observed, however, that one of the interviewees still has some fear related to the sexual practice at the final stage of gestation. This thought may be due to the fact that he has not received much information regarding the practice of sexual activity during gestation, or he may not understand that sexuality involves many aspects, not just the sexual act.

In a study carried out on the sexuality of the pregnant woman, it was observed that the practice of sexual activity during the gestation of women without previous obstetric complications does not present risk of premature rupture of membranes, preterm delivery, low birth weight or increased perinatal mortality⁽³³⁾.

Even though the men's perceptions of sexual activity during the gestational period are deemed important, as they reflect the disclosure of this practice within the social, cultural, behavioral and environmental context in which the participants are inserted, the results presented and discussed have limitations. The small number of study participants was considered a limitation, although this reality may represent the men's difficulty, which still exists, engaging in a dialogue about sexuality and sexual practice.

Despite the recognition of this limitation, it is believed that the findings are particularly important to understand how the spouses experience their sexuality during the gestational period of their partners, a period in which difficulties and false concepts related to sexual activity during pregnancy are present, causing unfounded fears to rise and sex in pregnancy to be blamed. Thus, attentive to these situations, health professionals involved with prenatal care can also target their actions to the male audience.

FINAL CONSIDERATIONS

The sexual practice can undergo changes as a result of gestation, which depend, in addition to the biological changes resulting from the gestational period, on symbologies and social constructs that dictate values and norms when the subject is

the maintenance or not of the sexual act during pregnancy.

In this sense, it should be emphasized that prenatal care should not be aimed only at the pregnant woman, but also at her partner, being essential to provide the couple with attention, in an occasion when any existing doubts can be solved, creating a bond between the man and the health professional and strengthening the paternal care and the family support.

Health-promoting actions regarding this theme should be encouraged, seeking to improve the performance of health professionals in prenatal care, so that the pregnant woman and her partner can recognize and experience without fear the transformations and adaptations of the gestational period, eliminating myths and taboos, so that both can enjoy all kinds of pleasures and sensations at that stage of the couple's life. Thus, raising knowledge about this reality becomes necessary, and it is suggested that further studies be aimed at deepening the understanding of this theme, seeking to address the couple and the paternity, its relation with the maintenance of sexual activity during gestation, and the ways each couple deals with these issues.

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