

ORIGINAL RESEARCH**The relationship between mental health, cultural beliefs and sexual behavior of pregnant women**Setareh Malekzadeh¹, Hassan Ahadi², Fariborz Dortaj*³

1. *PhD Student, Department of Psychology, UAE Branch, Islamic Azad University, Dubai, UAE*
2. *Professor of Psychology, UAE Branch, Islamic Azad University, Dubai, UAE*
3. *Professor of Psychology, Allameh Tabatabai University, Tehran, Iran*

*Corresponding Author:

Address: Department of Psychology, Allameh Tabatabai University, Tehran, Iran.

Email: dortaj@atu.ac.ir

ORCID: 0000-0002-9186-2196

*Date Received: April, 2021**Date Accepted: May, 2021**Online Publication: July 15, 2021***Abstract**

The aim of this study was to investigate the relationship between mental health and cultural beliefs and sexual behavior in pregnant women. Mental health and cultural beliefs are important individual factors. Human sexual behaviors are influenced by culture, customs, beliefs and beliefs of people, and there is a lot of diversity in different societies. This study was a field correlation and the study sample was available to 100 pregnant women. Sampling method: Sampling was done through a questionnaire. The results showed that cultural beliefs of individuals had an effect on their sexual behavior and women's mental health had a significant relationship with the request of unusual sexual behaviors by their husbands.

Keywords: Mental health, Cultural beliefs, Sexual behavior

Introduction

Considering that sexual desire is one of the tendencies that is common among all beings in the universe and it is especially instinctive and innate, but how does this desire appear and turn to a kind of sexual satisfaction to the previous preparation and also to maturity and maturity? The set of psychological and physical factors depends. Sexual activity in humans is one of the physiological needs and is one of the main stimuli, although its existence is not necessary for survival and is not considered a serious threat to life, but due to changes in the mental image of the person causes anxiety and severe psychological problems. One of the differences between humans and animals in terms of sex is that the hand of nature has determined the limits of sexual intercourse in animals, such as: spawning time. But human beings, like other instincts, are exposed to excesses in sexual instinct. It is the fear of this extremism that has defined national and cultural policies, laws for the sexual behavior of our society, and has set rules and regulations even for the time of sexual desire. Also, in order to regulate sexual relations, each country has its own law that allows it to interfere in the most secret relationship between two human beings. It is clear in our culture that most of our men and women, unlike in Western societies, do not care about sexual satisfaction, so the existence of sexual dysfunction in these people is evident due to the average increase in life expectancy in recent years and years of suffering. And has provided the torment for these people and those around them. Pregnancy can also deepen relationships and, on the other hand, break up marital relationships. Relationship violence often begins or worsens during pregnancy because pregnant women abstain from sex. The physical, emotional, and economic stresses of pregnancy often affect couples' sexual and marital relationships. Affect. Sexual attitudes and behaviors during pregnancy are influenced by the system of valuing sexual cultural beliefs, traditional customs (prohibitions), religious beliefs, physical changes, and strict medical restrictions. Sexual desire is an integral dimension of various aspects of human life and is one of the aspects of physical and mental health. Sexual desires are a complete and unique expression of the

individual's self, and include (physiological, psychosocial, sexual development, and sexual response stages (Fagel-Mir et al., 24). Although the basis of sexual desire is innate and instinctive, but the influence of cultural and environmental factors on how to emerge and transform into sexual behavior and physical and mental health is undeniable, and cultural and environmental factors may affect this biological need. Give. The aim of this study was to investigate the relationship between mental health and cultural beliefs and its effect on sexual behavior of pregnant women. Women, as a group that preserves cultural heritage and carries human norms and values, and the balance and stability of society and its cultural and educational system are determined by their name, are most vulnerable to the occurrence of social crises such as war.

Conceptual definition of variables:

Mental health: The World Health Organization defines mental health as: Mental health is part of the general concept of health, and health means having the full ability to play social, mental and physical roles, and health is not just not having a disability or illness (Hosseini, 2001).

Beliefs: Belief is a thought or behavior that as a result of repetition, man believes in its correctness and accepts it as an indisputable truth and evaluates and measures everything with this criterion.

Culture: Culture in development literature means "a set of opinions and ideas, provided that these opinions and ideas are accepted by the majority of society and the acceptance of these opinions and ideas does not necessarily depend on convincing or becoming in a scientific discussion. For example, the type of food and the type of clothing used and the way they relate to others are all the result of these beliefs. In development discussions, whenever culture is mentioned, it means a set of these beliefs (Ebrahimi, 2002).

Sexual behavior: natural and innate desires and desires that occur in humans to achieve orgasm and reproduction, in this regard, people in every society behave according to the culture and religion of the laws, (Shahid Motahari, 1977).

As we know, our country is one of the youngest communities in the world in terms of population, and statistics show that half of our country's population are under 30 years old.

Therefore, if we do not pay enough attention to the needs of young people, we must expect serious damage to our country's social system. Considering that sexual instinct has always been one of the most important human instincts, and considering that perhaps no extensive and comprehensive study has been done in this regard in our country, we decided to collect information in this field with a relatively extensive field study. Let's shake hands. For this purpose, we have considered the special conditions of mental health and the national, religious and cultural situation of our country. Examining sexual behaviors in pregnant women can improve the mental health and sexual life of couples. It seems that providing accurate information about expected sexual behaviors during pregnancy and related changes can eliminate wrong mental behavior related to sexual behavior and replace it with optimal sexual behaviors (Sadeghi et al., 2012). For many people, sexual desires and actions indicate that they are human. Gender is tied to concepts such as body image, self-esteem and self-concept. Sexual function and its issues vary from person to person and cannot be generalized to any age group or disease. For some people, sex in the sense of being alive and sexually active is equivalent to continuing to live or die. At the same time, sexual desires are very personal and specific, what is considered normal in one couple may be unacceptable in another. Sexual function is affected by factors such as pregnancy, changes in appearance, mental status, personal and social factors, and so on. (Nikkhah, 2012). Man is composed of two dimensions, body and mind, which must protect both dimensions and meet the needs of both. The issue of health is an important issue for human beings, and the general public usually considers health to be specific to the body and pays attention to it, while the health of the soul is also important. In principle, physical and mental health are necessary for each other, and in this article we are going to deal with how to be mentally healthy. One of the prerequisites for achieving mental health is having a coherent value system, and research has shown that many inconsistencies and mental abnormalities are caused by value conflicts and the lack of an established value system in People know.

Biological system: which forms the basis of psychiatry, considers mental health to be achieved when the tissues and organs of the body perform their functions in a healthy and perfect manner. Any disorder in the nervous system and in the chemical processes of the body will lead to mental disorders.

Behavioral system: In defining mental health, it emphasizes the individual's adaptation to the environment and believes that uncompromising behavior, like other behaviors, is learned through reinforcement. Thus, mental health involves the adaptive behaviors that are learned.

In the hierarchy of neural and logical pyramids, Robert Diltz points out that, at the fourth level of this pyramid, there is a place of belief and it is one of the most powerful and influential levels in human life.

But beliefs are usually rooted in family, friends, school, environment, culture, religion, ethnicity, tribe, race, and many other factors.

Beliefs are formed in us from the beginning of our childhood and their main source is our parents, and later friends, teachers, the environment, etc., which are formed in us from the beginning of birth and accompany us until the end of life.

But most of our beliefs are formed in us by the age of about 12 and continue to take control of our lives.

In general, if we want to categorize belief, belief is divided into two general categories:

Positive belief: refers to those beliefs that give us energy and make us happy and successful, such as believing in God.

Positive beliefs give a person motor energy and with it a positive feeling along with a sense of empowerment and authority.

Negative belief: which acts contrary to positive beliefs and deprives humans of motor energy and causes fear, doubt, despair and depression in humans. It is as if I do not deserve a good and prosperous life, which is the same negative belief that causes a person not to be in a good position and not to have a good life.

Note: Negative beliefs act as a brake and cause us to stagnate and stop in life, and contrary to positive beliefs in us, good feeling, hope, positive energy and, to a great extent, become our faith (Varma, 2007).

The set of beliefs has the following characteristics:

1- The origin of these beliefs is different. Some rely on religious principles and sub-principles, another part of these beliefs is rooted in the climate of the region, another group of cultural beliefs originates from the course of historical, political and economic evolution of countries.

2- The second feature of the set of cultural beliefs lies in the fact that the formation of these beliefs requires time.

3- The third feature of the set of cultural beliefs lies in the fact that the culture of human historical periods is significantly different from each other. For example, the culture of the period of slavery, feudalism, and capitalism is quite different from each other.

Sexual behavior

"Organizing sex is always the most important moral duty," says Will Durant. Because the instinct to reproduce, not only during marriage, but also before and after it causes problems. "As a result of the severity of this instinct and its disobedience to the law and the deviations that it finds from the natural way, disorder and confusion are produced in social organizations."

Martyr Motahari says in this regard: In order for the people of a society to adhere to the sexual morality of that society, they must be aware of the main and basic concepts and central nuclei, or in other words, the philosophical foundations of the sexual morality of that society, and this awareness only through explanation. Its basics and training are not possible. As a result of this explanation and the consequent awareness that individuals will understand the need to adhere to the sexual morality of their society vis-à-vis other societies.

The main approaches of Motahhari sexual ethics are as follows:

A) A monastic approach

Monastic ethics, also known as "ancient sexual morality," is derived from some of the religions and schools of the past. The basis of all these rituals in sexual morality is based on the filth of sexual instinct, asceticism and monasticism, abstinence from marriage and family formation, rejection of worldly pleasures and pleasures, and the prohibition of sexual awareness.

B) An approach based on sexual freedom

This approach is also referred to as the "new sexual ethic". The starting point of this approach is from the Renaissance period onwards and finally reaches its peak in the twentieth century. The thinkers of this approach, by expressing their views in the field of sexual issues and problems, laid the scientific and philosophical foundations of sexual freedom.

C) The principle of border studies:

Given that human beings do not shy away from social relations and, on the other hand, have the ability to choose in their relations, it is therefore not possible to confine him to quarantine and quarantine him in order to prevent him from misbehaving. Accordingly, in order to choose the right person in sexual relations and in choosing a sexual partner, and to avoid any kind of communication, God draws criteria, boundaries and limits for human legitimate behavior, through which a person has the ability to gain judgment. And cultivates the right evaluation.

D) The principle of consent: In Islamic sexual ethics, there is a lot of emphasis on love, tolerance and tolerance with women; Therefore, if the desires of women and their satisfaction are in line with the divine commandments, and fulfilling it is in the economic, social and emotional power of men, this satisfaction and desires of women are always worthy of respect and attention from men; (Bagheri, 2001).

Women during pregnancy:

Pregnancy, with its physiological changes and complications, as well as the specific psychological changes of this period and the emergence of new worries caused by the presence of the fetus, can make sexual intercourse undesirable and reduce sexual desire drastically. Sexual activity during pregnancy is affected by physical and emotional changes as well as beliefs and beliefs in this regard, but most sexual problems during this period are due to misconceptions and misunderstanding of physical and emotional changes during pregnancy.

Given that pregnancy is an important stage in life, and during this period a woman needs more emotional support, however, insufficient information about couples about sex during pregnancy and the existence of a negative

attitude towards sexual issues during this period, causes Problems occur (Heidari, 2008). Factors affecting sexual activity during pregnancy include:

1. Sexual pattern before pregnancy, including the number and frequency of intimacy, sexual satisfaction.
2. The meaning and concept of sexual issues from the point of view of husband and wife.
3. The general condition of women during pregnancy.
4. Problems and complications of pregnancy.
5. Fear of harming the fetus and losing the pregnancy due to sexual intercourse.
6. Cultural characteristics and religious and traditional beliefs.
7. How to respond to physical changes during pregnancy.

Most scientific studies show changes in a woman's libido during pregnancy. In a normal pregnancy, as long as the woman is medically healthy, there is no specific reason to limit sexual activity. Intimacy and orgasm in pregnancy are often "safe."

Materials and Methods

Sample was collected by interview and two questionnaires. We tested general health and communication beliefs, and finally, after scoring, they were analyzed by an appropriate statistical test. The purpose of this study was to determine the relationship between mental health and cultural beliefs and sexual behavior of pregnant women. It can be said that this research is applied in terms of purpose. Statistical sample: In the present study, we selected 100 people (women) who had referred for monthly examination from the available sampling method. 1-Goldberg General Health Questionnaire (GHQ) 28 questions. 2- Idelson-Wapstein Communication Beliefs Questionnaire (1982). In coordination with the permission of the medical center officials and the subjects themselves, individuals were selected, and the researcher evaluated a number of these populations that were available through interviews and questionnaires so that the sample was representative of the statistical population. In

the present study, the available sampling method was used.

Results

The sample was selected as follows: In 1396, the researcher of this study selected 100 pregnant women who had referred to the medical center for monthly examination and interviewed and tested them with two questionnaires (Mental Health Questionnaire and Communication Beliefs). Finally, we calculated the scores obtained from them by a suitable statistical test. In this research, to analyze the collected data using SPSS 3 software, version 22 has been analyzed. Table 1: Table of mean and standard deviation of mental health variables with cultural beliefs and sexual behavior.

Variable	N	M	SD
Mental Health	100	5.33	550.8
Cultural Beliefs	100	99.65	304.3
Sexual Behavior	100	78.46	981.25

Table 2: Correlation matrix between predictor and property variables.

Group	1	2	3	4
Mental Health	-	773	765	823
Cultural Beliefs	-	-	85	888
Sexual Behavior	-	-	-	856

Table 3: Summary of multiple correlation coefficient.

Variable	R	R2	Delta R2	STD Error
Cultural Beliefs	823	678	675	11.6
Sexual Behavior with Cultural Beliefs	832	691	687	901.5

As can be seen in the table above, two variables were able to predict mental health. The first variable is cultural beliefs, which could have 67.8% of the power to predict sexual behavior. And when mental health is added to it, its prediction value is 69.1%, i.e. the variable of sexual behavior of 1.3% can predict mental health.

Discussion

There is a relationship between mental health and cultural beliefs and sexual behavior of pregnant women. In this study, according to the results obtained from interviews and questionnaires conducted on the subjects and statistical analysis, tables between mental health and cultural beliefs and sexual behavior of pregnant women have a direct relationship, ie the more positive cultural beliefs and behavior Sex was better. More mental health was observed in pregnant women.

Many factors cause mental health disorders, including genetic background, unexpected diseases, lack of social security, poor upbringing, lack of opportunities for talent development, discrimination, lack of capacity and positive personal beliefs and many other reasons. Which impair mental health and affect sexual behavior (Mental Health, 2009). Pregnant women in the present study showed that about 68% of women experienced decreased libido during pregnancy due to 78% fear of harm to the fetus, 21% pain, 30% fear of miscarriage, 24 They mentioned fear of premature rupture of the bladder, 14% fear of premature birth and 10% fear of infection. Also, the wives of pregnant women reported a decrease in sexual desire during their wives' pregnancies and the reasons for this decrease were 0.11. In this study, the function of cultural beliefs on sexual behavior with mental health was predicted. The data showed that cultural beliefs and sexual behavior have a significant relationship with mental health. This study showed that most patients who had the logical characteristics of cultural beliefs, usually feel tolerant in the face of adverse conditions, dangers and diseases, and in many cases try to hope and security in the face of dangers and adverse situations. Do not touch. According to the correlation coefficient table, there is a direct relationship between cultural beliefs and sexual behavior with the mental health of pregnant women. Therefore, with a probability of 0.95, mental health increases with increasing logical cultural beliefs and sexual behavior. The tables showed that two variables could predict mental health. The first variable is cultural beliefs that could predict 67.8% of the mental health of pregnant women. And when the variable of sexual behavior is added to it, its prediction value becomes 69.1%, ie the variable of sexual behavior of 1.3% can predict mental health. In general, the results of the present study indicate that the component of cultural beliefs and sexual behavior of pregnant women are closely related to the component of mental health of pregnant women, and as a result, a significant level of alpha level of 0.05 is observed. It is smaller and with a probability of 0.95 we state that the variable of cultural beliefs and sexual behavior predicts mental health. In a study conducted by Zarei Fatemeh et al. (2011) in a research study on the trend of

sexual behavior showed that: The effects of sexual behavior in different cultures and in different social contexts will be understood differently. The range of social factors influencing sexual behavior ranges from social archetypes to common sexual discourses. An in-depth look at this dimension of human life shows the role of a potential, more complex and deeper process called sexual socialization. Sexual socialization is a process in which human beings have concepts, meanings, beliefs, beliefs, values and symbols. Learns about the world of gender and sexuality in the socio-cultural context of his community. This finding is consistent with studies by Hamla et al. (2005) examining the sexual behavior of pregnant women. The results of this study showed that 50% of women reported a decrease in sexual desire during pregnancy and most of these women related to their problems during pregnancy with a different attitude to sexual behavior. In this study, the function of cultural beliefs on sexual behavior with mental health was predicted. The data showed that cultural beliefs and sexual behavior have a significant relationship with mental health. The limitations for this study included:

- 1- There was no questionnaire that deals directly with the variables of this research
2. Pregnant women were in different months of their pregnancies
- 3- In the interview, answering the questions was not due to real embarrassment

Due to the significance of this research, it is suggested that health officials include appropriate recommendations for sexual behavior in the programs of their experts to improve the health of the main institution of society, which is the family. Therefore, in order to preserve the family unit, special attention should be paid to this issue. Therefore, we suggest that accurate and scientific information about the physical and psychological changes during pregnancy be provided by health personnel and that sexual counselling be considered in pregnancy education.

Conflict of interest

Authors declare no conflict of interest.

References:

1. Bagheri, Khosrow, A New Look at Islamic Education, Tehran Publications, 2001.
2. Heydari, Masoumeh; Kiani, Azita; Faqihzadeh, Socrates. (1385). Survey and knowledge and attitudes of couples about sex during pregnancy. Journal of the School of Medicine. medical University Tehran. Volume 63. Number 9a.
3. Kaplan and Zadok Psychiatric Summary, translation; Farzin Rezaei (2007) Besat Publications.
4. Alipour, Ahmad (1385). Relationship between social support and body safety indicators in healthy individuals: A review of the overall effect model.
5. Gachel, Robert. Jay et al. (1377). The field of health psychology, translated by Gholamreza Khoinejad, Tehran, Astan Publications. Quds Razavi.
6. Abdolmohammadi, Kobra. (2006), A Study and Comparison of the Relationship between Communication Beliefs and Marital Conflicts in Women and Men Referred to Court, M.Sc. Thesis, Department of Educational Sciences and Psychology, Shahid Beheshti University.
7. Herrman,S, Saxena,R, Moodie,promoting mental health, A Report of theWorld Health Organization,Department of Mental Health and Substance Abusein collaboration with the Victorian Health Promotion Foundationand The University of Melbourne, 2005.
8. Erylmaz G, Ege E, Zincir H. Factors affection sexual life during pregnancy in eastern Turkey. *Gynecol Obstet Invest* 2004; 57: 103-8.
9. Naim. M, Bhutto E. Sexuality during pregnancy in Pakistan women. *J Pak Med Assoc* 2000; 50: 38-44.
10. Walbroehl G. Sexuality during pregnancy. *Am Fam Physician* 1984; 29: 273-5.
11. Hamela Olkowska A. Sexuality in pregnant women,*Med Wieku Rozwoj* 2003; 7: 175-80.
12. Aston G. Sexuality during and after pregnancy. In: Andrew G. Women's Sexual Health. 3rd ed. London: Bailier Tindal. 2005; PP: 161-71. 6. Cunningham FG, Leveno KJ, Bloom SL.
13. Varma D, Chandra PS, Thomas T, Carey MP. Intimate partner violence and sexual coercion among pregnant women in India: relationship with depression and post-traumatic stress disorder. *J Affect Disord* 2007; 102(1-3): 227-35. 12.
14. Díaz-Olavarrieta C, Paz F, Abuabara K, Martínez Ayala HB, Kolstad K, Palermo T. Abuse during pregnancy in Mexico City. *Int J Gynecol Obstet* 2007; 97(1).
15. Morteza Motahari, Education in Islam, Qom, Sadra, 1996.
16. Moradi, Jalal, Sexual activity during pregnancy, 2009.