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**RESEARCH TITLE:** **KNOWLEDGE AND PRACTICS OF SEXUAL POSITIONS DURING PREGNANCY AMONG WOMEN OF REPRODUCTIVE AGE IN KASSENA NANKANA WEST DISTRICT OF NORTHERN GHANA.**

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# CHAPTER ONE

# INTRODUCTION

## 1.1 Background of the study

Sexual health is a critical aspect of overall well-being, and a component of reproductive health that is fundamental to a healthy and fulfilling life (World Health Organization, 2018). In many cultures around the world, it is an important element of personal and interpersonal relationships, but this is an area that is not always discussed or addressed in healthcare.

Sexual intercourse is a necessity for survival for husband and wife, not to mention during pregnancy, and husband and wife need each other, love, and give satisfaction and intimacy. Sexual intercourse activities provide harmony in the household of husband and wife, not including during pregnancy and after giving birth ( Serigar et al. 2022)

Pregnancy is characterized by changes in physical, psychological and hormonal sphere, as well as in the quality of life and sexual relationship. During this period women tighten emotional bond, intimacy and physical affinity, which is connected to physical pleasure and sexual needs. (Staruch et al. 2016)

For many couples in Ghana, maintaining intimacy during pregnancy is an important part of their relationship, however, there can be many barriers to accessing information that is relevant and useful . Providing appropriate guidance, support, and practical information is vital in empowering pregnant women to make informed choices about their sexual health, and to address any questions or concerns that they may have (Fok et al., 2025).

While the Ghana Health Service (GHS) and the Ministry of Health (MOH) offer guidance on various aspects of antenatal care (GHS 2020), there is currently a lack of specific recommendations or guidance regarding safe and comfortable sexual positions during pregnancy. This absence of clear guidance can leave both pregnant women and healthcare providers with limited resources and potentially contribute to anxiety and misinformation about sexual activity during pregnancy.

Promoting positive sexual health outcomes during pregnancy is essential for the well-being of pregnant individuals and their partners, contributing to positive perinatal health and relationship satisfaction. Ensuring pregnant individuals have access to accurate, timely, and comprehensive information is a critical task.

Despite the importance of sexual activity during pregnancy, many pregnant women have limited information on how to engage in sex that is both safe and comfortable, and may have particular concerns about the safety of different sex positions leading to potential discomfort, physical risks, and decreased sexual satisfaction. Open communication about sexual concerns can improve the quality of life for both partners and strengthen their relationship.

In Ghana, particularly the Kassena Nankana West District, there are common misconceptions and traditional beliefs surrounding sexual activity during pregnancy that may have an impact on access to services. These beliefs often include concerns that sexual activity may harm the baby or cause miscarriage, which may prevent many couples from having a normal sexual life during the pregnancy period (Oche OM et al. 2020). Furthermore, many pregnant women report experiencing physical discomfort, and require practical guidance on how to adapt their sexual activity during pregnancy, but this guidance is not always available. Moreover, open discussions about sexuality during pregnancy may be stigmatized.

This research is crucial to understand the specific knowledge gaps and challenges faced by pregnant women in Kassena Nankana West District regarding safe sexual positions. The findings will inform the development of culturally sensitive and effective educational interventions to improve sexual health knowledge and promote safe sexual practices during pregnancy.

## 1.2 Problem Statement

Sexuality is an important part of a woman's health and well-being, and it often changes during pregnancy. Most women admit that their libido changes in some way during pregnancy. However, the sexuality of a pregnant woman is very individual and influenced by a variety of different factors. This is a very important topic that is often taboo, especially in a male-dominated society, and it needs to be explored more. (Thapa B et al. 2023).

Myths about sex during pregnancy harming fetus and leading to preterm labor or miscarriage are very strong factors releasing fear and leading to avoidance of sexual contact during gestation. (Oche OM et al. 2020). These fears and misconceptions are often exacerbated by a lack of open communication and accessible evidence-based information on this topic, and by the lack of practical guidance about specific sexual positions.

Furthermore, healthcare providers often report feeling unprepared to discuss sexual health issues with pregnant women, and may feel uncomfortable providing practical advice in this area. This may be a result of limited training, discomfort in discussing sensitive topics, and a lack of clear guidelines or practical resources (Serati et al, 2020), as a result, many pregnant women are left without accurate or useful information to help them to make informed choices about their sexual activity, and this has implications for their overall health and also for the health of their relationships.

The existing research on sexual health during pregnancy in primarily focuses on general patterns of sexual activity, but it does not explore the practical aspects of sexual positions and how women can have a comfortable and enjoyable experience. There is a clear lack of research that specifically assesses pregnant women’s knowledge of safe and comfortable positions, their current practices, or their preferred sources of information.

This lack of knowledge means that many pregnant women in Kassena Nankana West District may be using positions that are not safe or comfortable, or that they may be avoiding sexual activity completely, based on incorrect information or anxiety (Fok et al., 2025). This can have a negative impact on their physical well-being, emotional health, and also on the health of their relationships. Consequently, there is a pressing need to address this gap in the knowledge base in order to promote well-being and a healthy quality of life for all pregnant women

When pregnant women do not receive adequate information, they are more likely to rely on anecdotal advice or online sources, sometimes leading to the adoption of potentially unsafe sexual practices.

Despite the growing body of research on sexual health during pregnancy, there is still a limited number of studies that specifically address practical knowledge of safe and comfortable sexual positions and there is a clear lack of practical resources to help women navigate this topic.

Therefore, this study seeks to assess pregnant women's existing knowledge of safe sexual positions during pregnancy and to identify specific areas where current information is lacking. The failure to address sex positions during antenatal care represents a missed opportunity to provide relevant guidance to pregnant women during a period of change in their sexual health and well-being.

## 1.3 Purpose of The Study

The purpose of this study is to assess the level of knowledge and practice of sexual positions among reproductive women during pregnancy in Kassena Nankana West District of Northern Ghana

Explore factors that may influence their knowledge and practice, such as age, education level, marital status, access to healthcare services, and cultural beliefs and also determine the primary sources of information regarding sexual health during pregnancy utilized by pregnant women in Kassena Nankana West District.

## 1.4 Research Objectives

* To explore the level of awareness and knowledge of sexual position during pregnancy among women of reproductive age.
* To determine the sources of information regarding sexual health during pregnancy
* To identify common sexual positions practiced during pregnancy
* To identify common misconceptions related to sexual health during pregnancy

## 1.5 Research Question

* What is the level of awareness and knowledge of sexual position during pregnancy?
* What are the sources of information regarding sexual health during pregnancy?
* What are the various sexual positions during pregnancy?
* What are the common misconceptions related to sexual health during pregnancy?

## 1.6 Hypothesis

H1: Cultural beliefs and traditional norms significantly influences the choices of sexual positions during pregnancy

## 1.7 Significance of The Study

This study holds significant importance for several reasons:

### 1.7.1 Improved Maternal and Fetal Health:

By identifying knowledge gaps, the study can inform interventions to improve women's understanding of safe sexual positions during pregnancy. This can help to reduce potential risks to both mother and fetus, such as discomfort, complications, and preterm labor.

### 1.7.2 Enhanced Sexual Satisfaction and Intimacy:

Increased knowledge can empower women to make informed choices about sexual activity during pregnancy, leading to more comfortable and enjoyable sexual experiences. This can strengthen intimacy and emotional well-being for both partners.

### 1.7.3 Informed Healthcare Practices:

The findings can inform healthcare providers about the specific needs and knowledge gaps of pregnant women in Ghana. This can lead to more effective and culturally appropriate sexual health education and counseling during prenatal care.

### 1.7.4 Policy and Program Development:

The study can inform the development and implementation of effective public health programs and policies aimed at improving sexual health education and promoting safe sexual practices among pregnant women.

By addressing these critical issues, this research has the potential to significantly improve the sexual health and well-being of pregnant women.

## 1.8 Limitations

Cultural sensitivities and stigmas surrounding discussions of sexuality might limit the openness of respondents, potentially leading to underreporting or biased responses. Additionally, the use of convenience sample may limit the generalizability of the findings.

## 1.9 Delimitation

This study will be limited to the geographical and cultural context of the Kassena Nankana West District, focusing on pregnant women attending Antenatal Clinic at Paga Hospital of the KNWD.

## 1.10 Definition of Terms

**Sexuality**: The capacity to have erotic experiences and responses, often influenced by psychological, physiological, and social factors during pregnancy.

**ANC**: antenatal care

**KNWD**: Kassena Nankana West District

## 1.11 Organization of The Work

The study will be organized in five chapters. Chapter one will cover the introductory aspect of the study, which comprises an introduction, background information of the study, statement of the problem, the objective of the study, research question, significance of the study, delimitation and limitation, definitions of terms as well as organization of the study. Chapter two will focus on the review of related literature on the topic being studies by researchers. Chapter three will present the research approach and methodology that will be used in the study and involves an introduction, research design, study area, target population, inclusion criteria, exclusion criteria, sample size and sampling technique, pre-testing of data collection tool and procedure, data collection tools and procedure, data management, data analysis, methodological rigour and ethical consideration. The fourth chapter discusses the results and findings of the study and the final chapter will highlight the summary, conclusions and recommendations for future research.

# CHAPTER TWO

# LITERATURE REVIEW

**2.1 Introduction**

In the chapter, the theoretical framework and current literature on the knowledge and practice of sexual positions during pregnancy will be discussed. A search will be conducted to explore what information is available on knowledge and practice of pregnant women on sexual positions during pregnancy, sources of available knowledge, misconceptions on sexual positions and available safe and comfortable sexual positions during pregnancy. The internet search will draw peer-reviewed articles from databases such as Science Direct, Google Scholar, PubNed, SeiFinder and Scopus. The keywords or phrases that will be used in the internet search are “pregnancy”, “sexual health”, “knowledge”, “sex education”, “antenatal care” and “sexual positions” in order to find relevant studies relating to assessing the knowledge of pregnant women on sexual positions during pregnancy. This literature review will examine the existing body of evidence on pregnant women's knowledge about safe and comfortable sex positions during pregnancy, as well as common misconceptions in the public.

## 2.2 Empirical Review

The empirical review section focuses on the existing knowledge, experiences, and contextual influences relating to safe and comfortable sexual positions during pregnancy, a topic that is often overlooked in routine antenatal care.

Providing practical and accurate information about safe and comfortable sexual positions is crucial for empowering pregnant women to make informed decisions, maintain intimacy with their partners, and address common concerns about their sexual health.

This review will critically analyze existing empirical evidence, theoretical frameworks, and guidelines to identify knowledge gaps and outline current challenges in this area, to provide a basis for future research and intervention strategies

This review will be organized thematically to explore current guidelines, pregnant women's knowledge levels, influential factors, provider experiences, and the potential for intervention.

### 2.2.1 Current Medical Guidelines and Recommendations

The American College of Obstetricians and Gynecologists (ACOG, 2019) generally states that sexual activity is safe throughout pregnancy for women with uncomplicated pregnancies, without an increased risk of miscarriage, preterm labor, or premature rupture of membranes. However, ACOG and other professional bodies also advise caution in cases of premature rupture of membranes, placenta previa, preterm labor, unexplained vaginal bleeding, or an incompetent cervix, noting that in these circumstances, sexual activity may need to be limited or avoided entirely.

While general advice regarding safe activity during pregnancy is included in ACOG guidelines, they do not provide specific recommendations about particular sexual positions, addressing practicalities, or how to adapt to changing bodies during different stages of pregnancy, which leaves both pregnant individuals and their healthcare providers with limited information."

### 2.2.2 Pregnant Women’s Knowledge Levels

Fok et al. (2025) conducted a randomized controlled trial (RCT) to assess the impact of a multimedia educational intervention on pregnant women's knowledge and practices regarding safe sex positions during pregnancy. The study compared outcomes of a control group with an intervention group, and found that the intervention group, which had access to short videos, quizzes and a peer support group demonstrated a statistically significant improvement in knowledge and changes in practices. The intervention was also well received and was shown to be easy to use. While the study did rely on self-reported data and was limited by the technology available, the study provides strong evidence that targeted educational interventions can be very effective in helping women make safer and more informed choices about sexual positions. These findings demonstrate that there is a clear need for practical educational interventions and demonstrate that they can be effective in changing both knowledge and practice.

Serati et al. (2010) investigated the practices of 150 healthcare providers regarding sexual health counseling during antenatal care. While the study did not examine the pregnant women directly, they did explore provider practices, finding that many providers do not routinely initiate discussions about sexual health with their patients, and that many also report discomfort and insufficient training to be able to provide clear advice. The study also identified key barriers including time constraints, and a lack of provider resources. While this study does not directly measure pregnant women's knowledge, these results suggest that there may be a systemic reason that women lack knowledge about safe sexual positions, as the information may not be routinely offered by their providers, and also shows that providers may not have the training to address this important topic. Therefore, this research supports the need for studies that assess women's knowledge and that also identify how best to address this topic with healthcare professionals.

### 2.2.3 Factors Influencing Knowledge and Practices

**Interpersonal Factors**

Individual perceptions of susceptibility, severity, benefits, barriers, cues to action, and self-efficacy, as defined in the Health Belief Model, are key determinants of a pregnant woman’s decision making regarding sexual health (Liu et al., 2013). For example, those with greater self-efficacy aremore likely to seek reliable information, and also to adopt safer practices. **Organizational Factors**

Limited integration of sexual health into routine antenatal care, combined with time constraints during appointments, creates a systemic barrier to accessing information (Serati et al., 2010). Healthcare providers often report discomfort in discussing this topic, highlighting the need for greater education and training for providers."

**Community Factors**

Cultural beliefs and taboos related to sexual activity during pregnancy can significantly shape a pregnant woman’s beliefs and behaviors, and it is vital to respect cultural differences when providing guidance (Makara-Studzinska et al., 2011).

Staruch et. al (2016), in their study issued out questionnaire to be filled out by 220 pregnant women in the third trimester, including drawings with sexual positions which could be applied. The respondents were asked to mark the most frequently used positions during current pregnancy. The results of their answers are showed the most preferred sexual position used by respondents is when a woman is lying on her side with a man behind her (79.5%). The second most frequently applied one is when a partner is lying on his back while a woman is sitting on him and facing him (51.5%) (Hanafy et al. 2014). According to the presented study the most preferred, safest and most proper position during that part of gestation is when a woman is lying on her side with a man behind her. This position, apart from intense sexual satisfaction, gives a great sense of comfort and allows both partners to be active. If there are no contraindications, the position may be used until delivery. The second most preferred sexual position among women in the third trimester is when a partner is lying on his back while a woman is sitting on him facing him. The least popular and practiced sexual positions among women in this time are the so called “love chair” and the “sixty-nine”. In both cases careful attention should be paid not to press the abdomen, as there is a tendency to do so. In the “love chair” position too deep penetration should be avoided (Makara-Studzinska et al. 2011).

In a study conducted by Uwapusitanon et.al 2004, the sexual positions were classified in three groups. First group, the male superior or “man on top” position, that’s mean man’s weight pressing downward to the woman when they have sexual intercourse. Second group is the female superior or “woman on top” position. The last group, the non- weight bearing position, or the position that neither man nor woman took the weight pressing on together such as side-by-side, rear entry and kneeling on all-fours position. The positions for vaginal intercourse changed throughout three trimesters of pregnancy significantly. The “man on top” position was the most frequently used before pregnancy, but after pregnancy this position decreased. The couples slightly increased in use of the “woman on top” and markedly increased in use of the non- weight bearing positions. The side-by-side and rear entry coital positions were selected as the most frequently used positions by an increasing number of subjects as pregnancy progressed

Bartellas et al. (2000) conducted a descriptive study with 100 pregnant women, reporting a decrease in sexual activity and satisfaction during pregnancy, particularly in the third trimester. The most common reasons that were reported for this decrease included fatigue, discomfort and concerns about safety. The women in the study also reported significant difficulties finding comfortable positions, and often expressed fears about safety. While this study does not provide specific information about women's knowledge of safe positions, the study does indicate that women have specific needs for support and information in this area. It provides early evidence that women are not always comfortable with their sexual activity during pregnancy, and it reinforces the importance of the need for further study to address this complex and sensitive topic. However, as this study is more than 20 years old, there is a need for further research that also examines knowledge of safe sex positions with more recent populations, to ensure that practice continues to be evidence-based."

### 2.2.4 Belief and myths on sexuality during pregnancy

A review conducted by Ribeiro et al. 2017 to present the beliefs related to sexual activity during pregnancy, identified 13 studies (3,122 participants). The main positive beliefs about sex in pregnancy were that it makes labor easier, promotes marital harmony, prevents infidelity, and improves fetal well-being. Negative beliefs were more frequent: that sex could harm the unborn child (causeinjuries, miscarriage, or fetal infection) and endanger the pregnancy or maternal health (cause membrane rupture, bleeding, preterm labor, and maternal infection)**.**

Kaya et al. 2021 conducted a study to determine the prevalence of sexual myths during pregnancy among pregnant women in Turkey and Iran and to compare the similarities and differences between the countries. This is a comparative and descriptive study. The sample included 200 pregnant women from Turkey and Iran. The data were collected using the Descriptive Information Form and Sexual Myths During Pregnancy Form. It was determined that the women in Turkey agreed more with statements, such as ‘the infant feels sexual intercourse’, ‘the infant becomes happy and healthy’, ‘sexual intercourse during pregnancy is safe’. As for pregnant women in Iran, it was determined that they were more hesitant to agree with statements, such as ‘sexual intercourse is a sin’ and ‘sexual intercourse causes infections’. In both countries, education on sexuality during pregnancy is needed to eliminate information deficiencies.

Beneridge et al. 2017 conducted a study where over half of the women (58.6%) reported at least one fear as a reason for not engaging in sexual activity while pregnant, though total fear scores were low. Greater fear-based reasons for not having sex were associated with greater sexual distress but were unrelated to sexual functioning, sexual satisfaction and relationship satisfaction. It was concluded that, women who reported higher rates of refraining from sex due to fear that it could harm their pregnancy reported greater sexual distress, but not lower sexual functioning or sexual and relationship satisfaction. Results suggest that interventions focused on minimizing fears of sexual activity during pregnancy may not be essential for promoting women’s broader sexual and relationship well-being in pregnancy, but may help to reduce women’s global feelings of worry and anxiety about their sexual relationship

### 2.2.5 Sources of information on sexual health

Staruch et al. 2016, mentioned in their study that, the leading source of information on sexual intercourse during pregnancy is the internet, other sources included media,books and magazines. Another partner’s experienceand knowledge could be equally significant source ofinformation – for example child’s father, medical personnel or experienced friend. Only every third respondent in their study discussed the problems of sexualityduring pregnancy with medical staff. The same resultwas reported by Bartellas et al. – 29% of women consulted sexual activity with their doctor, 34% felt uncomfortable with that subject and the majority felt it should have been discussed.

A study conducted by Liu et al. 2013, also determined that, in most cases, the 62 participants who engaged in the study obtained information regarding sexual activity during pregnancy from postpartum women and the Internet.

### 2.2.6 Conclusions

This literature review has demonstrated that while sexual activity is generally safe during uncomplicated pregnancies, there is a significant lack of knowledge and practical guidance regarding safe and comfortable sexual positions. There is also an urgent need for interventions that address this gap, and that provide clear and useful information.

Given the limited knowledge base, and the limited resources available to both women and providers, there is a clear need for research that specifically focuses on the development and implementation of strategies that are not only evidence based, but that are also sensitive to the needs of individual women.

## 2.3 Theoretical Framework

The theoretical framework is the blueprint for the entire research study. It serves as a guide on which to build and support the study and provide the structure to how the researcher will philosophically, epistemologically, methodologically and analytically approach the research. Eisenhart defines theoretical framework “as a structure that guides research by relying on a formal theory constructed by using an established, coherent explanation of certain phenomena and relationship”. Thus, the theoretical framework consist of the selected theory or theories that undergird the researcher’s thinking about how the researcher will understand and plan to research the topic as well as the concepts and definitions from the theory that are relevant to the research topic under study (Grant and Osabloo, 2014).

### 2.3.1 Health Belief Model

The Health Belief Model (HBM) is a psychological framework developed in the early 1950s by social psychologists Irwin Rosenstock, Godfrey Hochbaum, and others primarily to understand why people fail to take preventive health measures. It focuses on how individual perceptions and beliefs influence health behaviors.

The HBM suggests that an individual’s health-related behavior is influenced by their perceptions of susceptibility, severity, benefits, and barriers, as well as cues to action and self-efficacy. In the context of this study, we will use the HBM to understand pregnant women’s perceptions of safe sex positions, specifically in how they influence their individual understanding, and practices.

The HBM will be used to examine women's perceived susceptibility to harm, the severity of those possible risks, and the benefits they see in adopting certain positions. We will also explore the barriers to accessing information and how the women’s beliefs about their own ability to implement safe practices impacts how they obtain and interpret information. While the HBM focuses on individual perceptions, it is it is also important to note that these beliefs are formed in the context of their social and cultural environment.

### 2.3.2 Ecological System Theory

The Ecological Systems Theory, developed by Urie Bronfenbrenner (1979), emphasizes the impact of various environmental systems on individual behaviour. This study will also integrate aspects of the Social Ecological Model (SEM) to understand the interpersonal (influence of partners and healthcare providers), organizational (delivery of information during antenatal care), community (cultural norms), and policy (healthcare guidelines) that may influence the women’s sexual behavior.

By integrating both the HBM and SEM, this study aims to provide a holistic understanding of how individual perceptions and social context interact to affect a pregnant woman’s knowledge and practice of safe sex positions. These frameworks will guide data collection, data analysis, and the interpretation of findings to provide a more complete overview of the topic, noting where.

# CHAPTER THREE

# RESEARCH METHODOLOGY

## 3.1 Introduction

This chapter described and explains the research method which will be used to conduct the study. These research methods include the study design, study site, study population, sampling procedure, data collection instruments, data collection procedures, data processing and analysis and ethical considerations

## 3.2 Study Design

The study design which will be used is cross sectional descriptive design to assess the level of knowledge and practice of safe and comfortable sexual positions during pregnancy

A cross-sectional survey design is a type of research study that involves collecting data from a sample of participants at a single point in time. This type of study is commonly used to assess the prevalence of a particular outcome or characteristic in a population.

In the context of assessing the level of knowledge in sexual positions during pregnancy, a cross-sectional survey design would involve recruiting a sample of pregnant women and asking them a series of questions about their knowledge and understanding of safe and appropriate sexual positions during pregnancy

This design was chosen because it is relatively quick and inexpensive to conduct, as it involves collecting data from a single point in time.

## 3.3 Study Site

The study will be conducted in the Kassena Nankana West district hospital in the Kassena Nankana West District of the Upper East Region. The district according to the 2021 population and housing census has a human population of 90,735 comprising of 43,909 males and 46,826 females. The district covers an area of 901.1square kilometers with a population density of 100.7 square kilometers (Ghana, G. S. S. 2021).

The Kassena Nankana West District hospital was established in 1981 as a Health center and upgraded to a district hospital in 2019. It located in the northern part of the Upper Eat Region of Ghana. The district shares borders with Burkina Faso to the north, the Kassena Nankana East district to the south, Bongo district in the east and Upper West Region to the west.

The hospital serves a referral center for all health centers in the district. The hospital renders services as follows: 24hr Emergency Services including Medical Services, Eye Care, Ambulance, Out Patient Department, Consultation, Surgical/Theatre, Ear Nose and Throat, Laboratory and Blood Bank, Pharmacy and Dispensary, Maternity Services, Psychiatric, Ante Natal Care and Post Natal Care, Medical Stores, Anti-Retroviral Therapy, Account/Revenue and Record/Health Information. It currently has a bed capacity to 80 and 150 health staffs (clinical and non-clinical). The KNWD was chosen because no such research has ever been carried out in the district, which necessitated my interest to carry out this research to assess the knowledge and practice of sexual positions during pregnancy.

## 3.4 Study Population

According to (Majiid, 2018), the study population is the study’s target population the researcher intends to study. In clinical research studies, it is often not appropriate or feasible to recruit the entire population of interest. The study will focus on women of reproductive age (18-45) who are currently pregnant and are attending antenatal clinic at the Kassena Nankana West District hospital.

## 3.5 Inclusion Criteria

The study will include women aged 18 – 45years who are currently pregnant, who are willing to participate and able to provide informed consent and residing in Kassena Nankana West district for at least six months.

## 3.6 Exclusion Criteria

Pregnant women who are less than 18years or more that 45yeasr, those with medical conditions that prevent sexual activity during pregnancy, those who decline consent to participate and non-resident or temporary visitors in the district will be excluded.

## 3.7 Sampling Procedure

This study will use stratified purposive sampling, a non-probability sampling technique, to deliberately select participants who meet specific criteria relevant to the study. Participants will include pregnant women who have experience with sexual activity during pregnancy. A total of 150 women will be selected, ensuring diversity in age, educational background, and marital status to capture a wide range of perspectives.

## 3.8 Sample Size Calculations

The Cochran’s formula will be used to determine the sample size in this cross sectional study.

This formula is particularly useful for surveys and is expressed as:

Where:

**n​** is the required sample size,

**Z** is the Z-score, which reflects the desired confidence level (1.96 for 95% confidence),

**p** is the estimated prevalence of knowledge or practice of sexual positions during pregnancy (Since no prior study exists in the area, we assume P = 50% (0.5) for maximum variability) ,

**e** is the margin of error, set at 10% (0.10) for this calculation

Pugging these values for Cochran’s formula

≈ 96

Since the total population N = 3,859 is finite, we apply the finite population correction (FPC):

This calculation provides the base sample size needed to achieve the desired level of accuracy in estimating the true proportion within the specified margin of error. Recognizing the practical challenges of field research, including potential non-responses, the sample size was adjusted to accommodate an anticipated non-response rate of 10%. Thus, the adjusted sample size n is calculated as follows:

## 3.9 Data Collection Instruments

A structured questionnaire will be designed to collect quantitative data on pregnant women’s knowledge and practice of sexual positions during pregnancy. The questionnaire will include close ended and Likert-scale questions to gauge the women’s awareness, preferences, and concerns regarding sexual activity during pregnancy. This method ensures consistency and alloys for statistical analysis of trends and patterns.

Qualitative data will be gathered through semi-structured interviews guided by an interview protocol in order to gain insight into the pregnant women’s beliefs, experience, misconception or any concerns they may have regarding sexual positions during pregnancy.

## 3.10 Questionnaire

The questionnaire for this study is designed to capture both quantitative and qualitative aspects of knowledge and practice of sexual position during pregnancy. The questionnaire will be divided into several sections, each tailored to extract specific information aligned with the research objectives. The first section will collect demographic information such as age, marital status, parity, education level, and employment status to understand the background of the respondents. The subsequent sections will focus on assessing the level of knowledge and practice of sexual positions during pregnancy.

Additional questions will explore current sexual practice and comfort level, information needs and sources and Health Belief Model construct. These will include scaled items to measure satisfaction levels and open-ended questions to allow participants to express their knowledge and practice in depth. The questionnaire will be carefully crafted to ensure cultural sensitivity and appropriateness, considering the socio-cultural context of the Kassena Nankana West District.

## 3.10 Data Collection Procedures

Questionnaires will be administered in person or via a secure online platform, depending on participants' preferences and accessibility issues. Following the questionnaire, interviews will be scheduled within two weeks to allow for thorough engagement with the survey responses. Interviews will be conducted in a quiet, private setting to ensure confidentiality and comfort for the participants.

## 3.11 Data Processing

The collected data will be reviewed to identify incomplete or inconsistent responses. Any duplication or invalid entries will be removed

Questionnaire responses will be assigned numerical codes for easy entry and analysis

Open ended surveys and interview will be categorized into themes

The cleaned and coded data will be entered into statistical package for Social Science (SPSS) version 26 for quantitative analysis

Qualitative data will be transcribed and stored in NVivo software for analysis.

## 3.12 Data Analysis

Descriptive statistics will be used to summarize quantitative data and Chi-square test will be used to analyze the association between the categorical variables.

Transcribed data will be coded and categorized into key themes such as cultural beliefs, fears and partner influences on sexual practices. Direct quotes from participants will be used to support findings and provide deeper insights.

## 3.13 Ethical Consideration

Ethics involve a system of moral values relating to the degree to which investigation processes follow professional, legal and social responsibilities to the participants in the study (Loiselle et al. 2011). All efforts will be made by the researchers to ensure that ethical considerations are strictly adhered to at all times before, during and after the study. The researchers will ensure the protection of all participants and ethically conduct the study. The researchers will consider and safeguard the welfare and safety of the participants above the conclusion of the study. Some of the ethical considerations to be used in the study include obtaining ethical clearance, obtaining informed consent, preventing harm to the participants, providing all the benefits of the study to the participants, informing the participant of all their rights, maintaining confidentiality, and ensuring privacy.

Approval will be sought from the University of Cape Coast Institutional Ethics Review Board prior to data collection commencing.

All the ethical concerns that may be raised will be responded to and where necessary corrections will be made to ensure those ethical concerns are appropriately addressed. The ethical approval letters will form part of the information given to all the participants to read before signing the consent forms.

The participants will be given clear information concerning the study and the choice to consent or reject participation voluntarily (Polit & Beck, 2011). The information that will be given to the participants before signing the consent form will be the title of the study, objectives of the study, significances of the study, ethical approval letters, possible harm and benefits of the study to the participants, measures to be taken against any harm to the participants, and data collection and management methods. Informed consent will be sought from each participant after they verbalize their understanding of the information given to them.

## 3.14 Chapter Summary

This chapter outlined the methodology employed in the study on the knowledge and practice of sexual positions during pregnancy among women of reproductive age in Kassena Nankana West District, Ghana.

It began by defining the research design, which adopted a cross-sectional descriptive approach to collect both quantitative and qualitative data. The study population consisted of pregnant women and aged 18–45 years, with clear inclusion and exclusion criteria to ensure relevant participants were selected.

The sample size was calculated using Cochran’s formula, with adjustments for finite population correction (FPC) and a 10% non-response rate, leading to a final sample size of X participants. A purposive and stratified random sampling method was used to select participants.

Data collection involved structured questionnaires, and key informant interviews (KIIs), ensuring a comprehensive understanding of participants' knowledge and practices regarding sexual positions during pregnancy.

The data processing section described cleaning, coding, and entry into SPSS and NVivo software for analysis. Descriptive and inferential statistics were employed for quantitative data, while thematic analysis was used for qualitative insights. Results were presented using tables, graphs, and narrative summaries.

This methodology will ensure the study is rigorous, reliable, and capable of generating meaningful insights into the study.

# CHAPTER FOUR

## 4.1 Work Plan

The timeline ensures that each phase of the research is conducted in an orderly and efficient manner, from preparation through to the dissemination of finding

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Activity** | **Jan** | **Feb** | **Mar** | **Apr** | **May** | **Jun** | **Jul** |
| Development of Proposal |  |  |  |  |  |  |  |
| Submission of proposal to GHS-ERC and Ethical Clearance |  |  |  |  |  |  |  |
| Data collection |  |  |  |  |  |  |  |
| Data cleaning or validation |  |  |  |  |  |  |  |
| Data analysis |  |  |  |  |  |  |  |
| Results presentation, write-up and discussion |  |  |  |  |  |  |  |
| Finalize dissertation |  |  |  |  |  |  |  |
| Submission of comb-bound dissertation to department |  |  |  |  |  |  |  |
| Editing of dissertation and final submission to the department |  |  |  |  |  |  |  |

## 4.2 Budget

The total cost of this research is solely going to be borne by the principal researcher or principal investigator with the below budget:

|  |  |  |
| --- | --- | --- |
| **No** | **Item** | **Estimated Amount** |
| 1 | Transportation | GH₵ 200 |
| 2 | Internet service | GH**₵** 350 |
| 3 | Printing, binding and photocopies | GH**₵** 200 |
| 4 | Laptop Computer | GH**₵** 3500 |
| 5 | Ethical clearance | GH**₵** 300 |
| 6 | Miscellaneous | GH**₵** 500 |
|  | **SUM TOTAL** | **GH₵ 5.050** |

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# APPENDICES

## Appendix I: Participant Information Sheet

**Participant Information Sheet**

**Title of Research:** Knowledge and Practices of Sexual Positions During Pregnancy Among Women of Reproductive Age in Kassena Nankana West District of Northern Ghana

**Principal Investigator:**

Haggar Agana  
Department of Nursing and Midwifery,  
University of Cape Coast  
Contact: [Insert phone/email]

**Introduction:**

You are being invited to participate in a research study. Before you decide, it is important to understand why the research is being done and what it will involve. Please take your time to read the following information carefully.

**Purpose of the Study:**

The study seeks to explore the level of knowledge and practices of sexual positions among pregnant women. It aims to understand where pregnant women get their information, what sexual positions they find safe and comfortable, and what cultural beliefs or misconceptions they may have.

**Why Have You Been Invited?**

You have been invited because you are a pregnant woman aged 18–45 years attending antenatal care in the Kassena Nankana West District. Your experiences and insights can help improve sexual health education and support for pregnant women.

**What Will Happen If You Take Part?**

If you agree to take part:

* You will be asked to complete a questionnaire (about 15–25 minutes).
* Some participants may be asked to participate in a follow-up interview (about 30 minutes) to further discuss their experiences.
* Your participation is voluntary, and you can withdraw at any time without giving a reason.

**Are There Any Risks?**

This study deals with a sensitive topic (sexual health), which might cause some participants to feel uncomfortable. If at any time you feel uneasy, you may skip any question or stop the interview. All responses will remain confidential.

**Are There Any Benefits?**

There may not be a direct benefit to you personally, but the findings will help improve education and services for sexual health during pregnancy. You may also gain useful information from the discussion.

**Confidentiality:**

Your answers will be kept private. Your name and identity will not be linked to your responses. Data will be securely stored and only accessible to the research team. Any published findings will not include information that identifies you.

**Voluntary Participation and Withdrawal:**

Participation is completely voluntary. You can choose not to participate or withdraw at any time without any consequences. Your care at the health facility will not be affected.

**Ethical Approval:**

This study has been reviewed and approved by the Institutional Review Board of the University of Cape Coast and the Ghana Health Service Ethics Review Committee.

**Contact for Further Information:**

If you have any questions about the research, please contact:

**Haggar Agana**  
University of Cape Coast  
Email: [Insert email]  
Phone: [Insert phone]

## Appendix II: Consent Form

STUDY TITLE: Knowledge and Practices Of Sexual Positions During Pregnancy Among Women Of Reproductive Age In Kassena Nankana West District of Northern Ghana

**Participants’ Statement**

I acknowledge that I have read or have had the purpose and contents of the Participants’ Information Sheet read and all questions satisfactorily explained to me in a language I understand (English/Kassim/Nankam/Twi). I fully understand the contents and any potential implications as well as my right to change my mind (i.e. withdraw from the research) even after I have signed this form.

I voluntarily agree to be part of this research.

Respondent……………………………………... Signature/Thumb Print……………………………  
Date………………………………

Researcher……………………. ………………… Signature………………………………...  
Date………………………………………

## Appendix III: Questionnaire

Thank you for participating in this survey about sexual health during pregnancy. Your answers will help us understand what information pregnant women need to have a safe and comfortable sexual experience. Your participation is voluntary, and your responses will be kept confidential. It should take approximately 15-25 minutes to complete. If you have any questions, please contact [Your Name/Contact Information].

**Section 1: Demographic Information**

• Instructions: "Please answer the following questions about yourself."

• Questions:

1. Age: (A. 18-24 B. 25-31 C. 32-38 D. 39 and above)

2. Marital Status: (A. Married B. Partnered C. Single D. Divorced)

3. Education Level: ( A. None B. Primary C. J.H.S. D. S.H.S. E. Tertiary,)

4. Occupation: (A. employed B. unemployed C. self-employed )

5. Gestational Age (A. First trimester B. second trimester C. third trimester)

6. Parity (A. primid, B. more than one times C. more than three times)

7. Do you have any medical conditions? (Yes/No )

If yes, please specify:

8. Do you have any pregnancy complications? (Yes/No)

If yes, please specify: )

**Section 2: Knowledge About Sexual Health During Pregnancy**

• Instructions: "Please indicate whether you think each of the following statements is True, False, or You’re Not Sure."

• Questions:

1. "Sexual activity is generally safe during uncomplicated pregnancies." (True/False/Not Sure)

2. "Sexual activity can cause miscarriage." (True/False/Not Sure)

3. "Sexual activity can induce preterm labor." (True/False/Not Sure)

4. "Sexual activity is safe even if the water has broken." (True/False/Not Sure)

5. "It is possible to harm the baby during sexual activity." (True/False/Not Sure)

6. "There are certain medical conditions that make sexual activity during pregnancy unsafe." (True/False/Not Sure)

7. "Some sexual positions are safer than others during pregnancy." (True/False/Not Sure)

8. "It is important to communicate with my partner about my comfort level during sexual activity." (True/False/Not Sure)

9. "The frequency of sexual activity is often reduced during pregnancy." (True/False/Not Sure)

10. "It is normal to experience changes in libido during pregnancy." (True/False/Not Sure)

**Section 3: Knowledge of Safe and Comfortable Sexual Positions**

• Instructions: "Please select whether you think each of the following sexual positions is generally Safe, Unsafe, or Not Sure during pregnancy."

• Questions:

1. "Missionary position (man on top)." (Safe/Unsafe/Not Sure)

2. "Woman on top." (Safe/Unsafe/Not Sure)

3. "Side-lying position." (Safe/Unsafe/Not Sure)

4. "Rear-entry position." (Safe/Unsafe/Not Sure)

5. "Oral sex." (Safe/Unsafe/Not Sure)

6. "Anal sex." (Safe/Unsafe/Not Sure)

7. "Standing position." (Safe/Unsafe/Not Sure)

8. "Any position where there is deep penetration." (Safe/Unsafe/Not Sure)

9. "Any position where there is pressure on the abdomen." (Safe/Unsafe/Not Sure)

10. There are no specific positions that are safer or less safe, as it depends on the person." (Safe/Unsafe/Not Sure)

**Section 4: Current Sexual Practices and Comfort Levels**

• Instructions: "Please answer the following questions about your current sexual practices."

• Questions: (Use a Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

1. "I am currently sexually active." (1-5)

2. "I feel comfortable discussing my sexual health with my partner." (1-5)

3. "I feel comfortable discussing my sexual health with my healthcare provider." (1-5)

4. "I have changed my sexual practices since becoming pregnant." (1-5)

5. "I experience physical discomfort during sexual activity." (1-5)

6. "I find it difficult to find comfortable sexual positions." (1-5)

7. "I worry about the safety of my baby during sexual activity." (1-5)

8. "I have adequate information about safe sexual positions during pregnancy." (1-5)

9. "My sexual desire has changed since becoming pregnant." (1-5)

10. "Sexual activity is an important part of my relationship during pregnancy." (1-5)

\***open-ended questions:**

1. "What positions do you find most comfortable?"

2. "How frequently you engage in sexual activity during pregnancy?"

3. "What positions do you find most safe?"

4. "Have you experience any issues during sexual activity in pregnancy?"

5. "Have you tried to look for ways to deal with your issues?"

6. "Have you found a solution to it?”

**Section 5: Information Needs and Sources**

• Instructions: "Please answer the following questions about where you get information about sexual health."

• Questions:

1. "Where do you get most of your information about sexual health during pregnancy?" (A. Healthcare provider B. Books Websites C. Friends/Family D. Other [please specify])

2. "How satisfied are you with the information you have received about sexual health during pregnancy?" (Likert scale: 1 = Very Dissatisfied, 2 = Dissatisfied, 3 = Neutral, 4 = Satisfied, 5 = Very Satisfied)

3. "What type of information about sexual health during pregnancy would you find most helpful?" (Open-ended text response)

4. "What format would you prefer this informaion to be in?" (Multiple choice: Written materials, Videos, Online resources, Group sessions, One-on-one counseling, Other [please specify])

5. "Have you ever discussed sexual positions with your healthcare provider?" (Yes/No)

\* "If yes, how helpful was the discussion?" (Likert scale: 1 = Not at all Helpful, 2 = Slightly Helpful, 3 = Moderately Helpful, 4 = Very Helpful, 5 = Extremely Helpful)

6. "What factors would make it easier for you to discuss sexual health with your healthcare provider?" (Open-ended text response)

**Section 6: Health Belief Model Constructs**

• Instructions: "Please indicate your level of agreement with the following statements."

• Questions: (Use a Likert scale: 1 = Strongly Disagree, 2 = Disagree, 3 = Neutral, 4 = Agree, 5 = Strongly Agree)

**\* Perceived Susceptibility**:

1. "I am at risk for experiencing problems during sexual activity." (1-5)

2. "I am likely to experience difficulties with sexual activity during my pregnancy." (1-5)

**\* Perceived Severity:**

1. "Problems during sexual activity could negatively impact my health." (1-5)

2. "Problems during sexual activity could negatively impact my relationship with my partner." (1-5)

**Perceived Benefits**:

1. "Taking steps to improve my sexual health will benefit me." (1-5)

2. "Finding comfortable sexual positions will make sex more enjoyable." (1-5)

**\* Perceived Barriers:**

1. "It is difficult for me to find information about safe sexual positions." (1-5)

2. "I don't have the time to focus on my sexual health during pregnancy." (1-5)

**\* Self-Efficacy:**

1. "I am confident that I can find comfortable sexual positions." (1-5)

2. "I am confident that I can discuss my sexual health with my healthcare provider." (1-5)

**\* Cues to Action:**

1. "I have recently read or heard something about sexual health during pregnancy." (1-5)

2. "I have been advised by my healthcare provider to think about my sexual health during pregnancy." (1-5)