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Life Satisfaction Related to Intended and Unintended Pregnancies of Rural Women in Bangladesh

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Abstract Life satisfaction is the most pivotal elements that arise in marital satisfaction of couples. The purpose of this study was to show the importance of mental health and life satisfaction of pregnant women during pregnancy. This study was conducted on two groups of subjects, women with intended pregnancy (n = 101) and women with unintended pregnancy (n = 100), a total of 201 patients who admitted to one of the hospitals of Community Clinic Project, Fatepur, Pirganj, Rangpur for medical examination and a period of maternity. Sampling was done in a purposive sampling manner. The method of the study was a cause and effect-comparative one. The used questionnaire was made by the researcher consisting of the demographic variables, satisfaction with life and Diner short form of sexual function. After obtaining consent, questionnaire was completed by the complementary method. Descriptive statistics, percentage, mean and standard deviation were used to analyze the data. To evaluate the research hypotheses, inferential statistics methods, t-test for both groups and Pearson's correlation coefficient were used. According to the results, a significant difference was seen in life satisfaction between women with intended pregnancy and those with unintended pregnancy (P <0.0001). While there was no significant difference in the overall score scale of sexual satisfaction between the two groups of pregnant women but significant difference was obtained concerning sexual desire and sexual satisfaction (P <0.0001). Sexual desire and satisfaction in women with intended pregnancy was reported to be higher than those in women with unintended pregnancy. Finally attention to the psychological needs of pregnant women during pregnancy especially in women with unintended pregnancy will help them to prevent connubial problems and make their life satisfactory.

Keywords: *intended pregnancy, unintended pregnancy, life satisfaction*

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1. Introduction

Pregnancy is one of the most important periods in the lives of women. For this reason a woman perceives to be useful and on the other hand, faces with the physical and psychological changes which are due to the emergence of significant changes in pregnancy because of the anatomical, physiological and psychological - specific. Compliance with all these changes are difficult and can be a critical period in the life of a woman's pregnancy, and it can be considered as a stress [1]. Pregnancy and childbirth, as a part of the triple crises of life, such as puberty and marriage, are of considerable importance and can be studied. Like every other crisis, pregnancy consists of both physical and psychological changes. And assisting in improving maternal health is to understand these changes and their interactions, which create different clinical presentations in different people [2]. Unintended pregnancy refers to pregnancies happen without desire or intention of couples or without pre-planning. When faced with an unintended pregnancy, many of the women attempts to take irrational actions. They take care of themselves less than they used to. And they are likely to take actions to terminate pregnancy [3].

Generally, unintended pregnancies occur for two reasons:

1. Non-use of contraceptives due to various reasons such as: Lack of access to these devices, personal or religious beliefs, lack of knowledge about the role of contraceptive methods, financial constraints, opposition with family members and concerns regarding the impact of these methods on future fertility or other restrictions that exist for women to make decisions about the use of methods.
2. The absence of fully effective contraceptive methods. It has been estimated that about 8 to 30 million pregnancies occur each year in the world due to failure or improper use of contraceptive methods and carelessness while using these methods [4].

Of the 210 million pregnancies each year worldwide, 100 million of which (47% of all pregnancies) are unintended. Of this number, 50 millions lead to abortion that 30 million cases of which are performed in unsanitary conditions. About 95 percent of unsanitary abortions are performed in developing countries that cause the deaths of

nearly 200 women per day [5]. Pre-planned pregnancy is occurring at the intended time of the parents. It is the rights of men and women in reproductive age to take the child. It is regarded as an important aspect of sexual and reproductive health. The problem of unintended pregnancy is a crisis that apart from being sudden and unexpected associates in most cases with tragic results and is often threatening and out of the control of the individual and creates a lot of stress and anxiety for her family and the woman herself [6]. This is a critical condition that leads to various complications such as attempting to escape from the house, performing the dangerous practice of abortion in unsanitary conditions and dangerous in the hands of irresponsible people and, in case of continuing the pregnancy, not admitting to prenatal care centers for the study of fetal growth and receiving the required care necessary for these periods and finally, in case of childbirth, not playing a maternal role properly [7].

Pregnancy is one of the most critical periods in the lives of women and marital and sexual relationships are liable to change drastically due to physical and psychological changes during pregnancy. Factors such as physiological analogical ones in females, excluding sexual activities, feeling guilty about sex in pregnancy, changing the image of one's body, reducing the feeling of being attractive in the eyes of one's wife, fear of harm to the fetus, fear of miscarriage and premature delivery can warp the individual's sexual response and ultimately the relationship of couples, bring about anxiety and lack of confidence in the role of couples and finally disturb the mental health of the family [8]. Sexual desire and sexual activity of pregnant women and of the wives during pregnancy are unpredictable, may increase or decrease or remain unchanged [9].

Pregnancy can equally deepen or break up marital relationship. Sex in pregnancy without proper principles would lead to complications for the mother and her fetus as well [10]. However, medical science has defined no limitations for sexual activity during pregnancy so the couples can continue a balanced sex, with the exception of high -risk group, during the pregnancy [11]. Based on the above studies and the fact that intended and unintended pregnancy can be effective as two basic components of life satisfaction in women's lives, which means the sexual function and satisfaction, the researcher in this study tries to answer this question that what the difference is in sexual function and life satisfaction between intended and unintended pregnancy. According to one study, the women with unintended pregnancies suffer from lower psychological and physical recovery rates compared to women with intended pregnancies [12]. Problems during pregnancy and the use of supplementary and pregnancy immunization, the score of the health of nutrition, personal hygiene, clothing hygiene are lower in women with unintended pregnancy while their hazardous behaviors during pregnancy are higher than women with intended pregnancy [13]. Due to the nature of their pregnancies, mothers with unintended pregnancy face with numerous risks during pregnancy such as: delay, decrease or failure in admitting the authorized centers to receive sanitary cares of pregnancy period (use of folic acid, iron, diagnosis and treatment of tuberculosis and malaria, tetanus, diagnosis and treatment of eclampsia and screening and treatment for syphilis), increasing physical and sexual violence against them, getting down with physical and psychological pressures, depression during pregnancy or proper treatment of diseases associating with pregnancy, anxiety and low social support during pregnancy, all include the risks that increase the maternal mortality rate [14]. On the other hand, unintended pregnancy increases the risk of and low-weighted baby at childbirth and its hospitalization after birth. And the children who are the results of unintended pregnancies are more likely to have developmental delay. Moreover, the probability of troubled behavior and drug use is increasing in these children [15].

On the other hand, sexual instinct is one of the most important human needs leading to reproduction and generation survival and the researchers have accepted it as a base for family formation and considered its satisfaction as essential [16]. Pregnancy can deepen the marital relationship and on the other hand can cause discontinuities. The sexual relationship of couples in pregnancy is affected by physical- psychological and cultural factors [17]. Various factors such as anatomical physiological changes in pregnant women, excluding sexual activity, and feeling guilty about sex during pregnancy, changing one's perception of oneself body, a decrease in feeling attractive for one's wife, fear of harm to the fetus, fear of miscarriage and premature delivery, etc. can have a negative impact on the individual's fetal response and consequently on the relationship of the couple cause anxiety and lack of confidence, finally disturb the mental health of the family [18]. Research shows that sexual dysfunction is closely associated with social problems such as crime, sexual abuse, mental illness and divorce. Also, nervousness, abdominal pain, inability to focus thoughts and even the inability to perform daily activities are other consequences of failure to satisfy the sexual instinct, while the optimal sexual function consolidates the family and is a basis for attaining and stabilizing a fixed culture [19].

2. Methods

The participants in this study are 201 pregnant women attending the community clinic project, Fatepur, Pirganj, Rangpur, Bangladesh. Half of them are women with intended pregnancies and the other half were pregnant women with unintended pregnancies that has been selected purposefully. Inclusion criteria were the willingness to participate in research and being pregnant.

2.1. Data Used in This Study Were as Follow

Researcher-built demographic questionnaire, Diener's life satisfaction questionnaire (short form), and female sexual function index questionnaire (FSFI), that were completed through interviewing in flesh and reading the questionnaire for each pregnant mother at one time (i.e. separately) and then registering mothers' comments. Researchers-built demographic questionnaire which was molded by the researcher contained such questions as: full name, age, educational level, occupation, number of pregnancies, number of abortions, number of living

children, intended pregnancy, unintended pregnancy, contraceptive methods, husband's occupation, history of mental and physical illness in the past was completed by pregnant mothers. Diener's life satisfaction questionnaire (SF) is self-reported. There are several classes of questions and each question in the questionnaire indicates a certain state of the individual. For the implementation of the questionnaire, participants are asked to read the questions carefully and select the choice of any question that shows the person's feelings best, simply speaking, what he feels right at the time of completing the questionnaire. This scale consists of 5 items that measure the component of subjective well-being. In this tool, the participant asserts that, for example, "How she is satisfied with her life" or "how near she is to her ideal life." Any statement in this instrument contains 7 choices. Compared with Likert scale, this scale is answered 1-7, from strongly disagree to strongly agree, respectively. Finally, the score of the individual is determined in the scale of 35-5. It should be noted that higher score means more satisfaction. The score 35-31 was considered as extremely satisfied, 30-26 as satisfied, 25-21 as slightly satisfied, score 20 as neutral, 19-15 score as slightly dissatisfied, 14-10 as dissatisfied and 9-5 score as extremely unsatisfied [9]. This instrument was developed by Griffin, Larsen RJ, Emmons, Diener in English, in 1985 and for the first time, its validity and reliability was evaluated on American students [10,20]. This tool has also been translated into several languages and different versions of it in countries such as Korea, Lebanon, Russia, France, the Netherlands, Portugal, Canada, Palestine, Sweden, Taiwan, China, Hong Kong, Norway, Spain, Brazil, Malaysia, Czech, Turkey, Nigeria, Ireland, Kenya, Australia and Nepal have been used. This questionnaire has been used in several groups including children, adolescents, adults, students, pregnant women, the elderly, immigrants, the elderly in nursing homes, the homeless, workers of health-medical centers, patients with heart disease, patients with brain - spinal injuries, homosexual men, patients with burn injuries, athletes, patients with chronic somatic diseases, cancer patients, patients with cerebral palsy, people with schizophrenia, teachers, hospitalized patients and employees to measure life satisfaction. In order to evaluate the reliability and validity, a five-question form of life satisfaction among students of Kashan University of Medical Sciences in 2007 by Taghrebi and colleagues have been normalized [21]. Reliability coefficient of the instrument with Cronbach's alpha of 0.85 and in splitting method with Gutiman and Spearman formulas have been met 0.87 and 0.90, respectively. Sexual function index questionnaire (FSFI) is among the appropriate tools to measure female sexual function index that measures female sexual function in 6 areas with 19 questions regarding desire, mental stimulation, orgasm, satisfaction and sexual pain. Female sexual function index is a scale used to measure sexual function in women. This scale has been designed by Rosen [22]. The reliability of the scale and subscale was calculated through Cronbach's alpha coefficient that was estimated more than 0.70 for the total population indicating good reliability of this instrument. About scoring, according to the design of the questionnaire, scores for each domain were obtained by adding the scores of items in each domain and multiplying them to the factor number (since in FSFI questionnaires, the number of questions in each area is not the same, in order to make different areas equal. At first, the obtained scores of the questions in each domain are added together and is then multiplied by the factor number). Intended scores for questions are as follow: Question 1- desire domain (5-1) and Q2- sex domain, Q3- vaginal moisture, Q4- orgasm, Q5- pain (5-0) and Q6- sexual satisfaction (5-1 or 0). Score of zero indicates that the person didn't have sexual intercourse during the past 4 weeks. By summing the scores of 6 areas together, the total scale score is obtained. Thus, the scoring is such that a higher score indicates better sexual function [23]. Based on equalizing the domains, the maximum score for each area is 6 and the total scale will be 36. The minimum score for the field of sexual desire is (1.2), for the areas of sexual excitement, vaginal moisture, orgasm and pain are (0), and for satisfaction domain is (0.8) and for the total scale, the score will be equal at least to 2.0. The data analysis was performed by SPSS 20 and was presented by statistical graphs and tables. First, descriptive statistics for each of the main measures of the study were used. Based on the research scheme, each hypothesis was tested in the following manner: The main hypotheses of the research based on the difference between two groups of women with intended and unintended pregnancies in main variables of the research (sexual function and its dimensions and life satisfaction) were analyzed through the Pearson correlation coefficient and the relationship between sexual function and satisfaction with life was evaluated by the Pearson correlation coefficient for each of the two groups separately and the whole sample as well.

3. Findings

In this chapter, the data extracted from the study questionnaire (FSFI female sexual function tests and life satisfaction scale SWSL) were analyzed using SPSS version 20 and have been presented using graphs and statistical tables. First, the descriptive findings of each of the main scales of the study were reported in table. Then in the part of examining the hypotheses based on the study design, each of the hypotheses was tested as follows:

1. The main research hypotheses based on the difference between intended and unintended pregnancies in the main variables (sexual function and its dimensions and satisfaction with life) through the Pearson correlation coefficient
2. The relationship between the dimensions of sexual function and satisfaction with life was evaluated by the Pearson correlation coefficient for each of the two groups separately and the whole sample as well.

4. Descriptive Findings

In this study, the mean age of pregnant female participants was 28.5 years (with standard deviation 3.5) and age range was 18 to 45 years. 50% of pregnancies were unintended, and 50% was intended. The most of them were housewife and no one of groups has chronic diseases.

Demographic data are shown in the Table 1 & Table 2

Table 1. History of previous pregnancy in two groups

Pregnancy intention	Previous pregnancy	Number	Percent	Pregnancy intention	Number of abortion	Number	Percent
				Intended	0	79	79
Unintended	0	1	1		1	14	14
	1	18	17.8		2	4	4
	2	34	33.7		3	3	3
	3	29	28.7		Total	100	100
	4	11	10.9	Pregnancy intention	Number of children	Number	Percent
	5	6	5.9	Unintended	0	20	19.8
	7	1	1		1	33	32.7
	Unanswered	1	1		2	33	32.7
	Total	101	100		3	10	9.9
Intended	0	1	1		4	4	4
	1	47	47		6	1	1
	2	36	36		Total	101	100
	3	9	9	Intended	0	54	54
	4	6	6		1	39	39
	5	1	1		2	6	6
	Total	100	100		3	1	1
Pregnancy intention	Number of abortion	Number	Percent		Total	100	100
Unintended	0	82	81.2				
	1	14	13.9				
	2	4	4				
	Unanswered	1	1				
	Total	101	100				

Table 2. Preventing methods in two groups

Pregnancy intention	Prevention method	number	Percent	Pregnancy intention	Occupation	Number	Percent
Unintended	No prevention	65	64.4	Unintended	Unemployed	1	1
	Tablet	11	10.9		Employee	56	55.4
	IUD	5	5		Teacher	2	2
	Condom	17	16.8		Self employed	42	41.6
	Others	2	2		Total	101	100
	Unanswered	1	1	Intended	Employee	41	41
	Total	101	100		Teacher	2	2
Intended	No prevention	80	80		Teacher	56	56
	Tablet	4	4		Self employed	1	1
	IUD	4	4		Total	100	100
	Condom	9	9				
	Others	1	1				
	Unanswered	2	2				
	Total	100	100				

Table 3 shown that women have been pregnant intentionally has a more favorable position in terms of sexual performance.

In Table 3, sexual function of the two groups is shown in its various aspects. It is observed that low life satisfaction (unsatisfied or extremely unsatisfied) in women with unintended pregnancies is 8 percent and in women with intended pregnancies is zero percent. About 10 percent of women who had unintended pregnancies were extremely satisfied with their lives and this rate reaches more than 15 percent in women who have intended pregnancies. In other words, we can say that overall dissatisfaction in women with unintended pregnancies is higher.

In this part of the study, to determine the difference between intended and unintended pregnancies, the difference between the two groups in the main variables (sexual function and its subscales and life satisfaction) has been reviewed by using the t-test and the results of which are presented in Table 5.

Table 3. Statistical indexes related to sexual functioning

Dimensions of sexual function	Group	Mean	Standard deviation	Standard error	Minimum	Maximum
Sexual function(total)	Unintended pregnancy	249.909	6.00459	0.59748	4.40	34.10
	Intended pregnancy	250.947	5.37557	0.53756	5.20	33.40
	Total sample	25.4358	5.71071	0.40280	4.40	34.10
Libido	Unintended pregnancy	3.5220	1.00056	0.10006	1.20	6
	Intended pregnancy	3.8610	0.84561	0.08456	1.20	5.40
	Total sample	3.6930	0.93977	0.06645	1.20	6
Sexual stimulation	Unintended pregnancy	3.723	1.24733	0.12411	0	6
	Intended pregnancy	4.0710	1.20095	12010	0	6
	Total sample	3.9209	1.23055	0.08680	0	6
Lubrication	Unintended pregnancy	4.5297	1.35997	0.13532	0	6
	Intended pregnancy	4.5960	1.25617	0.12564	0	6
	Total sample	4.5627	1.30650	0.09215	0	6
Orgasm	Unintended pregnancy	4.2733	1.36227	0.13555	0	6
	Intended pregnancy	4.4800	1.33091	0.13309	0	6
	Total sample	4.3761	1.34738	0.09504	0	6
Satisfaction	Unintended pregnancy	4.7327	1.23037	1.12243	0.80	6
	Intended pregnancy	5.0571	0.92302	0.09324	1.60	6
	Total sample	4.8925	1.09926	0.07792	0.80	6
Sexual pain	Unintended pregnancy	4.1149	1.31251	0.1306	0	6
	Intended pregnancy	4	1.39146	0.13915	0	6
	Total sample	4.0577	1.35020	0.09524	0	6

Table 4. Distribution and the percentage of sexual function in two groups of pregnant women (intended or unintended)

		Unintended pregnancy		Intended pregnancy		Total sample	
		Number	Percent	Number	Percent	Number	Percent
Sexual function	Inappropriate	64	63.4	64	64	128	63.7
	Appropriate	37	36.6	37	37	73	36.3
	Total	101	100	100	100	101	100
Libido	Inappropriate	36	36	20	20	56	28
	Appropriate	64	64	80	80	144	72
Sexual stimulation	Inappropriate	34	33.7	18	18	52	25.9
	Appropriate	67	66.3	82	82	149	74.1
Lubrication	Inappropriate	17	16.8	11	11	28	13.9
	Appropriate	84	83.2	89	89	173	86.1
Orgasm	Inappropriate	23	22.8	16	16	39	19.4
	Appropriate	78	77.2	84	84	162	80.6
Satisfaction	Inappropriate	19	18.8	8	8.2	27	13.6
	Appropriate	82	81.2	90	91.8	172	86.7
Sexual pain	Inappropriate	34	42	33.7	42	76	37.8
	Appropriate	67	58	66.3	58	125	62.2

Table 5. Comparison of the two groups in terms of sexual performance

Group	Mean	Difference in mean	t statistic	Degrees of freedom	Significant level
Unintended pregnancy	24.9	1.0571	1.315	199	0.190
Intended pregnancy	25.96				

The t-test to compare the mean of "sexual performance" in the two groups showed that the mean score of sexual function in women with unintended pregnancies is lower than that of women with intended pregnancies, but the t-test does not approve the existence of significant differences between the two groups in error level less than 0.05. In other words, the difference between the two groups is not significant in terms of sexual performance.

From the Table 6, it is confirmed that there is no significant difference between intended and unintended pregnancies in terms of sexual function.

Other results stated that women with intended pregnancies have higher scores in all aspects of sexual function. Bartlett-test approves the existence of significant differences between the two groups in error level less than 0.05 just in terms of two subscales of "libido" and "satisfaction". In other words, the difference between the two groups was significant only in the case of sexual desire and satisfaction and the two groups were not significantly different from each other with regards to other aspects of sexual function**.**

The average life satisfaction scale score was higher in women with intended pregnancy than women with unintended pregnancy, t-test confirms that there is a significant difference between the two groups (p=0.05). Thus, it is confirmed that there is a significant difference in terms of life satisfaction between the two groups of women with intended pregnancy and unintended pregnancy.

Table 7 shows that there is a significant relationship between life satisfaction and sexual function. The correlation coefficient (Pearson) between the two mentioned variables is 0.43 for women with unintended pregnancy and 0.41 for women with intended pregnancy. This correlation is statistically significant (p=0.01). Thus, it is approved that the relationship between sexual function and life satisfaction is statistically significant. In the above table, the relationship between life satisfaction and dimensions of sexual function is also provided.

Table 7 shows the correlation matrix between the main variables in women with intended pregnancy. It can be seen that the relationship between life satisfaction and dimensions of sexual function is significant.

The correlation matrix between the main variables in women with unintended pregnancy can be seen that in this group of women, there is no correlation between life satisfaction and sexual desire (libido) and that the relationship between life satisfaction and sexual function scale is much more meaningless.

In total, regardless of pregnancy status, overall correlation between life satisfaction and lack of pain experience is non-significant and still more correlation belongs to the relationship between life satisfaction from all dimensions of satisfaction. [cited Table 8]

Table 6. Comparing the two studied groups in terms of life satisfaction

Group	Mean	Difference in mean	t-statistic	Degrees of freedom	Significant level
Unintended pregnancy	26.6768	2.5679	3.554	198	0.0001
Intended pregnancy	24.1089				

Table 7. Group comparison in dimensions of sexual function

Dimensions of sexual function	Group	Mean	Difference in mean	t-statistic	Degrees of freedom	Significant level
Libido	Intended pregnancy	3.8640	0.3420	2.611	199	0.010
	Unintended pregnancy	3.5220				
Sexual stimulation	Intended pregnancy	4.0710	0.2987	1.730	199	0.085
	Unintended pregnancy	3.7723				
Lubrication	Intended pregnancy	4.5960	0.663	0.359	199	0.720
	Unintended pregnancy	4.5290				
Orgasm	Intended pregnancy	4.48	0.2067	1.088	199	0.278
	Unintended pregnancy	4.2733				
Satisfaction	Intended pregnancy	5.0571	0.3245	2.100	199	0.037
	Unintended pregnancy	4.7327				
Sexual pain	Intended pregnancy	4	-0.1149	-0.602	199	0.548
	Unintended pregnancy	4.1149				

Table 8. Correlation matrix of sexual function and its dimensions with life satisfaction in the overall sample

	Life satisfaction	**Sexual function**	**Libido**	**Mental stimulation**	**Moisture retention**	**Sexual orgasm**	**Satisfaction**
Life satisfaction	1						
Sexual function	0.430(**)	1					
Libido	0.398(**)	0.725(**)	1				
Mental stimulation	0.406 (**)	0.884(**)	0.728(**)	1			
Moisture retention	0.283(**)	0.813(**)	0.483(**)	0.639(**)	1		
Sexual orgasm	0.359(**)	0.887(**)	0.600(**)	0.795(**)	0.714(**)	1	
Satisfaction	0.508(**)	0.758(**)	0.592(**)	0.672(**)	0.499(**)	626(**)	1
Lack of experiencing pain	0.124	0.605(**)	0.211(**)	0.391(**)	0.477 (**)	369(**)	0.276(**)

**p-value <0.01, *p-value<0.05.

5. Discussion

There was a difference in sexual function between those women with intended pregnancy and those with unintended pregnancy. The result of this study showed that the mean of sexual function index and its dimensions that include sexual desire, sexual stimulation, moisture, orgasm, satisfaction and sexual pain are higher in women with intended pregnancy, apart from pain. In results showed that overall dissatisfaction in women with unintended pregnancies is higher than intended women.

There was a difference in sexual function between those women with intended pregnancy and those with unintended pregnancy. The result of this study showed that the mean of sexual function index and its dimensions that include sexual desire, sexual stimulation, moisture, orgasm, satisfaction and sexual pain are higher in women with intended pregnancy, apart from pain. In general, women had poor sexual function in women with unintended pregnancy is higher. In fact, these women reported low level of all dimensions of sexual function, like; sexual stimulation, moisturizing, orgasm, and satisfaction. In the study, sexual function in both groups was compared by t-test and there was a significant difference in sexual function between the two groups. Accordingly, it is confirmed that there is no significant difference in sexual function between women with intended pregnancy and those with unintended pregnancy. The first hypothesis is therefore rejected. There are several reasons that changes in sexual function occur during pregnancy, both in women with intended pregnancy and those with unintended pregnancy.

There are certain critical stages in the life of every person that have a profound impact on the lives of individuals, including pregnancy that is one of the important periods of life. Because pregnancy for a mature woman looks like achieving a sense of wholeness and perfection and satisfies reproduction and the sense of being eternal. And, although it is an exceptional success in normal conditions, it makes the woman attain a feeling of joy and happiness and satisfaction. So she faces with many physical and behavioral changes. Health care for mothers during pregnancy and prevention of fears, anxiety, and stress are essential. And following pregnancy sanitation rules is the most important social requirements that include the following items:

1. Providing sanitary conditions during pregnancy with minimum physical and mental discomfort and maximum satisfaction and pleasure
2. The delivery in the best possible position, having a healthy baby. Providing the health of the pregnant woman and guidelines for creating balance after giving childbirth.
3. The poor quality of the relationship between husband and wife in the family and lack of attachment to the family and generally disorders in marital relationship can bring about resentment and hatred of pregnancy. On the other hand, sexual relationship in pregnancy period changes due to the numerous physical and psychological changes. In other words, the roles of men and women change into those of the father and the mother. So the relationship between couples changes. Various factors such as sexual and physiological changes in pregnancy, changing one's perception of oneself body, a decrease in feeling attractive for one's wife, fear of harm to the fetus, fear of miscarriage and premature delivery, etc. can have a negative impact on the individual's sexual response and consequently on the relationship of the couple and cause anxiety and lack of confidence, and finally disturb the mental health of the family. Since all aspects of women's health, especially the physical, psychological, and social health are affected by sexual function, and, on the other hand, the sexual function, in turn, is affected by the physical and emotional changes during the lives of women, especially in pregnancy, so one discussion is the efficacy of intended or unintended pregnancy on sexual performance.

The obtained results of the first hypothesis test are convergent with the researches by Bairami, et al [24], Mehrabi et al [25], Heycdari et al [26], Pasha and his colleagues [27], Hasan Zahraei [28], Shojai [29].

There was a difference in life satisfaction between women with intended pregnancy and those with unintended pregnancy. The component of life satisfaction is a new one in the field of the research, that no research has been conducted so far in this field on women with intended and unintended pregnancy. The research results showed that the mean score of life satisfaction was higher in women with intended pregnancy. And after performing t-test, this fact confirmed that there was a significant difference between the two groups at the error level of less than 1%. Thus, it is approved that there were significant differences in terms of life satisfaction between intended and unintended pregnancies, so the second hypothesis is confirmed. In explaining the first and second hypotheses it can be said that: The woman with intended pregnancy has long been awaited pregnancy and is happy and satisfied with her pregnancy. She prepares herself to be a mother and establishes an emotional relationship with her baby and gives special attention to the essential points that every pregnant woman should know and tries to accept her pregnancy and changes in family and social roles. While being pregnant is unacceptable and inappropriate for the woman with unintended pregnancy, and she incessantly feels that has she is carrying a superglues thing. She will not love her child and this fact will appear in disgust and hatred toward the baby, because her sense echoes in her that this condition has been imposed on you. Her unwillingness to pregnancy may develop in shape of severe nausea and vomiting.

6. Conclusion

It is clear that mental health in intended and unintended pregnancies will be different. The woman whose pregnancy is intended, she and her husband both decided about her pregnancy and both have had the tendency and interest in it, i.e. both have already had harmony and satisfaction for the occurrence of this event. They have been planning for pregnancy and will be a helper and partner for each other against the difficulties and challenges of this period, while this is not the case with

unintended pregnancy. This kind of pregnancy happens without the couples' intention and preplanning and will bring about its specific problems and concerns and this will not influence the level of marital satisfaction.

There was a relationship between sexual function and life satisfaction in women with intended pregnancy and those with unintended pregnancy. Thus, it is confirmed that the relationship between sexual function and life satisfaction is statistically significant. So the third hypothesis is confirmed. According to this study, there were no significant differences in sexual function between women between intended and unintended pregnancy. However, there were differences in the component of life satisfaction.

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