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Original Research Article

Sexual behaviour of pregnant women attending antenatal care clinic at Assiut Women's Health Hospital, Egypt

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ABSTRACT

Background: The aim of the current study was to describe the knowledge, attitudes, beliefs and behavior of pregnant women regarding sexuality during pregnancy. Study was carried out at Women's Health Hospital, Assiut University, Egypt.
Methods: A cross-sectional study included pregnant women at different gestational ages between December 2016 and Jun 2017 recruited consecutively at the antenatal outpatient clinic of women's Health Hospital at Assiut University. We used the Arabic version of the Female Sexual Function Index (Ar-FSFI) in the interview to evaluate the sexual functions or problems during the last month. The cut-off score used to indicate sexual dysfunction was 28.1. The obtained data were analyzed by means of SPSS software (version 22.0) and $p<0.05$ was taken as the significant level.
Results: The study included 140 pregnant women at different ages and trimesters and also at different socio-economic states. Concerning the level of knowledge, the classification in recorded a mean score =11.91±4.05 which revealed a level of knowledge below average. Regarding the extent of beliefs in relation to sexuality during pregnancy, the mean score=2.72 of the respondents' beliefs means that the impact of the beliefs regarding sexuality during pregnancy was weak among respondents. On assessing their perceptions about sexual intercourse during pregnancy, majority of them [130 (93.1%)] felt that sex have no negative impacts on pregnancy while 10 (6.9%) opined that sex during pregnancy had negative effects. Perceived negative effects of sex during pregnancy included vaginal bleeding and miscarriage.
Conclusions: The low rate of sexual activity in our study, regardless question about the taboo of sexual intercourse during pregnancy, could be related to a cultural background in which women avoid speaking about their desires and sexual needs.

Keywords: FSFI, Pregnancy, Sexual behavior, Sexual function

INTRODUCTION

The sexual health is defined as a state of physical, emotional, mental, and social well-being through which personality, communication, and love are positively enriched and strengthened according the World Health Organization.[1] Female sexual dysfunctions (FSD) are characterized by a lack of or diminished sexual feelings of interest, fantasies, and thoughts, or by problems becoming aroused, lubricated, or having an orgasm though adequately stimulated, or with feelings of pain in

connection with intercourse.[2] They are associated with some interpersonal, psychological, physiological, medical, social, and cultural factors.[3]

FSD might cause a huge impact on women's quality of life since the decrease in sexual function can have negative effects on self-esteem and interpersonal relationships.[4] Pregnancy plays an important role in the sexual function and behavior of women.[5] Pregnancy frequently results in a significant life stress that interrupts previous styles of physical and emotional co-adaptation of couples, and many women experience problems concerning sexuality during pregnancy.[6] A prevalence of reduced sexual interest ranging from 57%to 75% with subsequent reduction in the frequency of intercourse and diminution of libido and sexual enjoyment has been reported to occur during pregnancy.[7,8]

Fluctuations in sexual desire are effectively normal during pregnancy. Most women admit that their libido change at least to some degree in pregnancy and according to Pillitteri sexual desire is largely influenced by the estrogen level and the mother's beliefs.[9]

The aim of the current study was to describe the knowledge, attitudes, beliefs and behavior of pregnant women regarding sexuality during pregnancy.

METHODS

This was a descriptive cross-sectional study of pregnant women at different gestational ages between December 2016 and Jun 2017, recruited consecutively at the antenatal outpatient clinic of Women's Health Hospital at Assiut University. We assured the respondent women of confidentiality of the study and each woman was recruited after verbal consent was obtained. The study protocol had been approved by the Institutional Review Board.

Women were eligible for this study if they are at the time of the study (a) between 15 and 45 years of age, (b) diagnosed as pregnant for at least 5 weeks, (c) married and in a steady relationships co-habiting with their husbands, and (d) have no sexual function disability and other severe pregnancy complications, and (e) with single tone pregnancy.

The exclusion criteria included pregnant single women, women staying away from their husbands due to their jobs or other reasons, those with history of underlying diseases (diabetes mellitus, hypertension, and other systemic diseases) and obstetric complications including antepartum hemorrhage, recurrent miscarriages and preterm deliveries.

Two hundred and seventy (270) pregnant women were interviewed and the individual questionnaire was prepared in Arabic. Only 140 pregnant women agreed to complete this questionnaire. And about 130 pregnant women refused to continue the interview questionnaire because of the sensitive nature of this issue.

This interview questionnaire was designed to obtain information about knowledge, beliefs, attitudes and behavior regarding sexuality during pregnancy and also about negative effects and problems of sexual intercourse during pregnancy.

A room or a space close to the antenatal care (ANC) consulting was provided for the purpose of the survey. At the end of the ANC, moreover, the pregnant women were informed verbally by the midwives of the purpose of the study and were informed that there is no relation between the quality of medical services introduced to them and their participation in this survey. Only those who agreed had been taken as participants, then the pregnant woman was led by midwives to this room where the researcher who were conducting the administration of the questionnaire after she had agreed to participate. This procedure was followed until the required number of pregnant women by the health center is attained. The pregnant women were interviewed in a room that guarantees confidentiality. In addition, they were informed of the anonymous nature of the collection of data.

The researcher began to ask the respondent about her demographic data then about her obstetric history then about her sexual activity during last month. Sometimes, the respondents was talking about some irrelevant details and problems related to their lives which were annoying to them. As a result, the interview, sometimes, lasted for more than half an hour (30 minutes). The respondents, sometimes, couldn't be aware of some terms or words that the researcher said from this interview questionnaire. As a result, the researcher had to perform some explanation and modifications so as to get a clear response, this was another reason for the prolonged interview time.

Sexual function was evaluated by the Arabic version of Female Sexual Function Index (FSFI). This 19-item standardized questionnaire covers six domains; desire, arousal, lubrication, orgasm, satisfaction, and pain. It evaluates sexual functioning or problems during the last month. For each domain a score was calculated and the total score was obtained by adding the 6 domain scores. The total score range is 2 to 36. The cut-off score to denote sexual dysfunction on the total FSFI score is determined below 28.1.[10]

Statistical analysis

Data were processed using Statistical Package of Social Sciences version 22.0 (SPSS version 22.0 Inc., Chicago, IL, USA). Quantitative data were expressed as means ± standard deviation (SD) as appropriate. Qualitative data was expressed as frequency (numbers) and percentages.

A probability value (p-value) <0.05 was considered statistically significant.

RESULTS

The range of age among the 140 respondents was between 15 and 45 years old; majority of the respondents were 25-30 years old. Regarding the husband occupation, about 39.8% were employee. As regard to respondents occupation 110 were housewife. The respondents on their third and fourth pregnancy were 34 (24.1%). The first trimester had the highest number of respondents at 35.5%. Finally, there were 49 (35.2%) who finished secondary school level and about 127 respondents were Muslim and 13 were Christians (Table 1).

Table 1: Personal data of the study participants.

Variables	(n=140)	%
Age (years)		
<25	36	25.9
25-<30	55	38.9
≥30	49	35.2
Mean±SD (Range)	27.67±4.81 (19.0-35.0)	
Husband occupation		
Employee	54	38.9
Free business	25	17.6
Skilled worker	42	30.1
Unskilled worker	19	13.5
Wife occupation		
Working	30	21.2
Housewife	110	78.8
Husband education		
University	18	13.0
Secondary	55	39.4
Preparatory	48	34.7
Primary	7	4.7
Read &write	6	4.1
Illiterate	6	4.1
Wife education		
University	18	13.0
Secondary	49	35.2
Preparatory	17	12.4
Primary	37	26.9
Read and write	17	12.4
Religion:		
Muslim	127	90.7
Christian	13	9.3

Concerning the level of knowledge the mean score was 11.91±4.05 which revealed a level of knowledge below average. Regarding the extent of beliefs in relation to sexuality during pregnancy, the mean score was 2.72 of the respondents' beliefs, fall into the category high mean score, which means that the impact of the beliefs regarding sexuality during pregnancy was weak among respondents.

Regarding the frequency of coital behavior; 26 women (18.2%) stopped vaginal intercourse during pregnancy, while the highest score (28.2%) was felt practiced it once a month. This was followed by 25.3% once a week and the lowest score (0.6%) fell under the category "5 to 6 times a week". The mean score of the respondents was 2.90, which was interpreted as a low frequency of sexual intercourse.

On assessing their perceptions about sexual intercourse during pregnancy, majority of them [130 (93.1%)] felt that sex have no negative impacts on pregnancy while 10 (6.9%) opined that sex during pregnancy had negative effects. Perceived negative effects of sex during pregnancy included vaginal bleeding and miscarriage.

DISCUSSION

One of the most important issues that must be discussed that the low interest and insufficient knowledge of health care providers on the issue of sexuality during pregnancy can lead to lower amount information given to patients, and this is among the most common reason for the lack of discussion on this topic. Because of this extremely sensitive issue, only 140 pregnant women were respondents and about 130 pregnant women refused to continue the interview explaining that this issue was very embarrassing to them and they could not complete the questionnaire.

Regarding the level of knowledge on sexuality during pregnancy the results of this study recorded a mean score 11.91 which revealed a level of knowledge below average. This agreed with Otaiby et al, 2013 who mentioned that the overall mean of the knowledge score for the study participants was low (34.8%; SD=7.7).[11] So, the antenatal level of knowledge was low with no variation with age or educational level among this population.

Regarding the extent of beliefs in relation to sexuality during pregnancy, the mean score was 2.72 of the respondents' beliefs, fall into the category high mean score, which means that the impact of the beliefs regarding sexuality during pregnancy was weak among respondents. This agreed with Ribeiro et al that identified 13 studies (3,122 participants) where the main positive beliefs about sex in pregnancy were that it makes labor easier, promotes marital harmony, prevents infidelity, and improves fetal well-being.[12] Negative beliefs were more frequent: that sex could harm the unborn child (cause injuries, miscarriage, or fetal infection) and endanger the pregnancy or maternal health (cause membrane rupture, bleeding, preterm labor, and maternal infection). These findings are useful to clinicians and educational program developers.

Regarding the frequency of coital behavior in this study, the mean score of the respondents was M = 2.90, which was interpreted as a low frequency of sexual intercourse. This agreed with Anzaku et al., 2015 who mentioned that the reduction in frequency of sexual intercourse in pregnancy may be attributed to the physiological, psychological and emotional changes that occur in pregnancy leading to reduction in sexual desire.[13]

Regarding respondents' attitude toward sexuality during pregnancy, our study results demonstrate a quite positive attitude. This agreed with Kiemtorè et al who mentioned that, among the pregnant women surveyed, (93%) said they were willing to discuss the subject of sexuality during prenatal consultation.[14] Also, it is important to know that a positive attitude toward sexual activity during pregnancy has a positive impact on sexual behavior.

The current findings encourage the provision of sexuality education to newlyweds and the discussion of sex-related issues during pregnancy. We aimed to develop strategies for increasing sexual knowledge and focusing on emotional support to decrease the pregnant women's anxiety regarding sexuality in Egypt. Obstetricians or nurse practitioners are in an ideal position to provide long-term sexuality education to pregnant women.

Moreover, future research should include a longitudinal study that assesses both pregnant women and their spouses separately using hypotheses based on the present study's findings. Ultimately, healthcare providers should devote time to provide appropriate information to couples to reduce their anxiety and improve their quality of life during pregnancy. Finally, health care providers who will discuss or research on sexuality during pregnancy should encourage development of a rapid brief self-administered assessment tool other than this long interviewing questionnaire to overcome the sensitive nature of this issue.

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