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Sexual function of pregnant women in the third trimester

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ARTICLE INFO

Article history:

Received 26 January 2017

Accepted 22 March 2017

Available online xxx

Keywords:

Pregnancy

Sexuality

Third trimester

Female sexual function index

ABSTRACT

Introduction: Physical, hormonal and psychological changes during pregnancy can affect a woman's sexuality as well as a couple's sexual relationship. The aim of this study was to examine sexual function of pregnant women in the third trimester of pregnancy.

Methods: The data of descriptive and cross-sectional study was collected via a questionnaire form and Female Sexual Function Index. A score ≤ 26.55 is classified as female sexual dysfunction. A total of 125 volunteer healthy and married pregnant women in third trimester of pregnancy who admitted to the antenatal polyclinics were included in this study.

Results: The determined that 92% of participants had sexual dysfunction. The Female Sexual Function Index and domains scores in the 28th–31st, 32nd–35th and 36th and higher gestational weeks of pregnancy were as follows: sexual desire scores, 2.50, 2.77 and 2.40; sexual arousal scores, 2.26, 2.72 and 1.69; lubrication scores, 2.61, 3.42 and 1.97; orgasm scores, 2.51, 2.85 and 1.78; sexual satisfaction scores, 3.17, 3.77 and 2.66; pain scores, 2.44, 2.72 and 1.66, and total Female Sexual Function Index scores were 15.51, 18.29, 12.26, respectively. Sexual arousal ($p = 0.008$), lubrication ($p = 0.001$), orgasm ($p = 0.031$), sexual satisfaction ($p = 0.005$), pain ($p = 0.049$) and total Female Sexual Function Index score ($p = 0.004$) were the lowest in 36th and higher gestational weeks, and only sexual desire did not differ ($p = 0.191$).

Conclusions: Sexual function of pregnant women in the third trimester were negatively effected. Health professionals should be trained to evaluate sexual difficulties in pregnant women and to recommend possible solutions.

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1. Background

Sexuality is an important part of women's health, quality of life, and general well-being and is influenced by the interaction of biological, social, psychological, economic, political, historical, cultural, legal, religious and spiritual factors.¹

The state of pregnancy profoundly affects a woman's sexuality and sexual health. It is characterized by physical, hormonal and psychological changes, all of which are influenced by social and cultural factors. These changes during pregnancy can affect a woman's sexuality as well as a couple's sexual relationship.² Some changes can be attributed to marital adjustment, low self image, a history of previous pregnancies and abortions, and mood instability.³ Most of the studies on this subject indicate that sexual function decreased during pregnancy.^{4–8} Previous studies have reported a slight decrease in sexual function during the first trimester of pregnancy, a variable pattern in the second trimester, and a significant decrease in the third trimester.^{2,9,10} Despite the increasing number of studies, few studies have been conducted with Turkish women to evaluate sexual function during pregnancy.

The aim of the study was to investigate sexual function in pregnant women during the third trimester of pregnancy.

2. Materials and methods

2.1. Design and participants

This descriptive and cross-sectional study was conducted in province in northern Turkey. A total of 125 volunteer healthy and married pregnant women who admitted to the antenatal polyclinics were included in this study. All of pregnant women had in third trimester of pregnancy.

2.2. Data collection

The data was collected via a questionnaire form and Female Sexual Function Index (FSFI).¹¹ A score ≤ 26.55 is classified as

Peer review under responsibility of Alexandria University Faculty of Medicine.

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<http://dx.doi.org/10.1016/j.ajme.2017.03.004>

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female sexual dysfunction.¹² The data were collected using the questionnaire form and the adapted Turkish version of the FSFI.¹³ The questionnaire form and FSFI were completed in 10–15 min.

2.2.1. The questionnaire form

The questionnaire form included questions about women's demographic, obstetric and sexuality during pregnancy. These characteristics; woman's age, marrying age, current weight (kgs), weight before pregnancy (kgs), height (cms), level of education, occupation, family type, economic status, place of living, husband's age, educational level and occupation, duration of marriage, age at first pregnancy, number of pregnancies, number of giving birth, number of curretage, number of abortion, duration of pregnancy (weekly), status intended of pregnancy, sexual intercourse beliefs during pregnancy, reasons of restriction on sexual intercourse during pregnancy, person initiated sexual intercourse during pregnancy (wife or husband) and the status changing of the partner's sexual behavior during pregnancy.

2.2.2. Female sexual function Index

The FSFI is a validated and reliable measure of female sexual function. It consists of 19 questions that assess the six domains of sexual function: desire, arousal, lubrication, orgasm, satisfaction, and pain. The total score scale ranged from 2 to 36, and FSFI total score indicated the general status of sexual function.¹¹ The scale of the cutoff value was ≤ 26.55 . Total FSFI score of ≤ 26.55 is defined as having sexual dysfunction, >26.55 is defined having normal sexual function.¹² The validity and reliability tests of the FSFI were conducted in Turkey.¹³ In this study, the Turkish version of the FSFI was used. Aygin & Eti Aslan (2005) determined that the Cronbach Alpha internal consistency coefficient of subscales of FSFI ranged 0.89–0.98.¹³ In the present study, the Cronbach Alpha internal consistency coefficient of subscales of FSFI was 0.74–0.94.

2.3. Ethical considerations

The pregnant women were informed by researcher. Participants were included with verbal consent in the study. The participants did not receive payment for their participation in the study. The study conformed to the principles of the Declaration of Helsinki. The study was approved by the management of the institution.

2.4. Statistical analysis

Descriptive statistics were used to present the socio-demographic data and independent variables and mean, Sd, range, frequency, percentage. Also, Pearson correlation test, *t*-test, Kruskal Wallis test, Mann Whitney-*U* test were used to evaluate the significance of factors related to independent characteristics according to adapted Turkish version of FSFI. A *p* value <0.05 was considered statistically significant.

3. Results

The mean age of the pregnant women was 26.12 ± 5.21 years (18–42 years); duration of marriage was 4.20 ± 4.36 years (1–23 years). Their BMI mean before pregnancy was 22.51 ± 3.99 (15.57–35.30), and the current BMI mean was 27.69 ± 4.32 (20.20–41.79). Our study results determined that 37.6% of the participants had a primary school education; 74.4% were housewives, 93.8% had social security; 72.9% described their family income as middle; 51.2% lived in a city; and 69.6% of them had a nuclear family. The mean age of the husband was 31.16 ± 7.61 (21–70 years); 39.2% of husbands had completed a secondary school education, and 59.2% of them were self employed. The FSFI domains scores

were compared according to participants' socio-demographic characteristics, and the differences in all socio-demographic features were not statistically significant ($p > 0.05$).

The study results were as follows: 52% of the pregnant women were in their first pregnancy; 21.6% of them had experienced spontaneous abortion; 60% were in their 36th–40th gestational week of pregnancy; 73.6% of women had planned the pregnancy; 58.4% of women thought that sexual activity during the pregnancy was detrimental to the baby/pregnancy. Additional results showed that 44% of women said that their husbands' sexual attitudes towards them had changed "negatively" during pregnancy; 70.7% of them indicated that the person initiating sexual intercourse during pregnancy was "usually husband", and 21.6% of women answered "always husband". Women whose husbands initiated sexual intercourse during pregnancy had the lowest FSFI total scores (9.28 ± 8.12), and the difference was statistically significant ($p = 0.002$). When the husband's sexual behavior changed "negatively" during pregnancy, the women's total FSFI score (12.44 ± 8.96) was lower than that of the other women, and the difference was statistically significant ($p = 0.050$).

Study participants' FSFI domains scores were as follow: sexual desire 2.51 ± 1.01 , sexual arousal 2.04 ± 1.65 , lubrication 2.43 ± 2.06 , orgasm 2.16 ± 2.00 , sexual satisfaction 3.02 ± 1.61 , pain 2.04 ± 1.90 (see Table 1).

The FSFI and domains scores in the 28th–31st, 32nd–35th and 36th and higher gestational weeks of pregnancy were as follows: sexual desire scores, 2.50, 2.77 and 2.40; sexual arousal scores, 2.26, 2.72 and 1.69; lubrication scores, 2.61, 3.42 and 1.97; orgasm scores, 2.51, 2.85 and 1.78; sexual satisfaction scores, 3.17, 3.77 and 2.66; pain scores, 2.44, 2.72 and 1.66, and total FSFI scores were 15.51, 18.29, 12.26, respectively. In addition, the FSFI and domains scores according to the gestational weeks in the last trimester of pregnancy were compared, and differences were statistically significant for sexual arousal ($p = 0.008$), lubrication ($p = 0.001$), orgasm ($p = 0.031$), sexual satisfaction ($p = 0.005$), pain ($p = 0.049$) and total FSFI score ($p = 0.004$). The only category which did not differ between the gestational weeks in the last trimester of pregnancy was that of sexual desire ($p = 0.191$), (see Table 2).

The total FSFI score of the study participants was 14.22 ± 9.01 . We determined that 92% of pregnant women had sexual dysfunction. The FSFI mean score of the women with sexual dysfunction was 13.01 ± 8.35 , and the FSFI mean score of women without sexual dysfunction was 28.08 ± 1.84 (see Table 3).

4. Discussion

The physiological and psychological changes that occur during pregnancy may affect sexual function and satisfaction.⁹ A decline in sexual function is often seen in the 3rd trimester of a woman's pregnancy.¹⁴ During this period, the avoidance of sexual relations may be due to uterine contractions, fear of harm to the mother and the fetus, low libido, a diminished image of one's sexual self,

Table 1
FSFI and domains scores of pregnant women.

FSFI domains of pregnant women	Mean	SD	Min–Max
Desire	2.51	1.01	1.20–6.00
Arousal	2.04	1.65	0.00–6.00
Lubrication	2.43	2.06	0.00–6.00
Orgasm	2.16	2.00	0.00–6.00
Satisfaction	3.02	1.61	0.80–6.00
Pain	2.04	1.90	0.00–5.60
Total FSFI	14.22	9.01	2.60–32.80

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