

Factors Associated with Sexual Dysfunctions during Pregnancy

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ABSTRACT

Objective To explore sexual dysfunctions as problem during pregnancy as compared to prepregnancy i.e. sexual desire, sexual response and coital orgasm as well as dyspareunia and factors associated with sexual dysfunctions during pregnancy.

Design Historical prospective study.

Setting Department of Obstetrics and Gynaecology, Ramathibodi Hospital.

Subjects One hundred and twenty-four randomly selected normal postpartum women were included between July to September 1993.

Main outcome measures The percentage of sexual desire, sexual response, coital orgasm, dyspareunia and concern as problem.

Results There was markedly decreased in sexual desire, sexual response and orgasm during 3rd trimester as compared with first and second trimester, respectively. Factors associated with these findings were morning sickness in first trimester, fatigue in second trimester and fear of danger to the fetus in third trimester. Percentage of dyspareunia were 10.5%, 15.3%, 19.4% in first, second and third trimester, respectively. Factors associated with dyspareunia were vaginal tension in first trimester (30.7%), decrease sexual desire in second trimester (47.7%) and third trimester (50.0%).

Conclusion Many pregnant women had sexual dysfunctions more than prepregnancy level and lack of knowledge to manage their sexual dysfunctions.

Key words : sexual desire, sexual response, coital orgasm, pregnancy.

Many changes of sexuality occurred during pregnancy. These changes include sexual desire, sexual response and coital orgasm were observed during pregnancy as compared to prepregnancy.⁽¹⁻⁹⁾ The influences of the state of pregnancy on human sexuality are not well clarified. Masters and Johnson⁽¹⁾ found an increase in sexual tension and performance in the second trimester, but Solberg et al⁽²⁾ found that for most women coital activity declines once pregnancy is discovered as well as orgasmic activity and sexual interest. Pongthai et al⁽⁵⁾ reported half of the couples abstained from sexual intercourse during third trimester while only 6% did in first trimester and coital frequency was diminished from 2-3 times per week during first and second trimester to once a week during third trimester. The difference in findings reflect cultural and the highly individual groups of study population that respond to pregnancy. However, a change in human sexuality sometimes causes sexual dysfunctions which included impaired sexual desire and response, coital orgasmic dysfunction and dyspareunia.⁽¹⁰⁾ The objective of this study was to explore sexual dysfunctions and their concerns as problems during pregnancy compared to prepregnancy period i.e. sexual desire, sexual response and coital orgasm as well as dyspareunia and factors associated with sexual dysfunction during pregnancy.

Materials and Methods

This historical prospective study was carried out at the Department of Obstetrics and Gynaecology, Ramathibodi Hospital from July to September 1993. There were 124 randomly selected normal postpartum women who met the following criteria for inclusion in this study : first, currently living with husband at least one year before the index pregnancy. Second, there was

neither psychiatric history nor chronic physical disability. Third, voluntary consent to participate in this study. Each woman was interviewed on the third postpartum day in a private room. A detailed interview included both open-ended and structured questions. The interview questions consisted of baseline characteristics i.e. her age, spouse's age, duration of marriage, her education, family's income and gravidity. The sexuality included sexual desire and response, coital orgasm and dyspareunia. For the purpose of analysis, pregnancy was divided into first trimester (1-3 months of pregnancy), second trimester (4-6 months), third trimester (7-9 months), and a baseline of one year prepregnancy.

For statistical analysis, percentage was used to compare sexual desire and response, coital orgasm, dyspareunia between prepregnancy level and during pregnancy (first, second and third trimester) and also factors associated with sexual dysfunctions during pregnancy.

Results

The baseline characteristics of one hundred and twenty-four normal postpartum women were, their age ranging from 17 to 41 years at the time of interview, with a mean age of 26.5 (S.D. of 4.5 years). The spouse's age ranged from 18 to 47 years, with a mean age of 28.2 (S.D. of 4.6 years). The mean duration of marriage was 2.8 (S.D. of 0.9 years). Distribution of the level of education showed 39.5% below high school, 44.4% high school and 16.1% at university level. Distribution of family's income showed 34.6% earned less than 10,000 baht per month, 40.4% between 10,000-15,000 baht per month and 25.0% more than 15,000 baht per month. Obstetric history showed 59.7% as primigravida.

There was markedly decrease in sexual desire, sexual response and coital orgasm during

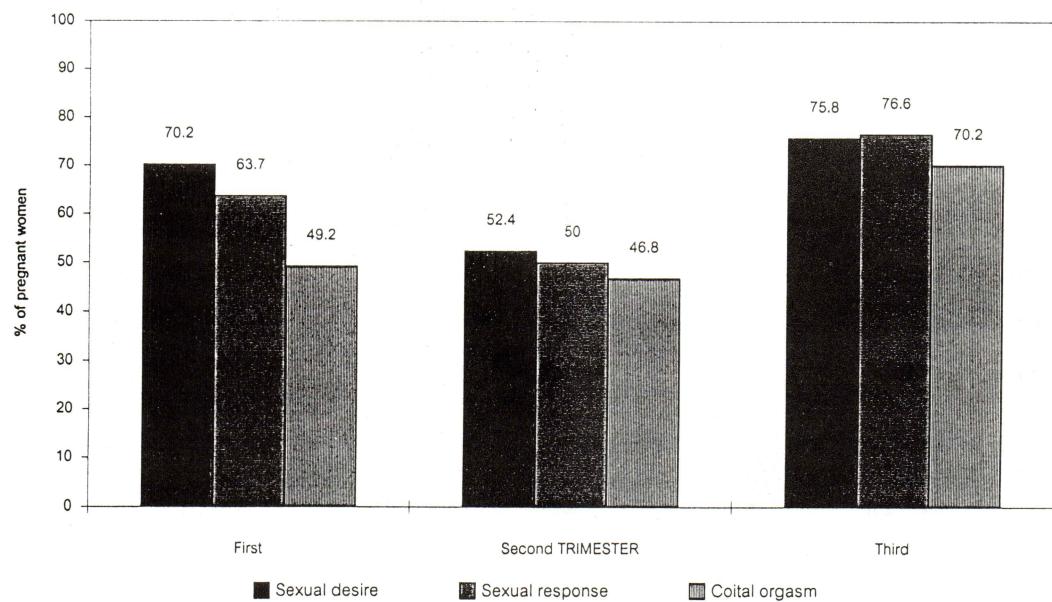


Fig. 1. Percentage of decreased sexual desire, sexual response and coital orgasm comparing with prepregnancy.

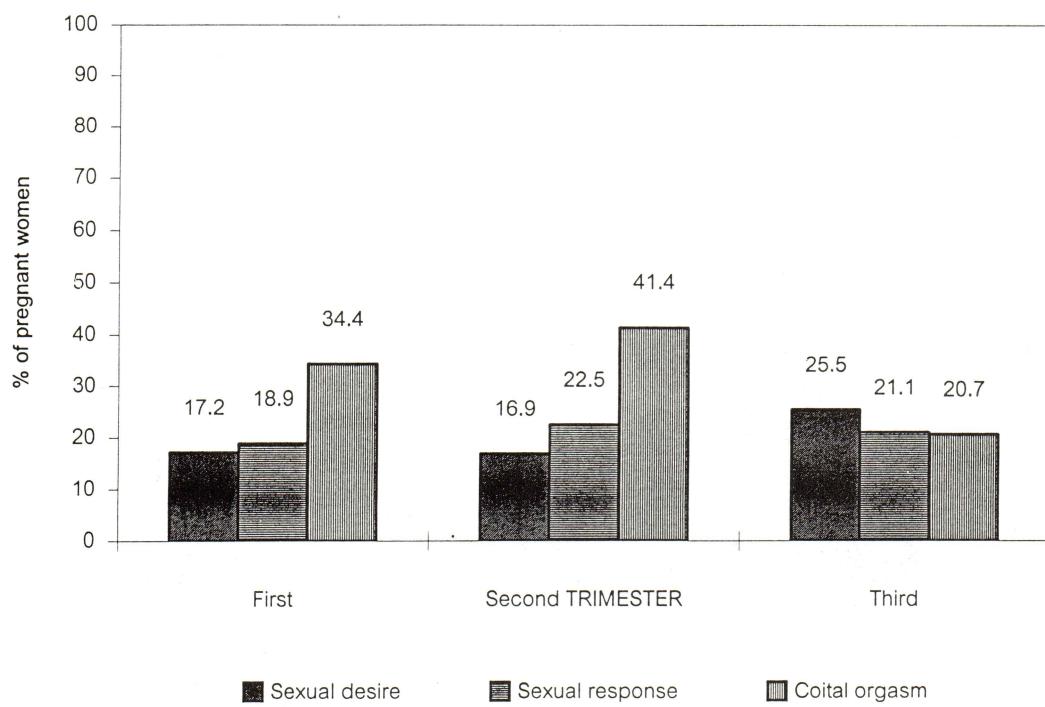


Fig. 2. Percentage of concerning as problem of decreased sexual desire, sexual response and coital orgasm during pregnancy.

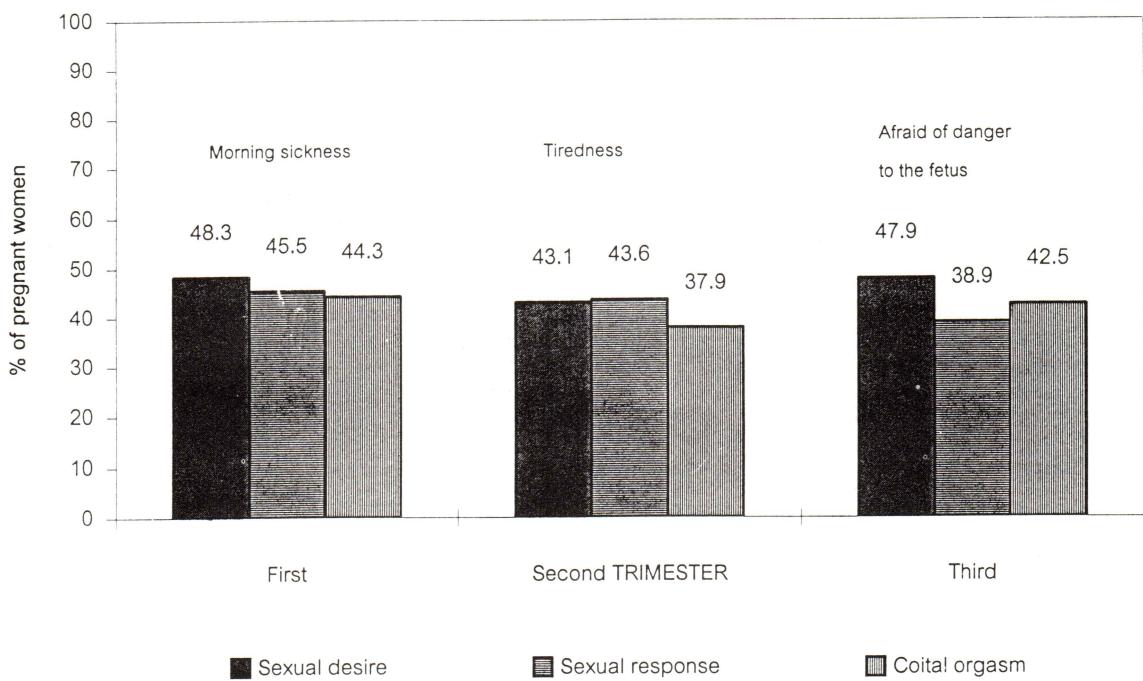


Fig. 3. Most common factors associated with decreased sexual desire, sexual response and coital orgasm comparing with prepregnancy.

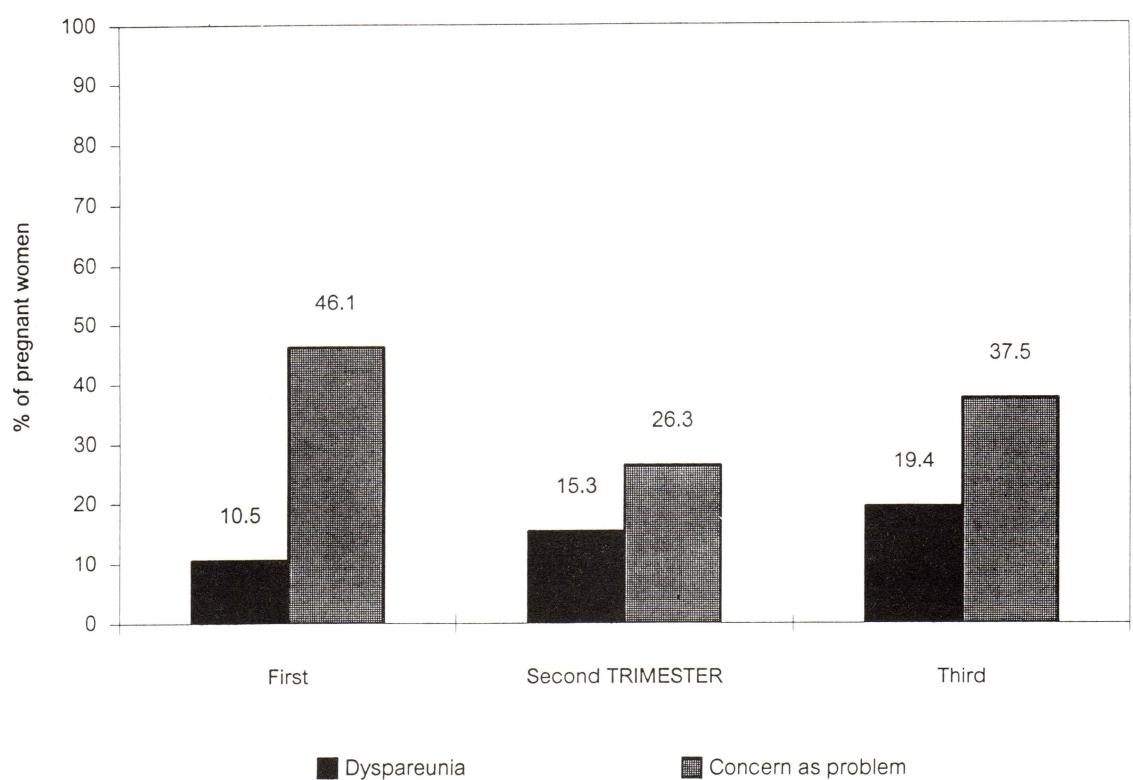


Fig. 4. Percentage of dyspareunia and concern as problem during pregnancy.

third trimester (75.8%, 76.6%, 70.2%) as compared with first trimester (70.2%, 63.7%, 49.2%) and second trimester (52.4%, 50.0%, 46.8%) (Fig. 1). Only small percentage of patients showed any concern over these sexual dysfunctions (Fig. 2). Factors associated with decrease sexual desire, sexual response and coital orgasm were morning sickness in first trimester (48.3%, 45.5%, 44.3%), tiredness in second trimester (43.1%, 43.6%, 37.9%), and fear of danger to the fetus in third trimester (47.9%, 38.9%, 42.5%) (Fig. 3).

Percentage of dyspareunia were 10.5%, 15.3%, 19.4% in first, second and third trimester, respectively and percentage of concerning dyspareunia as problem were 46.1%, 26.3%, 37.5% in first, second and third trimester, respectively (Fig. 4). Factors associated with dyspareunia were vaginal tension in first trimester (30.7%), decrease sexual desire both in second trimester (47.7%) and third trimester (50.0%).

Discussion

During pregnancy there are some changes in physical, hormonal and psychological milieu of women but response to these changes in sexual functioning varied according to individual previous experience. Many women responded to the changes with a generalized loss of libido.^(4,5) This loss of libido is usually reflected by decreasing sexual functioning. However, some women decreased their sexual functioning, manifested by sexual dysfunctions during pregnancy. In this study, the percentage of decrease in sexual desire, sexual response and coital orgasm comparing with prepregnancy was markedly in third trimester than first and

second trimester, respectively. Similar results were reported by Masters and Johnson⁽¹⁾ and Falicov⁽³⁾ but the decrease was not in a linear fashion as reported by Solberg et al.⁽²⁾ This study found that only small fraction of pregnant women showed any concern to the decrease in sexual function. The major reasons may be due to a decline in sexual interest and also cultural belief that this is a natural process during pregnancy.

The most common factors associated with the decrease in sexual functioning were morning sickness in first trimester, tiredness in second trimester and fear of danger to the fetus in the third trimester. But other factors may be due to one's sexual feeling of sexual unattractiveness, physical discomfort, awkwardness of having sexual activities, as well as the reduced sexual desire of the husband⁽¹¹⁾ and/or recommendation by the physician.

This study found that dyspareunia increased as pregnancy proceeded but pregnant women showed concern of this sexual problem in a higher percentage in first trimester. These physiological changes led to diminish level of sexual arousal causing decrease vaginal lubrication during intercourse and also lack of knowledge about normal sexual changes during pregnancy caused women considerable anxiety about the normality of their reactions.

Sexual dysfunctions during pregnancy therefore may be caused by lack of knowledge about the changes in sexual functioning. Open discussion on this topic particularly reassuring during preconception or early months of pregnancy before the anticipated reduction of libido and other sexual dysfunctions occur during pregnancy.

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