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Research Article

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Exploring Sexual Health During Pregnancy: Insights from Tunisia

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ABSTRACT

During pregnancy sexuality is influenced by physical, psychological, mechanical, hormonal, social, and cultural changes. The aim of our work was to determine pregnant women's knowledge and practices regarding sexuality during pregnancy and to identify any particularities in sexual function during pregnancy.

Methods: A descriptive study was performed on 60 pregnant who gave birth in our department. Demographic data and the concerns of women about sexuality were investigated by a questionnaire. The Female Sexual Function Index (FSFI) questionnaire was used to evaluate sexual dysfunction

Results: The average age of our patients was 31 years. The mean total score of FSFI was 20,39 +/-4,67. Sexual dysfunction was observed in 68,2% of cases. An alteration of sexuality during pregnancy was observed with less sexual intercourses, less desire and less satisfaction. The main reason for continuing sexual intercourse during pregnancy was her husband's preference (81,8%). Lubrification, arousal and orgasm were present half the time or more.

Conclusion: The prevalence of sexual dysfunction in our study was 68,2%. Sexuality during pregnancy can be experienced differently from one couple to another. What is essential is maintaining clear communication with your partner and doctor and respecting your own limits and needs.

Keywords: Sexual Dysfunction,; Pregnancy, Sexuality, FSFI Score

Introduction

Sexuality during pregnancy is a complex topic influenced by physiological, psychological, and social factors. Research indicates that many pregnant women experience sexual dysfunction, often stemming from misconceptions about the safety of sexual activity during this period. Addressing these issues through education and open communication can significantly enhance sexual satisfaction and overall quality of life for couples. In Tunisia, sexuality during pregnancy remains a rarely discussed topic during the perinatal period, even though it can sometimes be a source of concern for pregnant women striving to maintain harmony within the couple. Many misconceptions about sexuality during pregnancy and the associated risks have been reported [1,2].

The objectives of our work were to determine pregnant women's knowledge and practices regarding sexuality during pregnancy and to identify any particularities in sexual function during pregnancy.

Materials and Methods

This is a cross-sectional and descriptive study, covering the period from August 2024 to January 2025, and includes 60 women who gave birth in our department. Sexual function was assessed using a standardized self-administered questionnaire consisting of 19 items: the Female Sexual Function Index (FSFI) We utilized the Arabic version, which has been translated and validated [3,4]. The questionnaire evaluates six domains of female sexual function over the past month: desire, arousal, lubrication, orgasm, satisfaction, and pain. Female sexual dysfunction was defined as an overall score of 26.55 or lower [5].

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Results

The average age of our patients was 31 years, with ages ranging from 22 to 40 years.

Forty-eight percent of our patients were primiparous, 18% were secundiparous, 26% were terciparous, and 8% were fourth-parous.

Knowledge about Sexuality

Ninety-four percent of patients thought that sexual intercourse was possible during pregnancy, while 6,1% believed it was not possible.

The main reason for continuing sexual intercourse during pregnancy was her husband's preference (81,8%). (Figure 1)

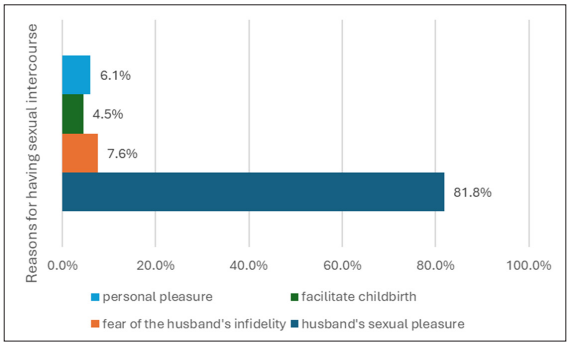

Figure 1: Reasons to have sex during pregnancy

On the other hand, the predominant factor for sexual abstinence was fatigue (36,4%). (figure2)

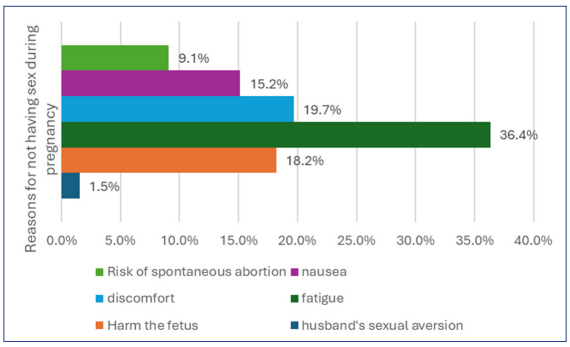

Figure 2: Reasons for not having sex during pregnancy

Sexual Ffunction

The frequency of sexual intercourse, compared to the pre-pregnancy baseline, was reduced in 53% of women, unchanged in 43%, and increased in 3%.

The FSFI score was 20,39 +/-4,67, Sexual dysfunction was observed in 68,2% of cases with a score of 26.55 or lower. (Table 1)

Table 1: Mean scores of FSFI items

	Average Score	Standard Deviation
Sexual desire	2,27	0,77
Arousal	3,42	0,77
Lubrification	4,06	0,82
Orgasm	3,36	0,76
Satisfaction	3,03	0,88
Pain	4,25	0,67

Sexual Desire

During pregnancy, 54.5% of women reported a decrease in sexual desire, 6.1% reported an increase, and 39.4% reported no change in sexual desire. The mean score for the sexual desire domain on the FSFI scale was 2,27. Sexual desire was experienced half of the time or less in 89,4% of women (Table 2)

Table 2: Frequency of sexual desire

Frequency of sexual desire	
Almost never or never	21,2%
A few time	43,9%
Sometimes	24,2%
Most times	7,6%
Almost always or always	3,0%

Arousal

On the FSFI score, 56.1% of women reported being aroused most of the time or almost always during sexual intercourse. The mean score for the arousal domain was 3,42.

Lubrification

According to the FSFI score, 63.6% of patients reported adequate lubrication « most times » « almost always or always ». The mean score for the arousal domain was 4,06

Orgasm

In our series, 40,9% of women achieved orgasm more than half the time (Table 3). Based on the FSFI score, The mean score for pain domain was 3,36.

Table 3: Frequency of reaching orgasm

Frequency of orgasms	Pourcentage
Almost never or never	4,5%
A few time	7,6%
Sometimes	47,0%
Most times	28,8%
Almost always or always	12,1%

Sexual Satisfaction

During pregnancy, sexual satisfaction decreased for 59,1% of the women surveyed, remained unchanged for 34,8%and increased for the remaining 6,1%. On the FSFI scale, the average score for the satisfaction domain was 3,03.

Pain

In our series, 89,4% of women almost never experienced pain during sexual intercourse. The mean score for the arousal domain was 4,25. Sexual positions during intercourse were not studied.

Discussion

Pregnancy is a unique period in the lives of women and couples, marked by significant physical, psychological, hormonal, mechanical, social, and cultural changes. These transformations

can influence sexual behavior and satisfaction during this time [1].

Several studies have examined changes in the frequency of sexual intercourse during pregnancy. Research comparing the frequency of sexual intercourse before and during pregnancy consistently concludes that the frequency decreases during pregnancy [6].

In Tunisia, Sexuality remains a taboo, and studies focusing on the sexuality of pregnant women are still scarce. As such, our study represents one of the few conducted in this context.

Our survey included 100 pregnant women, with an average age of 31 years. Sexual dysfunction was observed in 68,2% of cases with a score of 26.55 or lower. This rate is consistent with those reported in the literature, where sexual dysfunction ranged from 61% to 79.1% [7-11].

Knowledge about Sexuality

Ninety-four percent of the participants considered sexual intercourse to be possible during pregnancy. This favorable view of sexuality during pregnancy is consistent with results observed in other studies [1,11-15].

As in the Berrada series, in our series, the main reason for continuing sexual intercourse during pregnancy was the husband's preference (81.8%) [16].

According to Maamri et al. The main reason to continue having sex during pregnancy was to have pleasure for either partner, with 87% of women citing this motivation. The study does not indicate that the husband's preference was a primary reason [1].

On the other hand, the predominant factors for sexual abstinence in our series were fatigue (36,4%), discomfort (19,7%) and fear of harming the baby (18,2%). These concerns significantly influenced the decision to stop or space sexual intercourse.

Similarly, Maamri et al demonstrated that the predominant factors for sexual abstinence during pregnancy were fatigue (63%) and discomfort (51%). Fear of harming the baby was not specifically mentioned in the study, which focused on fatigue and discomfort as the main reasons for abstinence [1].

This fear of harming the fetus has also been reported in previous studies [17-19]. In a Tunisian study, this reason was identified in 66.7% of cases [14]. Similarly, a Nigerian study by Orji et al. noted this reason in 12% of cases, along with fear of abortion (12%), fear of infection (8%), and fear of rupture of membranes (8%) [15].

Sexual Function

The frequency of sexual intercourse during pregnancy shows a notable decline compared to pre-pregnancy levels, with various studies indicating that a significant proportion of women experience reduced sexual activity. This reduction is influenced by a combination of physiological, psychological, and social factors. These results align with findings reported in the literature[20,21].

The Female Sexual Function Index (FSFI) score in pregnant women is a critical measure for assessing sexual dysfunction during pregnancy. Research indicates a high prevalence of sexual dysfunction among pregnant women, with various factors influencing FSFI scores across different trimesters. In our study, the FSFI score was 20,39 +/-4,67, Sexual dysfunction was observed in 68,2% of cases. Also, Daud et al. found that the mean FSFI score among the 100 pregnant women was 20.41 ± 8.45. The following table shows sexual dysfunction in the literature (Table 4) [22].

Table 4: sexual dysfunction in literature

	Sexual dysfunction
Guermazi et al.[23]	70,6%
Bouzouita et al. [8]	70%
Ellouze et al. [24]	70%
Naldoni et al [10]	61%
Miranda et al. [25]	55,5%
Our study	68,2%

A majority of studies indicate that over 50% of pregnant women report a decrease in sexual activity and desire during pregnancy [1,8,21,26].

During pregnancy, sexual arousal varies significantly among women, with studies indicating that a notable percentage report experiencing arousal during sexual intercourse [1].

Arousal, lubrication, and orgasm scores significantly decreased in the third trimester. Sexual satisfaction declined in the first trimester, while pain increased in the second trimester compared to the first and third trimesters, indicating varied sexual function changes during pregnancy [27].

During pregnancy, the experience of orgasm can be influenced by various physiological, psychological, and relational factors. Research indicates that sexual function, including orgasm, tends to decline throughout pregnancy, particularly in the third trimester, where a significant percentage of women report sexual dysfunction [28,29].

In our study, sexual satisfaction decreased for 59,1% of the women surveyed, remained unchanged for 34,8%and increased for the remaining 6,1%. Decreased sexual satisfaction during pregnancy has also been reported in other studies [1,30].

Conclusion

Sexuality during pregnancy can be experienced differently from one couple to another. Several factors, such as misconceptions, social influences, marital harmony, and gynecological history, were associated with the sexual dysfunction observed among Tunisian pregnant women. What is essential is maintaining clear communication with your partner and doctor and respecting your own limits and needs.

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