Attitudes and Sexual Function in Thai Pregnant Women

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Objective: *To evaluate the attitudes towards sexuality and sexual function in Thai pregnant women.*
Material and Method: *A cross-sectional study was conducted among 347 healthy pregnant women, aged 14-42 years, who attended the antenatal clinic, Ratchaphiphat Hospital. The Female Sexual Function Index (FSFI) questionnaire was used for sexual function assessment.*
Results: *The mean age of the pregnant women was 26.3 years. The mean gestational age was 25.7 weeks and 52, 146 and 149 pregnant women were in their first, second and third trimester respectively. Half of the pregnant women believed that having sex during pregnancy is a natural and normal part and about 70% were not concerned about decreasing sexual desire throughout pregnancy. Only 11.2% of pregnant women displayed a positive attitudes that sexuality during pregnancy made them happy and 47% were concerned that sexual intercourse during pregnancy may be harmful to the fetus. Nineteen percent of pregnant women had had no sexual intercourse in the past four weeks. The mean total FSFI score was 15.49, 93.4% had FSFI score of < 26.5, which was defined as potential sexual dysfunction. Comparing the mean FSFI score of every domain including total score, the pregnant women reported a significant decrease in all domains between the first and third trimester.*
Conclusion: *Potential sexual dysfunction in Thai pregnant women was rather high. Sexuality was decreased significantly throughout pregnancy. However, most of the pregnant women were not concerned about decreasing sexual desire during pregnancy.*

Keywords: *Sexual function, FSFI, Pregnancy, Thai women*

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Sexuality is an important part of women's health, quality of life, and general well-being. There are many factors influencing the female sexual function including biological, psychological, physiological, couple relationship, and sociocultural factors[1]. Pregnancy is a time of obviously physical and psychological change affecting sexual activity[2]. In Western countries, sexual activity during pregnancy was studied more than two decades ago[3-5]. These studies reported that sexual desire, coital frequency, and coital orgasm were changed during pregnancy. In Thai society, sexual discussions are limited by cultural and religious strictness. Therefore, only a few studies were published about this issue recently[6-8]. Most studies revealed that sexual activities were decreased significantly throughout pregnancy, however sexual functioning were not evaluated. The present study aimed to evaluate sexual functioning using female sexual function index (FSFI)[9] attitudes towards sexuality in Thai pregnant women would also be evaluated.

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Material and Method

A prospective descriptive study was conducted after approval from the Ethics Committee for Researches Involving Human Subjects, Bangkok Metropolitan Administration. The sample population was drawn from healthy pregnant women attending the antenatal clinic, Ratchaphiphat Hospital between July and August 2009. This hospital is located in the suburbs area of Bangkok and services as secondary care. Exclusion criteria were

those who had labor pain, bleeding per vagina, premature rupture of membrane, and congenital fetal anomaly.

After written informed consent, the pregnant women were asked to answer the questionnaire by themselves. If the pregnant women could not read, the questions were read to them and their responses were recorded. These questionnaires were composed of three parts, the first part was the demographic part, which included age, parity, gestational age, religion, education, occupation, and monthly income. The second part was to assess attitudes towards sexuality during pregnancy, which was adapted from Peeyananjarassi's study[10]. In this part, the pregnant women were asked to give their opinion whether they agreed, disagreed, or were uncertain with 10 statements about sexuality during pregnancy. The last part was to assess sexual function by FSFI[9]. The FSFI composed of 19 questions about sexual function within the past four weeks and were classified into six domains of female sexual response. Each domain was assessed by 2-4 questions, two questions for sexual desire domain, three questions for sexual orgasm domain, sexual satisfaction domain, and pain domain, and four questions for sexual arousal domain and lubrication domain. All questions were given a scoring system, ranging from 1 to 5 in four questions and 0-5 in the remaining 15 questions. The score for each domain was obtained from the sum of score from the questions in that domain multiplied by the factor of that domain. The factor of the domains that had two questions, three questions, and four questions were 0.6, 0.4, and 0.3 respectively. Therefore, each domain had a minimum score of 0, 0.8, or 1.2, with a maximum score of 6. The total full-scale score ranged from 2 to 36. FSFI score of $\geq$ 26.5 were defined as normal level of sexual function, while lower score of < 26.5 were defined as potential sexual dysfunction according to Wiegel' s study[11].

Although some studies used FSFI to evaluate sexual function in Thai women[8,10] there was still no published standard Thai version of FSFI. Therefore, in the present study, the authors translated FSFI from English into Thai. After that, the Thai edition of the FSFI questionnaire and 10 statements about attitudes towards sexuality were approved by a qualified gynecologist and were then assessed in a sample of 30 pregnant women for both comprehension and quality. The reliability coefficient of the authors' Thai edition FSFI questionnaire was 0.96 and the reliability coefficient of attitudes towards sexuality was 0.82.

Statistical analysis

The demographic characteristics and attitudes towards sexuality in pregnant women were reported as percentage, mean, and standard deviation. Factors associated with sexual dysfunction (FSFI score < 26.5) were evaluated by Chi-square test. Total FSFI score and score in each domain were analyzed by one-way analysis of variance (ANOVA) with post hoc test by Bonferroni or Tamhane test as appropriate. Multiple logistic regression with odd ration and 95% confidence interval were used to find the association between sexual function and demographic factors. A p-value of less than 0.05 was considered statistically significant.

Results

Characteristic of the participants

During the study period, 347 pregnant women were recruited. The mean age was 26.3 $\pm$ 5.9 years, mean gestational age was 25.7 $\pm$ 9.0 weeks. Fifteen percent were in their first trimester while 42.1% and 42.9% were in their second and third trimester respectively. Ninety-eight percent were Buddhist, 53.9% were primigravidarum, 14.7% were teenage pregnancy, 6.6% were elderly gravidarum, 49% were full-time employees, 54.5% graduated from secondary school, and 48.4% had the average income per month less than 5,000 Baht (Table 1). None had any physical limitations, medical complication, or obstetric complication that restricted their sexual activity.

Attitudes of the participants towards sexuality

Only 11.2% of pregnant women had positive attitudes and agreed that sexuality during pregnancy made them happy, while 22.8% agreed that having sex made their partners happy. About 50% believed that having sex during pregnancy is a natural normal part of life. Whereas 47% of pregnant women were concerned that having sex during pregnancy may be harmful to their fetus and 71.2% of the pregnant women were not concerned about decreasing sexual desire throughout pregnancy (Table 2).

Sexual function during pregnancy

Sixty-six (19%) pregnant women had no sexual intercourse over the past four weeks, the mean total FSFI score was 15.49 (2-31.5). Three hundred and twenty four (93.4%) were categorized as potentially sexual dysfunction (FSFI score < 26.5) while only 23 (6.6%) had normal sexual function (FSFI score $\geq$ 26.5).

Many factors such as age, parity, gestational age, education, occupation, and monthly income were

Table 1. Demographic characteristics of the pregnant women (n = 347)

Characteristics	No. (%)
Age (years)	
< 20	51 (14.7)
20-35	237 (78.7)
> 35	23 (6.6)
Parity	
0	187 (53.9)
1-2	155 (44.7)
3-4	5 (1.4)
Gestational age (weeks)	
< 14	52 (15.0)
14-28	146 (42.1)
> 28	149 (42.9)
Religion	
Buddhist	340 (98.0)
Chirst	5 (1.4)
Muslim	2 (0.6)
Education	
None	5 (1.3)
Primary school	84 (24.5)
Secondary school	189 (54.5)
College or university	68 (19.7)
Occupation	
Employment	170 (49.0)
Housewife	112 (34.3)
Bussiness	50 (14.4)
Government	15 (4.3)
Monthly incomes (Baht)	
< 5,000	168 (48.4)
5,000-10,000	113 (32.6)
> 10,000	66 (19.0)

evaluated for possible associations with potentially sexual dysfunction. The authors found that pregnant women aged less than or equal to 35 years, in the last trimester, graduated from primary or secondary school or less, and monthly incomes less than or equal to 10,000 Baht were statistically significantly associated with potentially sexual dysfunction (Table 3). These possible factors were analyzed by multiple logistic regression, the only remaining important factor was age less than or equal to 35 years (odds ratio 1.31, 95% confidence interval 1.10-12.52 and p-value 0.036).

Table 4 compares the mean FSFI score in each trimester, and demonstrates that the FSFI in every domains including the total FSFI scores were decreased throughout pregnancy. Every domains score was significantly decreased between first and third trimester. The only one domain that had statistically significant decreased score throughout pregnancy (between first & second, second & third, and first & third trimester) was orgasm domain. Comparing the sexual function during pregnancy in each domain, the lowest mean score was noted in the domain of arousal (2.1 ± 1.3), followed by orgasm (2.3 ± 1.9), desire (2.4 ± 0.8), pain (2.5 ± 2.1), lubrication (2.6 ± 1.9), and satisfaction (3.4 ± 1.8), about 34.6% of pregnant women (120 of 347) reported "never or almost never" having feeling of sexual desire. Twenty-one percent of pregnant women (70 of 347) reported about their arousal problems as "never or almost never" experiencing arousal during sexual activity. Nineteen percent of the pregnant women (65 of 347) had not experienced orgasm during pregnancy. In addition, 10.7% had no

Table 2. The attitudes towards sexual activity in pregnancy (n = 347)

	% of agree	% of uncertain	% of disagree
1. Having SI is natural normal thing in pregnancy	50.7	19.6	29.7
2. Having SI makes the pregnant women happy	11.2	51.0	37.8
3. Having SI makes your partners happy	22.8	30.8	46.4
4. Having SI in pregnancy is very shy in Thai society	50.4	17.0	32.6
5. Having SI in pregnancy is prohibited from religious beliefs	17.1	29.0	53.9
6. Having SI in pregnancy does not affect the fetus	22.8	30.2	47.0
7. Condom should be used during SI to protect STD	56.2	10.4	33.4
8. Sexual desire in pregnancy decereased throughout pregnancy therefore you don't need to be concerned about it	71.2	5.5	23.3
9. Their body image are changed and make them too embarrassed to have sexual activity	33.7	31.4	34.9
10. Out of SI, you may masturbate to make your partners happy	26.8	36.6	36.6

SI = sexual intercourse, STD = sexual transmitted disease

Table 3. Association between sexual function and associated factors

Factors	Sexual function		p-value
	Potentially dysfunction** (n = 324) No. (%)	Normal*** (n = 23) No. (%)	
Age (years)			<0.001*
≤ 35	305 (94.1)	19 (5.9)	
> 35	19 (82.6)	4 (17.4)	
Parity			0.147
0	169 (90.4)	18 (9.6)	
1-4	155 (96.9)	5 (3.1)	
Gestational age (weeks)			0.009*
≤ 28	181 (91.4)	17 (8.6)	
> 28	143 (96.0)	6 (4.0)	
Education			<0.001*
Primary or secondary school	263 (94.3)	16 (5.7)	
College or university	61 (89.7)	7 (10.3)	
Occupation			0.781
Nongovernment	310 (93.4)	22 (6.6)	
Government	14 (93.3)	1 (6.7)	
Monthly incomes (Baht)			<0.001*
≤ 10,000	265 (94.3)	16 (5.7)	
> 10,000	59 (89.4)	7 (10.6)	

* $p < 0.05$
** FSFI score < 26.5 were defined as potentially sexual dysfunction
*** FSFI score ≥ 26.5 were defined as normal sexual function

Table 4. FSFI score in each domain and total FSFI score in each trimester

Domain	First trimester GA < 14 wks n = 52	Second trimester GA 14-28 wks n = 146	Third trimester GA > 28 wks n = 149	p-value*			Total (n = 347)
Desire**	2.75 ± 0.80	2.44 ± 0.96	2.29 ± 0.81	0.127	0.008	0.379	2.40 ± 0.82
Arousal	2.78 ± 1.09	2.15 ± 1.29	1.94 ± 1.28	0.016	0.001	0.408	2.10 ± 1.34
Lubrication**	3.58 ± 1.79	2.71 ± 1.88	2.31 ± 1.92	0.027	0.001	0.181	2.60 ± 1.92
Orgasm	3.32 ± 1.81	2.51 ± 1.89	1.93 ± 1.85	0.043	<0.001	0.021	2.30 ± 1.91
Satisfaction	3.94 ± 1.69	3.52 ± 1.87	3.03 ± 1.85	0.599	0.018	0.060	3.40 ± 1.84
Pain	3.36 ± 2.09	2.74 ± 2.18	2.21 ± 2.08	0.310	0.008	0.083	2.50 ± 2.13
Total score	19.73 ± 7.98	16.09 ± 8.77	13.71 ± 8.48	0.050	<0.001	0.047	15.49 ± 8.74

* p-value by Bonferroni test: between first and second trimester, first and third trimester and second and third trimester
** p-value by Tamhane test: desire, lubrication were tested

lubrication during sexual activity and 6.9% had pain within the vagina or genitalia during and after sexual activity. Interdomain correlations were statistically significant and ranged from r = 0.39 to r = 0.93. The highest correlations were between orgasm and lubrication (r = 0.89), orgasm and satisfaction (r = 0.83), and lubrication and satisfaction (r = 0.82), as shown in Table 5.

Discussion

Pregnancy is a time of many changes such as physiologic, metabolic, and hormonal changes. These

Table 5. Interdomain correlations for female sexual function index (FSFI) total score and domain scores (n = 347)

Domain	Desire	Arousal	Lubrication	Orgasm	Satisfaction	Pain	Total score
Desire	1.00						
Arousal	0.67	1.00					
Lubrication	0.47	0.79	1.00				
Orgasm	0.54	0.78	0.89	1.00			
Satisfaction	0.49	0.76	0.82	0.83	1.00		
Pain	0.39	0.61	0.70	0.70	0.71	1.00	
Total score	0.62	0.87	0.93	0.93	0.91	0.83	1.00

lead to body image, emotional, and life style changes that may affect the sexuality and sexual activities[2,6-8]. In the present study, the authors studied 347 pregnant women aged 14-42 years with mean gestational age of 25.7 (5-40) weeks. None of them had any health problems that could restrict their sexual activity. The majority of women was primigravidarum, house-wife or employee, low monthly incomes, and graduated from secondary school.

Since attitudes towards sexuality may affect the sexual activities, the authors tried to evaluate the sexual attitudes of the pregnant women. These questions were adapted from a recent study[10]. The authors found that half of them (50.7%) thought that they could have sex during pregnant as they do normally. However, a large number of pregnant women (47.0%) were concerned about sexual intercourse during pregnancy and believed that the sexual intercourse would be harmful to pregnancy or the fetus. These results are similar to other studies[2,3,8,12]. Nevertheless, sexual intercourse in normal pregnant women were reported to have no significant serious adverse effects regarding lower genital tract infection, abortion, premature ruptured of membrane, or preterm labor[13,14]. Therefore, it is very important that there should be routine education, especially from their physicians, about sexual activities during pregnancy to correct any misunderstandings and reassure the patient.

Concerning sexual function, there was no specific screening instrument for sexual function in Thailand. From the literature review, the Female Sexual Function Index (FSFI)[9] was widely used to measure sexual function. FSFI composed of six domains (desire, arousal, lubrication, orgasm, satisfaction, and pain) with 19 questions about sexual function in the past four weeks. The resulting six subscales of the FSFI were shown to have excellent internal reliability (Cronbach's alphas > 0.8 for all subscales) and good test-retest reliability scores that ranged from 0.79 to 0.88[11]. Moreover, the FSFI reported the excellent discrimination for the validity, reliability, and appropriate correlation among domains[9,11]. It had also been validated on women with clinically diagnosed female sexual dysfunction such as arousal disorder, desire disorder, orgasmic disorder, and dyspareunia/vaginismus[9,11]. In the present study the authors used Thai edition of FSFI score that was translated from the original English edition and had been tested and proven that the Thai edition of FSFI score had a high reliability coefficient.

Concerning the cut-off level for FSFI score in determining sexual dysfunction, the authors used the cut-off score from the Wiegel' report[11]. In that report, 568 women with mixed sexual dysfunction and normal sexual function were studied. They proposed that a total FSFI score of < 26.5 should be considered at risk for sexual dysfunction. Based on this cut-off score, the sensitivity and specificity were 88.1% and 70.7% respectively. In the present study, 93.4% of the pregnant women had the total FSFI score of < 26.5, which showed a high rate of women at risk of sexual dysfunction. Hence, the cut-off score of 26.5 from the Wiegel study[11] may be inappropriate for pregnant woman. Nevertheless, the present study did not clinically evaluate the impact of sexual dysfunction on the quality of life. Therefore, it may not be concluded whether this cut-off score was appropriate for pregnant women or not.

When analyzed the factors that would be associated with potentially sexual dysfunction (FSFI score < 26.5), the authors found that the only independent risk factor was age > 35 years, which was different from other studies[2,12]. Fox et al[12] reported that primigravidarum and elderly gravidarum were factors associated with potentially sexual dysfunction,

while Bartellas et al[2] proposed that trimester of pregnancy was associated with decreased sexuality. Other factors in the present study that were significantly associated with potentially sexual dysfunction in univariable analysis but not in multivariable analysis were trimester of pregnancy, education, and monthly income. Nevertheless, the presented sample size may not be enough to detect the statistical differences in multivariable analysis for these factors.

Considering the mean FSFI score, in the present study, the score of 15.49 was quite low. The lowest domain score was noted in arousal, followed by orgasm, and desire. Interdomain correlation for total FSFI score and domain score were statistically significant. Sexual activities during pregnancy decreased significantly in every domain between first and third trimester and sexual orgasm had statistically significantly decreased throughout the three trimesters of pregnancy. These results were similar to the report by Aslan[15] who studied in 40 pregnant women and reported that sexual desire decreased throughout pregnancy especially in the third trimester. In Thailand, there are no studies of FSFI in pregnant women. However, there were two studies[8,16] using FSFI questionnaire in menopausal and reproductive age. The mean overall FSFI score at recruitment of these two studies were 20.4 and 19.6, which were below the cut-off level for female sexual dysfunction. These results revealed that Thai women in reproductive age, during pregnancy or in menopausal state had quite low mean overall FSFI score, which may reflect actual sexual state in Thai women. This might be due to different cultural sexual attitudes from the Western population. Hence, the cut-off score of 26.5 from Wiegel's study[11] may be in appropriate for Thai women. Therefore, a Thai version of the FSFI questionnaire should be validated in Thai women before widely used, or new questionnaire that was suitable for Thai female sexual function assessment should be developed such as Sidi et al[17] had developed FSFI questionnaire in Malay version, or a new cut-off point should be proposed to discriminate sexual dysfunction in Thai women.

The limitations of the present study were firstly, the women in each trimester were not in the same cohort. Secondly, the women may tend to under report their sexual activity because of the cultural influence and thirdly, the Thai version of the FSFI questionnaire may not be suitable for Thai women. Hence, high rate of potentially sexual dysfunction in the present study should be interpreted with caution.

Conclusion

A reduction of sexual desire, arousal, orgasm, and satisfaction were noted in the majority of pregnant women. They were concerned about the adverse effects of sexual intercourse on the pregnancy outcomes. Moreover, potentially sexual dysfunction in pregnant women was very high by using FSFI questionnaire. Therefore, the physiological alteration of pregnancy and its consequences, particularly in sexuality should be counseled to all couples to reassure that sexual intercourse in normal pregnancy is safe.

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ทัศนคติ และพฤติกรรมทางเพศของสตรีไทยตั้งครรภ์

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วัตถุประสงค์*: เพื่อประเมินทัศนคติเกี่ยวกับการมีเพศสัมพันธ์ และพฤติกรรมทางเพศในสตรีไทยตั้งครรภ์*
วัสดุและวิธีการ*: เป็นการศึกษาแบบตัดขวางในสตรีตั้งครรภ์ อายุ 14%42 ปี จำนวน 347 ราย ที่มารับบริการที่คลินิกฝากครรภ์ โรงพยาบาลราชพิพัฒน์โดยใช้แบบสอบถาม female sexual function index (FSFI) ประเมินเกี่ยวกับเพศสัมพันธ์*
ผลการศึกษา*: สตรีตั้งครรภ์มีอายุเฉลี่ย 26.3 ปี อายุครรภ์เฉลี่ย 25.7 สัปดาห์ และอยู่ในไตรมาสแรกของการตั้งครรภ์ จำนวน 52 ราย ไตรมาสที่สองของการตั้งครรภ์ จำนวน 146 ราย ไตรมาสที่สามของการตั้งครรภ์ จำนวน 149 ราย ในส่วนทัศนคติเกี่ยวกับการมีเพศสัมพันธ์ ขณะตั้งครรภ์พบว่าประมาณครึ่งหนึ่งคิดว่าการมีเพศสัมพันธ์ขณะตั้งครรภ์เป็นเรื่องธรรมชาติ และร้อยละ 70 ไม่มีความกังวลเรื่องความต้องการทางเพศลดลงขณะตั้งครรภ์ และมีเพียงร้อยละ 11.2 ที่คิดว่าการมีเพศสัมพันธ์ทำให้ตัวเองมีความสุข และร้อยละ 47 มีความกังวลว่าการมีเพศสัมพันธ์ขณะตั้งครรภ์จะเป็นอันตรายต่อทารกในครรภ์ ในช่วง 4 สัปดาห์ ที่ผ่านมาพบว่าร้อยละ 19 ไม่มีเพศสัมพันธ์เลย และค่าเฉลี่ยของคะแนนรวม FSFI เท่ากับ 15.49 เมื่อใช้คะแนนรวม FSFI น้อยกว่า 26.5 เป็นเกณฑ์พบว่าสตรีตั้งครรภ์ ร้อยละ 93.4 มีแนวโน้มที่จะมีปัญหาทางเพศสัมพันธ์นอกจากนี้พฤติกรรมทางเพศลดลง อย่างมีนัยสำคัญระหว่างไตรมาสแรกกับไตรมาสสุดท้าย*
สรุป*: สตรีตั้งครรภ์เกือบทั้งหมดมีปัญหาทางเพศสัมพันธ์ และพฤติกรรมทางเพศลดลง อย่างมีนัยสำคัญตลอดการตั้งครรภ์ อย่างไรก็ตามสตรีตั้งครรภ์ส่วนใหญ่ไม่มีความกังวลเกี่ยวกับการลดลงของความต้องการทางเพศ*