Predictors of sexual dysfunction experiences during the antepartum period among pregnant women attending antenatal clinics at selected primary health care centers in Southwestern Nigeria.
Temitope Feyisayo Asekun-Olarinmoye¹ Olukunmi Lanre Olaitan²
James Ebunoluwa Atolagbe³
Ifeoluwapo Oyebola Asekun-Olarinmoye⁴

¹Department of Public Health, Faculty of Basic Medical Sciences, College of Health Sciences, Osun State University, Oke-Baale, Osogbo, Nigeria,
²Department of Health Promotion and Environmental Health Education, Faculty of Education, University of Ilorin, Tanke, Kwara State, Nigeria,
³Department of Public Health, Faculty of Basic Medical Sciences, Adeleke University, Ogberin-Ilori Road, Ede, Osun State, Nigeria,
⁴Department of Public Health, School of Public and Allied Health, Babcock University, Ilisan-Remo, Ogun State, Nigeria

The Global Health Network

Published on: Jun 16, 2023
DOI: https://doi.org/10.21428/3d48c34a.44ef16
License: Creative Commons Attribution 4.0 International License (CC-BY 4.0)
Sexual function is highly representative of a significant part of human identity which greatly contributes to quality of life. Certain risk factors appear to influence female sexual experiences during the antepartum period. This is hardly discussed during antenatal care visitations and has received little consideration from both healthcare providers and researchers in Nigeria. Therefore, this study investigated predictors of sexual dysfunction experiences during the antepartum period among pregnant women in South-western Nigeria. The bio-psychosocial theory guided the development of a semi-structured questionnaire administered to 520 consenting pregnant women using a multistage sampling method in 15 Local Government Areas of Osun State, Nigeria. Face and content validation was done while Cronbach’s Alpha test gave a reliability score of 0.82. Data was analyzed using SPSS version 23 and summarized using proportions, chi-square and logistic regression tests at a confidence interval of 95% and p-value ≤ 0.05. Respondents’ demographic profile showed 289 (55.6%) between 20-30 years old, mean age being 30 ± 5.95 years, 333 (64.0%) were Christians and 206 (39.6%) had at least secondary education. Sexual activities prior to pregnancy occurred thrice per week (46.0%) and once per week after being confirmed pregnant (61.2%). Prevalence of sexual dysfunction was 67.7%. Respondents had low sexual desire (62.9%), high arousal (54.0%), poor lubrication (52.3%), high orgasm (63.3%) and satisfaction with their sexual life (74.2%) even though they experienced severe pain (54.8%). Predictors of sexual dysfunction included age at first marriage (α=0.036; OR=0.485; 95%CI= 0.2-0.9.), ethnicity (α=0.046; OR=0.514; 95%CI= 0.268-0.989), occurrence of foreplay (α=0.027; OR=0.344; 95%CI= 0.134-0.885), partner/spousal ability in handling sexual needs (α<0.01; OR=0.997; 95%CI=0.000-0.002), relationship satisfaction (α<0.01; OR=3.101; 95%CI=2.047-4.698), presence of third party (α=0.011; OR=1.873; 95% CI= 1.152-3.044) and a fear of harming the unborn child (α=0.034; OR=0.517; 95%CI = 0.280-0.953). No psychological factors were statistically significantly related to sexual function during pregnancy. A significant proportion of the respondents had poor sexual function during pregnancy. There was a reduction in the frequency of sexual intercourse after getting pregnant. Modified health talks, check-up assessments during antenatal visitations and use of pain-alleviating lubricants during pregnancy are needed to improve sexual function and health during pregnancy.