

Female Sexuality during Pregnancy in Urban Africa

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Abstract

Introduction: There are no contraindications to sexual intercourse during a physiological pregnancy. The aim of the study was to investigate the female sexuality during pregnancy. **Methodology:** This was a descriptive and analytical cross-sectional study carried out from February 1st to April 30th 2025 at the Sourô Sanou University Hospital Center in Bobo-Dioulasso (CHUSS). The study population consisted of pregnant women in the 3rd trimester with a physiological pregnancy seen at their prenatal follow-up. We collected data from 450 women by direct interviews. The data were entered in epi-data and then analyzed using SPPSS version 17.4. **Results:** During the survey, 382 (84.9%) women reported continuing sexual intercourse at 3rd trimester of pregnancy. All the women interviewed reported a change in position during the third trimester of pregnancy. A woman could report multiple positions. Women who did not have sex in the 3rd trimester reported being afraid of harming their babies in 58% of cases, 39% had a lack of interest in sexual life, 17% had dyspareunia and 6.2% had difficulty associating sexuality and motherhood. The profession, the type of household and the number of pregnancies influenced the practice of sexuality during pregnancy ($p < 0.05$). The talks led by health care providers during prenatal follow-ups were attended by 88.1% of women. No woman benefited from a talk on sexuality during pregnancy. **Conclusion:** The study allowed us to note that sexuality constitutes a reality among pregnant women in the 3rd trimester. Information on sexuality during pregnancy was not addressed by healthcare providers, hence the need to include it in prenatal discussion topics.

Keywords

Sexuality, 3rd Trimester, Pregnancy, Talks, CHUSS

1. Introduction

Pregnancy is a special time in the lives of women and couples. Medical literature has demonstrated through numerous studies that there are no contraindications to sexual intercourse during a physiological pregnancy [1] [2]. Sexual difficulties during pregnancy can have negative effects on the marital relationship and can represent an obstacle to women's adaptation to the physical and psychological changes of pregnancy [3] [4]. Information and support for women during this period are still insufficient, especially in modern African society, where sexuality remains a taboo subject. Health care providers should assume a proactive role, essential to helping future parents enjoy their sexuality and dispel myths about sexuality [5] [6]. A study was carried out in 2004 in the said department and the practice of sexuality during pregnancy constituted a reality contrary to received ideas [4]. We felt it was necessary to return to the question 10 years after this first study to revisit this theme and address some factors influencing female sexuality during pregnancy in the Department of Obstetrics, Gynecology and Reproductive Medicine (DGOMR) of the Sourô Sanou University Hospital (CHUSS) in Bobo-Dioulasso.

2. Methodology

The study took place in the Department of Obstetrics and Gynecology and Reproductive Medicine (DGOMR) of the Sourô Sanou University Hospital (CHUSS) in Bobo-Dioulasso. It was a descriptive and analytical cross-sectional study over a two-month period from February 1st to March 30th 2025 inclusive. The study population consisted of pregnant women with a physiological pregnancy seen at their prenatal follow-up and whose gestational age was greater than or equal to 37 weeks. Pathological pregnancies were excluded from the study. The sampling was exhaustive. The SCHWARTZ formula was used to determine the sample size. When we consider that "n" represents the sample size, "p" the estimated prevalence, "e" the desired precision for the study and set at 5%, "Z" the standard deviation for a 95% confidence interval or 1.96, the calculation formula is as follows for a retained precision of 1% : $n = z^2 p (1 - p) / e^2$. Considering $p = 0.5\%$, calculated n will be equal to $n = (1.96) (1.96) (0.5) \times [(1 - 0.5)] / (0.05) (0.05) = 384$. This gives a minimum sample size of 384 women to be surveyed. In order to overcome the possible risk of non-responses occurring in such studies, and to not have a value below the minimum size which guarantees the precision in the estimation of the parameters and especially to increase the power of the test, this sample was increased by 15%. The sample was thus increased to four hundred and fifty (450) women to be surveyed. The data collection was carried out by investigators including 3 men and 3 women made up of students at the end of the medical cycle previously trained for 2 days for the data collection. The data collection was done by direct interview with the patients in the outpatient room using a questionnaire including the study variables. At the end of the interview, the investigators made each respondent aware

of the possibility of having sexual intercourse at 3rd trimester of pregnancy and sexual practices compatible with pregnancy. The collected data were entered into Epi data and then analyzed using SPSS software in its version 17.4. The p-values were calculated. Statistical significance was assessed using the χ^2 test. The data were statistically significant if p was less than or equal to 0.05. Data collection authorization was obtained before the start of the study. Client anonymity was respected and their consent obtained before the interview.

3. Results

3.1. Socio-Demographic Characteristics

The average age was 28 years. Women aged 15 - 24 were predominantly represented in 38.6% of cases (**Table 1**).

Table 1. Socio-demographic data (n = 450).

Variable	Frequency	%
Age		
15 - 24	174	38.6
25 - 34	164	36.4
35 - 44	112	25
Occupation		
Housewives	226	50.2
Civil servants	129	28.7
Shopkeepers	77	17.1
Students	14	3.1
Others	4	0.9
Marital status		
Married	324	72
Cohabitation	111	24.7
unmarried	15	3.3
Marriage type		
Monogamy	309	68.7
Polygamy	141	31.3
Educational level		
None	216	47.9
Primary	19	26.4
Secondary	80	17.8
University	35	7.9
Gravidity		
Primigravida	140	31.1
Paucigravida	197	43.8
Multigravida	113	25.1

3.2. Practice of Sexuality

3.2.1. Continuation of Sexuality

During the survey, 382 (84.9%) women reported continuing sexual intercourse at 3rd trimester of pregnancy against 68 women or 15.1% (**Figure 1**).

3.2.2. Weekly Frequency

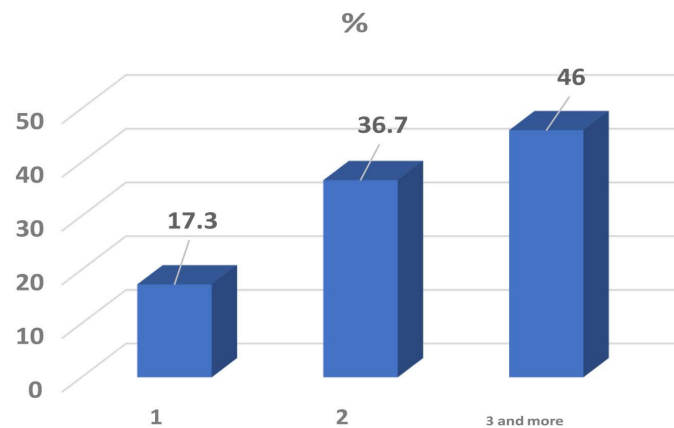


Figure 1. Frequency of sexual intercourse during the week. (n = 382)

3.2.3. Different Positions during Sexual Intercourse

All participants 100% reported a change in position in the 3rd trimester of pregnancy. A woman could report several positions (**Table 2**).

Table 2. Different positions adopted during sexual intercourse.

Positions adopted	Frequency	%
Greyhound	325	30.7
Missionary where “man is above woman”	271	25.6
Missionary where “woman is above man”	164	15.5
Full-back position	135	12.8
Sitting position	97	9.2
Standing position	55	5.2
Truce position	9	0.9
Total	1056	100

3.2.4. Reasons for Not Having Sex in the 3rd Trimester of Pregnancy

Women who did not have sex in the 3rd trimester reported being afraid of harming their babies in 58% of cases, 39% had a lack of interest in sexual life, 17% had dyspareunia and 6.2% had difficulty associating sexuality and motherhood.

3.3. Factors Influencing the Practice of Sexuality (Table 3)

Table 3. Factors influencing the practice of sexuality in the 3rd trimester of pregnancy.

Variables	Practice of sexuality			P-value
	Oui (%)	non (%)	Total	
Age				
15 - 24	127 (73%)	47 (27%)	174 (100%)	0.263
25 - 34	148 (90.2%)	16 (9.8%)	164 (100%)	
35 - 44	107 (95.5%)	5 (4.5%)	112 (100%)	
	Profession			
Housewives	173 (76.5%)	53 (23.5%)	226 (100%)	0.006
Civil servants	120 (93%)	9 (7%)	129 (100%)	
Shopkeepers	71 (92.2%)	6 (7.8%)	77 (100%)	

Continued

	Marital status			
Married	290 (89.5%)	34 (10.5%)	324 (100%)	0.418
Cohabitation	88 (79.3%)	23 (20.7%)	111 (100%)	
Bachelor	4 (26.7%)	11 (73.3%)	15 (100%)	
	Household type			
Monogamy	288 (93.2%)	21 (6.8%)	309 (100%)	0.000
Polygamy	94 (66.7%)	47 (33.3%)	141 (100%)	
	Number of gestures			
Primigravida	102 (72.9%)	38 (27.1%)	140 (100%)	0.003
Paucigest	180 (91.4%)	17 (8.6%)	197 (100%)	
Multigest	8.5%)	13 (11.5%)	113 (100%)	

3.4. Level of Information Provided by Healthcare Providers

The talks led by healthcare providers during prenatal follow-ups were attended by 88.1% of women. The topics covered during these talks are shown in **Table 4**.

Table 4. Topics covered during the talks (n = 396).

Themes	Frequency	%
Family planning	324	81.8
Sexually transmitted infections	273	68.9
Elimination of mother-to-child transmission of HIV	110	27.8
Screening for precancerous lesions of the cervix	208	52.5
Disadvantages of force-feeding and purging	314	79.3
Advantages of protecting yourself from mosquito bites	177	44.7
Avantages of talking iron + folic acid	148	37.4
Sexuality during pregnancy	00	00

4. Discussion

Our study has some limitations such as only the 3rd trimester was taken into account. It would have been interesting to divide the sample into three, and this according to the term of pregnancy, since each period has particular characteristics. This was not practical since most women do not know the date of their last period. The study was carried out in a last-level reference center; the vast majority of women were seen in the third trimester of pregnancy.

Our study involved 450 pregnant women, most of whom were aged 15 to 44, which is the average childbearing age for women.

4.1. Continuation of Sexuality

During the survey, 382 (84.9%) women reported continuing sexual intercourse in the 3rd trimester of pregnancy against 68 women or 15.1%. Our results are similar to those of Koakou and Diallo in Ivory Coast who noted respectively that 89% and 86% of women reported in their study continuing to have sexual intercourse during pregnancy [7] [8]. Similarly Dao and col in Bobo-Dioulasso reported favorable opinions on the continuation of sexual intercourse by 95% of pregnant women questioned (4). This reflects a positive evolution of mentalities because continuing

sexual intercourse during pregnancy was not a common practice in African societies.

4.2. Frequency of Sexual Intercourse

In our study, 18% of pregnant women reported having sexual intercourse at least three times a week. Our results could be explained by the fact that the gradual increase in uterine volume throughout pregnancy can cause discomfort and pain, thus limiting the desire and possibility of having sexual intercourse.

4.3. Positions Adopted during Pregnancy

Doggy style followed by missionary were the most commonly practiced positions by pregnant women in our study. Dao and Badri reported missionary as the most commonly practiced position in their study [2] [4]. Our results could be explained by the fact that our study was conducted in the 3rd trimester when the belly becomes more prominent, women resort to other positions less “tiring” than the missionary.

4.4. Factors Influencing the Practice of Sexuality

Occupation, household type, and number of pregnancies influenced sexual practices during pregnancy in our study. The link with primiparity could be explained by psychological, hormonal, and socio-cultural factors. Indeed, primiparous women may have more concerns about fetal safety during sexual intercourse, due to a lack of experience or information. Hormonal changes may cause more fatigue or nausea, which are experienced differently by primiparous women, and may reduce libido.

Women with paid employment (civil servants and shopkeepers) were less willing to have sexual intercourse during their pregnancy in our study. This result may be explained by fatigue and professional stress, which could lead to a decrease in libido.

Polygamy was a negative factor found in our study. This is explained by the fact that in a polygamous context, the husband may turn to his other wives during a partner’s pregnancy, which can reduce the frequency of sexual relations with her. This reorientation, often socially accepted in societies where polygamy is practiced, can lead to sexual isolation of the pregnant woman.

4.5. Information Received about Sexuality during Pregnancy

The talks led by healthcare providers during prenatal follow-ups were attended by 88.1% of women. No woman benefited from a talk on sexuality during pregnancy. Badri *et al* in Tunisia noted in their study that sexuality during pregnancy is poorly understood and rarely discussed during consultations [2]. They highlighted in their study that information on sexuality by healthcare professionals was considered insufficient by 78.8% of women. Healthcare staff can contribute to the lack of knowledge about sexuality by not addressing the topic of sexual relations with

pregnant women and/or by not giving advice on it [9]-[11]. It seems important not to wait for pregnant women to address the issue of sexuality before discussing it, because in a cultural context where sex is taboo, women are often too shy to dare to talk about it, even if they want to discuss it.

5. Conclusion

The study allowed us to note that sexuality constitutes a reality among pregnant women in the 3rd trimester of pregnancy in our context, with a decrease in the frequency of sexual intercourse. The influencing factors were primiparity, profession, polygamy and certain prejudices such as the fear of harming their baby. Information on sexuality during pregnancy was not addressed by health care providers during prenatal consultations, hence the need to include it in the themes of prenatal talks.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

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