



RESEARCH ARTICLE

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Sexuality in Pregnant Women During Prenatal Care in the Zinder City Health District : A Study of 215 Women

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ABSTRACT

The objective of our study was to describe the perception, attitudes, and practices of sexuality during pregnancy among women attending prenatal care in the Zinder City Health District.

Patients and Methods: This was a descriptive cross-sectional study conducted over two months (September 1 to October 31, 2024) involving 215 pregnant women attending prenatal consultations in the Zinder City Health District.

Results: The participants were primarily aged between 26 and 30 years (30%). Multiparous women accounted for 34.9% of cases, 57% were housewives, and 67.9% were educated. A total of 71.62% had attended four prenatal visits, with 59% of the participants being in the third trimester of pregnancy. Most women (92%) believed that sexual intercourse could continue during pregnancy. Sexual activity, with a frequency of 2 to 5 times per week, was reported by 46% of the women. The primary reason for continuing sexual activity was fulfilling marital duty (52.1%). Sexuality remained a taboo topic for 43.2% of participants. According to 74% of respondents, the second trimester was considered the most favorable period for sexual activity. The frequency of sexual activity had decreased for 69.8% of women, and the husband initiated sexual desire in 62% of cases. Additionally, 71% reported dissatisfaction with their sexual relationships. The need for information on sexuality from healthcare providers was expressed in 96% of cases. The missionary position (man on top) was the most commonly adopted during pregnancy (60.9% of cases).

Conclusion: Sexuality was practiced by pregnant women of all ages. Most believed that sexual intercourse could continue during pregnancy, although they expressed dissatisfaction with their sexual experiences. The frequency of sexual activity decreased as pregnancy progressed. The second trimester was considered the most favorable period for sexual activity, with the missionary position being the most frequently adopted. Women lacked sufficient counseling on sexuality during prenatal care.

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Introduction

Sexual health is recognized by the WHO as an essential pillar of overall well-being. Neglecting this aspect can negatively impact marital relationships, cause misunderstandings, and hinder pregnant women's adaptation to the changes associated with pregnancy. In many cultures, sexuality remains a taboo subject, perpetuating often incorrect preconceptions. The first comprehensive studies on the sexuality of pregnant women were conducted in the 1960s by Masters and Johnson, aiming to understand its physiology and mechanisms. Their research revealed the challenge of reconciling sexuality and maternity, with the former often sacrificed for the latter [1].

In many societies, sexuality during pregnancy is surrounded by myths and misconceptions [3].

Sexual difficulties during pregnancy can negatively affect marital relationships and hinder women's adaptation to physical and psychological changes, thereby influencing their sexuality during this period.

According to Tardieu, Sexuality is often Perceived as Exclusively Linked to Procreation "A woman who gives birth is a healthy woman (...) if she becomes pregnant, she heals (...) from all illnesses." This procreative view has led to contradictory perceptions : on one hand, sexual intercourse is sometimes considered beneficial for maternal health and preparation for childbirth, and on the other, it is perceived as a danger to pregnancy, particularly in cases of frequent intercourse [1].

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Sexuality during pregnancy is a sensitive and often overlooked topic in prenatal consultations, despite being a source of concern for pregnant women. It plays a fundamental role in the quality of life and well-being of couples.

Moreover, many women are unaware of the benefits of sexual activity during this period, including its impact on perineal health, preparation for childbirth, and softening of the cervix in late pregnancy, facilitating labor in the third trimester [4].

In France, Doucet observed that religious influence on sexual practices is decreasing, although unfounded fears regarding sexuality during pregnancy persist. In Tunisia, Taleb et al. Found that pleasure was the primary reason for continuing sexual activity during pregnancy, with the second trimester being the most active period [5].

In Tunisia in 2013, Taleb et al. found that for pregnant women, pleasure was the primary reason for continuing sexual activity, with the second trimester being considered the most “sexually active” period [6].

In Morocco, Berrada reported that 7.6% of women believed that sexual intercourse could cause miscarriages, with 26% and 20% citing risks of infection or bleeding, respectively [7].

In Côte d’Ivoire, Diallo revealed that 70% of pregnant women continued sexual activity, 68.3% did so as a marital duty, and 75% reported a decrease in sexual desire [8].

In Niger, little data exists on sexuality during pregnancy, and no data is available on this topic in the Zinder region.

For this reason, we initiated this study on the practice of sexuality among pregnant women to contribute to better sexual practices for pregnant women in Zinder.

Methodology

This was a descriptive cross-sectional study aimed at describing the perceptions and sexual practices of pregnant women attending prenatal consultations in the Zinder City Health District. The study sample consisted of 215 women selected through purposive sampling. Inclusion criteria included pregnant women in their second or third trimester who voluntarily agreed to participate in the study. Data were collected using structured questionnaires administered during individual interviews. The collected data were analyzed using appropriate statistical software.

Data collection was conducted using ODK and KoboToolbox, while analysis was performed using SPSS. Excel was used for data processing, and Word was used for graph generation and text drafting.

Results

Sociodemographic Characteristics

The study revealed that 30.7% of surveyed women were aged between 26 and 30 years, with the age range extending from 14 to 40 years. Women who were pauci- or multiparous accounted for 69.3% of cases. More than half of the participants were housewives (57.7%). The majority of participants were in their third trimester of pregnancy (59.1%), married (99.5%), and living in monogamous households (67.5%). Additionally, 67.8% of the participants were educated, with 33% having completed secondary school. Most participants had attended four or more prenatal consultations (71.6%).

Table 1: Socio-Demographic Characteristics

Age	Range 26-30	30.7%
Parity	The pauci pares/ multiparous	69.3%
Profession	Housewives	57.7%
Marital	Status Married	99.5%
Education	Secondary	67.80%
Type of household	Monogamy	67.5%
Prenatal follow-up	4 and over	71.6%
Term of pregnancy	Trimester 3rd	T3 59%

Knowledge and Practices Regarding Sexuality During Pregnancy

The survey investigated participants’ knowledge about continuing sexual intercourse during pregnancy.

The Findings are Summarized below

Table 2: Pregnant Women's Knowledge of Continuing Sexual Intercourse During Pregnancy

		Number (n)	Percentage %
Yes		198	92.1
No	Women's health arguments	4	1.9
	Fetal health arguments	13	6.0
Total		215	100.0

- 92.1% of women believed that sexual intercourse could continue during pregnancy.

Table 3: Distribution of Pregnant Women According to their Frequency of Sexual Intercourse

Sexual intercourse	Number (n)	Percentage %
2 to 5 times per week	99	46.0
Daily	18	8.4
Monthly	14	6.5
No practice	15	7.0
Once every two weeks	6	2.8
Once a week	63	29.3
Total	215	100.0

46% reported having sexual intercourse 2 to 5 times per week.

Table 4: Distribution of Pregnant Women According to Perception of Sexual Intercourse During Pregnancy

Benefits of sexual intercourse	Number(n)	Percentage %
Marital duty	205	95.34
Facilitated childbirth	53	24.65
Couple's bond	69	32.09
Prevented marital infidelity	50	23.25

95.34% of women viewed sexual intercourse as a Marital duty.

74% identified the second trimester as the most favorable period for sexual activity during pregnancy

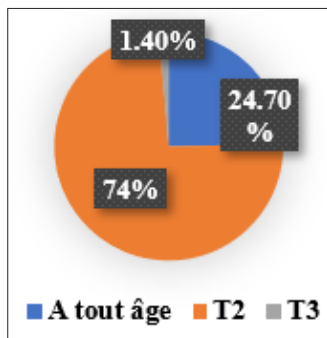


Figure 1: Favorable Period for Sexual Activity

Pregnant women who used other forms of pleasure other than sexual intercourse to satisfy their partners were 46%.

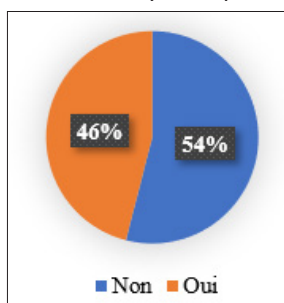


Figure 2: Distribution of Pregnant Women According to the Practice of other forms of Pleasure

The rate of sexuality in pregnant women decreased in 69.8% of cases.

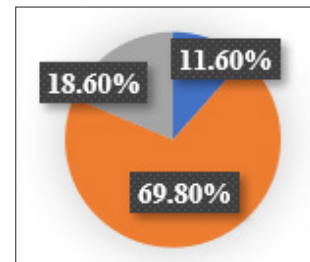


Figure 3: Distribution of Pregnant Women According to the Rhythm of Sexual Practice

The preferred time to have sexual intercourse was at night in 67.9% of cases.

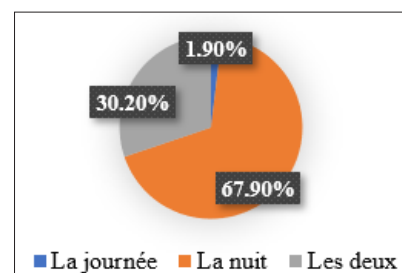


Figure 4: Distribution of Pregnant Women According to the Preferred time of Sexual Intercourse. (Day; Night; Both)

The initiator of sexual desire was the husband in 62.30% of pregnant women.

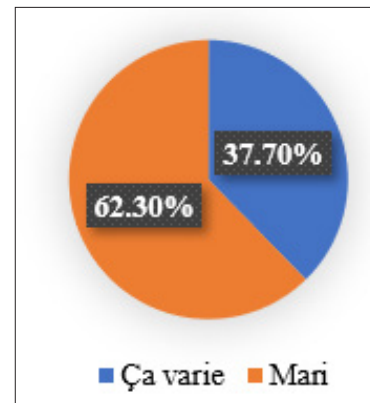


Figure 5: Distribution of Pregnant Women According to the Initiator of Sexual Desire

Table 5: Distribution of Pregnant Women According to Sexual Satisfaction

sexual satisfaction	Number(n)	Percentage %
Always	45	20.9
Never	17	7.9
Sometimes	153	71.2
Total	215	100.0

Pregnant women said that they were not always satisfied with sexual intercourse with their husband in 71.2% of cases.

Table 6: Distribution of Pregnant Women According to the type Aphrodisiac used

Aphrodisiac used	Number(n)	Percentage %
No	182	84.7
Modern	2	0.9
Traditional	31	14.4
Total	215	100.0

The traditional aphrodisiac was used in 14.4% of cases.

Pregnant women did not communicate with their partners about sexuality in 42.30% of cases.

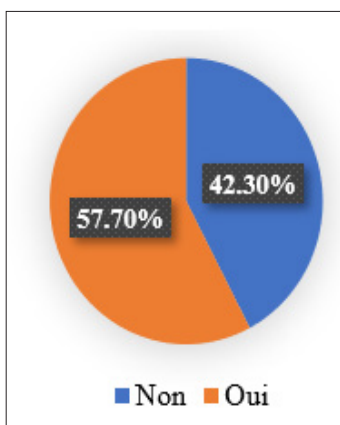


Figure 6: Distribution of Pregnant Women According to Communication about Sexuality with the Partners

Pregnant women claimed that they did not receive IEC on sexuality practices during pregnancy from healthcare providers in 96% of cases.

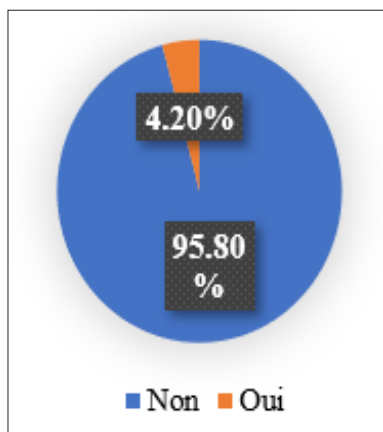


Figure 7: Distribution of Pregnant Women According to Information, Education and Communication Received during Prenatal Care on Sexuality

Table 7: Distribution of Pregnant Women According to the Sexual Positions Adopt

Adopt position	Number(n)	Percentage %
Andromache (woman above man)	19	8.8
Variations	15	7.0
doggy style (on 4 legs)	26	12.1
The missionary position (man on top)	131	60.9
Small spoon (man behind the woman, all in lateral position on the same side)	24	11.2
Total	215	100.0

The missionary position (man on top) was the most frequently adopted during pregnancy (60.9%).

Discussion

Sociodemographic Characteristics

The pregnant women surveyed in our study were predominantly young with the 26-30 age group accounting for 30.7%, this result is similar to that found in the Talel study in 2017 which had 29% of women aged between 25 and 29. The similarity of these values is due to the fact that this age group is in the period when sexual activity is most active. The pregnant women were pauci pares/multiparous (69.3%), which could be a reflection of marriages at a young age in the Zinder region, as most women under 30 years of age are multiparous and large multiparous in Zinder [6]. The characteristics reflect a typical population in high-birth regions such as Zinder, where the fertility rate is high.

67.9% of the pregnant women surveyed were in school, 33% of whom have a secondary level, which means that most of these women leave school at the college. This result is lower than that of Lobna Arbi who had 42% of cases in her study [12]. It is therefore very likely that these pregnant women in our study were married since high school, which proves the low rate of retention of young girls in school in the region.

Sexual Perceptions and Practices

The majority of pregnant women surveyed (92%) said that sexual intercourse could be continued during pregnancy. Our result is the same as that of B.DAO and Talel Badri, which leads us to believe that sexual intercourse during pregnancy is indeed possible [3-6].

The 8% of pregnant women did not know that sexual intercourse can be continued during pregnancy. This proves that the question of socio-cultural and religious consideration in certain countries that prohibits sexual intercourse among pregnant women is not the case in Niger, particularly in Zinder.

However, 43.2% felt that sexuality remains a taboo subject, highlighting the persistence of preconceived ideas and cultural beliefs. These perceptions are aligned with the results of the study by Soumaya Berrada (Morocco), where beliefs related to sexuality included fear of miscarriage (7.6%) or infections (26%) [7].

The second trimester was identified as the most favorable period for sexual intercourse by 74% of pregnant women. This observation is consistent with the work of Scarselli & Pampaloni and Masters & Johnson, who show an increase in sexual desire and physical comfort in the second trimester, when first-trimester symptoms (nausea, fatigue) decrease [1].

Frequency and Satisfaction of Sexual Activity

Our study shows that 46% of pregnant women practiced sexual intercourse on average 2 to 5 times a week, this is due to the fact that during this trimester, sexual desire increases, which is also explained by the disappearance of the sympathetic signs of pregnancy which are nausea, vomiting and the removal of fears of a miscarriage.

However, 69.8% reported a gradual decrease in the rhythm of sexual intercourse over the course of pregnancy. Our result is comparable to that of Talel. Badri who found a decrease in the rhythm [6]. This proves that the rhythm of sexual intercourse during pregnancy decreases as the pregnancy progresses. Most of the pregnant women who said this decrease were in their 3rd trimester of pregnancy, because at that moment the abdominal volume has increased, there is also the effect of persistence, physical discomfort during intercourse sets in and above all there is a significant drop in libido in most of them compared to the state that precedes pregnancy. This finding is similar to that of Bartellas et al. in their study who reported a decrease in sexual activity in the third trimester due to physical discomfort and anxiety related to childbirth [11].

But in the literature, there are two reasons for this decrease in sexuality during pregnancy. The first maintains that such an evolution of sexuality is due to a lack of information. According to the second sexuality is not considered by the woman as an important aspect of the couple's relationship [1]. This allowed us to find in our study about 15% of pregnant women used aphrodisiacs to stimulate their libido and increase their sexual desire, in order to satisfy their relational needs with their partner.

The perception of sexual intercourse as a "conjugal duty" (95.34%) remains prevalent in this population, reflecting a significant cultural and religious influence. In Côte d'Ivoire, A. Diallo also found that 68.3% of women continued to have sex for similar reasons, despite a decrease in their sexual desire in 80% of cases. This assertion by "conjugal duty" proves to us the notorious ignorance of pregnant women about the knowledge of the advantages of sexual intercourse and also teaches us an almost total absence of communication on sexuality by providers in PNS [8].

In our study, 71% of pregnant women said that they were not always satisfied with sexual intercourse with their partners. This

decreased from the pre-pregnancy state, and they were doing it just to keep their husbands' attention. Our result is higher than that of B.DAO who had 63% in his work. The more sexual satisfaction women had, the greater their feeling of seduction, unfortunately the majority do not know this [3].

Taboos and Communication

Our study shows that 42% of pregnant women did not communicate about the subject of sexuality with their partners because they considered it a taboo subject. Whereas communication is very important in a couple. It is a way to express one's sexuality, affection, the level of one's sensuality and tenderness. And through this communication, men could understand that some pregnant women favor fellatio and female masturbation instead of penetration.

The study reveals a glaring lack of communication about sexuality during antenatal care, with 96% of women reporting that they do not receive advice from health care providers, despite believing that this information is essential and feel the need for it. Many would like to ask questions to midwives, but they hesitate for fear of being judged because of the taboo of the subject.

As a result, these women do not benefit from appropriate advice on this subject, which feeds preconceived ideas. This result is in line with the study conducted in Niamey by Fatoumata in 2020, which highlights an almost total absence of awareness of sexuality during antenatal care [9].

Internationally, more open approaches, such as in France Doucet 2002, show that active communication about sexuality can reduce unfounded fears and improve the quality of life of pregnant women [5].

Sexual Positions and Comfort

The missionary position remains the most practiced by 60.9%, although it can become uncomfortable in late pregnancy. Our result is the same as that of Bouzouita et al. in his study [2]. This is not at all surprising because it is the most well-known and practiced position of all time, but also the majority of sexuality was practiced in the 2nd trimester where it is without constraint. Studies have shown that it is from this trimester that a change in sexual position takes place. This change can be explained by an adaptation to the volume of the belly making certain positions uncomfortable, in particular that of the "missionary", which means that some pregnant women practiced Doggy (woman on 4 legs) and for others, it was the position of the small spoon (man behind the woman all in a lateral position on the same side), to improve comfort and avoid excessive pressure on the abdomen.

Cultural Factors and Beliefs

Erroneous beliefs, such as the idea that sperm could harm the fetus or make the newborn "dirty", persist among some pregnant women. These beliefs, also observed in Niamey among 13% of pregnant women in Fatoumata's 2020 study, underline the need for appropriate education to deconstruct these preconceived

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ideas [9]. On the other hand, some cultures value sexuality during pregnancy, such as among the Azandés (DRC), where sperm is perceived as beneficial for the growth of the fetus [10].

Implications for Antenatal Care

These findings highlight the urgent need to integrate sexuality into antenatal care. Proper education on the benefits of sexuality during pregnancy can improve women's well-being and reduce marital tension.

Conclusion

This study revealed trends similar to those observed in other contexts, while highlighting cultural specificities specific to Zinder. Sexuality remains a taboo and its practice among pregnant women depends on socio-cultural factors, our respondents were young pregnant women, of all reproductive ages, multiparous and large multiparous women, housewives, most of whom were educated at school. The second trimester of pregnancy was found as a favorable period of sexuality for most of them, the missionary position was the most practiced and sexuality was done out of conjugal duty. The rhythm of their sexuality had decreased with the pregnancy. Almost all of them were unaware of the benefits of sexual intercourse for pregnant women, due to a lack of communication about sexuality by health care providers.

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