

## ORIGINAL ARTICLE

# The Depiction of Sexual Function during Third Trimester of Pregnancy

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## ABSTRACT

**Background:** Pregnant women often ask about sexual activity during pregnancy and the consequences curred during sexual activity. Sexual activity can occur during pregnancy, but the frequency is very varied, decreasing along with increasing gestational age.

**Aim:** This study aims to know third-trimester pregnant woman's sexual function. This study was performed in "Siti Fauziah" Midwifery Health Care.

**Method:** The study design used descriptive analysis in which researchers were eager to describe the sexual function of third-trimester pregnant women.

**Results:** Results obtained 12 respondents (46.15%) in the category of low sexual function, nine respondents (34.61%) in the category of moderate sexual function, and five respondents (19.23%) had a useful sexual function.

**keywords:** Function of Sexual activity, Pregnancy

## INTRODUCTION

Pregnancy is characterized by a mature ovum's unity with a sperm (conception) and lasted approximately ten months, or 40 weeks, or 280 days, calculated from the first day of the last menstrual period. Moreover, pregnancy is a critical period that can be stressful but worthwhile because it is prepared to provide care and carry a big responsibility [1]. Pregnant women often ask about sexuality during pregnancy, and its consequence occurred during sexual activity. Sexual activity can occur during pregnancy, but the frequency is very varied, decreasing with increasing pregnancy age [2]. Along with the growing size of the uterus in pregnant women and difficulty and discomfort resulted in the sexual activities [3]. Some physical and psychological changes can impact the quality of life, especially the sexual function of women. Physical change that often disturbs the pregnant women during intercourse is difficult to supine lie during pregnancy. Another factor that influences inconvenience on pregnant women to have sexual relations is the psychological factor. Emotional factors had the most impact on the change of sexual function [4]. The physical and psychological changes in pregnant women due to progesterone and estrogen imbalance will undoubtedly affect the sexuality of pregnant women. Usually, the urge to have sexual activity in each trimester of pregnancy has several differences. In the first trimester, pregnant women's sexual desire has decreased since morning sickness, vomiting, nausea, and fatigue will affect their spirit, desire, and libido to perform sexual intercourse. Entering the second trimester, generally, libido comes back; it is because the body begins to accept and get used to the condition of pregnancy so that pregnant women can felt more freely than in the first trimester. In different trimesters the libido can go down again [5].

Sexual need in married life is an essential element that can increase proximity and quality of life. Desire to have sexual intercourse, in a sense, can be called libido (lust). Sexual activity has many variations that can be done. The intimacy of the couple doing sexual intercourse is

strongly influenced by the context of cultural, social, religious, and various other values. Many people still consider that sexual intercourse during pregnancy, especially during late pregnancy, is taboo and even assumed as a sinful activity. The condition during pregnancy is unworthy of having sexual intercourse. The community's myths state that sexual activity can possibly harm the fetus to cause premature rupture of membranes and preterm labor. Suggestions to abstain from sexual intercourse during pregnancy, which is too long, can cause tension between married couples, and some even get caught up in extramarital affairs [6].

## METHOD

This study applied descriptive design to find out the description of the variables studied. In this study, the researchers wanted to know the sexual activity function of third-trimester pregnant women. Data collection used primary data by questionnaire measuring instrument. The populations in this study were all pregnant women in "Fauziah Katini" Midwifery Health Care. The sampling technique used total sampling. Samples were obtained as many as 26 pregnant women. Inclusion criteria were pregnant women in the third trimester and a married couple who lived together—data analysis performed by descriptive statistics to describe respondents' characteristics and the research variables.

## RESULT

**Table 1.** Characteristics of respondents

Characteristics	frequency	presentation
Age		
<20	16	61%
20-30	8	31%
31-40	2	8%
Number of Pregnancy		
primiparas	18	69%
multiparas	8	31%

**Table 2.** Sexual Function Data in Third Trimester of Pregnancy

Sexual function in the third trimester	frequency	Presentation (%)
Good condition	5	19.2
moderate condition	9	34.6
Poor condition	12	46.1
Total	26	100

Based on the Table, it can be seen percentage that 12 respondents (46.15%) were in the category of low function of sexual activity, nine respondents (34.61%) in the category of moderate sexual function, and five respondents (19.23%) had a useful sexual function.

## DISCUSSION

The results showed that five respondents (19.23%) had useful Sexual function during the third trimester of pregnancy, nine respondents (34.61%) had moderate Sexual function, and 12 respondents (46.15%) had a low sexual function. This shows the variation of the intercourse function during pregnancy, especially in Trimester III pregnancy. Most women experience reducing sexual function due to a decrease in the frequency of sexual intercourse. During pregnancy, the frequency of sex decreases from early pregnancy because of pregnant women with nausea, vomiting, and changes in unstable hormones after conception. Then the sexual function of pregnant women increased in the second trimester of pregnancy as the mother's body has been able to accept and get used to the condition of pregnancy, so she started comfortably back in sexual intercourse, and in the third trimester, the maternal decreased sexual function returns along with increasing gestational age [7]. Age factor also can determine a person's experience in sexual intercourse during pregnancy. It is viewed that the research results were dominated by age group <20 years. The first pregnancy may cause insufficient knowledge and experience, mostly related to sexual function during pregnancy. This is also evidenced from the demographics of 69.24% respondents were in the first pregnancy.

The decline of sexual function, physical changes, and psychological changes during pregnancy require pregnant to go through. According to Aslan (2005), in the third trimester of pregnancy, physical body shape changes such as a distended abdomen due to changes in the larger uterus, swollen feet dan puffy face caused at the time of sexual intercourse to trigger stiffness and uncomfortable because it was blocked by a growing belly [8]. Shape changes in a pregnant woman's body will also impact couples' desire to have sexual intercourse. The genital narrowing can cause sex less satisfaction, especially in the final trimester. This happens because, during pregnancy, a transition period can cause changes in sexual life. Many pregnant women also thought that orgasm would stimulate miscarriage or premature labor. At the moment of orgasm, the uterus can contract but did not give a sign of labor and does not pose a hazard in normal pregnancy (gestation without risk). The presumption fear of hurting the fetus

when the head had gone down into the pelvic cavity will also reduce libido. Pregnant women will be tenser because of the imminent fetal position. The couple's fear of sexual intercourse of hurting the fetus will also change the couples' sexuality [9]. Therefore, many pregnant women feel uncomfortable and tired in sexual activity during late pregnancy and want to terminate immediately.

## CONCLUSIONS

Based on research on 26 respondents about sexual function of pregnant women in the third trimester at Pulung Fauziah Maternal Health Care, it obtained a percentage of 12 respondents (46.15%) in the category of low sexual function, nine respondents (34.61%) in the category of moderate sexual function, and five respondents (19.23%) had a useful sexual function. This study used a descriptive research design, which only described sexual function in third-trimester pregnant women. Recommendations for further research are to analyze further the factors that affect sexual function in pregnancy by considering the limited research on sexual function during pregnancy and its effect on women's quality of life.

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