



SEXUAL DYSFUNCTION IN PREGNANCY: PROBLEMS AND SOLUTIONS

Journal Website:
<https://theusajournals.com/index.php/ijmscr>

Copyright: Original content from this work may be used under the terms of the creative commons attributes 4.0 licence.

Submission Date: Sep 29, 2024, Accepted Date: Oct 04, 2024,

Published Date: Oct 09, 2024

Crossref doi: <https://doi.org/10.37547/ijmscr/Volume04Issue10-06>

Bazarova Zarina Zafarovna

Assistant of the Department of Obstetrics and Gynecology No. 1, Samarkand State Medical University, Samarkand, Uzbekistan

ABSTRACT

Sexual dysfunction is a common problem affecting people around the world, and its manifestations can vary in type and severity. According to various studies, about 30-50% of men and up to 40% of women experience sexual dysfunction at different stages of their lives. In men, erectile dysfunction is the most common, especially among the elderly, while women often experience problems with libido, achieving orgasm, and other sexual dysfunctions. The impact of pregnancy on sexual function is an important topic, where studies show that 30-70% of women experience dysfunction during this period. Psycho-emotional factors such as stress and anxiety also play a significant role in causing sexual problems. Addressing these issues effectively requires open discussion and seeking help.

KEYWORDS

Sexual dysfunction, erectile dysfunction, female sexual dysfunction, pregnancy, psycho-emotional factors, prevalence, libido, quality of life.

INTRODUCTION

Pregnancy is a unique and potentially wonderful time for many women. However, changes in your physical and emotional state can impact your sex life. Sexual dysfunction during pregnancy is a hot topic that

deserves attention. In this article, we will look at the causes, symptoms, and possible solutions to this problem. According to Allison Conn et al. (2023), women very often experience concerns about sexual

dysfunction. If the problems are severe enough to cause distress, they may be considered sexual dysfunction. Sexual dysfunction affects approximately 12% of women in the United States.

Sexual dysfunction is an issue that affects people all over the world. Statistics on the prevalence of different types of sexual dysfunction vary by region, research methods, and population. Here are some key statistics about sexual dysfunction: The World Health Organization (WHO) estimates that about 30-50% of men and up to 40% of women may experience various forms of sexual dysfunction at some point in their lives.

- Studies show that up to 43 percent of women may experience some form of sexual dysfunction, including lack of libido, vaginismus, or problems reaching orgasm ([Laumann et al., 1999] (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3807779/>)).

In a German study, 28.9% of women reported a decrease in sexual desire. Studies show that 30-70% of women may experience sexual dysfunction during pregnancy, especially in the first and third trimesters ([Facchinetti et al., 2018] (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5889014/>)). Stress, anxiety, and depression can significantly affect sexual function. It is estimated that about 35% of people with a diagnosed anxiety disorder report problem with libido and sexual satisfaction. According to a 2010 study, sexual dysfunction was most prevalent

in the Americas (over 40%), Europe (over 30%), and Asia (over 20%). These data emphasize the importance of discussing sexual health issues and seeking help when needed. Sexual dysfunction can greatly affect the quality of life, and overcoming these difficulties can help to improve intimate and overall relationships.

Causes of Sexual Dysfunction During Pregnancy

1. Hormonal Changes

Pregnancy is accompanied by significant changes in hormonal levels, which can affect libido. Estrogen and progesterone levels increase, which in some cases can lead to a decrease in sexual desire ([Macklon et al., 2002] (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1592180/>)).

2. Physical Changes

A growing belly, weight gain, and changes in the breasts can cause discomfort during intercourse. Many women experience physical limitations and pain in the pelvic area, which can also reduce the desire for sex ([Chisholm et al., 2019] (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6492394/>)).

3. Psycho-emotional factors

Stress, anxiety, and worry about childbirth and parenthood can significantly reduce libido. Research shows that many women experience increased anxiety



during pregnancy, which can lead to sexual dysfunction ([Gonzalez et al., 2015](<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4475994/>)).

4. Relationship with a partner

Changing relationship dynamics can also be a factor. Changes in self- and body image can cause uncertainty in sexual relationships with a partner ([Smith et al., 2019](<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6522239/>)).

Symptoms of sexual dysfunction

- Decreased libido: Decreased interest in sexual activity.
- Pain: Discomfort or pain that occurs during sexual intercourse.
- Difficulty achieving orgasm: Difficulty achieving sexual satisfaction.
- Emotional problems: Feelings of anxiety or depression related to intimate life ([Nicol et al., 2013]).

Possible Solutions

1. Open Communication with Your Partner

Discussing your feelings and experiences with your partner can help you find compromises and solutions. Openness can help build trust and reduce anxiety.

2. Consulting a Doctor

If sexual dysfunction is causing significant discomfort, it is worth seeing a doctor. Professionals can offer solutions, including therapy or exercise recommendations.

3. Educational Resources

Learning about how pregnancy can affect sexuality can help women adapt to changes. Books and online resources can provide helpful tips ([Freeman et al., 2014]).

4. Sex Therapy

Professional therapy can be helpful for women and couples struggling with sexual dysfunction.

Sexual behavior during pregnancy reflects the biopsychosocial nature of sexuality and is influenced by a range of hormonal, emotional, and social factors. This mixture of influences affects sexual behavior during pregnancy in very different ways. Women may experience less or more sexual desire than their partners. They may have problems accepting their pregnancy-altered bodies or anxiety about future motherhood. Situations are varied and complex, and there are no prescribed guidelines on what advice should be given to all pregnant women and their partners about sexuality during pregnancy. What is important is to discuss sexuality in detail, to listen actively and non-judgmentally, to create an

atmosphere of intimacy, and to maintain professional standards by building a trusting relationship in which couples feel confident to share their thoughts, concerns, and desires.

CONCLUSION

Sexual dysfunction in pregnancy is a common problem faced by many women. Recognizing the causes and open communication with your partner can significantly improve the quality of your intimate life during this difficult period. If problems persist, it is important to seek professional help to find a suitable solution and improve the overall quality of life.

REFERENCES

1. American Urological Association. (n.d.). AUA Guidelines on Diagnosis and Treatment of Female Sexual Dysfunction
2. Chisholm, K., et al. (2019). "Pregnancy and Sexual Health: Changes and Considerations." *Journal of Sexual Medicine*. [Ссылка](<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6492394/>)
3. Iskandarovna T. N. CURRENT APPROACH AND FACTORS LEADING TO ENDOMETRIAL HYPERPLASIA IN PREMENOPAUSE //World Bulletin of Public Health. – 2022. – Т. 11. – С. 77-79.
4. Iskandarovna T. N. HYPERPLASTIC PROCESSES IN PREMENOPAUSAL AGE WOMEN //JOURNAL OF BIOMEDICINE AND PRACTICE. – 2023. – Т. 8. – №. 3.
5. Gonzalez, A., et al. (2015). "Anxiety and its effect on sexual function during pregnancy." *Archives of Sexual Behavior*. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4475994/>)
6. Macklon, N. S., et al. (2002). "Hormones and the psychological aspects of pregnancy." *Human Reproduction Update*. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1592180/>)
7. Nicol, M. et al. (2013). "Sexual functioning and dysfunction in pregnant women." *Sexuality Research and Social Policy*. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3650935/>)
8. Smith, R., et al. (2019). "The impact of pregnancy on sexual functioning." *Maturitas*. (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6522239/>)
9. TODJIEVA N. I., UGLI SHOPULOTOV S. A. COMMUNICATION OF PRE-CLAMPSIA OF SEVERE DEGREE AND EXTROGENITAL DISEASES //БИОМЕДИЦИНА ВА АМАЛИЈЕТ ЖУРНАЛИ. – С. 77.
10. Todjyeva N., Vohidov S., Rajabov A. ENDOMETRIUM AND ITS HYPERPLASTIC PROCESSES //Eurasian Journal of Medical and Natural Sciences. – 2022. – Т. 2. – №. 6. – С. 355-359.



11. Zafarovna B. S., Zafarovna B. Z. CARDIOMYOPATHY AND PREGNANCY: THE VIEW OF A CARDIOLOGIST AND AN OBSTETRICIAN-GYNECOLOGIST //MODELS AND METHODS FOR INCREASING THE EFFICIENCY OF INNOVATIVE RESEARCH. – 2023. – Т. 2. – №. 19. – С. 123-129.
12. Zafarovna B. Z. et al. Quality of life of women undergoing obstetric hysterectomy //European science review. – 2018. – №. 9-10-2. – С. 38-40.
13. Zafarovna B. Z., Zafarovna B. S. PROBLEMS OF PREMENOPAUSAL AGE //Central Asian Journal of Medical and Natural Science. – 2023. – Т. 4. – №. 6. – С. 1239-1242.
14. Zafarovna B. Z. GYNECOLOGICAL DISEASES ENCOMPASS A WIDE RANGE //Journal of Modern Educational Achievements. – 2024. – Т. 3. – №. 1. – С. 69-71.
15. Zafarovna B. Z. HIGHLIGHT THE IMPORTANCE OF PREVENTIVE MEASURES SUCH AS REGULAR GYNECOLOGICAL SCREENINGS //INNUC. – 2024. – Т. 2. – №. 2. – С. 51-54.
16. Базарова З. З. НАРУШЕНИЯ МОЧЕВЫДЕЛИТЕЛЬНОЙ ФУНКЦИИ ПРИ БЕРЕМЕННОСТИ //Eurasian Journal of Medical and Natural Sciences. – 2024. – Т. 4. – №. 5-1. – С. 126-130.
17. Тоджиева Н. И., Худоярова Д. Р., Базарова З. З. Совершенствование методов лечения гиперпластических процессов эндометрия в пременопаузе //Профессионал года. – 2018. – Т. 2018. – С. 81-84.
18. Тоджиева Н. И. premenopausal davrdagi endometriyning giperplastik jarayonlari: davolash usullarini takomillashtirish //журнал биомедицины и практики. – 2022. – Т. 7. – №. 5.
19. Пулатов У., Нематуллаев Ж., Шопулотова З. ОСТРЫЕ РЕСПИРАТОРНЫЕ ВИРУСНЫЕ ИНФЕКЦИИ: СИМПТОМЫ, ЛЕЧЕНИЕ И ПРОФИЛАКТИКА //Евразийский журнал медицинских и естественных наук. – 2024. – Т. 4. – №. 5. – С. 269-273.
20. Шопулотова З., Тоджиева Н. ИННОВАЦИИ В АКУШЕРСКОЙ ПРАКТИКЕ //Евразийский журнал медицинских и естественных наук. – 2024. – Т. 4. – №. 5. – С. 265-268.