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EVALUATION OF INFLUENCING FACTORS IN DISEASES OF THE REPRODUCTIVE SYSTEM IN WOMEN IN QAZVIN

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ABSTRACT

Background: One of the important and indispensable instincts of humans is sexual desire, and that is an important part of their lives. The instinct and the problems caused by it are very important. According to studies, sexual concerns in each country have a particular dispersion but the common point of the majority of studies is to Increased sexual dysfunction of women during menopause. Today, research shows that sexual dysfunction is not only during menopause, because there can be sexual problems throughout a woman's married life, and this issue led us to pay attention to sexual concerns in the reproductive years in this study. **Aim:** This study was performed to evaluate the diseases of the reproductive system and the factors affecting it in women in Qazvin in 2019. **Materials and methods:** This study is a cross-sectional study and statistical population of this research is women referring to health centers in Qazvin. The sampling method is a two - step cluster. In the districts 1, 2 Qazvin, we first consider each health center as a cluster and randomly select a few centers, then select 240 people from among the selected centers by simple random sampling. The method of data collection was questionnaire (epidemiological, sexual health, questionnaires such as demographic characteristics, sexual awareness, the quality of a favorable relationship with a spouse, sexual literacy and sexual disorders based on DSM-IV). **Finding:** 44.8 case study unit research on sexual activity during pregnancy may be harmful to the fetus; But all of them have had sex during pregnancy, 51.6 makes them have sex once or twice a week. 43.9% of women had normal sexual function and 31.4% had mild disorder and the prevalence of severe disorder was 18.8%. The severity of the disorder was significantly associated with trimesters of pregnancy ($p = 0.001$); Severe disorder was more common in the third trimester. In general, the score of sexual function during pregnancy decreases with increasing gestational age, so that in the third trimester of pregnancy, the most sexual dysfunction is observed. Therefore, further studies are recommended to find the exact pattern of sexual changes during pregnancy and to understand its epidemiology. **Conclusion:** According to the results of this study, it can be said that the main causes of sexual dysfunction in postmenopausal women are vaginal pain, dryness of the vagina and lack of orgasm, and in women of reproductive age, lack of orgasm.

KEYWORDS: Diseases of the reproductive system, Women of childbearing age, Menopause.

INTRODUCTION

Sexual function is a multi - dimensional phenomenon affected by many biological, psychological and social factors. The importance of sexual desire is realistic as sexual problems can affect other aspects of individual and social life so that some of the psychological disturbances, conflicts and failures of marital life.[1,2] Human sexual function is a process involving a combination of different organs and involves coordination between neurologic, vascular and endocrine systems. Woman's sexual function is a state of ability to reach sexual excitation, lubrication, orgasm and satisfaction, which results in health and achieving a level of health coupled with good quality of life. There is a lot of evidence to support the importance of sexual health and its impact on the quality of life nowadays.[4] Sexual dysfunction is a major public health problem that affects woman more than men. The dysfunction of woman is broadly defined in libido, excitation, orgasm, and sexual pain, which causes an injury in individual and interpersonal problems.[3]

Pregnancy plays an important role in the sexual function and behavior of woman.[4] Multiple biological, functional, psychological and social changes occur pregnancy is cyclical that may affect sexual function.[6] Although 86 % to 100 % of women sexual activity during pregnancy, the majority of woman show a reduction in sexual exposure and sexual desire, especially in the third trimester of pregnancy. The problems of sex performance in woman are reported frequently.[4] The prevalence of sexual craving after pregnancy was reported 57 % to 75 %. Opinions on the variables that are definitely associated with sexual dysfunction are controversial. Some reports suggest that the incidence of sex increases with increasing the age of the mother, while other researchers have not found such a connection. The results in the case of parity, the initiation age of sexual activity and physical mass index are still ambiguous.[6]

Therefore, with regard to differing opinions and suspicions about the sexual function of woman and its disorder during pregnancy and on the other hand, the importance of this issue is on the level of health and quality of woman's lives, more researches is needed. Since sexual function is highly influenced by cultural, religious, social and educational factors,[3] different studies in cultures and societies have to be conducted regarding their cultural and social and religious conditions. Therefore, the present study attempts to take into account the ambiguities involved in sexual function and also with respect to the above subject aimed at determining the trend of epidemiological disorders of sexual function and its influencing factors during pregnancy.

MATERIALS AND METHODS

The descriptive - analytic study conducted in 2019 and over the 97 of pregnancy care facilities to the midwifery units of Qazvin health centers. The number of samples was determined based on the statistical test and sampling of individuals with cluster method and from each cluster was done with simple random sampling. The inclusion criteria for the study include Literate women whose pregnancies are confirmed by B-hCG laboratory tests and are not classified as high-risk pregnancies according to midwifery definitions and exclusion criteria include woman whose pregnancies are difficult by any reason and dissatisfaction with the continuation of the questionnaire. After acquiring informed consent and observance of the ethical principles of the research, woman participating in the study of gestational age were initially based on the trimester of pregnancy into three categories and they were then studied based on the previous weeks of pregnancy. Individual and midwifery characteristics of woman were recorded through questionnaire completion by them in the questionnaire. The sexual function of woman was investigated using a standard questionnaire of the woman sexual function Index (FSFI). The questionnaire has a high reliability and content structure; its reliability is reported with r = 0.79-0.86 and Cronbach's alpha agreement coefficient = 0.82.[6] Since the questionnaire was in the main language, it was returned to Persia and used, but to examine the questionnaire's reliability in a guide study, the questionnaire was first completed for 15 qualified women which is based on the results the 0.85's alpha coefficient was approved for the reliability of the questionnaire. The woman's sexual function questionnaire includes questions in six areas of sexual desire (2 questions), sexual excitation (4 questions), lubrication (4 questions), orgasm (3questions), satisfaction (3questions) and pain (3 questions). The minimum score for the sum of scores from response to questions is 2 pts. And its maximum score is 36 pts. The following criteria were considered for sexual dysfunction: severe dysfunction ≥10, moderate dysfunction 11-17, mild disorder 18-23, and no disorder ≥23. The score was also considered less than 65 % of the total score for each area as a function disturbance in that field,[7] Completed questionnaires were collected and after removal of the incomplete questionnaires by statistical software, SPSS version 18, they were analyzed using descriptive (mean, affluence, variance) and analysis (Chi Squared, t test and linear regression) statistics tests, at a significant level of $P < 0.05$.

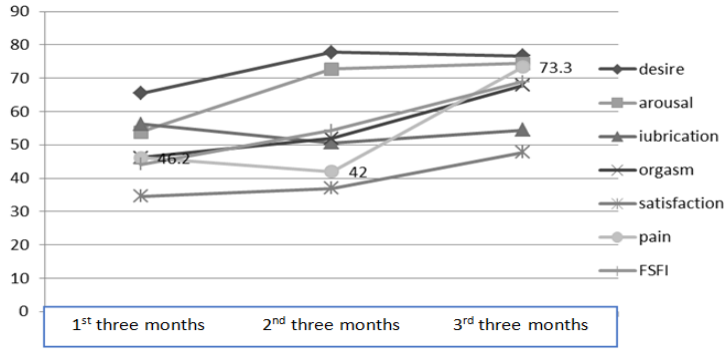
FINDINGS

The average age of woman participating in the study was 26.42± 5.43 and the average gestational age of them was 23.51 ± 11.28 weeks and 2.64±2.1 days. In terms of education, 45.7% were in high school and diploma level and in terms of occupation, 80% were housewives. 60.1% of the women in the study stated that they were pregnant for the first time. Although 44.8% stated that sexual activity during pregnancy may be harmful to the fetus; All women in the study stated that they continued to have sexual activity during pregnancy, and 51.6% of them stated that they had sexual activity once or twice a week. 43.9% of women had normal sexual function and 31.4% had mild sexual dysfunction. The prevalence of severe sexual dysfunction was 18.8% (Table 1). In general, sexual dysfunction during pregnancy was seen in more than half (57.8%) of the women studied.

The frequency of sexual dysfunction during pregnancy was significantly different from different trimesters of pregnancy ($p = 0.001$); Severe dysfunction was more common in the third trimester. The trend of changes in sexual dysfunction during pregnancy is shown in Figure 1. The most common disorder in pregnancy was seen in the field of sexual desire. Examining the relationship between various factors and sexual dysfunction during pregnancy, it was found that occupation, education, premenstrual status (in terms of dysmenorrhea and menstrual irregularities), pre-pregnancy contraception and the desire of a woman and her husband to conceive were significant. There is no statistically significant relationship with sexual dysfunction. Also, female age, number of pregnancies, number of deliveries and number of children have no significant relationship with

dysfunction, but the number of abortions and the number of weeks of pregnancy have a significant relationship with sexual dysfunction. (P = 0.005, P = 0.001).

Trimester of pregnancy Sexual function	1st three months Ct.(Pct.)	2nd three months Ct.(Pct.)	3rd three months Ct.(Pct.)	Total Ct.(Pct.)
Severe	**7(13.5)**	**8(9.9)**	**27(30)**	**42(18.8)**
Moderate	**6(11.5)**	**3(3.7)**	**4(4.4)**	**13(5.8)**
Mild	**10(19.2)**	**32(39.5)**	**28(31.1)**	**70(31.4)**
Natural	**29(55.8)**	**38(46.9)**	**31(34.4)**	**98(43.9)**



DISCUSSION

Sexual dysfunction is one of the most common and serious problems in woman who have an important influence on marital relations, interpersonal relationships, and the quality of woman and family life. Pregnancy and the effects that this physiological issue has on a woman's body and the changes that occur with pregnancy in the body can provide conditions for disrupting women's sexual cycle and consequently on sexual functional.

Although most of the participants in this study (%45.7) had literacy rates (students), In this study, a relationship was found between education level and sexual dysfunction during pregnancy, Lucian was found in his study,[10] Also in two separate studies, Abdo and Luhmann explain that low levels of education were directly related to sexual dysfunction in non-pregnant woman in North America and in a group of young Brazilian non-pregnant woman.[15,16] This relationship can be explained by the fact that this group of people has more stressful life, emotionally and physically and also these people have a lower level of health.[16]

In this study, although 44.8% of study participants stated that sexual activity during pregnancy may be harmful to the fetus; All women participating in the study continued their sexual activity, and 51.6% of them stated that they had sexual activity once or twice a week, in a study conducted by Mahdieh Shoja et al. Pregnancy The frequency of sexual intercourse has decreased.[17]

Considering that the prevalence of sexual dysfunction can vary according to ethnicity and physical and mental health status,[11] In this study, more than half of the women studied had some degree of sexual dysfunction during pregnancy (57.8%), which is much higher than the prevalence of sexual dysfunction in the country (31.5%).[8] This difference can be attributed to the changes that occur during pregnancy.[9,5] Other studies in this field are consistent with these findings; These include a study by Lucian MV et al., Which estimated the prevalence of sexual dysfunction during pregnancy in Brazil at 61%.[10] and in other studies conducted in different countries by Fook Chan Yin, Riding and different styles have been performed and a high percentage of sexual dysfunction has been reported during pregnancy.[12,13,14]

In Master and Johnson's study, the pattern of sexual response during pregnancy was explained so that the FSFI score decreased slightly in the first trimester, the sexual function score in the second trimester had a variable pattern, and in the third trimester this decrease intensified.[18] and In this study, a significant relationship was seen between trimester of pregnancy and sexual dysfunction so that in the third trimester, the prevalence of sexual dysfunction was much higher than the prevalence in the first and second trimesters. These findings are also expressed by Lucian; He stated that sexual function during pregnancy decreases linearly from the first trimester to the third trimester,[10] and other studies have supported this finding.[21,22,23]

In studies that have examined sexual function in the postpartum period, it is also evident that sexual problems are greater in the first months after delivery.[7,19,20] and then decrease. Reasons cited for these findings include low back pain, anxiety, fatigue, sleep disorders, depression, and painful proximity.[7] However, due to the fact that there is an increase in sexual problems in the third trimester, the process of sexual dysfunction probably starts during pregnancy. In the third trimester

and the first months after delivery, there is an increase in sexual problems, and in the following months after Delivery is reduced to eventually return to normal.

CONCLUSION

Further research is needed to find an accurate pattern of sexual function during pregnancy and its progression after pregnancy and childbirth to devise diagnostic, therapeutic and preventive strategies, and given the fact that sexual function varies in different cultures. Recommended in different ethnicities.

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