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Sexual health and well-being during antenatal care: addressing global gaps in healthcare provision

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ABSTRACT

This paper highlights the importance of addressing sexual health and well-being in antenatal care, which goes beyond the absence of reproductive disease to include physical, mental, and social aspects. Central to sexual health is the quality of the relationship between expectant parents, which can influence the future well-being of both the parents and their child. Despite this, current antenatal care often fails to address sexual health due to healthcare providers' lack of training and fears of offending patients when discussing intimate issues. The paper suggests that antenatal care might be viewed as an inadequate environment to handle such sensitive matters—due to time constraints and perceived intrusiveness, it could be an optimal time for discussions, as parents-to-be are particularly attuned to relationship health during pregnancy. The paper also focuses on adolescent mothers as a globally neglected group in terms of sexual health support during pregnancy, despite the significant role they play in ensuring intergenerational well-being. The broader healthcare system, however, continues to treat sexual health and well-being as taboo subjects, leaving a gap in global antenatal services. As research underscores the importance of a strong parental relationship for the socio-emotional development of the child, the paper advocates for integrating sexual health into antenatal care to enhance both parental well-being and child development. However, this area remains underexplored in many parts of the world due to cultural sensitivities and limited healthcare infrastructure.

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1. INTRODUCTION

Pregnancy and childbirth are milestones in women's lives. The estimated number of women giving birth yearly is 140 million [1]. With the life chances of women and their children at stake, the period between conception and the end of pregnancy is sensitive and requires proper attention. Recognizing this, there has been a commitment to reducing the global maternal mortality ratio to less than 70 deaths per 100,000 live births to achieve this by 2030 [2], [3]. Antenatal care includes options for early detection, follow-ups of health risks during pregnancy, and preventive health care services. These services have been implemented in community centers, hospitals, and private practices to support women during and outside pregnancy.

Meanwhile, health and social sciences have been concerned with the notion of well-being. Ever since the early conceptualization of well-being in 1946, it has been taken for granted that well-being is a desirable component of health, along with its external and internal dimensions [4], [5]. Since the rise of

feminism in the 1960s and the emergence of public health as an industrial complex, maternal health has been a subject of much debate and advocacy. Meanwhile, evidence has been gathered that sexual health has remained neglected within antenatal care, too.

Since the introduction of antenatal care in the 1930s as a preventive service to promote women's and children's health, mothers' pregnancy-related issues, such as their health, emotions, nutrition, or lifestyle choices, have been monitored increasingly and extensively within healthcare systems [6], [7]. Antenatal care has been recommended to implement additional options for early detection, follow-ups of health risks, and preventive health care for women during and outside of pregnancy [8]. Recognizing the global diversity in women's access to antenatal care, data collection began in 1990 to monitor whether women received proper checks first by doctors or midwives, at least once and within the first three months of pregnancy [9], [10]. Antenatal care has been and still is vigorously promoted as a cost-effective way to improve maternal mortality rates. Well-being is a slippery term often confused with its components, such as mental or psychological health. However, ever since the early conceptualization of well-being in 1946, it has been taken for granted that well-being is a desirable component of health, along with its external and internal dimensions [11].

Globally, approximately 140 million pregnancies occur each year [12], necessitating antenatal care for over 900 million women in need of healthcare services before, during, and after pregnancy [13]. The continuum of reproductive, maternal, newborn, child health, and adolescent healthcare services is a priority in national health policies and universal health coverage agendas, contributing to global health and well-being goals. Although antenatal care is beneficial, gaps in provision remain, particularly regarding sexually transmitted infections and sexual health and well-being. Addressing such issues is vital to guarantee the overall healthcare needs of women during the life course.

Through the availability of comprehensive educational and healthcare interventions, an increasing number of women across demographics can access antenatal care services. In recent years, there has been a growing awareness of the importance of ensuring comprehensive sexual and reproductive healthcare for women before, during, and after pregnancy. Nevertheless, scant attention has been given to women's sexual health and well-being and their related unmet needs during antenatal care visits despite evidence that these issues are common among women of reproductive age.

In 2020, global initiatives called for the elimination of epidemics of sexually transmitted infections as a global public health concern by 2030 [14]. Among the targets set, it was indicated that there is a need for policies and programs to ensure reproductive health services, including family planning, sexually transmitted infection prevention and treatment, and, where indicated, prenatal care. The global targets for addressing sexual health and well-being issues and ensuring comprehensive sexual and reproductive health care before, during, and after motherhood and safe pregnancy were reiterated in the global health sector strategy on sexually transmitted infections and their related implementation guidelines [15]. Moreover, the lack of sexual health and well-being care services during the antenatal care period is a major health gap for women across demographics, potentially affecting the health of the next generation [16]. Consequently, research exploring and addressing unmet sexual health and well-being needs during antenatal care visits is of great significance in academic and public health contexts.

Despite the well-described importance of sexual health and well-being during pregnancy, the provision of such care has been widely neglected in many healthcare settings. This study explores current care provision and attitudes towards sexual health and well-being discussions in antenatal care from both provider and recipient perspectives. The research question is: How is sexual health and well-being addressed in antenatal care provision and perception, and what are the current attitudes towards this among care receivers and providers in a global context? The provision and perception of sexual health and well-being issues among pregnant individuals concerning antenatal care have been mainly underexplored. The lack of research from either recipient or provider perspectives, avoidant tendencies, and inequitable implementation of care are anticipated to hinder the provision of necessary care. Including other geographical contexts, especially settings in low- and middle-income countries, will explore the global response to issues around sexual health and well-being, thus identifying any prevalent attention gaps. This study aims to provide the first exploration of these issues from a mixed-methods perspective and discusses implications for improved health upon inclusion of previously neglected care.

The concept of sexual health has been largely neglected in antenatal care, with this being seen as a gap in care provision in a Western context. Thus, exploring the related postulations and nuances is imperative when care provision is investigated in a more global context. Eliciting Western perceptions has the potential to detect culturally entrenched mores on sexuality that may otherwise be difficult to study. Nevertheless, it is anticipated that care will be deemed sufficient in Western contexts, perhaps leading to the dismissal of findings or avoidance in low- and middle-income settings. Moreover, it is noted that even the Western provision of sexual health care has been poorly examined, with few studies directly addressing care receivers'

experiences. This means that evidence may be misattributed or overlooked when discussing other contexts, prolonging discourse surrounding sexual matters. Despite the complexity of addressing sexual issues, particularly in a non-Western or low- and middle-income context, care interactions are anticipated to be less frequent overall and even more so when about the intimate area of sexual health and well-being, which may thus be commonplace globally.

- Intellectual contribution and design goals

This study contributes substantially to the existing literature on antenatal care by addressing the largely overlooked topic of sexual health and well-being within antenatal services. The primary objective was to synthesize existing evidence to highlight the absence of a structured approach for integrating sexual health discussions in antenatal care, a gap that persists across various healthcare systems, especially in low- and middle-income countries. Through a systematic review of current literature, the study identifies patterns in sexual health neglect within antenatal settings, contrasts these with best practice guidelines, and proposes actionable recommendations to bridge the observed gaps.

- Main theme and approach

The study is grounded in improving maternal and child health outcomes by incorporating sexual health and well-being into antenatal care frameworks. It systematically explores barriers faced by both providers and recipients in discussing sexual health issues, contextualizing these findings within existing healthcare protocols. This approach emphasizes the need for a holistic view of maternal health, including physical and socio-emotional well-being.

- Specific goals

The design and development approach aims to: i) outline the gaps in sexual health provision within antenatal care; ii) recommend strategies for implementing sexual health services as part of routine antenatal care; and iii) suggest capacity-building measures for healthcare providers to facilitate open, supportive discussions on sexual health. These goals align with global health objectives and offer a replicable framework that could inform policy and practice changes in diverse settings. By aligning this study with broader public health priorities and offering evidence-based insights, it provides a solid foundation for future research and programmatic improvements in antenatal care services. Efforts were also made to strictly follow the journal's author guidelines and publication checklist, ensuring clarity, adherence to structure, and alignment with academic standards.

2. METHOD

2.1. Study objective and literature review methodology

The primary objective of this study was to explore how sexual health and well-being are addressed in antenatal care based on insights gathered from existing literature. To achieve this, we conducted a comprehensive review of relevant literature, synthesizing findings from various studies to identify patterns and common themes related to sexual health in antenatal care.

- Literature sources and selection

A systematic search of online academic databases (such as PubMed, Google Scholar, and JSTOR) was conducted to locate studies and articles on sexual health, well-being, and antenatal care. Keywords included “sexual health in antenatal care,” “well-being during pregnancy,” and “maternal health services.” Studies were selected based on their relevance to the topic, their focus on antenatal care, and their contributions to understanding sexual health needs and barriers in diverse healthcare settings.

- Procedure

The literature review was conducted in stages. First, sources were screened for relevance and quality, ensuring the inclusion of peer-reviewed journal articles, government reports, and reputable healthcare publications. Each source was analyzed to extract information on themes such as sexual health discussions in antenatal care, healthcare providers' barriers, and cultural factors' impact on patient-provider interactions. These insights were then synthesized through thematic analysis to identify recurring patterns across studies.

2.2. Data analysis

Thematic analysis was applied to the collected literature to organize findings into coherent themes. Key themes were identified by categorizing findings from the literature, allowing for a structured interpretation of how sexual health is addressed in antenatal care. Only studies directly relevant to antenatal care and sexual health discussions were included, while unrelated literature was excluded. This approach ensured that the findings were grounded in a comprehensive review of existing evidence, providing a well-rounded understanding of the study topic.

3. DISCUSSION

3.1. Understanding sexual health in the context of antenatal care

Sexual health has emerged as a neglected yet integral part of positive reproductive, maternal, newborn, and child health and adolescent health programs and initiatives. This hampers the advancement of the Sustainable Development Goals agenda on maternal, newborn, and child health and well-being. It is critical to understand normal female sexual health in the context of pregnancy, childbirth, and postpartum to identify sexual health needs and challenges during antenatal care, which is the focus of this essay.

Sexual health is defined as a state of physical, emotional, mental, and social well-being in relation to sexuality. Norms, values, and beliefs influence sexual health in a community or society, which considers sexuality a sensitive topic that needs to be kept private. Consequently, people often do not have access to the necessary information to address needs and challenges concerning sexual health, particularly in pregnancy and childbirth. One way to understand sexual health concerns and challenges during pregnancy is to review normative female sexual health across the continuum of pregnancy. The maternity care protocols provide an in-depth resource for understanding antenatal care, covering events addressed in antenatal care and time points when events are discussed.

As sexual attitudes, feelings, behavior, and functions change throughout the continuum of pregnancy, understanding normative sexual health during pregnancy, childbirth, and other postpartum periods is essential [17], [18]. The neglect of sexual health in antenatal care reflects the undervalued role of sexuality in the well-being of women on a global scale. The means of tackling sexual health, with detailed inputs from midwives and health systems, remain vague. Moreover, sexual health is often not included or addressed in interventions and actions on reproductive, maternal, newborn, and child health, as scientific evidence on the sexual health needs of women during antenatal care is nonexistent. This hamper informed decision-making in the design and implementation of interventions and actions addressing sexual health during antenatal care. The absence of any evidence stalls efforts to impact laws and policies on sexual health during antenatal care. As a result, widespread ignorance persists on the sexual health needs and challenges of women during antenatal care and on the means and resources to address them, even among professional organizations representing midwives and those working in health systems [19], [20].

3.1.1. Definition and components of sexual health

Sexual health is a state of physical, mental, and social well-being related to sexuality. It encompasses more than the absence of disease, dysfunction, or infirmity; instead, it emphasizes a positive, respectful approach to sexuality and sexual relationships. Central to this is the enhancement of sexual health, which can be achieved through various means, such as the promotion of better sexual health and sexually transmitted infection prevention and treatment. However, sexual health can also be put at risk, e.g., by adverse social conditions, stigma, violence, or abuse.

As health is an integral part of people’s lives, widespread scientific consensus recognizes sexual health as an essential component of human health in general and reproductive health in particular. The special nature of sexual health and the frailty of the situation of some groups have contributed to the recognition of sexual health as a human right. This has been global since the mid-1990s, starting with significant international conferences. Subsequently, various organizations have adopted human rights instruments supporting sexual health.

Sexual health components recognized as part of the sexual health concept include proneness to well-being, treatment for diseases and dysfunctions, free and enjoyable sexual activity, access to accurate information, safe sex (especially regarding unwanted pregnancies and sexually transmitted infections (STIs)), unmet sexual needs, and protection from violence, coercion, abuse, or maltreatment. Addressing sexual health within the context of antenatal care is important for achieving global health equity. Nevertheless, meeting this target remains a serious challenge in many countries, with mothers and their children falling to death from preventable causes during pregnancy and postnatal periods.

3.1.2. Challenges and barriers to addressing sexual health in antenatal care

Numerous challenges and barriers have hindered the effective addressing of sexual health concerns during antenatal care visits. On an individual level, many factors contribute to this. Firstly, the sensitive and taboo nature of sexual health issues discourages women from raising such topics [21]. Women from lower socioeconomic backgrounds or those with little education may avoid discussing sexual health due to embarrassment or ignorance about how to approach it [22]. Compounding this discomfort is the worry that raising such issues might happen at the expense of more pressing concerns related to safe motherhood and infant health, considered more acceptable topics. In various cultures and societies, ideas of modesty and privacy severely restrict women's discussion of such topics, even with other women. Consequently, this sociocultural climate of silence often makes the onus of discussing sexual health issues fall on healthcare providers.

Healthcare providers, too, face numerous barriers in this regard. These include lack of awareness, poor training, provider biases, and misperceptions about women's sexual health needs during pregnancy. Many service providers view antenatal care as a purely preventive measure focused on maternal and infant health and thus have difficulty conceptualizing other topics as relevant to antenatal care visits. Those who recognize the relevance of sexual health issues may fear that such discussions would distract attention from more pressing maternal and infant health concerns. Departing from prenatal care protocols to discuss sexual health may also make service providers uncomfortable due to the sensitive nature of such topics. Healthcare providers in low- and middle-income countries generally receive poor training concerning sexual health, often resulting in a lack of understanding of basic concepts related to sexual health [23]. Moreover, service providers may possess biases that shape their interactions with women, including age-related or stereotype biases, which may further deter them from addressing these issues. Many providers also mistakenly believe that sexual health discussions are unnecessary or inappropriate during the antenatal period because they feel that all women's sexual problems are related to delivery complications.

3.2. Current practices and policies in antenatal care

The World Health Organization recommends at least eight antenatal care contacts for all pregnant women to ensure a safe pregnancy and childbirth. However, over half of the countries in the world, many of which are in low- and middle-income regions, do not provide the minimum recommended contact visits. Many countries do not universally provide four visits as a minimum. Many countries in Europe, Latin America, Oceania, and the Caribbean do not ensure four visits. Inadequate access to basic antenatal care services increases the risks for women who have pregnancy complications, birth complications, and maternal and fetal mortality [24]. Low trust in the health system, lack of transportation, high travel costs, early pregnancy complications, long distances to healthcare facilities, poverty, and poor quality of care are the main barriers that impede greater use of antenatal care services. Certain groups are especially vulnerable to encountering these barriers: the refugee population, girls under 18 years old, unmarried mothers, and women diagnosed with a sexually transmitted infection [25].

In 2009, the call was made for the integration of sexual health services into the antenatal care model to promote a continuum of sexual health and reproductive care. A sexual health service is a health service that provides information, treatment, or care related to sexual health. Sexual health promotion has been a longstanding element of antenatal care provision, so the aim of this model is largely to enhance and build on existing services. The use of antenatal care services is highly stigmatized, especially among vulnerable populations. This makes it vital to promote respect and confidentiality in service provision continuously. This proposal seeks to explore gaps in the provision of sexual health and well-being services during antenatal care. A systematic review of available literature on the defined sexual health service components included health system training for antenatal care providers, screening for sexually transmitted infections, screening for domestic violence, information on family planning, and the provision of non-invasive contraceptive methods.

3.2.1. Overview of antenatal care services

Antenatal care services contribute to improved maternal health. In the post-2015 era of the global commitment to sustainable development goals, countries target at least 70% of pregnant women receiving the recommended minimum of eight antenatal care visits during pregnancy. Keeping in view the desire and sustainability of the global commitment, progress made by 137 countries toward antenatal care services and their influence on maternal health targets have been assessed.

Utilization of antenatal care services: 75% of mothers who delivered live births in the three years preceding the demographic and health surveys have accessed antenatal care services in the study countries (ranging from 9 to 99%) [26]. Receiving four or more antenatal care visits is a common benchmark considered adequate care. Globally, mothers who delivered their most recent live birth have been more likely to receive four or more antenatal care visits (64%) than those who delivered within 1–2 years or 2–3 years before the survey (58 and 45%, respectively) [27].

Dimensions of antenatal care services: Although antenatal care service utilization targets are not uniformly defined in all countries, progress toward multiple dimensions of antenatal care services has been assessed in 111 countries with data from the recent demographic and health surveys or multiple indicator cluster surveys. These dimensions are based on services recommended by the World Health Organization (WHO). In 2050, it is projected that antenatal care service recommendations will be met by 415 (27%) out of 1,510 million couples in developing regions with current conditions, while 732 million couples in developing countries might lack the recommended antenatal care services [28].

3.2.2. Integration of sexual health services

Despite increased recognition of sexual health and the importance of preventing sexually transmitted infections during pregnancy, most countries do not integrate these services within antenatal care.

Furthermore, sexual health services are rarely integrated with family planning and reproductive health services, which are widely recognized as complementary. Despite designating the closest health facility as the first point of care, the situation is exacerbated because, in many countries, pregnant women do not seek care until the fourth month or later in the pregnancy, when risks for complications and mortality increase.

In Brazil, for instance, although antenatal care consultations are initiated early in the pregnancy, almost half of them do not happen during the first trimester, opening a window of opportunity for a large number of infections and preventable deaths [29]. Moreover, antenatal care services may be a particularly suitable venue for sexually transmitted infection-related interventions, as they have the potential to reach women at risk who would otherwise not attend sexual health services. Early access is crucial for effective pharmacologic management, and antenatal care generally occurs during the first trimester of pregnancy.

In a multilevel regression model, results showed that the probability of pregnant women outside marriage utilizing health services during the first trimester compared to married women was low. Furthermore, no contraceptive method used before the current pregnancy indicated a substantially low probability of early antenatal care utilization. In countries with low antenatal care utilization among the poor and uneducated, integrating sexual health services into antenatal care could be an opportunity to provide these women with their first antenatal care visit [30]. Women who became pregnant unintentionally were also less likely to seek early care. This emphasizes the need for improved access to family planning services to prevent unwanted pregnancies.

3.3. Global disparities in sexual health provision during antenatal care

Sexual health and well-being provision during antenatal care is key in improving maternal and newborn health. However, global disparities exist. Recognizing such inequality is the first step in achieving universal health provision. There are several existing trends in the treatment of sexual health and well-being across the globe. The first trend is that women in high-income countries are more likely to receive sexual health and well-being care during antenatal visits than women in low-income countries. This discrepancy ranges greatly by region, being most evident in East Asia and the Pacific. The second trend is that sexual health provision is inversely related to pregnancy risk factors. Pregnancies that might result in adverse outcomes, such as being too young or too old, being subjected to violence, or unintended pregnancies, are less likely to receive sexual health treatment during antenatal care. Lastly, a woman's wealth is a major factor in whether she receives sexual health care during antenatal visits. Wealthier and more educated women are much more likely to receive sexual health and well-being treatment during antenatal care.

There is significant regional variation in the provision of sexual health care and well-being services in antenatal care globally. Prior research has shown that HIV-infected women in antenatal care in low-income countries, as well as adolescents in high-income countries, are less likely to have their sexual health and well-being assessed, but this has not been examined worldwide for broad sexual health and well-being assessments. The issue index addresses the 'greatest gap' issue based on geographical region. Women in high-income countries are more likely to receive care than women in low-income countries. This difference exists across all four regional income categorizations and is most evident in the East Asia and Pacific regions. There are examples of having sufficient services universally available, such as in Southeast Asia. There are also examples of having very limited access in every country to sexual health and well-being provision, such as in Libya, Sudan, and Somalia. Understanding regional patterns in service provision may help explain variations in testing indicators and assist in addressing the most disadvantaged populations.

The socioeconomic patterning of sexual health and well-being provision in antenatal care takes on the form of the 'inverse treatment' pattern, which has been documented in other areas of maternal care. This finding suggests that women's visits to antenatal care have lower odds of any sexual health and well-being care but higher odds of receiving discussions on contraception. The pattern is similarly seen with some pregnancy risk factors such as maternal age, violence, and unintended pregnancy. This concept operates within two different mechanisms. Less fortunate women are more at risk and, therefore, less likely to access adequate services. Alternatively, health services might operate in a 'crisis model' that treats women only in reaction to immediate, severe health needs rather than anticipating and preventing negative health consequences. The socioeconomic variations in sexual health and well-being provision during antenatal care uncovered here can help form the basis for addressing gaps, as these barriers highlight where the greatest investment in research and health systems strengthening is warranted to achieve universal health coverage of sexual health and well-being.

3.3.1. Regional disparities

Concerning sexual health, antenatal risk assessment, and treatment (ART) includes a range of healthcare processes, such as the routine inquiry that midwives make about marital status and intimate relationships during antenatal care. This may concern whether their partner is controlling and whether the

relationship is a source of pleasure or even abuse. Another area of ART is safe sex negotiation and preventive measures, including condom use to avoid infection transmission and unwanted pregnancies. Furthermore, ART includes queries and guidance on reproductive coercion and unplanned pregnancies, in particular, when underscoring obligations and risks due to unwanted pregnancies or child death [31].

ART is provided differently on a global scale, significantly impacting women in terms of sexual well-being. Many midwives in high-income countries carry out ART in line with government-sponsored guidelines and professional codes of conduct within well-regulated public healthcare institutions, which devote considerable resources to adequately comply with provisions [32]. However, in many settings in low-income countries, ART is not provided as a routine care process but is allowed only voluntarily at the woman's request. Midwives wish to address issues as problems, as the issues are not solely between women and their partners but concern both past and present relationships at a more general social and cultural level.

It has been argued that the goals of guidelines for routine inquiry are mainly to help women access needed support. In contrast, implementing the guidelines has been suggested to focus narrowly on avoiding blame and responsibility and, thereby, indirectly, on avoiding helping women in need. Midwives may think of ART as risk management in terms of maternal and child health, avoiding blame for poor outcomes, and being able to cope with issues when the safety of the woman herself is concerned. However, the non-safety of casual as well as marital relationships experienced by women during pregnancy and later motherhood is a source of distress for the children of these individuals and constrains women's opportunities to achieve good health and well-being in terms of unequal access to resources and decision-making power [16]. The issues addressed by ART are prominent in contemporary global health and development agendas, encouraging the systematic provision of ART for the health of mothers and children and for achieving gender equality.

3.3.2. Socioeconomic factors

Access to sexual health and well-being services during antenatal care is further complicated by national wealth and inequality. A country's wealth and income inequality impact the development of policies that support, provide, and promote sexual health and well-being services. National wealth was associated with sexual health and well-being service provision only in middle-income countries. In these countries, the wealthiest national quintile had the highest provision, whereas the poorest quintile had the lowest provision. Additionally, national wealth was associated with sexual health and well-being service provision in queuing facility sectors, whereas inequity was associated with the public sector only.

High-income countries had the highest national wealth, and nearly all countries provided sexual health and well-being services during antenatal care, and the highest level of provision for all types of services by the overall provider sector. In contrast, low-income and lower-middle-income countries had the lowest national wealth, and only a small percentage of these countries provided sexual health and well-being services during antenatal care. Female education remained positively associated with sexual health and well-being service provision at the global and regional levels, indicating that countries with higher female education are more likely to provide sexual health and well-being services during antenatal care.

3.4. Strategies for improving sexual health and well-being in antenatal care

Training and education for healthcare providers are essential for improving sexual health and well-being during antenatal care. Healthcare providers must be equipped with the knowledge and skills to discuss and address sexual health issues. This can be achieved through pre-service and in-service training programs focusing on sexual health topics, communication strategies, and cultural sensitivity. Healthcare providers should be encouraged to attend workshops, seminars, and courses that enhance their understanding of sexual health, rights, and gender issues. These education initiatives should promote an open, non-judgmental attitude toward sexual health discussions. Ongoing support, supervision, and mentorship from experienced providers can help healthcare workers integrate sexual health discussions into routine antenatal care effectively. The lack of proper training and awareness among healthcare professionals has led to violations of patient rights, harassment, and stigma. Training programs focusing on patients' rights, consent, confidentiality, and sensitivity can address these concerns and reduce negative healthcare experiences, fostering a supportive environment for addressing sexual health issues.

Community engagement and empowerment are crucial for addressing global gaps in sexual health and well-being during antenatal care. Community-based interventions, peer discussions, and workshops can empower women to understand their sexual health rights and improve communication with healthcare providers. Addressing harmful family and community norms is essential to create a supportive environment for women to seek antenatal care. Engaging husbands and family members in discussions about women's health and healthcare-seeking behavior can help reduce violence and discrimination in families. Initiatives targeting communities outside healthcare settings are necessary to raise awareness about sexual health and rights, promote healthcare provider accountability, and involve men as supporters to strengthen women's attention to antenatal care. Involving families, communities, and men in sexual health discussions is critical for enhancing the quality of antenatal care and preconception health services.

3.4.1. Training and education for healthcare providers

Anticipating the arrival of a baby and preparing for parenthood can be both an exhilarating and daunting time. Antenatal care presents a unique opportunity to engage with women, their partners, and families about the sexual health and well-being of women, couples, and families more broadly. Nonetheless, few women, couples, or families appear to receive information from healthcare providers about sexual health and well-being during antenatal care. Addressing this important gap in antenatal care provision requires multiple stakeholders' concerted and coordinated efforts across the community, health service, policy, and research levels. This chapter outlines some potential strategies that could be implemented to improve sexual health and well-being during antenatal care. It emphasizes the need to view this as a development priority within the broader context of women, couples, and families' health and well-being in the transition to parenthood.

Overall, four potential strategies to improve sexual health and well-being during antenatal care provision are proposed. First, this chapter discusses the need for the involvement of antenatal care providers, programs, and policymakers in providing antenatal care from a more holistic perspective on the health and well-being of women, couples, and families. Central to this strategy is the need for a change in the conceptual approach of antenatal care that sees more than the individual and biomedical needs of women being addressed. Second, the need for training and education for antenatal care providers to enable the provision of sexual health and well-being during antenatal care is addressed. Third, the need for engagement with men during the antenatal care process is discussed. Fourth, the need for more community-based awareness and involvement in antenatal care provision to promote broader gender equity is considered.

There is an urgent need for providers and policymakers to view antenatal care in a more holistic light that includes the health and well-being of women, couples, and families more broadly, including issues of sexual health and well-being. Antenatal care is often viewed from a biomedical and woman-focused perspective, with the mother and her pregnancy being the central concern. However, we must consider the growing body of evidence that shows that this period can be problematic for many women, couples, and families and that continued negative experiences can have a lasting impact across the life course.

3.4.2. Community engagement and empowerment

Enhancing community engagement and empowerment is a crucial strategy to improve the sexual health and well-being of women during antenatal care. Sexual health education and information dissemination can help empower women by enhancing their ability to make informed decisions and access the health services they need. An essential aspect of this is integrating sexual health into the existing antenatal care program. This involves providing information and services related to sexually transmitted infections, HIV, infertility, and violence against women. Gender-sensitive antenatal care programs can increase the opportunities for women to receive information and services on sexual health and enhance their demand for such services.

To address the complexities of sexual health and antenatal care, health education and promotion through traditional healers, religious leaders, and community groups is essential. By actively promoting the sexual health of women, these programs can help lessen stigma and facilitate access to health services. Addressing other factors that limit access to antenatal care services, such as the distance to clinics and high costs, is equally essential. Such initiatives can help empower women in the community and further improve their sexual health and well-being. There is a clear need for further research and programs on sexual health in the context of antenatal care globally, as this topic is often neglected.

4. CONCLUSION

In conclusion, addressing sexual health and well-being during antenatal care remains a crucial but largely neglected area within global healthcare systems. As highlighted in this study, the absence of comprehensive sexual health services in antenatal care represents a significant gap that affects both the well-being of expectant parents and the socio-emotional development of their children. Improving the provision of sexual health care within antenatal services could not only enhance the quality of parental relationships but also contribute positively to maternal and child health outcomes.

Healthcare providers need better training and awareness to comfortably address sensitive issues related to sexual health. This would help break the cultural taboos and stigma surrounding the topic. Additionally, efforts must be made to integrate these services across all regions, particularly in low- and middle-income countries, where disparities in sexual health provision are more pronounced. Future initiatives should focus on ensuring that healthcare systems are equipped with the necessary tools, protocols, and education to support sexual health and well-being during pregnancy, fostering healthier families, and stronger foundations for future generations.

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C : **C**onceptualization
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O : Writing - **O**riginal Draft
E : Writing - Review & **E**diting
Vi : **Vi**sualization
Su : **Su**pervision
P : **P**roject administration
Fu : **Fu**nding acquisition

CONFLICT OF INTEREST STATEMENT

Authors state no conflict of interest.

ETHICAL APPROVAL

The research does not involve human or animal subjects. It involved a literature review. Consequently, no ethical approval was required.

DATA AVAILABILITY

Data availability is not applicable to this paper as no new data were created or analyzed in this study.

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