

Original Article

Reviewing sexual function after delivery and its association with some of the reproductive factors

Khadijeh Boroumandfar*, Maryam Ghaed Rahmati*,
Ziba Farajzadegan**, Habibollah Hoseini***

Abstract

BACKGROUND: Desirable sexual function has an important role in strengthening the marital life of the couples. Sexual disorders can cause mental pressure and affect quality of life and marital relationship.

METHODS: This was a descriptive analytical study in one group and one phase covering multivariables. The study sample included 384 women after delivery period that had the following inclusion criteria: the age of at least 18 years, delivery in 38-42 pregnancy weeks, primiparous and multiparous women, living in the city, single pregnancy, and six weeks to twelve months elapsed from the delivery. The required data such as reproductive and sexual function index were collected through reporting questionnaire. The data were analyzed using descriptive and inferential statistical methods using software SPSS.

RESULTS: The findings of the study indicated that the most prevalent disorder of the sexual relationship in postpartum was dyspareunia and the least prevalent was the sexual desire. The majority of the study sample (77.1%) had marital satisfaction and 58.6% had the desired sexual function. There was no significant association between sexual function and delivery, age, the type of delivery and breastfeeding, but there was a significant association for other factors such as the time elapsed after the delivery and primiparity or multiparity ($p < 0.01$).

CONCLUSIONS: It is recommended that sexual problems after delivery be placed on the list of health teaching issues to pass easily this period of time. Women should be assured that these problems gradually would be improved and they should learn using proper techniques to decrease dyspareunia which is a sexual disorder in postpartum period.

KEY WORDS: Sexual function, delivery, dyspareunia, sexual desire.

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Sexual activity is an important and necessary part of every woman's life.¹ Horney believed that such behavior is a way for creating or removing the insecurity feeling.² Sexual desire is changed in various periods of women's life. Besides, it can be said that one of these factors which can change the sexual desire is the labor or child delivery.³ Motherhood and birth are the source of many of these emotions and feelings.⁴

In fact, delivery is one of the main events of every woman's life.⁵ And, crossing to the parental stage is considered as a crisis and emotional

outburst is a sensitive period in which the women are extremely vulnerable.⁶ That is why sexual dysfunction in postpartum period is considered as a morbidity or disease.⁷ Change in libido often is the concern of many women and their spouses in postpartum.⁸ In this regard, studies showed that 90 percent of the women have sexual relationship 6 months after child birth of whom 84% have sexual problems.⁹ The association between breastfeeding and sexual desire was weak.¹⁰ There have been done very few studies about the association of delivery type and its effect on the sexual function.¹

* MSc, Department of Midwifery, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

** PhD, Department of Community Medicine, School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran.

*** MSc, Department of Nursing Health, School of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran.

Correspondence to: Khadije Boroumandfar, MSc.

Email: Boroumandfar@nm.mui.ac.ir

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The study results of van Brummen showed that women were concerned about the effect of natural delivery on their own sexual health in the future, and fear of sexual dysfunction in the future had dedicated 58 to 59% of reasons of using cesarean method.³

Considering that family relationship is affected by the marital relationship,¹¹ the experienced sexual problems in postpartum period caused great stress which is resulted from the effect of sexual function on the maternal quality of life and physical and mental changes. Furthermore, prevention form sexual offenses and deviations had been of Ministry of Health's priorities. According to the reported statistics in 2001, the increasing divorce rate reported as 20% which its affected individual's factor had been sexual dysfunction and disorder.¹² Therefore, it was decided to conduct this study so that the findings of the present study help identify sexual function and associated specific factors for consulting and required education.

Methods

This was a correlation descriptive analytical study. The data were collected in cross-sectional method. Sampling was done from 2007-6-16 to 2007-7-25. In this study, the data collected in one step by referring to a group of women (in 6 weeks to 12 months after the delivery). Selecting health and medical centers was based on number of live births in province health and treatment centers 1 and 2 using random cluster sampling (the number of live births in both mentioned centers was equal and identical). Choosing study sample was done using simple non-probability sampling. The subjects of the study included 384 postpartum women (5% accuracy and 95% confidence) under the care of Isfahan Health Centers. The inclusion criteria were as the following:

1. At least 18 years old,
2. Delivery at 38 to 42 pregnancy weeks,
3. Primiparous or multiparous women,
4. Living in the city.

The exclusion criteria also included a wide range of diseases, medications, postpartum depression and stress. Those who had the above mentioned criteria

were excluded from the study using Edinburgh Depression Inventory (Edinburgh Postnatal Depression Scale) Questionnaire¹³ and Stress Questionnaire based on Holmes and Rahe the Social Adjustment Rating Scale.¹⁴ In order to collect the data, three questionnaires were used including: individual, reproductive characteristics FSFI (19-item Female Sexual Function Index),¹⁵ Marital Adjustment Scale (Locke Wallace),¹⁶. The minimum and maximum scores could be 1.2 and 36, respectively. If the total index score was less than 24, it indicates the sexual dysfunction.¹⁷ Moreover, in people without disorder, arousal score was 4, orgasm score was 4, pain disorder (dyspareunia) was 4.6 and sexual satisfaction score was 3.9. The questionnaire components (FSFI), was used in Isfahan by Beigi in 2003, and its reliability was reported more than 0.7 using correlation coefficient.¹⁸ In the Marital Adjustment Scale of Locke Wallace, total score of less than 100 indicates lack of marital adjustment.

The data were analyzed using descriptive analysis and inferential statistic methods (chi-square, correlation coefficient, t-test and ANOVA).

Results

The maximum and minimum frequency in variables were as the following, respectively: age group of 25 to 31 (49%) and age group of 39 to 44 (3.3%); education, 48.2 percent high school graduates and 8.1 percent middle school graduates; and body mass index (BMI) of 20-25.9, 5.2 percent and BMI of 19.1 and less, 9.1 percent; body mass, 43 percent medium and 16.9 percent small; economic status, 73.2 percent with proper economic status and 26.8 percent with improper economical status; occupation, 87 percent housekeeper and 3.4 percent student; residential status, 77.1 percent improper residential status and 22.9 percent proper residential status; the results showed that delivery type was 66.9 percent cesarean and 12.2 percent vaginal delivery without rapture; breastfeeding, 45.6 percent only breast milk and 44.5 percent nutrition milk plus breast milk; number of deliveries, 55.5 percent first delivery and 3.1 percent the forth

delivery or more. The findings indicated that, in terms of sexual function status, 58.6% of women had a proper sexual function. Besides, the highest prevalence frequency of sexual dysfunction was pain disorder (51.8%) and the lowest was sexual desire (40.9%).

There also was not any significant association between sexual function with occupation, delivery type and breastfeeding types. Furthermore, results showed that the most frequency (66.9%) was associated with cesarean delivery type and the lowest frequency (12.2%) was associated with vaginal delivery without rupture; however, there was no significant correlation between sexual satisfaction and delivery type using ANOVA ($p = 0.51$). In addition, there was a significant association between the time elapsed after the delivery and marital adjustment score and primiparity or multiparity ($p < 0.05$ and $p < 0.01$, respectively). The findings of the study also indicated that 77.1 percent of the study subjects had adequate sexual satisfaction. In the present study, there was no significant association between desire phases, arousal phase, and orgasm phase and breastfeeding satisfaction. But, there was a significant association between dyspareunia and breastfeeding ($p = 0.013$).

Discussion

The present study indicated that 58.6 percent of the mothers had proper sexual function and 41.4 percent of them had improper sexual function. The studies of Dixon et al,¹⁹ and Kline et al,²⁰ assessed the prevalence of sexual problems in postpartum period which was 49-83 percent.

Moreover, the findings of this study considered dyspareunia as the most common sexual dysfunction. The study results of Clarkson et al,²¹ and Kettle et al,²² also considered dyspareunia as the most prevalent sexual dysfunction.^{23,25}

The present study also found no significant association between delivery type and sexual function. The study of Gungor et al,²⁶ also found no significant association between delivery type and sexual function.

There was no significant association between breastfeeding and sexual function score in this

study. The study results of De Judicibus also indicated that the breastfeeding of mother was effective on sexual function in the first 12-weeks.²⁷ The other finding of the study indicated that among sexual and breastfeeding disorders, only dyspareunia was in association with breastfeeding.

The study results of Kettle et al,²² indicated that dyspareunia was more observed in breastfeeding mothers.

The other finding of the study was reduction of sexual function from primiparity to multiparity. The study results of Botros indicated that primiparous women -not considering the delivery type- had a better sexual functioning in comparison with multiparous women.²⁸ Accordingly, quality of sexual life is affected by mental factors rather than physical factors.

According to the results of the study about lack of association between delivery type and sexual function score, it seems that necessary training and consulting in selecting the delivery method and its impact on sexual functioning can be a significant help for mothers to choose the delivery type. Besides, because in this study there was no association between breastfeeding and various phases of sexual function except dyspareunia, using suitable lubricants and sexual positions may be a helpful method for sexual function score of the mothers.

Furthermore, considering to the findings, the women with vaginal pain are recommended to use uncomplicated deliveries with and without episiotomy. In addition, considering the significant association between times elapsed after delivery and sexual function score, we can use this point and assure mothers in this regard. At the end, considering to the study results, holding consultation seminars to evaluate sexual function of the couples, increasing the knowledge level of them in premarital counseling classes, pregnancy period, and postpartum period by the health custodians would cause to improve couples' sexual relationship and would strengthen family foundation.

The authors declare no conflict of interest in this study.

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