



Effects of Pregnancy and Childbirth on Female Sexuality: A Comparative Descriptive Study

Abbasali Ebrahimian¹, Maryam Haydari^{2*}, Parsania Zeinab³, Beidokhti Hengameh²

¹School of Nursing and Allied Health, Semnan University of Medical Sciences, Semnan, Iran

²Midwifery Department, Islamic Azad University, Semnan Branch, Semnan, Iran

³Nursing Department, Islamic Azad University, Semnan Branch, Semnan, Iran

E-mail: haydari86_maryam@yahoo.com

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ABSTRACT

Childbirth is one of the factors which can be effective in sexual disorders. Therefore a study was conducted aiming to compare the sexual disorders in female after the childbirth with the period before pregnancy. In a descriptive-analytic study, 100 female that experience of childbirth recently were examined. Results showed that 58% of woman have experienced at least one of the sexual disorders (even a slight one and for a limited period of time) before pregnancy, and 60% have experienced such disorders after the childbirth. This study showed that sexual disorders of women increase during the period before the pregnancy compared to the period after their childbirth. Therefore, it is suggested to educate and instruct couples sexual issues in all the after-marriage phases, especially during the period after the childbirth.

Keywords: Sexual Dysfunctions, Female, Pregnancy, Childbirth

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INTRODUCTION

Integration and coordination of the mind, emotions and body that leads social and intellectual aspects of human in promotion path of his personality and led to create relation and love, named sexual health (Jahanfar SH & Molaenezhad M, 2001). As well as other health cases sexual health may affected at different times and different stage of life by various factors and influenced by them. Statistics show that the prevalence and extent of sexual dysfunction among men and women all over the world and the inability of researchers to control of these disorders and not too much fluctuation and prevalence of this disorder in different years despite efforts, investigations and actions represent the magnitude and importance of the problem (Bancroft J, 2002; Edward O. Laumann, Anthony Paik, & Raymond C. Rosen, 1999; Fugl-Meyer AR & Sjogren Fugl-Meyer K, 1999; Rosen RC, 2000). Some classifications classify the sexual disorders into

four categories: organic, psychological, mixed and unknown (Roose SP, Glassman AH, Walsh BT, & Cullen K, 1982). Labor is one of the cases that changes the organic and psychological features of women during pregnancy and sometimes can be a major factor in appearance or aggravation of sexual disorders. Studies have shown that during pregnancy, even months after childbirth, willingness to sexual activity is decreased and increased rates of sexual dysfunction than before pregnancy (Grenier G & Byers ES, 1995; Sleep J & Grant A, 1987), which can cause appearance of considerable distress in couples' relationships (Nikpour S, Javaheri I, Yadavar Nikravesh M, & Jamshidi R, 2006; Yekeh Fallah L, 2005). The prevalence of sexual dysfunction is relatively high in Iran (Nikpour S et al., 2006; Pasha H & Hadj Ahmadi M, 2006; Satarzadeh N, Zamanzadeh V, & Zonuzi A, 2007). So there is a possibility of postpartum sexual dysfunction in women. Thus addressing the issue of

sexual disorders, especially sexual dysfunction seems necessary after child birth in women because the conditions of before pregnancy be more complex and more difficult to analyze due to appearance a third person. Considering the importance and inadequate internal investigations in this regard a study was done aimed to identify and compare sexual dysfunction before pregnancy and after delivery.

MATERIAL AND METHOD

This is a descriptive-analytic study. Convenience sampling method was used for sampling. Therefore, all women that were received postnatal care and were referred to Semnan health centers and also were willing to cooperate in research, formed the study sample. The data collection tool was a two-part questionnaire. The first part of the questionnaire consisted of demographic information such as age, education, number of deliveries and the second part contains questions about common sexual dysfunction in women that have been published in previous study in Iranian society and the its reliability and validity has been proved (Ebrahimian AA, Heydari M, & Saberi-Zafarghandi MB, 2010). In order to data collection questionnaire were distributed randomly among samples. Consideration of ethical issues, the questionnaires and description about completing them were placed in envelopes and were distributed among samples. Then they were asked to read the questionnaires and filled out and sent to the address that was written on the envelope. Using this method, 200 questionnaires were distributed among the samples. Of these, 100 completed questionnaires

were returned, and were analyzed. Data were analyzed using descriptive statistics (frequency, percentage, mean) and inferential statistics (Wilcoxon test). The restriction of this study was impossibility of have appointment with samples before and after completing the questionnaire.

RESULTS

The mean age of the women in the study were 38.32 ± 62.8 years old. 42% of the women had once, 30% twice, 20% three times and 8% had four deliveries. In addition, 2% of them were illiterate, 8% of them had primary education, 40% of them had high school diploma, 10% had associate degree, 24% was graduated and 16% were MS. The results showed that the prevalence of sexual dysfunction before pregnancy and postpartum was 58% and 60% respectively.

According to results the most common sexual dysfunction in women before pregnancy consist of not reaching into orgasm, unwillingness to sex communicate, anxiety, fatigue, have pain during sexual relationship, hatred of sexual activity and masturbation were placed in order of preference. Well as, the most common sexual disorder after childbirth was not reaching into orgasm and then unwillingness to sex communicate, anxiety, pain, hatred of sex, fatigue, masturbation was the next priority in postpartum sexual dysfunction. Wilcoxon test showed that in all studied cases in current research there is a significant difference between sexual dysfunction after delivery than before pregnancy ($P < 0.001$) (Table 1).

Table 1. The compare of sexual disorders in female before with after childbirth

Severity Disorder type	Always		Often		Sometimes		Seldom		Never		Missing		P alue
	Before	After	Before	After	Before	After	Before	After	Before	After	Before	After	
Willingness to sex communicate	34	16	32	26	22	44	12	14	12	0	0	0	0.000
Anxiety during sexual relationship	8	0	6	12	26	48	34	22	34	18	0	0	0.008
Hatred of sex	12	0	10	18	8	16	44	46	44	20	0	0	0.000
Fatigue during sexual relationship	4	12	4	2	28	44	48	34	48	8	0	0	0.000
Pain during sexual relationship	12	4	22	20	18	36	30	34	30	6	0	0	0.000
Masturbation	0	0	0	8	22	24	14	14	14	62	0	0	0.000
Reaching into orgasm	14	12	18	22	36	34	24	32	24	0	4	0	0.000

DISCUSSION AND CONCLUSION

Results show that the most common sexual dysfunction either before pregnancy and postpartum is failure to achieve orgasm but its intensity and frequency has increased significantly in the postpartum period. Maybe the reason for this is that many women during the postpartum were occurs some symptoms such as stress, anxiety and mild negative thoughts, fear, anger, mood changes, fatigue (Halbreich U & Karkun S, 2006; Sherwen L, Scholovena MA, & Weingarten C, 2003) and engaging with these issues causing women were excluded from reaching into orgasm. Another point that incidence of pain during intercourse after delivery but in current study the pain significantly decreased postpartum period than before pregnancy. Unwillingness to have sexual relationship before the pregnancy and the postpartum period showed a significant incidence but its intensity and frequency has increased significantly in postpartum period. Perhaps one of the main reasons for the decline in sexual willingness in

the postpartum period is not reaching into orgasm in studied persons. When woman be exclude from reaching orgasm due to above reasons it is natural that her willingness for doing sexual activity was decreased. Other studies show a decrease in sexual desire in the postpartum period, especially in the first year after delivery (Connolly A & Thorp J, 2005; Heydari M, Kiani- Asiabar A, & Faghieh -zade S, 2006; Melissa D & Frantzich R, 2000) that support the findings of this study. Anxiety is a common sexual dysfunction before pregnancy and after delivery, that its intensity and frequency in postpartum was significantly increased. Other studies have also indicated an increase in anxiety in women in the postpartum period that are support the results of this study (Barekatin M, Tavakkoli M, Kheirabadi Gh, & Maracy MR, 2009; Sherwen L et al., 2003). It seems that increase of psychological pressure, inability to care her child and even communicate with him, added to the tasks and problems of daily life due to the addition of a new person into the family

and inadequate and also lack of cooperation and collaboration of man are some cases that could explain the anxiety increment in postpartum period. Fatigue, pain during sexual communication, hatred of sexual activity and masturbation were such disturbances that were significantly reduced its intensity and frequency in postpartum period. However, various sources indicate the increase of these disturbances in postpartum period (Barrette G, Pendry E, & Peacock J, 2000; Yekeh Fallah L, 2005). It seems that the reason of reduction of these disorders in our subjects is sexual desire reduction and subsequently reduction in frequency of intercourse that led to report less than before pregnancy. Some studies have shown that the frequency of intercourse after childbirth has decreased considerably (Forster C, 1994).

Sexual problems in women fundamentally changes after childbirth than pre-pregnancy. These changes are as reduction in sexual desire, decreased frequency of intercourse, decreased orgasm and reduction of sexual interest in women, without being compelling reason for these reduction comparing to men at similar period. This may

partly justify some men's sexual behaviors emerging outside the home at this time. It should not suffice to preconception counseling and sex education should be considered seriously for a couple after their childbirth. Because holding the couples alone with these disorders and lack of timely assistance can affect their lives. It is recommended that, due to the changes in sexual disorders in postpartum period which can have a major impact on the lives of couples, continuing education carried out according to the individual terms and conditions and couples have been encouraged using consultation with midwives, gynecologists, psychologists, psychiatrists, and other knowledgeable individuals.

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