

POSTPARTUM SEXUALITY: A STUDY FROM TURKISH WOMEN'S PERSPECTIVES

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ABSTRACT

This study is a descriptive study conducted to determine women's views on sexuality in the postpartum period. This study was conducted in the postpartum clinic of a state hospital in a city in Turkey. The study sample included 355 women with 95% confidence and 5% margin of error. The data was collected through questionnaire which were conducted face to face interviews. Chi-square test was used in statistical analysis. The average age of participant women is 26.31 (SD=5.54). The 51.3% of women agreed that "it is a sin to have sexual intercourse within 40 days following the childbirth". There is no significant difference between primipara and multipara women in the sense of agreement frequency of this statement ($p>0.05$). On the other hand, the 46.8% of women agreed with the statement that "Resuming sexual intercourses after birth would be difficult" and 46.5% agreed "Sexual intercourse after birth would be painful". There was a statistically significant difference in the acceptance rate of these statements between multiparous and primiparous women ($p<0.05$). According to these results, it is recommended to address the issue of postpartum sexuality within the scope of both prenatal and postnatal care services.

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INTRODUCTION

Sexuality and sexual health are dynamic concepts and many factors in the life processes affect an individual's sexuality and sexual health (1). Pregnancy, birth and postpartum period is a developmental process and consists of many changes that can affect a woman's sexuality and sexual relations with her partner (2). Sexual dysfunction due to changes in this period is a major health problem frequently seen in postpartum women (2-7). Postpartum sexual problems can be considered as the result of the negative impacts of multi-dimensional changes which begin with pregnancy and continue during the postpartum period on women's perception of sexuality and sexual life. Pauls et al. (8) investigated couples' concerns about sexual life likely to occur after the birth and found that a great majority of women were anxious about such issues as resuming sexual intercourses after birth, birth control, effects of breastfeeding and emotional changes on sexuality and the body image. Therefore, postpartum sex life is an issue that should be addressed

in a comprehensive prenatal and postpartum care services. However, some studies emphasize that although women have care requirements regarding their sex life during pregnancy and postpartum period, these requirements are not adequately met (2, 7, 9-11).

Many studies related to postpartum sexual life mainly focus on the sexual function. There is quite an extensive literature about the prevalence of postpartum sexual dysfunction and the factors affecting this problem. However, there are a limited number of studies addressing postpartum sex life from the perspective of women. Pregnancy and childbirth are culturally shaped events. In many societies, there exist cultural beliefs and practices including postpartum sex life as well (12-14). For example, in Turkish society, women are considered unclean for 6 weeks after birth and are prohibited from having sexual intercourse during this period (15, 16). Therefore, every woman might have a different perspective on postpartum sexuality shaped by the socio-cultural environment in which she lives.

Therefore, a woman's knowledge, opinions and concerns about postpartum sexual life should be considered as one of the variables affecting her sex life either positively or negatively.

It has been emphasized that the couple's is being adequately informed of the possible changes is important in order to reduce the negative effects of pregnancy and labor on sexuality (8, 17). In order to prevent or reduce postpartum sex problems, nurses working in the prenatal, intranatal and postnatal health care are greatly responsible for the comprehensive assessment of changes likely to affect pregnant or birthing women's sexuality and for the minimization of the negative effects of these changes on their sex life. In order to achieve this, nurses first should be able to establish communication with every birthing woman on sexuality and create an appropriate environment in which she can freely and comfortably express her expectations and concerns related to her postpartum sex life (6, 18). Therefore, researches evaluating the postpartum sex life from women's perspective will lay the ground work for providing individualized nursing care.

STUDY AIM

The aim of this study was to determine Turkish women's views on sexuality in the postpartum period.

MATERIAL AND METHODS

DESIGN AND SAMPLE

STUDY AREA: This study was conducted in the postpartum clinic of a state hospital in a city in Turkey.

RESEARCH QUESTIONS

In this research, we examined the following questions;

- What do women who give birth think about postpartum sexuality?
- Do Turkish women have different views on postpartum sexuality?
- Does the parity affect women's views on postpartum sexuality?

SAMPLES: Women who gave birth in this hospital in one year comprised the study population. According to the hospital records, 4,879 births were delivered in this hospital in 2012. While women who had vaginal births were discharged 24 hours after the birth in average, women who gave birth by caesarean section were discharged 48 hours after the birth. The sample included 356 women with 95% confidence and a margin of error of 5%. Since one woman's questionnaire was considered invalid, she was excluded from the study and the study was completed with 355 women.

INCLUSION CRITERIA: Women between the ages of 18-45 who were literate, spoke Turkish and agreed to participate in the study were included in the study.

EXCLUSION CRITERIA: Women who were in the risky postpartum period and whose babies died were not included in the study.

DATA COLLECTION AND INSTRUMENTS:

The data were collected by a questionnaire developed by the researchers in line with the literature. The first part of the questionnaire consisted of items used to determine how the women obtained information regarding postpartum sexuality during pregnancy and postpartum period. The same part also included items questioning the women's individual and obstetric characteristics. In the second part of the questionnaire, some statements related to postpartum sexuality were given and the women were asked whether or not they agreed with the statements. The questions in the questionnaire were asked to the women by the researcher and their answers were recorded.

ETHICAL CONSIDERATIONS: The hospital administration where the study was conducted gave written approval for this study (Date and No: 2013 /2148). The women included in the sample received oral information about the purpose, content and extent of the study, and their consent was obtained. All processes ensured anonymity and confidentiality. All procedures in studies with human participants were carried out in accordance with ethical standards and the 1964 Helsinki declaration.

STATISTICAL ANALYSIS: Analysis of the study data was carried out in the SPSS 22.0 package program. The data were shown as mean values and frequency distribution. The chi-square test was used for statistical analysis. $p < 0.05$ was considered statistically significant.

RESULTS

The distribution of socio-demographic and obstetric characteristics of the women is given in **Table 1**. The women's mean age was 26.61 (SD=5.54). Of them, 64.5% had 6 or more educational year, 92.4% were not employed, 59.4% had a nuclear family and 63.4% were living in the city center. Of their husbands, 73.8% had 6 or more educational year and 86.8% were employed. Of the women, 52.7% defined their income status as the medium level. Their median age at first marriage was 20.53 (SD=3.50) and 72.4% of them had an arranged marriage. Of the women, 85.9 % were satisfied with their marriage, 83.1% were pleased with sex life before pregnancy, Obstetric characteristics of the women are presented in Table 2. Of them, 64.2% were multiparous, 70.4% had planned pregnancies,

98.9% received prenatal care and 67.6% gave birth vaginally. Of women, 36.1% experienced sexual problems during pregnancy. Sexual problems women experienced during pregnancy were as follows: reduction in the frequency of sexual intercourse (24.2%), dyspareunia (10.4%) and loss of sexual desire (7.9%). In addition, within the scope of prenatal care, 18% of women were informed about sexual life during pregnancy and 19.7% about postpartum sexual life. The rate of women who received information about postpartum sexuality is 16.6%.

Variables	n (%)
Educational status (year)	
≤ 5 year	126 (35.5)
6 year or more	229 (64.5)
Employment status	
Employed	27 (7.6)
Unemployed	328 (92.4)
Family type	
Nuclear family	211 (59.4)
Extended family	144 (40.6)
Place of residence	
City	225 (63.4)
Town / village	130 (36.6)
Husband's education status (year)	
≤ 5 year	93 (26.2)
6 year or more	262 (73.8)
Husband's employment status	
Employed	308 (86.8)
Unemployed	47 (13.2)
Perceived income	
Poor	70 (19.7)
Average	187 (52.7)
Good	98 (27.6)
Marriage type	
Arranged marriage	257 (72.4)
Out of love	98 (27.6)

Cont. Table 1. Socio-demographic Characteristics of participants

Variables	n (%)
Satisfaction from marital life	
Satisfied	305 (85.9)
Neutral	25 (7.0)
Not satisfied	25 (7.0)
Satisfaction from sexual life	
Satisfied	295 (83.1)
Neutral	40 (11.3)
Not satisfied	20 (5.6)
Age	26.61 (SD=5.54)
Marriage age	20.53 (SD=3.50)
Marriage year	5.63 (SD=5.10)

Table 1. Socio-demographic Characteristics of participants

Table 2 gives women's responses whether they agreed with the statements on postpartum sexuality. Of women, 51.3% agreed the statement "Having sexual intercourse within 40 days postpartum is a sin", 46.8% agreed "Resuming sexual intercourses after birth would be difficult" and 46.5% agreed "Sexual intercourse after birth would be painful". On the other hand, of them 55.8% didn't agree the statement "It is a sin for breastfeeding women to have sexual intercourse." and 53.5% didn't agree the statements "Breastfeeding women do not become pregnant" and "Breastfeeding affect postpartum sexuality adversely."

Table 3 gives women's responses whether they agreed with the statements on postpartum sexuality in terms of the parity. There were no significant differences between the multiparous and primiparous women about their views on the following statements: "Breastfeeding women do not become pregnant", "Having sexual intercourse within 40 days postpartum is a sin", "It is a sin for breastfeeding women to have sexual intercourse.", "My husband would find me less attractive sexually after birth", "Physical appearance after birth affects postpartum sexual life adversely" ($p>0.05$).

Variables	n (%)
Para	
Primipara	127 (35.8)
Multipara	228 (64.2)
Planned pregnancy	
Yes	250 (70.4)
No	105 (29.6)
Prenatal care	
Yes	351 (98.9)
No	4 (1.1)
Sexual problems during pregnancy	
Yes	128 (36.1)
No	227 (63.9)
Getting information about sexuality in pregnancy during prenatal care	
Yes	64 (18.0)
No	291 (82.0)
Getting information about postpartum sexuality during prenatal care	
Yes	70 (19.7)
No	285 (80.3)
Type of Childbirth	
Vaginally	240 (67.6)
Cesarean section	115 (32.4)
Gettin information postpartum sexuality after childbirth	
Yes	59 (16.6)
No	296 (83.4)

Table 2: Obstetric Characteristics of Participants

On the other hand, the multiparous women agreed to the following statements more than did the primiparous women: "Resuming sexual intercourses after birth would be difficult", "Having sexual intercourse after birth would be more uncomfortable", "Sexual intercourse after birth would be painful", "Sexual problems arising after giving birth would make my husband withdraw from me", "The woman's sexual desire decreases after birth", "Breastfeeding affects postpartum sexuality adversely " ($p < 0.05$). No significant differences were determined between the participants' views about postpartum sexuality when they were compared by age, family type, income level, employment status and place of residence ($p > 0.05$).

DISCUSSION

Sexual function of women is affected not only by general health status, socio-demographic conditions, psychological and systemic disorders but also physiological and psychological changes occurring in postnatal period (19, 20). Also, postpartum sexuality is strongly influenced by a woman's culture because there are different beliefs and practices about postpartum sexuality in many culture. The nurses should talk about the postpartum sexual life, evaluate the risk factors, describe the anxieties and expectations of women about sexual life, and give them individual counseling on the basis of prenatal and postpartum care services (21). However, postpartum sexuality may not be easy to discuss, for the women or the nurses. This study showed that 18% of the women who participated in the study had information about sexual life during pregnancy and 16.6% about postpartum sexual life during antenatal care. Barrett et al. (10) found that only 18% of women received information about sexual function and possible complications, and only 15% felt comfortable when initiating a conversation about sexuality. Studies have

	Agree	Undecided	Not agree
	%		
Breastfeeding women do not become pregnant	33.5	13.0	53.5
Having sexual intercourse within 40 days postpartum is a sin	51.3	7.9	40.8
My husband would find me less attractive sexually after birth	38.0	19.7	42.3
It is a sin for breastfeeding women to have sexual intercourse.	36.9	7.3	55.8
Resuming sexual intercourses after birth would be difficult	46.8	18.9	34.3
Having sexual intercourse after birth would be more uncomfortable	41.1	23.7	35.2
Sexual intercourse after birth would be painful	46.5	16.1	37.4
Sexual problems arising after birth would make my husband withdraw from me	34.4	17.5	48.1
The woman's sexual desire decreases after birth	41.1	21.1	37.8
Physical appearance after birth affects postpartum sexual life adversely	38.6	14.1	47.3
Breastfeeding affect postpartum sexuality adversely.	36.1	10.4	53.5

Table 3: The state to agree with statement about postpartum sexuality of women

Statements	Primipara (n=)			Multipara (n=)			p value
	Agree	Undecided	Not agree	Agree	Undecided	Not agree	
	%						
Breastfeeding women do not become pregnant	33.1	15.7	51.2	33.8	11.4	33.8	0.496
Having sexual intercourse within 40 days postpartum is a sin	52.0	10.2	37.8	50.9	6.6	42.5	0.396
My husband would find me less attractive sexually after birth	42.5	18.9	38.6	35.5	20.2	44.3	0.417
It is a sin for breastfeeding women to have sexual intercourse.	34.6	6.3	59.1	38.2	7.9	53.9	0.626
Resuming sexual intercourses after birth would be difficult	41.7	29.9	28.3	49.6	12.7	37.7	0.000
Having sexual intercourse after birth would be more uncomfortable	33.1	37.8	29.1	45.6	15.8	38.6	0.000
Sexual intercourse after birth would be painful	39.4	31.5	29.1	50.4	7.5	42.1	0.000
Sexual problems arising after birth would make my husband withdraw from me	33.9	26.0	40.2	34.6	12.7	52.6	0.004
The woman's sexual desire decreases after birth	37.0	32.3	30.7	43.4	14.9	41.7	0.001
Physical appearance after birth affects postpartum sexual life adversely	37.0	18.1	44.9	39.5	11.8	48.7	0.265
Breastfeeding affect postpartum sexuality adverselly.	35.4	17.3	47.2	36.4	6.6	57.0	0.005

Table 4: The State To Agree with Statements about Postartum Sexuality by Women's Parity

reported that women's sexual problems experienced during pregnancy affects sexual problems after birth (10, 22). 36.1% of women enrolled in the study stated that the sexual problems experienced during pregnancy. Similarly, 33% of women who gave birth in the study of Akyüz (23) stated that they had sexual problems during pregnancy. Postpartum sexuality is an important determinant of postpartum quality of life. The fact that women have no knowledge of pregnancy and postpartum sexual life can lead to increasing sexual problems and the deterioration of the relationship between couples.

This study revealed that 52% of the primipar women and 50.9% of the multiparous women participated in the statement of “sin to have sexual intercourse for 40 days after birth”. Studies conducted in Turkish community report that most of the women started sexual intercourse after the sixth week of the postpartum (24, 25). Alum et al. (26) reported that 21.6% of postpartum women reported sexual intercourse at six weeks after birth in their study in Uganda. Maimbolwa et al. (13) reported that Zambian women were advised to abstain from sex for 3–7 months after delivery, as it was believed that: the

newborn baby is unripe and the couple should abstain from having sexual intercourse until the traditions allow them to do so. Similar practice is also experienced in Thai culture. In a study of Kaewsarn (27), it was found that A period of sexual abstinence was reported by all women with the mean 63 days. Involution of the uterus and women's health the most common reasons given for avoiding sexual intercourse. The onset of postpartum sexual intercourse after an average of six weeks is a positive approach in the postpartum period when the susceptibility to infection increases.

Early initiation and maintenance of breastfeeding increases the maternal attachment to the baby. Breastfeeding is also very important for the biopsychosocial development of the baby. However, drop in estrogen level during breastfeeding causes vaginal dryness, decreased sexual desire, a reduction in arousal and orgasm (28). In this study, 34.6% of the primipar women and 38.2% of the multiparous women agreed in the statement that "sexual intercourse is a sin for a breastfeeding women" and 35.4% of primipar women and 36.4% of multiparous women agreed in statement that "breastfeeding negatively affects sexual life". In the study of Rowland et al. (29), 58.2% of women who did not breastfeed had started sexual intercourse, only 38.7% of breastfeeding women started sexual intercourse. Avery et al. (30) reported that 41.4% of the mothers who breastfeeding were less stimulated than before the pregnancy and 55.1% reported a decrease in vaginal lubrication. 33.1% of the primipar women participated in this study and 45.6% of multiparous women agreed in the statement that "postpartum sexuality will be more distressing than other times". Also, 37% of primipar women and 43.4% of multiparous women think that sexual desire will decrease after birth. Barrett et al. (10) reported that the problems experienced by women in the first 3 months after birth were disparanoya, decreased vaginal lubrication, difficulty in orgasm, vaginal laxity, decreased sexual desire, perineal pain, bleeding after intercourse, irritation and decreased frequency of sexual intercourse. Wang et al. (31) report that 70.5% of women have postpartum sexual problems. Alder et al. (32) found a reduction in sexual desire by 75% in women who breastfeeding in the postpartum week 12, compared with 25% in women who did not breastfeed. 39.4% of the primipar women and 50.4% of the multiparous women in our study think that the sexual relationship will be painful after birth. Buhling et al (33) in their study, 69.0% of postpartum women reported that they felt pain at first sexual intercourse. Pauls et al. (8) reported that increased urinary symptoms during the postpartum period increased

sexual dysfunction. In the study of Karaçam and Çalışır (34), 28.9% of the women stated that they had dyspareunia in the postpartum period. In our study, 37.5% of primipar women and 39.5% of multiparous women agreed that "postpartum physical appearance adversely affects sexual life" and 42.5% of primipar women and 35.5% of multiparous women agreed that my partner will find me less attractive sexually." Pastore et al. (35) found that 50-55% of postpartum women were concerned about body image. Mickelson and Joseph (36) reported that body and intimacy satisfaction following the birth of a child is not only relevant for mothers but also for fathers.

CONCLUSION

A majority of women were not informed about postpartum sexuality during their prenatal care. What is more, a significant number of women were discharged from the health care institution without receiving information about postpartum sexuality. Nearly half of the women agreed with the traditional view of Turkish society about postpartum sexual life. Especially multiparous women's expectations about resuming sexual intercourses and intercourse-related problems likely to arise during the postpartum period were more negative than were primiparous women's. This result suggests that multiparous women suffered negative experiences in their previous postpartum sexual life. Therefore, when issues regarding postpartum sexual life are addressed, it is recommended that women's opinions should be received and that multiparous women's previous postpartum experiences should be questioned.

CONFLICT OF INTEREST

The authors declare no conflict of interest.

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