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Iranian Women's Sexual Experience after Childbirth: a Mixed Method Explanatory Sequential Study

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Abstract

Background: *Women have different experiences after childbirth.Emotional and social changes may change their sexual and communicative needs. This study aimed to determine and discover women's sexual function experiences after childbirth.*

Methods: *The present study was done in a mixed paradigm with a sequential explanatory approach. In the first phase, a descriptive cross-sectional study was conducted to determine the women's sexual function after childbirth. In the second phase, using the qualitative approach and semi-structured interviews, the sexual function after childbirth was explained. Data obtained were analyzed using descriptive methods, and in the qualitative stage, the conventional content analysis method was used.*

Results: *In the quantitative phase of the study, more than half of the women (56.7%) reported some degree of sexual dysfunction at 3–6 months after childbirth. The qualitative findings revealed that women's experiences were affected by individual, family, social, and cultural factors. Individual factors included physical and psychological domains;family factors included husband and interpersonal communication;social factors comprised of the socioeconomic situation and sexual management in the postpartum period;the cultural factorwas theadherence to the cultural norms.*

Conclusions: *The present study showed that a mixed method explanatory sequential study could be used for better understanding of women's experience of sexual function after childbirth. The results of this study can be used in health research, education, policy-making, and planning related to women's sexual health.*

Keywords: Postpartum period, Sexual function, Mixed method.
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Introduction

Sexual function in humans is affected by complex interactions; one of the most important events in every woman's life is delivery and childbirth. The subsequent period is an emotional and dynamic period in the lives of the individuals.[1] In the first year following childbirth, most women report at least one problem related to sexual function.[2]

According to Hick's report, the prevalence of sexual dysfunction in the postpartum period is 22%–86%.[3] According to a study conducted by Sunga, in the first three months after delivery and six months after childbirth, 70.6% and 34.2% of women, respectively, expressed sexual problems.[4] Women may also report problem in resuming the sexual activity in the postpartum period due to lack of sexual orientation, fear of vaginal injury, physical discomfort, fear of waking the infant, loss of the fascinating feeling, or postpartum depression. Research has shown that individual or multiple fertility factors, including the type of delivery, lactation status, number of pregnancies, and postpartum depression, can cause changes in the female sexual function during the postpartum period. These researches are few in number and have reported contradictory results.[3,5] More research is required to resolve these contradictions. Due to the prevalence and importance of postpartum sexual problems, more direct counseling is needed, which will not be an appropriate solution without considering the causes of these disorders.[4] Marital sex in couples is an important part of their relationship and the basis for the role of the couples as parents. Nevertheless, postpartum sexual health remains a problem that has not been adequately researched.[3] As studies have shown, women have different experiences after childbirth, and the emotional and social changes may alter their sexual and communicative needs. So, the mother's concerns about the postpartum sexual issues can reduce the other needs, such as sleep, and lead to acceptance of the mother's role and care for the infant.[6] It seems that the profound understanding of women's experiences of sexual function is very helpful in designing appropriate treatment programs. Therefore, the combination of data collection methods (combined) in this study will lead to a more comprehensive understanding of the phenomenon of sexual dysfunction, which we do not find in a quantitative study.[7] Also, it is understood that the phenomenon of sexual function is based on the cultural and social factors and, also, the individual experiences. Since it is necessary to reduce the outcomes of sexual dysfunction, the condition and related factors should be investigated to provide good education and counseling in this regard. Mixed method studies with a comprehensive approach to sexual function in postpartum period have been limited worldwide. A similar study was not found in the search for Iranian studies. So, we decided to achieve this objective with a qualitative study after a quantitative study. We hope that the results of this study will help identify sexual dysfunctions and counseling and training in this regard by health care workers and midwives, who are responsible for the health of the mothers, and will lead to consolidation of the emotional and physical relationships between couples. It is important to note that in modern obstetrics, the understanding of various postpartum sexual problems is necessary to provide midwifery interventions and appropriate treatment.[8] The purpose of this study was to determine, identify, and explore women's experiences of sexual function in the postpartum period.

Materials and Methods

This was a mixed method study (sequential explanation). In the mixed method study, both quantitative and qualitative research approaches are adapted to expand, understand, and interpret the data.[9] Sequential designs are a combination of two-step research methodology, with qualitative or quantitative data collected in the first phase, and then, the other data types are collected.[10] This explanatory sequencing scheme is a combined research method, and the quantitative phase is performed first. The overall purpose of this design is to use the qualitative data to explain or expand the initial results.[11] In this research, the researcher obtained certain results that needed additional explanation; for example, the difference in sexual function in women; given that all women participated 3 to 6 months after delivery, their sexual function was different. Therefore, the researcher collected qualitative information from the participants who could provide the best explanation to clarify this difference. In the mixed method research, data validity relates to its quantitative and qualitative stages, and there are several ways to collect the data. The results of this study provide good evidence that its validity is greater than when the quantitative or qualitative methods are used alone in the study.[7]

In this cross-sectional study, 305 women from Shahroud city were randomly selected from October to January 2015.A simple random sampling method was used. Each participant was given a code, and they were invited to participate in the qualitative phase of the study. Women who were referred to the health centers to take care of their children or for family planning care (3–6 months after delivery) were selected according to the inclusion and exclusion criteria. The inclusion criteria were as follows: women 3–6 months past the date of delivery, women in the reproductive age group (15–49 years), those who are Iranian and Muslim with a single newborn baby. The exclusion criteria included the use of drugs that interfere with sexual function or improve the sexual function of couples, addiction in each of the couples, and severe stressful experiences over the past year for each of the couples. After satisfying all the inclusion criteria, the selected women were enrolled in the study. At first, the purpose of the study was explained, and after accepting to participate, informed consent was obtained from the participants, and questionnaires were completed at the time of data collection. The sample size was determined based on the prevalence of optimal sexual function in 58%[12] and possible inappropriate sexual function in 50%with a 95% confidence interval. FSFI and a socio-demographic questionnaire were used for the data collection. The components of the FSFI questionnaire have already been used in the Iranian study, and its validity and reliability have been evaluated through content validity and test re-test.[13]Before beginning the study, the questionnaire was completed by 20 mothers. The reliability was determined by two methods, and the α-score obtained was 0.82. The questionnaire assesses sexual function in six domains of sexual desire, arousal, lubrication, pain, orgasm, and sexual satisfaction, with the maximum score being 36. The sexual dysfunction was assessed using the following criteria: severe sexual dysfunction ≤10, moderate disorder 11–17, mild impairment 18–2, and without disturbance ≥23. Also, scores less than 65% of the total score for each domain were considered as sexual dysfunction in that area.[14]

This was a qualitative study of conventional content analysis type. Statistically significant results of the quantitative phase that required further explanation were identified,[10] and women with these results were invited for an interview. This part of the study was conducted using in-depth, semi-structured, face-to-face interviews and field notes. The purpose of the study was explained to the participants. Written consent was obtained from the interviewees. At first, 10 women with poor, moderate, and good sexual function were selected purposively, and this process continued until data saturation occurred in the interview.[15]All the women were interviewed in one of the empty rooms of the health center in a private and comfortable area, and each interview lasted for approximately 30–45 minutes. The study was conducted by a researcher who was a Ph.D. student in reproductive health. The researcher had experience in the field of qualitative study.

Data analysis started from data collection. In this way, the researchers implemented the data after each interview and imported them into MAXQDA 10 software, a software program used to analyze qualitative data and for data management.[16]In this research, content analysis approach was used to analyze the qualitative data.

Various methods have been used to improve the data validation in this study. The following was conducted: member check, prolonged engagement with the research topic, and allocation of sufficient time to collect the data. In addition, the peer debriefing method was also used. The texts of several interviews were studied by two faculty members (who were not part of the research team) to confirm the accuracy of the findings. The interviews were focused on the following two main questions:

1. How was your experience of sexual function after childbirth?

2. What factors have affected your sexual function after childbirth?

All the interviews were recorded with the consent of the participants using a digital recorder. In addition, field notes were written after each interview. In the present study, we tried to provide an exhaustive description of the process of the work done and how the data was obtained. All the activities carried out were described in a precise and clear manner. This study was approved by the Ethics Committee of Shahroud University of Medical Sciences with the code of ethics IR.SHMU.REC.2014.3.

Results

Of the 305 participants in the study, 67.2% were between 34 and 38 years old. The mean age of the participants was 29.3 years with a standard deviation of 5.3 years. Regarding education, 53.1% of women had a diploma. The majority of fathers, 39.7%, were self-employed, and 83.9% of mothers were housewives. More than half of the women (56.7%)

showed some degree of sexual dysfunction at 3–6 months after childbirth, as shown in table 1.

Table 1. The prevalence of sexual dysfunction in lactating women

Sexual function	3–6 months after childbirth Number (Percentage)
Severe	40 (13.1)
Moderate	71(23.3)
Mild	62(20.3)
Normal	132(43.3)

Qualitative phase: Fifteen women aged 29–42 years participated in the interview.

The data analysis showed four major themes: individual, family, social, and cultural determinants. These determinants affected the sexual experience of women after childbirth, which strengthened our results partly and explained the cause of poor, moderate, and good sexual function after delivery. In total, 34 codes were extracted.

The subcategory of individual factors included physical and psychological domains; family factors included husband and interpersonal communication; social factors comprised of the socioeconomic situation and sexual management in the postpartum period; and the subcategory of cultural factor included adherence to the cultural norms, as shown in table 2.

Discussion

Consistent with other studies, the results of this study found that women had some degree of sexual dysfunction at 3–6 months postpartum.[17] Similarly, the results of our qualitative study were consistent with that of other studies which showed the influence of individual factors affecting women's sexual function experiences including somatic aspect and psychological experiences. Optimal sexual experience is possible when the balance between these aspects is established. This category was aligned with a number of other studies.[18-20] Each of the physiological periods of women's lives, including delivery and postpartum period, are associated with particular issues; it is helpful to study these using different qualitative approaches to identify the unknown needs of women during the various physiological periods.

It seems that the psychological domain holds a special place in women's favorable or unfavorable sexual experience. It can also affect the other domains of health. Nevertheless, it is necessary to carry out qualitative studies with different approaches focusing on this particular aspect in different situations. In our study, the psychological domain affected women's sexual experience, although the experience of sexual activity with a negative perception and that with a positive perception is included. This suggests that the emotional reactions of women in different situations differ in their intensities and can be affected by knowledge, sexual attitudes, and communication skills with the spouse.[21] However, any commentary on the emotional sense of the situation requires the conduct of qualitative studies in the various domains of women's sexual health; the results of our study also confirmed this.

Regarding the family factors affecting women's sexual experience, the subcategories were wife support and interpersonal communication.[21] Wife support includes an understanding of the spouse's physical and mental status and playing a desirable parent role. Our findings showed that despite the emphasis in research on issues such as changing the attitude of men toward the duties of their spouses, some men do not play this role very well. The results of this study showed that it is essential that the family factors affecting women's sexual experience can be identified in their own language.

Table 2. Postpartum sexual function experiences based on category and subcategory

Main theme	Category	Subcategory	Primary category
Individual factors affecting sexual function	Somatic aspect	Physiological changes in the postpartum period	Decrease in physical strength
			Vagina dryness
			Fatigue
			Insomnia
			Breast milk secretion
	Psychological experiences	Experience of sexual activity with a negative perception	Unpleasant sexual experiences before childbirth
			Unfavorable self-body image
		Experience of sexual activity with a positive perception	Optimal sexual attitude
			Sexual knowledge about body changes during pregnancy and afterward
			Conversation and spouse communication skills
Family factors affecting sexual function	Wife support	Understanding the physical and mental condition of the spouse	Love and affection for the wife
		Playing a favorable parenting role	Supportive Services
	Interpersonal communication	Help the mother to adapt to the new role	-
		Satisfaction with the common life framework	-
Social factors affecting sexual function	Social and economic situation	Favorable economic situation	Desirable and desired job
			Adequate income
	Sexuality management in the postpartum period	Providing preventive services	Easy access to sex counseling centers
			Benefit from education and sexual health services
Cultural factors affecting sexual function	Adherence to cultural norms	A belief approach to sexual relationship	-
		A common approach to sexual relationship	Conservatism in sexual relationship

The social determinants of the other categories are related to the factors affecting the sexual function of women which include the subcategory of the socioeconomic status and management of sexual issues during the postpartum period. The results of this research showed that the socioeconomic status is one of the problems which women face. The findings from quantitative research in other societies also show that this factor affects women's sexual function experiences. Sponsoring and providing preventive services are the subcategories of socioeconomic factors. Our study showed that qualitative and mixed method research specifically devoted to these categories was absent. Therefore, it seems that of the many qualitative and mixed method studies, regarding women's perspective, those that identify and explain the socioeconomic factors affecting their sexual function seems to be absent. So, given that women are vulnerable in society and many of their problems may remain unknown due to negligence and neglect, it is necessary to identify the unknown dimensions through the close relationship with them, namely, by carrying out mixed method research on these dimensions.

Preventive services are subcategories related to the management of women's sexual issues, including easy access to sexual counseling centers for education and sexual health services. The participants stated that sexual counseling services during pregnancy and childbirth were not given to couples. The majority of women in the research expressed that the support of health system officials is an important factor in their sexual function experience; although we did not assess the role of health system officials on women's sexual health directly, other studies have shown the impact of health system officials' support in improving the individual's sexual health. Our findings also confirmed this, so the support of policymakers and planners at the macro level is required to create a suitable platform for sexual education.[12,22] Prioritizing the sexual health of women and men and adopting evidence-based measures can greatly enhance the individual's sexual health and the experience of sexual function.

Regarding the category of cultural factors that affect women's sexual experience below the level of adherence to cultural and religious norms, which include subcategories of religious beliefs and sexual orientation approach, this study showed that mixed method research could give us valuable information and provide a more comprehensive and profound understanding about the phenomenon examined. Indeed, identifying these areas in the field of women's sexual experience can provide the necessary information for future coherent actions.

The present study provided valuable results in the integration of quantitative and qualitative data. In fact, the use of qualitative data to explain quantitative data helped us to increase our awareness, for better and deeper understanding of this phenomenon. Therefore, the results of this study could give us a more realistic assessment of women's sexual function after childbirth. The results of this research are effective in providing appropriate country-relevant feedback, health policy orientation toward appropriate programs, and resource allocation with regard to priorities. Ultimately, proper planning based on these outcomes will help improve female sexual health.

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Conflict of Interest

The authors declare that they have no conflict of interest.

References

1.RowlandM, Foxcroft L, Hopman WM, Patel R.Breastfeeding and sexuality immediately post partum. Can Fam Physician 2005;51:1367.

2.RicciSS. Essentials of maternity, newborn, & women's health nursing. 3rd ed. Wolters Kluwer Health| Lippincott Williams & Wilkins; 2013.

3. Barrett G, Pendry E, Peacock J, Victor C, Thakar R, Manyonda I. Women's sexual health after childbirth. BJOG 2000;107:186-95.

4. Xu XY, Yao ZW, Wang HY, Zhou Q, Zhang LW.Women's postpartum sexuality and delivery types. Zhonghua Fu Chan Ke Za Zhi2003;38:219-22.

5.Van Brummen H, Bruinse H, Van De Pol G, Heintz APM, Van Der Vaart CH. Which factors determine the sexual function 1 year after childbirth?. BJOG 2006;113:914-8.doi:10.1111/j.1471-0528.2006.01017.x

6.Olsson A, Lundqvist M, Faxelid E, Eva Nissen RNMTD. Women's thoughts about sexual life after childbirth: focus group discussions with women after childbirth. Scandinavian Journal of Caring Sciences 2005;19:381-7.doi:10.1111/j.1471-6712.2005.00357.x

7. Creswell JW,Creswell JD. Research design: Qualitative, quantitative, and mixed methods approaches.5th ed.CA: SAGE pub;2013.

8. Buhling KJ, Schmidt S, Robinson JN, Klapp C, Siebert G, Dudenhausen JW. Rate of dyspareunia after delivery in primiparae according to mode of delivery. Eur J Obstet Gynecol Reprod Biol 2006;124:42-6.

9. Creswell JW, Plano Clark VL. Designing and conducting mixed methods research. 2nd ed. Thousand Oaks, CA: Sage; 2011.

10. Castro FG, Kellison JG, Boyd SJ, Kopak A. A methodology for conducting integrative mixed methods research and data analyses. J Mix Methods Res 2010;4:342–61.

11. Creswell JW, Clark VLP. Designing and conducting mixed methods research. 3th ed. SAGE; 2007.

12. Boroumandfar K, Ghaed Rahmati M, Farajzadegan Z, Hoseini H. Reviewing sexual function after delivery and its association with some of the reproductive factors. Iran J Nurs Midwifery Res 2010;15:220-3.

13. Mehdizadeh Toorzani Z, Hasan Zahraei R, Ehsanpour S, Nasiri M, Shahidi S, Soleimani B. A study on the relationship of sexual satisfaction and common contraceptive methods employed by the couples. Iran J Nurs Midwifery Res 2010;15:115-9. [Persian].

14. Safarinejad MR. Female sexual dysfunction in a population-based study in Iran: prevalence and associated risk factors. Int J Impot Res 2006;18:382-95.doi:10.1038/sj.ijir.3901440

15. Given LM. The Sage encyclopedia of qualitative research methods. Thousand Oaks, CA: Sage, 2008.

16. Kuckartz AM, Kuckartz U. Qualitative text analysis with MAXQDA. Sevilla: Fundacińt Centro de Estudios Andaluces, 2002.

17. Shirvani MA, Nesami MB, Bavand M. Maternal sexuality after child birth among Iranian women. Pakistan journal of biological sciences: PJBS 2010;13:385-9. [Persian].

18. Fauconnier A, Goltzene A, Issartel F, Janse-Marec J, Blondel B, Fritel X. Late post-partum dyspareunia: Does delivery play a role? Dyspareunie du post-partum tardif : l'accouchement joue-t-il un rôle? Progrès en urologie 2012; 22:225-32.

19. Rezaei N, Azadi A, Sayehmiri K, Valizadeh R. Postpartum Sexual Functioning and Its Predicting Factors among Iranian Women. Malays J Med Sci 2017;24:94-103.Doi:10.21315/mjms2017.24.1.10

20. Khajehei M. Prevalence and risk factors of sexual dysfunction in postpartum Australian women. The journal of sexual medicine 2015;12:1415-26.doi:10.1111/jsm.12901

21. Salim NR, Gualda DM. Sexuality in the puerperium: the experience of a group of women. Rev Esc Enferm USP 2010;44:888-95.

22. Leeman LM, Rogers RG. "Sex after childbirth: postpartum sexual function". Obstetrics & Gynecology2012; 119:647-655.