

Factors Influencing the Resumption of Postpartum Female Sexuality in Women Who Have Given Birth Once or Several Times at the Ignace Deen Maternity Hospital of the Conakry University Hospital Centre (Guinea)

I. Conté^{1*}, D. W. A. Leno², O. Sylla¹, A. F. M. Soumah¹, I. Sylla¹, B. A. Diallo², I. S. Baldé¹, T. Sy¹

¹Department of Obstetrics and Gynaecology, Ignace Deen National Hospital, University Hospital Centre, Conakry, Guinea

²Department of Obstetrics and Gynaecology, Donka National Hospital, University Hospital Centre, Conakry, Guinea

Email: *conteib1976@gmail.com

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Abstract

Introduction: Sexuality in the postpartum period is a taboo subject that raises many questions, especially among women. The aim of this study was to evaluate the influence of factors such as mode of delivery, parity, type of household and level of education on the resumption of sexuality, by comparing our results with those in the literature. **Methods:** This is a prospective descriptive and analytical study, which took place from 3 April to 2 June 2023 in the maternity ward of the Ignace Deen National Hospital of the University Hospital Centre of Conakry. The sample included married women who had given birth once or several times. **Results:** Of 118 married women who had given birth once or several times and who were questioned about their sexuality in the postpartum period, 75.42% (89 cases) stated that they had resumed sexual activity in the postpartum period. (The majority were aged 20 - 29 years (46.61%), pauci pares (51.69%), living in a monogamous household (88.14%), with secondary education (44.92%) and self-employed (38.98%). More than half (58.47%) of these women had a normal vaginal delivery with vulvo-perineal tear (5.80%), episiotomy (15.94%) and instrumental extraction (8.69%). The main reasons for resuming sexual activity were the desire to satisfy their partner (50.56%) and to maintain the harmony of the couple (29.21%). Resumption of sexual activity was more common in patients who had given birth by caesarean section ($p = 0.007$) and in patients with a higher level of education ($p = 0.03$). However, it was not influenced by parity or household type. **Conclusion:** Sexuality remains a taboo subject, and its resurgence in the postpartum period is influenced by the mode of delivery and the level of education and perception of women. Certain practices and com-

plications related to childbirth can also influence the resumption of sexuality in the postpartum period.

Keywords

Female Sexuality, Post Partum, Resumption, Influencing Factors

1. Introduction

The post-partum period extends from childbirth to 42 days afterwards. This period raises many questions in couples, particularly about sexuality [1].

Sexuality evokes a mysterious, sacred and secret image. What's more, talking about sexuality means talking about oneself and one's emotions, it means touching on the intimate and therefore the emotional, the sensations and the personality [2] [3].

The subjective nature of sexuality makes it complex and difficult to talk about. The taboo persists and is perpetuated by a lack of knowledge [4].

Post-partum sexual difficulties encountered by women and couples are common. A total of 94% of women report a health problem (urinary or anal incontinence, lumbar or perineal pain) in the year following childbirth, affecting their sex life [5]. Although this morbidity diminishes over time, its multifactorial origin explains why its prevalence remains high [5].

If we look at the figures for women's sexual health after the birth of their child, 83% had sexual problems at 3 months and 64% at 6 months. Between 40% and 64% of women fear resuming their sexuality [6].

In Tunisia, out of 80 women surveyed about post-partum sexuality in the gynaecology-obstetrics department of the University Hospital Centre Hédi-Chaker, 16% described their relationships as less satisfying than usual. And 64% reported a decrease in sexual activity after childbirth [7].

In Ivory Coast 2013, in a study conducted in the gynaecology-obstetrics and andrology department of the Bouaké University Hospital, 140 out of 395 patients surveyed had resumed sexual intercourse. In 67.9% of cases, sexual intercourse was initiated by the partner, particularly after the return from childbirth [8].

Post-partum sexuality remains under-documented in Guinea, and raises enormous questions, especially among women. We therefore initiated this study to take stock of this subject, which remains taboo.

The aim of this study is to evaluate the influence of factors such as mode of delivery, parity, type of household and level of education on the resumption of sexuality, by comparing our results with those in the literature.

2. Methods

2.1. Study Design

This was a prospective descriptive and analytical study, which took place from 3 April to 02 June 2023 in the gynaecology-obstetrics department of the Ignace

Deen National Hospital of Conakry University Hospital. The aim of the study was to evaluate the factors influencing the resumption of sexuality.

2.2. Study Population and Inclusion Criteria

We carried out an exhaustive recruitment of 118 women who had given birth once or several times and who consulted our facility, regardless of their reason for consultation, and who agreed to take part in the study during the period.

The variables studied were socio-demographic and childbirth characteristics, reasons for resuming or not resuming sexual intercourse in the post-partum period and factors influencing the resumption of sexuality.

2.3. Data Collection

Data were collected using a 15-item questionnaire on sexuality before the last pregnancy and the corresponding postpartum period predefined as 6 months after delivery. Each questionnaire was completed during a semi-structured interview in which the women answered the questions spontaneously.

Before the actual data collection, a pre-test of the questionnaire was administered to 50 women with the aim of validating the data collection tool. After correcting the comprehension difficulties recorded during this pre-test, a final questionnaire was selected and submitted directly to 118 women who had given birth in our department and who agreed to take part in the study.

2.4. Data Analysis

The data were analysed using the Statistical Package for the Social Sciences (SPSS) version 22. For qualitative variables, proportions were calculated to express the distribution of the different categorical variables. For quantitative variables, descriptive statistics including the mean and extreme values were calculated to provide an overview of the distribution of the different categorical variables. For correlational analysis we used the Chi-square test, with a significance threshold at alpha equal to 5%.

2.5. Ethical Considerations

Before starting the study, we obtained the necessary authorisation from the head of our department. Ethical principles were strictly adhered to by obtaining informed consent, guaranteeing anonymity and confidentiality of all individual data.

3. Results

Our series included 118 married women who had given birth once or several times and who were asked about their sexuality in the postpartum period.

Of these 118 women, 89 reported having resumed sexual activity in the postpartum period, *i.e.* a frequency of 75.42%.

The mean age of the patients was 28.13 years, with extremes of 16 and 41

years. Patients aged between 20 and 29 years were the most represented, accounting for 46.61%.

More than 4/5 (88.14%) lived in a monogamous household, 38.98% were self-employed and 44.92% had secondary education. They were poor in more than half the cases (51.69%).

The most common mode of delivery was vaginal delivery (58.47%), compared with caesarean section (41.53%). The vaginal deliveries were uneventful in 69.57% of cases and complicated by vulvo-perineal tearing in 4 patients (5.80%). Instrumental extraction was performed in 6 patients (8.69%) and episiotomy in 11 patients (15.94%).

Resumption of sexual intercourse after childbirth was reported by 89 women (75.42%). The 29 patients who did not resume intercourse gave various reasons, including the risk of a new pregnancy for 4 patients (16.67%), fear of pain for 11 cases (45.83%), customary reasons for 1 case (4.17%), polygamy for 3 patients (12.50%), and 5 patients said they were waiting for the return of childbirth (20.83%). The initiator of the resumption of sexual relations was mainly the spouse in 50.56% of cases. The main reasons given by patients for agreeing to resume sexual activity were the desire to satisfy their partner (50.56%) and to maintain the harmony of the couple (29.21%).

We assessed the possible influence of route of delivery, parity, level of education and type of household on the resumption of sexual intercourse. The resumption of sexual activity was more marked in patients who had given birth by caesarean section and in patients with a higher level of education, with significant associations, $p = 0.007$ and $p = 0.03$ respectively. However, it was not influenced by parity or household type, with non-significant relationships of $p = 0.10$ and $p = 0.17$ respectively.

4. Discussion

Our series included 118 married women who had given birth once or several times and who were questioned about their sexuality in the postpartum period. Of these, 89 (75.42%) stated that they had resumed sexual activity in the postpartum period. The mean age of the patients in our sample was 28.13 years, with extremes of 16 and 41 years. Patients aged between 20 and 29 years were the most represented, accounting for 46.61%. More than 4/5 (88.14%) of them lived in a monogamous household, were poor in more than half the cases (51.69%) and had secondary education in 44.92% of cases (**Table 1**).

Our results are comparable to those of Aribi L *et al.* [7] in 2012, who reported an average age of 31.64 in Tunisia, with extremes of 21 and 50 years. They also found 51.2% of pauci pares and 42.4% of women with secondary education.

Spontaneous vaginal delivery was the most frequent mode of delivery in our series, accounting for 58.47%. Our rate of vaginal delivery is comparable to that reported by Kouakou KP *et al.* [8] for 53.2%, and lower than that of Aribi L *et al.* [7] in 2012 for 72%.

Table 1. Socio-demographic and obstetric characteristics of patients.

Characteristics	Number	Frequency (%)
Age		
≤19	31	26.27
20 - 29	55	46.61
30 - 39	28	23.73
≥40	4	3.39
Total	118	100
Level of education		
Out of school	20	16.95
Primary	14	11.86
Secondary	53	44.92
Higher	31	26.27
Total	118	100
Professional activity		
Employee	25	21.19
Pupil/Student	11	09.32
Self-employed	46	38.98
Housewife	36	30.51
Total	118	100
Type of fireplace		
Monogamous	104	88.14
Polygamous	14	11.86
Total	118	100
Parity		
Primiparous	40	33.90
Pauciparous	61	51.69
Multiparous	12	14.41
Total	118	100
Average age: 28.13 ans		Extremes: 16 et 41 ans

In our series, deliveries were uneventful in 69.57% of cases, complicated by vulvo-perineal tears in 4 cases (5.80%) and episiotomy in 11 cases (15.94%) (**Table 2**).

Kouakou KP *et al.* [8] reported 12.7% instrumental extraction and 15.2% episiotomy.

Table 2. Characteristics of childbirth in female patients.

Delivery route	Number	Frequency (%)
Vaginal delivery	69	58.47
Caesarean section	49	41.53
Total	118	100
Practice/Complications of vaginal delivery		
The vaginal route	N	%
Spontaneous without intervention	48	69.57
Instrumental extraction	6	08.69
Episiotomy	11	15.94
Vulvoperineal tears	4	05.80
Total	69	100

A prospective study of nulliparous women in Melbourne, Australia, which aimed to evaluate the resumption of sexuality six weeks after vaginal delivery according to perineal lesions, showed a lower rate of women who resumed sexuality among those who had an episiotomy compared to those with tears [9].

Resumption of sexual intercourse after childbirth was effective in 75.42% of patients in our series, as mentioned above. Among the main reasons given for resuming intercourse were the desire to satisfy their partner in 50.56% of cases and to maintain the harmony of the couple in 29.21% of cases. The main reason for resuming sexual intercourse was the partner in 50.56% of cases (Table 3).

In the series by Aribi L *et al.* [7], in 2012 the women reported that the main reason for resuming sexual relations was to satisfy their partner, who was more demanding (72.2%) despite the decrease in their desire and personal satisfaction.

As regards patients who had not resumed sexual activity, in 29 cases the reasons given were: the risk of a new pregnancy for 4 patients (16.67%), fear of pain for 11 cases (45.83%), customary reasons for 1 case (4.17%), polygamy for 3 patients (12.50%), and 5 patients (20.83%) said they were waiting for the return of childbirth (Table 3).

Kouakou KP *et al.* [8] reported that in 51% of cases, women refused to resume sexuality because of cultural and religious influences. For McDonald EA *et al.* [9], in Australia, the majority of women who have given birth for the first time do not resume vaginal intercourse until more than 6 weeks after giving birth.

In an African context marked by socio-cultural constraints, resuming sexual activity generally poses a problem. It is often a taboo subject. As a result, there are no clearly defined ideal periods for authorising sexual intercourse. The commonly accepted benchmark is the return from childbirth. However, this varies from one woman to another and according to how the baby is fed [8].

Our data are in line with those of Aribi L *et al.* [7] in 2012 and Hames CT [10], who report that spouses express sexual desire earlier in the postpartum

Table 3. Parameters related to the resumption of sexual relations in the post-partum period.

Resuming sexual relations in the post-partum period	Number	Frequency (%)
Yes	89	75.42
No	29	24.58
Total	118	100
Reason for non-return		
Risk of pregnancy	4	16.67
Fear of pain	11	45.83
Vice	1	04.17
Polygamy	3	12.50
Waiting to return from childbirth	5	20.83
Total	24	100
Initiator of the takeover		
Women	18	21.35
Male	45	50.56
Both	25	28.09
Total	89	100
Reason for takeover		
For my own pleasure	13	14.61
To satisfy my partner	45	50.56
For the harmony of the couple	26	29.21
For my partner's infidelity	5	5.62
Total	89	100
Weekly frequency of sexual intercourse		
Before and during pregnancy		
0 - 2	48	53.93
3 - 5	29	32.58
6 and over	12	13.49
Total	89	100
Post partum		
0 - 2	78	87.64
3 - 5	9	10.11
6 and over	2	2.25
Total	89	100

Continued

Satisfaction		
Before and during pregnancy		
Yes	86	96.63
No	3	3.37
Total	89	100
Post partum		
Yes	60	67.42
No	29	32.58
Total	89	100
Cause of dissatisfaction in the post-partum period		
Dyspareunia	7	22.58
Lochia	9	29.03
Decreased libido	11	35.49
Occupation by the newborn	4	12.90
Total	31	100

period than nannies and that the reasons given by women for resuming sexual activity were essentially to satisfy their partner and maintain the harmony of the couple.

We also reported a drop in the weekly frequency of sexual intercourse in more than half the patients, followed by a drop in sexual satisfaction in the post-partum period in 21 patients (32.81%) compared with 2 patients (3.13%) before and during pregnancy (**Table 3**).

In this context, the woman's sexual satisfaction may be reduced. This situation was observed by Kouakou KP *et al.* [8] who noted that 64.29% of women found sexual intercourse after childbirth less satisfying. The same was observed by Robson *et al.* [11] who noted a frequency of 71% of sexual dissatisfaction after childbirth.

The resumption of sexual activity was more marked in patients who had given birth by caesarean section ($p = 0.007$) and in patients with a higher level of education ($p = 0.03$). However, it was not influenced by parity or household type (**Table 4**).

Childbirth has a negative impact on couples' sexuality. This sexuality is also influenced by complications and practices related to childbirth, such as episiotomy, perineal tears and instrumental extractions, which are often responsible for dyspareunia. The prevalence of dyspareunia in the immediate post-partum period is estimated at between 20% and 50%, with symptoms lasting an average of four months. Perineal tearing is a risk factor for postpartum dyspareunia [12]. Sexual problems may persist for longer in cases of severe tearing. Poorly performed sutures may be responsible for intromission dyspareunia [12].

Table 4. Factors influencing the resumption of sexuality in the post-partum period.

Resuming sexuality	Factors influencing resumption				p value
	Yes		No		
	n	%	N	%	
Type of household					
Monogamous	193	64.9	133	88.14	0.17
Polygamous	103	6.25	43	11.86	
Delivery route					
Vaginal delivery	186	20.17	126	58.47	0.0007
Caesarean section	200	22.42	140	41.53	
Parity					
Primiparous	129	33.90	69	26.54	0.10
Pauciparous	150	51.69	90	42.36	
Multiparous	101	14.41	41	09.67	
Level of education					
Out of school	167	23.21	107	16.95	0.003
Primary	162	21.73	102	11.86	
Secondary	189	29.76	129	44.92	
Higher	174	25.30	114	26.27	

These findings are confirmed in a review of the literature which highlights the negative impact of instrumental extractions and perineal lesions [13]. As noted by Andrews *et al.* [14], dyspareunia is common in cases of second, third or fourth degree perineal tears. Lurie S *et al.* [15] also confirmed in a randomised study that episiotomies and instrumental extractions were responsible for a later resumption of sexual activity, certainly due to dyspareunia.

Similarly, Barbara G *et al.* also reported that dyspareunia interfering with intercourse was the source of the delay in resuming sexual activity [16]. While Olsson A *et al.* [17] have noted that the mismatch in libidos can be a source of anxiety and loss of self-confidence.

5. Conclusion

Sexuality remains a taboo subject, and its resumption in the post-partum period is influenced by the method of delivery and the level of education and perception of women. Certain practices and complications that arise during vaginal deliveries are more often than not responsible for the difficulties in resuming sexuality in the post-partum period. A couple's consultation would be useful in the post-partum period, following the example of a woman's post-natal consultation.

Conflicts of Interest

The authors declare that they have no conflicts of interest in relation to this article.

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