

Post Partum Resumption of Sexual Activity and Its Determinants in Nursing Mothers: A Port Harcourt Study

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Abstract

Introduction: Influenced by cultural, spiritual and religious beliefs. A lot of couples suspend sexual activities and resume at various different times due to influences by different factors. **Materials and Method:** This was a descriptive cross-sectional study among 376 postpartum women and nursing mothers visiting the immunization/infant welfare clinic, postnatal and family planning clinic at the University of Port Harcourt Teaching Hospital. Data were obtained using pretested semi-structured interviewer-administered questionnaire, which was designed based on variables from existing literature pretested and revised to ensure the quality of information collected. The data retrieved was analysed and variables presented in tables. **Results:** Approximately 2/3rd (66.0%) of the women had a tertiary level of education. The result show 200(53.19%) of the women started sexual activity less than 6 weeks after delivery, with about 43.6% of the participants reporting various sexual dysfunctions like loss of desire, dyspareunia, vaginal dryness and others. The majority of the women (89.9%) were knowledgeable about contraception and the majority of those who knew about contraception 222(59%), made use of it. A higher proportion of women who had puerperal complications used contraception. Logistic regression analysis showed that women on contraception were about 12 times more likely to resume sexual activity after 6 weeks. **Conclusion:** Early resumption of sexual intercourse is common to women irrespective of sociodemographics and obstetric characteristics.

Keywords: Sexual activity, Post-partum, family planning, Port Harcourt.

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INTRODUCTION

The delivery of a child brings about several changes to the mother's health and wellbeing, including fatigue, depression and changes in sexual functions and practices [1, 2]. Some persons abstain from sexual intercourse in the last phase of pregnancy (3rd trimester) due to fear, religious beliefs, antenatal complications like placenta praevia and prelabour rupture of fetal membranes.

The postpartum/puerperal period is the time from the delivery of the placenta to a period of six (6) weeks. It is a critical period in the life of the mother and new born; hence, the enactment of interventions during this period has intense implications for enhancing maternal and child health. In low-income countries, the period is characterized by various cultural practices,

some of which may harm the mother and child [2, 3]. Cultural, spiritual and religious beliefs strongly influence behavior, especially sexual activities in the postpartum period, as pregnancy and post-delivery are regarded as sacred and the women are considered as unclean [4].

Sexual intercourse during the postpartum period has been the topic of interest in the advanced world [5, 6] but has received very little attention in developing countries. Moreover, some studies have been done regarding sexual behavior and adopting family planning (FP) practices in traditional African settings characterized by large family sizes and poor contraceptive use. In developing countries, half of the women abstain from sexual intercourse for six or more months [1, 3]. Interest in sexual intercourse often decreases throughout pregnancy but eventually returns to

normal postpartum with an average resumption of intercourse between 5 weeks and 8 weeks after childbirth [1]. Resumption of sexual intercourse postpartum may also herald a greater risk of unplanned pregnancies. Some women may be fecund few weeks after delivery, especially those not breastfeeding; hence the need for protected sexual intercourse at this period. This will save the risk of unplanned and possibly unwanted pregnancies and its sequelae.

The current World Health Organization (WHO) recommends that women wait until their youngest child reaches their second birthday before becoming pregnant again [7, 8]. In Turkey, 42% of women resumed sexual intercourse within six weeks of giving birth [9]. In the United States of America, 57% of women resume sexual intercourse at six weeks [7], while in Great Britain, 82-85% resumed sexual activity by three months after the postpartum period. In Uganda, about 66.4% of postpartum women had resumed sexual activities in their first postnatal visit [1]. In Nigeria, about 2/3 of women, resumed sexual intercourse 8 weeks postpartum [11]. It was reported that 29.7% had resumed sexual intercourse in their first postnatal visit, whereas only 22% used modern contraceptive methods [12].

So many factors influence the resumption of sexual intercourse in the postpartum period, including psychological changes, such as loss of a sense of self, transitioning to parenthood, taking on the new roles of mother and father, depression and feeling of abandonment among men. Other factors are; method of delivery and factors surrounding the delivery process, body changes in women that affect their self-image, episiotomies/or perineal trauma causing dyspareunia, hormonal changes in women that can lead to reduced sexual desire, vaginal dryness, changes in the marital relationship, including changes in each other's roles taking time for intimacy, and initiating sexual intercourse, socio-cultural influences, such as social support, expected roles, and beliefs regarding when to resume sex, lifestyle changes, especially with regards to baby care [10-14].

This study aims to determine the factors associated with the resumption of sexual activity among postpartum women in Port Harcourt, Nigeria, and to explore Family planning practices and how they influence the resumption of sexual activity.

MATERIALS AND METHOD

This descriptive cross-sectional study was conducted among 376 postpartum women and nursing mothers visiting the immunization/infant welfare clinic, postnatal and family planning clinic in the University of Port Harcourt Teaching Hospital between September 2021 and March 2022.

Eligibility criteria: Postpartum and nursing mothers between 6 weeks to 12 months postpartum attending the

immunization/infant welfare, postnatal and family planning clinics at UPTH.

Exclusion criteria: Women that were less than 6 weeks and more than 12 months post-delivery.

Subject selection:

Women meeting the eligibility criteria were identified, counselled and selected consecutively following written informed consent. All eligible consenting postpartum women attending the said clinics on the clinic days were enrolled for the study. Only new clients were interviewed during subsequent clinic visits until the desired sample size was reached. The sample size was calculated using the prevalence of resumption of sexual intercourse of 45.2% in a similar study in women attending infant welfare clinics by Adenike *et al.*, [1].

The minimum sample size was determined using the formula sample size

$$n = Z^2 PQ/d^2$$

Z = the normal standard deviation usually set at 1.96, which corresponds to 95% confidence level,

p = prevalence from above study

q = 1-p,

d = sampling error of 5%.

$n = 1.96^2 \times 0.452 \times 0.548 / 0.05^2$

n = 376. a minimum sample size of 376 was obtained.

Data collection:

Data were obtained using pretested semi-structured interviewer-administered questionnaire, which was designed based on variables from existing literature pretested and revised to ensure the quality of information collected. The questionnaire was used to obtain information on the sociodemographic characteristics, knowledge, and use of family planning methods, sexual practices, and sexual morbidity, obstetric and sexual history. Respondents were also asked if they had resumed sexual intercourse since delivery.

The questionnaires were checked for errors, after which the data was entered into the computer and then analyzed using the statistical package for social science version 16. Evidence of association between outcome variables was plotted by cross-tabulation and measured using chi-square statistics. The significance level was set at $p < 0.05$ (at a 95% confidence interval).

RESULTS

This study included 376 women with a mean age of 30.7, SD (5.3). Table 1; below shows the sociodemographic and obstetric characteristics of the participants. Approximately 2/3rd (66.0%) of the women had a tertiary level of education, with 63.8% having

spouses with similar educational qualifications. Also, just 34(9.0%) participants were unbooked patients.

Table 2; below shows the time of resumption of sexual intercourse and the factors affecting it. 200(53.19%) reported having started sexual activity less than 6 weeks after delivery, with about 43.6% of the participants reporting various sexual dysfunctions like loss of desire, dyspareunia, vaginal dryness and others. Also, 34.6% had a spontaneous vaginal delivery with the perineum intact; the rest had a spontaneous vaginal delivery with perineal tear or episiotomy.

Table 3; below shows the knowledge and use of modern contraceptive methods. 230(61.2%) reported a return of their menstrual cycle and confirmed that they

had completed their family size at the time of the interview. The majority of the women (89.9%) were knowledgeable about contraception and the majority of those who knew about contraception 222(59%), made use of it. 47(30.5%) of those who did not use any form of contraception cited haven not completed family size as the reason.

Table 4; below shows the relationship between the time of resumption of sexual activity, socio-demographic factors and contraception use. A higher proportion of women who had puerperal complications used contraception. Logistic regression analysis showed that women on contraception were about 12 times more likely to resume sexual activity after 6 weeks.

Table 1: Socio-demographic and obstetrics characteristics

Variables		N	(%)
Age Range	<25	55	14.6%
	25-29	69	18.4%
	30-34	156	41.5%
	35+	96	25.5%
Level of education	Primary	32	8.5%
	Secondary	96	25.5%
	Tertiary	248	66.0%
Occupation	Employed	100	26.6%
	Self-employed	130	34.6%
	Unemployed	146	38.8%
Husband's level of education	Primary	6	1.6%
	Secondary	130	34.6%
	Tertiary	240	63.8%
Husbands occupation	Employed	280	74.5%
	Self-employed	55	14.6%
	Unemployed	41	10.9%
Ethnic group	Ikwerre	138	36%
	Igbo	80	21%
	Yoruba	15	4%
	Hausa	6	1.6%
	Others	143	38.0%
Parity	1	75	19.9%
	2-3	212	56.4%
	4+	89	23.7%
Booking status	Booked	342	91.0%
	Unbooked	34	9.0%

Table 2: Resumption of sexual intercourse postpartum

Variables		N	%
Resumption of Sexual intercourse Yet to resume sexual intercourse	<6 weeks	200	53.19%
	>6 weeks	154	41.0%
Sexual dysfunction	Loss of desire	22	5.9%
	Dyspareunia	80	21.2%
	Vaginal dryness	43	11.4%
	Others	16	4.3%
	Nil	25	6.6%
Mode of delivery	SVD with an intact perineum	212	56.3%
	SVD with a perineal tear or episiotomy	130	34.6%
		138	36.7%

Variables		N	%
Puerperal complications	Caesarean section	108	28.7%
	YES	90	23.9%
	NO	286	76.1%
Comorbidity	Hypertension	35	9.3%
	Asthma	6	1.6%
	DM	26	6.9%
	Heart disease	2	0.5%
	Others	30	7.9%
	None	277	73.8%

Table 3: Contraception and Sexual activity

Variables		N	%
Return of menses	Yes	230	61.2%
	No	146	38.8%
Completed family size	Yes	103	27.4%
	No	273	72.6%
Knowledge of contraceptives	Yes	338	89.9%
	No	38	10.1%
Contraceptive use	Yes	222	59.0%
	No	154	41.0%
Reason for not using contraceptives. n = 154	not completed family size.	47	30.5%
	fear of side effects	32	20.7%
	spouse refusal	3	2.0%
	lack of awareness	26	16.9%
	cultural beliefs	20	12.9%
	Others	26	16.9%
Contraceptive method N= 222	Implant	130	58.6%
	Barrier	27	12.2%
	IUCD	29	13.0%
	COCP	12	5.4%
	Natural	5	2.2%
	INJECTABLE	19	8.6%
Spousal support	Yes	211	56.1%
	No	165	43.9%

Table 4: Factors associated with the resumption of sexual activity

Variables	N(%)	P-value	OR	95%CI
Age Range				
<25	55(14.6%)	.616	1.355	.414 – 4.442
25-29	69(18.4%)	.788	1.189	.336 – 4.202
30-34	156(41.5%)	.005*	.267	.106 -.676
35+ ^R	96(25.5%)			
Level of education				
Primary	32(8.5%)	.000*	36.071	5.024 -258.975
Secondary	96(25.5%)	.003*	5.667	1.824 -17.602
Tertiary ^R	248(66.0%)			
Occupation				
Employed	100(26.6%)	.072	2.327	.927-5.845
Self-employed	130(34.6%)	.05*	2.071	1.168 -7.324
Unemployed ^R	146(38.8%)			
Husbands occupation				
Employed	280(74.5%)	.666	1.203	.519 -2.791
Self-employed	55(14.6%)	.272	2.767	.436 -16.044
Unemployed ^R	41(10.9%)			
Contraception use				
Yes	222(59.0%)	0.001*	12.045	5.487 – 86.082

Variables	N(%)	P-value	OR	95%CI
No ^R	154(41.0%)			
Booking status				
Booked	342(91.0%)	0.313	.380	.114 -1.266
Unbooked ^R	34(9.0%)			
Mode of delivery				
SVD with an intact perineum	130(34.6%)	.000*	25.532	6.739 -96.734
SVD with perineal tear or episiotomy	138(36.7%)	.000*	35.918	10.024-128.696
Caeserian Section ^R	108(28.7%)			
Parity				
1	75(19.9%)	.003*	.080	.015 - .427
2-3	212(56.4%)	.222	.368	.074 -1.829
4+ ^R	89(23.7%)			

*Statistically Significant (p<0.05); **R**=Reference value

DISCUSSION

This study showed that 53.19% of women resumed sexual intercourse less than 6 weeks postpartum, while 41% resumed more than 6 weeks postpartum, and 5.9% had not resumed sexual intercourse at the time of this study mainly due to postpartum morbidity, fear of getting pregnant, sexual dysfunction and non-availability of their husbands.

The prevalence of early resumption of sexual activity was higher than the studies in Uganda (21.6%) [10], Ethiopia (20.1%) [14] South West Nigeria (38.9%) [1] and Ghana (23.8%) [7]. However it was much lower than those of the western world 89% and 90% in the UK and US respectively [7].

The difference in the rates of resumption of sexual intercourse may be due to diverse cultural and religious practices, different attitudes of women in different parts of the world and the time frame for the studies.

Sexual activity can be resumed safely by the second to fourth week after childbirth when bleeding has stopped and episiotomy or genital tract laceration sites has healed [1, 15]. This study revealed that their husbands mostly initiated resumption of sexual intercourse while the women consented to protect their marriages and avoid extramarital affairs by their husbands and the fact that most of their spouses abstained from sex during pregnancy. This was a similar finding in Jos, Ilorin and Uganda [1, 3]. Most of our respondents were in monogamous marriages, which could also be a reason for early sex requests by their husbands, unlike in the past when polygamous marriages helped women abstain from sex until the child was weaned while the man is having sexual activity with other wives.

Sociocultural/spiritual beliefs are also important factors affecting resumption of sexual intercourse as some culture regard women in their puerperium as sacred or unclean, this was a similar finding in Ethiopia [14] where the sex of the child

determined the time of resumption of sexual intercourse based on the cultural rules.

This study showed that age, low parity, occupation, level of education and mode of delivery were the factors that affected early resumption of sexual intercourse, which were similar to the findings in Malaysia, Uganda and southwest Nigeria [1, 8, 16] but contrary to that in Jos Nigeria [7]. This makes it almost imperative that these women use contraceptives to prevent unplanned and possibly unwanted pregnancies.

A little less than half (43.6%) of our respondents had sexual problems after delivery; this was higher than 27% in Uganda and much lower 83% in Britain [1]. The disparity between developed countries and ours could be because most women are rather shy to speak about sexual concerns.

Loss of desire was the highest complaint (21.2%). Others included dyspareunia 11.4%, vaginal dryness 4.3%, while vaginal looseness, episiotomy site pain and abnormal vaginal discharge constituted 25% of the problems. There is a significant relationship between sexual problems and the resumption of sexual activity after delivery. Women who had a vaginal delivery with or without episiotomy or lacerations were more likely to experience sexual difficulties on resumption of postpartum sex. This was a similar finding in Jos and Ethiopia [7, 11, 14, 17].

The majority of our respondents 338(89.9%) knew about contraception. However, only 222(59%) used modern contraceptive methods, which is contrary to the level of knowledge they had about contraceptives. The uptake of modern contraceptives is higher than the 19.8% in Western Nigeria, 49% in Nairobi, Kenya and 49.5% in Malawi [1]. The increased uptake could be due to more activity geared towards creating family planning awareness through our antenatal clinics, postnatal clinics, Non Governmental organizations, mass media and increasing education of the girl child.

There was a significant relationship between contraceptive use and resumption of sexual intercourse, similar to studies in southwest Nigeria and Uganda, which reported contraceptive use as one determining factor of early resumption of sexual intercourse [1, 11].

The family planning methods were; implants 58.8%, IUCD 13%, the male condom 12.2%, COCP 5.4%, and injectables 8.6%. Contraceptive use should be before sexual activity is resumed. That was not the case, as many of our respondents resumed sex before the uptake of contraceptives. This can lead to unplanned and unwanted pregnancy, which will in turn, increase unsafe abortion practices and contribute to maternal morbidity and mortality [14].

The onset of menstruation is thought to influence the uptake of contraceptive methods [14]. This was not the case in our respondents, as 61.2% had resumed menstruation. Factors associated with non-usage of contraception were; not completed family size 30.5%, fear of side effects 20.7%, lack of awareness 16.9%, spouse refusal 2.0%, religious beliefs, and other 16.9%. These factors were similar to Jos [7]. There is a need to appropriately counsel and educate our women and their spouses on contraception as this helps prevent unplanned and unwanted pregnancies and improve maternal health and indices.

CONCLUSION

A significant number of postpartum women who resume early sexual intercourse did not use contraceptives. Early resumption of sexual intercourse is common to women irrespective of sociodemographics and obstetric characteristics. There is a need to strengthen the integration of postpartum sexual health education.

REFERENCES

- Adenike, O. B. I., Oke, O. S., Kola, O. M., Akande, R., Tolulope, F., Oluwatosin, D., ... & Abiodun, I. (2017). Post-partum resumption of sexual intercourse and the uptake of modern contraceptives among women attending a tertiary hospital in SOUTH West Nigeria. *Journal of Health, Medicine and Nursing*, 1(1), 65-80.
- Imo, C. K., Okoronkwo, E., Ukoji, V., & Mbah, C. (2018). Postpartum sexual abstinence and its implications for under-five health outcome among childbearing women in South-East Nigeria. *African Journal of Reproductive Health*, 22(4), 102-111.
- Adedokun, B., Abdus-Salam, R. A., Babawarun, T., Morhason-Bello, I., & Ojengbede, O. (2020). Resumption of Sexual Intercourse and Family Planning use Among Postpartum Women Attending Infant Welfare Clinics in Ibadan, Southwest Nigeria-A Cross-Sectional Study. *Nigerian journal of clinical practice*, 23(12), 1648-1655.
- Raman, S., Nicholls, R., Ritchie, J., Razee, H., & Shafiee, S. (2016). How natural is the supernatural? Synthesis of the qualitative literature from low and middle income countries on cultural practices and traditional beliefs influencing the perinatal period. *Midwifery*, 39, 87-97.
- Udigwe, G. O., Emelumadu, O. F., & Udigwe, I. B. (2013). Postpartum practices among the Igbos in Nnewi Southeast, Nigeria. *West African Journal of Medicine*, 32(4), 272-276.
- Zhang, Q., Shen, M., Zheng, Y., Jiao, S., Gao, S., Wang, X., ... & Shen, M. (2021). Sexual function in Chinese women from pregnancy to postpartum: a multicenter longitudinal prospective study. *BMC pregnancy and childbirth*, 21(1), 1-8.
- Anzaku, A. S., & Mikah, S. (2014). Postpartum resumption of sexual activity, sexual morbidity and use of modern contraceptives among Nigerian women in Jos. *Annals of medical and health sciences research*, 4(2), 210-216.
- Rathfisch, G., Dikencik, B. K., Kizilkaya Beji, N., Comert, N., Tekirdag, A. I., & Kadioglu, A. (2010). Effects of perineal trauma on postpartum sexual function. *Journal of advanced nursing*, 66(12), 2640-2649.
- Altuntuğ, K., Anik, Y., & Ege, E. (2018). Traditional practices of mothers in the postpartum period: Evidence from Turkey. *African Journal of Reproductive Health*, 22(1), 94-102.
- Alum, A. C., Kizza, I. B., Osingada, C. P., Katende, G., & Kaye, D. K. (2015). Factors associated with early resumption of sexual intercourse among postnatal women in Uganda. *Reproductive health*, 12(1), 1-8.
- Iliyasu, Z., Galadanci, H. S., Danlami, K. M., Saliyu, H. M., & Aliyu, M. H. (2018). Correlates of postpartum sexual activity and contraceptive use in Kano, northern Nigeria. *African Journal of Reproductive Health*, 22(1), 103-112.
- Ezebialu, I. U., & Eke, A. C. (2012). Resumption of vaginal intercourse in the early postpartum period: determinants and considerations for child spacing in a Nigerian population. *Journal of Obstetrics and Gynaecology*, 32(4), 353-356.
- Serrano Drozdowskyj, E., Gimeno Castro, E., Trigo López, E., Bárcenas Taland, I., & Chiclana Actis, C. (2020). Factors influencing couples' sexuality in the puerperium: A systematic review. *Sexual medicine reviews*, 8(1), 38-47.
- Jambola, E. T., Gelagay, A. A., Belew, A. K., & Abajobir, A. A. (2020). Early resumption of sexual intercourse and its associated factors among postpartum women in western ethiopia: a cross-sectional study. *International Journal of Women's Health*, 381-391.
- Wallwiener, S., Müller, M., Doster, A., Kuon, R. J., Plewniok, K., Feller, S., ... & Wallwiener, C. (2017). Sexual activity and sexual dysfunction of women in the perinatal period: a longitudinal study. *Archives of gynecology and obstetrics*, 295, 873-883.

16. Sheikhi, Z. P., Navidian, A., & Rigi, M. (2020). Effect of sexual health education on sexual function and resumption of sexual intercourse after childbirth in primiparous women. *Journal of education and health promotion*, 9.
17. Triviño-Juárez, J. M., Romero-Ayuso, D., Nieto-Pereda, B., Forjaz, M. J., Oliver-Barrecheuren, C., Mellizo-Díaz, S., ... & Plá-Mestre, R. (2018). Resumption of intercourse, self-reported decline in sexual intercourse and dyspareunia in women by mode of birth: A prospective follow-up study. *Journal of advanced nursing*, 74(3), 637-650.