



Scholars Research Library  
Der Pharmacia Lettre, 2017, 9[7]:10-17  
[\[http://scholarsresearchlibrary.com/archive.html\]](http://scholarsresearchlibrary.com/archive.html)



## A Study on the Relationship between Sexual Function and Quality of Life in Postpartum Women

Nazanin Rezaei<sup>1</sup>, Fatemeh Omid<sup>2</sup>, Janani F<sup>3</sup>, Arman Azadi<sup>4\*</sup>

<sup>1</sup>Nazanin Rezaei, MSc, Psychosocial Injuries Research Center, Ilam University of Medical sciences, Ilam, Iran.

<sup>2</sup>Fatemeh Omid, MSc, Department of nursing, Lahijan Branch, Islamic Azad University, Lahijan, Iran.

<sup>3</sup>F Janani, PhD, Social Determinants of Health Research Center, Lorestan University of Medical Sciences, Lorestan, Iran.

<sup>4</sup>Arman Azadi, PhD, Nursing Department, Ilam University of Medical Sciences, Ilam, Iran.

**\*Corresponding author:** Arman Azadi, Nursing Department, Ilam University of Medical Sciences, Ilam, Iran.  
Email: [azadi.arman@gmail.com](mailto:azadi.arman@gmail.com)

---

### ABSTRACT

**Background:** sexual function plays an important role in strengthening the marital relationship. Sexual issue is one of important component in quality of life studies.

The aim of this study was to investigate the relationship between sexual function and quality of life of Iranian postpartum women.

**Methods:** This was cross-sectional, descriptive study. The study sample included 380 postpartum women referred to 10 urban health centers in West of Iran. The study participants were recruited using randomized cluster sampling. The tools for data collection included a checklist of socio- individual and maternal status of women, Female Sexual Function Index (FSFI) and SF-36 questionnaire. Data were analysed using SPSS version 15.

**Results:** The study findings showed most of participants (n=290, 76.3%) had sexual dysfunction. The most prevalent sexual dysfunction was related to sexual desire (79%). Also, the majority of women had moderate scores in most of SF-36 subscales. The women with higher FSFI scores had significantly higher scores in all of SF-36 subscales. The Pearson's correlation coefficient showed that there were positive and significant linear correlation between women general health and all dimensions of FSFI (except for pain during sex).

**Conclusion:** According to the study findings sexual dysfunction in the postpartum period could adversely affect women's quality of life. Sexual problems are very common in the postpartum period but not reported in most of cases. In this regard, designing appropriate programs by health care providers such as, extended postpartum counselling is required.

**Keywords:** Quality of life, Sexual dysfunction, Postpartum, Childbirth, Delivery, Iran.

## MATERIALS AND METHODS

Women's health promotion is one of the most important indices used to determine the health status of a nation [1] According to the World Health Organization, sexual activity in the postpartum period and provision of related advices has been identified as an important element in women's health care [1,2]. Studies show that, out of 90 percent of women who start sexual activities 6 months after delivery, 84 percent of them experience sexual problems [3] Favorable sexual function plays an important role in improving and strengthening marital life. In other hand, sexual dysfunction can affect both parents' quality of life and their marital relationship as sexual desire is important part of the health, quality of life and overall welfare [3,4]. In many countries, sexual dysfunction is considered as a taboo that has negative effect on quality of life and in some cases this problem results in mental disorders.<sup>5)</sup> Thus, postpartum period is an ideal opportunity to examine the problems related to health and sexual function.<sup>2)</sup> However, the studies have shown that only a small percentage of women (15%) report sexual problems after delivery or consult with healthcare team in this regard. According to previous studies, this can be due to lack of information of healthcare team or unwillingness to discuss this problem in postpartum care [6-8].

Consulting services about sexual problems especially in Asian societies including Iran have not been discussed generally and widely due to cultural and religious issues. Consequently, this may hinder providing appropriate services for the target groups [1,9]

Quality of life is a complex concept that might be influenced by physical, psychological, emotional, social, sexual and spiritual health factors [10]. So far, few studies have been carried out on the relationship between quality of life in the postpartum period and the factors influencing it [11-14]. Although sexual dysfunction is one of factors that adversely affect women's quality of life, few studies have been carried out on the relationship between sexual function and quality of life in the postpartum period [1,2,12]. Accordingly, the aim of this study was to examine the relationship between sexual function and quality of life in postpartum period.

## METHODS

This was a cross-sectional study carried out in 10 urban healthcare centers of ### province in West of Iran. The study population consisted of all women who met the following criteria. The inclusion criteria of this study were less than 8 months passed since delivery, aged  $\geq 18$  years old, delivery at 38-42 weeks of gestational age and the desire to participate in the study. Women with following situations were excluded from the study: any obstetric complications for mother or baby at birth, postpartum depression, disability or chronic illness, any type of surgery in the past 3 months for each of the spouses; genital lesions that caused some problems in intercourse. Sampling was done using cluster random sampling. Initially, ### city was divided in five geographic regions (Central, North, South, East, West) and then two centers in each region were selected randomly for sampling.

Each region was considered as a cluster. Since, the number of households covered by each healthcare-urban center was different, proportional random sampling was used to determine the sample size in each center. After reviewing family health records, women who had the inclusion criteria were identified and a number were assigned to their medical records. Then, based on a proportion of each center, a predefined number of eligible women were randomly selected to participate in the study. For example, in if there are twofold of eligible women in a health center, we select one out of two women based on their assigned number. The aim and procedure of study were explained to them. The participants were assured that their information will be kept confidential also they will be free to leave the study in any phase, if they were not interested to continue the study. Interview was carried out by a female interviewer in a private place. All women were asked to fill the informed consent before completing the questionnaires.

The sample size ( $n = 375$ ) calculated based on alpha of 0.05 and  $\sigma = 22$  [15]. Given the attrition of the samples 400 eligible women were selected randomly and finally, 380 postpartum women were accepted to participate in the study (response rate = 95%) and filled the questionnaires.

Data collection tool consisted of three main sections. The first section was a self-report form that collects the socio-demographic characteristics of participants and was completed based on their self-report. Demographic data included age, number of live birth, type of delivery, occupation, medical history, education level and history of divorce. The second section was SF-36 questionnaire. This multidimensional instrument that was validated by Montazeri et al.<sup>16)</sup> in Iran examines eight aspects of quality of life including physical function (10 items), general health (5 items), bodily pain (2 items), role limitations due to physical problems (4 items), vitality (4 items), role limitations due to emotional problems (3 items), mental health (5 items), and social function (2 items).

The internal consistency of this questionnaire using Cronbach's alpha coefficients in the eight aspects was ranged from 0.77-0.90.<sup>16)</sup>

The female sexual activity in previous month was examined in third section of questionnaire using Femal Sexual Function Index (FSFI). This questionnaire was developed in 2000 by Rosen et al.<sup>17)</sup> and its reliability has been assessed in several studies.<sup>18-20)</sup>

This scale evaluates six domains of sexual function in the past month including sexual desire (2 cases), arousal (4 cases), lubrication (4 cases), orgasm (3 cases), sexual satisfaction (3 cases), and pain (3 cases). In this questionnaire, the questions 1, 2, 15 and 16 were scored from 1 to 5 and other questions were scored from 0 to 5. Zero score in each of these areas show that no sexual activity have been carried out during the previous month. Score of each of six domains is sum of the scores of questions related to those domains that is multiplied by the related coefficients [5].

The overall score of scale was in the range of 2 to 36. Lower scores indicate poorer sexual function. FSFI  $\leq$  28 scores were considered as sexual dysfunction. Also, acquiring less than 65 percents of total score of any domain indicate sexual dysfunction in that domain. As result, the scores less than 3.9 in each six domains were considered as sexual dysfunction [18].

The reliability and validity of this questionnaire has been evaluated in other studies [19,20] Reliability and validity of the Persian version of this questionnaire was assessed by Mohammadi et al. and Fakhri et al. [21,22]. The internal consistency using Cronbach's alpha coefficient was ranging from 0.72 to 0.90 in six domains.

Before data collection, permissions to conduct the study was adopted by Ethics Committee of ### University of Medical Sciences (EC / 93 / H / 259). The researchers referred to urban health centers from June 2014 to June 2015.

Face and content validity of the questionnaires were confirmed by ten faculty members affiliated with the ### University of Medical Sciences. The final version of the questionnaires was tested for reliability in a pilot study on 25 women in the postpartum period. Data was analyzed using SPSS version 15 Software. Relationships between women's sexual function and quality of life were assessed by inferential statistics including independent t-tests, Chi-square and Pearson's correlation as appropriate.

## RESULTS

Overall, 380 women participated in the study; 93 women filled the questionnaire 8-12 weeks of postpartum period, 153 women filled the questionnaire in 3-5 months of postpartum period and 134 women filled the questionnaire in 6-8 months of postpartum period. About half of women (n=202, 53.2%) were primiparous and type of delivery in 233 (61.3%) of cases was caesarean. The mean (SD) of participants age was 29.81 (5.5) years. Most of women were housewives (86.6%) and almost half (44.7%) of them had an academic degree (Table1). The cesarean rate was higher among primiparous women, those with higher incomes and college degree. The mean (SD) of overall score of sexual function in postpartum period was 22.24 (7.93). The results showed that the majority of the participants (76.3%) had sexual dysfunction in postpartum period (sexual function score  $\leq$ 28). Lack of sexual desire was the most common sexual dysfunction in the postpartum period, which was reported by 79% of women. There was no significant relationship between type of delivery and postpartum sexual dysfunction. Also, there were no significant relationship between women's level of education, income, occupation, and their postpartum sexual dysfunction. The mean score of sexual function was significantly higher in non-lactating women compared to lactating women (p<0.05).

There was no significant relationship between women's quality of life and type of delivery. Younger women have a better quality of life in vitality, social function and bodily pain aspects (p<0.05). Employed women significantly had better quality of life in vitality, mental health and physical function domains than housewives (p<0.05). In addition, no significant relationship was observed between different aspects of quality of life and breastfeeding. Table 2 shows the mean scores of quality of life of

postpartum women based on their sexual function. As shown in the table 2, women with higher sexual function scores had significantly better quality of life in all aspects. The Pearson correlation coefficient test showed a positive significant relationship between general health and various domains of sexual function (except for pain during intercourse). Table 3 shows the relationship between different aspects of quality of life and sexual function of postpartum women.

## DISCUSSIONS

The findings of this study showed that lack of sexual desire was the most prevalent sexual dysfunction among these postpartum women. In the Shirvani et al. and Boroumandfar et al. studies in Iran, 40% of women reported decreased sexual desire in postpartum period.<sup>23,3)</sup> However, findings of related studies in Iran showed that only 2.4 percent of women reported postpartum sexual problems to healthcare providers due to cultural and social beliefs [23] Also, healthcare providers lack of knowledge and time limitations during consulting in the postpartum period have caused to insufficient advices regarding postpartum sexual problems. The findings of Cheng et al. study showed most women preferred to discuss sexual issues with healthcare providers instead of their family or friends [24] The findings of previous studies showed that pre-empting information by healthcare providers besides supporting by family and couple led to improving sexual relationship and quality of life in postpartum period [25,26] Emerging various life changes after birth such as mother's fatigue and anxiety and caring the newborn baby had negative effects on women's sexual life and this will result in negative complications in their quality of life [2,6,27] Though, women's sexual problems would improve gradually after delivery [23, 28] However, the findings of some related studies showed that women reported some degree of sexual dysfunction one year after delivery [23, 27] So, it is recommended to pay more attention to sexual problems of women in postpartum period which consequently can improve their quality of life. The findings of our study also showed that most of studied subjects had moderate level of quality of life. This is consistent to the findings of Bahrami et al. study in Iran [29]

In our study, there was significant relationship between women sexual function and their different aspects of quality of life. These findings are consistent to Naeinian et al. and Lau et al. studies in Iran and China, respectively [30, 31] In this study, there was a positive significant relationship between mental aspects of quality of life including mental health, social function and vitality with different aspects of sexual function. Lau et al. believe that sexual problems in women are more related to their mental health and accordingly, it is concluded that sexual health and quality of life are associated together directly and strongly [31,32] Consequently, low sexual desire as main problem reported by the women participated in this study can result in low sexual satisfaction, the quality of marital relationship and quality of life. Satisfaction with sexual relations and sufficient sexual

desire are most important parts of marital relationship which can affect quality of life in social, psychological and physical aspects [33].

### LIMITATION

Despite the strength of this study, it also has some limitations. First, the data about women's quality of life and sexual function before the childbirth was not collected. Then we have no evidence if the sexual problems in postpartum period are emerged after childbirth or not. Also there are some other possible confounding factors that may affect the validity of findings.

### CONCLUSION

Although postpartum sexual dysfunction is considered as a normal condition by some women, it can affect their quality of life. As postpartum care limited to six weeks after birth, the duration of providing postpartum care should be reconsidered and it is recommended to be continued one year after delivery. In addition, the content of postpartum care should be revised with emphasis on sexual problems. It is also recommended to examine the effectiveness of such programs on women's quality of life in communities with different cultures.

### REFERENCES

- [1] Radziah, M., Shamsuddin, K., Jamsiah, M., et al. Early resumption of sexual intercourse and its determinants among postpartum Iban mothers. *Int J Reprod Contracept Obstet Gynecol.* 2013. 2(2):124-129.
- [2] Abdool, Z., Thakar, R., Sultan, AH., Postpartum female sexual function. *Eur J Obstet Gynecol Reprod Biol.* 2009. 145(2):133-137.
- [3] Boroumandfar, KH., Ghaed Rahmati, M., Farajzadegan, Z., et al. Reviewing sexual function after delivery and its association with some of the reproductive factors. *IJNMR.* 2010. 15(4):220-223.
- [4] Bagherzadeh, R., Zahmatkeshan, N., Gharibi, T., et al. Prevalence of female sexual dysfunction and related factors for under treatment in bushehrian women of iran. *Sex Disabil.* 2010. 28(1):39-49.
- [5] Safarinejad, MR., Female sexual dysfunction in a population-based study in Iran: prevalence and associated risk factors. *Int J Impot Res.* 2006. 18(4):382-95.
- [6] Botros, SM., Abramov, Y., Miller, J-JR., et al. Effect of parity on sexual function: an identical twin study. *Obstet Gynecol.* 2006. 107(4):765-70.
- [7] Nicolosi, A., Laumann, EO., Glasser, DB., et al. Global study of sexual attitudes and behaviors investigators' group. Sexual behavior and sexual dysfunctions after age 40: the global study of sexual attitudes and behaviors. *Urology.* 2004. 64(5): 991-7.
- [8] Ho, TM., Fernandez, M., Patient's sexual health: do we care enough? *J Ren Care.* 2006. 32(4):183-186.

- [9] 9-Ghanbarzadeh, N., Nadjafi-Semnani, M., Ghanbarzadeh, MR., et al.. Female sexual dysfunction in Iran: study of prevalence and risk factors. *Arch Gynecol Obstet.* 2013; Mar; 287(3):533-9.
- [10] Ribeiro, SG., Symon, AG., Lessa, PR., et al. Translation and cultural adaptation of the Mother-Generated Index into Brazilian Portuguese: A postnatal quality of life study. *Midwifery.* 2015. 31(7):735-41.
- [11] Torkan, B., Parsay, S., Lamyian, M., et al. Postnatal quality of life in women after normal vaginal delivery and caesarean section. *BMC Pregnancy Childbirth.* 2009;9:4.
- [12] Van der Woude, DAA., Pijnenborg, JMA., de Vries, J., Health status and quality of life in postpartum women: a systematic review of associated factors. *Eur J Obstet Gynecol Reprod Biol.* 2015. 185:45–52.
- [13] Prick, BW., Bijlenga, D, G Jansen, AJ., et al. B W. Mol, J J. Duvekot. Determinants of health-related quality of life in the postpartum period after obstetric complications. *Eur J Obstet Gynecol Reprod Biol.* 2015;185: 88–95.
- [14] Triviño-Juárez, JM., Nieto-Pereda, B., Romero-Ayuso, D., et al. Quality of life of mothers at the sixth week and sixth month post partum and type of infant feeding. *Midwifery.* 2016. 34: 230–238.
- [15] Mohammad-Alizadeh-Charandabi, S., Rezaei, N., Hakimi, S., et al. Predictors of health-related quality of life in postmenopausal women: a population-based study. *J Caring Sci.* 2012. 1(4):201-8.
- [16] Montazeri, A., Goshtasebi, A., Vahdaninia M et al. The Short Form Health Survey (SF-36): translation and validation study of the Iranian version. *Qual Life Res.* 2005. 14(3):875-82.
- [17] Rosen, R., Brown, C., Heiman, J., et al. The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *J Sex Marital Ther.* 2000. 26(2):191-208.
- [18] Meston, CM., Validation of the Female Sexual Function Index (FSFI) in women with female orgasmic disorder and in women with hypoactive sexual desire disorder. *J Sex Marital Ther.* 2003. 29(1):39-46.
- [19] Meston, CM., Derogatis, LR., Validated instruments for assessing female sexual function. *J Sex Marital Ther.* 2002. 28(S1):155-64.
- [20] Wiegel, M., Meston, C., Rosen, R., The female sexual function index (FSFI): cross-validation and development of clinical cutoff scores. *J Sex Marital Ther.* 2005. 31(1):1-20.
- [21] Fakhri, A., Pakpour, AH., Burri, A., et al. The Female Sexual Function Index: translation and validation of an Iranian version. *J Sex Med.* 2012. 9(2):514-23.
- [22] Mohammadi, Kh., Heydari, M., Faghihzade, S., Validity of the Persian version of the female sexual function index (FSFI) as an indicator of women's sexual function. *Payesh.* 2008. 7(3):269–78.
- [23] Shirvani, M., Nesami, M., Bavand, M., Maternal sexuality after child birth among Iranian women. *Pak J Biol Sci.* 2010. 13(8):385-9.
- [24] Cheng, Ch-Yu., Fowles, E R., Walker L O. Postpartum Maternal Health Care in the United States: A Critical Review. *J Perinat Educ.* 2006. 15(3): 34–42.
- [25] Akyn, B., Ege, E., Kocodlu, D et al. Quality of life and related factors in women, aged 15–49 in the 12-month postpartum period in Turkey. *J Obstet Gynaecol Res.* 2009. 35(1): 86–93.
- [26] Olsson, A., Robertson, E., Falk, K., et al. Assessing women's sexual life after childbirth: the role of the postnatal check. *Midwifery.* 2011. 27: 195–202.
- [27] Holanda, JB., de Abuchaim, L., de SV, E., et al. Sexual dysfunction and associated factors reported in the postpartum period. *Acta Paul Enferm.* 2014. 27(6):573-8.
- [28] Barrett, G., Pendry, E., Peacock, J., et al.. Women's sexual health after childbirth. *BJOG.* 2000. 107(2):186-95.

- [29] Bahrami, N., Karimian, Z., Bahrami, S., et al. Comparing the postpartum quality of life between six to eight weeks and twelve to fourteen weeks after delivery in iran. *Iran Red Crescent Med J.* 2014. 16(7):1-5.
- [30] Naeinian, MR., Shaeiri, MR., Hosseini FS. General Health and Quality of Life in Patients With Sexual Dysfunctions. *Urol J.* 2011. 8:127-31.
- [31] Lau, JTF., Kim, JH., Tsui, H-Y., Prevalence of male and female sexual problems, perceptions related to sex and association with quality of life in a Chinese population: a population-based study. *Int J Impot Res.* 2005. 17: 494–505.
- [32] Malouf, AM., Inman, AG., Carr GA., et al. Brooks L. Health-Related Quality of Life, Mental Health and Psychotherapeutic Considerations for Women Diagnosed with a Disorder of Sexual Development: Congenital Adrenal Hyperplasia. *Int J Pediatr Endocrinol.* 2010. 1-11.
- [33] Baldwin, DS., Depression and sexual dysfunction. *Br Med Bull.* 2001. 57: 81–99.