

Prevalence of Sexual Dysfunction and Associated Demographic Factors among Postpartum Women in Rivers State

¹Opirite Boma Peter-Kio
opirite.peter-kio@iaue.edu.ng

&

²Abigail Ugbana Joab

^{1&2}Department of Human Kinetics, Health and Safety Education. Ignatius Ajuru University of Education, Port Harcourt

Abstract

This study investigated the prevalence of sexual dysfunction and associated demographic factors among postpartum women in Rivers State. The study adopted descriptive research design with a population consisting of 2,670,903 postpartum women in Rivers State. A multi-stage sampling procedure was used to select a sample size of 1,200. Data were collected using an adapted questionnaire titled “Female Sexual Function Index (FSFI)” with a reliability coefficient of 0.85. The data collected were analyzed with the aid of Statistical Package for Social Sciences (SPSS) version 23.0 using linear regression at 0.05 alpha level. The findings of the study showed that the prevalence of sexual dysfunction among postpartum women in Rivers State was very high (98.0%); and that there existed statistically significant relationship between age ($r = 0.91$; $p < 0.05$), and parity ($r = 0.85$; $p < 0.05$). It was concluded that sexual dysfunction among postpartum women in Rivers State was traceable to demographic characteristics such as age and parity. It was recommended that, community stakeholders should liaise with the primary healthcare providers under the federal parastatals to make provision for aged women with sexual health challenges, providing medical equipment to check their sexual organs from time to time.

Keywords: demographic factors, postpartum women, prevalence, sexual dysfunction

Introduction

Sexual dysfunction is a common but demeaning health problem; it affects the quality of life and the general wellbeing of the individual. The prevalence of sexual dysfunction is evidenced in several reports. According to Harlow et al. (2014), the lifetime estimates of dyspareunia ranged from 10 to 28%. Global reports showed that about 22 - 43% of women all over the world experience sexual dysfunction and 30 - 50% in the United States of America (Yvone, 2015). The range of dysfunctions across USA as given by Sarit et al. (2014) includes: lack of interest in sex (27 - 32%), inability to achieve orgasm (22 - 28%), pain during sex/dyspareunia (8 - 21%), sex not pleasurable (17 - 27%). In Malaysia, Nur et al. (2020) revealed that more than one-third (35.5%) of women had postpartum sexual dysfunction with the most common types being lubrication disorder (85.6%), followed by loss of desire (69.7%), and pain disorders (62.9%), including satisfaction disorder (7.3%), orgasmic disorder (9.7%) and arousal disorder (11.0%) which were less common sexual problems. In Ghana Nafiu et al. (2010) gave the prevalence of sexual dysfunction as 72.8% among women. In Nigeria, Olugbenga-Bello et al. (2020) showed the prevalence of sexual dysfunction to be as high as 89% and was found to be associated with fear, sadness and guilt in 6.4%, 8.8% and 17% of respondents respectively.

The above reports substantiate sexual dysfunction as a public health problem that requires attention. Sarit and Roger (2014) noted that sexual dysfunction is more prevalent in women than men, 43% compared to 31%. According to Fajewonyomi et al. (2007), sexual dysfunction severely affects the quality of life of women with many consequences such as inhibition of sexual desire, painful intercourse and infidelity among spouses leading to increased prevalence of sexually transmitted infections and broken homes.

Sexual dysfunction connotes an aberration in the sexual functioning of a person. Sexual dysfunction (SD) refers to a problem during any phase of the sexual response cycle that prevents the individual from experiencing satisfaction from the sexual activity (Lo et al., 2020). The categories of

sexual dysfunction are sexual desire disorder, sexual arousal disorder, sexual orgasmic disorder and sexual pain disorder (Yvone, 2015). However, Rezaei et al. (2017) stated that, a large component of sexual desire in women is responsive rather than spontaneous. Therefore, motivation and ability of women to find and respond to sexual arousal and subsequent sexual desire is crucial but complex. The Cleveland Clinic (2015) posited that sexual dysfunction prevents postpartum women from experiencing satisfaction from sexual activity and they include: desire disorders, arousal disorders, orgasm disorders and pain disorders also known as dyspareunia. Several factors could be associated with sexual dysfunction in postpartum women including parity and age.

Age is an important demographic variable when it comes to the reproductive health and sexuality of an individual. Age is the number of days, weeks, months or years an individual has spent on earth often measured in years among humans. Nur et al. (2020) opined that, sexual dysfunction can affect any age at postpartum, although it is more common in those over 40 years because it is often related to a decline in health associated with aging. Observations from other studies showed that female sexual dysfunction increases with increase in age (Sarit & Roger, 2014). This can be reiterated with the view that as the age of women increases, there is the possibility of decrease in their sexual hormone production which makes sexual activities sometimes unpleasant for them.

Parity is one notable factor that determines sexual dysfunction in postpartum women. Parity refers to the number of living children a woman has. Childbirth represents a central event in a woman's reproductive lifetime, in physical and psychosocial terms, with the potential to impact female sexual function. The number of children a woman has is related to the extent of domestic activities she engages in, of which excessive domestic duties is linked to sexual dysfunction (Nur et al., 2020). This is because a woman who is overladen with many children to care for might always be stressed out, not having adequate time to think or prepare for sexual activities, owing to the fact that sexual intercourse is a thing of the mind. This could deter her sexual function.

In Rivers State, women as well as men are all active in several economic activities for the upkeep of the family due to the economic situation of the country, making their focus concentrated mainly on survival rather than pleasure; postpartum women are not excluded in this scenario. Postpartum women are a special group that requires more attention in scholarly research just as pregnant women, specifically in sexual and reproductive health issue. At postpartum the woman's body system still functions relatively as it used to be during pregnancy. Yet, reports have shown that their sexual dysfunction lacks professional recognition (Nur et al., 2020). Harlow et al. (2014) specified that most researches on painful sex has been based on small clinical samples and these studies exclude women who have not sought help and are therefore not representative of other groups of women including the postpartum mothers. Thus O'Sullivan et al. (2014) stated that other categories of women including postpartum mothers have also not received adequate attention in research studies. This makes it imperative that attention be given to them. This study therefore aimed at investigating the prevalence of sexual dysfunction and associated demographic factors among postpartum women in Rivers State.

Research Questions

- i What is the prevalence of sexual dysfunction among postpartum women in Rivers State?
- ii What is the relationship between age and sexual dysfunction among postpartum women in Rivers State?
- iii What is the relationship between parity and sexual dysfunction among postpartum women in Rivers State?

The following null hypotheses were tested at 0.05 level of significance:

1. There is no significant relationship between age and sexual dysfunction among postpartum women in Rivers State.
2. There is no significant the relationship between parity and sexual dysfunction among postpartum women in Rivers State.

Methodology

The study adopted descriptive research design with a population consisting of 2,670,903 postpartum women in Rivers State. A multi-stage sampling procedure was used to select a sample size of 1,200.

Data was collected using an adapted questionnaire titled “Female Sexual Function Index (DFSDQ)” with a reliability coefficient of 0.856. The data collected were analyzed with the aid of Statistical Product for Service Solution (SPSS) version 23.0 using simple linear regression at 0.05 alpha level.

Results

Table 1: Percentage distribution showing prevalence of sexual dysfunction among postpartum women

Sexual dysfunction	Frequency	Percentage
No dysfunction	24	2.0
Mild	363	30.8
Moderate	606	51.4
Severe	186	15.8
Total	1179	100.0

The result in Table 1 indicated that only 2.0% of the women did not have sexual dysfunction but, majority (98.0%) had sexual dysfunction; of which 30.8% had mild, 51.4% had moderate while 15.8% had severe sexual dysfunction. Thus, the prevalence of sexual dysfunction among postpartum women in Rivers State was very high (98.0%).

Table 2: Regression analysis showing on relationship between age and sexual dysfunction among postpartum women in Rivers State

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Decision
1	.91	.839	.83	1.16	Very High relationship

Table 2 revealed regression analysis on relationship between age and sexual dysfunction among postpartum women in Rivers State. The result showed that there was a very high positive relationship between age and sexual dysfunction ($r = 0.91$). The result further showed that age contributed 83.9% of the variance in sexual dysfunction among postpartum women ($R^2 = 0.839$). Therefore, the relationship between age and sexual dysfunction among postpartum women in Rivers State was very high.

Table 3: Regression analysis showing relationship between parity and sexual dysfunction among postpartum women in Rivers State

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	Decision
1	.85	.725	.72	1.52	Very High relationship

Table 3 revealed regression analysis on relationship between parity and sexual dysfunction among postpartum women in Rivers State. The result showed that there was a very high positive relationship between parity and sexual dysfunction ($r = 0.85$). The result further showed that parity contributed 72.5% of the variance in sexual dysfunction among postpartum women ($R^2 = 0.725$). Therefore, the relationship between parity and sexual dysfunction among postpartum women in Rivers State was very high.

H₀₁: There is no significant relationship between age and sexual dysfunction among postpartum women in Rivers State

Table 4: Simple Linear Regression analysis on significant relationship between age and sexual dysfunction among postpartum women in Rivers State

Model		Sum of Squares	df	Mean Square	F	Sig.	Decision
1	Regression	8315.43	1	8315.43	6158.57	.00*	Rejected
	Residual	1590.56	1178	1.35			
	Total	9906.00	1179				

*Significant, $p < 0.05$

Table 4 presented the regression analysis on significant relationship between age and sexual dysfunction. The findings of the study revealed that there was a significant relationship between age and sexual dysfunction [$f(1,1178) = 6158.57, p < 0.05$]. Therefore, the null hypothesis which stated that there was no significant relationship age and sexual dysfunction among postpartum women in Rivers State was rejected.

H₀₂: There is no significant relationship between parity and sexual dysfunction among postpartum women in Rivers State

Table 5: Linear Regression analysis on significant relationship between parity and sexual dysfunction among postpartum women in Rivers State

Model		Sum of Squares	df	Mean Square	F	Sig.	Decision
1	Regression	7179.49	1	7179.49	3101.94	.00*	Rejected
	Residual	2726.50	1178	2.31			
	Total	9906.00	1179				

*Significant, $p < 0.05$

Table 5 presented the regression analysis on significant relationship between parity and sexual dysfunction. The findings of the study revealed that there was a significant relationship between parity and sexual dysfunction [$f(1,1178) = 3101.94, p < 0.05$]. Therefore, the null hypothesis which stated that there was no significant relationship parity and sexual dysfunction among postpartum women in Rivers State was rejected.

Discussion of Findings

The findings of the study showed that the prevalence of sexual dysfunction among postpartum women in Rivers State was very high (98.0%). This is not surprising because, at the postpartum period, women seem to be occupied with the care of the new born baby and even the mother; this might have taken over all their attention such that they may have not remember anything about sexual activities, coupled with stomach pains some go through during the postpartum period. The implication however, could be that some male partners of the postpartum women who cannot control their sexual desires might resort to having sexual activities with other female partners, which would consequently predispose them to the contraction of sexually transmitted infections.

This finding is similar to other studies which reported very high prevalence, such as that of Norafini et al. (2020) carried out in Sarawak which showed a very high prevalence (98.6%) of sexual satisfaction disorder. The finding of this study is also in line with that of Adebuseye et al. (2020) whose study in Nigeria revealed that the prevalence of sexual dysfunction was very high (99.4%) for sexual desire. The finding of this study is also similar to that of Mirfat and Sheren (2019) whose study in Egypt revealed a high prevalence of sexual dysfunction (53.1%). The finding of this study is also similar to that of Iliyasu et al. (2018) whose study among postpartum women in Kano, Northern Nigeria revealed a prevalence of sexual dysfunction to be high (64.2%). The finding of this study is also similar to that of Jafarzadeh et al. (2016) whose study on female sexual dysfunction in North-East of Iran revealed that the prevalence of postpartum sexual dysfunction was high (62.1%). The finding

of this study is also similar to that of Anzaku and Mikah (2014) whose study on sexual morbidity among Nigerian women in Jos revealed the prevalence of sexual dysfunction among women to be high (62.6%). The finding of this study is also similar to that of Figen et al. (2018) whose study among postpartum women in Turkey revealed a prevalence of 74.3% for postpartum sexual dysfunction. The finding of this study is also in keeping with that of Rezaei et al. (2017) whose study on postpartum sexual functioning among women in Iran revealed a high prevalence (76.3%). This similarity found could be attributed to the homogeneity of the study population as both the present study and the previous ones were carried out among postpartum women.

However, the finding of this study is at variance with that of Szollosi and Szabo (2020) whose study in Hungary revealed a prevalence of 48.79% which is almost half of what was reported in the present study. The finding of this study is at variance with that of Khalid et al. (2020) whose study on the prevalence of sexual dysfunction among postpartum women on the East Coast of Malaysia revealed a low prevalence (35.5%). The difference in the sample sizes could explain for this variation found as a much smaller sample size was used in the previous study compared to what was used in the present study.

The result in Table 2 revealed that older age was a determinant of postpartum sexual dysfunction; and there was a significant relationship between age and prevalence of sexual dysfunction ($p < 0.05$). This is not surprising because, physiologically, as individuals grow older, their sexual function decreases due to the certain impairments and natural deterioration of their organs, this could be implicated for the positive relationship which implies that sexual dysfunction increases with increasing age. The finding of this study is in line with that of Adebusoye et al. (2020) whose study in Nigeria revealed that there was a statistically significant relationship between the prevalence of sexual dysfunction and older age. The finding of this study is also similar to that of Mirfat and Sheren (2019) whose study in Egypt revealed a statistically significant relationship between prevalence of sexual dysfunction and age. The finding of this study is in keeping with that of Jafarzadeh et al. (2016) whose study on female sexual dysfunction in North-East of Iran revealed that the prevalence of postpartum sexual dysfunction has a statistically significant relationship with increasing age. The finding of this study is in consonance with that of Nwagha et al. (2014) whose study on the prevalence of sexual dysfunction among females in a university community in Enugu, Nigeria revealed that there was a statistically significant relationship between sexual dysfunction and increasing age of the respondents. This similarity found between the previous studies and the present one could be attributed to the homogeneity of the study population as both were carried out among postpartum females.

However, the finding of this study is at variance with that of Rezaei et al. (2017) whose study on postpartum sexual functioning among women in Iran revealed a non-statistically significant relationship between sexual dysfunction and age. The difference in the study location could explain for the variance found in both studies as the present study was carried out in Nigeria while the previous one was carried out in Iran.

The result in Table 5 revealed a significant relationship between parity and prevalence of sexual dysfunction ($p < 0.05$). Explaining for this finding, it could be said that having more children requires more attention and hard work to cater for them, considering the prevailing economic situation resulting in high level of stress among the populace including women, almost all attention will be on caring for the children with minimal attention on pleasure including sexual activities. The finding of this study gives credence to that of Adebusoye et al. (2020) whose study in Nigeria revealed that there was a statistically significant relationship between the prevalence of sexual dysfunction and parity. The finding of this study is also in keeping with that of Rezaei et al. (2017) whose study on postpartum sexual functioning among women in Iran revealed a statistically significant relationship between sexual dysfunction and parity. The similarity between the both studies could be due to the homogeneity of the study population.

Conclusion

It was concluded that sexual dysfunction among postpartum women in Rivers State is not without any cause and the causes can be traced to the demographic characteristics such as age and parity.

Recommendations

Based on the findings of the study, the following recommendations were made:

1. Community stakeholders should liaise with the primary healthcare under the federal parastatals to make provision for aged women with sexual health challenges, providing medical equipment to check their sexual organs from time to time.
2. Husbands of postnatal women should help to ease the postpartum stress on the mothers, especially those with high parity, by assisting adequately in the home chores and caring for the new born and other children at home, this will help her to respond expectedly to her sexual responsibilities.
3. The State healthcare board should help postpartum women to ease sexual health problems by establishing special sexual health units for postnatal mothers in every healthcare facility.

References

- Adebusoye, L. A., Ogunbode, O., Owonokoko, K. M., Ogunbode, A. M., & Aimakhu, C. (2020). Factors associated with sexual dysfunction among female patients in a Nigerian ambulatory primary care setting. *Annals of Ibadan Postgraduate Medicine, 18*(1), 9-17.
- 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 & Health Sciences Research, 4*(2), 210-216.
- Cleveland clinic foundation (2015). *Sexual dysfunction in females*. The Cleveland Clinic Foundation.
- Fajewonyomi, B.A., Orji, E.O., & Adeyemo, A.O. (2007) Sexual dysfunction among female patients of reproductive age in a hospital setting in Nigeria. *Journal of Health Population and Nutrition, 25*, 101-106.
- Figen, A. Y., Dilek, A., Yilda, A. A., Resmiye, O., & Nafiye, D. (2018). Sexual dysfunction in postpartum Turkish women: It's relationship with depression and some risk factors. *African Journal of Reproductive Health, 22*(4), 54-63.
- Harlow, B.L., Kunitz, C.G., Nguyen, R.H., Rydell, S.A., Turner, R.M., & MacLehose, R.F. (2014). Prevalence of symptoms consistent with a diagnosis of vulvodynia: population-based estimates from 2 geographic regions. *American Journal of Obstetrics and Gynecology, 210*(40), e1-40.
- Iliyasu, Z., Galadanci, H. S., Danlami, K. M., Salihu, 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.
- Jafarzadeh, E. R., Fazel, N., Dashti, S., Moshkani, S., Haghighi, H. F., Foji, S., & Kamalimanesh, B. (2016). Female sexual dysfunction and the associated risk factors: An epidemiological study in the North-East of Iran. *Journal of Midwifery & Reproductive Health, 4*(1), 498-505.
- Khalid, N. N., Jamani, N. A., Abd Aziz, K. H., & Draman, N. (2020). The prevalence of sexual dysfunction among postpartum women on the East Coast of Malaysia. *Journal of Taibah University Medical Sciences, 15*(6), 515-521.
- Lo, S.S. & Kok, W.M. (2014). Sexual behavior and symptoms among reproductive age Chinese women in Hong Kong. *Journal of Sexual Medicine, 11*, 1749-56.
- Mirfat, M. L. E., & Sheren, E. E. (2019). A study of sexual dysfunction and its associated factors among women in childbearing age, Egypt. *Journal of Nursing Education & Practice, 9*(3), 95-108.
- Nafiu, A., William, K.B., Eric, W., Otchere, A.M., & Lawrence, Q. (2010). Incidence of sexual dysfunction: A prospective survey in Ghanaian females. *Reproduction, Biology and Endocrinology, 8*, 106-112.
- Norafini, S., Syahnaz, M. H., Norfazilah, A., & Suzaily, W. (2020). Sexual dysfunction among women at four to six months postpartum: A study in a primary care setting. *Malaysian Journal of Public Health Medicine, 20*(1), 235-243.

- Nur, N., Khalid, M., Nurjasmine, A., Jamani, M., Karimah, H., & Nani, D.M. (2020). The prevalence of sexual dysfunction among postpartum women on the East Coast of Malaysia. *Journal of Taibah University Medical Sciences*, 15(6), 515-521.
- Nwagha, U. I., Oguanuo, T. C., Ekwuazi, K., Oluboboju, T. O., Nwagha, T. U., Onyebuchi, A. K., Ezeonu, P. O., & Nwadike, K. (2014). Prevalence of sexual dysfunction among females in a university community in Enugu, Nigeria. *Nigerian Journal of Clinical Practice*, 17(6), 792-796.
- Olugbenga-Bello, A. I., Adebayo, K. O., Goodman, O. O., Oke, O. S., & Olukunle, T. O. (2020). Prevalence and socio-demographic predictors of sexual dysfunction among married women of reproductive age group in South West Nigeria. *Journal of Reproductive Medicine Gynecology & Obstetrics*, <http://www.di.org/10.24966/RMGO-2574/100046>
- O'Sullivan, L. F., Brotto, L. A., Byers, E. S., Majerovich, J. A., Wuest, J. A. (2014). Prevalence and characteristics of sexual functioning among sexually experienced middle to late adolescents. *Journal Sex and Medicine*, 11, 630-641.
- Rezaei, N., Azadi, A., Sayehmiri, K., & Valizadeh, R. (2017). Postpartum sexual functioning and its predicting factors among Iranian women. *Malaysia Journal of Medical Sciences*, 24(1), 94-103.
- Sarit, O. A., & Roger, P. G. (2014). *Female sexual function and pelvic floor*. Sarit.
- Szollosi, K., & Szabo, L. (2020). Postpartum female sexual dysfunction in Hungary: A cross-sectional study. *Development in Health Sciences*, 2(4), 108-113.
- Yvone, B., & Julie, A. E. (2015). *Female sexual dysfunction*. Cleveland Clinic. Ohio.