RESEARCH ARTICLE

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Evaluation of Female Sexual Functions After Cesarean Section

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Abstract

BACKGROUND/AIMS: Our study has been conducted descriptively to determine the sexual functions, the time of returning to sexual intercourse and the factors affecting their sexual functions in the first six months postpartum after cesarean delivery.

MATERIALS AND METHODS: The sample group of the study constituted 207 women with 0–6 month-old babies who had given birth by cesarean section. The data have been collected through the face-to-face interview method by using the introductory information form (18 questions) developed by the researchers, and the Female Sexual Function Index (FSFI).

RESULTS: The FSFI total score average of the women who participated voluntarily in the study was found to be 20.94±6.9 (min-max: 2.40-31.20) points. The FSFI total score of 80.6% of the women (n=167) was below 26.55, which is considered as a score for feminine sexual dysfunction. The decrease in FSFI scores was associated with the time to start sexual intercourse after cesarean section, breastfeeding, duration of marriage, and increasing age of the woman and her partner.

CONCLUSION: This study reveals that the sexual functions of women have negatively been affected in the first six months postpartum following cesarean section delivery. Provided that there is no pregnancy complication requiring cesarean section, women who prefer elective cesarean section in order to protect the quality of their sexuality and the structure of their genitals should be provided with information regarding the advantages of normal vaginal delivery, the complications that could be encountered after cesarean section, and potential negative effects of the cesarean section on sexual functions.

Keywords: Caesarean, FSFI, Sexual Health

INTRODUCTION

Sexuality, which can be affected by values, ethos, and social rules, can be defined as the state of being in total health with its biological, social and psychological aspects enabling people to have dealings not only physically but also mentally, emotionally and socially (1). The World Health Organization (WHO) defines sexual health as a state of complete physical, emotional, mental and social wellbeing and not merely the absence of disease, dysfunction or disability (2). Sexual health is one of the components of health, and although sexual health problems do not cause vital problems, it is a condition that negatively affects the quality of life (3).

Pregnancy, delivery, postpartum processes are the periods, in which women experience significant physical, psychological, hormonal, social and cultural changes. Sexual life of women changes especially during pregnancy and postpartum period (4). A wide range of factors such as the adaptation process to their new roles during pregnancy and postpartum period, hormonal changes, breastfeeding, problems concerning the baby, body image, and mode of birth affect the sexual life and sexual behavior of women (5). In a study conducted with 336 pregnant women with the purpose of evaluating sexual functions, it has been observed that pregnancy reduced the quality of sexual function (6), and in a study conducted to evaluate sexual function in the postpartum period with 236 mothers with 0–12-month-old babies, it has been indicated that a significant number of the women experienced sexual dysfunction (7). It is stated that the mode of delivery can also negatively affect the sexual functions of women. Different results have been presented by studies evaluating the effect of the delivery method on sexual function. Although some studies evaluating sexual dysfunction by comparing modes of delivery have suggested that sexual dysfunction observed in women giving birth via cesarean is less than that of women giving vaginal birth due to the preservation of the structures in the pelvic floor after cesarean section delivery, some studies comparing cesarean delivery and vaginal delivery have found that sexual function is not affected negatively after normal and spontaneous vaginal delivery (8-12).

The postpartum period is a process in which the woman's maternal-motherhood roles and emotions are experienced in a very intense and complex manner. Although many factors are effective in attaining competence in these roles, cultural values also have an important role. For this reason, our study has been conducted descriptively to determine the sexual functions, the time of returning to sexual intercourse and the factors affecting their sexual functions in the first six months postpartum after cesarean delivery.

Research Questions

1. What are the factors affecting the sexual functions of women after cesarean delivery?
2. How are the sexual functions of women whose delivery type was cesarean section affected?

MATERIALS AND METHODS

Our study was carried out on mothers who came to a University Hospital Pediatrics Outpatient Clinic in Nicosia for health check-up of their babies. The study is of cross-sectional type and data collection was carried out between February 1 and April 30, 2016.The sample group of the study consisted of 207 women who gave birth by cesarean section and applied to the polyclinic between February and April for the control of their 0-6 month old baby. The aim of the study was explained to the women clearly and they accepted to participate in the study voluntarily. A questionnaire was applied to women who stated that they started sexual life again after giving birth. In order to ensure the privacy of the women participating in the study, the questions were filled in an unoccupied room in the outpatient clinic. The documents required for conducting the research such as written permission from the chief physician of the hospital, the approval of the ethics committee, and the informed consent of the participants were obtained prior to the research. The data have been collected through the face-to-face interview method by using the introductory information form (18 questions) developed by the researchers, and the Female Sexual Function Index (FSFI). Questions seeking answers for the women's socio-demographic characteristics, breastfeeding status and their sexual lives have been included in the introductory information form.

The Female Sexual Function Index (FSFI) is a Likert-type scale consisting of 19 items developed to measure women's sexual functions. Its six subscales assess sexual desire, arousal, lubrication, orgasm, sexual satisfaction and pain. The scale should be answered considering the sexual life of women in the last 1 month. FSFI subscale scores are calculated by multiplying the scores obtained from the scale items by the coefficients corresponding to the items. The total score of the subscales gives the FSFI scale total score. The FSFI total score can range between 2 and 36 (Table 1). A higher score on the scale means better sexual function. A Female Sexual Function Index total score lower than 26.55 indicates sexual dysfunction. The Turkish validity and reliability of this form have been determined made by Aygın and Aslan (2005). As test-retest was used to ensure the validity and reliability of the study, the correlation analysis has been conducted and consequently the correlation coefficient was calculated as 0.75, while the Cronbach’s alpha, which reflects the test score reliability and internal consistency, was calculated as 0.98. Ultimately, the use of the scale has been deemed eligible for Turkish women (13).

The data acquired through this study have been saved in the computer environment in the SPPSS.22 package program. Before statistical analysis, Kolmogorov-Smirnov and Shapiro-Wilk tests have been used to assess whether the variables have normal distribution or not. Descriptive statistics were made by giving mean ± standard deviation.

The Mann Whitney U test was used for the analysis of data, which did not show normal distribution, and the Spearman correlation coefficient was used to compare groups between discrete or categorical variables. The level of statistical significance has been accepted as ≥ p 0.05.

FINDINGS

The average age of the women was 31.23 ± 8.05 (min-max: 18-42), and the average age of their spouses was 35.68 ± 8 (min-max: 22-48). 44.9% of the women and 46.4% of their spouses were high school graduates. The average length of marriage for the women was 7.58 ± 7.02 years. When it was investigated why the women preferred cesarean section for delivery, it has been determined that fear of birth (27.1%), doctor's recommendation (21.3%), and pelvic stenosis (11.1%) constitute the top three reasons. 67.7% of the women and their spouses use an effective contraceptive method. 59.4% of women still breastfeed their babies (Table 2). When some demographic data of women and their FSFI subscale scores were compared, it was found that the increasing age of the women significantly decreased arousal (p=0.013), desire (p=0.016), orgasm (p=0.004) and sexual satisfaction (p=0.019) scores. It was also found that the increasing age of the spouse also caused a decrease in sexual desire (p=0.001) arousal (p=0.037) and orgasm (p=0.001) scores in women. Additionally, it has been revealed that a longer period of marriage is associated with a decrease in sexual desire (p=0.001), orgasm (p=0.030) and pain (p=0.013) scores. When the times they started to have sexual intercourse again after cesarean section were compred with the FSFI subscale scores, increase desire (p=0.001), lubrication (p=0.001), arousal (p=0.031), orgasm (p=0.001), and sexual satisfaction (p=0.001) scores and a significant reduction in pain (p=0,013) score were determined in the scores of those who resumed sexuality in the late postpartum period. When their breastfeeding status and their sexual function subscale scores were compared, orgasm (p=0.006), satisfaction (p=0.001) and pain (p=0.023) scores were found to be higher in women who were not breastfeeding (Table 3).
The FSFI total score average of the women who participated voluntarily in the study was found to be 20.94 ± 6.9 (min-max: 2.40-31.20) points. The FSFI total score of 80.6% of the women (n=167) was below 26.55, which is considered as a score for feminine sexual dysfunction. Although it has not been tabulated, considering the subscale scores and FSFI scale total score average, no correlation could be found between these scores and the educational status of the couples, chronic disease history in the women, the number of children, previous surgery, and the use of contraceptive methods (p> 0.05).
Distribution of sexual function status according to the characteristics of the women and their spouses is given (Table 4). It has been determined that the overall scale scores of the older women were lower (p=0.035). When the time elapsed since the birth of the baby is compared with the mean scores, it has been observed that women with more time since the birth of the baby acquired higher scores (p=0.015). An increase in the scale scores of women who had sexual intercourse at a later time after cesarean delivery has been noticed (p=0.007). When comparing the women with or without sexual dysfunctions with the age of the spouse and the duration of marriage, no significant difference could be determined (p> 0.05).

DISCUSSION

Although resuming sexual life after delivery and the quality of sexuality is an important issue for the new mother and her spouse, this may be affected by factors such as the mother's adaptation to her new role, her relationship with her spouse, and her physical and emotional readiness for sexuality. During the first six weeks of the puerperal period, low libido, continuation of lochia, painful sexual intercourse due to lack of lubrication during coitus, and milk flow from the nipples upon stimulation cause a delay the acceptance of the first sexual intercourse after childbirth. Our study presents data showing that the desire, lubrication, arousal, orgasm and satisfaction scores of the women who resumed sexual intercourse a significant time following their cesarean sections have increased. A similar study presented data that postpartum sexual dysfunction is closely associated with the time elapsed to resume sexual intercourse after delivery (14), while another study indicated that the FSFI scale scores significantly increased in the period beginning from the third month to the seventh month after delivery (15). During this period, the spouses put their sexual problems in the second plan due to reasons such as inadequate sleep or postpartum insomnia, care burden of the baby, and fatigue and do not consider this as a health problem.
Low levels of estrogen that occur throughout lactation due to the high levels of prolactin are considered to be another reason for decreased sexual function after delivery (16). High levels of prolactin, which initiate lactation, lead to a significant decrease in the secretion of estrogen and progesterone hormones. Decreased estrogen levels can cause vaginal epithelial atrophy and dyspareunia (painful intercourse) may occur due to the lack of lubrication (16). Our

study results show that the subscale scores regarding orgasm and satisfaction, and FSFI scale overall scores of mothers, who do not breastfeed their babies, are higher than the scores of the breastfeeding mothers. Similarly, a study conducted to assess the postpartum sexual functions of 684 primipara women presented data showing that the FSFI scale total scores of breastfeeding mothers were lower than the scores of the mothers who do not breastfeed their babies (17). The results of other studies show that postpartum breastfeeding lowers the quality of sexual functions and increases the dyspareunia due to the decreased levels of estrogen (18-21). There is evidence indicating that the state of experiencing dyspareunia even 6 months after delivery is related to breastfeeding rather than the mode of delivery and that lactating women experience dyspareunia 4 times more than non-lactating women (22). It is considered that the combination of postpartum factors such as breast fullness, hormonal changes, breast tenderness, breastfeeding, etc. causes a significant decrease in sexual functions. This study also shows that age of the women and their spouses is another factor affecting the FSFI scores. When compared with the younger couples, it has been observed that the FSFI scale scores of older women are lower; consequently, it is obviously seen that older age is a factor that decreases sexual functions. It is known in the literature that sexual dysfunctions vary according to age groups and the prevalence of sexual dysfunctions increases with age (23,24). In our study, a longer period of marriage was not found to be significant factor in FSFI overall scores, although this factor lowered the desire and orgasm subscale scores of women. Compared to the youth period, in which there is more intense energy, passion and desire, and less responsibility, older age is considered as a period in which energy, passion and desire decrease while responsibility and possibility of experiencing physiological problems increase. Ultimately, it is considered that sexual functions are affected negatively by age.

When we asked the women to compare their pre-pregnancy and current sexual lives, 71% of them stated that there was no difference between their pre-pregnancy and current sexual lives. Compared to the FSFI scale overall scores, it is considered that these women might have had sexual dysfunction before pregnancy or avoided making their sexual issues known as they live in one of the countries in which talking about sexual issues is considered taboo.

It is one of the most frequently discussed issues that the mode of delivery affects both the time to resume the sexual life and the quality of sexual function. Most women tend to give birth to their babies through cesarean section because of the fear of giving birth or the thought that vaginal delivery may cause trauma that may affect their sexuality negatively. The results of both meta-analysis and various studies evaluating the sexual functions of women after cesarean and spontaneous vaginal delivery show that there is no significant difference between the two modes of delivery from the third month onwards. For this reason, it is thought that women do not need to prefer cesarean section due to the concern of protecting their sexual functions (25-33). Considering the results of the study, it is apparent that the FSFI scale total scores of the majority of women are below the cut-off score indicating female sexual dysfunction. This result, which supports the findings of the literature, demonstrates that there is no evidence that cesarean delivery preserves the sexual functions of the women who choose to give birth to their babies through cesarean section. Compared to vaginal delivery, Cesarean Section, which may cause women to experience a more disadvantageous process due to various possible complications such as the risk of developing infection, the longer healing period of abdominal incision, more postpartum bleeding, and persistent abdominal pain after childbirth, is considered to significantly affect the sexual functions.

Limitations

The results of this study do not represent the whole of Northern Cyprus and are limited to women who applied to the hospital where the research was conducted.

CONCLUSION

This study reveals that the sexual functions of women have negatively been affected in the first six months postpartum following cesarean section delivery. Provided that there is no pregnancy complication requiring cesarean section, women who prefer elective cesarean section in order to protect the quality of their sexuality and the structure of their genitals should be provided with information regarding the advantages of normal vaginal delivery, the complications that could be encountered after cesarean section, and potential negative effects of the cesarean section on sexual functions.

Informed Consent: Obtained from all participants.

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Table 1. Female Sexual Function Index Score (FSFI) calculation table

Subgroups	Question number	Score range	Factor	Min. Score	Max. Score
Sexual desire	1,2	1-5	0.6	1,2	6
Arousal	3,4,5,6	0-5	0.3	0	6
Lubrication	7,8,9,10	0-5	0.3	0	6
Orgasm	11,12,13	0-5	0.4	0	6
Sexual satisfaction	14,15,16	0/1-5	0.4	0.8	6
Pain	17,18,19	0-5	0.4	0	6
Scale range				2	36
FSFI mean score of the women participating in the study	20.94 ± 6.9 (min-max: 2.40-31.20)				

Table 2. Distribution of socio-demographic and some characteristics of women (n = 207)		
	n	**%**
Education		
Primary education	60	29
High school	93	44,9
Undergraduate and above	54	26,1
Spouse's education		
Primary education	44	21,2
High school	96	46,4
Undergraduate and above	67	32,4
Number of living children		
1	106	51,2
2	58	28,0
3 and above	43	20,8
Time Since Birth		
0-2 month	68	32,8
2-4 month	125	60,4
4-6 month	14	6,8
Caesarean delivery reason		
Fear of normal birth	56	27,1
Doctor's recommendation	44	21,3
Pelvic stenosis	23	11,1
Macrosomic fetus	20	9,7
Previous caesarean section	19	9,2
Elective cesarean	16	7,7
Breech presentation	14	6,8
Fetal distress	6	2,9
Urgent reasons	6	2,9
Entanglement of the umbilical cord	3	1,3
Use of Contraceptive Method		
Yes	140	67,6
No	67	32,4
Breastfeeding status		
Yes	123	59,4
No	84	40,6
Opinions on how sexual life ıs affected during postpartum period		
No difference	147	71,0
Worse	43	20,8
Better	17	8,2
Total	**n=207**	**%100**

Table 3. Correlation of FSFI subscales according to some characteristics of women												
n=207	**Sexual desire**		**Arousal**		**Lubrication**		**Orgasm**		**Sexual satisfaction**		**Pain**	
	r	**p**	**r**	**p**	**r**	**p**	**r**	**p**	**r**	**p**	**r**	**p**
Age	-,167	*0,016	-,172	*0,013	-,005	0,945	-,202	*0,004	-,162	*0,019	,001	0,985

Spouse's Age	-,239	***0,001**	-,145	***0,037**	-,050	0,472	-,224	***0,001**	-,124	0,075	,016	0,819
Marriage duration	-,250	***0,001**	-,090	0,199	-,006	0,936	-,151	***0,030**	-,065	0,355	,174	***0,013**
Start time / day of sexual intercourse	,295	***0,001**	,160	***0,031**	,267	***0,001**	,281	***0,001**	,275	***0,001**	-,225	***0,002**
Time elapsed since the birth of the baby	,227	***0,001**	,126	0,071	,090	,199	,141	***0,043**	,171	***0,014**	,096	0,167
Breast-feeding	,248	0,473	,162	0,819	,279	0,636	,242	***0,006**	,216	***0,001**	,166	***0,023**
*p ≤ 0.05												

Table 4. Comparison of women with and without sexual dysfunction according to some characteristics			
Sexual dysfunction			
	With sexual dysfunction (26.55 points below) (n=167) (%80,6)	**Without sexual dysfunction (26.55 points above) (n=40) (%19,4)**	**p**
Age	31,95±8,22	28,25±6,55	***0,035**
Spouse's Age	36,28±9,08	33,20±6,77	0,054
Marriage duration	7,90±7,28	6,13±5,63	0,258
Time since birth (days)	71,31±23,54	73,00±24,30	***0,015**
Time to start sexual intercourse after cesarean (day)	43,61±18,91	44,62±18,44	***0,007**
*p ≤ 0.05			