



Original Article

A study of sexual functioning and marital satisfaction in women with and without history of labor

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Abstract

Introduction: Sexual relationship is a natural attraction in a fitting family environment and its acceptance and satisfaction is necessary in maintaining the family system. Following the birth of a child, sexual behavior changes due to the certain circumstances of this period. Due to the prevalence of sexual problems and its relationship with the birth of the first child in women who experience motherhood for the first time first, this study aimed to assess the sexual functioning and marital satisfaction in primipar women and women without history of labor.

Materials and Methods: In this descriptive study, 120 married women (60 women with children and 60 women without children); ages ranging between 20-30 years were selected through simple-randomized convenience sampling among who referred the health centers and obstetrics and gynecologists offices in Mashhad, 2013. The participants fulfilled the Enrich Marital Satisfaction, sexual satisfaction and demographic form. Data were analyzed by SPSS software, through descriptive statistics, chi-square and ANOVA tests.

Results: Findings showed that women who had not yet experienced pregnancy and childbirth, had better sexual function ($P=0.017$) and higher marital satisfaction ($P=0.005$). Mean sexual function score in women without children was 3.6 and for women with children was 3.3.

Conclusion: The results suggest that married women without children have higher mean scores of sexual satisfaction and higher marital satisfaction than women who have experienced childbirth. This shows the key-role of sexual functioning in marital satisfaction and necessity of sexual problems in women after childbirth.

Keywords: Labor, Marital satisfaction, Sexual satisfaction, Women

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Introduction

Family, this seemingly small social unit which is a major pillar of the community is essential for any society. It is a sacred subject and even if there seems to be little commitment (1).

Each family is composed of two people that the first form is the result of the marriage between a man and a woman. So apart from the arrival of family issues and needs of the couple, the survey of family problems would not be logical (1).

It should know that man has several instincts and needs that satisfying in a timely manner and its amount has a significant impact on his physical and mental health.

One of these needs is sexual needs. Sexual needs has been accepted as one of the most fundamental pillars of the family and its satisfaction is very important and necessary (2).

Ellis defined marital satisfaction as objective feelings of contentment and satisfaction, pleasure experienced by married couple when all aspects are considered in their lives (2).

But following the childbirth and for the sake of situation, this period is one of the courses of life of women that is accompanied with a high prevalence of sexual dissatisfaction. Women usually face with sexual problems such as painful intercourse, lack of sexual desire, vaginal dryness, and not reaching orgasm that lack of their knowledge could have serious damages to woman and with her husband. So that some couples who are separated most of the time complain with abnormal sex or sexual weakness

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thus it can be said that sexual dissatisfaction can disrupt family life happiness (3).

Sexual Satisfaction: analysis and judgments of every person in relation to his/her sexual behavior that he/she thought it would be fun.

Statistics show that 5% of couples in marital stages, have experienced sexual dysfunction. 40% Couples with marital satisfaction have sexual dysfunction or relative dissatisfaction of such relationships. Approximately 5.0% married women over 35 years have never experienced orgasm. But few have been undergoing counseling and treatment. Sexuality and sexual function is considered part of the overall health of women and concerns and sexual dysfunction are common in the general population (4).

Loss of sexual desire is the most common problem for women. Decreased sexual desire usually appears as a problem at a framework of a relationship, whenever it affects the sexual life. And a major cause of sexual dysfunction is decreased sexual desire after childbirth that this usually occurs after hormonal changes after childbirth (5).

So 80.0 of women in the first quarter of postpartum reported decreased sexual desire and 70.0 of them in the six months after giving birth were faced with decreased sexual desire (6). Three important factors known to decrease Sexual desire after childbirth include: 1. Physical causes, 2. personal reasons, 3. social factors which can well named mental and emotional causes. The emotional and psychological factors in recent decades in creating a special place have decreased sexual desire in women. Thus the signs of postpartum depression in the past few decades, take into consideration many medical specialists in psychology. So, 10% of mothers experience postpartum depression within the first year. Loss of sexual desire is one of the characteristics of this disease. These patients need enough support and psychological therapies. Previous studies that have been done in the field of sexual desire loss and its performance after childbirth, overall is the marker of decreased desire, sexual satisfaction and sexual pleasure during the postpartum period (6).

Another research was done as the women sexual experiences after childbirth, a descriptive study- an analysis of 300 women who experienced the first childbirth (caesarean or natural) with a live baby till Six months after giving birth were studied during a visit to the health center. Results showed that 98% of women followed their sexual activity up to 6 months after giving birth. 83% of women had at least one sexual problem in the first three months

postpartum that this figure dropped to 64% in the six months after childbirth but did not reach the level before pregnancy (38%) (7).

In another study on female sexual dysfunction and its related factors, the results showed that 63.2% of the samples studied had a problem in their matrimonial relationships. There was statistically a significant relationship between the marital history and sexual dysfunction, so that with increasing years of marriage, fewer problems had been reported in sexual relationships (8).

In research study that is quite relevant to the subject of the author and was done by entitled Sexual relations problems caused by the first childbirth, the findings showed that sexual problems due to childbirth such as vaginal dryness, lack of sexual desire, not reaching orgasm, bleeding after intercourse, painful penetration, pain during intercourse, oral sex and anal sex has to apply their sexual partner that the abundance of these problems in the postpartum period is greater than before the pregnancy (7).

All the studies showed decreased sexual desire in women after childbirth.

According the lack of the same studies in our country and importance of this issue in marital satisfaction, the present study aimed to assess the marital and sexual satisfaction among primiparous women and women without history of labor.

Materials and Methods

In this descriptive study in 2009, 120 married women (60 women with children and 60 women without children) of quad areas of Mashhad were selected via simple randomized sampling among who referred to health centers and clinics of gynecology and obstetrics specialists. The inclusion criteria include primiparity, age of 20-30 year, married, absence of any physical and psychiatric disorder, absence of any major stressful event during 3 past months and education of writing and reading. Because of ethical considerations, the participants to be assured that their information will be remain as confidential.

Research Tools

A) Enrich Marital Satisfaction Questionnaire: This questionnaire is applied to assess potential problem areas or identify areas of strength and full assistant marital relations. Each of the scales of the questionnaire is related to one of the important areas of marital relations.

This questionnaire was applied for assessment of marital satisfaction in many researches as a standard tool and its reliability and validity were approved in

Iranian population (9).

Assessment of these areas within a marital relationship can describe couples potential problems and will identify strengths areas. This questionnaire was also used to identify couples who requiring consultation and strengthen their relationship. In addition this questionnaire has been used as a valid tool for a variety of paper to assess marital satisfaction.

Enrich questionnaire is a 115 question tool and other form has 125 questions and is composed of 12 subscales, the first scale is five questions and other scales each of them are 10 questions.

Subscales of the questionnaire were:

- 1- A contract response, 2- Sexual Satisfaction, 3- Find character, 4- Contact, 5- Conflict resolution, 6- Financial management, 7- Leisure activities, 8- Sexual relations, 9- Marriage and children, 10- Family and friends, 11- The egalitarianism roles, 12- Religious orientation (9).

B) Sexual Satisfaction Questionnaire: Because there was no specific questionnaire before conducting this study to determine the sexual satisfaction in Iran, researchers have tried to develop a questionnaire and confirm its face validity by a number of specialists in this field. The content validity of the questionnaire that was made by the researcher and was performed by (2), were examined by 8 expert who were faculty member

with doctoral degrees in psychology and counseling, after they were asked to express the percentage for the validity. The mean percentage was calculated and a content validity of 0.7 was achieved and was approved by the faculty members. Criterion validity was performed on 20 subjects to be measured.

Due to lack of another test in determination of sexual relation of the present case were compared to other test results to obtain construct validity. To get the reliability, credibility and validity of the method "half off" method was used. That, the odd and even questions graded separately and correlation coefficient was obtained. Static coefficient of 0.75 was obtained.

Results

Of these 120 participants, 2 patients had a Ph.D. 9 people with Master's degrees, 30 bachelor degrees, 16 people with Associate degree, 51 diploma degree and 8 have a high school diploma graduates and 4 individuals are not clear in their studies.

Results of a population of 120 married women were selected for the study. Their mean age was 27 years and one to four years have been passed after their marriage. 60 women with children and 60 women were in the group of married women without children. Table 1 shows the age distribution in primiparous women and women without history of labor

Table 1. Age distribution in primiparous women and women without history of labor

Row	Age range	Women without history of labor	Primiparous women	Total frequency	Percent
1	18 to 23 years	16	3	19	16
2	24 to 29 years	33	34	67	56
3	30 to 35 years	8	23	31	26
4	Lost	3	0	3	5.2
Sum		60	60	120	100

Tables 2 and 3 show the scores of sexual and marital satisfaction among primiparous women and

women without history of labor.

Table 2. Results of t-test to compare the mean scores of sexual satisfaction in primiparous women and women without history of labor

		Number	Standard deviation	Average
Sexual satisfaction	Primiparous women	60	71.0	28.3
	Women without history of labor	60	58.0	57.3

According to the t calculated value in the above table ($P=0.017$, $df=118$, $t=-2.4$) and the mean scores of sexual function in women without history of labor is 57.3, and for primiparous women with

children was 28.3, so the sexual function in women without history of labor is better than primiparous women.

Table 3. T-test for the difference of Enrich mean scores among primiparous women and women without history of labor

		Number	Average	Standard deviation
Enrich score	primiparous women	60	4.3	7.0
	women without history of labor	60	6.3	6.0

According to the t calculated value in the above table ($P=0.005$, $df=118$, $t=-1.8$), the marital satisfaction among women without history of labor is better than marital satisfaction among primiparous

women. Table 4 shows that distribution of frequency of marital satisfaction in separation with history of labor.

Table 4. Distribution of frequency of marital satisfaction in separation with history of labor

History of labor	Great satisfaction	High satisfaction	The average satisfaction	Not satisfied	Intense dissatisfaction
	Number	Number	Number	Number	Number
No	3	33	22	2	0
Yes	2	28	22	8	0
Total	5	61	44	10	0

The above table shows the marital satisfaction in primiparous women and women without history of labor, so that the table results shows that the severe discontent and dissatisfaction in the primiparous women is 13%, while in the group of women both groups is 37%. High satisfaction and great satisfaction in groups without history of labor is 60% and in primiparous group is 50%.

Table 5 shows the frequency of sex after childbirth in primiparous women.

Considering the result of the chi-square test $P=0.008$ is obtained. This means that option of having a sexual relationship after the childbirth has fallen and significantly more than other options has been selected (52%). This indicates that according to respondents view, having a child has a reduction effect on the number of their sex.

Discussion

Between the scores of sexual satisfaction and marital satisfaction, there is a significant relationship and consequently we may realize the association between sexual satisfaction and marital

satisfaction, because they have a high positive correlation. It should be noted that the detection and elimination of sexual dysfunction has a significant role in improving the quality of marital relationships which itself is an important step toward preventing family conflicts and its consequences. Due to the fact that married people, on different levels of marriage have varied and numerous behaviors and sexual patterns, we can bring the cognitive changes by teaching the couples before their marriage, increasing their awareness and sexual knowledge of family members and improving beliefs and attitudes (6).

Table 5. Frequency of sex after childbirth in primiparous women

Row	Sex status	Abundance	Percent
1	Increased	12	20
2	Reduced	31	52
3	Unchanged	17	28
Total		60	100

Finally, the sexual health means women sexual health care, concerns discerns and assists them for disorders they treat, and the performance improvement. Increased sexual satisfaction should be considered as the main point of knowledge of a healthy family and it should be further considered by psychologists and family health experts.

The present study showed that sexual problems in primiparous are more than women without history of labor. According to the scores of sexual satisfaction, the sexual function in women without history of labor is better than primiparous women. This result is similar to findings that decreased sexual desire was observed after childbirth in women who had experienced motherhood for the first time, so as these studies indicated a desire to reduce the appearance of sexual pleasure and sexual pleasure during the postpartum period.

The findings also showed that women who reported a decrease in sexual desire and those who said their postpartum sexual desire have not changed; sexual satisfaction mean scores were lower than those reported an increase in sexual desire. This means that the mean sexual satisfaction in women who had increased sex 3.84, in women who had decreased sex 3.18, and those who had changed their sex drive 3.16 were obtained.

The similar results reported in a study on Australian women. In this study, 325 women who had first childbirth during the previous 12 months were assessed. Approximately 2/3 of these women experienced problems in sexual function during the first year after labor and 3/4 of them reported sexual dissatisfaction. The most prevalent problems of sexual dysfunction were sexual desire disorder, orgasmic problems and sexual arousal disorder (10).

The results of another research on 395 postpartum women indicated that the weekly frequency of sexual intercourse had decreased in 75% of couples and it was caused by the time dedicated to the child (66.7%) and dyspareunia (57.1%). Also 64% of women had reported the decrease of sexual satisfaction (11).

The same results were reported in a group of primiparous women (method of labor: cesarean or normal vaginal delivery) and it was indicated that the various sexual problems had high prevalence during postpartum period among both groups (cesarean or normal vaginal delivery). So, the clinicians should concern to women's sexual health after childbirth (12). Also, the high prevalence of sexual problems has discussed in other studies (13-15).

As the results of this study show, there is a significant correlation between sexual satisfaction and marital satisfaction. The results show a significant relationship between marital satisfaction of women with children and women without children. So as the results of this study showed that marital satisfactions mean scores in women with children was 3.4, and women who had no children 3.6 were obtained. So we can conclude that marital satisfactions for women without children are more than women who have children. As shown, marital satisfaction for women who had no children are more than women who have children. Overall, the results suggest that sexual satisfaction in women without children is higher than for women with children and sex is an important factor in this issue however, other possible causes may be involved in increasing marital satisfaction. Here we have focused on some factors: family economic problems that have arisen after the child's birth, conflicts arising from mother's employment and having children, energy consumption in women with a child cause to have no investment in connection with their spouse and all of the above factors can cause mental and psychological stress. It is possible that this pressure create a tension for a couple in their relationships. This also helps reduce fading of couple relationships and at last may result in reducing the marital satisfaction.

Therefore, considering the conducted studies and the results of the present study it seems to inform and create sufficient skills in relation to marital relations and counseling before marriage will have a special place in improving and stability of marital life.

Conclusion

The results suggest that married women without children have higher mean scores of sexual satisfaction and higher marital satisfaction than women who have experienced childbirth. This shows the key-role of sexual functioning in marital satisfaction and necessity of sexual problems in women after childbirth.

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