

Original Article

The Impact of Lactation on the Sexual Life of Turkish Couples

Zeliha Burcu Yurtsal, PhD

Cumhuriyet University, Faculty of Health Science, Midwifery Department, Sivas-Turkey

Correspondence: Zeliha Burcu Yurtsal, PhD, Cumhuriyet University, Faculty of Health Science, Midwifery Department, Sivas-Turkey. E-mail: burcuyurtsal@hotmail.com

Abstract

Background: Sexuality varies in different stages of life. One of these stages is the postpartum period.

Aim: The present study was conducted to determine the effects of lactation on the sexual life of Turkish couples.

Methodology: This descriptive study was conducted in the postpartum clinics of Sivas hospital located in Sivas, a city in central Turkey and the seat of Sivas Province at 2016. Of the people in the study population, 151 breastfeeding postpartum women who met the inclusion criteria and volunteered to participate in the study were included in the sample.

In the analysis of the data, average, standard deviation, percentage and variance analysis, significance test for the difference between the two means, Chi-square test and Pearson correlation analysis were used.

Results: The mean scores obtained from the IFSF and SQLQ-F by the participants in the early postpartum period were 16.21 ± 1.04 and 54.14 ± 1.75 respectively. A statistically significant negative correlation was detected between the mean scores obtained from the IFSF and SQLQ-F ($r: -0.378$; $p=0.000$). This negative statistically significant correlation between the scores for the IFSF and SQLQ-F indicated that breastfeeding women in the early postpartum period were sexually dissatisfied.

Conclusions: This study indicates that breastfeeding women in the early postpartum period were sexually dissatisfied.

Keywords: Lactation, Sexual life, sexually dissatisfied, Turkish couples.

Introduction

Sexuality is a comprehensive concept that includes all subjects related to the sex of an individual. An individual's sexual life is affected by biological, psychological, socioeconomic, cultural, ethical and religious factors. Sexuality varies in different stages of life. One of these stages is the postpartum period (Olsson et al. 2005; Ozmen et al., 2006).

When to start to have sexual intercourse again in the postpartum period depends on the physical recovery of the woman and the psychological readiness of both spouses. Couples can start sexual activity after two weeks postpartum, when the risk of bleeding and infection is reduced (Blackburn, 2003). Timing of the postpartum resumption of sexual intercourse varies from culture to culture. In our country, Turkey, the time to resume sexual intercourse after birth is traditionally six weeks.

In studies conducted in Turkey, most of the women are reported to start having sex at six

weeks postpartum (Erbil, 2005; Eryilmaz et al., 2005). According to the data released by the Turkey Demographic and Health Survey (TDHS) in 2003, the rates of women who have not resumed sexual activity within 2-3 months and 6-7 months postpartum are 13.0% and 7.0% respectively (Ergocmen & Eryurt, 2004). On the other hand, in the United States of America (USA), the time for couples to resume sexual intercourse in the postpartum period varies from a short period to a few months (Blackburn, 2003). Changes occurring in the breasts in the postpartum period and lactation (formation and secretion of milk in the breasts) can affect women's sexual functions. The attractive shape and firmness of breasts which arouse erotic desire (lead to sexual excitement / cause sexual arousal) in men before birth start to disappear after birth (Avery, 2000). In a study conducted with 42 postpartum women and their partners by Hames (1980), (Hames, 1980) while 59.0% of the males reported that changes in their wives' breasts due to breastfeeding did not affect their sexual activity, 19.0% stated that the

enlargement of their wives' breasts increased their sexual activity. In their study conducted with the spouses of breastfeeding and non-breastfeeding women, Frazier et al. (1995) (Frazier, 1995) reported that the majority of the husbands of breastfeeding women stated that they had the feeling that their wives behaved more like mothers because they were breastfeeding and thus lost their sexual attraction.

It appears that sexuality is an important aspect to be considered with respect to women's health during the postpartum period, if the intention is to offer a comprehensive care. However, in practice, health professionals are encouraged to focus on the health care of the newborn and tend to push the mother and her demands into the background. For this reason, one of the tasks of midwives is to provide counseling for women about sexuality. Future studies to be conducted on the effects of lactation on couples' sexual life would contribute not only to the determination of sexuality-related situation but also to the identification of the needs of couples regarding sexuality. The present study was conducted to determine the effects of lactation on the sexual life of couples.

Methodology

Setting, study design and ethical concerns:

This descriptive study was conducted in the postpartum clinics of Sivas hospital located in Sivas, a city in central Turkey and the seat of Sivas Province. The population of the study consisted of postpartum women who presented to Cumhuriyet University Health Services Research and Application Hospital clinics between April 1, 2016 and July 15, 2016. The inclusion criteria were as follows: being in the postpartum period, being literate, having no difficulty in communication, having no perception defects. No sampling method was implemented. Of the people in the study population, 151 breastfeeding postpartum women who met the inclusion criteria and volunteered to participate in the study were included in the sample. Written consent was obtained from the participants. Before the study was performed, Ethics Committee (2016-03/12) approval was obtained from Cumhuriyet University Non-Invasive Clinical Research Ethics Committee. Research data were collected using the face-to-face interview method. To collect the data, the Personal Information Form, Female Sexual

Function Index (FSFI) and Sexual Quality of Life Questionnaire-Female (SQLQ-F) were used.

Personal Information Form: The form includes 16 items questioning the participants' sociodemographic characteristics (age, educational attainment, employment status and income status), obstetric history (the types and number of deliveries and the number of living children) and sexual life (coital frequency, sex positions) (Eryılmaz, 2005). "Female Sexual Function Index (FSFI)": The index was developed by Raymond C Rosen. The Turkish version of the index whose validity and reliability study was performed by Yılmaz and Eryılmaz in 2004 has 9 items. The items question a woman's sexual function in the last 4 weeks. The highest possible score to be obtained is 49. The cut-off point is accepted as 30. A score lower than 30 indicates the presence of sexual dysfunction (Koyun, 2012). "Sexual Quality of Life Questionnaire-Female (SQLQ-F)": The questionnaire was developed by Symonds et al. (2005). The validity and reliability study of the Turkish version of the questionnaire was performed by Tugut and Golbasi in 2010. The validity and reliability study of the original questionnaire was performed in women aged 18-65 years. The questionnaire is a self-reporting instrument, consists of 18 items and is easy to administer. The items are rated on a 6-point Likert type scale ranging either between 1 and 6 or between 0 and 5. While the items are answered, sexual life in the last four weeks is taken into account. The scores of the items 1, 5, 9, 13, 18 are reversed before the total score is calculated. The lowest and highest possible scores to be obtained from the questionnaire are 18 and 108 respectively if the items are rated from 1 to 6, and 0 and 90 respectively if the items are rated from 0 to 5 (Tugut & Golbasi). Application of the data collection tools lasts 10 minutes. In the analysis of the data, average, standard deviation, percentage and variance analysis, significance test for the difference between the two means, Chi-square test and Pearson correlation analysis were used. Statistical significance was determined as $p < 0.05$.

Results

The mean age of the participants in the present study was 29 ± 57.1 . 25. Of the participants, 8% were high school graduates, 23.2% were employed, 84.1% had a nuclear family, Their

mean age at first marriage was 21 ± 4.5 . Their husbands' mean age was 31 ± 7.6 . 41. Of the husbands, 11% were high school graduates. Some sociodemographic characteristics of the participants are shown in Table 1. Out of the participants, 39.1% were primiparous, 68.2% had one-week-old babies, 29.8% had sexual intercourses less frequently during the

postpartum period, 15.2% thought that sexual intercourse in the postpartum period would adversely affect breastfeeding, 12.6% said that they made changes in sex position after birth, and 22.5% had vaginal delivery. Some characteristics of the participants regarding childbirth and sexuality are shown in Table 2.

Table 1. The Distribution of Some Sociodemographic Characteristics of the Participants (n=151)

Characteristics	Number	%
Educational Status		
Primary school	49	32.4
Junior high school	25	16.6
Senior high school	39	25.8
University	38	25.2
Employment Status		
Employed	35	23.2
Not employed	116	76.8
Health Insurance		
Insured	125	82.8
Not insured	26	17.2
Household monthly income(\$)		
\$430	80	53.0
\$431-\$761	38	25.2
>\$761	33	21.9
Family Type		
Nuclear family	127	84.1
Large family	24	15.9
Marriage Type		
Arranged marriage	87	57.6
Love marriage	64	42.4
Total	151	100.0

Table 1. The Distribution of Characteristics of the Participants Regarding childbirth and sexuality (n=151)

Characteristics	Number	%
The Number of Childbirths		
1	59	39.1
2	33	21.9
3	30	19.9
4 or more	29	19.1
The Number of Living Children		
1	58	38.4
2	38	25.2
3	32	21.2
4 or more	23	15.2
Baby's age		
1-week old	103	68.2
2-weeks old	28	18.5
3-weeks old	7	4.6
4-weeks old	13	8.7
Coital frequency after childbirth		
Decreased	45	29.8
No changes	106	70.2
Perception that sexual intercourse in the postpartum period would adversely affect breastfeeding		
Yes	23	15.2
No	128	84.8
Making changes in sex position after birth		
Yes	19	12.6
No	132	87.4
Type of delivery		
Vaginal delivery	34	22.5
Caesarean section	117	77.5
Total	151	100.0

Table 3. The mean scores obtained from the IFSF and SQLQ-F according to sociodemographic characteristics of the Participants (n=151)

Characteristics	Number n	IFSF Mean ± SD	SQLQ-F Mean ± SD
Educational Status			
Primary school	49	14.75±9.01	53.57±19.66
Junior high school	25	14.40±10.32	53.28±14.82
Senior high school	39	17.53±10.77	54.51±15.94
University	38	17.92±11.84 (p>0.05)	55.07±18.38 (p>0.05)
Employment Status			
Employed	35	15.74±9.92	53.04±18.34
Not employed	116	17.77±12.11 (p>0.05)	57.80±14.09 (p>0.05)
Health Insurance			
Insured	125	15.94±10.23	55.23±16.54
Not insured	26	17.50±11.63 (p>0.05)	48.92±21.25 (p>0.05)
Household monthly income (\$)			
\$430	80	15.51±9.57	53.98±17.10
\$431-\$761	38	17.23±10.93	53.28±18.07
>\$761	33	16.72±12.08 (p>0.05)	55.51±18.35 (p>0.05)
Family Type			
Nuclear family	127	16.03±10.42	54.00±17.42
Large family	24	17.16±10.84 (p>0.05)	54.87±18.39 (p>0.05)
Marriage Type			
Arranged marriage	87	14.79±9.46	52.86±17.77
Love marriage	64	18.14±11.48 (p>0.05)	55.89±17.16 (p>0.05)

Table 4. The mean scores obtained from the IFSF and SQLQ-F according to Characteristics of the Participants Regarding Childbirth and Sexuality (n=151)

Characteristics	Number n	IFSF Mean ± SD	SQLQ-F Mean ± SD
The Number of Childbirths			
1	59	19.38±12.00	56.52±15.96
2	33	14.72±9.68	51.75±18.78
3	30	13.43±7.95	51.73±19.26
4 or more	29	14.31±8.90	54.51±17.46
		(p>0.05)	(p>0.05)
The Number of Living Children			
1	58	19.56±12.03	56.32±16.02
2	38	14.10±9.18	52.15±18.06
3	32	13.25±7.76	52.18±19.96
4 or more	23	15.34±9.67	54.65±17.12
		(p>0.05)	(p>0.05)
Baby's age			
1-week old	103	15.20±9.83	54.33±16.92
2-weeks old	28	18.92±11.93	53.64±19.84
3-weeks old	7	20.71±11.67	46.57±20.29
4-weeks old	13	15.92±10.93	57.76±16.21
		(p>0.05)	(p>0.05)
Coital frequency after childbirth			
Decreased	45	18.35±11.47	49.84±16.43
No changes	106	15.30±9.92	55.97±17.72
		(p>0.05)	(p<0.05)
Perception that sexual intercourse in the postpartum period would adversely affect breastfeeding			
Yes	23	16.52±10.23	51.21±5.55
No	128	16.15±10.54	54.67±17.86
		(p>0.05)	(p>0.05)
Making changes in sex position after birth			
Yes	19	22.05±12.70	52.42±16.55
No	132	15.37±9.87	54.39±17.70
		(p<0.05)	(p>0.05)
Type of delivery			
Vaginal delivery	34	18.52±12.07	51.41±18.73
Caesarean section	117	15.53±9.90	54.94±17.16
		(p>0.05)	(p>0.05)

The IFSF mean scores showed statistically no significant differences in terms of the variables such as educational status, employment status, having health insurance, household monthly income, family type and marriage type ($p > 0.05$). The SQLQ-F mean scores showed statistically no significant differences in terms of the variables such as educational status, employment status, having health insurance, household monthly income, family type and marriage type ($p > 0.05$). The mean scores obtained from the IFSF and SQLQ-F according to sociodemographic characteristics of the participants are given in Table 3.

While the variable “making changes in sex position after birth” caused statistically significant differences in the mean scores obtained from the IFSF, the variables such as the number of childbirths, the number of living children, baby’s age, coital frequency after childbirth and perception that sexual intercourse in the postpartum period would adversely affect breastfeeding did not lead to statistically significant differences ($p > 0.05$).

While the variable “coital frequency after childbirth” caused statistically significant differences in the mean scores obtained from the SQLQ-F, the variables such as the number of childbirths, the number of living children, baby’s age, perception that sexual intercourse in the postpartum period after birth would adversely affect breastfeeding, making changes in sex position and the type of delivery did not lead to statistically significant differences ($p > 0.05$).

The mean scores obtained from the IFSF and SQLQ-F according to Characteristics of the participants Regarding Childbirth and Sexuality are given in Table 4.

The mean scores obtained from the IFSF and SQLQ-F by the participants in the early postpartum period were 16.21 ± 1.04 and 54.14 ± 1.75 respectively. A statistically significant negative correlation was detected between the mean scores obtained from the IFSF and SQLQ-F ($r: -0.378$; $p = 0.000$). This negative statistically significant correlation between the scores for the IFSF and SQLQ-F indicated that breastfeeding women in the early postpartum period were sexually dissatisfied.

Discussion

Since libido, sexual interest and sexual activity are reduced during puerperium, puerperium is

regarded as a critical phase during which sexual problems start and increase (Salim et al., 2010; Oliveira & Brito, 2009; Belentani et al., 2011). Among other factors affecting couples’ sexuality are fatigue, concerns about the new responsibilities, the recovery of the genitalia, the reduced vaginal lubrication and postpartum body changes (Pissolato, 2016).

Some women experience changes in sexual intercourse while breastfeeding. Among these are decreased sexual activity, as identified in this study, and other issues (Salim et al., 2010; Marques & Lemos, 2010; Prati & Koller, 2011; Vettorazzi et al., 2012; Gonçalves et al., 2013) which are often associated with decreased intimacy of the couple (Vettorazzi et al., 2012), decreased sexual desire, vaginal lubrication, pleasure, lack of interest for the partner (Marques & Lemos, 2010), the prioritization of the child’s health (Florenco et al., 2012).

In studies conducted by Nasiri et al. and Shirvani et al., the scores for the variables such as libido and sexual arousal were the lowest (Nasiri et al., 2007; Shirvani et al., 2010). Other studies revealed low desire and sexual satisfaction in puerperal women (Brtnicka et al., 2009; Khajehei et al., 2009). In the present study, the mean scores obtained from the IFSF and SQLQ-F by the participants in the early postpartum period were 16.21 ± 1.04 and 54.14 ± 1.75 respectively. Mode of delivery was also a significant predictor of the timing of resumption of intercourse. Women with vaginal deliveries and no tearing were more likely to have resumed intercourse by the time they had their first postpartum visit than were those who delivered their babies by other modes. This is in contrast to the finding indicating that those who had delivered their babies by cesarean section were more likely to have resumed intercourse at 1 month postpartum than were those who delivered their babies vaginally (Byrd et al., 1998). In the present study, it was found that the type of delivery did not lead to any statistically significant differences. Both their babies and maternal age were also predictors of resumption of intercourse. There was positive correlation between the high number of childbirths and resumption of intercourse; however, younger women were also more likely to have resumed intercourse, which is rather contradictory (Byrd et al., 1998). In the present study, the variables such as the number of childbirths, the number of

living children and babies' age did not lead to statistically significant differences regarding resumption of intercourse. However, in other studies, no significant correlation was determined between the timing of resumption of penis–vagina intercourse (PVI), and the delivery method (Grudzinskas & Atkinson, 1984; Barrett et al., 2005; Connolly et al., 2005; Buhling et al., 2006; Woranitat & Taneepanichskul, 2007) or between the severity of perineal tears and the timing of resumption of PVI (Andrews et al., 2008). Fewer studies have focused specifically on associations between vaginal lacerations and sexual desire, as opposed to behavior, but in those that did, findings indicate that women who experienced major trauma (i.e., episiotomy or third or fourth degree lacerations) were more likely to report decreases in sexual desire and nonsexual intimacy (Rogers et al., 2009; Rathfisch et al., 2010; Safarinejad et al., 2009).

Data on breastfeeding and the timing of resumption of postnatal coitus are contradictory. For instance, while Alder and Bancroft reported that the time which elapsed for resumption of intercourse for non-breastfeeding women and breastfeeding women was 5.8 weeks and 6.9 weeks respectively (Alder & Bancroft, 1998), Byrd et al. reported it as 6.9 and 7.8 weeks, respectively (Byrd et al., 1998). On the other hand, in Grudzinskas and Atkinson's study, no association was determined between breastfeeding and the timing of resumption of intercourse (Grudzinskas & Atkinson, 1984). The findings of these aforementioned three studies were based on retrospective data collected at 3 months or 12 months postpartum and the study samples of these studies included only married, primiparous women (Rowland et al., 2005). In the present study, no statistically significant correlation was found between the timing of resumption of intercourse and babies' age.

Sexual problems appear to be common after childbirth,⁴ but few patients share these problems with a health professional (Grudzinskas & Atkinson, 1984; Barrett et al., 2005). In the present study, the mean scores obtained from the IFSF and SQLQ-F by the participants in the early postpartum period were 16.21 ± 1.04 and 54.14 ± 1.75 respectively. A statistically significant negative correlation was detected between the mean scores obtained from the IFSF and SQLQ-F ($r: -0.378$; $p=0.000$). This negative statistically significant correlation between the

mean scores obtained from the IFSF and SQLQ-F indicates that breastfeeding women in the early postpartum period were sexually dissatisfied.

It is obvious that sexuality should be seen as a basic human need and that, given these results, during the childcare process, puerperal women's perceptions of their body image - as well as aspects such as pleasure, desire and emotional, cultural and social issues involving sexuality should be taken into consideration (Pissolato et al., 2016).

It is suggested that health professionals should try to find out how women experience sexuality while breastfeeding in order to effectively help women searching support and assistance to be sexually satisfied and pleased during the postpartum period. Moreover, it is necessary to build favorable spaces for women or couples where they feel safe and comfortable to report their experiences and develop solutions together with health professionals to overcome the difficulties encountered. It is hoped that the present study may raise health professionals' awareness of such issues and encourage them to organize services to help postpartum women, to prepare environments where they listen to them privately, to pay attention to their demands and to include these women's husbands in their interventions (Pissolato et al., 2016).

Conclusion: This study indicates that breastfeeding women in the early postpartum period were sexually dissatisfied. Health care professionals, particularly midwives, should support all mothers on breastfeeding, sexuality and contraception methods in the early postpartum period in Turkey. Midwives should also help women who are in lactation period to access and utilize postpartum family planning methods and services.

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