

Psychological Problems and Postpartum Coitus Timeline for Dyspareunia

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KEYWORDS

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ABSTRACT

Problem statement. One of the basic needs after the puerperium is over is sexual. Often these needs are not properly met due to various factors. Excessive worry makes the mother feel not ready for this sexual activity. Not a few also when having sex mothers experience pain. Aim of the study. The purpose of this study was to analyze psychological problems and Coitus Postpartum Time Span are affect dyspareunia. Methodology. Non-experimental research design: cross-sectional analytic. The population is post-partum mothers as many as 86 people. Sampling technique nonprobability sampling by taking samples insidental sampling for 3 months at Clinic Pratama Anugrah Surabaya in 2023. Independent variables of psychological problems and coitus time span, dyspareunia dependent variable, questionnaire instrument, data were analyzed multiple linear regression test. Main findings. The results that the majority of mothers who did not have psychological problems (65.4%) experienced mild dyspareunia. Mothers who had sex for less than 40 days postpartum mostly (66.6%) experienced mild dyspareunia. Simultaneous results $F(p=0.003)$ means that there is a significant effect of psychological problems and coitus time on the incidence of dyspareunia. Partially there was an effect ($p=0.001$) of psychological problems on dyspareunia, but for the time span of coitus it had no effect ($p=0.855$) on the incidence of dyspareunia. Conclusion. The more the mother has psychological problems related to sexual relations after childbirth, the more mother will experience dyspareunia. The time that is considered most appropriate for sexual intercourse after childbirth does not always affect the incidence of dyspareunia.

1. Introduction

Divorce is one of the effects of failure in building a relationship between husband and wife. In 2022, 5,802 cases of divorce were recorded, of which the highest cause was still due to disputes and continuous fights of 3,668 cases (1). Many factors influence it, one of which is disappointment because biological needs are not fulfilled, namely sexual. Sexuality is part of women's health and is an important component in life (2). This sexual need becomes a problem when a new mother has given birth. Not because you don't want to serve your husband, but because you are unprepared, worried, or have psychological problems, so it takes a long time for you to adapt.

Wigati research (2021) stated that there is a relationship between the duration of coitus after childbirth and pain during sexual intercourse ($p=0.001$) (3). Alon's research (2019) states that dyspareunia occurs mostly in primiparous women and women who experience high levels of anxiety (26). Windarti's research (2023) revealed that there is a significant effect of using lavender aromatherapy on the incidence of dyspareunia in postpartum women ($p = 0.001$) (5). People have the right to decide what they should do based on various considerations. Self-indication is a process where individuals know, assess, give meaning, decide to act (6). This action decision makes some sexual opinions after the postpartum period become the majority (27). There are still many Indonesian people who ignore and consider sexual intercourse after giving birth to be unimportant. In fact, this is one of the basic needs of postpartum mothers (7). Not all mothers can adapt well to these conditions so that the subsequent effects will affect their physical and psychological health which impact on their household life (4). The mother's ability to know her psychological readiness and the right time when to have sex is expected to reduce the incidence of pain during sexual intercourse with her husband. This study aims to analyze the influence of psychological problems and Postpartum Coitus Time Span for dyspareunia (8). Postpartum mothers can determine when is the most suitable and appropriate time to have sex with their husband for the first time after giving birth to their baby.

2. Methodology

Materials

Non experimental research: cross sectional analysis. The population is post-partum mothers as many as 86 people. The independent variable of psychological problems and the time span of coitus, the

dependent variable is dyspareunia (6). Sampling technique nonprobability sampling by taking samples insidental sampling for 3 months in 2023 at Anugrah Surabaya Primary Clinic.

Data collection procedures

This research was declared ethically feasible by the Committee on Research and Health Ethics at Universitas Nahdlatul Ulama Surabaya with certificate no 0145/EC/KEPK/UNUSA/2023 on May 8 2023. Data collection was for 3 months (May – July) 2023. Respondents were postpartum mothers with conditions already having sexual intercourse were given a research questionnaire.

Data analysis

The data was processed with the SPSS program and analyzed using the multiple linear regression test

3. Results and discussion

Table 1 Characteristics of respondents based on age, education, occupation and parity

Category	n	%
Age		
20 -35 Years	66	76.7
> 35 Years	20	23.3
Education		
Base	4	4.7
Secondary	54	62.8
Height	28	32.6
Work		
Doesn't work	44	51.2
Work	42	48.8
Parity		
Primipara	18	20.9
Multipara	68	79.1

Table 1 shows that almost all (76.7%) of mothers are aged between 20-35 years, most (62.8%) have secondary education, most (51.2%) do not work, and almost all (79.1%) are multiparous.

Table 2. Characteristics of respondents based on psychological problems, span of coitus and incidence of dyspareunia

Category	n	%
Psychological problems		
There is	60	69.8
There isn't any	26	30.2
Time span of coitus for the first time after giving birth		
<40 days puerperium	6	7
40 days – 3 months	58	67.4
>3 months	22	25.6
Dyspareunia		
No Pain	14	16.3
Light	43	50
Currently	23	26.7
Heavy	6	7

Table 2 shows that most (69.8%) mothers experience psychological problems, having sexual intercourse after giving birth for the first time, most (67.4%) are between 40 days and 3 months after giving birth, and half (50%) experience mild dyspareunia.

Table 3. Cross-tabulation of psychological problems with dyspareunia

Psychological Problems	Dyspareunia				Amount n (%)
	No Pain n (%)	Light n (%)	Currently n (%)	Heavy n (%)	
There is	7 (11.7)	26 (43.3)	21 (35)	6 (10)	60 (100)
There isn't any	7(26.9)	17 (65.4)	2 (7.7)	0 (0)	26 (100)
p=0,001					

Table 3 shows that almost half of mothers who experience psychological problems (43.3%) experience mild dyspareunia and most of those who do not experience psychological problems (65.4%) experience mild dyspareunia.

Table 4. Cross-tabulation of coitus time ranges with dyspareunia

Coitus Time Span	Dyspareunia				Amount n (%)
	No Pain n (%)	Light n (%)	Currently n (%)	Heavy n (%)	
<40 days puerperium	1 (16.7)	4 (66.6)	1 (16.7)	0 (0)	6 (100)
40 days – 3 months	6 (10.3)	36 (62.1)	12 (20.7)	4 (6.9)	58 (100)
>3 months	7 (31.8)	3 (13.6)	10 (45.5)	2 (9.1)	22 (100)
p=0,855					

Table 4 shows that most women who had sex less than 40 days postpartum (66.6%) experienced mild dyspareunia, those related after 40 days postpartum to 3 months most (62.1%) experienced mild dyspareunia, and those related more than 3 months nearly half (45.5%) had moderate dyspareunia. Simultaneous test results (F) were obtained $p = 0.003$ means that there is a significant effect of psychological problems and the span of coitus on the incidence of dyspareunia. Women always go through stages in their reproductive life cycle. Pregnancy then childbirth and then going through the puerperium is a natural thing. But sometimes there are several things that make the cycle disturbed (9). The disturbance can be physical or psychological. During the postpartum period, the mother is very tired after going through 9 months of pregnancy and giving birth which is not easy, then she has to struggle to get through the puerperium until she can return to her pre-pregnancy state. To be able to return to its original state, the mother must try to meet her needs and adapt well. Postpartum is the period that women go through starting from after giving birth until ending at 6 weeks (7–10). Table 2 shows postpartum mothers most (69.8%) experienced postnatal psychological problems. Postpartum mothers 10-20% experience anxiety disorders which can have a detrimental effect on mother, child and family (28). The results of the questionnaire show several psychological problems experienced by mothers related to sexual intercourse after giving birth, namely not being ready for intercourse, worrying that the husband does not like changes in the vagina, fear of pain during intercourse, worry about broken stitches, and fear of bleeding again (11). Things like this cause mothers to be reluctant to have sex with their husbands. Mothers need time to master themselves and adapt to their conditions. Research by Zivoder (2019) stated that psychological disorders during childbirth reached 44.46% (12). A woman can have sexual intercourse after the puerperium is over, marked by the cessation of lochia discharge (29). The timing of the cessation of lochia discharge varies among women, but usually takes between 30-40 days (10,13–15). The research results show that most(67.4%) mothers had sexual intercourse for the first time after the puerperium was over, which was between 40 days and 3 months. This is a good time and in accordance with the condition of the mother. However, it turns out that there are around 25.6% of new mothers who are ready to have sex after 3 months of the postpartum period (20). The majority of mothers complain of experiencing pain during sexual intercourse. This can be seen in the results of a study where 50% of mothers experienced moderate levels of dyspareunia.

Dyspareunia is recurring or persistent pain with sexual intercourse that causes distress. This occurrence

affects about 10% to 20% of women in the United States (16). The prevalence of dyspareunia in postpartum mothers reaches 35% (17). Friction that occurs during penetration causes trauma to the vagina (18). Dyspareunia is multifactorial and has a biopsychosocial component. Among the symptoms, describe aching, throbbing and tearing sensations. This can cause the mother is not interested in having sex (19). Table 1 shows that almost all (76.7%) of the respondents are aged 20-35 years. This age is still very productive to have another child. Domestic harmony must be maintained, one of which is by maintaining good sexual relations. Table 3 shows that partially dyspareunia is influenced by psychological problems with a value of $p = 0.001$. Of the 60 respondents who experienced psychological disorders, almost half (43.3%) experienced mild dyspareunia. One of the factors that influence the development of female sexual dysfunction is the postpartum period (20). If this is not handled properly it can cause dissatisfaction, decreased quality of life, social problems including divorce and various other mental illnesses (21–23). This proves that the psychological role of the mother is very important in terms of mental mastery of the mother in readiness to face the postpartum period, especially in relation to sexual relations. In table 4 shows partially the time span of coitus has no effect on the event dyspareunia with $p=0.855$. Responden having sex with husband less than 40 days and the range between 40 days to 30 days postpartum mostly have mild dyspareunia. This proves that the time span of coitus is not the main factor that influences the mother to experience pain during sexual intercourse. Several respondents stated that before having sex, they communicated with their partner to feel relaxed and comfortable before having sexual intercourse, so even though they still felt mild pain they still had sexual intercourse. This is in accordance with the results of Lorenz's research (2020) which states that partners with good communication and pain do not have an impact on sexual frequency (24). Almost all (79.1%) mothers are multiparous. Multiparous is a woman who has given birth to more than one child (25). Experience after giving birth to a previous child will be a reference for mothers in dealing with similar situations. However, if the experience is long, the mother tends to forget so that it is like having a new experience. Apart from parity, the education level of most of the respondents (62.8%) is middle level. Secondary education is good enough in receiving the information obtained. Information related to the postpartum period can be obtained from the media, health workers, friends and so on. With an adequate level of education, it will help mothers to be able to receive input, and choose it to be used as a reference in making decisions. Test results in simultaneous F value obtained $p = 0.003$. This is meaningful there is the influence of psychological problems and the span of time of coitus on the incidence of dyspareunia. Psychological problems and the distance between coitus during the puerperium if tested together have an influence on dyspareunia.

4. Conclusion and future scope

childbirth, the more the mother will experience dyspareunia. The time that is considered most appropriate to have sexual intercourse after giving birth does not always affect the incidence of dyspareunia

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Conflict of interest

The author declares no conflict of interest

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