



RESEARCH ARTICLE

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Sexual Dysfunction in Post-Episiotomy and Post-Cesarean Mothers

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ABSTRACT

Background: According to the WHO, "sexual health is a stable physical, emotional, mental and social wellbeing with regard to sexuality, and not merely the absence of disease, dysfunction or weakness. The objective of the study determined differences in sexual dysfunction between postpartum mother and episiotomy and post seksio cecarea. **Method:** This research use cross sectional method. The population in this study were all postpartum 6 months in RSUD Dr. M. Soewandhie Surabaya, with a total of 125 people. Instrument of data collection using questionnaire which have been made before. The questionnaire was adopted from the Consensus Development Conference on Female Sexual Dysfunction, the FSFI questionnaire. Statistical analysis using Chi Square test. **Results and Analysis:** The significance analysis on sexual function of both groups, overall in this study there was a statistically significant difference in the total FSFI score ($p = 0.001$), in which sexual dysfunction was categorized in total FSFI score ≤ 26.55 . **Discussion and Conclusion:** It is concluded that there are significant differences in sexual function of women after vaginal delivery with episiotomy compared with post-cesarean. Sexual dysfunction should be on the agenda in the post-natal services, given that most women at that time had not started sexual activity.

Keywords: Sexual dysfunction, Post-episiotomy, Post-Cecarean

INTRODUCTION

According to the World Health Organization (WHO), "sexual health is a stable physical, emotional, mental and social well-being associated with sexuality, and not just the absence of disease, dysfunction or weakness" (WHO, 2002). In accordance with the definition defined by the Consensus Development Conference on Female Sexual Dysfunction, the aspects of sexual function are divided into four categories: pain, desire, arousal, and orgasmic disorders. Female sexual function disorder is a disorder that occurs in one or more of the normal sexual response cycle. To assess female sexual function used female sexual function index (FSFI).

The process of labor can occur with various processes, one of which is normal labor with episiotomy. Episiotomy can lead to impaired pelvic floor function, pudendal nerve lesions, unsymmetrical suturing, endometriosis, widened wound with hemorrhage, infection, and longer healing. All can cause dyspareunia or other sexual dysfunction in the future (Abdool, 2009).

In addition, the birth process with seksio secarea also found. The main complications that can be found are damage to organs such as vesica urinary and uterus during surgery, anesthetic complications, bleeding, infection, and thromboembolism. Maternal mortality is greater in cesarean section delivery than in vaginal delivery. It is difficult to ascertain because of surgical procedures or reasons that cause pregnant women to have surgery (Rasjidi, 2009). In general, episiotomy or complicated cesarean section may adversely affect the post-natal female sexual life, both physically and psychologically (Abdool, et al., 2009).

This research has a purpose to know the difference in sexual dysfunction between postpartum with episiotomy and post seksio cecarea.

METHODS

This research use cross sectional design. This non experimental type compared the sexual function of postpartum mothers in the group of postpartum mothers with episiotomy and the post sectio cesarean mother group. Samples were taken throughout the 6-month postpartum mothers who were in the Hospital Dr. M. Soewandhie Surabaya, as many as 125 people. Instrument of data collection using questionnaire adopted from

Consensus Development Conference on Female Sexual Dysfunction, namely FSFI (Female Sexual Function Index) questionnaire. The FSFI consists of 19 questions that identify: desire, arousal, lubrication, orgasm, satisfaction and sexual pain (dyspareunia).

Analysis to know the difference between group of post partum mother with episiotomy and group of post-cesarean mother to test the difference of sexual function used Chi Square test. Statistical analysis using 95% confidence interval (IK). The relationship is said to be significant when the value of $p < 0.05$

RESULTS

Table 2. Characteristics of respondents

Variable	Postpartum with episiotomy	Post-cesarean
Age : < 20 years	7 (8.43%)	3 (7.14%)
21 – 35 years	71 (85.54%)	36 (85.72%)
> 35 years	5 (6.03%)	3 (7.14%)
Work : housewife	39 (46.98%)	17 (40.47%)
Employees	19 (22.89%)	9 (21.43%)
private employees	25 (30.13%)	16 (38.1%)
Parity : primipara	30 (36.15%)	15 (35.71%)
multiparous	53 (63.85%)	27 (64.29%)
Child Age : 6 month	31 (37.35%)	13 (30.95%)
7 month	17 (20.48%)	12 (28.57%)
8 month	20 (24.09%)	10 (23.81%)
9 month	15 (18.08%)	7 (16.67%)
Breastfeeding : Yes	77 (92.77%)	40 (95.23%)
Not	6 (7.23%)	2 (4.77%)
Assisted in caring for the baby : Yes	25 (30.12%)	18 (42.85%)
Not	58 (69.88%)	24 (57.15%)
Starts a relationship after post partum:		
1 month	0 (0%)	0 (0%)
2 month	39 (46.98%)	16 (38.1%)
3 month	27 (32.53%)	11 (26.19%)
4 month	15 (18.07%)	12 (28.57%)
5 month	2 (2.42%)	3 (7.14%)
6 month	0 (0%)	0 (0%)

During the study period there were 125 post partum mothers who met the inclusion criteria. Based on the questionnaires in table 2, it was found out that the most respondent characteristics were 21-35 years old, most multiparous parity, and most of the respondents were breastfeeding and taking care of their own children, most of the respondents started having sex after 2 months post partum.

Table 3. Differences in sexual dysfunction in post partum mother with episiotomy and post sectio Cesarea

Variable	Postpartum episiotomy	Post sectio cesarea	P
Experiencing Sexual Dysfunction :			
Yes	53 (63.8%)	14 (33.33%)	0.001
Not	30 (36.2%)	28 (66.67%)	
Total	83 (100%)	42 (100%)	

Table 3 shows the total FSFI score, that is significant difference in sexual dysfunction between postpartum and episiotomy group and post sectio cesarea maternal group with significance value > 0.05 .

DISCUSSION

Sexual dysfunction has a great impact on the quality of human life. In women this condition is often overlooked and undetectable by both patients and clinicians, although in fact it has a higher prevalence than in men. The results of this study found that 63.8% of post partum mothers with episiotomies experienced sexual dysfunction, indicating that the incidence of sexual dysfunction experienced by many postpartum mothers with

episiotomy can also be affected by parity, socio-cultural and workload. Signorelo (2001), states that in the six months postpartum when compared with women who had second, third, or fourth perineal ruptures, women with intact perineum were reported to have better sexual function. Episiotomy alone may lead to impaired pelvic floor function, pudendal nerve lesions, asymmetric seam results, endometriosis, widening wounds with hemorrhage, infection, and longer healing, all of which may cause dyspareunia or other impaired sexual function in the future (Abdool, 2009)

When compared with vaginal delivery, it seems logical to assume that women who deliver through cesarean section will be less likely to experience perineal pain, since the risk of labor with episiotomy or assisted is excluded (Glazener, 1997; Buhling, et al., 2006). In this study 33.33% of post-cesarean mothers experienced sexual dysfunction, thus the results of this study lower sexual dysfunction occurs in post-cesarean women.

Overall in this study there was a statistically significant difference in the total FSFI score ($p = 0.001$), where sexual dysfunction was categorized in total FSFI score ≤ 26.55 . This is consistent with the research of Baksu et al (2007), where the domains that have the greatest impact on FSFI values are pain, and satisfaction. Baksu reported a significant decrease in the total FSFI score for all key dimensions of sexual function (desire, arousal, lubrication, orgasm, satisfaction, and pain). In addition, there are other things that can affect such as age, parity, activity / activity and breast milk.

Age naturally affects the decreased aspect of sexuality, where the best female sexual activity is achieved at a young age, will subsequently decline in old age (Baksu, et al., 2007). While the relationship between the level of education and sexual satisfaction is still debated. A good level of education will have a positive effect on the introduction of sexual functioning, while the mythical effect of information relating to sexual satisfaction is actually wrong but is considered true because it is circulating long, even from generation to generation, with sufficient knowledge, the lower the effect because they know the information is wrong and misleading (Pangkahila, 2005; Windhu, 2009)

Parity also affects the decrease in aspects of sexuality, high parity associated with time to take care of children. At this time, generally a family wants two children, this view often leads to the limited role of sexual relations in their lives. After having the desired number of children, they are difficult to have sexual relations only on the basis of recreation (Pangkahila, 2005) Concerns on financial issues, socio-economic conditions (employment), including the existence of insurance coverage during labor also affect a partner in living his sexual life. The workload or the busyness of babysitting itself does not bring little physical or psychological stress on both partners. The presence of baby sitters from the baby sisters or other families who help will reduce the burden of baby care (Abdool, et al., 2009). The physical and psychological aspects of a woman's sexuality change with breastfeeding activity. There is some information that is still controversial between the influence of breastfeeding and sexuality. Comparison between breastfeeding and non-breastfeeding women, most studies reported that breastfeeding actually decreases sexual desire in women. Breastfeeding seems to be associated with vaginal dryness that affects the incidence of dyspareunia, and or loss of libido. (Glazener, 1997; Avery, et al., 2000; LaMarre, et al., 2003)

CONCLUSION

Postpartum mother with episiotomy is more susceptible to sexual dysfunction compared with post-cesarean mother. Given its impact on post-partum sexual function, the episiotomy of labor should be more attention, and sexual dysfunction should be one of the agendas for postpartum care, since most women at the time have not started their sexual activity

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