

The Effect of Perineum Lacerations and Clinical Data towards the Functions of Sexual Post Partum Mother in Cimahi City

¹Dini Marlina*, ²Sophia

1,2 Midwifery Departement Stikes Jenderal Achmad Yani Cimahi

***Email: dinimarlina07@gmail.com**

Abstract

There are many research discuss about the impact of labor towards women's sexual life which focuses on the psychological short-term changes in postpartum mothers. Apart from perineum lacerations, contraceptives and breastfeeding status also have an effect on sexual function. Hormonal contraceptives are informed having an effect on the intention to have sexual intercourse, as well as breastfeeding. The purpose of the research is to determine the effect of perineum laceration and clinical data on the sexual function of postpartum mothers. The result, most of respondents (76%) have poor sexual function, 71,5% have perineum laceration, almost all respondents (83,8%) used hormonal contraceptives 85.8% and breastfeeding. There is an effect between perineum laceration, the use of contraceptives and breastfeeding status on the sexual function of the Postpartum Mother ($p < 0.05$). The contraceptive device (POR 23.259) is the dominant factor that has an effect on the poor sexual function.

Key words: Perineum laceration, contraceptives, breastfeeding status, sexual function.

Introduction

Convenient and satisfying sexual intercourse is an important component in marriage relationships. Frequency of intercourse is depended on the women condition. The less frequent of sexual intercourse in couples, the more unhealthy of the marriage. The frequency of intercourse to non-pregnant women typically ranges from 2-5x / week (Harahap, 2010). The activity of sexual after laboring is influenced by several factors, both psychical and psychological. One of the factors is perineum laceration due to vaginal delivery (Manuaba, 2008).

Many women experience perineal pain or discomfort after childbirth that may persist for a variable time, depending on the woman and the nature of the pain.¹ This pain or discomfort can impair a woman's normal sexual functioning. Sexual functioning has been shown to be best for women with an intact perineum or no perineal tears, but trauma to the perineum during the birthing process is a common, natural complication.²

Routinely asking postpartum mothers about perineal trauma resulting from labor should help prevent adverse effects from being overlooked. Some health care professionals may mistake postpartum dyspareunia as a topic addressed mainly by obstetricians, but many women do not resume sexual activity until after their six-week postpartum visit.

A research in Indonesia which involving postpartum mother shows that as many as 20% of mother has little or no excitement to have sexual intercourse for up to 3 months postpartum, and as many as 21% of women who first laboring claimed to have no Function for having sexual intercourse (Admin, 2011). Another research found as many as 20% of women who first laboring need 6 months to feel physically comfortable when having sexual intercourse with an average time of about 3 months (Suryati, 2011).

According to the research conducted by Puji (2009) at Edelweiss Clinic Cipto Mangun Kusumo Hospital during May to July 2010, episiotomy has an influence on health problems. There are as many as 38.2% have libido disorders, 56.5% have orgasm disorders and 70.9 % Experienced pain problems due to perineum stitches.

According to the research conducted by Rizzawati in 2011 obtained that as many as 83.3% of postpartum mothers has no intention to have sexual intercourse. The reason is because the mother is still traumatized by the experience of labor, either the process of laboring or all the actions of laboring including the perineum laceration, so the mother feels uncomfortable to restart sexual relations (Rizzawati, 2011).

Apart from perineum lacerations, contraceptives and breastfeeding status also have an effect on sexual function. Hormonal contraceptives are informed having an effect on the intention of the postpartum mother to have sexual intercourse (Leal, 2010). The use of contraceptives, especially hormonal contraceptives has an effect on sexual function.

Another research have shown that women who breastfed rather than those who did not have decreased sexually, especially sexual function. Several factors that influence sexual during breastfeeding are psychosocial and hormonal factors (Lamarre, 2003).

Research shows that contraception method is a significant factor to FSFI score especially on hormonal contraception. Hormonal contraceptive is associated with the low of FSFI score and Functions score and stimulus compared with no hormonal contraceptives (Wallwiener et al, 2010).

Method

The research type used was an analytical survey design with cross sectional approach, used quasi observational design. The sample in this research was taken by using stratified random sampling technique in postpartum mother 3-6 months residing in Cimahi City as many as 401 respondents. Chi-square test was employed to figure out the bivariate correlation between perineum laceration, contraceptive and breastfeeding as independent variable and sexual drive as dependent variable.

Result

A total of 401 respondents contribute this study. (masukkan data distribusi demografi)

1. Bivariat Analysis

Variabel	Sexual Desire Poor (n=305)		Good (n=96)		Total		p* Value	POR (IK 95%)
	n	%	n	%	n	%		
Perineum Lacerations							0.000	10.16 (6.031-17.116)
Yes	254	88.8	32	11.2	286	100		
No	51	43.5	64	56.5	115	100		
Contraceptives							0.000	20.952 (10.872-50.338)
Hormonal	289	86.3	46	13.7	335	100		
Non Hormonal	16	23.1	50	76.9	66	100		
Breastfeeding							0.000	11.667

(6.307–
21.58)

Yes	288	85.1	51	14.9	339	100
No	17	31.1	45	68.9	62	100

The bivariate analysis showed that perineal laceration, contraceptive usage and breastfeeding shows significantly related to sexual desire $p < 0.05$. Table 1 above shows that perineal laceration is 10 times greater risk of poor sexual desire compared to mothers without perineal lacerations. Respondents using hormonal contraceptives had a 20.9 times greater risk of having poor sexual desire compared with non-hormonal contraceptives. Breastfeeding variables were 11.7 times more likely to have poor sexual desire than those who did not breastfeed their babies.

2. Multivariat Analysis

Variable	Koef B	SE (β)	P*** value	OR (CI 95%)
Perineum Lacerations	2.369	0.355	0.000	10.685 (5.332-21.507)
Hormonal contraceptive	3.157	0.525	0.000	23.259 (10.132-53.392)
Breastfeeding	2.556	0.522	0.000	11.655 (5.101– 26.627)
Constanta				

Based on the final model shown in table 2, it is known that all the variables studied have $p \leq 0.005$. Based on the logistic regression test can be concluded that hormonal contraception is the biggest factor affecting sexual desire with the value OR = 23.259. In another meaning that postpartum women who use hormonal contraceptives have 23,259 times greater risk of having bad sexual desire compared with respondents who use non hormonal contraceptives.

Discussion

Sexual desire cannot be measured and judged from the frequency (rarely or often) sexual activities. It can be measured from the level of sexual response of women who consists of 6 domains such as : passion, stimulation, lubrication, orgasm, satisfaction and pain. Assessment of sexual response rate is done by using FSFI (Female Sexual Function Index) questionnaire which is a valid and accurate measuring instrument.

According to Saied (2012) the impact of perineal laceration will cause pain such as puncture and heat. Perineal laceration will cause pain for at least 10 days to 3 months after labor. Pain cause by perineal laceration can emotionally and sexually, may interfere with maternal sexual activity and can often lead to dyspareunia. Pain due to perineal laceration after delivery may cause perineal trauma, and occurs in 21% women who had perineal seams on spontaneous tears and 50% of women with episiotomies.

Dr Horowitz was quoted by Foxnews said that trauma due to perineal laceration can reduced the frequency of sexual intercourse, in the first year after delivery. Perineal trauma due to laceration of the birth canal also causes discomfort and pain during sexual activity (Llewellyn, 2009).

In addition to labor trauma, contraceptive methods are another factor that significantly affects sexual desire, especially in hormonal contraceptives. Hormonal contraceptives are associated with low Female Sexual Function Index (FSFI) scores and low score of desire and sexual stimulation compared non hormonal contraceptives (Wallwiener et al, 2010). Hormonal contraception is informed to have an effect on the desire of post partum mothers to engage in sexual intercourse (Leal, 2010).

Breastfeeding has also been indicated as a contributing factor to sexual dysfunction after pregnancy. Lactation causes a hypo estrogenic status as a result of increased prolactin levels, which can result in atrophic vaginitis and, consequently, dyspareunia.

The prevalence of sexual dysfunction increases not only with the type of delivery but also the level of trauma. 1-3,6,7 This indicates the significance of inquiring about the patient's birthing process; however, drawing conclusions because the patient is postpartum may lead to a misdiagnosis. A study also shows a significant delay in sexual activity in breastfeeding women. Breastfeeding women have less sexual desire than women who do not breastfeed their babies. Psychosocial factors in the mother due to fatigue take care of the baby lowered the mother's sex drive. In good postpartum conditions the vagina can still be very sensitive, especially if there is vaginal atrophy due to lack of estrogen in the body increase the high decrease in sexual desire in breastfeeding mothers.

Conclusion

This research can be conclude as the sexual desire among post partum mother can be affected by Perineal laceration, hormonal contraceptive usage and breast feeding status. The prediction model showed that hormonal contraception is the biggest factor affecting sexual desire with the value, whereas post partum women who use hormonal contraceptives have approximately 23 times greater risk of having poor sexual desire compared with those who use non hormonal contraceptives

Acknowledgment

This research supported by Kemenristek Dikti in PDP program 2016/2017.

References

- Admin. (2010). *Hubungan seksual setelah melahirkan*. <http://www.ncbi.nlm.nih.gov/pubmed/22353966> diperoleh pada tanggal 9 Januari 2016.
- Ambarwati, Eny Ratna dkk. (2010). *Asuhan Kebidanan Nifas*. Yogyakarta. Nuha Medika.
- Ari, Sulistyawati. 2011. *Pelayanan Keluarga Berencana*. Jakarta: Salemba Medika.
- Aryasatiani. (2012). *Laserasi Perineum*. <http://POGI-Jaya.html> diperoleh tanggal 06 Januari 2016.
- Asri, Nur. (2013). *Hubungan Peran Petugas Kesehatan Dan Media Informasi Dengan Perilaku Seksual Pada Ibu Pasca Nifas Di Wilayah Kerja Puskesmas Peukan Bada Kabupaten Aceh Besar*. http://180.251.122.205/dockti/NUR_ASRI-skripsi_nur_asri.pdf diperoleh pada tanggal 12 Desember 2016.
- Botros,S.M., Abramov,Y., Miller, J.-J.R., sand, P.K., Gandhi,S., Nickolov,A., et al. (2006) Effect of Parity on sexual function: An identical twin study. *Obstetrics & Gynecology*,107,765-770. <http://dx.doi.org/10.5236/health.2015.65052>. Diperoleh pada tanggal 1 April 2016.
- Danuatmadja Bonny. (2008). *50 Hari Pasca Persalinan Masalah Dan Solusinya*. Jakarta. Pustaka Swara.
- JNPKKR. (2008). *Pelatihan klinik asuhan persalinan normal*. Jakarta. Depkes RI.
- Lamarre dkk. 2003. Breastfeeding and Postpartum Maternal Sexual Functioning: a Review. *The Canadian Journal of Human Sexuality*.
- Leal,I., Lourenco,S., Oliveira,R., Carvalhera, A., Maroco, J.(2015). Sexual function in women after delivery: does episiotomy matter?. I.Leal et al./ *Health* 6.Vol 6, No. 5, 356 – 363. <http://dx.doi.org/10.5236/health.2015.65052>. diperoleh tanggal 7 April 2016.

- Leeman, Lawrence M dkk. (2012). *Sex After Childbirth Postpartum Sexual Function*. American College Of Obstetricians and Gynecologists Vol 119. <http://www.aogdalton.com/health-library/hw-view.php?DOCHWID=tn10053> diperoleh pada tanggal 12 Februari 2016.
- L lewellyn, Derek. (2008). *Obstetri dan Ginekologi*. Jakarta. Hipokrates.
- L lewellyn, Derek. (2009). *Setiap Wanita*. Jakarta. Dela Pratasa Publishing.
- Manuaba, I Gede Bagus. (2008). *Memahami Kesehatan Reproduksi Wanita*. Jakarta. Arcan .
- Marwoto. (2012). *Mengapa gairah wanita berkurang setelah melahirkan?*. <http://www.antarajateng.com/detail/-mengapa-gairah-seks-wanita-berkurang-setelah-melahirkan-.html> diperoleh 5 Desember 2015.
- Mukminin. (2009). *The Secret Of Female Orgasm*. Semarang. Primamedia Press.
- Rowland, dkk. 2005. *Breastfeeding and sexuality immediately post partum*. *Canadian Family Physician*.
- Pangkahila, Wimpie .(2006). *Seks yang membahagiakan : menciptakan keharmonisan suami istri*. Jakarta. Kompas.
- Rahayuningsih, Faizah Betty. (2013). *Pengaruh Nyeri Episiotomi Ibu Nifas Terhadap Psikologis Ibu Nifas Di Wilayah Kecamatan Sukodono Sragen*. http://180.251.122.205/dockti/PUTRI_RIZZAWATI-10030011.pdf diperoleh pada tanggal 12 Desember 2016.
- Rathfisch,G., Dikencik,B.K., Kizilkaya Beji, N., Comert, N., Tekirdag, A.I and Kadioglu,A. (2010). Effects of perineal trauma on postpartum sexual function. *Journal of the Advanced Nursing*, 66, 2650-2659.<http://dx.doi.org/10.1111/j.1365-2658.2010.05528.x>
- Regan and Atkins. (2006). *Definisi Fungsi Seksual Menurut Ahli*. <http://wikipedia.com>, diperoleh pada tanggal 5 Desember 2015.
- Rosen R., Brown C., Heiman J.Leiblum S., Meston C., Shabsigh R., Ferguson D., D'Agostino Jr. (2010). *The Female Sexual Function Index (FSFI) : A Multidimensional Self- Report Instrument for the Assessment of Female Sexual Function*. *Journal of Sex & Marital Therapy*. 26:191-208. <http://SexualityandU.ca> diperoleh pada tanggal 5 Februari 2016.
- Rizzawati, Putri. (2011). *Hubungan Pengetahuan Dan Sikap Ibu Nifas Terhadap Keinginan Seksual Pasca Nifas Di Wilayah Kerja Puskesmas Kajhu Kecamatan Baitussalam Aceh Besar*. <http://dppm.uui.ac.id/dokumen/seminar/2013/F.Faizah%20Betty%20Rahayuningsih.pdf> diperoleh pada tanggal 28 Oktober 2015.
- Sibagariang .(2010). *Kesehatan Reproduksi Wanita*. Jakarta. Trans Info Media.
- Simanjuntak, Julianto. (2012). *Dis Seksual Dan Pengukurannya*. <http://juliantosimanjuntak.com/disseksual/pengukurannya/index.php> diperoleh pada tanggal 3 Februari 2015.
- Suparyanto. 2011. *Konsep Menyusui Dan ASI Eksklusif*. <http://dr-suparyanto.blogspot.com/> diakses tanggal 05 Februari 2011.
- Suryati, Yayat. (2011). *Hubungan Pengetahuan Suami Dengan Minat Berhubungan Intim Ibu Postpartum Di Rumah Sakit Dustira Cimahi*. *Jurnal Kesehatan Kartika*. <http://www.stikesayani.ac.id/publikasi/e-journal/files/2011/201112/201112-003.pdf> diperoleh pada tanggal 10 Desember 2015.
- Sylvia D. (2006). *Dis Seksual pada Perempuan*. Jakarta. Universitas Indonesia.
- Thamrin, R. (2010). *Hubungan seksual Pasca Persalinan*. Jakarta. EGC.
- Wallwiener dkk. 2010. *Prevalence of Sexual Dysfunction and Impact of Contraception in Female German Medical Students*. *The journal sexual medicine*
- Signorello LB, Harlow BL, Chekos AK, Repke JT. Postpartum sexual functioning and its relationship to perineal trauma: a retrospective cohort study of primiparous women. *Am J Obstet Gynecol*. 2001;184:881-888.

