

A COMPARATIVE STUDY TO ASSESS THE SEXUAL FUNCTION INDEX BETWEEN NORMAL DELIVERED AND CAESAREAN DELIVERED MOTHERS

ABSTRACT:

Introduction

Childbirth is one of the most significant physiological and psychological events in a woman's life. Sexual dysfunction after childbirth is a multifactorial issue influenced by hormonal changes, perineal trauma, pain, psychological factors, fatigue, breastfeeding, and body image concerns.

Objectives:

- Assess the Sexual Function among the mothers delivered through normal vaginal delivery and LSCS by using FSFI
- Compare the Sexual Function between the mothers delivered through normal vaginal delivery and LSCS
- Associate the FSFI score with selected Socio- demographic variables

Hypotheses

- There is a changes in FSFI score between the mothers delivered through normal vaginal delivery and LSCS at 0.05 level of significance
- There is an association between the FSFI score with selected Socio- demographic variables of postnatal mothers at 0.05 level of significance.

Methods:

Quantitative research approach with Descriptive research design was used for the present study. Fifty postnatal mothers with twenty five normal delivered mothers & twenty five mothers delivered by caesarean section within one year of their delivery were selected. They were selected by using Non – Probability, purposive sampling technique. The data collection method was Interview Schedule with Structured Questionnaire. It includes Socio – demographic variables and Female Sexual Function Index. Both Descriptive & Inferential statistics were used.

Results:

Study findings includes distribution of participants according to their demographic variables, in which 40% of them were belongs to 25-30 years of age, 60% of them were under graduates, 50% of them had marital duration of 1-3 yrs, 70% of them had arranged marriage, 64% of them got married at the age of 21-25 yrs, 44% of them had monthly income of Rs.5,000-10,000/, 52% of participants were in nuclear family, 72% of them were primi para, 54% of them were house

wife, 62% of them residing in urban area & 92% of them had developed no complication after the delivery. Female Sexual Function Index was used to find out the sexual function. It has 6 components. The comparison between normal delivered & caesarean delivered mothers shows the score that Desire (57%, 63%), Orgasm (73%, 71%), Satisfaction (87%, 89%), Lubrication (64%, 59%), Arousal (69%, 65%) and pain (71%, 72%). The over all sexual function is high (70%) in normal delivered mothers than the mothers delivered by Caesarean section (69%). There was an association between FSFI Score and type of family. It also shown that there is no association between FSFI Score with age, education, occupation, income, age at marriage, type of marriage, duration of married life, number of delivery, complication or complaints after the delivery and place of residence.

Conclusion: The study indicates that mode of delivery has a modest impact on postpartum sexual function that helps the Health care providers to plan the counselling.

INTRODUCTION

Childbirth is a major physiological and psychological milestone that brings significant changes to a woman's body and life. The postpartum period is often accompanied by a range of physical, emotional, and social adjustments, one of which is the restoration of sexual function. Postpartum sexual health is an essential component of overall maternal well-being and quality of life, yet it is often overlooked in clinical practice (Leeman & Rogers, 2012)¹.

Sexual dysfunction after childbirth is a multifactorial issue influenced by hormonal changes, fatigue, psychological state, breastfeeding, perineal trauma, and the mode of delivery (Avery et al., 2005; Serati et al., 2010)^{2,3}. Vaginal delivery may result in pelvic floor trauma, perineal tears, or dyspareunia, which can negatively affect sexual activity. Conversely, caesarean section may reduce perineal injury but introduce other complications such as surgical pain, delayed physical recovery, and psychological distress (Caruso et al., 2008; Signorello et al., 2001)^{4,5}.

The Female Sexual Function Index (FSFI) is a validated, multidimensional self-report questionnaire that measures six domains of female sexual function: desire, arousal, lubrication, orgasm, satisfaction, and pain (Rosen et al., 2000)⁶. It has been widely used in both clinical and research settings to assess sexual function among postpartum women. Comparing FSFI scores between mothers who have undergone normal vaginal delivery and those who have delivered by caesarean section provides valuable insight into how delivery mode affects postpartum sexual health.

Understanding these differences is essential for designing effective postpartum counseling and interventions aimed at improving women's sexual and reproductive health outcomes.

METHODS & MATERIALS

Research Approach: Quantitative Research Approach

Research Design: Descriptive research design

Population: All postnatal mothers

Sample: Postnatal mothers delivered through vaginal delivery and LSCS fulfilling inclusion criteria

Sampling: Non – Probability Purposive Sampling Technique

Sample Size: Fifty (25 Normal vaginal delivered mothers & 25 LSCS mothers)

Data Collection Methods: Self Report

Data Collection Tool: Interview Schedule with Structured Questionnaire

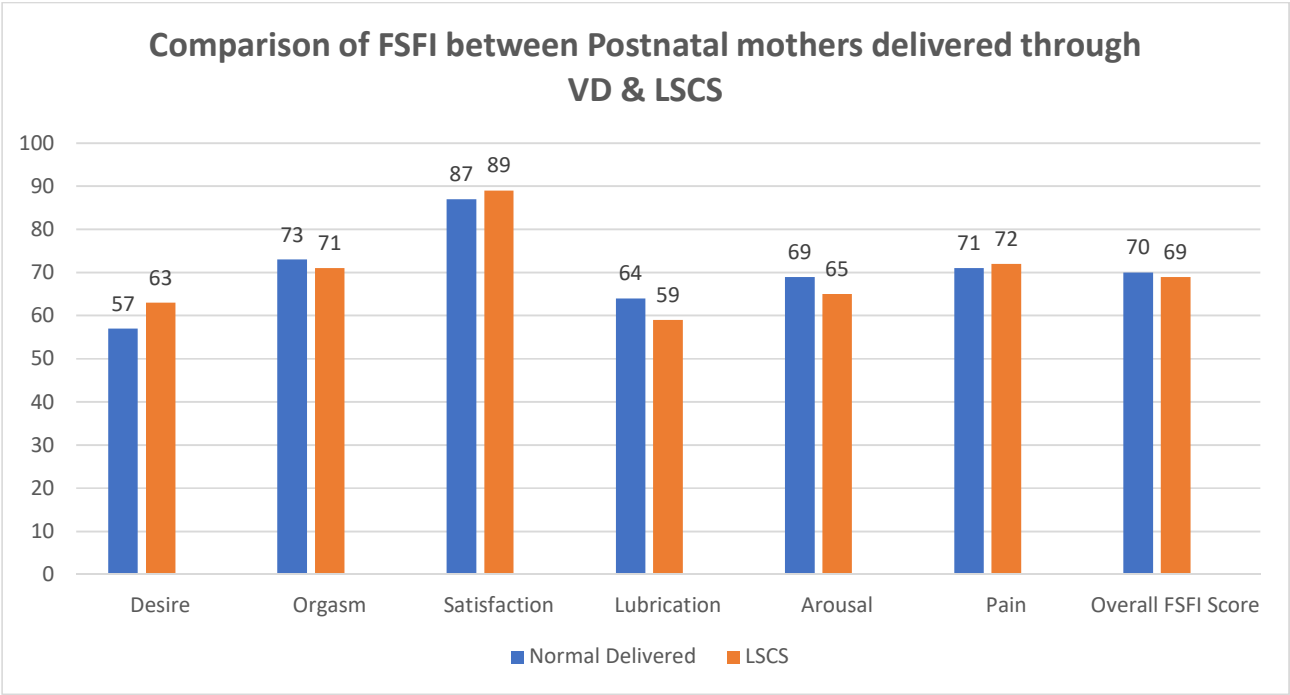
Data Analysis: Both Descriptive & Inferential Statistics

RESULTS

Section I: Socio-Demographic Variables:

Present study shows that 40% of them were belongs to 25-30 years of age, 60% of them were under graduates, 50% of them had marital duration of 1-3 yrs, 70% of them had arranged marriage, 64% of them got married at the age of 21-25 yrs, 44% of them had monthly income of Rs.5,000-10,000/-, 52% of participants were in nuclear family, 72% of them were primi para, 54% of them were house wife, 62% of them residing in urban area & 92% of them had developed no complication after the delivery.

Section II: Comparison of FSFI between Postnatal mothers delivered through VD & LSCS



DISCUSSION

Section – I: Socio – Demographic Variables

1. Age

In this study, 40% of mothers were between 25–30 years of age, which aligns with the most common reproductive age group.

Nawaz et al. (2018) reported that the majority of postnatal mothers (38%) belonged to the 25–30 years age group, indicating that women in this range are more likely to conceive and deliver due to social and biological readiness.⁷

2. Educational Status

About 60% of mothers were undergraduates in the present study.

Similar findings were observed by Rajeswari & Devi (2017), who found that 58% of women had college-level education, indicating increasing literacy and awareness among reproductive-age women.⁸

3. Marital Duration

Half (50%) of the mothers had been married for 1–3 years, which corresponds with findings by Yusuf et al. (2016), who noted that most postpartum women in their sample had a marital duration of less than five years, reflecting early childbearing trends.⁹

4. Type of Marriage

The majority (70%) had arranged marriages, consistent with Indian sociocultural norms.

Thomas & Kuriakose (2019) found that over 75% of postpartum women in their study had arranged marriages, showing that traditional practices continue to dominate family structures.¹⁰

5. Age at Marriage

In the present study, 64% of participants were married between 21–25 years, consistent with the national trend. National Family Health Survey (NFHS-5, 2021) reported that the median age at marriage among Indian women is around 22 years, reflecting increasing awareness about delayed marriage and family planning.¹¹

6. Monthly Income

About 44% of mothers had a monthly family income between Rs. 5,000–10,000, reflecting a middle to lower socioeconomic group.

A similar distribution was observed by Basu & Saha (2018), who reported that the majority of participants belonged to families earning less than Rs. 10,000 per month.¹²

7. Type of Family

More than half (52%) belonged to nuclear families, reflecting the gradual shift from joint to nuclear family structures in urban India.

Kumar et al. (2017) also reported that 55% of mothers in their study lived in nuclear families, supporting this demographic transition.¹³

8. Parity

In this study, 72% of mothers were primiparous, which is similar to findings by Dağ & Dilbaz (2017), who observed that first-time mothers often represent the majority of postnatal study participants, as sexual and emotional changes are more pronounced in this group.¹⁴

9. Occupation

More than half (54%) of the participants were housewives, which is comparable with the findings of Kavitha et al. (2019), who reported that 56% of postpartum women were homemakers, reflecting the predominant occupational role of women in Indian households.¹⁵

10. Area of Residence

The present study found that **62%** of participants resided in **urban areas**, consistent with **NFHS-5 (2021)** findings that more women now deliver in institutional urban settings due to improved access to healthcare and education.¹⁶

11. Post-Delivery Complications

A majority (**92%**) of mothers reported **no complications after delivery**, indicating good maternal care and institutional delivery practices.

This aligns with **Leeman & Rogers (2012)**, who observed that women with skilled obstetric care and proper postnatal follow-up experienced fewer postpartum complications.¹⁷

Section II: Comparison of FSFI between Postnatal mothers delivered through VD & LSCS

The over all sexual function is high (70%) in normal delivered mothers than the mothers delivered by Caesarean section (69%).

Dağ et al. (2017) found that while caesarean-delivered women reported higher desire initially, by six months postpartum, overall FSFI scores were comparable between the two groups, supporting the notion that sexual function recovery occurs over time regardless of delivery mode.¹⁴

CONCLUSION

Overall, the study indicates that mode of delivery has a modest impact on postpartum sexual function, and most women regain satisfactory sexual function in the postpartum period. Factors such as emotional intimacy, marital support, and hormonal recovery appear to play a more significant role than the type of delivery. These findings can help healthcare providers counsel postpartum women regarding sexual health and recovery after childbirth, promoting holistic maternal well-being.

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