

The Effect of Counseling on Postpartum Women's Sexual Satisfaction

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ABSTRACT

Introduction: Only 7–13% of women say they need help or advice to overcome problems regarding sexual satisfaction; 40% of women do not even seek help from a doctor for their sexual complaints. Meanwhile, 54% reported that they only wanted to find a solution to the problem of sexual satisfaction without actually doing it. **Purpose:** to determine the effect of counseling on postpartum women's sexual satisfaction in the Puskesmas Kamonji working area. **Method:** The research was conducted in July–August 2023 with a one-group pretest-posttest design and a sample size of 49 women who had babies aged 2–6 months. Using the Wilcoxon consecutive sampling analysis technique. The results before being given counseling showed that 42.9% of respondents were sexually satisfied, but after being given counseling about sexual satisfaction, 57.3% of respondents felt sexually satisfied (p -value <0.001). **Conclusion:** There is a significant difference in sexual satisfaction before and after providing counseling about sexual satisfaction to respondents. It is recommended that health facilities provide counseling about providing for sexual needs periodically, from pregnancy to the postpartum period, and involve the roles of husband and family.



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INTRODUCTION

WHO defines postnatal women's sexual health as "a state of physical, mental, and social well-being about sexuality" (Hababa & Assarag, 2023). Decreased sexual function can occur during pregnancy and childbirth (Malakouti et al., 2020). Sex is an individual's desire to get love and warmth from a partner. This will continue until they provide mutual satisfaction until they reach orgasm (Munthe et al., 2022). The reduction in an orgasm that occurs can reduce satisfaction in sexual intercourse (Chayachinda et al., 2015). Various references state the reasons why sexual satisfaction cannot be achieved. Several children, physiological changes during pregnancy, continuous production of prolactin during breastfeeding, episiotomy (Banaei et al., 2018; Chayachinda et al., 2015; Eid et al., 2015), perineal tears, prolapse, infection, obstetric fistula, female genital cutting, postpartum pain (Banaei et al., 2018; Eid et al., 2015; Wood et al., 2022), uterine prolapse, forced sexual intercourse, sexual violence, and loss of sexual desire/arousal (Ng et al., 2023; Wood et al., 2022), fatigue, how to give birth, urinary incontinence, and depression (Banaei et al., 2018; Eid et al., 2015; Ratnaningsih, 2019; Saotome et al., 2018).

From the information above, only 7–13% said they needed help or advice to overcome problems regarding sexual satisfaction; 40% of women did not even seek

help from a doctor for their sexual complaints. Meanwhile, 54% reported that they only wanted to find a solution to the problem of sexual satisfaction without actually doing it (Eid et al., 2015). If sexual needs are met, the quality of life will be better and the fulfillment of reproductive rights can be achieved (Academy, 2022; Peraturan Menteri Kesehatan Republik Indonesia No. 97 Tahun 2014, 2014). There is also various literature that shows that low sexual satisfaction can cause an imbalance in marriage (Ashdown et al., 2014).

Data in Egypt shows that as many as 83% of women reported sexual problems in the first 3 months after giving birth, whereas at 6 months after giving birth, 18–30% of them still experienced sexual problems, including dyspareunia (Eid et al., 2015). Meanwhile, research in Morocco found that 88.46% of urban people and 79.38% of rural people were dissatisfied with their sexual life after giving birth. There is even research that states that 46.3% of postpartum mothers experience a lack of interest in sexual activity (Hababa & Assarag, 2023). Research on primiparous mothers in Australia, especially those of Asian ethnicity, reported sexual dissatisfaction 3 - 6 months after giving birth (Chayachinda et al., 2015). Some references say the time is between 6 weeks and 6 months after delivery. Especially at 12 weeks after giving birth (Eid et al., 2015). It may even take up to 12 months to return to the level of sexual activity you had before pregnancy (Ng et al., 2023). For Indonesia, the author has not found clear data regarding sexual satisfaction, especially in primiparas.

WHO has recommended integrating sexual issues services into primary care, especially in developing countries (Banaei et al., 2018). This has been continued by the Ministry of Health in the Regulation of the Minister of Health of the Republic of Indonesia No. 97 of 2014. This Minister of Health Regulation has regulated sexual health services that are integrated into health promotion programs, including counseling to provide information about sexual disorders by trained health workers. Sexual health counseling should be carried out during pregnancy check-up visits and childbirth classes to address sexual problems and increase intimacy (Karimi et al., 2021; Wood et al., 2022). Unfortunately, references regarding counseling services related to sexual practices have not been widely discussed (Radziah et al., 2013). Some of these studies include: Research at a health center in Southeast Iran showed that statistically there were significant differences in sexual function between respondents who received counseling and the control group. Sexual satisfaction was measured using a questionnaire (Banaei et al., 2018). Research by Karimi et al., (2021) shows that statistically, counseling can stimulate a woman to open up to her sexual needs so that she can get sexual satisfaction. Counseling also showed a significant difference in sexual satisfaction in postpartum women between those given and not given counseling at the Ardebil Health Center (Malakouti et al., 2020). In other fields, several studies on counseling include research in the Central Java area which obtained significant results that counseling can reduce anxiety in perimenopausal women (Rofi'ah et al., 2019), or research conducted by Herawati et al., (2018) which shows that Family Planning counseling using Family Planning Decision Making Tools (ABPK) for pregnant women is effective in increasing the use of postpartum contraception.

In a preliminary study at one of the PMBs in Puskesmas Kamonji working area for women 3 months postpartum, out of 10 women, 8 women admitted that they felt afraid when they had sexual intercourse for the first time after giving birth. Five women said they felt pain when having sexual intercourse for the first time. Three women mentioned occasional pain due to lack of foreplay or because they were tired and lazy about having sexual intercourse. Two other women admitted that they did not feel pain during intercourse but were afraid because they had scars from previous Sectio

Caesaria (SC) operations, but sometimes they had pain in the stomach. These women cannot enjoy sexual relations. Even though sexual problems are reported to be the second main cause of divorce among Muslim couples (Ng et al., 2023). The NSSS (The New Sexual Satisfaction Scale) questionnaire is a type of questionnaire that can be used to measure sexual satisfaction in both clinical and non-clinical samples. The conceptual framework of this questionnaire comes from sexuality counseling literature and focuses on several aspects of sexual satisfaction, namely Sexual Sensation, Sexual Presence / Awareness, Sexual Exchange, Emotional Closeness and Sexual activity (Brouillard et al., 2020). The aim of the research is to determine the effect of counseling on the sexual satisfaction of postpartum women in Puskesmas Kamonji working area.

METHODS

This research is a pre-experimental quantitative research with a one group pretest-posttest design. Data collection was carried out at the Community Health Center and several posyandu as well as Independent Midwife Practices (PMB) in the work area of Puskesmas Kamonji, Palu City during July – August 2023. The population in this study was primiparous women who had babies aged 2 – 6 months with a sample size of 49 respondents. The sample was determined using a non-probability sampling technique, namely consecutive sampling based on the inclusion criteria: a) Married; b) Living with a husband who has been able to have sexual relations for at least one month; c) There are no complications during delivery; d) There is no previous history of sexual dysfunction; e) Willing to be a respondent. Meanwhile, the exclusion criteria in this study were: a) Currently being treated for a medical illness; b) Currently using hormonal contraception.

The research began by selecting respondents who met the inclusion criteria. Respondents were then asked to fill out the NSSS (The New Sexual Satisfaction Scale) pretest questionnaire. Furthermore, respondents are given appropriate counseling about sexual sensations, sexual awareness, mutual give and take in sexual relations, emotional closeness and sexual activity. Counseling is carried out for a maximum of 30 minutes accompanied by questions and answers. Counseling is repeated every week until the fourth week. In the fourth week, respondents filled out a posttest questionnaire.

Sexual satisfaction measured here is the feeling of pleasure or satisfaction felt by respondents, especially those related to Sexual Sensation, Sexual Presence / Awareness, Sexual Exchange, Emotional Closeness and Sexual activity. The Measurement uses a standard questionnaire with the NSSS scale (The New Sexual Satisfaction Scale) (Brouillard et al., 2020) a total of 20 statement items. The assessment was carried out using a Likert scale, with 5 levels ranging from not at all satisfied (0) to very, very satisfied (5). The data presented in this research is in the form of tables and narrated. This research has gone through ethical clearance at the Palu Ministry of Health Health Polytechnic Health Research Ethics Commission and has received ethical approval no. 0083/KEPK-KPK/V/2023.

RESULTS

Table 1. Frequency Distribution of Respondents Based on Age and Education Level

Characteristics	f	%
Age		
<20 Years	2	4.1
20 – 35 Years	47	95.9
Education		
Elementary school	3	6.2
Junior High School	20	40.8
Senior High School	18	36.7
Bachelor	8	16.3
Total	49	100

Table 1 shows that almost all respondents were aged 20 – 35 years (95.9%), and almost half of the respondents had junior high school education, 20 respondents (40.8%).

Table 2. Frequency Distribution according to the answers to the questionnaire statement before and after being given counseling

No	Statement	Pre-test		Post test	
		f	%	f	%
1	Sexual Sensation	260	53.06	275	56.12
2	Sexual Presence / Awareness	653	53.31	652	53.22
3	Sexual Exchange	896	52.24	913	53.24
4	Emotional Closeness	408	55.51	427	58.10
5	sexual activity	379	51.56	379	51.56

Table 2 above shows the changes in scores between before and after being given counseling about sexual satisfaction. There was a higher increase in statements regarding sexual sensation and Emotional Closeness. Meanwhile, in general, the results of counseling can be seen as in the picture below.

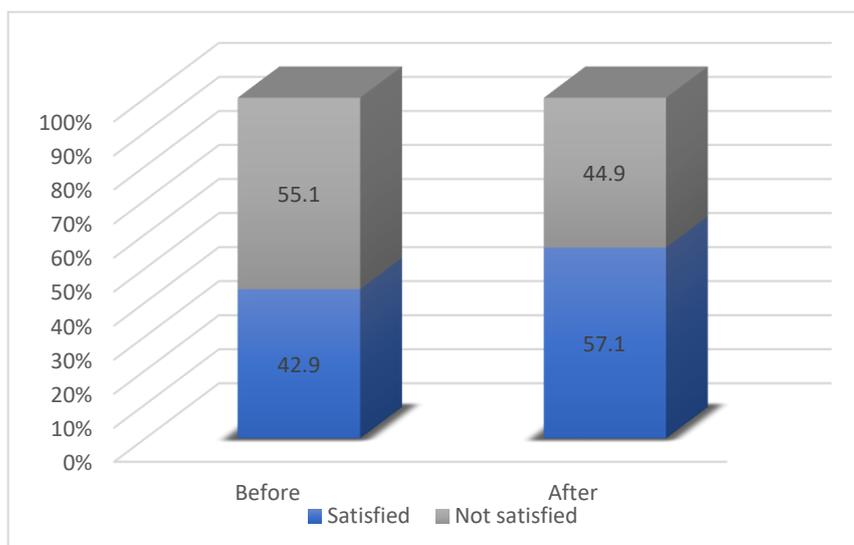


Figure 3. Frequency Distribution of Respondents According to Sexual Satisfaction before and after being given Counseling

Figure 3 shows the frequency distribution of respondents' sexual satisfaction, where before being given counseling, almost half of the respondents were sexually satisfied, namely 42.9%, but after being given counseling about sexual satisfaction, an increase was seen where the majority of respondents felt sexually satisfied to 57.3 %.

Table 3. The Effect of Counseling on Sexual Satisfaction in Puskesmas Kamonji working area, Palu City

Variable	n	Median	Average \pm sb	p-value
Before being given counseling	49	53 (47 – 57)	53.0 \pm 2,602	< 0.001
After being given counseling	49	54 (49 – 58)	54.0 \pm 2,525	

Bivariate data analysis was carried out using the Wilcoxon test because the data distribution was not normal, rather than using the paired T-test. Seen on Table 3 shows a significance value < 0.001 ($p < 0.05$). Thus, it can be concluded that there is a significant difference in sexual satisfaction before and after providing counseling regarding sexual satisfaction to respondents in Puskesmas Kamonji working area, Palu City.

DISCUSSION

The results of this study show a significant difference in sexual satisfaction between before and after being given counseling about sexual satisfaction. The researcher assumes that this is because talking about things related to sexual practices and sexual satisfaction is an issue that is not appropriate to discuss with other people. Women also tend to maintain their image, not wanting to be seen as a woman who is hungry for sex, even though in fact it is a basic human need. During counseling activities and filling out questionnaires, many respondents felt embarrassed to talk about or reveal things related to their sexual life. There were respondents who said they were embarrassed, this was something taboo, uncomfortable to talk about with other people, there were even potential respondents who refused to be respondents when told about the aims and objectives of the research.

In terms of health and culture, women are prohibited from having sexual relations up to 40 days after the postpartum period (Gutzeit et al., 2020). But even though the 40 days have passed, there are still many women who have not been able to enjoy sexual relations. Guidelines published by WHO to address the problem emphasize the importance of counseling regarding the resumption of sexual relations (Radziah et al., 2013).

Recent research shows that women receive very limited counseling from professional staff regarding sexual relations, especially from pregnancy to postpartum (Janssen et al., 2023). Counseling carried out in health facilities mostly only focuses on danger signs for both mother and baby (Chayachinda et al., 2015). Even if there is a discussion about postpartum women's health, it is mostly about the use of postpartum contraception to provide space between births. There is very little counseling regarding efforts to reduce sexual dysfunction or increase sexual satisfaction during the postpartum period (Chayachinda et al., 2015; Ng et al., 2023). This could be due to a lack of provider knowledge or clinical guidelines (Janssen et al., 2023). Identifying and overcoming these sexual problems has a big impact not only on women's health but also on the survival and development of their children so that they

are raised by mothers who are physically, mentally, socially, and emotionally healthy (Hababa & Assarag, 2023).

The results of the study showed differences in sexual satisfaction between before and after providing counseling about sexual satisfaction to respondents. Research conducted by Erfanifar et al., (2022), where the research involved a case group that was given counseling and control to primiparous respondents. The research shows that counseling can reduce anxiety and fear about postpartum sexual relations, improve mental and psychological health, increase sexual self-efficacy, and increase marital happiness. Likewise, research conducted by Ghafoori et al., (2022) where there was a statistically significant increase in sexual satisfaction in the group given counseling compared to the control group. Counseling provided to the case group can help solve the patient's sexual problems and concerns. Providing counseling is also recommended for women suffering from dyspareunia because they are at risk of experiencing sexual health problems that persist for up to a year postpartum (Ghafoori et al., 2022; Gommesen et al., 2022). Increasing sexual satisfaction, creating positive psychological effects, and reducing stress and anxiety are also the results obtained from providing counseling to postpartum women (Nejad et al., 2023).

The counseling provided should be comprehensive to married couples regarding sexuality before, during, and after pregnancy (Erfanifar et al., 2022). Other researchers also argue that postpartum women need professional counseling about their body image and sexual life after giving birth (Gommesen et al., 2022; Ng et al., 2023).

CONCLUSIONS AND RECOMMENDATIONS

It can be concluded that counseling can influence the sexual satisfaction of primiparous women. It is recommended that starting from first-level health facilities provide counseling, especially regarding meeting sexual needs periodically since pregnancy as preparation for facing sexual relations in the postpartum period. The involvement of the husband's role is highly recommended to become a support system, especially understanding the wife's condition, helping with household activities, and caring for children so that it can help with physical and good mood in dealing with sexual problems during this period.

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