Scientific Research Publishing

Open Journal of Obstetrics and Gynecology, 2024, 14, 1602-1610
https://www.scirp.org/journal/ojog
ISSN Online: 2160-8806
ISSN Print: 2160-8792

Sexuality after Childbirth: Analysis of the Experiences of Central African Women in Bangui

Siméon Matoulou-M'bala Wa-Ngogbe[1*], Aleph Cyrille Vianney Seramandji[2], Alida Koirokpi[1], Thibaut Boris Clavaire Songo-Kette Gbekere[3], Gertrude Rose De Lima Kogboma-Wongo[1], Norbert Richard Ngbale[1], Abdoulaye Sepou[1]

[1]Department of Obstetrics and Gynaecology, Community University Hospital Center, Bangui, Central African Republic
[2]Faculty of Health Sciences, University of Bangui, Bangui, Central African Republic
[3]Department of Obstetrics and Gynaecology, Sino-Central African Friendship University Hospital Center, Bangui, Central African Republic
Email: *matoulousimon@yahoo.fr

How to cite this paper: Wa-Ngogbe, S.M.-M., Seramandji, A.C.V., Koirokpi, A., Songo-Kette Gbekere, T.B.C., Kogboma-Wongo, G.R.D.L., Ngbale, N.R. and Sepou, A. (2024) Sexuality after Childbirth: Analysis of the Experiences of Central African Women in Bangui. *Open Journal of Obstetrics and Gynecology*, **14**, 1602-1610.
https://doi.org/10.4236/ojog.2024.1410131

Received: August 28, 2024
Accepted: October 22, 2024
Published: October 25, 2024

Abstract

Introduction: In many societies, sexuality is still a taboo subject. In the Central African Republic, this topic is rarely discussed outside the context of gynecological consultations and infertility, whereas the sexual life of couples is often disrupted by the arrival of a child, particularly by the ordeal of childbirth. The aim of the study is to analyze the sexual experience of Central African women after childbirth in order to contribute to improving the health of the population, in particular that of mother and child, and to facilitate harmony within the couple. **Methodology:** Descriptive and analytical cross-sectional study covering the period from July 1 to August 30, 2023, at the maternity ward of the Center University Hospitalier Communautaire. The study concerned only women who had given birth between the second week and the sixth month postpartum. The sampling was exhaustive. **Results:** A total of 303 women agreed to take part in our study, aged between 15 and 44, more than half of whom had completed secondary school. The eagerness of the women to take part in the study shows that they are ready to express themselves about their sexuality despite certain biases linked to the method of patient selection. Resumption of sexual relations was initiated by the partners within six weeks in the vast majority of cases. **Conclusion:** Resumption of sexual intercourse was delayed, often at the partner's initiative. Further studies are needed to understand the cultural, religious and psychological dimensions of postpartum sexuality in the Central African context.

Keywords

Sexuality, Postpartum, Bangui, Education, Nursing Staff

1. Introduction

In 1974, the World Health Organization (WHO) introduced and defined the concept of sexual health as a state of physical, mental, and social well-being in relation to sexuality. It requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having sexual experiences that are sources of pleasure and without risk, free from any coercion, discrimination, or violence. [1] It is, therefore, not reduced to an absence of pathology.

As the WHO states, access to sexual and reproductive health includes being able to "enjoy a healthy, safe and satisfying sexual relationship that contributes to improving the quality of life of interpersonal relationships". [2]

The question of sexuality is now a real public health issue and the source of various preventive measures such as birth spacing or contraception, prevention of sexually transmitted infections (STIs), screening and action on maternal and child health.

However, in the Central African Republic, this topic is rarely discussed outside consultations directly linked to pathologies such as dyspareunia, whether superficial or profound or infertility, even though the sexual life of couples in the postpartum period is often turned upside down by the arrival of a child, particularly by the ordeal of childbirth, the hormonal climate, the family structure and the relationship with the partner [3]-[5].

It is often experienced differently by couples and is the result of a multitude of factors impacting them in one direction of sexual tension and in the other direction of sexual non-tension [6].

On the one hand, there is inadequate sex education and a lack of resources and qualified staff to deal with specific sexual problems. On the other hand, the taboo on the subject of sexuality is still strong in many societies. No study has been carried out in the country on the subject, hence the interest of our study.

The aim of this study is to analyze the sexual experience of Central African couples in Bangui after childbirth in order to contribute to improving the health of the population, particularly that of mothers and children, and to facilitate harmony within couples.

The aim is to determine women's knowledge, attitudes and practices regarding sexuality after childbirth. This has enabled us to analyze the experience of sexuality in Central African couples in Bangui after childbirth by:

1) Identifying the socio-demographic characteristics of the respondents.

2) Determining the respondents' postpartum sexual practices.

3) Identify obstacles to resuming sexuality after childbirth.

4) Evaluate the role of health care personnel in preventing possible problems

related to the practice of easy sex in the postpartum period.

2. Patient and Method

This was a descriptive and analytical cross-sectional study with exhaustive sampling covering the period from July 1 to August 30, 2023, at the maternity ward of the Center University Hospital Communautaire, *i.e.*, a period of 2 months. The study population consisted of women who had given birth between the second week postpartum and six months postpartum. The study population consisted of women who had given birth between the second week postpartum and the sixth month postpartum. The study did not include:

- All women whose last child was more than six months old.
- All women who met the inclusion criteria but were suffering from a declared psychiatric pathology.

The variables studied were collected using a pre-established questionnaire.

- Socio-demographic: age, marital status and level of education.
- Obstetric: gestational age, parity, number of children, the progress of the recent pregnancy, its outcome and the aftermath of childbirth, women's opinion and knowledge of sexuality, the period of resumption of sexual intercourse and the obstacles that led to or delayed resumption or non-resumption.

After validation of the study protocol by the ethics committee of the University of Bangui and quality control, the data were entered using Microsoft Office 2013 Word and Excel and then analyzed using Epi-info software version 7.2.1.1.

The results were studied using the chi-square test. A p-value < 0.05 was statistically significant.

3. Results

Strengths and Limitations of the Study

A total of 303 women voluntarily adhered (participated) in the study, which proves that women wish to express themselves on the subject of their sexuality, despite some biases linked to the method of patient selection. However, the limitations of the study were linked to the genes of certain women who seem to consider the subject to be taboo, probably influenced by their culture, or to some extent by their religion, where couples have to wait at least forty days before resuming sexual activity. Our data can be interpreted in all cases.

Table 1. Distribution of respondents by age group and level of education.

Age group and education level	Frequency (n = 303)	Percentage
Age group		
≥19 years old	30	9.9
20 - 24 years old	89	29.4
25 - 29 years old	86	28.3
30 - 34 years old	54	17.8

Continued

35 - 39 years old	36	11.9
40 - 44 years old	8	2.7
Education level		
No study	15	4.9
Primary school	41	13.5
Superior	82	27.1
Secondary	165	54.5

The average age of women giving birth was 27 years ± 6.22 years, with extremes ranging from 15 to 44 years. More than half of the women had secondary education (54.5%).

Table 2. Breakdown of women giving birth by marital and socio-economic status.

Marital and socio-economic status of women giving birth	Frequency	Percentage
Marital status		
Single	31	10.2
Married	68	22.5
Cohabiting	204	67.3
Socio-economic situation		
Private sector employee	50	16.5
Student	55	18.2
Public sector employee	61	20.1
Dealer/retailer	67	22.1
Unemployed	70	23.1

The majority (67.3%) of women who gave birth were cohabiting with their partners but not legally married. They were unemployed in 23.1% of cases.

Table 3. Distribution of women giving birth according to the time taken to resume sexual intercourse.

Deadline to resume sexual intercourse	Frequency (n = 148)	Percentage
≤1 month	37	25.0
2 -3 months	101	68.2
4 - 5 months	8	5.4
≥5 months	2	1.4

The majority of women who gave birth resumed sexual intercourse two months after their recent delivery.

Table 4. Distribution of women giving birth according to weekly frequency of sexual intercourse before the recent pregnancy and after giving birth.

Weekly frequency	Frequency	Percentage
Sexual intercourse prior to pregnancy		
≤2	165	54.5
3 - 4	126	41.6
≥5	12	3.9

Continued

Sexual after childbirth		
No sexual	10	3.3
≤2	244	80.5
3 - 4	31	10.3
≥5	18	5.9

The frequency of sexual intercourse decreased after delivery.

Table 5. Breakdown of women giving birth according to the reasons for a reduction in the frequency of sexual intercourse and for not resuming sexual intercourse.

Reasons for a decrease in the frequency of sexual intercourse and its resumption	Fréquency	Percentage
Lower frequency (n = 100)		
Does not live with partner	1	1.0
Inattention partner	8	8.0
Fear of new pregnancy	10	10.0
Pelvis et and perineal pain	13	13.0
Birth of baby	62	62.0
Others	6	6.0
Reason for not resuming (n = 155)		
Spouse refusal	6	3.9
Tiredness	18	11.6
Scar pain	36	23.2
Fear of becoming pregnant	38	24.5
Absence of the spouse	42	27.1
Others	15	9.7

The stain associated with caring for the baby was the reason most mentioned by the women giving birth, followed by the absence of the partner as the reason for not resuming sexual relations.

Table 6. Distribution of women giving birth according to the decision to resume sexual intercourse, the reason for acceptance, and satisfaction with sexual intercourse.

Decision to resume sexual intercourse, the reason for acceptance and satisfaction during sexual intercourse	Number	Percentage
Resumed decision (n = 148)		
Coming from the mother	12	8.1
Coming from the couple	30	20.3
Coming from the partner	106	71.6
Reason for accepting (n = 106)		
Fear of losing partner	21	19.8
Maintaining harmony within the couple	33	31.1
Satisfy your partner	49	46.3
Others	3	2.8

Continued

Satisfaction during sex (n = 148)		
No Satisfied	11	7.4
Less satisfied	13	8.8
Satisfaction	124	83.8

The decision to return to sexuality was taken by the partner in 71.6% of cases, the reason for the return was the partner's satisfaction in 46.3% of cases, and in 83.8% of cases, the mothers were satisfied.in 46.3% of cases, and in 83.8% of cases, the mothers were satisfied.

Table 7. Resumption of sexual intercourse according to injury during childbirth.

Injury during childbirth	Resumption of sexual relations		p-value
	Yes	No	
yes	22	69	**P < 0.001**
No	126	86	

4. Discussion

The average age of the mothers surveyed was 27 years, ranging from 15 to 44 years. Most of the women surveyed were in the 20 - 25 age group, followed by the 25 - 29 age group. The average age of these women was different from that observed by Aribi *et al.* in Tunisia [7]. This difference could be explained by the fact that Central African women enter sexual life early. It is recognised that women with little education often have difficulty understanding information about pregnancies, high-risk deliveries and the aftermath of childbirth. In fact, a good level of education is a factor associated with better use of health services by women. [8]-[10]. More than half the women who gave birth (54.5%) had completed secondary school or higher. This predominance of educated women in childbirth is thought to be linked to the way in which women are recruited for childbirth, since they all live in the capital and in urban areas, hence the higher proportion of girls attending school in Bangui than in the provinces, as shown by the authors' work [11]-[13]. (**Table 1**)

A woman's marital and professional status and that of her husband, are parameters that help to assess the socio-economic level of households. The lower the socio-economic status, the more likely the woman is to make little use of ANC services and to suffer obstetric complications [14]. We found that 67.3% of women who gave birth were in a cohabitation union, and 23.1% were unemployed. In their study, Kouakou *et al.* noted a predominance of single women (57%) and self-employed women (41.7%) [15]. We found that the majority of women interviewed who had given birth stated that they had less than three sexual encounters per week, both before pregnancy and after giving birth (54.5% and 80.5%, respectively). However, we noted a decrease in the frequency of sexual intercourse after giving birth. Kouakou, in his study in Côte d'Ivoire, found that 35.4% of women who had given birth had resumed sexual intercourse, half of them after returning

from childbirth [15] [16]. (**Table 2**)

It is accepted that post-partum hormonal disturbance has a certain influence on libido. It should be noted that the reasons given for the reduced frequency of sexual intercourse after childbirth vary from one woman to another. In our study of 303 women who had given birth, 100 (33.0%) noted a reduction in the frequency of sexual intercourse, 62.0% of whom said that they had to look after their child first, in line with those described in the literature [17]-[19]. Perineal pain due to an unsightly episiotomy scar or vulvovaginal tear was found in 13.0%. (**Table 3**)

In our study, 155 women out of 303, *i.e.*, 51.1%, did not resume sexual intercourse after their recent delivery. The absence of the partner was the reason for not resuming intercourse in 27.1% of cases, followed by fear of becoming pregnant (24.5%). KOUAKOUA found that 54.9% and 64.7% of cases of refusal to resume sexual intercourse were linked to religious constraints and socio-cultural mores, respectively [14].

This study showed that 48.8% of women who had given birth had resumed sexual intercourse compared with 51.2% of those who had not. The majority (68.2%) of those who had resumed intercourse stated that they had resumed intercourse six weeks after giving birth, similar to the result obtained by Kouakou in Côte d'Ivoire. It should be noted that this proportion of resumption of sexual intercourse, although restrictive, is nevertheless satisfactory. In fact, it is accepted that the African environment is dominated by religious and socio-cultural constraints, which seem to delay the resumption of sexual intercourse in the postpartum period. Thus, there is no fixed benchmark or time frame for resuming sexual intercourse in the postpartum period, as we note inter-individual and regional continental variation. The convergent benchmark is the return from childbirth, as described by many authors [15] [16]. The decision to resume sexual relations by vaginal penetration was taken by the partner in 71.6% of cases, compared with only 8.1% of women giving birth. Authors have also noted a high proportion of men initiating the resumption of sexual intercourse, 69% and 72.2%, respectively [7] [17]-[20]. This finding could be explained by the paternalistic context of the above-mentioned societies and others by an alteration in the sexual desire of postpartum women due to hypo-oestrogenemia and the secretion of prolactin, resulting in a drop in libido [21]. However, the reasons given by postpartum women for resuming sexual intercourse were dominated by their desire to satisfy their partner (46.3%), which corroborates the results obtained by Kouakou (60.7%). [14]. As for satisfaction during sexual intercourse, 83.8% of the women declared that they were satisfied, despite the singular nature of the request for sexual intercourse from the partner. Other authors have reported similar rates [7] [14]. Improving sexuality in the postpartum period requires the active involvement of healthcare providers in prenatal and postpartum care. (**Table 4**, **Table 5**). However, a number of women are satisfied with their sexuality (**Table 6**, **Table 7**).

Improving the quality of postpartum care in terms of perineal lesions, post-

partum perineal rehabilitation and easy access to contraception. Added to this is a relay of communication and community awareness through the media to popularize the rules of hygiene and good conduct with regard to sex in the postpartum period.

5. Conclusion

This study shows that the resumption of sexual intercourse is delayed, often on the initiative of the partner. This delay is almost certainly influenced by the complications associated with childbirth, which are responsible for dyspareunia, and a reduction in sexual satisfaction in breastfeeding women due to a lack of attention on the part of the partner. To this end, childbirth preparation sessions should be incorporated into pregnancy monitoring and perineal re-education after childbirth should be encouraged as a means of preventing sexual dysfunction after childbirth. However, an in-depth study is needed to understand the cultural, religious and psychological dimensions of postpartum sexuality in the Central African context.

Conflicts of Interest

The authors declare no conflicts of interest regarding the publication of this paper.

References

[1] Organisation Mondiale de la Santé (2012) Santé sexuelle et reproductive: Compétences de base en soins primaires.

[2] Leeman, L.M. and Rogers, R.G. (2012) Sex after Childbirth: Postpartum Sexual Function. *Obstetrics & Gynecology*, **119**, 647-655. https://doi.org/10.1097/aog.0b013e3182479611

[3] Lansac, J., Berge, C. and Magnin, G. (2000) Les Suites de couches et leur Pathologie. In: *Obstétrique pour le praticien*, Simep, 391-406.

[4] Giami, A. and de Colomby, P. (2001) Profession Sexologue? *Sociétés Contemporaines*, **41**-**42**, 41-44. https://doi.org/10.3917/soco.041.0041

[5] Pirolt, S. and Arnal, S. (2004) Cet enfant qui tue le couple. *L'hebdo* (*Lausanne*), **46**, 45-51.

[6] Pacey, S. (2004) Couples and the First Baby: Responding to New Parents' Sexual and Relationship Problems. *Sexual and Relationship Therapy*, **19**, 223-246. https://doi.org/10.1080/14681990410001715391

[7] Aribi, L., Ben Houidi, A., MAsmoudi, R., Chaabane, K., Guermazi, M. and Amami, O. (2012) La Sexualité féminine pendant la grossesse et dans le Post-Partum: Étude à propos de 80 femmes Tunisiennes. *La Tunisie Médicale*, **90**, 873-877.

[8] Nguelegbe, E.O. (1994-1995) Nuptialité et exposition au risque de grossesse. Enquête Démographique et de Santé en République Centrafricaine (EDS/RCA); 85-96.

[9] Ngbale, R.N., Goddot-Nangouma, M.J.C., Gaunefet, C.E., Songo-Kette, T., Koirokpi, A., Heredebona, L.S., Serdouma, E. and Sepou, A. (2012) Les soins obstétricaux d'urgence à la maternité de l'Hôpital Communautaire de Bangui. A propos de 84 cas "d'échappées belles". *Medecine d'Afrique Noire*, **59**, 322-326.

[10] Institut Centrafricain des Statistiques et des Etudes Economiques et Sociales (2010)

Enquêtes par grappes à indicateurs multiples MICS, RCA. Rapport Final, 357 p.

[11] Ministère de l'Economie, du Plan et De La Coopération Internationale (2009) Suivi de la situation des enfants et des femmes. Résultats de l'enquête à indicateurs multiples MICS, couplées avec la sérologie VIH et anémie en RCA 2006. Rapport Final, 354 p.

[12] Ministère de l'Economie du Plan et de La Coopération Internationale (2005) La RCA en chiffres: Résultat du Recensement General de la Population et de l'Habitation, Décembre 2003. Direction Générale de la Statistique, des Etudes Economiques et Social, 23 p.

[13] Mburano, J.R. and Tchamgoue-Nguemaleu, H.B. (2011) Facteurs sociaux de l'utilisation des services des soins obstétricaux parmi les adolescentes camerounaises. *Home*, **15**, 81-92.

[14] Kouakou, K.P., Doumbia, Y., Djanhan, L.E., Menin, M.M. and Djanhan, Y. (2015) La sexualité du post-partum. Analyse du vécu dans le couple noir africain. *Journal de Gynécologie Obstétrique et Biologie de la Reproduction*, **44**, 280-285. https://doi.org/10.1016/j.jgyn.2014.01.001

[15] Andrews, V., Thakar, R., Sultan, A.H. and Jones, P.W. (2008) Evaluation of Postpartum Perineal Pain and Dyspareunia—A Prospective Study. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, **137**, 152-156. https://doi.org/10.1016/j.ejogrb.2007.06.005

[16] Diallo, A.K. (2005) Facteurs de risque des complications maternelles post césariennes à l'Hôpital Gabriel Touré et à l'Hôpital du Point G. Université de Bamako.

[17] Barrett, G., Pendry, E., Peacock, J., Victor, C., Thakar, R. and Manyonda, I. (2000) Women's Sexual Health after Childbirth. *BJOG*: *An International Journal of Obstetrics & Gynaecology*, **107**, 186-195. https://doi.org/10.1111/j.1471-0528.2000.tb11689.x

[18] Ellis, D.J. and Hew, R.J. (1985) Mothers' Postpartum Perceptions of Spousal Relationships. *Journal of Obstetric*, *Gynecologic & Neonatal Nursing*, **14**, 140-146. https://doi.org/10.1111/j.1552-6909.1985.tb02218.x

[19] Borgi, N., Maazoun, L., Mseddi, M., Turki, H. and Zahaf, A. (2003) La sexualité de la femme en post partum: Une étude descriptive chez 60 femmes. *Annales de Dermatologie et de Vénéréologie*, **130**, S53.

[20] Hames, C.T. (1980) Sexual Needs and Interests of Postpartum Couples. *JOGN Nursing*, **9**, 313-315. https://doi.org/10.1111/j.1552-6909.1980.tb01336.x

[21] Colson, M. (2014) Sexualité féminine et étapes de la parentalité. *Gynécologie Obstétrique & Fertilité*, **42**, 714-720. https://doi.org/10.1016/j.gyobfe.2014.09.001