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Resumption of Sexual Activity After Childbirth

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ABSTRACT

Background: The resumption of sexual activity after childbirth is influenced by various physical, psychological, and sociodemographic factors. **Objectives**: This study aimed to assess the timing, factors, and barriers influencing the resumption of sexual activity after childbirth and the role of perineal trauma and mode of delivery in shaping postpartum sexual health outcomes. **Methods**: A cross-sectional study was conducted at OBS & Gynae, Central Park Teaching Hospital, Lahore, from December 2024 to March 2025, with 400 postpartum women who had delivered within the past six months. Sociodemographic data, obstetric history, and sexual health outcomes were collected using a structured, interviewer-administered questionnaire. The timing and reasons for sexual resumption, barriers to resumption, and health-seeking behaviors were assessed. **Results**: The study found that 78% of women resumed sexual activity within six months postpartum, with the majority resuming by the fourth month. Women who experienced spontaneous vaginal delivery without perineal trauma reported earlier resumption and fewer sexual health issues. The most common barriers to resumption were fear of pain (36.4%), loss of sexual desire (29.5%), and tiredness (18.2%). Only 9% of women consulted healthcare providers for sexual health concerns. Health-seeking behavior was more common among women with higher education levels and income. **Conclusion**: The resumption of sexual activity after childbirth is influenced by both physical and psychological factors. Mode of delivery and perineal trauma significantly affect the timing and quality of sexual recovery.

INTRODUCTION

Childbirth is a transformative physiological and psychosocial event that significantly affects a woman's physical, emotional, and sexual health. The postpartum period is characterized by a myriad of changes hormonal fluctuations, perineal trauma, breastfeeding, and psychological stress that collectively influence a woman's readiness and ability to resume sexual activity [1]. Despite its importance to overall well-being and relationship dynamics, postpartum sexual health remains an under-discussed and often neglected aspect of maternal care, especially in conservative or resource-limited settings [2]. Resumption of sexual activity after childbirth varies widely among individuals and is influenced by a complex interplay of biological, psychological, social, and cultural factors [3]. Physical factors such as mode of delivery, presence of perineal tears or episiotomy, breastfeeding-induced hypoestrogenism, and fatigue can delay or alter sexual function. Psychologically, fear of pain, body image concerns, postpartum depression, and loss of libido play a critical role [4]. Social determinants, including spousal support, cultural expectations, access to postpartum counseling, and prior sexual experiences, further shape a woman's postnatal sexual recovery trajectory [5].

In many societies, particularly in South Asia, the topic of postpartum sexual health is taboo, leading to underreporting of problems such as dyspareunia, vaginal dryness, or lack of sexual desire [6]. Women often remain hesitant to discuss these issues with healthcare providers due to stigma, lack of awareness, or absence of appropriate counseling services. This gap in communication and care may result in prolonged sexual dysfunction, strained relationships, and reduced quality of life during the postnatal phase [7]. Understanding the timing, motivations, barriers, and facilitators of postpartum sexual resumption is vital for holistic maternal health. It enables clinicians to provide anticipatory guidance, screen for dysfunction, and offer culturally sensitive interventions. Research shows that a significant proportion of women resume intercourse within six weeks postpartum, yet many do so without adequate knowledge of contraception, healing status, or sexual readiness, potentially exposing them to unintended pregnancies or physical discomfort [8].

Globally, studies have reported that anywhere between 40% to 90% of women experience some form of sexual dysfunction postpartum, with dyspareunia being the most frequently cited issue. A study in the United States found that around 83% of women resumed sexual activity within 7 weeks postpartum, yet 31% experienced persistent pain [9]. In contrast, data from low- and middle-income countries often reveal delayed resumption, influenced more heavily by cultural beliefs, religious practices, and limited postpartum support. In Islamic and South Asian societies, women may follow cultural norms such as the 40-day confinement period, which may delay physical intimacy regardless of physical recovery [10]. Additionally, the mode of delivery significantly affects postpartum sexual outcomes. Women undergoing spontaneous vaginal delivery (SVD) often report earlier resumption of sexual activity compared to those who experience perineal trauma or cesarean sections [11]. However, those with episiotomies or second-degree perineal tears may experience prolonged pain, tightness, or fear of reinjury. On the other hand, women undergoing cesarean sections may face delayed healing, reduced mobility, or prolonged psychological distress from surgical trauma, contributing to sexual avoidance or decreased desire [12]. Breastfeeding is another major contributor to delayed sexual interest due to estrogen suppression, which causes vaginal dryness, reduced lubrication, and lower libido [13].

Objective

This study aimed to assess the timing, factors, and barriers influencing the resumption of sexual activity after childbirth and the role of perineal trauma and mode of delivery in shaping postpartum sexual health outcomes.

METHODOLOGY

This was a descriptive, cross-sectional study conducted at OBS & Gynae, Central Park Teaching Hospital, Lahore, from December 2024 to March 2025. A total of 400 postpartum women were recruited for the study using non-probability consecutive sampling.

Inclusion Criteria

- Women aged 18 to 45 years
- Had delivered a live baby within the last 6 months
- Willing to participate and provide informed consent
- Medically stable at the time of data collection

Exclusion Criteria

- Women with a history of psychiatric illness
- Those with perinatal loss (stillbirth or neonatal death)
- Non-consenting individuals
- Women with major medical/surgical complications unrelated to delivery

Data Collection

Data was collected through a structured, interviewer-administered questionnaire developed specifically for the study. The questionnaire was informed by existing literature and reviewed by maternal health experts to ensure content validity. It was pilot tested on a group of 20 women (not included in the final analysis) to refine its language and sequence. The tool comprised five sections: sociodemographic details, obstetric history, postpartum sexual activity patterns, contraceptive use and counseling, and health-seeking behavior related to sexual concerns. The interviews were conducted in a private setting within the hospital premises to maintain confidentiality and encourage open responses.

Data Analysis

Data entry and statistical analysis were performed using SPSS version 26.0. Descriptive statistics such as means, standard deviations, frequencies, and percentages were calculated to summarize sociodemographic and clinical variables. Associations between mode of delivery, perineal trauma, and postpartum sexual health outcomes were explored using Chi-square tests for categorical variables. A p-value of less than 0.05 was considered statistically significant.

RESULTS

In this study of 400 postpartum women, the mean age was 28.7 ± 4.5 years, and the mean interval since the last childbirth was 4.7 ± 1.2 months (Table 1). Most participants were multiparous, with parity 2 being most common (36.5%), followed by parity 1 (33.8%) and parity 3 (21%). The majority had received secondary education (41.7%), while 29.2% had higher and 19.0% primary education; 6.3% were uneducated. Most women were housewives (68%), and 32% were employed. Regarding income, 41.2% were middle-income, 38.5% low-income, and 20.3% high-income, showing that the majority of participants belonged to the lower- and middle-income brackets.

Table 1

Demographic and Baseline Characteristics of Participants (n = 400)

Variable		n (%) or Mean ± SD
Age (years)		28.7 ± 4.5
Parity	Parity 1	140 (35.0%)
	Parity 2	151 (37.8%)
	Parity 3	87 (21.8%)
	Parity 4	17 (4.2%)
	Parity 5+	5 (1.2%)
Education	No education	25 (6.3%)
	Primary education	76 (19.0%)
	Secondary education	167 (41.7%)
	Higher education	117 (29.2%)
Occupation	Housewives	272 (68.0%)
	Working women	128 (32.0%)
Income level	Low income	154 (38.5%)
	Middle income	165 (41.2%)
	High income	81 (20.3%)
Last childbirth (months)		4.7 ± 1.2

Dyspareunia was most frequently reported following spontaneous vaginal delivery with episiotomy (46.9%), followed by second-degree perineal tears (26.0%), and was least common after uncomplicated spontaneous vaginal delivery (12.5%). Vaginal dryness was also highest among women who underwent SVD with episiotomy (44.8%), followed by those with perineal tears (26.9%), while it was least reported in uncomplicated SVD cases. Similarly, vaginal tightness was more common in SVD with episiotomy (50%) and in cases with perineal tears (29.6%), compared with normal spontaneous vaginal delivery. Women who had elective or emergency cesarean sections reported fewer symptoms, accounting for 7.3%

each across all three sexual health complaints. These findings indicate that vaginal delivery, especially with perineal trauma, was associated with a higher frequency of postpartum sexual problems.

Table 2

Mode of Delivery and Perineal Trauma as Risk Factors for Postpartum Sexual Health Problems (n = 400)

Mode of Delivery / Perineal Trauma	Dyspareunia (n)	Vaginal Dryness (n)	Vaginal Tightness (n)
Spontaneous Vaginal Delivery (SVD)	45 (46.9%)	30 (44.8%)	27 (50.0%)
SVD with Episiotomy	25 (26.0%)	18 (26.9%)	16 (29.6%)
Second Degree Perineal Tear	12 (12.5%)	8 (11.9%)	7 (13.0%)
Elective Cesarean Section	7 (7.3%)	5 (7.5%)	4 (7.4%)
Emergency Cesarean Section	7 (7.3%)	4 (6.0%)	4 (7.4%)

Table 3 demonstrates that non-resumption of sexual activity at six weeks postpartum was mainly attributed to fear of pain (22% in SVD, 20% in SVD with episiotomy), followed by loss of sexual desire (16.7% and 13.3%, respectively) and tiredness (13.3% and 11.1%, respectively). Second-degree perineal tears were also associated with similar patterns, while women undergoing elective and emergency cesarean sections reported comparatively fewer issues (fear of pain 8.9–13.3%, loss of desire 6.7–8.9%, tiredness 5.6–7.8%).

Table 3

Mode of Delivery and Perineal Trauma as Risk Factors for Non-Resumption of Sexual Activity at Six Weeks Postpartum (n = 400)

Mode of Delivery / Perineal Trauma	Fear of Pain (n)	Loss of Sexual Desire (n)	Tiredness (n)
Spontaneous Vaginal Delivery (SVD)	12 (13.3%)	15 (16.7%)	20 (22.0%)
SVD with Episiotomy	18 (20.0%)	12 (13.3%)	10 (11.1%)
Second Degree Perineal Tear	10 (11.1%)	7 (7.8%)	6 (6.7%)
Elective Cesarean Section	8 (8.9%)	6 (6.7%)	5 (5.6%)
Emergency Cesarean Section	12 (13.3%)	8 (8.9%)	7 (7.8%)

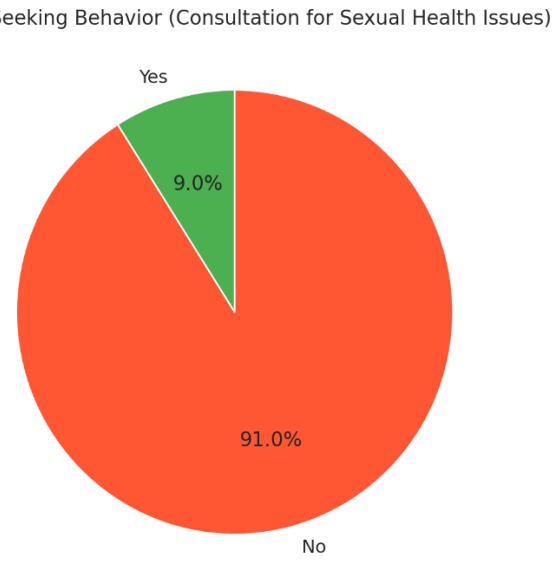
Only 36 women (9%) consulted a healthcare provider for postpartum sexual health concerns. Among them, 38.9% had secondary education, 27.8% higher education, 22.2% primary education, and 11.1% were uneducated. Regarding parity, 33.3% were primiparous, 27.8% had two children, and 38.8% had three or more. Low- and middle-income women each represented 41.7% of those who sought care, while 16.7% belonged to high-income groups.

Table 4

Characteristics of Women Seeking Health Care for Postpartum Sexual Health Issues (n = 400)

Variable		Consulted Healthcare Provider (n = 36)
Education	No Education	4 (11.1%)
	Primary Education	8 (22.2%)
	Secondary Education	14 (38.9%)
	Higher Education	10 (27.8%)
Parity	Parity 1	12 (33.3%)
	Parity 2	10 (27.8%)
	Parity 3	7 (19.4%)
	Parity 4+	7 (19.4%)
Income	Low Income	15 (41.7%)
	Middle Income	15 (41.7%)
	High Income	6 (16.7%)

Figure 1



DISCUSSION

The resumption of sexual activity after childbirth is a complex process influenced by a variety of factors, including physical, psychological, cultural, and social elements. This study aimed to explore the timing, factors, and barriers affecting the resumption of sexual activity among postpartum women, and the role of mode of delivery, perineal trauma, and sociodemographic factors in shaping this process. The findings provide significant insight into the challenge's women face in the postpartum period and highlight the need for better postpartum care that includes addressing sexual health concerns. Our study found that 78% of women resumed sexual activity within six months postpartum, with the majority resuming by the fourth month (34.3%). This is consistent with other studies where sexual activity typically resumes within 3 to 6 months following childbirth, often influenced by physical recovery, breastfeeding, and psychological readiness. Interestingly, the timing of resumption varied significantly based on the mode of delivery. Women who experienced vaginal delivery without complications were more likely to resume earlier compared to those who underwent cesarean sections or experienced perineal trauma (episiotomies or tears). This finding is supported by literature indicating that women who undergo cesarean sections tend to have a longer delay in resumption due to physical recovery and emotional factors associated with the surgical procedure. Among women who did not resume sexual activity by the six-week postpartum mark, the most common barriers were fear of pain (36.4%), loss of sexual desire (29.5%), and tiredness (18.2%). These findings are consistent with previous research that has highlighted pain during intercourse as a primary concern, particularly for women with episiotomies or second-degree perineal tears [14]. The psychological barrier of fear of pain is often compounded by cultural taboos that discourage women from discussing sexual health openly, which may delay recovery or prevent women from seeking medical advice. Loss of sexual desire was also common, especially in women who were breastfeeding, reflecting the known effects of low estrogen levels during

breastfeeding, which can lead to vaginal dryness and reduced libido [15]. Fatigue is another major barrier, as the postpartum period often involves long hours of infant care, resulting in physical exhaustion that diminishes interest in resuming sexual activity. The mode of delivery emerged as a significant factor influencing both the timing and quality of sexual resumption [16]. In contrast, those who had episiotomies, second-degree perineal tears, or cesarean sections experienced more sexual health issues, including dyspareunia (pain during sex), vaginal dryness, and tightness. These results are consistent with studies that have shown that perineal trauma and surgical interventions such as cesarean sections significantly delay sexual recovery and are associated with longer periods of sexual dysfunction. Perineal trauma, particularly episiotomies and tears, not only causes immediate pain but also affects vaginal elasticity and lubrication, leading to discomfort during intercourse [17]. A striking finding in our study was the low health-seeking behavior among women with postpartum sexual health issues. Only 9% of participants consulted a healthcare provider regarding sexual health concerns. This aligns with previous research suggesting that many women feel embarrassed or ashamed to discuss sexual issues, especially in conservative settings where postpartum sexual health remains a taboo subject [18]. The lack of education and counseling during antenatal visits and the early postpartum period may also contribute to the delay in seeking care. This highlights a critical gap in postpartum care and underscores the need for integrated sexual health counseling as part of routine postnatal visits [19]. Women with higher education levels and middle-to-high income were more likely to seek help, suggesting that sociodemographic factors may influence the likelihood of accessing care. Future research with a longitudinal design and qualitative interviews could provide a deeper understanding of the psychosocial and cultural factors influencing sexual recovery after childbirth [20-23].

Limitations of the Study: While this study provides valuable insights into the factors affecting the resumption of sexual activity after childbirth, there are some limitations. The study used a cross-sectional design, which limits our ability to draw conclusions about causality. Furthermore, the self-reported nature of the data may introduce biases such as social desirability bias or recall bias, especially when participants report on sensitive topics such as sexual health. Additionally, cultural and regional differences in sexual practices and health-seeking behaviors may limit the generalizability of the findings to other populations. Future research with a longitudinal design and qualitative interviews could provide a deeper understanding of the psychosocial and cultural factors influencing sexual recovery after childbirth.

CONCLUSION

It is concluded that the resumption of sexual activity after childbirth is influenced by a variety of physical, psychological, and sociodemographic factors. The study demonstrates that women who experience spontaneous vaginal delivery without perineal trauma tend to resume sexual activity earlier and report fewer sexual complications. In contrast, those who undergo spontaneous vaginal delivery with episiotomy or sustain perineal tears report more challenges, including dyspareunia, vaginal dryness, and vaginal tightness. Psychological factors, such as fear of pain, loss of sexual desire, and fatigue, also play a significant role in delaying sexual recovery. Furthermore, the study highlights that health-seeking behavior for postpartum sexual health issues remains low, with only 9% of women consulting healthcare providers about sexual health concerns. This suggests a need for greater integration of sexual health counseling into routine postpartum care. Early education and counseling are essential to addressing these concerns, promoting health-seeking behavior, and improving sexual recovery.

REFERENCES

1. Mustafa, R., Munaver, S. A., Tufail, A., Malik, Z. I., & Malik, H. (2025). Factors Affecting Sexual Health after Puerperium among Women in Karachi: Factors Affecting Sexual Health After Puerperium.Pakistan Journal of Health Sciences, 6(3), 211-217. https://doi.org/10.54393/pjhs.v6i3.2840
2. Verbeek M, Hayward L. Pelvic floor dysfunction and its effect on quality of sexual life. Sex Med Rev. 2019 Oct;7(4):559–564. https://doi.org/10.1016/j.sxmr.2019.05.007
3. Khan MD, Daniyal M, Abid K, Tawiah K, Tebha SS, Essar MY. Analysis of adolescents' perception and awareness level for sexual and reproductive health rights in Pakistan. Health Sci Rep. 2023 Jan;6(1):e982. https://doi.org/10.1002/hsr2.982.
4. Shaikh A, Ochani RK. The need for sexuality education in Pakistan. Cureus. 2018 May;10(5):e2693. https://doi.org/10.7759/cureus.2693.
5. McDonald E, Woolhouse H, Brown SJ. Consultation about sexual health issues in the year after childbirth: a cohort study. Birth. 2015 Dec;42(4):354–361. https://doi.org/10.1111/birt.12193.
6. Mevawala AS. Exploring urban Pakistani Muslim midlife women's experiences of menopause: a focused ethnography study. 2020. https://doi.org/10.7939/r3-c187-ze21.
7. Wood SN, Pigott A, Thomas HL, Wood C, Zimmerman LA. A scoping review on women's sexual health in the postpartum period: opportunities for research and practice within low- and middle-income countries. Reprod Health. 2022 May;19(1):112. https://doi.org/10.1186/s12978-022-01399-6.
8. Belay HG, Yehuala ED, Asmer Getie S, Ayele AD, Yimer TS, Berihun Erega B, Ferede WY, Worke MD, Mihretie GN. Determinants of early resumption of postpartum sexual intercourse in sub-Saharan Africa: A systematic review and meta-analysis. Womens Health (Lond). 2024 Jan-Dec; 20: 17455057241302303. PMID: 39610147; PMCID: PMC11605757. https://doi.org/10.1177/17455057241302303
9. Rezaei N, Azadi A, Sayehmiri K, et al. Postpartum sexual functioning and its predicting factors among Iranian women. Malays J Med Sci. 2017;24(1):94–103. https://doi.org/10.21315/mjms2017.24.1.12.
10. Chivers ML, Pittini R, Grigoriadis S, et al. The relationship between sexual functioning and depressive

symptomatology in postpartum women: a pilot study. J Sex Med. 2011;8(3):792–799. https://doi.org/10.1111/j.1743-6109.2010.02031.x.
11. Hipp LE, Low LK, van Anders SM. Exploring women's postpartum sexuality: social, psychological, relational, and birth-related contextual factors. J Sex Med. 2012;9(9):2330–2341. https://doi.org/10.1111/j.1743-6109.2012.02804.x.
12. Baker AM, Jahn JL, Tan ASL, et al. Sexual health information sources, needs, and preferences of young adult sexual minority cisgender women and non-binary individuals assigned female at birth. Sex Res Soc Policy. 2021;18(4):775–787. https://doi.org/10.1007/s13178-020-00478-3.
13. Enderle CF, da Costa Kerber NP, Lunardi VL, et al. Constraints and/or determinants of return to sexual activity in the puerperium. Rev Lat Am Enfermagem. 2013;21(3):719–725. https://doi.org/10.1590/S0104-11692013000300004.
14. Iliyasu Z, Galadanci HS, Danlami KM, et al. Correlates of postpartum sexual activity and contraceptive use in Kano, northern Nigeria. Afr J Reprod Health. 2018;22(1):103–112. https://doi.org/10.29063/ajrh2018/v22i1.10.
15. Anzaku A, Mikah S. Postpartum resumption of sexual activity, sexual morbidity, and use of modern contraceptives among Nigerian women in Jos. Ann Med Health Sci Res. 2014;4(2):210–216. https://doi.org/10.4103/2141-9248.129046.
16. Mbekenga CK, Galadanci HS, Danlami KM, et al. Prolonged sexual abstinence after childbirth: gendered norms and perceived family health risks. Focus group discussions in a Tanzanian suburb. BMC Int Health Hum Rights. 2013;13(1):1–11. https://doi.org/10.1186/1472-698X-13-1.
17. Clarke-Deelder E, Opondo K, Oguttu M, et al. Immediate postpartum care in low- and middle-income countries: a gap in healthcare quality research and practice. Am J Obstet Gynecol MFM. 2023;5(2):100764. https://doi.org/10.1016/j.ajogmf.2023.100764.
18. Serrano Drozdowskyj E, Gimeno Castro E, Trigo López E, Bárcenas Taland I, Chiclana Actis C. Factors influencing couples' sexuality in the puerperium: a systematic review. Sex Med Rev. 2020 Jan;8(1):38–47. https://doi.org/10.1016/j.sxmr.2019.07.002.
19. Abebe Gelaw K, Atalay YA, Yeshambel A, Adella GA, Walle BG, Zeleke LB, et al. Prevalence and factors associated with early resumption of sexual intercourse among postpartum women: systematic review and meta-analysis. PLoS One. 2024 Jan;19(1):e0288536. https://doi.org/10.1371/journal.pone.0288536.
20. Sok C, Sanders JN, Saltzman HM, Turok DK. Sexual behavior, satisfaction, and contraceptive use among postpartum women. J Midwifery Womens Health. 2016 Mar;61(2):158–165. https://doi.org/10.1111/jmwh.12409.
21. Hjorth S, Kirkegaard H, Olsen J, Thornton JG, Nohr EA. Mode of birth and long-term sexual health: a follow-up study of mothers in the Danish National Birth Cohort. BMJ Open. 2019 Nov;9(11):e029517. https://doi.org/10.1136/bmjopen-2019-029517.
22. Zgliczyńska M, Zasztowt-Sternicka M, Kosinska-Kaczynska K, Szymusik I, Pazdzior D, Durmaj A, et al. Impact of childbirth on women's sexuality in the first year after delivery. J Obstet Gynaecol Res. 2021 Mar;47(3):882–892. https://doi.org/10.1111/jog.14583.
23. Verbeek M, Hayward L. Pelvic floor dysfunction and its effect on quality of sexual life. Sex Med Rev. 2019 Oct;7(4):559–564. https://doi.org/10.1016/j.sxmr.2019.05.007.