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ASSESSMENT OF SEXUAL AND REPRODUCTIVE HEALTH IN POSTPARTUM WOMEN: A CROSS-SECTIONAL ANALYSIS

Dr Niharika Sharma[1], Dr Snehlata Dubey[2], Dr Hemlata sharma[3]
[1]Mbbs, MS Obstetrics and gynaecology
[2]MS Obstetrics and gynaecology
[3]MBBS, DipGO (ICMCH)

Corresponding Author:

Dr Niharika Sharma
Mbbs, MS Obstetrics and gynaecology

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ABSTRACT

Background: The postpartum period is marked by significant physiological, psychological, and social changes that can impact a woman's sexual and reproductive health (SRH). Despite its importance, SRH concerns are often overlooked in routine postnatal care, especially in developing countries.

Objectives: To assess the sexual and reproductive health status of postpartum women and to identify common concerns, contraceptive practices, and associated psychosocial factors affecting SRH.

Methods: A cross-sectional observational study was conducted over one year at the Department of Obstetrics and Gynecology, involving 100 postpartum women. Data were collected using a pre-validated, semi-structured questionnaire covering sociodemographic profile, obstetric history, sexual health, contraceptive use, and psychological well-being. Descriptive and inferential statistical analyses were performed using SPSS version 25.0. A p-value <0.05 was considered statistically significant.

Results: Dyspareunia was reported by 38%, reduced libido by 45%, and lack of sexual satisfaction by 52% of women. Contraceptive use was reported in 64%, with barrier methods being the most commonly used. Psychological factors such as fatigue (67%), sleep disturbance (48%), and self-reported depressive symptoms (22%) were prevalent. Vaginal delivery was significantly associated with dyspareunia (p=0.023), while reduced libido showed significant association with postpartum depression and sleep disturbances (p<0.05).

Conclusion: Sexual and reproductive health issues are prevalent in the postpartum period but remain under-discussed and under-addressed. Incorporating comprehensive sexual and reproductive health (SRH) counseling into routine postnatal care is essential to improve overall maternal well-being.

Keywords: Postpartum women, sexual health, reproductive health, dyspareunia, contraceptive use, libido, and maternal well-being.

INTRODUCTION

The postpartum period, often referred to as the fourth trimester, is a critical phase in a woman's life marked by significant physiological, psychological, and social changes. While maternal and child health services focus extensively on antenatal and intrapartum care, the sexual and reproductive health (SRH) needs of women in the postpartum period are frequently under-addressed, especially in resource-limited settings[1].

Sexual health problems such as dyspareunia, reduced libido, vaginal dryness, and lack of sexual satisfaction are commonly reported among postpartum women, yet they are often overlooked by healthcare providers and underreported by patients due to stigma and sociocultural taboos[2]. In addition to sexual dysfunction, issues such as unmet contraceptive needs, concerns regarding body image, psychological distress, and unintended pregnancies significantly impact the overall well-being of postpartum women[3].

Contraceptive counseling and access to family planning services are essential components of postpartum care, as spacing or limiting pregnancies can reduce maternal and infant morbidity and mortality[4]. Moreover, failure to address

psychological conditions like postpartum depression can further exacerbate sexual dissatisfaction and disrupt family dynamics[5].

Previous studies have shown that a large proportion of postpartum women lack appropriate information and support regarding SRH, resulting in delayed help-seeking behavior and poor quality of life[6]. Given the complex interplay between physical recovery, hormonal changes, emotional well-being, and partner relationships during this period, a comprehensive assessment of postpartum SRH is imperative.

This study aims to assess the sexual and reproductive health status of postpartum women attending a tertiary care hospital, with a focus on the prevalence of sexual dysfunction, contraceptive practices, psychological factors, and the determinants affecting SRH in the postpartum period.

MATERIAL AND METHODS

Study Design:

This study was a **cross-sectional observational study** conducted to assess sexual and reproductive health among postpartum women.

Study Setting:

The study was carried out in the Department of Obstetrics and Gynecology at a tertiary care center in , over a duration of **3 month** from [oct 2025] to [Dec, 2025].

Sample Size:

A total of **100 postpartum women** were enrolled in the study based on inclusion and exclusion criteria.

Sampling Technique:

Participants were selected using **consecutive sampling**, wherein every eligible postpartum woman attending the postpartum or immunization clinic during the study period was invited to participate until the desired sample size was achieved.

Inclusion Criteria:

- Women aged 18–45 years.
- Women who had delivered within the past 3 months (vaginal or cesarean delivery).
- Willing to provide informed written consent.

Exclusion Criteria:

- Women with known psychiatric disorders or cognitive impairment.
- Critically ill or hospitalized women.
- Non-consenting participants.

Data Collection Tools:

A **pre-validated, semi-structured questionnaire** was used to collect data. The questionnaire included sections on:

- Sociodemographic profile
- Obstetric history
- Menstrual and sexual health (including dyspareunia, libido changes, satisfaction)
- Contraceptive use
- Reproductive intentions
- Physical and psychological well-being

Procedure:

Eligible participants were interviewed face-to-face in a private setting ensuring confidentiality. Interviews were conducted in the local language by trained female investigators. Each interview lasted approximately 20–30 minutes.

Ethical Considerations:

- **Ethical clearance** was obtained from the Institutional Ethics Committee prior to the commencement of the study (Approval No: [Insert Approval No.]).
- **Informed written consent** was obtained from all participants.
- Participant anonymity and confidentiality were strictly maintained throughout the study.

Data Analysis:

The collected data were entered in Microsoft Excel and analyzed using SPSS software version 25.0. Descriptive statistics such as mean, standard deviation, frequencies, and percentages were used to describe the baseline characteristics of the study participants. To assess the association between different categorical variables, statistical tests such as the Chi-square test and Fisher's exact test were applied. A p-value of less than 0.05 was considered statistically significant, indicating a meaningful association between the variables studied.

RESULTS AND OBSERVATIONS;

Table 1: Sociodemographic Characteristics of Study Participants (n = 100)

Variable	Category	Frequency (%)
Age Group (years)	18–25	32 (32%)
	26–35	54 (54%)
	>35	14 (14%)
Education	No formal education	10 (10%)
	Primary/Secondary	58 (58%)
	Higher secondary & above	32 (32%)
Residence	Urban	62 (62%)
	Rural	38 (38%)
Socioeconomic Status	Low	40 (40%)
	Middle	45 (45%)
	High	15 (15%)

Table 2: Obstetric and Delivery Characteristics

Variable	Category	Frequency (%)
Type of Delivery	Vaginal	66 (66%)
	Cesarean Section	34 (34%)
Parity	Primiparous	40 (40%)
	Multiparous	60 (60%)
Time Since Delivery	<6 months	58 (58%)
	≥6 months	42 (42%)

Table 3: Sexual Health Issues Reported Postpartum

Sexual Health Issue	Frequency (%)
Dyspareunia (painful sex)	38 (38%)
Reduced Libido	45 (45%)
Lack of Sexual Satisfaction	52 (52%)
Fear of Re-initiation	30 (30%)
Resumed Sexual Activity	80 (80%)

Table 4: Use of Contraceptives and Reproductive Intentions

Variable	Category	Frequency (%)
Using Any Contraceptive	Yes	64 (64%)
	No	36 (36%)
Type of Contraceptive	Barrier	20 (20%)
	Oral Pills	18 (18%)
	IUD	14 (14%)
	Injectable	12 (12%)
Future Pregnancy Intention	Within 2 years	28 (28%)
	After 2 years	46 (46%)
	Undecided	26 (26%)

Table 5: Association Between Type of Delivery and Dyspareunia

Type of Delivery	Dyspareunia Present	Dyspareunia Absent	Total	p-value
Vaginal	30 (45.5%)	36 (54.5%)	66	
Cesarean	8 (23.5%)	26 (76.5%)	34	0.023*

*Chi-square test applied; *p < 0.05 indicates statistical significance.

Table 6: Psychological and Physical Well-being Postpartum

Variable	Frequency (%)
Feeling of Fatigue	67 (67%)
Sleep Disturbances	48 (48%)
Postpartum Depression Symptoms (self-reported)	22 (22%)
Body Image Dissatisfaction	41 (41%)
Breastfeeding Difficulties	29 (29%)

Table 7: Time to Resumption of Sexual Activity

Time Since Delivery (Months)	Frequency (%)
<1 Month	6 (6%)
1–3 Months	28 (28%)
3–6 Months	32 (32%)
>6 Months	14 (14%)
Not Yet Resumed	20 (20%)

Table 8: Factors Associated with Reduced Libido

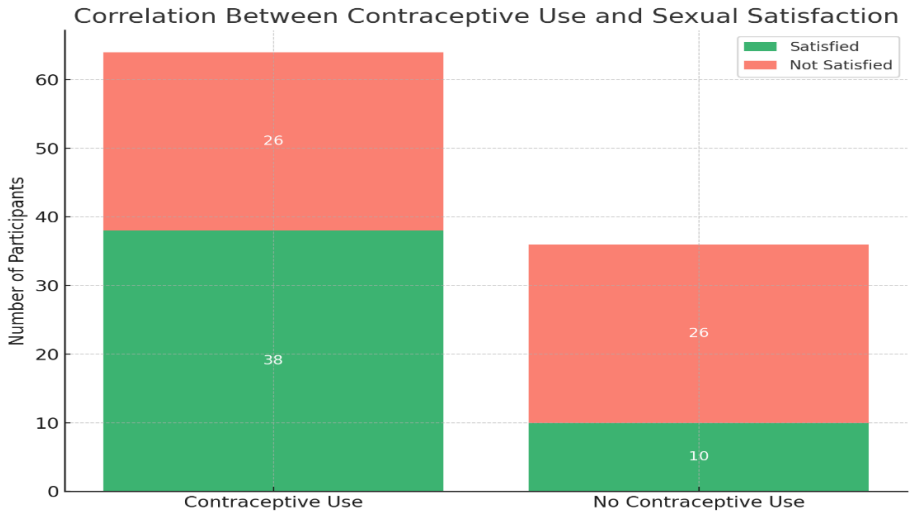
Factor	Libido Reduced (%)	Libido Normal (%)	p-value
Sleep Disturbance (Yes)	38 (79.2%)	10 (20.8%)	0.001*
Breastfeeding (Yes)	35 (70%)	15 (30%)	0.032*
Postpartum Depression (Yes)	18 (81.8%)	4 (18.2%)	0.005*

*Fisher's exact test; p < 0.05 considered significant.

Table 9: Correlation Between Contraceptive Use and Sexual Satisfaction

Contraceptive Use	Satisfied (%)	Not Satisfied (%)	Total	p-value
Yes	38 (59.4%)	26 (40.6%)	64	
No	10 (27.8%)	26 (72.2%)	36	0.002*

*Chi-square test; statistically significant difference in satisfaction levels.



Figure;1 Correlation Between Contraceptive Use and Sexual Satisfaction

Table 10: Source of Sexual Health Information

Source of Information	Frequency (%)

Healthcare Provider	30 (30%)
Partner/Spouse	24 (24%)
Internet/Social Media	20 (20%)
Friends/Relatives	16 (16%)
No Information Received	10 (10%)

DISCUSSION

The findings of this study highlight several important aspects of sexual and reproductive health in postpartum women, emphasizing the need for structured postpartum care services that go beyond physical recovery and neonatal care.

In the present study, **38%** of women reported dyspareunia, **45%** experienced reduced libido, and more than half (**52%**) reported dissatisfaction with their sexual life. These findings are consistent with prior research that suggests a high prevalence of postpartum sexual dysfunction due to factors such as vaginal trauma, hormonal fluctuations, breastfeeding, and fatigue[1–2]. Dyspareunia was significantly more common among women who had vaginal deliveries, likely due to perineal trauma or episiotomy, as supported by studies from Khajehei et al. and Barrett et al.[3–4].

Resumption of sexual activity was observed in **80%** of women, with the majority restarting within 3–6 months postpartum. This aligns with global data suggesting that most women resume sexual activity within six months of childbirth[5]. However, the timing and quality of sexual activity are influenced by emotional readiness, physical recovery, and the dynamics of the partner relationship[6].

Regarding contraceptive practices, **64%** of the participants reported current use of contraception, with barrier methods and oral pills being the most common. However, **36%** were not using any contraception, indicating a gap in family planning counseling. Similar patterns have been observed in previous studies in India and other low- and middle-income countries where postpartum contraceptive uptake remains suboptimal[7]. Education, counseling, and partner involvement play a crucial role in improving contraceptive use during this period[8].

Psychological aspects such as fatigue, sleep disturbances, and self-reported depressive symptoms were frequently reported. Notably, **22%** of women acknowledged experiencing features suggestive of postpartum depression. These symptoms were found to be associated with reduced libido and sexual dissatisfaction, consistent with existing literature that links mental health with sexual function[9–10].

An important finding of this study is the lack of adequate information and support regarding postpartum sexual health. Only **30%** of women received guidance from healthcare providers, while others relied on spouses, peers, or the internet. This highlights a significant communication gap and underscores the need to integrate sexual health education into routine postnatal care[11].

Overall, the study emphasizes the multidimensional nature of postpartum well-being and advocates for a **holistic approach** to care that includes sexual and reproductive health assessment, psychological support, and contraception counseling. There is a pressing need to sensitize healthcare providers to proactively address these issues, as many women are reluctant to initiate such discussions due to cultural stigma or embarrassment[12].

CONCLUSION

This study highlights the high prevalence of sexual and reproductive health issues among postpartum women, including dyspareunia, reduced libido, sexual dissatisfaction, and unmet contraceptive needs. These concerns are significantly influenced by the mode of delivery, psychological well-being, breastfeeding, and sleep disturbances. Despite their frequency, such issues remain underreported due to cultural taboos and a lack of proactive healthcare communication.

The findings underscore the urgent need for integrating sexual and reproductive health counseling into routine postpartum care. Healthcare providers should be sensitized and trained to address these aspects in a respectful and non-judgmental manner. A holistic, woman-centered approach to postnatal care—covering physical recovery, mental health, contraception, and sexual well-being—is essential to improve the overall quality of life and long-term health outcomes for postpartum women.

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