

## **MEDICAL AND OBSTETRIC DETERMINANTS OF SEXUAL DYSFUNCTION AMONG POSTPARTUM WOMEN IN RIVERS STATE**

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DOI: 10.5281/zenodo.14808407

### **Abstract**

This study aimed to investigate the medical and obstetric determinants of sexual dysfunction among postpartum women in Rivers State. Using a descriptive research design, the study targeted a population of 2,670,903 postpartum women, with a sample size of 1,200 selected through a multi-stage sampling procedure. Data were collected using the adapted Female Sexual Function Index (FSFI) questionnaire, which demonstrated a reliability coefficient of 0.856. Statistical analysis was conducted using SPSS version 23.0, applying linear and multinomial logistic regression at a 0.05 alpha level. The results revealed a statistically significant relationship between sexual dysfunction and key determinants, including mode of delivery ( $p < 0.05$ ), history of hypertension ( $p < 0.05$ ), and history of diabetes ( $p < 0.05$ ). Notably, the study found that 98.9% of women who had undergone a Cesarean section reported sexual dysfunction, with similar high prevalence rates observed among hypertensive (100%) and diabetic women (98.0%). The findings suggest that the mode of delivery, and a history of hypertension and diabetes, are significant determinants of sexual dysfunction among postpartum women in Rivers State. The study concludes by recommending the establishment of specialized sexual health units within healthcare facilities to address these issues and improve the sexual health and well-being of postpartum women in the region.

**Keywords:** Sexual Dysfunction, Postpartum Women, Mode of Delivery, Hypertension, Diabetes

### **Introduction**

Sexual dysfunction represents a complex and often overlooked issue that severely impacts the sexual and reproductive health of women worldwide. It refers to the persistent inability to experience sexual satisfaction or engage in sexual activity as expected, causing significant distress or impairment in intimate relationships. While it remains a silent issue, its prevalence is not negligible. Global reports indicate that between 22% and 43% of women experience some form of sexual dysfunction in their lifetime, with this figure rising as high as 50% in certain populations, such as those in the United States (Yvone, 2015). In Africa, particularly in Ghana, studies show the prevalence of sexual dysfunction is alarmingly high, reaching up to 72.8% (Nafiu et al., 2010). In Nigeria, the prevalence is even more striking, with reports indicating that as many as 89% of women may experience some form of sexual dysfunction (Olugbenga-Bello et al., 2020). Despite its widespread nature, sexual

dysfunction in women often goes unreported or under-discussed, particularly among postpartum women, who face unique physical and psychological challenges.

Sexual dysfunction among women can manifest in various ways, including diminished sexual desire, difficulty achieving orgasm, pain during intercourse, or an overall decrease in sexual satisfaction. When these symptoms persist for a significant period—typically six months or more—and cause distress, they are considered a sexual disorder (Faubion et al., 2013). The World Health Organization (WHO, 2015) defines sexual dysfunction as an individual's inability to fully participate in sexual activity, resulting in dissatisfaction in sexual relationships. Diagnosis of sexual dysfunction often involves comprehensive interviews with the affected individual and their partner, and sometimes a physical examination. However, for some women, the condition may be present without causing any distress, and as a result, it may not be formally diagnosed.

Sexual dysfunction is not a single, unified disorder, but rather a collection of issues that can vary widely between individuals. It can be lifelong, acquired, situational, or generalized, and it is independent of sexual orientation or preferences (Allison & Kelly, 2021). Factors contributing to sexual dysfunction are multifactorial, encompassing psychological, biological, social, and environmental aspects. Among the most common factors are medical conditions such as diabetes, hypertension, and past sexual trauma. The impact of these conditions on sexual health is significant, as they can affect the body's hormonal balance, neurological function, and psychological well-being.

The postpartum period presents a unique time for women, with numerous physical and emotional changes occurring after childbirth. During this time, women may experience various forms of sexual dysfunction, including a lack of desire, pain during intercourse (dyspareunia), and difficulty achieving orgasm. The mode of delivery, for instance, plays a crucial role in determining the extent to which a woman may experience sexual dysfunction in the postpartum period. A Cesarean section (CS), for example, can lead to persistent pain in the abdominal area, particularly around the surgical site, which may directly affect the ability to engage in sexual activity. Some studies, such as those by Cabral et al. (2012), have shown that women who undergo a hysterectomy or a Cesarean section are more likely to experience sexual dysfunction due to the physical changes and complications associated with these procedures.

In addition to the mode of delivery, a woman's medical history also plays a significant role in her sexual health. Medical conditions such as hypertension, diabetes, and uterine fibroids have been shown to have adverse effects on sexual function. Women with hypertension, for example, often experience reduced libido and may suffer from difficulties in achieving orgasm. Similarly, diabetes, which affects hormonal balance and nerve function, is a well-known risk factor for sexual dysfunction in women. Owiredun et al. (2011) noted that sexual dysfunction is one of the many consequences of diabetes, as the condition can lead to both physical and psychological barriers to sexual

activity. Furthermore, women with uterine fibroids, which are common benign growths in the uterus, often report increased instances of sexual pain, particularly during intercourse. Zimmermann et al. (2012) demonstrated that women with fibroids experienced significantly higher rates of dyspareunia (painful intercourse) than women without fibroids.

Psychological factors also play a critical role in sexual dysfunction. The postpartum period, while a time of joy and bonding with the newborn, is often accompanied by significant emotional challenges, including anxiety, depression, and stress. These mental health challenges can diminish a woman's sexual desire and arousal, further exacerbating the risk of sexual dysfunction. Studies have also found that depression, anxiety, and low self-esteem are common psychological correlates of sexual dysfunction in postpartum women (Pazmany et al., 2013). These emotional and mental health challenges can lead to a diminished sense of sexual well-being, which, in turn, can strain intimate relationships and affect overall marital satisfaction.

Despite the significant implications of sexual dysfunction, particularly for postpartum women, this issue remains underexplored in research and healthcare practice. In many societies, the topic of sexual health is still stigmatized, and postpartum women are often reluctant to discuss their sexual concerns due to fear of being judged or misunderstood. This silence around sexual dysfunction further contributes to the problem, as many women continue to suffer in silence, without seeking the help or support they need. Health professionals, including doctors and midwives, frequently overlook the importance of addressing sexual health during routine antenatal and postnatal care, leaving a critical gap in healthcare provision. Furthermore, in regions such as Rivers State in Nigeria, healthcare providers are rarely trained or equipped to deal with sexual health issues during the postpartum period, making it even less likely that women will receive the necessary care.

This study, therefore, seeks to address this gap by investigating the medical and obstetric determinants of sexual dysfunction among postpartum women in Rivers State. By focusing on factors such as the mode of delivery, medical history of hypertension and diabetes, and the impact of these variables on sexual health, this research aims to provide a clearer understanding of the key determinants of sexual dysfunction in the postpartum period. The study also aims to contribute to the growing body of knowledge surrounding postpartum sexual health, ultimately leading to better healthcare practices, enhanced awareness, and the development of targeted interventions to address this critical issue.

Through a deeper exploration of the factors that contribute to sexual dysfunction in postpartum women, this research hopes to raise awareness among healthcare providers and policymakers about the importance of integrating sexual health into postnatal care. It is anticipated that the findings will not only offer valuable insights into the prevalence and determinants of sexual dysfunction among postpartum women but also pave the way for the establishment of specialized sexual health services for postnatal mothers. These services could include

counseling, sexual health education, and medical interventions aimed at improving sexual function and overall well-being during the postpartum period.

### Methodology

The study adopted descriptive research design with a population consisting of two million, six hundred and seventy thousand, nine hundred and three (2,670,903) postpartum women in Rivers State. A multi-stage sampling procedure was used to select a sample size of 1,200. Data was collected using an adapted questionnaire titled “Female Sexual Function Index (DFSDQ)” with a reliability coefficient of 0.856. The data collected were analyzed with the aid of Statistical Product for Service Solution (SPSS) version 23.0 using percentage and multinomial logistic regression at 0.05 alpha level.

### Results

The results of the study are shown below:

**Table 1: Percentage distribution showing mode of delivery (vaginal or CS) and sexual dysfunction among postpartum women in Rivers State**

| Mode of delivery | Sexual dysfunction |              |           |           | Total |           |
|------------------|--------------------|--------------|-----------|-----------|-------|-----------|
|                  | Normal<br>F(%)     | Mild<br>F(%) | Moderate  | Severe    | F(%)  | F(%)      |
| Vaginal          | 9(1.1)             | 246(29.5)    | 417(50.0) | 162(19.4) |       | 834(100)  |
| CS               | 15(4.3)            | 117(33.9)    | 189(54.8) | 24(7.0)   |       | 345(100)  |
| Total            | 24(2.0)            | 363(30.8)    | 606(51.4) | 186(15.8) |       | 1179(100) |

Table 1 revealed the relationship between mode of delivery (vaginal or CS) and sexual dysfunction among postpartum women in Rivers State. The result established that more than half (54.8%) of those who had Cesarean section and half (50.0%) of those who had vaginal delivery respectively had moderate sexual dysfunction. Thus, the relationship between mode of delivery (vaginal or CS) and sexual dysfunction among postpartum women in Rivers State was high.

**Table 2: Regression analysis showing relationship between history of hypertension and sexual dysfunction among postpartum women in Rivers State**

| Model | R   | R Square | Adjusted Square | R | Std. Error of the Decision Estimate |                   |      |
|-------|-----|----------|-----------------|---|-------------------------------------|-------------------|------|
| 1     | .94 | .883     | .88             |   | 0.99                                | Very relationship | High |

Table 2 revealed the relationship between history of hypertension and sexual dysfunction among postpartum women in Rivers State. The result showed that there was a very high positive relationship between history of hypertension and sexual dysfunction ( $r = 0.94$ ). The result further showed that history of hypertension contributed 88.3% of the variance in the sexual dysfunction among women ( $R^2 = 0.883$ ). Therefore, the relationship between history of hypertension and sexual dysfunction among postpartum women in Rivers State was high.

**Table 3: Regression analysis showing relationship between history of diabetes and sexual dysfunction among postpartum women in Rivers State**

| Model | R   | R Square | Adjusted Square | R | Std. Error of the Decision Estimate |                   |      |
|-------|-----|----------|-----------------|---|-------------------------------------|-------------------|------|
| 1     | .86 | .743     | .743            |   | 1.468                               | Very relationship | High |

Table 3 revealed the relationship between history of diabetes and sexual dysfunction among postpartum women in Rivers State. The result showed that there was a very high positive relationship between history of diabetes and sexual dysfunction ( $r = 0.86$ ). The result showed that history of history of diabetes contributed 74.3% of the variance in sexual dysfunction among women ( $R^2 = 0.743$ ). Therefore, the relationship between history of diabetes and sexual dysfunction among postpartum women in Rivers State was high

**H<sub>01</sub>:** There is no significant relationship between mode of delivery and sexual dysfunction among postpartum women in Rivers State

**Table 4: Multinomial logistic regression analysis showing relationship between mode of delivery and sexual dysfunction among postpartum women in Rivers State**

| Sexual dysfunction | Mode of delivery | Df | $\chi^2$ | pvalue | Odds Ratio (OR) | 95%CI       |       |
|--------------------|------------------|----|----------|--------|-----------------|-------------|-------|
|                    |                  |    |          |        |                 | Lower       | Upper |
| No dysf.           | Ref.             | 3  | 77.33    | 0.00*  | Ref.            |             |       |
| Mild               | Delivery         |    |          |        | 0.28            | 0.12 – 0.67 |       |
| Moderate           | Delivery         |    |          | 0.27   | 0.11 – 0.63     |             |       |
| Severe             | Delivery         |    |          | 0.08   | 0.03 – 0.22     |             |       |

\*Significant.  $p < 0.05$ .

Table 4 revealed the multinomial logistic regression of relationship between mode of delivery and prevalence of sexual dysfunction among postpartum women in Rivers State. The findings of the study showed a significant relationship between mode of delivery and prevalence of sexual dysfunction ( $p < 0.05$ ). The result indicated that mode of delivery was 3.57 times less likely contribute to mild sexual dysfunction (OR= 0.28, 95%CI: 0.12 – 0.67), 3.70 times less likely to contribute to moderate (OR = 0.27; 95%CI: 0.11 – 0.63), and 12.5 times less likely to contribute to severe sexual dysfunction (OR= 0.28, 95%CI: 0.12 – 0.67). Thus, the null hypothesis which stated that there is no significant relationship between mode of delivery and prevalence of sexual dysfunction among postpartum women in Rivers State was rejected.

**H<sub>02</sub>:** There is no significant relationship between history of hypertension and sexual dysfunction among postpartum women in Rivers State

**Table 5: Linear Regression analysis on significant relationship between history of hypertension (systolic blood pressure) and prevalence of sexual dysfunction**

| Model        | Sum of Squares | df   | Mean Square | F       | Sig. | Decision |
|--------------|----------------|------|-------------|---------|------|----------|
| 1 Regression | 8747.64        | 2    | 4373.82     | 4444.24 | .00* | Rejected |
| Residual     | 1158.35        | 1177 | .98         |         |      |          |
| Total        | 9906.00        | 1179 |             |         |      |          |

\*Significant,  $p < 0.05$

Table 5 presented the regression analysis on significant relationship between history of hypertension and sexual dysfunction. The findings of the study revealed that there was a significant relationship between history of hypertension and sexual dysfunction [ $f(1,1178) = 4444.24, p < 0.05$ ]. Therefore, the null hypothesis which stated that there was no significant relationship history of hypertension and sexual dysfunction among postpartum women in Rivers State was rejected.

**H<sub>03</sub>:** There is no significant relationship between history of diabetes and sexual dysfunction among postpartum women in Rivers State

**Table 6: Regression analysis on significant relationship between history of diabetes and sexual dysfunction**

| Model       | Sum of Squares | df   | Mean Square | F       | Sig. | Decision |
|-------------|----------------|------|-------------|---------|------|----------|
| 1Regression | 7364.68        | 1    | 7364.68     | 3413.81 | .00* | Rejected |
| Residual    | 2541.31        | 1178 | 2.15        |         |      |          |
| Total       | 9906.00        | 1179 |             |         |      |          |

\*Significant,  $p < 0.05$

Table 6 presented the regression analysis on significant relationship between history of diabetes revealed that there was a significant relationship between history of diabetes and sexual dysfunction [ $f(1,1178) = 7364.68, p < 0.05$ ]. Therefore, the null hypothesis which stated that there was no significant relationship history of diabetes and sexual dysfunction among postpartum women in Rivers State was rejected.

### Discussion of findings

The finding of this study in Table 1 established that majority 98.9% and 95.7% of those who had vaginal delivery and Cesarean section respectively had sexual dysfunction; and there was a significant relationship between mode of delivery and prevalence of sexual dysfunction ( $p < 0.05$ ). The reason adduced for this is that those who gave birth through caesarean section may be battling with pains which could interfere with their sexual function, leading to sexual dysfunction. On the other hand, those who had vaginal delivery with complications and lots of pain may also have diminished interest in sexual intercourse, especially at postpartum because of stomach ache and vaginal injuries which could be painful during sexual intercourse. By implication, postpartum women both the ones that delivery through cesarean section and vaginal delivery may delay sexual activities until they gain stability in health. The finding of this study corroborates that of Brotto et al. (2010) whose study on women's sexual desire and arousal disorders revealed a relationship between women's mode of delivery and sexual dysfunction. The finding of this study also gives credence to that of Holanda et al. (2014) whose study on sexual dysfunction and associated factors in Brazil revealed a statistically significant relationship between prevalence of sexual dysfunction and mode of delivery. The finding of this study is similar to that of Norafini et al. (2020) whose study in Sarawak revealed a relationship between women's mode of delivery and sexual dysfunction. The finding of this study is also in line with that of Adebuseye et al. (2020) whose study in Nigeria revealed a relationship



between women's mode of delivery and sexual dysfunction. The similarity between the present study and the previous ones could be due to the homogeneity of the study respondents, as they were both carried out among postpartum women. The finding of this study is at variance with that of Alanye and Bulut (2021) whose study among postpartum women in Edinburgh showed that there was no statistically significant relationship between mode of delivery and sexual function scores ( $p>0.05$ ). The divergence in the sample size and study location could be implicated for the variation found between the both studies. The result in Table 2 indicated that both in the systolic and diastolic reading, all the respondents 195(100%) and 183(100%) who were hypertensive had sexual dysfunction; there was also a significant relationship between history of hypertension and prevalence of sexual dysfunction ( $p<0.05$ ). This finding is not surprising because hypertension incapacitate other organs of the body including sexual organ which by implication, deters sexual functioning. This finding of this study give credence to Nyalile et al. (2020) whose study in Tanzania showed significant relationship between hypertension and sexual dysfunction. The finding of this study is also in line with Deribew et al. (2021) whose study in Ethiopia showed significant relationship between hypertension and sexual dysfunction. The finding of this study is in line with that of Szollosi and Szabo (2020) whose study in Hungary revealed a significant relationship between sexual dysfunction and health condition of women. The finding of this study is also similar to that of Mirfat and Sheren (2019) whose study in Egypt revealed a statistically significant relationship between prevalence of sexual dysfunction and woman suffering chronic diseases including hypertension. The similarity in the methods used in both studies could be implicated for the similarities found, as they all adopted the descriptive research design. The finding of this study is at variance with that of Rezaei et al. (2017) whose study on postpartum sexual functioning among women in Iran revealed a non-statistically significant relationship between sexual dysfunction and mode of delivery. The difference in the study location could explain for the variance found in both studies. The result in Table 3 established that majority of the respondents 144(98.0%) who were diabetic had sexual dysfunction; and there was a significant relationship between history of diabetes and prevalence of sexual dysfunction ( $p<0.05$ ). This finding is not surprising because diabetes impairs the immune system and other organs of the body including sexual organ which by implication, deters sexual functioning. The findings of this study is akin to that of Mekonnen et al. (2021) whose study in Ethiopia revealed a statistical relationship between sexual dysfunction and diabetes mellitus. The finding of study is in agreement with that of Van et al. (2017) whose study o in Vietnam indicated a significant relationship between sexual dysfunction and disease history including diabetes. Furthermore, the finding of this study is in line with several other studies such as Olajubu et al. (2019), and Ezeude et al. (2020) which all established a statistically significant relationship between the prevalence of sexual dysfunction and diabetes mellitus. The finding of this study is similar to that of Mirfat and Sheren (2019) whose study in Egypt revealed a statistically significant relationship between prevalence of sexual dysfunction and woman suffering chronic diseases including diabetes. The similarity in the study design used in both studies could be implicated for the similarities found, as they all adopted the descriptive research design.



### Conclusion

Based on the findings of the study, it was concluded that the predictors of sexual dysfunction among postpartum women in Rivers State were mode of delivery, history of hypertension, and history of diabetes.

### Recommendations

Based on the findings of the study, the following recommendations were made:

1. The ministry of health should make better modern equipment available to ease the delivery process for women so they don't undergo so much pain that makes them not to function well sexually.
2. The government should help postpartum women with chronic diseases such as hypertension and diabetes, to function optimally sexually by incorporating sexual healthcare services as part of the routine services provided during their postnatal visits.
3. The ministry of health should make provision for postnatal women with sexual health challenges as well as chronic diseases, for medical equipment to check their glucose level, and high blood pressure at every postnatal visit, rather than focusing on the infant alone.

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