Sexual function of women with children and without children and its relationship to attachment styles

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Abstract

Sexual intercourse is a natural desire in appropriate family environment so that accepting and satisfying it is effective in family system. But following the delivery (childbirth) due to its special conditions, sexual behavior undergoes some changes and such changes as decreased sexual desire occur among females who first experience the maternity. In this study 120 married women (60 with children and 60 without child), aged 20-30, were selected using nonrandom sampling from Health centers and maternity wards. The findings indicated that the women who haven’t yet experienced pregnancy and childbearing, outperformed sexual intercourse \((p=0.017)\). In contrast among the married women with children, those with safe attachment have more sexual satisfaction; so there is a meaningful relationship between attachment style and sexual performance. That is, decreased sexual performance in females with children results in insecure attachment style (Avoidant and Ambivalent) indicating that attachment styles play a key role in sexual performance.

Keywords: decreased sexual desire, pregnancy, attachment styles, women with children, women without children.
1. Introduction
Sexual intercourse is a natural desire in appropriate family environment so that accepting and satisfying it is effective in family system. But following the delivery (childbirth) due to its special conditions, sexual behavior undergoes some changes. (Tavoni & Anis, 2005) However, this period of time is considered to be followed by a sexual dissatisfaction. Usually the women are faced with such sexual intercourse as painful intercourse, lack of sexual desire, vaginal dryness, lack of orgasm, so that their lack of awareness can lead to several concerns for couples. (Adams, Lisa G 2006) Decreased sexual desire, usually, in terms of relationship while affecting couples' sexual life appears as a problem and is one of the main reasons for sexual disorders after delivery, and this occurs following harmonic changes after delivery (Banse, R. Adult 2004). So that 80% of the women during the first three months after delivery. Reported about the decreased sexual desire and 70% were confronted with such problem during the first six months after delivery (Barrit & Amney Harper 2006). Three effective factors in decreased sexual desire include:

- Physical factors: one of such factors which is common is Disparonia resulting from Ipizyatumi and Perineal laceration, and even if healed can cause decreased females' sexual desire. (Jahanfar and Moulaei, 1380).
- Personal factors: fatigue in one of such factors. More responsibilities and child care and night insomnia add to this fatigue; this case itself result in females' decreased sexual desire, often, leading to basic and unsolved problems in couples' relationships (Adams, 2006).
- Social factors: on a social basis, women have special problems, e.g. responding in new role as a mother and challenges in adjusting time and lack of social activity (Adams & Debrakubia 2006).
- Mental factors: in the past few decades depression symptom after delivery has been focused by several medical and psychological professionals (Rajabi & Khodarahimi, 1383).

Previous studies conducted in the field of decreased sexual desire and its performance after delivery; in general, indicate the decreased satisfaction and enjoyment after delivery (Tavoni & Anisil., 1383). In a study done by Nourizade (1384) the findings showed that 83% of the women had at least one sexual problem after delivery.

2. Methodology
2.1. Participants and design
Since the current study deals with exploration of the present condition, the methodology is descriptive. 120 married women (60 with children and 60 without children) from health centers and Health centers and maternity wards of four regions at Mashhad were selected based on a nonrandom sampling. All the participants (with children) had at least one child experiencing a 5-year marital life. Their ages ranged from 20-30, and the lowest educational level was considered to be third grade of guidance school. Criteria for excluding subjects:
1. Lack of severe physical/mental disease
2. No experience of brain injury - Severe infections of the genital tract and lack of drug abuse
The women had at least one child with the maximum of 5-year experience in marriage, aged 20 to 30 and the lowest level of education was third grade of guidance school. None of the
participants had a severe physical / mental disease, brain injury or severe infections of the genital tract and drug addiction.

3. **Instrument**
   Sexual Satisfaction Questionnaire: since there was no a certain questionnaire in order to determine sexual satisfaction prior to perform this study in Iran, the researchers developed a questionnaire which was validated by some professionals. The validity of this questionnaire was examined by eight professors, having received their PhD in psychology. The content validity obtained was 70% which was confirmed by the mentioned experts and was administered over 20 subjects in order to calculate its criterion validity. Due to lack of any other test regarding evaluation of sexual intercourse, the present test was compared with results of another test in order to achieve its construct validity. In order to measure reliability and validity, the split-half method was used; that is odd and even items were separately graded and correlation coefficient and reliability coefficient was measured as 75%. Hazen & Shaver Adult attachment questionnaire: this questionnaire which is used to evaluate individual's attachment consists of two parts; that is in the first section three basic paragraphs in form of descriptive sentences are provided so that the respondent needs to choose his options based on a 7-point Likert scale, graded from totally disagree to totally agree; and this in fact indicates that how this description fits the respondent characteristics. In second part the same questionnaire is presented but now the respondent needs to mark one option. Several studies have provided a reasonable reliability for this questionnaire using retest method. For example regarding category evaluation of we used the consistency of retest method 70%. The reliability of retest estimated for grading triple variables has been 60% during 1 to 8 weeks; this test was administered over 100 subjects by Pakdaman (1383) and its Cronbach alpha was stimatedas%78.

4. **Data collection**
   In order to perform the study, first of all, some instruments were prepared by the researcher. Then the researcher referred to health center as well as maternity wards, and after presenting required information and justification some decisions were made regarding test place, appropriate time, (it is necessary to mention that the respondents referred to these centered for three months periodically and helped the researcher), then at the outset of the project the subjects were provided with questionnaire together with a paper. This paper included some materials regarding the importance of the subject as well as recommendations for realistic responses with honor, also the participants became sure that the information obtained is confidential; also they were guided how to complete the questionnaire.

5. **Results**
   Sexual performance of women without child is better than women with child (p=0.017). In order to clarify the issue the status of sexual intercourse of married women with child is shown in table 1.
Table 1
The frequency of sex after childbirth in women with children

<table>
<thead>
<tr>
<th>Sex position</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased</td>
<td>12</td>
<td>%20</td>
</tr>
<tr>
<td>Decreased</td>
<td>31</td>
<td>%52</td>
</tr>
<tr>
<td>Not changed</td>
<td>17</td>
<td>%28</td>
</tr>
</tbody>
</table>

Total                 60 %100

According to table 1  sexual  performance  after childbirth has decreased (0.53).

-The main hypothesis of research
In women with child, there is a meaningful relationship between sexual performance and attachment styles.
In this step, the mean of sexual satisfaction scores was calculated, then the individuals were assigned into two groups according to their scores. In order to test consensus table has been used (table 2)

Table 2
Two variables tables sexual function and attachment styles

<table>
<thead>
<tr>
<th>Contingency table</th>
<th>Sexual Function</th>
<th>Tota</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Top</td>
<td>Down</td>
</tr>
<tr>
<td>Attachment styles</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insecure</td>
<td>7</td>
<td>25</td>
</tr>
<tr>
<td>Secure</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>21</td>
<td>36</td>
</tr>
</tbody>
</table>

6. Discussion
It should be noted that detecting and eliminating sexual disorders considerably improves the quality of marital relations, and this itself is an important attempt to prevent from family disputes and related outcomes. According to the fact that married people show different sexual behaviors and patterns in different periods of marital life, pre-marriage instructions for couples, family members’ sexual knowledge, and modifying beliefs and attitudes can cause
cognitive changes. Therefore this study, in particular, has focuses on sexual disorders after delivery, because such disorders can considerably decrease sexual desire among females. The finding was identical to those found by Taavoni and anisi. (1383) where decreased sexual desire after delivery in women who experienced the first delivery was found so that these studies indicate decreased sexual desire, enjoyment and satisfaction after delivery. This finding regarding decreased sexual desire after delivery was completely in agreement with that was found by the author, but the difference lies in that the present study considers some few years after delivery but Taavoni'e study considers three to six months. Now it can be concluded that females after delivery seem to not return to the degree of pre-delivery, and the probable reasons are ignored here. The present study indicated that decreased sexual desire among sexual disorders is the most frequent among females, in specific those who have experienced it. Another reason associated with decreased sexual desire is attachment style in females, and the present study investigated its effect on sexual satisfaction and it was found that the obtained results supported the relationship between sexual performance and attachment style. That is, frequency of insecure style is more in females with child and low sexual performance and females with high sexual performance have more safe attachment style. In fact, attachment is related to sexual performance that is the more attachment is the better sexual performance would be resulting in forming appropriate attachment and these findings show that the individuals with insecure attachment style enjoy less marital satisfaction, therefore the present study is in agreement with study performed by Witakers and Banse (2004) finding that individuals with insecure attachment style have weak Marital performance, communication, problem solving and low self-confidence.

7. Limitations

1. The current study has been conducted in one limited population and there was no possibility to select a sample.
2. Lack of any backgrounds in Iran as well as lack of Persian sources was other limitations. Although one of the strong points of the present study was lack of similar research works in Iran, this was a limitation in compiling theoretical findings and internal studies outcomes.
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