

Assessment of sexual competence among primiparous women using different contraceptive methods

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Abstract

Background: Sexuality is an important component of women's wellbeing. Sexual changes after childbirth regarding contraceptive methods among women are an important factor in creating a sense of satisfaction which effects on their quality of life. **Aim:** To assess sexual competence among primiparous women using different contraceptive methods. **Design:** A descriptive study was used. **Setting:** The study was conducted at family planning clinic of Maternity health center in Shoshay village, Menoufia governate. **Sample:** A Purposive sample of 300 primiparous women. **Data collection tools:** 2 tools were used, Structured interviewing questionnaire tool, and Female sexual function index (FSFI). **Results:** Reavles that (37.0%) of the studied sample had moderate level regarding to total domains of female sexual function, while less than one third (30.3%) of them had low level regarding to total domains of female sexual function. **Conclusion:** About one third of the studied sample used hormonal methods and majority of them had low level of total female sexual function (FSF), about two thirds of the studied sample who used non hormonal contraceptives had moderate level of total FSF and more than half of them who used natural methods had high level of total sexual function. **Recommendations:** Apply comprehensive health educational programs for primiparous women about sexual health and establishing teaching courses regarding advantages and disadvantages of different contraceptive methods.

Keywords: contraception, Postpartum, primiparous, Sexuality.

Introduction:

Human sexuality is a process that involves the integration of different organ systems and requires neurologic, vascular and endocrine coordination. Female sexual functioning is a state of ability to achieve sexual arousal, lubrication, orgasm, and satisfaction and results in wellbeing (Abou Khodair, 2018).

The World Health Organization (WHO) describes the sexual health as a state of physical, emotional, mental and social well-being in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity and Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and

safe sexual experiences, free of coercion, discrimination and violence. (WHO, 2006).

Sexuality is a phenomenon not to be neglected, as similar to other instinctive desires of mankind, and is recognized as a multidimensional phenomenon, which can be influenced by multi psychosocial factors. Women's sexual activity changes at various stages of life and is affected by numerous factors, one of them includes childbirth and maternity. These factors also include fatigue, fear of subsequent pregnancy, concern about pain during intercourse, mode of delivery, parity which can have different results because of different culture (El Sayed, 2017).

Postpartum sexual health cannot be separated theoretically from sexuality,

Sexual activity and contraception are principal topics in women's health, and influence of different contraceptive methods on postpartum sexual health has gained increasing attention worldwide. the resumption of sexual intercourse after delivery and the utilization of contraceptive methods are significant features of postpartum sexual health. These features dramatically affect the quality of life and self-esteem of postpartum period. Some studies have focused on resumption time, frequency of sexual intercourse and influence of fatigue on sexual intercourse (*Zhuang, 2019*).

The nurse is an integral part in health care system and play a major role in assessment of problems for early detection and management a nurse has act as educator, care provider, communicator, patient advocator, decision maker, counselor, administrator, supervisor and researcher. If a nurse was to be eliminated from the healthcare system, it would collapse in its tracks. the nurse consultant in the selection of the appropriate contraceptive method of the individuals/ couples, their guidance in the proper use of the selected method and their serious direction when a negative problem on sexual function is observed will contribute in increasing the quality of the sex life (*Omran, 2016*).

The nurse has an important role with women who have high desire to be supported and receive more information about postnatal sexual issues from their care providers. Lack of sexual health counseling after childbirth is one of the important factors leading to disordered sexual function during postnatal period. Although sexual instruction education after childbirth is important, but currently its content is usually focused on the time of the first intercourse and choosing post-partum contraceptive methods, which does not meet the women's needs in their whole postpartum period (*Zamani, 2018*).

Justification of the Problem

Sexuality is a taboo subject in many societies, and women and physicians do not routinely discuss effects of contraception on sexual health, Sexual problems are reported by approximately 40 percent of women worldwide, and approximately 12 percent (one in every eight women) have a sexual problem (*Shifren, 2020*).

Female sexual dysfunction refers to a sexual. It takes different forms, including lack of sexual desire, impaired arousal, inability to achieve orgasm, or pain with sexual activity. Sexual dysfunction may be a problem since the start of sexual activity or may be acquired later in life after a period of normal sexual functioning (*Shifren, 2020*).

An analysis of collected data in Egypt revealed a high prevalence of FSD (52%) with sexual desire disorders as the commonest type of sexual dysfunction. The prevalence of desire, orgasm, arousal, pain, and sexual satisfaction disorders were (35%), (29%), (21%), (20%), (15%) respectively (*Abou Khodair, 2018*).

The prevalence of female sexual dysfunction among women who used hormonal contraception was 51.5%, where as the prevalence among women who used non hormonal contraception was 29.6%. There is an association between the use of hormonal contraceptives and decreased female sexual satisfaction and functioning (*Mugore, 2020*).

Aim of this study

The aim of the present study is to assess sexual competence among primiparous women using different contraceptive methods..

Research Questions

What is the effect of using different contraceptive methods on sexual competence among primiparous women?

Subjects and Methods

Design: A descriptive study design was used.

Setting: The study was conducted at Family Planning Clinic, at the Maternal and child health center (MCH) at Shoshay village, Menoufia governate.

Sampling

Sample Size, type: A Purposive sample technique was used to recruit (300) Primiparous women, from the total number (4570) in 2020 year of women attended to family planning clinic MCH at the mentioned sitting. The sample size was calculated according to the following formula.

$$n = \frac{Np(1-p)}{(N-1)(d^2/z^2) + p(1-p)}$$

$$n = \frac{4570 \times 0.5(1 - 0.5)}{4570 - 1[(0.05)^2 \div (1.96)^2] + 0.5(1 - 0.5)}$$

$$= 300$$

With the following criteria:

- Primiparous women using different contraceptive methods.
- Healthy married women with established continuous marital relationships.
- Women were incorporated and willing to participate in the study.

Tools of data collection:

Tool(1) A structured interviewing questionnaire schedule was designed by the researcher after reviewing the related current and previous literature. It consists of three parts as the following. :

Part I: Personal and general characteristics of the study sample such as (age, level of education, occupation, the partners' age, residence, and income,)

Part II: Past obstetrical and delivery history such as, (No, of abortion, mode of

delivery, baby gender, episiotomy, feeding method, history of circumcision, onset of menstruation after delivery, using contraceptive methods.

Part III: Sexual history such as (time to start sex after delivery, frequency of sexual intercourse after delivery and calm environment during intercourse)

Tool (II): Female sexual function index (FSFI), it was adopted from (Rosen, 2011), to assess different domains of sexual competence among primiparous women using different contraceptive methods. This questionnaire contains 19 items that measure the sexual function of women in six independent dimensions, including sexual desire, sexual arousal, vaginal lubrication, orgasm, sexual satisfaction, and pain.

❖ Scoring system

Sexual competence scoring

High if score	<70
Moderate if score	50-70
Low if score	>50

Validity & reliability of the Tools:

Tools were reviewed by a panel of three experts in obstetric and gynecological nursing field to test the face and content validity. Each of the experts was asked to examine tools for content coverage, clarity, wording, length, format, and overall appearance. Modifications were done according to the comments. "rephrasing and cancelling for four questions". Reliability of tools was measured through **Cronbach's Alpha test**

Tool	Cronbach's Alpha
Characteristic of subjects	0.867
Female sexual function index	0.913

Ethical Considerations:

The research approval was obtained from Scientific Research Ethical Committee in Faculty of Nursing at Ain Shams University before starting the study. The researcher took oral consent from the women to participate in the study after clarified the aim of the study and informed them that they have the right to withdraw from the study at any time without penalties. Offered answer to all the women's questions as possible. The researcher was assure maintaining anonymity and confidentiality of the subject data. Tools of data collection were burnet after statistical analysis done.

Administrative design:

An official approval to conduct this study was obtained from Dean of faculty of nursing Ain Shams University, a letter containig the title and aim was directed to adminstrator of the previous mentioned study setting.

Statistical design:

Data collected from the studied sample was revised, coded and entered using Personal Computer (PC). Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 22. Data were presented using descriptive statistics in the form of frequencies, percentages and Mean SD. The **Chi Square** statistic is commonly used for testing relationships between categorical variables. A correlation coefficient is a numerical measure of some type of correlation, meaning a statistical relationship between two variables.

Significance of the results:

Highly significant at $p\text{-value} < 0.01$.

Statistically significant was considered at $p\text{-value} < 0.05$

Non-significant at $p\text{-value} \geq 0.05$

Pilot Study:

A pilot study was carried out on (10%) 30 primiparoust women were included in the study sample as no modification done in the

tools of data collection.

Field Work:

After taken approval from the administrator of previous mentioned study setting the researcher visit this setting 3 days / week at morning shift from 8 am to 2 pm to collect data started from 1st February, 2021 to the 1st of June, 2021.

At beginning of the interview the researcher start to introduce her self and explained berifely the aim of the study to the studied women to gain confidence and trust then took oral consent from them.

The researcher interviewing with each women individually in waiting area at Maternal and child health center (MCH). The average number of primiparous women interviewed per day were (10-15) primiparous /day). Using 2 tools to carry out the research were the first tool structured interviewing questionnaire which were used to assess women's primiparous general characteristics, obstetric and delivery history and the sexual history within time range (10) minutes. Second tool Female sexual function index (FSFI), filling within time range (10) minutes. Also The total duration of each interview was (15 -20) minutes and filled by the researcher. The researcher repeated the previous steps until finished the duration of data collection.

Results:

Table (1): Presents that (30.7%) the research sample for the 26-30-year-old age group., from rural areas (39.7%), with a technical secondary school education or above accounting for 52.7%, and housewives accounting for 64.3%. The husband's education level (45.7%) is a technical secondary school, and 64.3% are employees. In addition, (61.3%) household income is insufficient.

Table (2): Reavles that (73.0%) of the study samples have received circumcision, and (57.7%) have regular

menstrual cycles. Regarding the duration of the menstrual cycle, (56.3%) had 3-5 days of menstruation, and (45.0%) had a lot of menstruation. (41.3%) They reported that 7-12 months is the beginning of postpartum menstruation. of which the rate of miscarriage was the lowest, of which (77.8%) had 1 to 2 miscarriages. It also showed that (74.0%) had a Caesarean section. Regarding infant age s, less than one-third of their infants are between 1 and 6 months old. 50.6% of newborns have mixed feeding

Table (3): Shows that (44.8) uses Amono-hormonal tablet (breastfeeding tablet) as the hormone method. On the other hand, most of them (84.5%) use copper coils as a non-hormonal method. In terms of natural methods, 75.7% of people use breastfeeding (within the first 6 months after birth). Nearly (65.7%) started using this method within 40 days. Among them (48.0%) used the last method for more than 12 months. There are also (62.7%) people who have difficulty or complain about using contraceptive methods, and more

than half of them suffer from vaginal bleeding.

Table (4) Reveals that (56.3%) of the studied sample start intercourse after childbirth After 40 days, and 56.0% of them had 2 time intercourse after childbirth per week and nearly two thirds of them reported that not quiet environment for intercourse after childbirth.

Table (5): Presents that (34.3%) of the studied sample had high level toward Arousal, additionally, (41.0%) of them had Moderate to Pain, while, nearly one third (33.0%) of them had low level to Lubrication.

Table (6): Presented that relationship between contraceptive methods of studied sample and their total female sexual function during the past 4 weeks, it was noticed that there was a statistically significant relation between methods contraceptive and their Total female sexual function at p value (.002*).

Table (1):Frequently distribution according studied sample's general characteristics (no=300)

Items	No	%
Age (years)		
18-	57	19.0
26-	92	30.7
31-	83	27.7
36-38	68	22.6
Mean± SD29.89±5. 03		
Residence		
Urban	104	34.7
Rural	196	65.3
Education level		
Can,t read and write	4	1.3
Basic education	9	3.0
Secondary education	158	52.7
University education	129	43.0
Occupation		
Works at home	193	64.3
Works out side	107	35.7
husband's education		
Can,t read and write	7	2.3
Basic education	26	8.7
Secondary education	137	45.7
University education	130	43.3
husband's job		
An employee	199	66.3
Free Worker	101	33.7
Family income		
Enough	86	28.7
Barely enough	30	10.0
Not enough	184	61.3

University education	130	43.3
husband's job		
An employee	199	66.3
Free Worker	101	33.7
Family income		
Enough	86	28.7
Barely enough	30	10.0
Not enough	184	61.3

Table (2): Frequently distribution according studied sample's previous obstetrical history (no=300).

Items	No	%
circumcision history		
Yes	219	73.0
No	81	27.0
Menstrual cycle		
Regular	173	57.7
Irregular	127	42.3
Menstrual Duration		
Less than 3 days	46	15.3
3-5 days	169	56.3
6 days or more	85	28.4
menstrual amount		
Mild	82	27.3
Moderate	83	27.7
Heavy	135	45.0
Onset of post partum menses		
After 40 days	28	9,3
From 2-6 months	70	23.4
From 7-12 months	124	41.3
After more than 12 months	78	26.0
Mean± SD 2.73±0.89		
abortions number no=63		
0	237	
1-2	49	77.8
3-4	11	17.4
≥5 times	3	4.8
Mean± SD 1.14±0.13		
delivery method		
Natural	78	26.0
Caesarean section	222	74.0
baby, s age (months)		
1-6	94	31.3
7-12	89	29.7
13-18	76	25.3
> 18	41	13.7
Mean± SD 10.93±2.87		
feeding method		
Breast-feeding	80	26.7
Artificial feeding	68	22.7
Mixed feeding	152	50.6

Table (3): Frequently distribution of the studied sample according to their contraceptive methods (no=300).

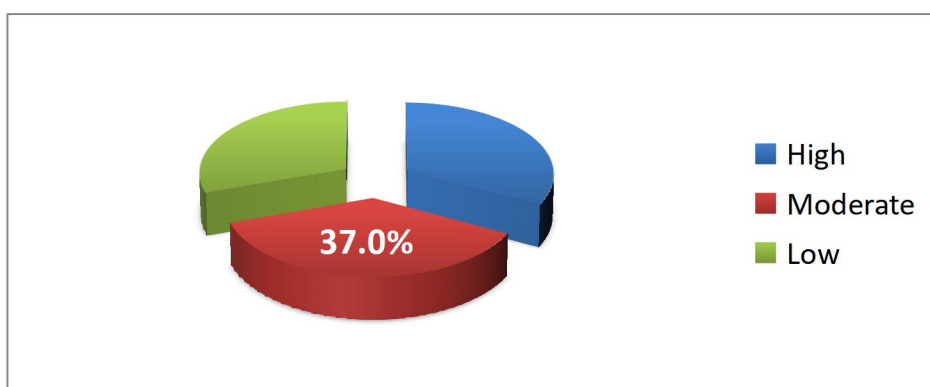
Items	No	%
Hormonal methods no=107		
A.mono-hormonal tablets (breastfeeding tablets)	48	44.8
Combined hormone tablets (21 tablets)	17	15.9
Mono-hormonal injections (monthly)	14	13.1
Compound injections (3 months)	19	17.8
Family planning capsules that are implanted Under the skin	9	8.4
Non-hormonal methods no=123		
The copper coil	104	84.5
The male condom	6	4.9
The female condom	0	0
Topical methods: - vaginal suppository	13	10.6
Natural methods no=70		
Breastfeeding (within the first 6 months after birth)	53	75.7
Awareness of fertility (the safe period of the Menstrual cycle)	2	2.9
Incomplete intercourse (withdrawal)	15	21.4
Start using contraceptive method		
Immediately after birth	39	13.0
Within 40 days	197	65.7
After 40 days	64	21.3
Duration of using last method		
Less than 6 months	52	17.3
6-12 months	104	34.7
More than 12 months	144	48.0
Complain with contraceptive method		
Yes	188	62.7
No	112	37.3
what is the Complain no=188		
Vaginal bleeding	96	51.1
Irregular menstruation	57	30.3
Increased menstrual pain	35	18.6

Table (4): Frequently distribution of the studied sample according to their sexual history (no=300).

Items	N	%
Time of resumption of sexual intercourse after delivery		
After 40 days	169	56.3
After two months	79	26.3
After four months	29	9.7
After 6 months	23	7.7
Frequency of sexual intercourse after birth/week		
1	106	35.3
2	168	56.0
≥3	26	8.7
Mean± SD 1.80±0.24		
Calm environment during intercourse		
Yes	101	33.7
No	199	66.3

Table (5): Frequently distribution of the studied sample regarding total domains of female sexual function during the past 4 weeks (no=300).

Domain	High <70		Moderate (70-50)		Low >50	
	No	%	No	%	No	%
Desire	95	31.7	120	40.0	85	28.3
Arousal	103	34.3	105	35.0	92	30.7
Lubrication	97	32.3	104	34.7	99	33.0
Orgasm	98	32.7	107	35.6	95	31.7
Satisfaction	90	30.0	115	38.3	95	31.7
Pain	94	31.3	123	41.0	83	27.7
Total	98	32.7	111	37.0	91	30.3

**Figure (1):** Distribution of studied sample regarding to total domains of female sexual function during the past 4 weeks (no=300).**Table (6):** Relationship between contraceptive methods of studied sample and their total female sexual function during the past 4 weeks (no=300).

Items		Total female sexual function						X ²	P-Value
		High		Moderate		Low			
		<70		(70-50)		>50			
		(no=98)		(no=111)		(no=91)			
		No	%	No	%	No	%		
contraceptiv methods	Hormonal methods no=107	2	2.1	20	18.0	85	93.4	22.16	.002**
	Non hormonal metho no=123	46	46.9	74	66.7	3	3.3		
	Natural methods no=70	50	51.0	17	15.3	3	3.3		

*Significant at p <0.05. **Highly significant at p <0.01. Not significant at p>0.05

Discussion:

This study aimed to assess sexual competence among primiparous women using different contraceptive methods.

Regarding general characteristics of the studied sample, the present study displayed that less than one third of the studied sample aged between 26-30 with the mean age \pm SD 29.89 \pm 5.03, from rural area,

more than half had Secondary level of education, and less than two thirds of the studied sample housewife and had not enough family income respectively.

This findings agreement with Hassanin et al., (2018) who studied "A study of the impact of the commonly used female contraceptive methods in Egypt on

female sexual function" and reported about one third of studied sample at the age group from 26 to 30 years, s than two thirds of the studied sample housewife the similarity between two studies result might due to most girls in Egypt got married and delivered between 18-30 years and housewives due to cultural issues. Also these findings were supported with (**Goniem et al., 2021**) who conducted study to evaluate the Effect of Educational Package for Postpartum Women on Improving Sexual Quality of Life" and reported that, more than half had Secondary level of education, and had not enough family income.

Concerning to obstetric history of studied sample the current study presented that about three quarters of the studied sample had circumcision, this corroborates with **Hashem et al., (2020)** who evaluate the Effect of Sexual Health Educational Program on Enhancing Female Sexual Function during Pregnancy" and denoted that about three quarters of the studied sample had circumcision. This result might due to a belief that circumcision will assure a girl's marriageability, and that it is sanctioned by Islam.

The current study showed that the highest percentage of the studied sample had regular menstrual cycle, while slightly less than half of them had heavy amount of the menstruation, also regarding onset of post partum menstruation more than one third begin from 7-12 months postpartum and about three quarters had cesarean section delivery.

This result were conforms with (**Abdelhakm et al., 2018**) who studied " Effect of PLISSIT Model Sexual Counseling Program on Sexual Quality of Life for Postpartum Women". and reported that the highest percentage of the studied sample had regular menstrual cycle, while most of them had heavy amount of the menstruation, about three quarters of the studied sample had cesarean section delivery, and the similarity between two studies result might

due to the similar characteristics of the studied population.

This result matched with study by **Kamel et al., (2019)** who conducted a study about " Community-based interventions to support maternal and child health practices in upper Egypt" and reported higher rate of caesarian delivery. This result might due to Women do not want to experience the pain of delivery or the sutures of episiotomy routinely performed with vaginal delivery and some women prefer a cesarean delivery to avoid pelvic floor damage and possible impairment of sexual function and continence. As a consequence, the rates of cesarean delivery are increasing worldwide.

Concerning on Breastfeeding method, the present study revealed that the more than half of the studied sample had Mixed feeding for their infant, this result disagreement with (**Matthies et al., (2019)** who conducted study about "The influence of partnership about half of the studied sample had Exclusively Breast feeding for their infant. This difference in two results may be able differentiate of studied population and culture.

Regarding using of different contraceptive methods among primiparous women The current study presented that less than half of the studied sample used hormonal methods, the majority of them used the copper coil as Non-hormonal methods. Regarding Natural methods, Nearly two thirds of them used exclusive Breastfeeding (within the first 6 months after birth). Nearly two thirds of them Start using the method Within 40 days. Less than half of them used the last method More than 12 months. Less than two thirds of them had trouble or complain using contraceptive methods, and more than half of them suffering from Vaginal bleeding..

This finding agreement with study performed by **Cleland et al., (2017)** who studied " The promotion of intrauterine contraception in low-and middle-income countries: a narrative review" and showed

that highest percentage of the studied sample use IUD method. And reported that more than half of women with dyspareunia and heavy amount of the menstruation used intrauterine device as a contraceptive method.

Regarding to sexual history of primiparous women, s sexual competence according to resumption of intercourse after childbirth, the present study showed that more the half of the studied sample reported start of sexual intercourse After 40 days after delivery, this result disagreement with **Zhuang et al., (2019)** who conducted study about "Resumption of sexual intercourse postpartum and the utilization of contraceptive methods in China" and showed that more the half of the studied sample reported resumption of sexual intercourse within After 3 months. This difference may be due to the differentiation between studies population, setting and culture.

On the other hand (**Anzaku and Mikah, 2014**) who conducted study in Nigeria to evaluate "postpartum resumption of sexual activity and sexual morbidity among Nigerian women". They had reported that sexual intercourse was resumed by more than two third of women with a mean time to resuming sexual intercourse of 8 weeks postpartum. This difference in time of resumption of postpartum sexual intercourse between the current study and the study of (**Anzaku and Mikah**) may be attributable to diverse religious and cultural beliefs and sexual attitudes of women in different parts of the world.

In the recent study findings presented that more than half of the studied sample had twice intercourse per week, and nearly two thirds of them reported that not quiet environmant for intercourse after childbirth this result in line with study by **Mustafa et al., (2019)** Who assess a study about "Female sexual dysfunction among married women from the Nile Delta of Egypt" and founded that more than half of

the studied sample had sexual relation 2 times per/week.

This result disagreement with **Zhuang et al., (2019)** who, s study revealed that the majority of the studied sampling had sex every 2-3 days This difference in two results may be able differentiate of social demographic characteristics of the studied subject eg places and culture.

Regarding total domains of female sexual function the present study findings revealed that low scores in all subscales of female sexual function, this outcome in same line with **Ismail et al., (2021)** who conducted study about "A new grading system for female sexual dysfunction based on the female sexual function index in Egyptian women" and reported that Women with low scores in all subscales of FSF.

The current study showed that while slightly less than one third of the studied sample had low level score of female sexual function. This outcome disagreement with **Khalid et al., (2020)** who conducted study about "The prevalence of sexual dysfunction among postpartum women on the East Coast of Malaysia" and proved that most of the studied sample had well of female sexual function, regarding to total domains of female sexual function. This difference between two studies might due to cultural and traditional believes and embarrassment in discussing the issues of sexuality.

On the other hand, the result disagreement with **Saotome et al., (2018)** who reported that the majority of postpartum mothers experienced sexual dysfunction. These discrepancies might be due to the different socio demographic backgrounds of the respondents, women in developed countries are more open to talking about sexuality.

Regarding to relation between contraceptive methods and total female sexual function the current study presented that majority of them had low sexual function were on hormonal methods while more than half of studied sample had high

sexual function cases had not any contraception (Natural methods), while. Moreover, it was noticed that there was a statistically significant relation between contraceptive methods and their Total female sexual function.

This finding consistent with study by **Tabal et al., (2021)** which titled " Effect of Contraceptive Methods on Female Sexual Function" and showed that more than half of the studied sample Had good sexual function cases had not any contraception and there was a statistically significant relation between methods contraceptive and their Total female sexual function. From researcher point view, this result might due to usage of hormonal contraception decreases free testosterone. Androgen is known to play an important role in female sexual desire and libido.

This finding dis agree with study, (**Gaber 2020**) who, s study, aimed to evaluate female sexual functions in women using different methods of contraception. And stated that more than half of the participating women who used contraception were at high risk for sexual dysfunction. Women using non hormonal contraceptives reported the highest degree with statistically significant difference between them and those using hormonal contraceptives -

On other hand, this finding contrast with **Casado-Espada et al., (2019)** who carried out study to assess" Hormonal contraceptives, female sexual dysfunction, and managing strategies: a review" and showed that found that hormonal contraceptives have a contradictory effect on sexual dys-function. Newer hormonal contraception, such as the patch and the levonorgestrel (LNg) intrauterine device, have been documented to have less effect on sexual desire

the current study presented that majority of studied sample that use hormonal methods had low sexual function (FSFI).this finding agree with **Casado-**

Espada et al., (2019) who study" Hormonal contraceptives, female sexual dysfunction, and managing strategies: a review" in Spain and showed that hormonal contraceptives have a contradictory effect on sexual dysfunction. Hormonal contraceptives (HCs) are responsible for a decrease of circulating androgen levels as well as a decrease of the baseline serum levels of estradiol and progesterone and the inhibition of oxytocin functioning in women using HCs Decreased circulating androgen levels hormonal contraceptive (CHC) use, and so that has negative effects on sexual life,

the present study revealed that high percentage of studied sample used the copper IUD as Non-hormonal methods had moderate scores of total sexual function this result in the line with **Koseoglu, et al. (2016)** conducted a study on 175women aged 25-45 years to in turkey To investigate if IUD has any impact on female sexual functioning and. Showed that64% of IUD users had low FSFI score and determined as having FSD. FSD has multi-factorial etiology. Biological, social, psychological, economic, political, ethnical and religious factors

On other hand this result disagreed with **Hassanin(2018)** This study aimed to identify the type(s) of the commonly used contraceptive method(s) in Egypt that can impair FSF confirmed that using the mechanical method (IUDs) does not impair FSF.

The current study presented that more than half of studied sample that not use any contraception (Natural methods), had high sexual function Moreover, it was noticed that there was a statistically significant relation between methods contraceptive and Total female sexual function .

This finding consistent with study by **Tabal et al., (2021)** under title " Effect of Contraceptive Methods on Female Sexual Function" the aim of this study was to study the effect of commonly used contraceptive methods on female sexual function,

Menoufia University, Egypt, on 314 female and showed that more than half of the studied sample Had good sexual function cases had not any contraception and there was a statistically significant relation between methods contraceptive and their Total female sexual function.

Conclusion:

Based on the overall findings of the present study it can be concluded that about one third of the studied sample used hormonal methods and majority of them had low level of total female sexual function (FSF), while about two thirds of the studied sample who used non hormonal contraceptives had moderate level of total FSF and more than half of them who used natural methods had high sexual function . There was a statistically significant relation between contraceptive methods and their Total female sexual function index _This supported of the research question and covered the research aim.

Recommendations:

Based on the results of this study, the following recommendations are suggested

- Apply comprehensive health educational programs for primiparous women about sexual health. Establishing teaching courses regarding the advantages and disadvantages of different contraceptive methods at MCH
- Encouraging primiparous Women to share their sexual concerns with health care provider for proper assessment and interventions to be carried out at MCH.
- Further researches are needed to assess female sexual competence among primiparous women using different contraceptive methods in other places

References:

- Abdelaty Goniem, S., Abdel Salam Mohamed, M., Abdelhakam, E., & Soliman AbdElAliem, R. (2021). Effect of Educational Package for Postpartum Women on Improving Sexual Quality of Life. *Journal of Nursing Science Benha University*, 2(2), 796-808.
- Abdelhakm, E. M., Said, A. R., & Elsayed, D. M. S. (2018). Effect of PLISSIT model sexual counseling program on sexual quality of life for postpartum women. *Am J Nurs Sci*, 7(2), 63.
- Abou Khodair, H., Abo Al-Wafa, H. O., & Rotab, S. M. M. (2019). Prevalence of female sexual dysfunction in Damietta governorate. *The Egyptian Journal of Hospital Medicine*, 74(1), 55-62.
- Casado-Espada, N. M., de Alarcón, R., de la Iglesia-Larrad, J. I., Bote-Bonaecha, B., & Montejo, Á. L. (2019). Hormonal contraceptives, female sexual dysfunction, and managing strategies: a review. *Journal of clinical medicine*, 8(6), 908.
- Cleland, J., Ali, M., Benova, L., & Daniele, M. (2017). The promotion of intrauterine contraception in low-and middle-income countries: a narrative review. *Contraception*, 95 (6), 519-528.
- El-Sayed, H. A. E., Ramadan, S. A. S., Ibrahim, H. A., & Moursi, H. A. A. (2017). The effect of mode of delivery on postpartum sexual function and sexual quality of life in primiparous women. *American Journal of Nursing Science*, 6(4), 347-357.
- Hashem, S., Fatouh, E., & Ghonemy, G. (2020). Effect of Sexual Health Educational Program on Enhancing Female Sexual Function during Pregnancy. *American Journal of Nursing*, 8(6), 588-595.
- Hassanin, A. M., El-Halwagy, A. M., Ismail, N. N., & Shehab, B. A. (2018). A study of the impact of the commonly used female contraceptive methods in Egypt on female sexual function. *Journal of Sex & Marital Therapy*, 44(6), 605-612.
- Ismail, S. A., Abdel-Azim, N. E., Saleh, M. A., Mohamed, A. A., Yosef, A. H., & Abbas, A. M. (2021). A new grading system for female sexual

- dysfunction based on the female sexual function index in Egyptian women: a cross-sectional study. *African Health Sciences*, 21(2), 835-841.
- Kamel, L., Abdel-Aziz, S., & Yousof, H. Z. (2019).** Community-based interventions to support maternal and child health practices in upper Egypt. *Eastern Mediterranean Health Journal*, 25(9), 597-603.
- Khalid, N. N., Jamani, N. A., Abd Aziz, K. H., & Draman, N. (2020).** The prevalence of sexual dysfunction among postpartum women on the East Coast of Malaysia. *Journal of Taibah University Medical Sciences*, 15(6), 515-521.
- Matthies, L. M., Wallwiener, M., Sohn, C., Reck, C., Müller, M., & Wallwiener, S. (2019).** The influence of partnership quality and breastfeeding on postpartum female sexual function. *Archives of gynecology and obstetrics*, 299(1), 69-77.
- Mugore, M., Kalia, V., Lewandowski, S. A., & Gaspard, N. (2020).** Contraception Type and Female Sexual Dysfunction. *American Journal of Public Health*, 110(2), 134-134.
- Mustafa, A. I., El Esawy, F. M., & Fawzy, I. (2019).** Female sexual dysfunction among married women from the Nile Delta of Egypt. *International Journal of Sexual Health*, 31(2), 131-141.
- Rosen, C. Brown, J. Heiman, S. Leiblum, C. Meston, R. Shabsigh, D. Ferguson, R. D'Agostino, R. (2000).** The Female Sexual Function Index (FSFI): a multidimensional self-report instrument for the assessment of female sexual function. *Journal of sex & marital therapy*, 26(2), 191-208.
- Shifren, J. L., Monz, B. U., Russo, P. A., Segreti, A., & Johannes, C. B. (2008).** Sexual problems and distress in United States women: prevalence and correlates. *Obstetrics & gynecology*, 112(5), 970-978.
- Tabal, A. A. A., Saleh, S. A. E., Ibrahim, D., & Shahin, A. E. (2021).** Effect of Contraceptive Methods on Female Sexual Function. *The Egyptian Journal of Hospital Medicine*, 83(1), 1582-1588.
- Talaat, A., Oun, A. E. M., & Ayad, W. A. (2020).** Study of Sexual Dysfunction among Females with Combined Oral Contraception [COC] versus Intrauterine Hormonal Device. *International Journal of Medical Arts*, 2(3), 639-644.
- Umrn, O., & Diasiz Melike, R. N. (2016).** Effect of the contraceptive methods on female sexual function. *International Journal of Caring Sciences*, 9(3), 997.
- World Health Organization web site.** [Online].; 2006 [cited 2017 August. Available from: <http://www.who.int/reproductivehealth/topics/sexualhealth>.
- Zamani, M., Roudsari, R. L., Moradi, M., & Esmaily, H. (2019).** The effect of sexual health counseling on women's sexual satisfaction in postpartum period: A randomized clinical trial. *International Journal of Reproductive BioMedicine*, 17(1), 41.
- Zhuang, C., Li, T., & Li, L. (2019).** Resumption of sexual intercourse post partum and the utilisation of contraceptive methods in China: a cross-sectional study. *BMJ open*, 9(3), e026132.