



بسم الله الرحمن الرحيم

∞∞∞∞

تم رفع هذه الرسالة بواسطة / سلوي محمود عقل

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى

مسئولية عن محتوى هذه الرسالة.

ملاحظات: لا يوجد



**Assessment of sexual competence among
primiparous women using different
contraceptive methods**

Thesis

Submitted for Partial Fulfillment of the Master Degree
in Maternity and Gynecological Nursing

By

Eman Zenhom Shaban Alshokry

B.Sc. of Nursing, Faculty of Nursing

Cairo University (2012)

**Faculty of Nursing
Ain Shams University**

2022

**Assessment of sexual competence among
primiparous women using different
contraceptive methods**

Thesis

Submitted for Partial Fulfillment of the Master Degree
in Maternity and Gynecological Nursing

Under Supervision of

Prof. Aziza Attia

*Professor of Maternity and Gynecological Nursing
Faculty of Nursing-Ain Shams University*

Assist. Prof. Amal Talaat El Sharkawy

*Assistant professor of Maternity and Gynecological Nursing
Faculty of Nursing-Ain Shams University*

Assist. Prof. Amal Fathy Mohamed

*Assistant professor of Maternity and Gynecological Nursing
Faculty of Nursing-Ain Shams University*

**Faculty of Nursing
Ain Shams University**

2022



Acknowledgments

First and *foremost*, I feel always indebted to **Allah**, the **Most Beneficent** and **Merciful** who gave me the strength to accomplish this work,

My deepest gratitude to my supervisor, Prof. Dr. Aziza Attia, Professor of Maternity and Gynecological Nursing, Faculty of Nursing-Ain Shams University, for her valuable guidance and expert supervision, in addition to her great deal of support and encouragement. I have the honor to complete this work under her supervision.

I would like to express my great and deep appreciation and thanks to assist. Prof. Dr. Amal Talaat El Sharkawy, Assistant Professor of Maternity and Gynecological Nursing, Faculty of Nursing-Ain Shams University, for her meticulous supervision, and her patience in reviewing and correcting this work.

I must express my deepest thanks to assist. Prof. Dr. Amal Fathy Mohamed, Assistant Professor of Maternity and Gynecological Nursing, Faculty of Nursing-Ain Shams

University, for guiding me throughout this work and for granting me much of her time. I greatly appreciate her efforts.

Special thanks to my husband and all my family members for their continuous encouragement, enduring me, and standing by me.

Special thanks to jury group in Maternity and Gynecological Nursing department for their modification of tools, support, and giving me valuable comments, and studied women who gave their time to participate in this work.

 **Eman Zenhom Shaban**

List of Contents

Subject	Page No.
List of Abbreviations.....	i
List of Tables.....	ii
List of Figures	iv
Abstract	vi
Introduction	1
Aim of the Study	5
Review of Literature	6
Competece of sexuality	6
Contraceptive methods.....	19
nursing roles	36
Subjects and Methods	49
Results.....	57
Discussion	85
Conclusions	99
Recommendation.....	100
Summary	101
References	109
Appendices	105
Protocol.....	128
Arabic Summary	—

List of Abbreviations

ACOG	:	American college of obstetricians and gynecologists
APA	:	American psychological association
CBC	:	Complete blood count
COP	:	Progestin-only pills
DMPA	:	Depa-medroxy progesterone acetate
EWCM	:	Egg while cervical mucus
FNP	:	Family nurse partnership
FRS	:	Sexual response cycle
FSD	:	Female sexual dysfunction
FSFI	:	Female sexual function index
HC	:	Hormonal contraception
IUD	:	Intrauterine device
IUS	:	Intrauterine system
LARC	:	Long-acting reversible contraception
LETBS	:	The local education and training boards
MCH	:	Maternity and child health center
OC	:	Oral contraception
SHBG	:	Sex hormone-binding globulin
SRH	:	Sexual reproduction Health care
STD	:	Sexual transmitted disease
WHO	:	World health organization
WPSHP	:	Women's postpartum sexual health program
UID	:	Utrine intra device.

List of Tables

Table No.	Title	Page No.
Table (1):	Distribution of the studied sample according to their general and socio-demographic characteristics (n=300).	59
Table (2):	Distribution of the studied sample according to their history and gynacological of women and childbirth (n=300).	60
Table (3):	Distribution of the studied sample according to their contraceptive methods (n=300).	63
Table (4):	Distribution of the studied sample according to their sexual history (n=300).	66
Table (5):	Distribution of the studied sample regarding the desired domain of female sexual function regarding sexual competence during the past 4 weeks (n=300).	67

Table (6): Distribution of the studied sample regarding arousal domain of female sexual function regarding sexual competence during the past 4 weeks (n=300).	68
Table (7): Distribution of the studied sample regarding lubrication domain of female sexual function regarding sexual competence during the past 4 weeks (n=300).	70
Table (8): Distribution of the studied sample regarding sample orgasm domain of female sexual function regarding sexual competence during the past 4 weeks (n=300).	72
Table (9): Distribution of the studied sample regarding satisfaction domain of female sexual function regarding sexual competence during the past 4 weeks (n=300).	74
Table (10): Distribution of the studied sample regarding pain domain of female sexual	

function regarding sexual competence during the past 4 weeks (n=300).	76
Table (11): Distribution of the studied sample regarding total domains of female sexual function regarding sexual competence during the past 4 weeks (n=300).	78
Table (12): Relationship between personal characteristics of the studied sample and their total female sexual function during the past 4 weeks (n=300).	80
Table (13): Relationship between contraceptive methods of studied sample and their total female sexual function regarding sexual competence during the past 4 weeks (n=300).	82
Table (14): Relationship between the history of studied sample and childbirth and their total female sexual function during the past 4 weeks (n=300).	83

List of Figures in Review

Figure No.	Title	Page No.
------------	-------	----------

Figures in Review:

Figure (1):	Female Reproductive System	8
Figure (2):	Female sexual response cycle	9
Figure (3):	Methods of contraception	20
Figure (4):	Natural birth control methods	29
Figure (5):	Symptothermal method.....	31
Figure (6):	Ovulation indicator testing kits.....	32
Figure (7):	Lactational infertility	33
Figure (8):	Douching and urination	34

List of Figures in Results

Figure No.	Title	Page No.
------------	-------	----------

Figures in Results:

Figure (1):	Distribution of studied sample regarding total domains of female sexual function during the past 4 weeks (n=300).	79
-------------	--	----

ABSTRACT

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 sheet, 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 sexual activity is a multi-organ system integration process that necessitates nerve, blood vessel, and endocrine system cooperation. Female sexual function refers to a state in which a woman can experience sexual arousal, lubrication, orgasm, and satisfaction, as well as happiness (**AbouKhodair, 2018**).

sexual health is a state of physical, emotional, psychological, and social well-being associated with sex; it is more than just the absence of disease, dysfunction, or weakness; it necessitates active and respectful sexual behavior and relationships. Attitudes, as well as the prospect of a pleasurable and secure sex encounter free of coercion, discrimination, and violence. All people's sexual rights must be recognized, protected, and realized to achieve and sustain sexual health (**WHO, 2006**).

The phenomenon of sex cannot be ignored. Sexual function, like other basic human impulses, is a crucial element of women's life and plays a critical role in the stability of marriages. Women's sexual activity varies throughout their lives and is influenced by a variety of circumstances, one of which is childbearing and childbirth.

Fatigue, fear of recurrent pregnancy, concerns about discomfort during intercourse, delivery methods, and parities that may have different consequences due to cultural differences (**El Sayed, 2017**).

sexual health is now considered a vital element of a person's overall quality of life and well-being. Pregnancy and childbirth are unique times in a woman's life, and the changes women undergoes may have an impact on sexual orientation as well as the couple's sexual connection. This period of adjustment also prepares women for new parental role. As a result of postpartum periods women may feel a sense of loss. Sexual dysfunction may emerge during this period because of physical, emotional, and psychological changes (**Pereira, 2018**).

Sexual behavior and sexual function are theoretically inseparable from postpartum sexual health. Postpartum sexual health includes resuming sexual activity after childbirth and using contraceptive techniques. These traits have a significant impact on postpartum quality of life and self-esteem. The effects of recuperation time, frequency of sexual intercourse, and exhaustion on sexual intercourse have been studied in some research (**Zhuang, 2019**).