

Sexual function of post-episiotomy mother's measured using Female Sexual Function Index at Haji Adam Malik Hospital and other networking Hospitals in Medan-Indonesia



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ABSTRACT

Introduction: Post episiotomy mother often experience variable sexual function disturbance, and the outcomes are potentially disadvantaged. Sexual function disturbance can be measured by using female sexual function index (FSFI) questionnaire. To determine the sexual function of post-episiotomy mother measured by using FSFI.

Methods: Post episiotomy mother fill the FSFI questionnaire. The study had been done at H. Adam Malik Hospital and networking hospital in October 2014. This is a cross-sectional study, using descriptive method. Chi-square test and Fisher exact were used to analyze the data.

Results: From 100 cases, the majority are 19-25 years old (43%), 26-30 years old (25%), 31-35 years old (23%), and 36-40 years old (9%).

Based on the period of episiotomy, the study objects >9 months ago (65%), 6-9 months ago (14%), and 3-5 months ago (11%). Average scoring of the FFSI domain is lubrication (FSFI score=10.24±3.83), arousal (FSFI score=9.61±3.54), pain (FSFI score=8.91±4.39), satisfaction (FSFI score=8.74±3.66), orgasm (FSFI score=8.63±3.66), and desire (FSFI score=4.72±1.86). The above of cut off point was 26,55 (68%) and below it was (32%).

Conclusion: The average score of FSFI based on domain respectively started from the highest to the lowest score are lubrication, arousal, pain, satisfaction, orgasm, and desire. It is important for a woman to understand that sexual dysfunction they experienced after episiotomy is temporary.

Keywords: Female Sexual Function Index, mother sexual function, episiotomy.

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INTRODUCTION

Human sexuality is a complex subject covering many kinds of issue, behavior, and process, including sexual identity and sexual behavior, physiology, psychology, social functioning, culture, political aspect, and spirituality or any kind of beliefs regarding sexuality. Generally, there are no significant differences between woman's and man's body. As an example, man and women have heart, kidney, lungs, and another same part of human body. However, they differ in sexual organ. This sexual organ which is able for man and women to continue their bloodline and to have a child. In fact, there are many medical problems that are caused by these sexual organs.¹

It is important to understand complex factors which form human's sexual behavior. These factors affect whether those sexual expression leading to sexual health and sexual wealth or sexual behavior causing them susceptible to suffer sexual dysfunction. According to World Health Organization (WHO) sexual health is not only about freedom from sexual infectious disease, but also dysfunction

which related to all things about sexuality in relation with physical, emotional, mental, and social wealth.²

Episiotomy is an incisional intervention on perineum which cost the discontinuity of vaginal membrane, hymen, tissue on the recto-vaginal septum, perineum muscle, perineum fascia, and skin around perineum. Episiotomy could cause risk of perineum rupture grade 3 and 4, resulting in skin tag, vaginal prolapse, fistula recto-vaginal, increasing blood loss, hematoma, pain, edema around episiotomy site, sexual dysfunction, anal sphincter dysfunction, and dyspareunia.^{3,4,5}

Dyspareunia is described as pain on sexual intercourse. A person with dyspareunia often complains about localized pain or unsatisfying sexual intercourse which originate from unpleasant feeling. Although dyspareunia could affect both genders, women are more often affected by dyspareunia resulting pain from many sites of the vulva and spread through the inside of the pelvic cavity.⁶

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Female sexual functioning index (FSFI) is a questionnaire consist of 19 points in six domain sexual function. Q1-Q2 are grouped in desire domain, Q3-Q6 are grouped in arousal domain, Q7-and Q10 are grouped in lubrication domain, Q11-Q13 are grouped in orgasm domain, Q14-Q16 are grouped in satisfaction domain, and Q17-Q19 are grouped in pain sensation domain. FSFI could be used in clinical situation and epidemiology research on woman's sexual dysfunction. FSFI designed as a multidimensional questionnaire, with subscale to assess the main component of woman's sexual function, including sexuality, desire, orgasm, and pleasant feeling.^{7,8,9}

Based on the incidence of dyspareunia after episiotomy, result in varying degree of sexual dysfunction in woman's and harm potential, so we conduct a research regarding sexual function in a post-episiotomy mother using FSFI questionnaire.

METHOD

This study using cross-sectional design, conducted at Haji Adam Malik General Hospital and others networking hospitals. The study was conducted

in October 2014 until 100 sample is obtained. Population in this study is women with the post-episiotomy procedure. Sample accumulation using consecutive sampling. Whereas, all participant meets the inclusion criteria added in to study. Tool for assessing sexual function in this study is a validated FSFI questionnaire.

RESULT

This study used one hundred post-episiotomy mothers. All sample characteristic could be seen in [table 1](#).

In [table 1](#), a characteristic based on age with the most frequent is 19-25 years (43%), followed by 26-30 years (25%), 31-35 years (23%), and the fewest among them is 36-40 years (9%). Characteristic-based on educational level, senior high school (73%), bachelor (13%), junior high school (9%), diploma 3 (3%), Magister (1%) and elementary school (1%).

Characteristic-based on time since episiotomy intervention, the majority of the subject was undergoing episiotomy for more than nine months (65%), and the fewest frequency is 3-5 months (12%), a characteristic based on the number of episiotomies mostly

Table 1 Characteristic of post-episiotomy mother's

Characteristic	Frequency (n = 100)	Percentage (%)
Age Category		
19 - 25 years	43	43%
26 - 30 years	25	25%
31 - 35 years	23	23%
36 - 40 years	9	9%
Educational level		
Elementary School	1	1%
Junior High School	9	9%
Senior High School	73	73%
Diploma 3	3	3%
Bachelor	13	13%
Magister	1	1%
Time since episiotomy		
3 - 5 months	12	12%
6 - 9 months	23	23%
> 9 months	65	65%
Number of episiotomies		
once	92	92%
twice	8	8%
Episiotomy performer		
Midwife	25	25%
Doctor	75	75%

Table 2 FFSI questionnaire scoring based on domain subscale

Domain	Mean	Minimum – Maximum	SD
Desire	4.72	2 – 8	1.86
Arousal	9.61	4 – 16	3.54
Lubrication	10.24	4 – 15	3.83
Orgasm	8.63	3 – 13	3.66
Satisfaction	8.74	3 – 15	3.66
Pain	8.91	3 – 15	4.39

Table 3 Association between characteristic and FFSI total score

Characteristic	FFSI total score		p-value*
	< 26.55	> 26.55	
Age Category			
19 - 25 years	15 (34.9%)	28 (65.1%)	0.59
26 - 30 years	8 (32.0%)	17 (68.0%)	
31 - 35 years	5 (21.7%)	18 (78.3%)	
36 - 40 years	4 (44.4%)	5 (55.6%)	
Time since episiotomy			
3 - 5 months	10 (83.4%)	2 (16.6%)	0.0001
6 - 9 months	12 (52.2%)	11 (47.8%)	
> 9 months	(15.4%)	55 (84.6%)	
Number of episiotomies			
once	25 (27.2%)	67 (72.8%)	0.001**
twice	7 (87.5%)	1 (12.5%)	
Episiotomy performer			
Midwife	7 (28.0%)	18 (72.0%)	0.621
Doctor	25 (33.3%)	50 (66.7%)	

*Chi-square test

**Fisher exact test

done for once (92%). Meanwhile, the performer of episiotomy mostly done by a doctor (75%).

In [table 2](#), scoring of FFSI based on domain from the highest score to the lowest score respectively are lubrication (FFSI score = 10.24±3.83), arousal (FFSI score = 9.61±3.54), pain (FFSI score = 8.91±4.39), satisfaction (FFSI score = 8.74 ±3.66), orgasm (FFSI score = 9.61±3.54), and desire (FFSI score = 4.72±1.86).

RESULT

In [table 3](#), chi-square test value $p > 0.05$ indicate there is no significant correlation between age and episiotomy performer with post-episiotomy sexual functioning. Otherwise, there is a significant correlation in the time since episiotomy and number of episiotomy with post-episiotomy sexual functioning.

DISCUSSION

Based on [table 2](#), woman's experiencing psychological disturbance after episiotomy intervention in relation with wound suture scar resulting in a reduction of sexual desire, this evidence supported with desire domain is the lowest score among FFSI subscale (FFSI score = 4.72±1.86). According to stimulation phase, adequate stimulation will result in sexual response.¹ The beginning of sexual intercourse is stimulation period, in this period lubrication occur in women. This condition supported with findings of lubrication domain score is the highest score among the FFSI subscale (FSFI score = 10.24±3.83). Furthermore, is high stimulation period, this condition resulting sexual arousal, in this study, average score of arousal domain (FSFI score = 9.61±3.54), this condition induces adequate lubrication and enlarge of vaginal space with the result that disappearance of pain sensation. The average score of pain domain (FSFI score = 8.91± 4.39) and the last phase is orgasm period, in this study the average score os orgasm domain (FSFI score = 8.63±3.66). Meanwhile, sexual satisfaction in this study with the average score for satisfaction domain (FSFI score = 8.74±3.66). Therefore, in woman's after episiotomy intervention, despite occur a reduction in sexual desire, but arousal, lubrication, orgasm, and satisfaction still possible to happen.

According to Wiegel et al., FFSI score under the cut off point 26.55 shows sexual dysfunction.⁷ In [table 3](#), the number of women who conducted episiotomy procedure in 3-5 months ago are more often suffered sexual dysfunction. Meanwhile, women with normal sexual function are often found in group undergo episiotomy nine months ago. Chi-square test reveals there is a significant correlation between time since episiotomy and sexual functioning condition after episiotomy procedure. Woman after episiotomy procedure have better progress of sexual function start above six months and back to its normal sexual function after nine months. The longer time passes then the sexual dysfunction after episiotomy will disappear.

After an episiotomy, suture procedure plays a significant role in wound healing, too tight of suture result in overlapping of tissue with the result that scar formation and delayed wound healing. In a few woman granulation scar could cause bleeding spot and pain sensation.¹⁰ Wound healing process on perineum differs in every woman, which affected by various factors. Therefore, the woman undergoes episiotomy in 3-5 moth still experiencing disturbance of sexual function. The longer it takes for

wound healing, the better result in a sexual functioning outcome, this condition is supported by findings women undergo episiotomy for more than nine months ago have better FFSI average score. In table 3, such condition is supported with the right suture procedure for episiotomy by the doctor.

In table 3, show woman undergoes episiotomy procedure for once still having a normal sexual functioning. Meanwhile, the woman undergoes episiotomy for twice more often experiencing sexual dysfunction and from Fisher exact test ($p < 0.05$), show there is a significant correlation between the number of episiotomy procedure and sexual functioning after episiotomy. This condition may be due to wound healing process is longer in episiotomy procedure done for more than one time.

Based on the performer of episiotomy, not only midwife, but also doctor shows normal FFSI score and from chi-square test ($p > 0.05$) that shows there is no significant correlation between performer of episiotomy and sexual functioning after episiotomy procedure. It shows that medical professionals, not only midwives but also doctors already give good labor service.

CONCLUSION

FFSI score based on domain respectively from the highest score to the lowest score are lubrication, arousal, pain, orgasm, and desire. Counseling is needed to be done for women undergo episiotomy regarding there is temporary sexual dysfunction after episiotomy procedure.

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