

Sexual dysfunctions and relationship satisfaction through the transition to parenthood: A dyadic study

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Abstract

The transition to parenthood (TTP) is a major life event accompanied by many challenges requiring great relational and sexual adjustment from parents and couples (Doss & Rhoades, 2017). Most research on the new parents' sexual life during the TTP was conducted among women as they are greatly sought physically during the TTP, but also psychologically. Sexuality, however, is a dyadic process and so, men must be included. The present research used dyadic data to better understand the associations between both partners' sexual functioning and relationship satisfaction during the TTP. The secondary data from a mixed study on the intimacy, sexual experiences and needs of 67 couples during the perinatal period were analyzed. Both spouses responded to validated online questionnaires on a secure platform. Path analyses based on the Actor-Partner Interdependence model (APIM: Kenny, Kashy, & Cook, 2006) revealed that women and men's sexual function was positively related to their own relationship satisfaction (actor effects). Partner effects were also found: Women's sexual function was positively related to their male partners' relationship satisfaction and men's sexual function was positively and strongly related to their female partners' relationship satisfaction. The APIM also controlled for the high correlations between both partners' sexual function scores as well as their relationship satisfaction. The model explained 67% of the variance in women DAS scores and 62% in men DAS scores. The results of this study highlight the importance of addressing sexual difficulties of both members of couples that can be experienced during the TTP since they are related to relationship satisfaction.

Introduction

- The **transition to parenthood** (TTP, the period between the couple's decision to have a child and the end of the child's first year) is recognized as a major life event requiring great individual and conjugal adjustments (Adamsons, 2013; Doss & Rhoades, 2017).
- According to Polomeno and Dubeau (2009), intimacy – including sexual expression – is the most affected conjugal relationship dimension during TTP. **The lack of sexual intimacy** contributes to the partners' **dissatisfaction and resentment**, which can lead to separation or divorce (Briggs et al., 2005; Polomeno, 2007).
- A review focusing on women **prenatal and postnatal sexual function** revealed (Serati et al., 2010) :
 - A significant decline in sexual function during pregnancy and up to 6 months postpartum.
 - The delay before resuming postpartum sexual activity could be explained by breastfeeding, dyspareunia, and postpartum pelvic floor dysfunction.
- Khajehei, Doherty, Tilley, and Sauer (2015) have shown that during the **first year after childbirth** :
 - 64.3 % of women reported **sexual dysfunction**
 - 70.5 % of women reported **sexual dissatisfaction**
- Otherwise, a consensus emerged from the literature that a majority of couples (50-70%), and especially mothers, saw their **relationship satisfaction** decline during the TTP, while others had a stable satisfaction (20-35%) or an increased satisfaction (7%-15%) (Doss & Rhoades, 2017, Mitnick, Heyman, & Smith Slep, 2009).
- Women **without children** have better **sexual functioning** and higher marital satisfaction than women **with children** (Pourakbaran & Yazdi, 2015).
- Nezhad and Goodarzi (2011) have also found a significant **positive association** between **sexuality** and **relationship satisfaction** for **both men and women**.
- Most research on the new parents' **sexual life** during the TTP has been conducted among women as they are greatly sought physically during the TTP, but also psychologically. **Sexuality**, however, is a **dyadic process** and, as such, men should be included.

Objective

Explore the associations between **both partners' sexual functioning** and **relationship satisfaction** during the TTP.

Methods

Participants

- $N = 67$ couples (134 participants)
- Age: 22-27 years (5.2 %), 28-33 years (61.9 %), 34-39 years (32.8 %).
- Marital statut: Married (77.6 %), common-law partner (22.4 %).
- Average length of cohabitation = 4.9 years ($SD = 2.46$)
- Education: 20.9 % had a high school degree or a college degree, 79.1 % had a university degree.

Instruments

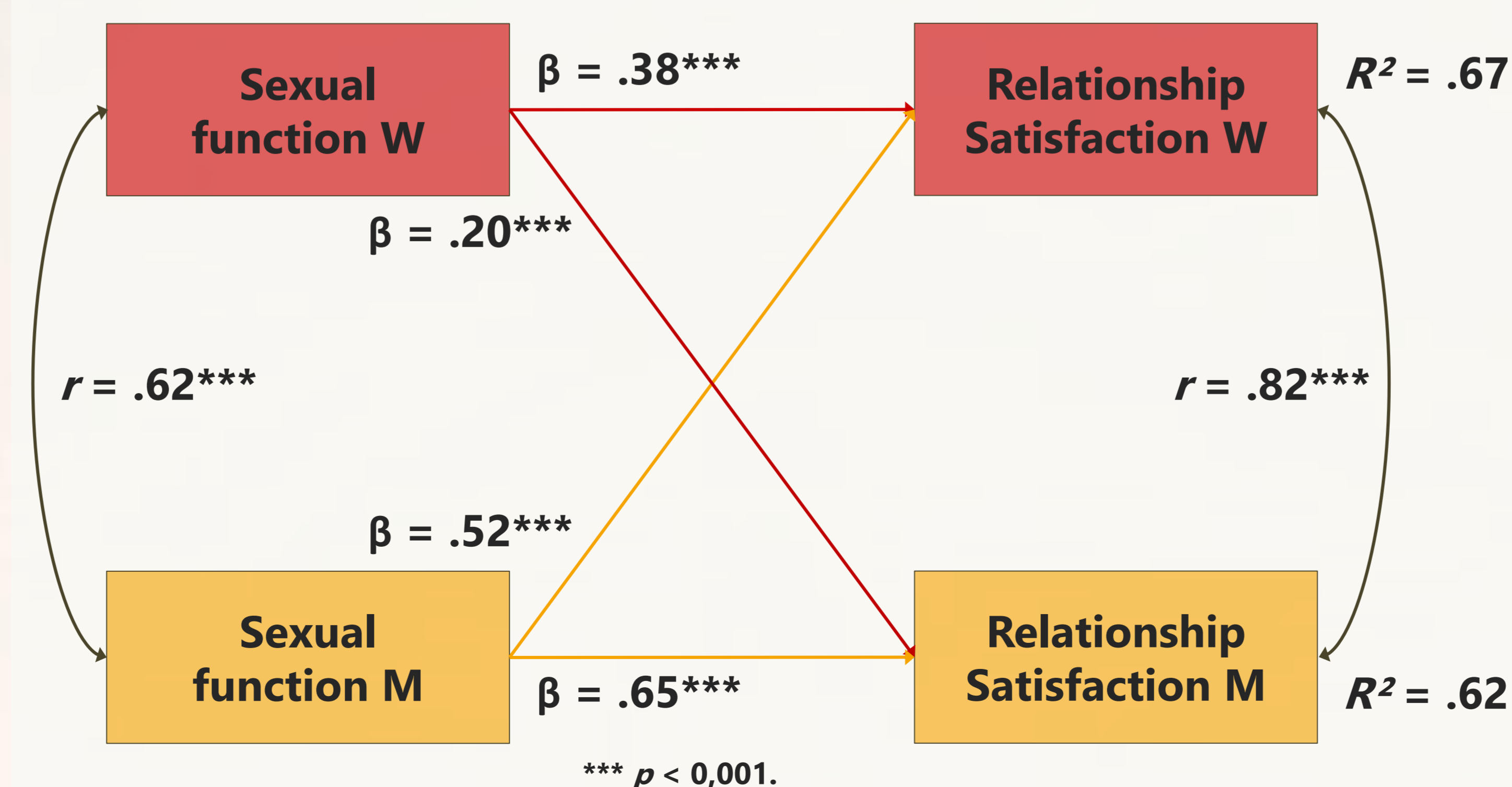
- French version of the *Dyadic Adjustment Scale* (DAS: Baillargeon, Dubois, & Marineau, 1986; Spanier, 1976). A 32 items scale measuring relationship quality ($\alpha = .96$) through 4 subscales (consensus, satisfaction, cohesion, and affectional expression).
- French version of the *Female Sexual Function Index* (FSFI: Rosen et al., 2000). A 19 items scale measuring women's sexual function ($\alpha = .97$) through 6 dimensions (desire, arousal, lubrication, orgasm, satisfaction, pain).
- French version of the *Brief Male Sexual Function Index* (BMSFI: O'Leary et al., 1995). An 11 items scale measuring men's sexual function ($\alpha = .94$) through 5 dimensions (excitation, erection, ejaculation, problems, satisfaction).

Procedure

- Data come from a larger mixed methods study where the objective was to describe the perinatal intimate and sexual experiences and needs of couples.
- Eligibility criteria : Heterosexual couples with a first child between 6 and 12 months living in Eastern Ontario.
- Only data concerning sexual function and relationship satisfaction after pregnancy (0-6 months after birth) are presented here.
- Path analyses based on the Actor-Partner Interdependence Model (APIM: Kenny, Kashy, & Cook, 2006) were conducted with the AMOS software.

Results

Figure 1. Associations between sexual function and relationship satisfaction in the postnatal period



Discussion

- Postnatal sexual function of men and women is positively related to their own relationship satisfaction.**
- Both men and women's sexual function are associated with their partners' relationship satisfaction.**
 - Little **research** has been conducted on both members of the couple, but data available, both dyadic and individual, **are consistent with the current results** (Nezhad & Goodarzi, 2011).
 - Indeed, postpartum **sexual functioning** was positively related to **relationship satisfaction** and negatively related to **relationship stress** and depression (Chang et al., 2016; McCabe & Connaughton, 2016; Nezhad & Goodarzi, 2011).
 - Relationship satisfaction** was also negatively associated with **solitary sexual desire** (Cappell, MacDonald, & Pukall, 2016).
 - Possible explanations**
 - Sexual difficulties** are partly explained by the physical changes in the women's body after childbirth and **pelvic pain** that can be felt by many (Khajehei, Doherty, Tilley, & Sauer, 2015).
 - A high level of **intimacy** could buffer the negative effect of **low sexual satisfaction** on **relationship satisfaction** during the TTP (Nezhad & Goodarzi, 2011).
 - According to Litzinger and Gordon (2005), **sexual satisfaction** may partially buffer the negative effect of poor communication on the **relationship satisfaction** during the TTP.

Strengths

- Dyadic data and analyses

Limitations

- Small sample size
- Absence of prenatal data in our analyses
- Retrospective methodology

Recommendations

- Health professionals, sexologists, and therapists should :
 - address sexual difficulties of couples since they are related to relationship satisfaction
 - inform couples about post-pregnancy sexuality and its associations with their relationship satisfaction
 - keep in mind the dyadic experiences of both partners

Future directions

- Mediating variables (e. g., intimacy, communication, humour)
- Larger and more representative sample
- Longitudinal study

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