Author’s response to reviews

Title: Factors associated with early resumption of sexual intercourse among postnatal women in Uganda

Authors:

Alice C Alum (shethelma@yahoo.com)
Irene B Kizza (irenekizza@gmail.com)
Charles P Osingada (chaposingada@gmail.com)
Godfrey Katende (katendeg@yahoo.com)
Dan K Kaye (dankkaye@yahoo.com)

Version: 3 Date: 20 October 2015

Author’s response to reviews:

DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY
October 20, 2015

Ref MS: 1058436378170824

The Editor, Reproductive Health

Dear Sir

Re: Submission of revised manuscript for publication in the Reproductive Health Journal

I would like to submit the enclosed revised manuscript for publication in Reproductive Health Journal. The manuscript addressed a critical issue of the intersection of sexuality, culture and health implications of resumption of sexual intercourse after childbirth. It addresses a gap in literature on factors the influence the timing of resumption of sexual intercourse. The manuscript is entitled:

Factors associated with early resumption of sexual intercourse among postnatal women in Uganda

The review comments of the reviewers have been addressed. The authors declare to competing interests

The changes are as follows:

1. Line 59-62. This has been corrected to read as follows: The World Health Organization (WHO) recommends that with limited resources, contact with the healthcare system postpartum should be made at least during the first twenty four hours and before the end of the first week [2].
2. Lines 80-99 have been written to show the justification for assessing the timing of resumption of sexual intercourse after childbirth, indicating the risks associated with early resumption before 6 weeks postpartum. The section reads as follows:

African women tend to follow established community norms and traditions in making decisions that influence resumption of sexual intercourse after giving birth [18]. Studies have shown that early initiation of sexual intercourse was observed in women who had spontaneous vaginal delivery and in those who stayed at home with their mothers, than in-laws and aunts [15]. Standard guidelines published by Ministry of Health in Uganda recommend that mothers abstain from sexual intercourse for at least 6 weeks after child birth as the risk of infecting the baby through breast milk is higher if the mother is newly HIV positive [19]. For example, the risk of mother-to-child HIV transmission was 2.9-fold higher during the postpartum period among those who had recently acquired HIV than among those with chronic HIV infection, and 2.3-fold higher during the pregnancy/postpartum periods combined [20]. Postpartum women may be at greater risk for infections due to vaginal lesions and abrasions following labour and delivery process [21]. Anecdotal reports indicate that some mothers request not to be discharged quickly from hospital following childbirth for fear of being forced to have sexual intercourse by their partners before they heal. Additionally it has been observed that some women return to hospital with gaping episiotomies in the postnatal period, one indication that they had engaged in sexual intercourse before the perineum was completely healed [19]. Women need adequate counseling to be prepared for resumption of sexual intercourse postpartum to avoid complications such as puerperal infection and unwanted pregnancies. The extent to which postnatal mothers adhere to recommended guidelines is not documented.

3. Line 130-131: This has been corrected to read as follows: Descriptive statistics were used summarize findings: means and standard deviations for numerical variables, and frequencies and percentages for categorical variables.

4. Line 141-142 has been corrected to read as follows: Ethical clearance was sought from the Institutional Review Board of the School of Health Sciences Makerere University and Mulago Hospital Research and Ethics committee.

5. Line 142: The brackets around Makerere University have been removed.

6. Line 155-169. The whole paragraph has been revised and now reads as follows: Participants’ obstetrical and sexual history

As shown in Table 2, 264 participants (70.5%) had vaginal delivery with no tears, and 289 (77.3%) of their babies were aged between 6 and 19 weeks old, implying that this is the period that had elapsed since delivery. Of the 374 participants, 105 (28.1%) had already resumed sexual intercourse after childbirth. The timing of resumption of sexual intercourse ranged between 3 and 24 weeks. Among those who had resumed sexual intercourse, 23 (21.9%) resumed before 6 weeks after childbirth and 82 (78.1%) resumed after 6 weeks. Among the participants who had not resumed sexual intercourse, 139 (51.7%) wished to wait until 6 weeks, 74 (27.6%) were not staying with the husbands, 37 (13.8%) reported still feeling too tired, and 19 (6.9%) reported receiving advice
against early resumption from the doctor or midwife as the reasons for not resuming. There were no problems experienced by 79 (75.2%) of the participants that had resumed sexual intercourse early (before six weeks postpartum), although some of them reported pain and/or bruises during sexual intercourse 26 (24.8%), bleeding 19 (18.1%), and abdominal pain 12 (11.4%). Only 93 (26.5%) were using a family planning method.

7. Line 171-175 has been entirely revised and now reads: Using the Pearson’s chi-square test (Table 3 and 4), predictors of early resumption of sexual intercourse after child birth were participant’s religion (p<0.01), level of education (p<0.01), occupation (p<0.01), parity (p<0.01), spouse’s level of education (p<0.01), age of the baby or time since delivery (p<0.01), use of family planning (p<0.01), breast feeding of the baby (p<0.01), and mode of delivery (p<0.01).

8. Line 182-184 has been corrected to read as follows: Many women had resumed sexual intercourse by 6 weeks postpartum. The finding is similar to that of other studies [9,10, 22] who reported that the earliest time for resumption of sexual intercourse was 3 weeks while the latest time was at 13 weeks postpartum.

9. Lines 204-208 have been revised and the grammar corrected to read as follows: The finding that use of family planning was associated with early resumption of sexual intercourse after child birth is similar to that of other studies [8,9,17, 23, 24-25]. This finding is contrary other studies [8, 26] which reported no differences in resumption of sexual intercourse among the women who were using postpartum contraception compared with those who were not.

Yours faithfully,
Dan K. Kaye
Makerere University Medical School, Dept. of Obstetrics and Gynaecology
P.O. Box 7072, Kampala, Uganda
E-mail: dankkaye@yahoo.com