



Correlates of Coital Initiation among extended Postnatal Women in Port Harcourt Metropolis of Rivers State, Nigeria

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ABSTRACT

This study investigate the correlates of coital initiation among extended postnatal women in Port Harcourt Metropolis. A descriptive cross sectional survey design was adopted for this study. The population of postnatal women aged 15-64 years for the study was Port Harcourt city and Obio/Akpor Local government area wastwo hundred and sixteen thousand and five (2605). The sample size of 500 postnatal women for the study was estimated using Yaro Yamene method for large population. A multistage sampling procedure was adopted in this study. The instrument used for this study was self-structure questionnaire. The validated instrument reliability index was determined using Pearson Product Moment Correlation (PPMC) and the value of, $r = 0.84$ was obtained. Data collected was analyzed using Statistical Products Service Solutions (SPSS) version 25.0. The result showed that there was a significant difference between age and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result showed that there was a significant difference between marital status and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result showed that there was a significant difference between socio-economic status and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result showed that there was a significant difference between spousal approval and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result showed that there was a significant difference between number of children and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result showed that there was a significant difference between level of education and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result of this study conclude that the level of coital initiation among postpartum women was relatively low. The socio-demographic characteristics such as age, marital status, and number of living children, socioeconomic status, spousal approval and level of education were significantly different in the level of coital initiation among postnatal women. It was recommended that health care managers should lay more emphasis on sexual and contraceptive education during the immediate postpartum period as imperative.

Keywords: Socio-demographic correlates, Coital initiation, Postnatal women, Port Harcourt metropolis

INTRODUCTION

Fear of unplanned pregnancy among women have contributed to sexual withdrawal and denial from spouse and or partners. Initiation of sexual intercourse early in the postpartum period may expose women at risk of getting pregnant, which is most likely unintended. Though more than 90% of women during the postpartum period want to either delay or avoid future pregnancies globally, women usually resume sexual activity without use of any modern contraceptives (World Health Organization (2014). Though the resumption of sexual activity following childbirth varies from culture to culture. Most women find it difficult to resume sexual activities after child delivery due to fear of conception. Most women after parturition find it difficult to resume sexual activity with their partners due to fear of been pregnant. Several factors could influence the coital initiation or resumption among post natal women. Coital resumption could be initiated by the male partner because they may have absented from sexual activity during the gestational period of the female. Fatusi and Blum (2008) reported that 24.3% males and 28.7% females had initiated sex compared to 12.1% of males and 13.1% females based on regions or ethnic. Evidently, male partner are about 2 times more likely have sexual debut with their partners than the female ($HR=1.28$). Kim, et al (2016) put up that women experience postpartum depression had loss of sexual interest due certain changes that occurs in the body especially after birth.

One of the socio-demographic correlates of coital or sexual resumption is age. The physiological and psychosocial factors are effected by age of women because most women are younger are likely to be sexual active and could resume coitus even after birth. Anzaku and Mikah, (2014) good proportion of women (62.6%) who are older experienced sexual morbidities thereby not predictive of early resumption after childbirth. Arefaynie, et al (2018) revealed that women with the age group of 19-24 years are over 5 times more likely to be associated with early sexual resumption than older women of females. Nigatu, et al (2020) buttressed that age of women or female are associated with early coital initiation. Several hormonal activities that occur in the body could trigger or increase sexual initiation.

Furthermore, educational status of postnatal women could be another factors that influences coital initiation. Educated women would understand the best time for sexual activity after child birth and aware of modern contraceptive methods to prevent unwanted pregnancy than the less educated one. Yossef, et al (2020) illustrated that educated women are more knowledgeable about different method of contraceptive use thereby initiate sexual activity or debut with their partner. Level of education of postnatal women determine the understanding towards the resumption of coital activities. Studies of Asekun-Olarinmoye, et al, (2013) reported that in Nigeria, women with tertiary educational status are one and a half times more likely to have ever used contraceptive than women who has mere secondary educational status. Owonikoko, et al (2014) illustrated that postnatal women with higher educational status ($P < 0.001$) are positively associated the early resumption of vaginal intercourse. Jambola, et al (2020) revealed that educational status of postnatal women are more likely to predict early sexual intercourse and pressure from the husband are over 9 times more likely to initiate intercourse. It could be clear that postnatal women who understand different methods of contraceptives may likely initiate sexual activity with their spouse because of their level of familiarity. Ejembi et al (2015) revealed that the educational status of women and spouses were found to be significantly associated with contraceptive use ($p < 0.000$) and the prevalence of using contraceptive methods became higher with increase in the level of education of women and their spouses. Iliyasu et al (2018) depicted in their study that educational status of postnatal women predicted positively the initiation of activity after a lon term of sexual activity. The younger adult who are sexually active are likely to experience their sexual debut without any form of contraceptive as compared with the older ones. Educated women who are on postnatal service may be able to know the modern contraceptive methods used to prevent unplanned pregnancy as compared with those who are not educated. Studies of Mohammed-Durosinlorun et al (2017) reported that women aged 45 years and above were more likely to use Long Acting Reversible Contraceptives (LARC) because they have already attained good or reasonable family size. Socioeconomic status of postnatal women are likely to affect their sexual resumption with their husband or spouse. This is because most post natal women whose partner have insufficient income may not want sexual activity with their spouse so that they would time and space to plan and meet the need of the family. Afzali, et al (2020) depicted that women with a low income ($P < .002$) and insufficient income of the spouse ($P < .001$) are statistically significant with sexual resumption and satisfaction. The financial responsibility of the family lies on the husband and he may stay away from sexual activity especially during postnatal period. Nigatu, et al (2020) put up that there was a higher proportion of women that is significantly associated with early sexual initiation with regard to wealth index and place of residence.

The initiation of sexual activities among postnatal women varies because of them exhibit fear of unwanted pregnancy. Increased in sexual activities among man especially without adequate knowledge of contraceptive use contributes to the increasing rate of communicable disease transmission and pregnancy in Nigeria. Those who are less educated about modern contraceptive use may hardly practice coital resumption. A good number of women in Port Harcourt metropolis of Rivers State might be sexually active and as well do not take cognizance of impregnating women due to the fact they either do not have knowledge of human sexuality/reproduction or do not have contraceptive knowledge.

Studies of Palamuleni (2013) showed that women whose spouses or husbands disapproves or do not support contraceptive use are 3.05 times less chances to contraceptive use as compared with women with husband support or approval and could not initiate sexual debut after child delivery. Studies of Ekpenyong et al (2018) reported that husband's agreement (84.4%) boost the use of contraceptive with variation in their educational level. There should be a joint positive decision making between both couples regarding the use of contraceptive because it huge benefit on family's economic growth. Additionally, Owonikoko, et al (2014) revealed that husband approval or support are over 2 times more likely to initiate sexual intercourse than those whose spouse does not make more demand. Postnatal women who has their husband support or approval are likely to initiate sexual intercourse or coition. Mekonnen (2020) added that husband demand have shown a positive association with the resumption of sexual intercourse among postpartum women. It was observe among inhabitants of Port Harcourt metropolis that women are carrying pregnancy even when they are still breastfeeding the child. In spite of governmental effort to make health service especially reproductive health service available for the populace most families fail to adopt any form of contraceptives to control pregnancy. In the light of this, the researcher sought to unravel the factors that correlate with coital initiation among extended postnatal women in Port Harcourt metropolis. There have been increase in population growth as a result of large family size which contradict with health, economic and social statuses of the family because it was observed that parents have failed to plan for advancement and development of the family. It is pertinent to note that postnatal women refuse to initiate sexual activity because of the issue of unplanned pregnancy and misconstrued information that it affects the development of the child. Large number of women are less educated about the use of modern contraceptive methods thereby delay sexual debut after childbirth whereas others exhibits sexual excitement and pleasure with their spouse. The rapid increase in population of Port Harcourt metropolis was as a result of poor occupational status, ineffective use of health service, among others. To this extent the researcher intend to evade the socio-demographic correlates of coital initiation among postnatal women.

Objectives of the study

The objective of this study was to identify the socio-demographic correlates of coital initiation among extended postnatal women in Port Harcourt Metropolis, Rivers State. Precisely, this study sought to:

1. find out the extent of postnatal mothers initiate coital activities after child delivery in Port Harcourt metropolis;
2. determine coital initiation among postnatal women in port Harcourt metropolis based on age;
3. determine coital initiation among postnatal women in Port Harcourt metropolis based on marital status;
4. determine the coital initiation among postnatal women Port Harcourt metropolis based on socio-economic status;
5. determine coital initiation among postnatal women Port Harcourt metropolis based on spousal approval;
6. determine coital initiation among postnatal women Port Harcourt metropolis based on number of children;
7. determine coital initiation among postnatal women in Port Harcourt metropolis based on level of education.

Hypotheses

The following null hypotheses were formulated and tested at 0.05 level of significance

1. There is no significant difference between age and coital initiation among postnatal women in Port Harcourt metropolis;
2. There is no significant difference between marital status and coital initiation among postnatal women in Port Harcourt metropolis;
3. There is no significant difference between socio-economic status and coital initiation among postnatal women in Port Harcourt metropolis;
4. There is no significant difference between spousal approval and coital initiation among postnatal women in Port Harcourt metropolis;
5. There is no significant difference between number of children and coital initiation among postnatal women in Port Harcourt metropolis of Rivers State;
6. There is no significant difference between level of education and coital initiation among postnatal women in Port Harcourt metropolis;

METHODOLOGY

A descriptive cross sectional survey design was adopted for this study. This design carefully describes, explain and analyze the attitude and behavior of the sample based on the events in a natural situation. According to Elendu (2010), cross-sectional survey design is a type of research design that sectioned the population and generate information from sample of the large population at one occasion or time. The population of postnatal women aged 15-64 years for the study was 2605. The sample size for this study was 500 postnatal women. The sample size of the study was estimated using Yaro Yamene method for large population.

$$\text{Formula: } N = \frac{N}{1+N(e)^2}$$

N = total number of population from each selected local government area.

n = sample size

e = level of significance (0.05)

A multistage sampling procedure was adopted in this study. Simple random sampling procedure was used to select two Local Government Areas such as Port Harcourt city and Obio/Akpor Local government area respectively by balloting without replacement. Cluster sampling techniques was used to group the selected L. G. A into two (2) groups such as group 1 comprised of Model Primary Health Centers Rumueme, Rumuluomeni, Ogbogoro, Rumuadomaya, Rumuigbo, Ozuoba, Mgbosumini for Obio/Akpor while group 2 comprised of Model Primary Health Centers Azuabie, Borokiri, Amadi Ama, Orogbon, Churchill, Mile 1, Model Primary Health Center Mile 3. This enable the researcher to reach women seeking for postnatal services . Non proportionate stratified random sampling techniques was employed to select 35 PHC workers from each selected model primary health care centers with the characteristics of interest. The instrument used for this study was questionnaire titled Socio-demographic Correlates of Coital initiation Questionnaire (SCCQ). The questionnaire comprised of section A, B, and C. The instrument used for this study was questionnaire. The reliability index was determined using Pearson Product Moment Correlation (PPMC) and the value of, $r = 0.84$ may be obtain. Data collected was analyzed using Statistical Products Service Solutions (SPSS) version 25.0.

Results

Table 1: Initiation of coital activities among postnatal women

Variables	Frequency (n=400)	Percentages
Initiation of coital activities among postnatal women		
Yes	164	41.0
No	236	59.0

The result in table 1 showed that 164(41.0%) of the respondents initiated coital activities while 236(59.0%) did not.

Hypothesis 1: There is no significant difference between age and coital initiation among postnatal women in Port Harcourt metropolis;

Table 2: Chi-square test showing significant difference between age and coital initiation among postnatal women in Port Harcourt metropolis

Variables	Coital initiation		Total Freq (%)	χ^2 P-value Df
	Yes Freq (%)	No Freq (%)		
Age				
20-30 years	19(27.9)	49(72.1)	68(100)	57.698
c	67(49.3)	69(50.7)	136(100)	0.000
41-50 years	50(29.8)	118(70.2)	168(100)	3
51 years and above	28(100)	0(0.0)	28(100)	
Total	164(41.0)	236(59.0)	400(100)	

*Statistically significant ($p < 0.05$)

The result showed that there was a significant difference between age and coital initiation among postnatal women in Port Harcourt metropolis (χ^2 value = 57.698.497; df =3; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between age and coital initiation among postnatal women in Port Harcourt metropolis was rejected

Hypothesis 2: There is no significant difference between marital status and coital initiation among postnatal women in Port Harcourt metropolis

Table 3: Chi-square test showing significant difference between marital status and coital initiation among postnatal women in Port Harcourt metropolis

Variables	Coital initiation		Total Freq (%)	χ^2 P-value Df
	Yes Freq (%)	No Freq (%)		
Marital status				
Single	18(25.0)	54(75.0)	72(100)	14.446
Married	142(43.8)	182(56.2)	324(100)	0.001
Divorced	4(100)	0(0.0)	4(100)	2
Total	164(41.0)	236(59.0)	400(100)	

*Statistically significant ($p < 0.05$)

The result showed that there was a significant difference between marital status and coital initiation among postnatal women in Port Harcourt metropolis (χ^2 value = 14.446; df =2; $p < 0.05$). Therefore, the null hypothesis which states that there was no significant difference between marital status and coital initiation among postnatal women in Port Harcourt metropolis was rejected

Hypothesis 3: There is no significant difference between socio-economic status and coital initiation among postnatal women in Port Harcourt metropolis

Table 4: Chi-square test showing significant difference between socio-economic status and coital initiation among postnatal women in Port Harcourt metropolis

Variables	Coital initiation		Total Freq (%)	χ^2 P-value Df
	Yes Freq (%)	No Freq (%)		
Socio-economic status				
High	38(27.9)	98(72.1)	136(100)	19.147
Medium	121(49.6)	123(50.4)	244(100)	0.000
Low	5(25.0)	15(75.0)	20(100)	2
Total	164(41.0)	236(59.0)	400(100)	

*Statistically significant ($p < 0.05$)

The result showed that there was a significant difference between socio-economic status and coital initiation among postnatal women in Port Harcourt metropolis (X^2 value = 19.147; df =2; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between socio-economic status and coital initiation among postnatal women in Port Harcourt metropolis was rejected

Hypothesis 4: There is no significant difference between spousal approval and coital initiation among postnatal women in Port Harcourt metropolis

Table 4: Chi-square test showing significant difference between spousal approval and coital initiation among postnatal women in Port Harcourt metropolis

Variables	Coital initiation		Total Freq (%)	χ^2 P-value Df
	Yes Freq (%)	No Freq (%)		
Spousal approval				
Approved	50(29.8)	118(70.2)	168(100)	15.123
disapproved	114(49.1)	118(50.9)	232(100)	0.000
Total	164(41.0)	236(59.0)	400(100)	1

*Statistically significant ($p < 0.05$)

The result showed that there was a significant difference between spousal approval and coital initiation among postnatal women in Port Harcourt metropolis (X^2 value = 15.123; df =1; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between spousal approval and coital initiation among postnatal women in Port Harcourt metropolis was rejected

Hypothesis 5: There is no significant difference between number of children and coital initiation among postnatal women in Port Harcourt metropolis of Rivers State

Table 5: Chi-square test showing significant difference between number of children and coital initiation among postnatal women in Port Harcourt metropolis

Variables	Coital initiation		Total Freq (%)	χ^2 P-value Df
	Yes Freq (%)	No Freq (%)		
Number of children				
1-2	19(27.9)	49(72.1)	68(100)	51.163
3-4	38(24.4)	118(75.6)	156(100)	0.000
5 and above	107(60.8)	69(39.2)	176(100)	1
Total	164(41.0)	236(59.0)	400(100)	

*Statistically significant ($p < 0.05$)

The result showed that there was a significant difference between number of children and coital initiation among postnatal women in Port Harcourt metropolis (X^2 value =51.163; df =1; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between number of children and coital initiation among postnatal women in Port Harcourt metropolis was rejected.

Hypothesis 6: There is no significant difference between level of education and coital initiation among postnatal women in Port Harcourt metropolis

Table 6: Chi-square test showing significant difference between level of education and coital initiation among postnatal women in Port Harcourt metropolis

Variables	Coital initiation		Total Freq (%)	χ^2 P-value Df
	Yes Freq (%)	No Freq (%)		
Level of education				
Primary	19(27.9)	49(72.1)	68(100)	60.009
Secondary	101(64.7)	55(35.3)	156(100)	0.000
Tertiary	38(24.4)	118(75.6)	156(100)	3
Others	6(30.0)	14(70.0)	20(100)	
Total	164(41.0)	236(59.0)	400(100)	

*Statistically significant ($p < 0.05$)

The result showed that there was a significant difference between level of education and coital initiation among postnatal women in Port Harcourt metropolis (X^2 value = 60.009; df = 3; $p < 0.05$). Therefore, the null hypothesis which states that there is no significant difference between level of education and coital initiation among postnatal women in Port Harcourt metropolis was rejected

Discussion of findings

Coital initiation among Postnatal women

The result of this study in table 1 indicated that average percent of postnatal women or mothers initiated coital activities. The result of this study is required because during the gestational period they might off from sexual activity with their husband bearing mind that resume sexual intercourse with their spouse may make them comfortable and solidify the marriage or relationship. The result of this study is in line with studies of Nigatu, et al (2020) that more than average proportion of postnatal women initiated or resume sexual intercourse with their partners or husbands. Jambola, et al (2020) there was a significant proportion of postpartum women who resume early sexual intercourse do not use any contraceptives. Kassahun, et al (2019) added that the prevalence of sexual initiation among women or mothers is 18.5%. Woolhouse, et al (2014) added that postnatal women have sexual intimacy with their spouse or husband to improve the sexual and emotional well-being. Moel, et al (2010) affirmed that postnatal women have sexual interest with their partner after child delivery or birth. The result of this study is in corroboration with Anglès-Acedo, et al (2019) that showed a higher percentage (98%) of coital resumption among postnatal women or mothers ($p < 0.001$). Abraham, et al (2017) illustrated that women at postpartum period are over 9 times more likely to resuming sexual activity with their spouse. Studies of Anzaku and Mikah, (2014) agreed that sexual intercourse was resumed by 67.6% (230/340) of women with a mean time to resuming intercourse and sexual intercourse was initiated mainly (77.4%). It is plausible because postnatal women engage sexual initiation after few weeks of child delivery to satisfy their spouse so that they would not have interest in other women after a prolonged sexual break. As of the time of this study, there was previous findings to contradict with result of the current study.

Age and coital initiation among postnatal women

The result of this study in table 2 showed that there was a significant difference between age and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result of this study is expected because postnatal women react to condition or activity in different way which was affected by age. The result indicates that most women who are at medium of fertility age may to a large extent correlate with initiated coital activity with their spouse as compared with the younger mothers. The result of the study is in line with the study of Abate, et al (2020) that sexual initiation was higher among respondents belonging to age group above 20-24 years (AOR = 6.81) and was statistically significant. Yossef, et al (2020) added that age of postnatal women was 17.9 times more likely to have a significant effect on the initiation of coitus after child delivery. Arefaynie, et al (2018) affirmed that women within the age range of 19-24 years were over 5 times more likelihood to resume sexual intercourse with their partner or spouse. It is possible that the activities of women especially postnatal women varies with age due to changes in the physiological functions. Previously, Howard et al (2006) revealed that sexual ability of partners diminished markedly with age, with only 4.8% of the partners and could face with distress. There was no previous studies that contradict with the result of the current one.

Marital status and Coital Initiation among Postnatal Women

The result of the study indicated that there was a significant difference between marital status and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result of the study is required because women who are at postpartum period may resume sexual activity irrespective of the marital status. The result of this study is in credence with studies of Nigatu, et al (2020) that there was a significant association between marital status and sexual intercourse or coition among postnatal mothers. Fatusi and Blum (2008) added that married postnatal women are more likely to resume sexual intercourse as compared single women or mothers. Afzali, et al (2020) buttressed that women's satisfaction and activity was significantly associated with their marital status especially among married mothers than single or divorce. Arefaynie, et al (2018) revealed that marital status was significantly influenced with early coital initiation or sexual intercourse. It is plausible that married women may understand the need for have sexual intercourse after a prolong coital break with their spouse to improve the standard of living.

Socio-economic status and Coital Initiation

The result of this study depicted that there was a significant difference between socio-economic status and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result of this study is in line with studies of Afzali, et al (2020) depicted that women with a low income ($P < .002$) and insufficient income of the spouse ($P < .001$) are statistically significant with sexual resumption/coitus and satisfaction. The financial responsibility of the family lies on the husband and he may stay away from sexual activity especially during postnatal period. Nigatu, et al (2020) put up that there was a higher proportion of women that is significantly associated with early sexual initiation with regard to wealth index and place of residence. Abate, et al (2020) buttressed that postnatal women from poorest wealth index and unemployed are about 2 times less likely initiate coital activities and use contraceptive methods. Gadisa et al (2021) in their revealed postnatal women with low income are less likely to practice sexual intercourse some after few weeks of child delivery. Owonikoko, et al (2014) concorded that occupation of the husband ($P < 0.001$) and husband's income ($P < 0.05$) were significantly associated with resuming coital activities with the partner. It is plausible that most women are compensating poverty with sexual intercourse with their spouse while others with high standard of living may be aware of planning for the family and determine the involvement in sexual activity. As of the time of this study, there was no contradictory studies against this current findings.

Spousal approval and coital initiation among postnatal women

The result showed that there was a significant difference between spousal approval and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result of the study is expected because husband demand for sexual intercourse after few days of child delivery as a result of prolonged waiting which in turn initiates coitus. The result of this study is in line with studies of Renjhan, et al, (2010) that use contraceptive that was recommended by their husbands or spouse. Husband's approval of contraceptive use improves the prevalence rate of contraception. Fatusi and Blum (2008) added that 24.3% males and 28.7% females had initiated sex compared to 12.1% of males and 13.1% females based on regions or ethnic. Evidently, male partners are about 2 times more likely to have sexual debut with their partners than the female ($HR = 1.28$). Kim, et al (2016) buttressed that women experience postpartum depression had loss of sexual interest due to certain changes that occur in the body especially after birth. Studies illustrated by Palamalen (2013) that there is a rapid increase in contraceptive use (34%) mostly among women whose spouse had approved of contraceptive and it is directly related with a joint discussion with the partner. There is an increase in use of contraceptives among those who had their husband's support more than others who do not seek spousal support or approval. It is plausible that coital resumption could be initiated by the male partner because they may have absented from sexual activity during the gestational period of the female. Therefore, spousal support may likely predict the use of modern contraceptives among women. The study of Umar (2016) revealed that women whose spouses are involved in contraceptive practices are 26 times more likely to utilize contraceptive services. Although their non-usage of family planning is due to spousal non-approval or fear. Spousal agreement will promote the use of modern contraceptive methods.

Number of children and coital initiation among postnatal women

The result showed that there was a significant difference between number of children and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result of this study is expected because postnatal women might take caution with resuming sexual intercourse based on the number of living children. The result of this study is in corroboration with studies of Ngome and Odimegwu (2014) the number of children born from a woman is significantly associated with initiating coital activities or sexual intercourse. Mekonnen (2020) buttressed that postnatal women with parity of one are 2 times more likely to resume sexual intercourse or coitus and significantly associated with coital initiation after child delivery. Owonikoko, et al (2014) added that parity or number of living children are most significant factors associated with early resumption of vaginal intercourse among postnatal mothers ($P < 0.05$). Ilyasu et al (2018) illustrated that number of living children from postpartum women are about 2 times more likely to resume coital activity and use modern contraceptives.

Level of Education and coital initiation among postnatal women

The result showed that there was a significant difference between level of education and coital initiation among postnatal women in Port Harcourt metropolis ($p < 0.05$). The result of this study is expected because educated postpartum women are aware and understand the needs for resuming coital activities with their partners as compared with less educated women. The result of this study is in credence with studies of Arefaynie, et al (2018) that women who have attended school are 14 times less likely to resume sexual activity or coition with the spouse as compared with others who have not attended school. Abate, et al (2020) buttressed that women who have knowledge of certain health conditions might determine the initiation of coital activity. Dagnwe, et al (2020) added that postpartum mothers with secondary educational level are over 2 times more likely to initiate coital activity and use modern contraceptives after child delivery. Studies of Abraham, et al (2017) illustrated that postpartum modern contraceptive use was significantly associated with secondary and tertiary education levels ($aOR, 4.25$) and more likely to resume coital activity among postnatal mothers. Jambola, et al (2020) concurred that postnatal mothers who ended at secondary education may not significantly initiate coital activities. Ejembi et al (2015) revealed that the educational status of women and spouses were found to be significantly associated with contraceptive use ($p < 0.000$) and the prevalence of using contraceptives. Owonikoko, et al (2014) revealed that educational status of the husband ($P < 0.001$) is a significant number of women resumed vaginal intercourse during the puerperium despite low contraception usage. Level of education of postpartum women plays a significant role in building the understanding and awareness regarding the initiation of coital activities. There was no previous study that contradicted with the outcome of the current findings.

Conclusion

The result of this study concludes that the level of coital initiation among postpartum women was relatively low. The socio-demographic characteristics such as age, marital status, number of living children, socioeconomic status, spousal approval and level of education were significantly different in the level of coital initiation among postnatal women.

Recommendations

In respect to the findings of this study, the following recommendations were made:

1. Health care managers should provide information following childbirth regarding changes to intimate and sexual relationship after childbirth for women.
2. Health care managers should lay more emphasis on sexual and contraceptive education during the immediate postpartum period is therefore imperative.
3. Government should improve the educational coverage and community-level of wealth status are important intervention areas to promote good reproductive health and well-being.

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