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Review

Resumption of Sexual Intercourse After 6 Weeks Postpartum: an Islamic and Science Perspective

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ABSTRACT

Islamic law has regulated postpartum sexual intercourse to be carried out after 40 days. In the perspective of reproductive health science, the average postpartum recovery occurs within 6 weeks. However, postpartum sexual health is still considered a minimally understood and taboo concept. It is often seen only from a physiological/biological point of view, and health workers also convey postpartum sexual health education as just a list of information that must be conveyed. The impact is increasing sexual complaints and problems as well as reproductive health problems, including unwanted pregnancies. This is a narrative review. data sources. The databases of PubMed, Elsevier, Sexual intercourse, and postpartum period were systematically searched, from their earliest dates, using a combination of key terms, including; 'sexual health', 'sexual intercourse', 'resumed', 'sexuality', 'sexual desire' 'postnatal' and 'postpartum', resulting in a final included dataset of 22 studies. Early resumed sexual intercourse in postpartum women is generally in healthy reproductive age (20-35 years), parity of one child, and history of vaginal delivery without complications. Readiness to return to sexual relations needs to be understood from the scientific aspect of health and Islamic law as educational material for the public

1. INTRODUCTION

Postpartum is a period that occurs immediately after giving birth. Traditionally the postpartum period has been defined as lasting 6 weeks postpartum. By 6 weeks after delivery, most women have completed the final physiological transition, which includes uterine involution, cessation of lochia, and establishment of lactation. An alternative definition of the postpartum period is the "fourth trimester", which denotes a transition that lasts approximately 3 months (L.King et al., 2019)

Sexual health undergoes fundamental changes during pregnancy, childbirth, and the postpartum period. Postpartum sexual health is a growing international issue. The World Health Organization (WHO) recommends that one of the most important issues to be addressed during the postpartum period is postpartum sexual health. Passion, libido, orgasm, and sexual pleasure are signs of good sexual health after giving birth.(Edosa Dirirsa et al., 2022) There is a positive relationship between sexual satisfaction and marriage which develops the right relationship and benefits both partners in strengthening the family. However, pregnancy and the postpartum period harm the sexuality of women and their partners. Interest in sexual activity declines during pregnancy but returns to normal soon after an average of 6 weeks after delivery. Recently it has been suggested that it is safe to resume sexual activity postpartum for at least 6 weeks after delivery.(Edosa Dirirsa et al., 2022) According to World Health WHO and other studies, more than half (50%) of women resume sexual activity within 6 weeks after giving birth, while in Turkey 79.1% and China 68.7% of postpartum women engage in sexual activity in the first 6 weeks after giving birth.(Edosa Dirirsa et al., 2022)

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The postpartum period is an ideal time to address issues around sexual health and preparation for intercourse, ensuring that women and their partners are well-informed about infection prevention, family planning, and risk-taking. During the postpartum period, women face emotional/psychological as well as physical changes. Emotional/psychological changes include anticipation, excitement, happiness, and fulfillment, as well as anxiety, frustration, confusion, or sadness. Physical changes such as involution, lochia, after pain, and changes in sexual function (Sok et al., 2016)

Early resumption of sexual activities during the postpartum period is usually associated with reproductive tract infections and unintended pregnancies. Research shows that women who start sexual practices early after giving birth are at increased risk of developing puerperal infections, unwanted pregnancy complications, unsafe abortions, and genital trauma. The results of a cohort study of women aged 18-35 years in Pennsylvania who gave birth in 76 hospitals showed that 261 of 2,643 women (9.9%) reported first sexual intercourse in the first postpartum month (7-31 days). Women who returned to sexual activity earlier were less educated, younger, and less likely to breastfeed, to have had perineal lacerations, or to have had an episiotomy than those who returned to sex later. In addition, women who had early postpartum sexual intercourse were 2-3 times more likely to have unprotected sexual intercourse in at least one of the first 6 months after the first delivery; risk of experiencing pregnancy 3-4 times at 6 months postpartum; and 3-4 times the risk of having an unwanted pregnancy. (Knutson et al., 2022)

Prior studies have shown that many women resume sexual intercourse before 6 weeks postpartum. The results of a study in Ethiopia showed that around 53.9% of respondents practiced early postpartum sexual resumption. Factors that influence early postpartum sexual intercourse include low income, monogamous marriage 3.78 times, having sexual intercourse during pregnancy 4.55 times, cesarean delivery 0.06 times and contraception use 3.7 times which are significantly associated with resumption of sexual intercourse early postpartum.(Gadisa et al., 2021)

There are still different views about postpartum sexual relations and when is the ideal time to resume postpartum sexual relations so that the sexual relations carried out are healthy and prevent problems including disease. The author tries to present this article to provide an overview of postpartum sexual relations from the perspective of health and Islamic law.

2. RESEARCH METHODS

Searches for both qualitative and quantitative research published in peer-reviewed journals were conducted through PubMed, Elsevier, and Google Scholar databases using combinations of search terms “Sexual intercourse”, and “postpartum period” were systematically searched, from their earliest dates, using a combination of key terms, including; “sexual health”, “sexual intercourse”, “resumed”, “early resumption”, “sexuality”, ”sexual desire”, “postnatal” and “postpartum”, “Islamic”, Al Qur’an”, “Fiqh”. Publications selected for final review included a broad range of research designs including experimental, case-controlled, phenomenological, cross-sectional, and ethnographic studies meeting two inclusion criteria: (a) published between 2015 and 2023 and (b) free full-text article. Resulting in a final included dataset of 22 studies.

3. RESULTS AND DISCUSSIONS

Based on research in Ethiopia with the title “Return of Sexual Activity Within Six Weeks of Childbirth Among Married Women Attending Postpartum Clinic of a Teaching Hospital in Ethiopia” the research which obtained total of 421 postpartum women participated in the study. The average age of the participants was 28.54 years (SD ± 5.08), and a majority of participants 69.4% were monogamous, and nearly half (50.6%) had been living with their husbands for only 1 to 2 years, 40.4% of postpartum women had a college education or higher, 52.5% discussed the return to postpartum sexual activity with their husbands to initiate the sexual intercourse after recent childbirth, and 46.3% women resumed their sexual practices under the influence of their husbands, 80% were not getting health education from health care providers regarding the time when to resume sexual intercourse after childbirth. The prevalence of women who return to early sexual activity before 6 weeks after childbirth (non-recommended time) was 31.6%. In multivariable logistic regression monogamy, parity (multiparous, grand multiparous), postnatal care visit for the recent birth, and infant feeding status were found to be significantly associated with return to early sexual activity before 6 weeks after childbirth at p-value <0.05 with 95% confidence interval. Monogamous marriages were 4.4 times more likely to return to sexual activity before 6 weeks after childbirth than mothers whose type of marriage was polygamy. Multiparous 89% and grand-multiparous women 90% were less likely to have early postpartum intercourse. Women who had postnatal care visits for the last births were about 2 times

more likely to resume early sexual intercourse within 6 weeks of childbirth than mothers who had no postnatal care visit for the last births. Women who used formula feeding as infant feeding were 2.3 times more likely to resume early sexual intercourse within 6 weeks of childbirth than mothers with exclusive breastfeeding (Edosa Dirirsa et al., 2022).

Based on research in Uganda with the title "Factors associated with early resumption of sexual intercourse among postnatal women in Uganda", the majority of the 374 participants were aged between 21 and 35 years. The average age of 27 years, 56.5 % were of the Catholic religious denomination; 68.2 % had attained a secondary level of education; 92 % were married or lived with spouses, 49.3 % had delivered their second child and 70.5 % had a vaginal delivery with no tears, 28.1 % had already resumed sexual intercourse between 3 and 24 weeks. Among women 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 postponed resumed sexual intercourse, 139 (51.7 %) wished to wait until 6 weeks, 74 (27.6 %) were living separately with their husbands, 37 (13.8 %) reported still tired, and 19 (6.9 %) reported receiving advice against early resumption from the doctor or midwife. There were no problems experienced by 79 (75.2 %) of the participants who had resumed early sexual intercourse, 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. Predictors of early resumption of sexual intercourse after childbirth 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 ($p < 0.01$), breastfeeding of the baby ($p < 0.01$), and mode of delivery ($p < 0.01$).(Alum et al., 2015)

Based on research in Northwest Ethiopia with the title "Factors associated with early resumption of sexual intercourse among women during the extended postpartum period in Northwest Ethiopia: a cross-sectional study", a total of 634 study participants responded to the interview. The mean age of the respondents was 28.3 (SD ±5.5) with the minimum and the maximum ages of 18 and 50 years respectively. The majority, 89.5% of the participants were married and about 86.6% were urban residents, 86.2% were followers of Orthodox Christianity, 35.3% had completed secondary school while 43.7% of their husbands had completed higher education, 47.9% had two to three living children. The majority 61.4% of participants had a vaginal delivery with no episiotomy/tears. Among the participants, 89.7% had already resumed sexual intercourse after delivery. Of the participants who had resumed sexual intercourse, 153(26.9%) resumed before 6 weeks after childbirth and 416 (73.1%) resumed after 6 weeks. The timing of resumption of sexual intercourse ranged between 2 and 46 weeks with a median of 12 weeks. The major reason (76.1%) for resumed sexual intercourse after delivery was partner demand. Concerning problems noted after resuming sexual intercourse, about 394(69.2%) of participants had no problems experienced and 89(15.6%) had experienced pain during sexual intercourse. In the multivariable logistic regression analysis, place of residence, parity, husband demand for sexual intercourse, use of family planning, and Postnatal care visit were significantly associated with early resumption of sexual intercourse after childbirth. Women living in an urban setting were 6.12 times more likely to initiate early sexual intercourse after childbirth than those who live in rural areas; women with one parity were about 2.26 times higher than women with five and above parity; husband demand for sexual intercourse was about 2.66 times higher than women's desire; women who obtained Postnatal care were about 1.45 times higher to initiate early sexual intercourse than who did not; women who were using family planning were about 2.72 times higher odds to resume early sexual intercourse than those who did not use.(Mekonnen, 2020)

Based on research in sub-Saharan Africa with the title "Multilevel analysis of early resumption of sexual intercourse among postpartum women in sub-Saharan Africa: evidence from Demographic and Health Survey Data.", a total weighted sample of 118,371 postpartum women were included in the analysis. The median age of the study participants was 28 years. About 48.25% of participants fell within the age category of 25–34 years, 70.06% of the women were rural, 40.49% had no formal education, about 70.30% were Christian religious followers, about 64.59% of the women gave birth at health institutions, 79.52% had exclusive breastfeeding. Overall, 67.97% of the postpartum women had an early resumption of sexual intercourse. Of the 23 countries, Zimbabwe (85.88%) accounted for the highest early resumption of sexual intercourse, and Sierra Leone the lowest (15%). In the multilevel multivariable logistic regression model, women's education, husband education, residence, place of delivery, family planning use, religion, and fertility desire were statistically associated with early sexual intercourse resumption. The odds of resuming sexual intercourse early were 1.11 times larger among women who attended primary education and 1.17 times larger among women who attended secondary education than women with no formal education; 1.91 times larger among women who live in urban areas compared to women who live in rural

areas; 2.08 times larger among women who followed the Islamic religion compared to those who followed the Christian religion; 1.51 times larger among women who were delivered at institution compared to those who were delivered at home; 1.84 times larger among respondents who have used family planning as compared to those who have not used family planning; 1.24 times larger among women who wanted then and 1.27 times larger among women who wanted later as compared to those who had not wanted any more children; 2.02 times larger among women from Central African countries and 1.49 times larger among women from East African countries as compared with women from West Africa countries.(Asmamaw et al., 2023)

Based on research in Ethiopia with the title "Early resumption of postpartum sexual intercourse and its associated risk factors among married postpartum women who visited public hospitals of Jimma zone, Southwest Ethiopia: A cross-sectional study", the total 330 sampled postpartum women, the mean age of participants was 27.88 years (SD ± 6.157) and 86.8% were having a monogamous relationship and 13.2% were polygamous relationships, 62.4% were urban residence and 37.6% were from rural residence, 62% have family monthly income of below or equal to the mean average income. The earliest period of sexual resumption was between two and 13 weeks with an average of 6.7 weeks (SD±2.25). Overall 53.9% resumed sexual intercourse during the unrecommended time (</ = 6 weeks postpartum) and of this about 45 (14.1%) of mothers resumed sexual intercourse within 4 weeks of delivery. About 76.5% of participants reported that the reason for early resumption was requested by their husbands. In multivariable logistic regression husband-wife number, household monthly income, the practice of sexual intercourse during the index pregnancy, mode of birth, and use of contraceptive methods were found to be significantly associated with the resumption of sexual intercourse during the unrecommended period (</ = 6 weeks postpartum).(Gadisa et al., 2021)

Based on research in Ethiopia with the title "Predictors of early resumption of post-partum sexual intercourse among post-partum period women in Ethiopia: A multilevel analysis based on Ethiopian demographic and health survey 2016", all participants 1760 (27.29%) of them within the age group of 15–24 years, 62.23% of the participants have no formal education, 41.68% were Muslim, 46.66% of the poor wealth status, 88.57% were rural in residence, 57.68% have low community media exposure, 58.40% at high community poverty, 66.84% at low community women's education and 54.27% at high community unemployment. Among 6447 participants, 60.41% have resumed sexual intercourse, 95.2% of children are alive 2.58% delivered their baby by cesarean, 77.99% exclusively breastfed for 6 months, 38.81% women were grand multipara and 73.42% have the desire to give birth soon, 69.17% currently not on family planning, 88.57% amenorrheic and 67.34% women delivered at home. The prevalence of early resumption of postpartum sexual intercourse in Ethiopia was found to be 60.41%. Women with primer educational levels were 1.27 times more likely to resume post-partum sexual intercourse as compared who had no formal education, and women whose secondary and higher educational level 1,6 times more likely to resume post-partum sexual intercourse as compared who had no formal education.(Asratie & Andualem, 2022)

Based on research in Ethiopia with the title "Early Resumption of Sexual Intercourse and Its Associated Factors Among Postpartum Women in Western Ethiopia: A Cross-Sectional Study", total participants (528), 509 postpartum women participated in the interview, giving a response rate of 96.4%. The mean age of the participants was 25.27 (SD ±4.12) years. Most 92.7% of participants were married, 32.4% had a college education, and 48.1% of the women belonged to a poor wealth quantile. About 39.3% of women had given birth through spontaneous vaginal delivery and 58.2% of their babies were male, 87.6% cohabit with the father of the child after delivery, 72% were practicing exclusive breastfeeding, 38.7% of women had experienced menses return since the last childbirth, only 44% of the participants had used family planning methods during the past 6 weeks. About 64.6% of the participants had resumed sexual intercourse at the time of the survey, of whom 20.2% had commenced within the first 6 weeks of the postpartum period. About 58% of women who resumed coitus within the first 6 weeks postpartum did not use any contraceptive methods. Of the women who had resumed sexual intercourse within 6 weeks, 46.6% had experienced pressure from their husbands to resume sexual intercourse. Only 16.9% of the total respondents had received information or advice on post-partum sexual intercourse. Among those participants who had resumed sexual intercourse, 22.4% had at least one sexual morbidity or problem at the time of resumption 53.4% of these women resumed early in the first 6 of the postpartum period. The most commonly reported sexual problem was dyspareunia in 41.73%. Of those who resumed sexual intercourse early, only 41.8% used contraceptive methods. The majority (71.2%) of the participants who resumed intercourse after 6 weeks complemented it with contraceptive use. About 35.36%, of the women were yet to commence sexual intercourse at the time of the survey. A total of 80 (44.44%) of the women had not resumed sexual intercourse because they believed that it was not yet acceptable to commence coitus after the birth of the child. Logistic regression analyses

show that sociodemographic variables such as maternal age, religion, occupation, education, education of spouses and pressure from husbands, as well as obstetrics and sexual history, including parity, sex of the baby, desire to have another child, using family planning, and return of menses, were associated with resuming sexual intercourse. The results of the study show that 20.2% resumed sexual intercourse during their 6-week postpartum period, which is similar to findings from Uganda 21.9% and Nigeria 21.7%, this figure is lower than findings from other countries and regions, ranging from 24.4% to 57.7%: Spain (24.4%), southwest Nigeria (27.6%), Axum (39.4%), Malaysia (37.4%), Addis Ababa (57.7%), and southeast Nigeria (49.3%). This variation could be attributed to sociocultural and sociodemographic differences among both the study participants and their respective countries. The most common reason for early sexual resumption is couples in a union may practice an early resumption of sex as they spend an extended time together. Sociocultural differences could also ostensibly contribute to the observed differences. For instance, resuming sex within a short period is considered a way of celebrating and congratulating the mother and new baby in Uganda. Such a culture usually demands that couples resume sex within 5 days after childbirth as an inherent practice. Factors significantly associated with the early resumption of sexual intercourse among postpartum women were parity, sex of the baby, wanting to have another child, pressured by their partner to resume sexual intercourse, and using family planning. A study was conducted in Taiwan, where women with an educational level of college or above were less likely to resume early sexual intercourse than women with a lower educational level. This may be because educated women had better awareness about the effects of early resumption of sexual intercourse and had better decision-making power over their bodies.(Jambola et al., 2020)

Based on research by Knutson *et al.* with the title "Early Resumption of Sexual Intercourse after First Childbirth and Unintended Pregnancy within Six Months" in the cohort study, 261 of 2,643 women (9.9%) reported first intercourse within the first postpartum month (7–31 days). Women who resumed intercourse early were less educated, younger, and less likely to breastfeed, have had a perineal laceration, or have had an episiotomy than those who resumed intercourse later. In addition, they were more likely to have unprotected intercourse in at least one of the first 6 months after first childbirth 2.33 times; to be pregnant by 6 months postpartum 3.03 times, and to report that pregnancy as unintended. Nearly 10% of women resumed intercourse in the first month after childbirth. Because early resumption of intercourse was associated with a greater likelihood of unprotected intercourse and unintended pregnancy within 6 months.(Knutson et al., 2022)

Based on the research of Hannah with the title "Seksualitas dalam Alquran, Hadis dan Fikih: Mengimbangi Wacana Patriarki", Discussion of sexuality in the Qur'an tends to focus on sexual relations as husband and wife rather than sex as an individual human right. Thus, the discussion of marriage as the institutionalization of social-sexual relations obtains a fairly complete explanation compared to sexuality as the right of every person. One of the verses of the Qur'an which is popularly used as a reference for sexual relations between husband and wife is Surah al-Baqarah verse 223 which describes the sexual relationship between husband and wife. If you understand it at a glance, it is illustrated that female sexuality is passive and conversely male sexuality must be active, especially when having sex. The fields become a woman's metaphor while the men plant the seeds. So that as a field, the wife/woman can plant anything at any time and according to the wishes of the husband/man. In other words, women are objects of the will of men, especially in matters of sex. Hamka interprets this verse, especially about the meaning of "a wife as a field rice field" that the wife is like a field where the husband plants seeds to continue the offspring, and the husband as the owner of the field may enter the field whenever he likes and wants, but in planting seeds he must also pay attention - watch at the right time so it's not in vain. More than that, the depiction of women as fields in the context of Medina society at that time indicated the high value of women. Farms were something limited and rare in Medina. So the metaphor of women as fields is a description of how high the value of a woman must be guarded, cared for, and respected because the struggle to get it is not easy.(Hannah, 2017)

Based on the research of Dahri with the title "Reproduksi perempuan dalam perspektif Islam (Tinjauan terhadap Haid, Nifas, dan Istihadhah)", The Islamic view of menstruation, as stated by the Qur'ân, contains a new thought that is different from the previous Jewish tradition. In Jewish tradition, women who are menstruating are considered dirty women who can bring disaster, so they must be exiled from society. This negative theological view is then challenged by the Qur'an and confirmed in the hadith. This can be seen in the reason for the revelation (asbabun nuzûl) of the verse about menstruation (QS. Al-Baqarah/2:222). Imam Muslim narrated that a group of the Prophet's companions asked the Prophet about the behavior of the Jews who did not want to eat together and associate with their wives at home when the wife was menstruating. Meaning: "They ask you about menstruation. Say (blood) of menstruation is dirt, then stay away from your wives at the place where menstruation comes out. And do not approach them until they are pure. If they are purified, then come (interfere with) them according to the way

Allah has commanded you. Indeed, Allah loves those who repent and those who purify themselves." Furthermore, Rasulullah SAW said: "Do anything except have sex". This statement is very different from the opinion of some people who identify menstruation as "women who are dirty". In the Qur'ân what is considered dirt is the blood, and not the woman herself. This is a very logical statement and follows the general rule of medicine which states that menstrual blood is blood that is not needed for female organs and must be disposed of because if it remains in the stomach it will bring disease. With such medical arguments, the statement of the Qur'ân about menstruation is in no way intended as a teaching that looks down on menstruating women. Concerning the discourse on menstruation, childbirth, and istidhadah in the hadiths, there is one important note that can be stated here, namely that almost all of the provisions regarding these three issues were based on and as a solution to cases that occurred in women at that time. The law is determined by considering the condition of women. Fiqh views the status of women menstruating, postpartum, istihadhah the same as people who are experiencing major hadats (a condition that requires a person to take a mandatory bath before performing certain worship). In the perspective of fiqh, hadats, both big and small, (a condition that requires a person to perform ablution before performing certain rituals such as urinating, defecating, and sleeping) are considered as something natural, temporary and accidental and experienced by every human being, so hadats not a negative thing at all. By placing menstruation, childbirth, and istihadhah on equal footing with other conditions of hadats, fiqh has positioned the process of female reproduction as part of a woman's nature that needs to be given a legal solution. Based on the letter of Al-Baqarah verse 222, intimate relations when a wife is menstruating is a serious offense. This also applies when the wife is undergoing the puerperium. “Sexual intercourse with a wife who is menstruating is unlawful based on the consensus of the scholars. A Muslim who considers it halal can turn into a kufr. This prohibition is based on the word of Allah, 'They ask you about menstruation, say, 'It is dirt. Therefore, stay away from women during menstruation. Do not approach them until they are pure. If they are pure, then come to them from the path that Allah has commanded you. Indeed, Allah loves those who repent and those who are purified,'' (Sura Al-Baqarah verse 222). Those who are going through the postpartum period are the same as those who are menstruating" (Dahri, 2012).

Discussion

A mismatch of sexual desires between a woman and her partner in the first months after giving birth, which for many people leads to feelings of guilt and failure because they did not live up to their expectations of postpartum sexual activity. Included in this was women's awareness of their partner's sexual desires, with women reporting that they did not want to 'hurt their partner's feelings' by regularly refusing their partner's sexual advances. In some cases, women manage this by having sexual intercourse when they don't feel desire by pretending to feel sexual desire and faking an orgasm.(Hannah Woolhouse, 2012)(Hansson & Ahlborg, 2012)

Factors related to the resumption of post-partum sexual relations including the woman's age, sex of the child, living child, cesarean delivery, the woman's education level, parity, desired child, current use of contraception, and current employment status are variables that significantly associated with early resumption of postpartum sexual intercourse.(Asratie & Andualem, 2022) It is recognized that many women experience some sexual health problems after the birth of their first baby. Many prevalence studies of postnatal women's sexual health report their results in terms of sexual dysfunction and sexual problems.(Hannah Woolhouse A B, 2013) For example, in a comparative study of sexual function between nulliparous and multiparous women, the authors reported that sexual dysfunction was more common in nulliparous women. About 48-60% of women experience sexual dysfunction because they experience a lack of vaginal lubrication or a loss of interest in sex. These findings serve to highlight the fact that many women experience several different postpartum sexual health problems that can even persist for months after the birth of their first baby (O’Malley et al., 2021) (Hipp et al., 2012)

Women who gave birth vaginally were 3.6 times more likely to experience sexual problems when they resumed intercourse postpartum than those who delivered by cesarean section. A study from India found that the average time to restart sexual intercourse after normal vaginal delivery with episiotomy was 40 days postpartum compared to 10 days after cesarean section. The most common problems in the normal delivery group were decreased libido (80%), sexual dissatisfaction (65%), and sagging vagina (55%), while in the cesarean section the most common problems were vaginal dryness (85%), sexual dissatisfaction (60%), and decreased libido (35%). The occurrence of dyspareunia in the first year postpartum is more likely to occur in women who deliver vaginally. (Hipp et al., 2012) In contrast, a study from Iran found no association between mode of delivery and timing of delivery resumption of intercourse or dyspareunia for 2-6 weeks postpartum. While interest in sexual activity often declines during pregnancy, it eventually returns to normal after delivery with an average resumption of sexual intercourse, ranging between 5 and 8 weeks after delivery. (Alum et al., 2015)

Evidence from studies on intercourse before six weeks (during a time that is not recommended) in Malaysia was conducted by 51.6% of couples, this result is higher than previous reports in most countries such as the United States (43%), and India (28.3%). Uganda (21.9%) and Nigeria 40%. And this result is once again lower than the figures reported from Poland (72.8%), Brazil (70%), and Addis Ababa 73.4%. Differences in the timing of postpartum sexual resumption may be due to the socioeconomic diversity that exists in low, middle, and high-income countries and the different sexual attitudes of women in different parts of the world (Gadisa et al., 2021)(Jambola et al., 2020)(WHO, 2017).

Table 1. Intercourse before six weeks (during a time that is not recommended)

Country	Percentage
Addis Ababa	73,4
Poland	72,8
Brazil	70
Malaysia	51,6
United States	43
Nigeria	40
India	28,3
Uganda	21,9

Likewise, other studies have revealed that the earliest time to restart postpartum sexual intercourse is 7-14 days or in the second week, the possible reason is the pre-existing socio-cultural context, groups living in rural areas are more likely to follow traditional practices for breastfeeding. delaying sexual intercourse again after the puerperium ends because of the cultural practice of sexual abstinence during the puerperium. In addition, most women in rural areas are separated from their partners and live with their parents or relatives during the postpartum period, so they are not conditioned to have the opportunity to have sexual intercourse immediately.(Gadisa et al., 2021)(Mekonnen, 2020)(Asratie & Andualem, 2022)(Jambola et al., 2020)

In contrast to women who have sexual intercourse earlier after giving birth (before 6 weeks), the reason for this is related to demands and pressure from the husband to have sexual intercourse immediately. In Africa, women usually initiate sexual relations against their will out of fear that men will go elsewhere to have sex with other women. This practice endangers family harmony because it creates psychosocial problems and can cause physical health problems due to the risk of sexually transmitted diseases. (Mekonnen, 2020) ,(Asratie & Andualem, 2022),(Hansson & Ahlborg, 2012) The need for the support of midwives and other health workers to empower women, build awareness of good health, both women and husbands pay more attention to and realize the need to restore the wife's physical and psychological health. Husbands can also hold back and be aware of their duties during the postpartum transition, accompanying mothers in adapting to new roles with new babies, not just focusing on sexual relations. (ICM, 2014)

Postpartum sexuality encompasses many complex issues, from thinking of oneself as a sexual being to viewing sexuality as an integral part of every human personality.(Nkwabong et al., 2019) Sexuality during the puerperium is a combination of biological, psychological, social, and spiritual factors. Others describe postpartum sexuality more as a behavior, such as a drive to seek, an interest, or an urge to seek sexual objects or engage in sexual behavior. (Sok et al., 2016) Behaviors of sensuality (tenderness between lovers, kissing, hugging, and hugging), touching the genitals and intercourse are manifestations of sexuality..(O'Malley et al., 2015) Since the 2000s, interest in postnatal sexual health has increased to such an extent that people believe that postnatal sexual health will develop pragmatically well.(SzÖllŐsi & Szabó, 2020) In contrast, little effort has been made to apply research findings and clinical evidence to midwifery practice. There is little evidence applied in midwifery practice on care to improve postpartum sexual health. (WHO, 2017) Midwives are also still confused about how they can incorporate postpartum sexual health education into their practice with evidence of their knowledge and competence in this area of practice lacking. (O'Malley et al., 2015) Postpartum sexual function as a component of postpartum sexual health has been extensively studied even though it is presented and discussed as 'sexual dysfunction'. (O'Malley et al., 2021) (SzÖllŐsi & Szabó, 2020) Sexual health problems are generally discussed between pre-pregnancy sexual health problems and postpartum sexual health problems. For example, an episiotomy or perineal tear is one of the issues that arise regarding sexual health and readiness for re-sexual intercourse after childbirth. (Hipp et al., 2012)(O'Malley et al., 2015)

Religious and cultural norms influence when sexual relations resume and many studies also show this. (Mchome et al., 2020) Religion influences the time of resumption of sexual relations whereas Islam recommends 40 days of postpartum sexual abstinence. Similar customs are reported in The Gambia among the majority Muslim population. In Nigeria, 1% of women continue sexual relations because of cultural demands. The results of a study in Uganda reported that different ethnic customs influence the timing of sexual resumption in the early puerperium. In this study, some women continued sexual intercourse earlier due to cultural demands. For example, in some cultures it is believed that a woman is expected to resume sexual intercourse within the first week after giving birth, thereby aiding wound healing" and "bringing good health to the baby". The cultural practice of new mothers staying with their in-laws or in their parents' home after delivery is also one of how culture prohibits the earlier resumption of sexual relations 6 weeks after delivery. (Alum et al., 2015)

Based on the letter of Al-Baqarah verse 222, intimate relations when a wife is menstruating is a serious offense. This also applies when the wife is undergoing the puerperium.

ويحرم بالاتفاق إتيان الحائض، ومستحله كافر، لقوله تعالى :وَيَسْأَلُونَكَ عَنِ الْمَحِيضِ قُلْ هُوَ أَذًى فَاعْتَزِلُوا النِّسَاءَ فِي الْمَحِيضِ وَلَا تَقْرَبُوهُنَّ حَتَّى يَطْهُرْنَ فَإِذَا تَطَهَّرْنَ فَأْتُوهُنَّ مِنْ حَيْثُ أَمَرَكُمُ اللَّهُ إِنَّ اللَّهَ يُحِبُّ التَّوَّابِينَ وَيُحِبُّ الْمُتَطَهِّرِينَ البقرة:222/2[والنفساء كالحائض].

"Sexual intercourse with a wife who is menstruating is unlawful based on the consensus of the scholars. A Muslim who considers it halal can turn into a kufr. This prohibition is based on the word of Allah, 'They ask you about menstruation, say, 'It is dirt. Therefore, stay away from women during menstruation. Do not approach them until they are pure. If they are pure, then come to them from the path that Allah has commanded you. Indeed, Allah loves those who repent and those who are purified,'' (Sura Al-Baqarah verse 222).

Those who are going through the puerperium are the same as those who are menstruating," In Islamic law, couples who have sex when this is the case can be subject to sanctions in the form of a fine of one or half a dinar. The determination of this sanction refers to the following hadith narrated by Abu Dawud and Al-Hakim:

ويسن لمن وطئ الحائض أن يتصدق بدينار إن وطئها في إقبال الدم، وبنصفه في إدباره؛ لخبر أبي داود والحاكم وصححه :»إذا واقع الرجل أهله وهي حائض، إن كان دماً أحمر فليتصدق بدينار، وإن كان أصفر، فليتصدق بنصف دينار«

This means, "A husband who has intercourse with his wife during menstruation is recommended to give charity one dinar if the intercourse is carried out when menstrual blood just comes out (still heavy), and half a dinar when menstrual blood begins to recede based on the hadith narrated by Abu Dawud and Al-Hakim. He (Al-Hakim) considered this hadith authentic. Rasulullah SAW said, 'If someone has intercourse with his wife when he is menstruating, he should give charity one dinar if his menstrual blood is still red and half a dinar if his menstrual blood is yellow,"(Az-Zuhaili et al., 2011)

In addition, the couple is also required to repent because this practice is a grave sin that must be shunned, as explained in this statement:

فمن وطئ امرأته أثناء نزول الدم فإنه يأثم وتجب عليه التوبة فورا كما تأثم هي بتمكينه ومن السنة أن يتصدق بدينار أو بنصفه وقد بينا مقدار الدينار في "كتاب الزكاة "فارجع إليه "حنفي-شافعي

"Anyone who has intercourse with his wife in the middle of drops of menstrual blood or childbirth is a sin. He must repent immediately as his wife is also a sinner who is willing to have intercourse during menstruation. It is recommended to give one dinar or half a dinar to charity as we have explained the size of a dinar in the Chapter of Zakat. Please refer to it, according to the Hanafi-Madzhab Syafi'i,"(Az-Zuhaili et al., 2011)

The role of religion and culture facilitates sexual abstinence in the postpartum period in a patriarchal society where family values are highly valued. People who uphold their religious and cultural values will follow the cultural practice of sexual abstinence during the postpartum period. Most of those who resume sexual relations do so after six months based on religious rules and cultural norms. Resumption of sexual intercourse earlier in some respondents was associated with the male partner's request for sex. Most women prefer to delay sexual intercourse and intend to do so after six months.(Shabangu & Madiba, 2019)

4. CONCLUSION

Sexuality in Islam is shaped by religious and cultural values. Religious values in the Qur'an, hadith and fiqh color the formation of views about what is permissible or not (halal or haram), various obligations, and attitudes that are developed about gender roles. The basic thing in the Qur'an's concept of sex/sexuality is not to demean women and sex, and even to go against misogynist traditions. The core view of the Qur'an on sexuality is that men and women have the same/similar characteristics, including sexual characteristics related to sexual morality or chastity. Postponing postpartum sexual intercourse after 6 weeks is part of practicing adherence to religious teachings and concern for women's health and leads to family resilience.

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