

INFORMASI ARTIKEL

Received: April, 11, 2026

Revised: May, 08, 2026

Available online: May, 09, 2026

at: <https://e-jurnal.iphorr.com/index.php/mhc>

Parental burnout and sexual dysfunction among postpartum women

Rifzi Devi Nurvitasari*, Dwi Indah Lestari, Aldi Febrian Wieminaty

STIKes Bhakti Al-Qodiri

Corresponding author: *E-mail: rifzidevin@gmail.com

Abstract

Background: Postpartum care frequently prioritizes physical recovery while overlooking the psychological determinants of reproductive health.

Purpose: To analysed the relationship between parental burnout and sexual dysfunction among postpartum women.

Method: A quantitative cross-sectional study was conducted with 144 postpartum mothers at Community Health Center Ardumulyo using purposive sampling. Participants completed the Parental Burnout Assessment (PBA) and Female Sexual Function Index (FSFI). Data were analysed using Spearman's Rho and Multiple Logistic Regression ($p < 0.05$).

Results: Prevalence of moderate-to-high parental burnout was 38.2%, with 54.2% of respondents at risk for sexual dysfunction. A significant negative correlation was identified ($r_s = -0.584$, $p < 0.001$). Multivariate analysis revealed that mothers with high parental burnout were 4.12 times more likely to experience sexual dysfunction (OR 4.12; 95% CI 2.15–7.88) than those with low burnout, even after adjusting for age and parity.

Conclusion: Parental burnout is a potent predictor of postpartum sexual dysfunction, outweighing traditional clinical factors. These findings highlight the necessity for midwives to integrate mental health screening into routine postnatal care to ensure holistic reproductive recovery.

Keywords: Midwifery Care; Parental Burnout; Postpartum; Reproductive Health; Sexual Dysfunction.

INTRODUCTION

The postpartum period is a critical transition in a woman's life, marked by significant physiological, psychological, and social changes. Although midwifery care often focuses on physical recovery and neonatal health, the maternal mental well-being and sexual health quality are frequently overlooked. In fact, the harmony of reproductive function during the postpartum period is highly dependent on the mother's emotional stability as she navigates her new role. The phenomenon of parental burnout has recently emerged as a serious threat to maternal mental health globally. This condition is characterized by overwhelming exhaustion in one's parental role, emotional distancing from one's children, and a sense of parental incompetence (Mikolajczak, Gross, &

Roskam, 2021). This prolonged emotional strain not only affects mother-child interactions but also spills over into interpersonal relationships with partners, including sexual functioning. Postpartum sexual dysfunction is a reproductive health disorder encompassing decreased desire, arousal disturbances, and pain during intercourse (dyspareunia). While hormonal shifts play a biological role, psychological factors such as mental exhaustion are often more dominant contributors (Kim & Oh, 2023). When a mother experiences burnout, her remaining psychic energy is fully allocated to basic survival, thereby eliminating interest in sexual activities (Afsah, Astuti, Azizah, & Muflihah, 2019).

Current research trends indicate that mothers experiencing burnout tend to have high levels of chronic stress, which can systemically disrupt the hypothalamic-pituitary-gonadal (HPG) axis (Hu, Wang, Ma, Wang, Ren, Wang, & Li, 2024). Disruptions in this axis directly impact a woman's physical sexual response. Therefore, parental burnout is not merely a matter of common fatigue but is a determinant risk factor for holistic female reproductive health disorders. In Indonesia, collective culture sometimes imposes a double burden on mothers to appear perfect in childcare while simultaneously serving their partners. This social pressure often triggers "hidden burnout," which eventually results in sexual dysfunction (Syarifah, Rochadi, & Tukiman, 2021). The inability to achieve sexual satisfaction postpartum can increase the risk of depression and anxiety, creating a negative cycle that exacerbates female reproductive health. Although the relationship between postpartum depression and sexual dysfunction has been widely studied, literature specifically linking parental burnout to sexual dysfunction remains limited, particularly within the context of midwifery health. Most studies still separate childcare burden from sexual health, even though both are integral components of a woman's reproductive life cycle (Leekuan, Kane, Sukwong, & Kulnitchai, 2022).

The significance of this study lies in its effort to integrate mental health into routine midwifery care. Researchers believe that early detection of burnout symptoms in postpartum mothers could be the key to preventing long-term reproductive health disorders (Mikolajczak & Roskam, 2020). By understanding this link, midwives can provide more comprehensive interventions that include not only clinical care but also psychosocial support (de Santis, Noronha, Mikolajczak, & Roskam, 2025).

RESEARCH METHODS

This study employs a quantitative cross-sectional design to investigate the correlation between parental burnout and sexual dysfunction. This research was conducted at the Community Health Center Ardimulyo, East Java, over three months, from July to September 2025. The study population consists of postpartum women residing in the Community Health Center Ardimulyo. A total of 144 respondents were selected using a purposive sampling technique. This non-probability sampling method is chosen to ensure that the participants meet specific criteria relevant to the complex nature of parental burnout and sexual health. Inclusion criteria consisted of women in the postpartum period (6 weeks to 12 months after delivery), living in a stable relationship/household with a legal spouse, having engaged in sexual activity within the last four weeks, and capable of completing the questionnaire independently.

The research utilizes three primary instruments: demographic and obstetric profile: A self-developed form to record age, education, parity, and contraceptive use; Parental Burnout Assessment (PBA): A 23-item instrument measuring emotional exhaustion, contrast with the previous self, feelings of being fed up, and emotional distancing; and Female Sexual Function Index (FSFI): A 19-item standardized tool measuring six domains: desire, arousal, lubrication, orgasm, satisfaction, and pain. A total score of ≤ 26.55 is used as the threshold for sexual dysfunction risk. Data analysis was performed using SPSS version 26.0, employing descriptive statistics to categorize levels of burnout and sexual dysfunction, followed by Spearman's Rho Correlation to test the relationship between PBA and FSFI scores, and Multiple Logistic Regression to determine the impact of burnout on sexual dysfunction risk while adjusting for maternal age and parity ($p < 0.05$).

RESEARCH RESULTS

Table 1. Frequency Distribution of Respondents (N=144)

Variable	Results
Age (n/%) (Mean$\pm$SD) (Range) (Year)	(30.8$\pm$3.5) (19-40)
<25	8/5.6
20-35	112/77.8
≥ 36	24/16.7

Rifzi Devi Nurvitasari*, Dwi Indah Lestari, Aldi Febrian Wieminaty

STIKes Bhakti Al-Qodiri

Corresponding author: *E-mail: rifzidevin@gmail.com

Doi: 10.56922/mhc.v5i1.2956

Education (n/%)	
Junior High School	32/22.2
Senior High School	86/59.7
University	26/18.1
Occupation (n/%)	
Housewife	92/63.9
Employed	52/36.1
Parity (n/%)	
Primiparous (1 child)	54/37.5
Multiparous (> 1 child)	90/62.5
Mode of Delivery (n/%)	
Vaginal	102/70.8
Caesarean Section	42/29.2
Parental Burnout (n/%)	
Low	89/61.8
Moderate/High	55/38.2
Sexual Function (n/%)	
Normal	66/45.8
Risk of Dysfunction	78/54.2

Table 1 presents the demographic and obstetric characteristics of postpartum mothers participating in this study. The mean age of respondents was 30.8 ± 3.5 years, with an age range of 19–40 years. Most respondents were aged 20–35 years (77.8%), while only 5.6% were younger than 25 years and 16.7% were aged ≥ 35 years. Based on educational background, the majority had completed senior high school education (59.7%), followed by junior high school (22.2%) and university education (18.1%). Most participants were housewives (63.9%), whereas 36.1% were employed. Regarding parity, multiparous mothers (>1 child) accounted for 62.5% of respondents, while primiparous mothers represented 37.5%. The majority of participants delivered vaginally (70.8%), whereas 29.2% underwent caesarean section. Assessment of parental burnout showed that most respondents experienced low parental burnout (61.8%), while 38.2% experienced moderate to high parental burnout. In terms of sexual function, 54.2% of respondents were at risk of sexual dysfunction, whereas 45.8% had normal sexual function.

Table 2. Logistic Regression Analysis for Risk of Sexual Dysfunction

Predictor	Odds Ratio (OR)	95% Confidence Interval	p-value
Parental Burnout (High)	4.12	2.15 – 7.88	< 0.001
Parity (Multiparous)	1.45	1.10 – 1.92	0.024
Maternal Age	1.08	0.92 – 1.25	0.342

The results suggest that mothers with high burnout levels are 4.12 times more likely to experience sexual dysfunction compared to those with low burnout. Critically, while clinical factors like the mode of delivery are often blamed for postpartum sexual issues, this study highlights that psychological exhaustion (burnout) is a more potent determinant, emphasizing the need for mental health screening in routine midwifery practice.

Rifzi Devi Nurvitasari*, Dwi Indah Lestari, Aldi Febrian Wieminaty

STIKes Bhakti Al-Qodiri

Corresponding author: *E-mail: rifzidevin@gmail.com

Doi: 10.56922/mhc.v5i1.2956

DISCUSSION

The findings of this study demonstrate a significant negative correlation between parental burnout and sexual function among postpartum mothers. With 38.2% of respondents experiencing moderate to high burnout and 54.2% at risk for sexual dysfunction, these results highlight a silent crisis in maternal reproductive health. The high Odds Ratio (4.12) confirms that parental burnout is not merely a psychological state but a critical determinant of physiological reproductive outcomes (Dewi, Rahfiluddin, Sriatmi, & Agushybana, 2025). This aligns with recent evidence suggesting that the chronic stress inherent in parental burnout acts as a systemic disruptor of the female sexual response cycle (Aktu, 2024). The strong association between the "Emotional Exhaustion" domain of burnout and decreased sexual desire can be explained through the lens of resource depletion. When mothers are pushed to their psychological limits, the body prioritizes survival and basic caregiving over non-essential functions like sexual libido. Parental burnout leads to a "functional shutdown" where individuals withdraw from interpersonal intimacy to preserve remaining cognitive resources. In the context of midwifery, this suggests that addressing a mother's mental fatigue is a prerequisite for resolving postpartum sexual complaints (McNamara, Townsend, & Herbert, 2019).

Furthermore, the data revealed that "Emotional Distancing" from the child a core component of burnout correlates significantly with decreased sexual satisfaction. This indicates that the psychological strain of parenting does not stay confined to the parent-child dyad but spills over into the romantic relationship. Mothers who feel they must maintain a "perfect mother" facade often experience a sense of alienation that inhibits their ability to feel connected or vulnerable with their partners. This emotional barrier directly impedes the arousal and satisfaction phases of the sexual response (Staneva & Wittkowski, 2023).

The influence of parity as a significant predictor (OR 1.45) in this study suggests that multiparous mothers face an escalated risk. Having more than one child compounds the domestic workload and reduces the time available for self-care and partner intimacy. Highlights that the cumulative stress of managing multiple children significantly increases the probability of burnout (Sinaga, Siagian, Nurmaini, & Badaruddin, 2022). In rural and peri-urban areas, traditional

gender roles often place the primary burden of childcare on the mother, further exacerbating this exhaustion (Hasanah, Muassomah, Wijayati, & Abdullah, 2023). From a physiological perspective, the link between burnout and sexual dysfunction may be mediated by the endocrine system. Chronic stress associated with burnout leads to sustained elevations in cortisol, which can suppress the hypothalamic-pituitary-gonadal (HPG) axis, leading to lower levels of oestrogen and testosterone (Moel, Buttner, O'Hara, Stuart, & Gorman, 2020). These hormonal changes can result in physical symptoms such as vaginal dryness and pain during intercourse, as reported by several respondents in this study. This biological pathway demonstrates that the "mind-body" connection in midwifery is a tangible, measurable reality (Sulistiyorini, Kako, Ehsanul Huq, Shaluhiah, & Moriyama, 2025).

Interestingly, while mode of delivery (vaginal vs caesarean) is often the focus of postpartum sexual health education, our regression model found it to be a less significant predictor than burnout. This suggests a paradigm shift is needed in midwifery care: clinicians must move beyond assessing physical birth trauma and begin screening for "psychological trauma" associated with the parental role. Psychological distress often persists long after physical wounds have healed, making it a more persistent threat to long-term sexual well-being (Rahayu, Hartiningsih, Herawati, Hernawati, Kartika, Rahmawati, & Arifin, 2023).

The cultural context in the Ardimulyo area also plays a pivotal role. The high prevalence of dysfunction may be linked to the "stigma of exhaustion," where mothers feel ashamed to admit they are overwhelmed. This shame prevents them from seeking help, further entrenching the burnout and its reproductive consequences. Integrated maternal health services must include "safe spaces" for mothers to discuss both their mental struggles and their sexual health without judgment (Lestari & Ramadhaniyati, 2019).

The results underscore the necessity of including partners in the postpartum recovery process. Since burnout is a relational issue, interventions should not target the mother in isolation. Family-based therapy and shared parenting responsibilities are essential to alleviating the burnout that stifles sexual intimacy. By

Rifzi Devi Nurvitasari*, Dwi Indah Lestari, Aldi Febrian Wieminaty

STIKes Bhakti Al-Qodiri

Corresponding author: *E-mail: rifzidevin@gmail.com

Doi: 10.56922/mhc.v5i1.2956

addressing the root cause of the exhaustion, midwives can help restore not just the mother's health, but the overall quality of the family's life (Li, Zhai, & Liu, 2025).

CONCLUSION

Parental burnout is a primary determinant of postpartum sexual dysfunction among women, with mothers experiencing high burnout being 4.12 times more likely to suffer from reproductive health disorders compared to those with lower stress levels. The findings demonstrate that psychological exhaustion and emotional distancing inherent in burnout significantly impair the female sexual response cycle, regardless of clinical factors like the mode of delivery. Consequently, midwifery practices must integrate mental health screening and parental burden assessments into routine postnatal care to ensure a holistic recovery of women's reproductive and sexual well-being.

REFERENCES

- Afsah, Y., Astuti, Y., Azizah, S., & Muflihini, B. (2019). Javanese women's perception of husband's support in women reproductive health. In *Third International Conference on Sustainable Innovation 2019-Health Science and Nursing (IcoSIHSN 2019)* (pp. 192-196). Atlantis Press.
- Aktu, Y. (2024). The role of parenting stress on parenting self-efficacy and parental burnout among Turkish parents: a moderated mediation model. *BMC psychology*, 12(1), 475.
- de Santis, L., Noronha, A. P. P., Mikolajczak, M., & Roskam, I. (2025). A step forward in understanding gender differences in parental burnout: Parental involvement and emotion regulation. *Journal of Child and Family Studies*, 34(1), 95-108.
- Dewi, C. H. T., Rahfiluddin, M. Z., Sariatmi, A., & Agushyana, F. (2025). Exploring Husband Involvement in Antenatal Classes: A Mix-Method Approach on Demographic, Structural, and Psychological Dimensions. *Public Health of Indonesia*, 11(1), 21-31.
- Hasanah, U., Muassomah, M., Wijayati, M., & Abdullah, I. (2023). Women in a Time of Crisis: Inequality of Roles in the Family During the Pandemic In Indonesia. *PALASTREN: Jurnal Studi Gender*, 16(2), 213-250.
- Hu, Y., Wang, W., Ma, W., Wang, W., Ren, W., Wang, S., & Li, Y. (2024). Impact of psychological stress on ovarian function: Insights, mechanisms and intervention strategies. *International Journal of Molecular Medicine*, 55(2), 34.
- Kim, K., & Oh, J. (2023). Factors affecting physical and mental fatigue in adults from South Korea: A cross-sectional study. *Medicine*, 102(50), e36549.
- Leekuan, P., Kane, R., Sukwong, P., & Kulnitichai, W. (2022). Understanding sexual and reproductive health from the perspective of late adolescents in Northern Thailand: a phenomenological study. *Reproductive Health*, 19(1), 230.
- Lestari, L., & Ramadhaniyati, R. (2019). Malay Cultural Practice and Childbirth With Traditional Birth Attendants: a Qualitative Study in Women of Productive Age in West Borneo Indonesia. *Belitung Nursing Journal*, 5(1), 54-59.
- Li, S., Zhai, B., & Liu, J. (2025). Exploring the "family-community" co-parenting model to alleviate parental burnout: a case study of Xi'an, China. *Frontiers in Psychology*, 16, 1646124.
- McNamara, J., Townsend, M. L., & Herbert, J. S. (2019). A systemic review of maternal wellbeing and its relationship with maternal fetal attachment and early postpartum bonding. *PloS one*, 14(7), e0220032.
- Mikolajczak, M., & Roskam, I. (2020). Parental burnout: Moving the focus from children to parents. *New directions for child and adolescent development*, 2020(174), 7-13.
- Mikolajczak, M., Gross, J. J., & Roskam, I. (2021). Beyond job burnout: Parental burnout!. *Trends in cognitive sciences*, 25(5), 333-336.

Rifzi Devi Nurvitasari*, Dwi Indah Lestari, Aldi Febrian Wieminaty

STIKes Bhakti Al-Qodiri

Corresponding author: *E-mail: rifzidevin@gmail.com

Doi: 10.56922/mhc.v5i1.2956

- Moel, J. E., Buttner, M. M., O'Hara, M. W., Stuart, S., & Gorman, L. (2020). Sexual function in the postpartum period: effects of maternal depression and interpersonal psychotherapy treatment. *Archives of women's mental health*, 13(6), 495-504.
- Rahayu, K. D., Hartiningsih, S. S., Herawati, Y., Hernawati, Y., Kartika, I., Rahmawati, N., & Arifin, H. (2023). Pregnancy care for maternal and fetal wellbeing: an ethnography study. *British Journal of Midwifery*, 31(12), 676-685.
- Sinaga, S. N., Siagian, A., Nurmaini, N., & Badaruddin, B. (2022). The Increase of Knowledge, Attitude, and Practice of Husbands toward the Prenatal Care of their Wives Using the Illustrations Having the Local Cultural Nuance. *Open Access Macedonian Journal of Medical Sciences*, 10(E), 525-530.
- Staneva, A., & Wittkowski, A. (2023). Exploring beliefs and expectations about motherhood in Bulgarian mothers: A qualitative study. *Midwifery*, 29(3), 260-267.
- Sulistiyorini, D., Kako, M., Ehsanul Huq, K. A. T. M., Shaluhayah, Z., & Moriyama, M. (2025). Exploring cultural factors contributing maternal mortality among pregnant women: an ethnographic study in the Banjarnegara community, Central Java, Indonesia. *Frontiers in Global Women's Health*, 6, 1677072.
- Sulistiyorini, D., Kako, M., Ehsanul Huq, K. A. T. M., Shaluhayah, Z., & Moriyama, M. (2025). Exploring cultural factors contributing maternal mortality among pregnant women: an ethnographic study in the Banjarnegara community, Central Java, Indonesia. *Frontiers in Global Women's Health*, 6, 1677072.
- Syarifah, S., Rochadi, K., & Tukiman, T. (2021). Cultural barriers to husband's involvement in maternal health in Indonesia rural area, a qualitative study. *Open Access Macedonian Journal of Medical Sciences*, 9(E), 1228-1232.

Rifzi Devi Nurvitasari*, Dwi Indah Lestari, Aldi Febrian Wieminaty

STIKes Bhakti Al-Qodiri

Corresponding author: *E-mail: rifzidevin@gmail.com

Doi: 10.56922/mhc.v5i1.2956