

**Sex and Intimacy in the Postpartum Period: A Qualitative Reddit
Analysis of Women's and Men's Experiences**

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Author's Declaration

I hereby declare that I am the sole author of this thesis. This is a true copy of the thesis, including any final required revisions, as accepted by my examiners.

I understand that my thesis may be made electronically available to the public.

Abstract

Background: After a birth, physical, mental, social, and structural changes are common, and this may impact parents' experiences of sex and intimacy. Women often report increased sexual morbidity and a decline in sexual desire, sexual satisfaction and sexual frequency. While much is known about women's sexual dysfunction postpartum, less is known about experiences of intimacy and the meaning parents attach to the changes in sex and intimacy. Additionally, very little is known about men's experiences of sex and intimacy postpartum.

Research Questions: This study aimed to explore women's and men's experiences of sex and intimacy following the birth of a child by asking the following questions: (1) what (if any) changes do women and men experience in sex and/ or intimacy during the postpartum period?; (2) how do parents negotiate these changes?; and (3) how is the return to sex negotiated by men and women after birth?

Methods: This was a qualitative study that used the online public forum Reddit to conduct a secondary data analysis. Constructivist grounded theory was used to analyze posts by men and women.

Results: Reddit posts shared by men and women showed that they experienced significant changes in sex and intimacy postpartum that were often difficult to navigate. Parents identified a variety of barriers to sex and intimacy, and this often negatively impacted their well-being and relationships. Gender norms shaped the experiences of sex and intimacy as parents followed sexual scripts within heterosexual relationships, and women's and men's experiences were sometimes perceived differently based on gender roles by the members of the Reddit community. The transition into parenthood and new parenting responsibilities often conflicted with women's and men's roles as romantic partners. Additionally, the sex education women and men received

prior to the postpartum period had a significant impact on their experiences and left some parents unprepared.

Conclusion: The transitions that occur in the postpartum period provide a variety of challenges for parents that may negatively impact their experiences of sex and intimacy. Health care providers should initiate conversations with parents about sex and intimacy in the postpartum period to normalize common experiences and educate parents about additional resources should they be required.

Keywords: *Sex, Intimacy, Postpartum, Well-being, Qualitative Methods, Reddit*

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Chapter 1: Introduction

According to the World Health Organization (2006, pp.5), sexual health is “a state of physical, emotional, mental and social well-being in relation to sexuality”. This broad definition of sexual health encompasses a variety of factors that may be impacted by the transitions that occur in the postpartum period. Previous research has shown that women’s sexual function is often negatively impacted after a birth (Acele & Karaçam, 2011), with 83% of women experiencing sexual problems at three months postpartum and 64% of women experiencing sexual problems at six months postpartum (Barrett et al., 2000). As well, women’s sexual desire, sexual satisfaction, and the frequency of intercourse tend to decline during the postpartum period (De Judicibus & McCabe, 2002).

Although sex and intimacy are intertwined, intimacy often captures different dimensions of a relationship and can be difficult to define. While sex may be included in intimacy, relational processes such as collaboration, exposing feelings, and vulnerabilities also build intimacy between partners (Sheinkman, 2019). Furthermore, intimacy is renegotiated at different life stages, and the transition to parenthood may change what types of intimacy (emotional, sexual, intellectual, or familial) are prioritized (Sheinkman, 2019).

At a population level, the frequency and quality of wanted sex, along with the emotional satisfaction with an individual’s partner, are positively associated with happiness (Cheng & Smith, 2015). Since these factors are likely impacted following a birth, a deeper understanding of how both partners experience sex and intimacy can contribute to enhanced well-being and quality of life for parents in the postpartum period.

Chapter 2: Literature Review

2.1 Sex and Intimacy

Sex and intimacy can be challenging to study, as they can be conceptualized and measured in a variety of ways. Sexual health issues such as vaginal dryness, pain, bleeding and/or irritation, vaginal tightening/loosening, as well as sexual desire, sexual frequency, and the timing of the return to sex have been used to measure sexual activity during the postpartum period (Barrett et al., 2000).

Intimacy can be challenging to define (Sheinkman, 2019), and there is variation in how it is has been conceptualized in the literature exploring postpartum experiences. For some researchers, such as Stavdal, Skjævestad, and Dahl (2019), intimacy represents familiarity and privacy and includes sexual activity. In Faircloth's (2015) study, sexual intercourse was viewed as a way to understand changes in intimacy, and women were found to discuss frequency of sex as a way to explain the intimacy within their postpartum relationships. Alternatively, McDonald, Woolhouse and Brown (2017) operationalized intimacy as a separate category and as a concept that is synonymous with emotional satisfaction, and in Bender, Sveinsdottir and Fridfinnsdottir's (2018) study women described the need for physical intimacy that excluded sex postpartum. This lack of clarity creates difficulties in defining intimacy.

Similarly, the relationship between sex and intimacy is unclear. Examining the relationship between couple communication, emotional intimacy, sexual satisfaction, and relationship satisfaction, Yoo, Bartle-Haring, Day, and Gangamma (2014) found that emotional intimacy did not have a significant impact on sexual satisfaction, but they demonstrated that sexual satisfaction did impact emotional intimacy. This aligns with research by McDonald et al. (2017) looking at postpartum women, which found that high levels of emotional satisfaction

were strongly linked with high level of sexual pleasure. However, high levels of emotional satisfaction also occurred in the presence of low sexual pleasure (McDonald et al., 2017).

Of particular importance are the many adjustments that parents undergo postpartum, which cause sex and intimacy to be in a state of transition. While decreases in sexual activity and satisfaction during the postpartum period are well documented, it is not clear what this means for the direction of relationship satisfaction and well-being. In an Australian study that included first-time mothers who were married and in long-term partnerships as well as mothers who were single, separated or divorced, it was found that women's emotional satisfaction continued to decline despite eventual increases in sexual pleasure after giving birth (McDonald et al., 2017). However, a Spanish study which only included heterosexual couples who were cohabitating in stable relationships found the opposite, reporting that despite challenges with sexual function during puerperium, women's emotional satisfaction with their partner improved (Martínez-Martínez, Arnau, Salmeron, Velendrino & Martínez, 2017). Furthermore, an Australian study of primiparous and multiparous women who were in relationships, married, separated, divorced, and single found intimacy and sex to be bi-directional postpartum (Woolhouse, McDonald & Brown, 2012). Consequently, we know that postpartum changes may also alter women's emotional satisfaction within their sexual relationships, but the direction of this relationship requires further study.

2.2 Gender, Sex and Intimacy

The relationships between sex and intimacy are also assumed to vary by gender, although these assumptions are generally not supported empirically. Baumeister and Bratslavsky (1999) hypothesized that incremental increases in intimacy would increase passion, for which a major

component is sexual desire. They assumed that the same incremental increase in intimacy would cause a greater incremental increase of sexual desire in men than in women. However, when Rubin and Campbell (2012) tested this hypothesis, their results did not support a gender difference in the impact of intimacy on sexual frequency and sexual satisfaction. In another study, using Baumeister and Bratslavsky's hypothesis, intimacy was only found to indirectly impact sexual activity via sexual desire. Although this study found sexual desire to be higher for men than for women, there was also no gender difference in the strength of the association between incremental increases in intimacy and sexual desire (Lankveld, Jacobs, Thewissen, Dewitte & Verboon, 2018).

Additionally, older research found that women are more likely to require emotional intimacy to have sexual interactions than men, who instead use sexual interactions to increase emotional intimacy (Talmadge & Dabbs, 1990). However, more recent work found a similar relationship between sexual satisfaction and emotional intimacy for both men and women (Yoo et al., 2014). Although these studies refute the existence of gender differences in sex and intimacy, it would be remiss to ignore the challenges in defining sex and intimacy previously discussed. The way in which sex and intimacy have been conceptualized, and consequently operationalized, adds a layer of complexity to these results that makes it challenging to conclude there are no gender differences in sex and intimacy. While the most recent literature indicates gender differences are minimal, the social construction of gender may influence men and women's relationships with sex and intimacy, as gender has been shown to influence the roles of men and women in heterosexual relationships (Schwartz, 2007). Consequently, it is important to recognize potential differences in sex and intimacy between men and women, while remaining cognizant of the recent research which indicates that there is no gender difference.

As well, the relationship between gender, sex, and intimacy may be impacted by changes and challenges encountered in the postpartum period. This previous work does not focus on the postpartum period, whereas this study provides the opportunity to explore the similarities and differences in the relationship between sex and intimacy for both genders following a birth, where there are a variety of unique stressors.

2.3 Sex and Intimacy Challenges in the Postpartum Period

Despite unclear guidelines and a lack of evidence regarding when the resumption of sex should occur after a birth (Haran, van Driel, Mitchell & Brodribb, 2014; Williamson, McVeigh & Baafi, 2008), medical professionals often recommend waiting for 6 weeks postpartum to resume vaginal intercourse due to concern over issues such as vaginal tearing (Owonikoko, Adeoyo, Tijani & Adeniji, 2014). Consequently, midwives and obstetric professionals may expect sexual activity to resume at six weeks (McDonald & Brown, 2013). However, a Canadian study of Ontario mothers found that only 47.2% of mothers had resumed vaginal intercourse at 6 weeks postpartum (Rowland, Foxcroft, Hopman & Patel, 2005). Rowland et al. (2005) identified a lack of interest, being too tired, and fear of pain as the most common barriers to vaginal intercourse during this period. These factors are included in a vast array of challenges women may experience after giving birth, such as dyspareunia and a lack of vaginal lubrication, as well as other sexual health issues (O'Malley, Higgins, Begley, Daly & Smith, 2018).

Mental health in the postpartum period may also impact sex and intimacy following a birth. Globally, the prevalence of postpartum depression has been estimated to be between 10-15%, however this ranges from almost 0 to 60% depending on the country, and the estimate is subject to criticism for underrepresenting the global prevalence (Halbreich & Karkun, 2006). In

Canada, minor/major and major postpartum depression symptomology has been found to occur in 17.15% of women (Lanes, Kuk & Tamim, 2011). There is also a large amount of variation in the rates of paternal postpartum depression, as incidence rates have been reported to be 1.2% – 25.5% (Goodman, 2003). Additionally, Goodman's (2003) integrative review found estimates of the incidence of paternal postpartum depression to be considerably higher among men whose partners were experiencing postpartum depression, ranging from 24% to 50%.

Women with postpartum depression have been found to be less likely to have resumed vaginal intercourse and to engage in oral sex by either partner at six months, and are more likely to have sexual health problems (Morof, Barrett, Peacock, Victor & Manyonda, 2003). Although this is concerning, Morof et al. (2003) caution against treating sexual health problems as a postpartum depression issue due to their high prevalence among all women. While that is an important consideration, postpartum depression among women is correlated with reduced relationship quality, for which one measure was intimacy (Małus, Szyluk, Galińska-Skok & Konarzewska). Consequently, the impact of postpartum depression on sex and intimacy may go beyond the presence of sexual morbidity.

Additionally, there are social and structural factors that may impact sex and intimacy in the postpartum period. The amount of time and energy mothers are expected to invest in their children has increased, and it is arguably becoming more demanding to raise children (Fox, 2006). As well, the gendered division in labour becomes intensified as couples become parents (Fox, 2006). Mothers are subjected to intensive motherhood, an ideology that sees motherhood as an all-consuming activity that is undertaken by women (Hays, 1996). According to Glenn (1998), motherhood has been socially constructed as an altruistic activity that consumes an abundance of time without requiring remuneration. Transitioning to motherhood has been found

to change both a woman's body and identity, as the functionality of a woman's body for activities such as breastfeeding become prominent in the embodiment of mothering work (Fox & Neiterman, 2015). While mothers are expected to be involved in the rearing of their infants, Luxton (2014) found that the role of women in domestic work that occurred after the industrial revolution may also be thought to include sex, as sexual access is seen as a necessary part of a relationship and as a means to secure economic support from a partner.

The gendered role of fatherhood has undergone changes, and men have taken greater responsibility for childcare and household work (Lorber, 1994; Ranson, 2015; Wall & Arnold, 2007). While intensive mothering has permeated society and become the dominant ideology in North America (Hays, 1996), fatherhood is a less clear construct. Certain countries have policies and discourses which facilitate an "involved fatherhood" where men are meaningfully involved in childcare, whereas other countries see fathers as breadwinners and situate their primary responsibility as providing economic support (Miller, 2011). Men have increasingly shown an interest in being involved in childcare, but their typical role as a member of the paid workforce often prevents them from gaining the childcare skills that their female partners attain through practice (Miller, 2011). Furthermore, mothers' embodied work in the postpartum period such as breastfeeding may reinforce perceptions that this work is gendered and fatherhood is a less involved role (Höfner, Schadler, Richter, 2011). Ultimately, despite increasing intent by fathers to be involved in childcare, they are often still situated as secondary parents while mothers remain the primary caregivers (Wall & Arnold, 2007).

In today's environment, women are doing the majority of childcare while often not reducing their paid work hours (Yavorsky, Dush & Schoppe-Sullivan, 2015). There are many factors that may influence if and when a mother returns to work after taking a maternity leave,

and different countries provide varying supports for women taking leave from the paid workforce. For example, in the United States, most employers are required to provide 12 weeks of unpaid leave following a birth (U.S. Department of Labor, n.d.), whereas in Canada mothers can take leave and receive a portion of their income for up to 76 weeks (Government of Canada, 2019). Despite the existence of these policies, there are a variety of barriers, often linked to financial concerns, that make them inaccessible to some women (Vahratian & Johnson, 2009). Thus, those in the most precarious positions may not benefit from these policies. Therefore, paid work, domestic labour, and the embodied work of mothering create the context in which sex and intimacy occur in the postpartum period.

In addition to these physical, mental, social and structural barriers, other challenges such as sleep deprivation and a loss of free time complicate the ability to have sex (McBride, Olson, Kwee, Klein & Smith, 2017). Changes in body shape may cause women to feel less sexual, which is exacerbated as breasts often stop being viewed sexually and instead are viewed by women as “food” for the baby (Bender et al., 2018). The embodied work of mothering, particularly breastfeeding, may cause some mothers to feel “touched out” whereby the constant contact with the baby has left them feeling drained (Stearns, 2009). Transitioning into motherhood as well as changes in work roles, mood, and marital satisfaction have been listed as additional factors impacting sex and intimacy during the postpartum period (De Judicibus & McCabe, 2002). While the factors that contribute to changes in sex and intimacy during the postpartum period have largely been identified, the meaning of these changes requires further study.

Currently, the literature is expanding our understanding of sex and intimacy in the postpartum period, however the vast majority of research looks exclusively at women (Bender at

al., 2018; McDonald et al., 2017; Martínez-Martínez et al., 2017; Alves & Vieira, 2008). For example, quantitative work in Australia has shown that levels of sexual desire, frequency of intercourse, and sexual satisfaction at six months postpartum are lower than they were prior to conception (De Judicibus & McCabe, 2002). While the mother's reduced sex drive was discussed by women in a qualitative Swedish study as placing strain on their relationship with their male partners, there is little exploration of this phenomenon from the male point of view (Olsson, Lundqvist, Faxelid, & Nissen, 2005). Although there is great value in learning more about these experiences for women, we know very little about how these changes in sex and intimacy impact men.

In two studies that have included men, sex and intimacy were part of research that did not examine sex and intimacy as the central focus. In a British study exploring the relationship between gender, equality, and intimacy, Faircloth (2015) focused on a subset of the sample to explore the theme of sexuality that emerged when couples were asked about intimacy. Her research examined changing sexual practices as parents navigated an increase in traditional divisions of work and childcare, finding that efforts to involve fathers in childcare extends narratives about intensive parenting to men, and that discourses of good parenting, good relationships, and gender equality create tensions for parents. Faircloth (2015) chose to focus on select dual earner heterosexual professional couples, as they demonstrated the tensions between equality and intimacy most readily. The second study quantitatively measured the association between body satisfaction and intimacy for both men and women in the United States during the postpartum period (Mickelson & Joseph, 2012).

A recent study that used qualitative methods to explore sexual intimacy among first-time parents found that female body changes, more sensual intimacy, and a challenging sex life

impacted new parents (Stavdal, Skjaevestad & Dahl, 2019). However, this study used a small dataset of six couples that was comprised of a homogenous group of Norwegian first-time parents. As a result, the findings may not be applicable to a more diverse population of parents or capture some of the complexities of sex and intimacy in the transition to parenthood.

In summary, we know there is a wide range of factors associated with changes in sex and intimacy in the postpartum period. Physical and mental health as well as a variety of social, structural, and day-to-day challenges can impact sex and intimacy for parents. However, the current research largely neglects men, and quantitatively assesses variables such as the timing of the return to sex. As well, while the literature on sex and intimacy postpartum is expanding, the role of gender in experiences of sex and intimacy and the relationship between sex and intimacy remains unclear.

Chapter 3: Study Aims

3.1 Study Rationale

Sex is an important component of an individual's well-being, as both sexual health and sexual satisfaction have been associated with quality of life (Flynn et al., 2016). Since both women's sexual health and sexual satisfaction tend to decline in the postpartum period (De Judicibus & McCabe, 2002; Barrett et al., 2000), it is important to explore how these changes are navigated. Although factors affecting sexual morbidity have been studied, women's lived experiences have received less attention (Woolhouse et al., 2012) and men's experiences have been largely absent from the literature. The current study aimed to provide an understanding of the meaning that changes in sex and intimacy have for both partners, and how men and women negotiate the many intimacy-related transitions in the postpartum period.

3.2 Research Questions

The goal of this research was to examine how parents experience sex and intimacy following the birth of a child? Specifically, I explored:

- (1) What (if any) changes do women and men experience in sex and/ or intimacy during the postpartum period?
- (2) How do parents negotiate these changes?
- (3) How is the return to sex negotiated by men and women after birth?

In order to answer these research questions, it is important to define sex and intimacy for the purpose of this study. Since many women experience sexual dysfunction postpartum, particularly related to perineal trauma (Abdool, Thakar & Sulton, 2009), this study defined sexual activity to include a broad range of sexual stimulation. As with research exploring the

sexuality of older adults, the research will be sensitive to the variety of ways sexuality may express itself in the absence of intercourse (Hajjar & Kamel, 2003). Namely, vaginal, anal, and oral sex as well as masturbation were included in order to capture a wider picture of sexual pleasure, particularly as penetrative sex may not be possible or desired. Additionally, this study adopts a broad definition of intimacy to “encompass a range of experiences that include a sense of connection, feeling known, sharing, togetherness, or belonging” (Sheinkman, 2019, p. 551). Therefore, I conceptualized intimacy in similar terms to Sheinkman (2019), where sex is an activity through which intimacy can be experienced, along with other activities such as conversation and routines.

Chapter 4: Methods

4.1 Study Design

This study used a qualitative approach in order to collect data and systematically organize the content, with the goal of understanding subjective experiences (Green & Thorogood, 2009). I used Charmaz's (2014) constructivist grounded theory to conduct a secondary analysis of anonymous Reddit posts. However, the methods were not taken as prescriptive and, as such, a modified version of constructivist grounded theory was used.

4.2 Theoretical Orientation

My fundamental ontological position is idealism, which asserts that the subject undergoing research is comprised of ideas about things as opposed to the things themselves (Giacomini, 2010). Following this viewpoint, I took an interpretive epistemological stance, as I believe that these ideas are open to different interpretations which represent multiple meaningful understandings of the same phenomena (Giacomini, 2010). This approach allows us to find socially shared meanings, and is suited to the use of social constructionism, which looks for the collective processes of developing these meanings (Giacomini, 2010). As I approached the research process, these underlying philosophical commitments guided the methodological decisions made in order to understand sex and intimacy in the postpartum period.

4.3 Gender Lens

Given the role of gender in sex, intimacy, and domestic work, it is an integral part of this research. I understand gender to be constructed through everyday processes that produce and reproduce gender norms (Lorber, 1994). Lorber (1994) describes the way in which gender is

constructed, and I was interested in seeing how the Reddit communities continue this construction and/or challenge the mainstream gender expectations. Gender was present throughout the narratives, and I was cognizant as to how these gender assumptions are shaping individual's experiences either explicitly or implicitly.

4.4 Reddit

Reddit is a popular interactive website that allows users to create posts and comments, which are organized into self-created communities known as subreddits (Medvedev, Lambiotte, & Delvenne, 2018). While Reddit was founded in 2005, the addition of subreddits was not included until 2008, and Reddit became a mainstream media tool when former American president Barak Obama used it to answer questions in 2012 (Anderson, 2015). Although it is possible to upgrade to a format of the website that has a fee, Reddit is a free platform which has open access to the content, and anyone can make an account in order to create posts (Anderson, 2015).

Reddit has high levels of engagement among the adult population, with approximately six percent of adults who are online in the U.S. using Reddit (Duggan & Smith, 2013). It has over 330 million active users and 21 billion average screenings each month (Reddit, 2017). Consequently, there is a high number of posts made by Reddit users, who are known as "Redditors" within the platform (Anderson, 2015). These posts are organized into subreddits, where posts can be "upvoted" or "downvoted" to create a hierarchy of content where the most popular posts are seen at the top (Caplan & Purser, 2017). According to various Reddit users, all posts are visible, however posts become archived and it is no longer possible to comment, upvote, or downvote on threads after 6 months (Reddit, 2020).

This anonymous user space provides a unique opportunity to study sexual behavior, the study of which presents methodological challenges due to social, religious, and moral norms (Fenton, Johnson, McManus & Erens, 2000). Forum-style sites are popular sources of information on sexual health (Cohn & Richters, 2013), and the anonymity is thought to encourage a high level of self-disclosure (Balani & De Choudhury, 2015). This sentiment was shared by Redditors in this study, and Reddit proved to be useful in gaining insights into a taboo topic which is often challenging to discuss.

Reddit is recognized as an unobtrusive way to gain access to a large amount of rich qualitative data (Pilkington & Rominov, 2017). The use of Reddit also offered an opportunity to see how the social interactions between members of the Reddit community provide support and potentially influence experiences while also providing data on the experiences themselves. Since social constructionism was used as the theoretical lens, this collective creation of knowledge was an important aspect of the study.

In this study Reddit was used to conduct a secondary qualitative data analysis. As extant documents, the Reddit threads existed without my intervention, were readily available and were obtained unobtrusively (Charmaz, 2014). There is an abundance of rich and informative data available on the site, and thus it was selected as the site for purposive sampling (Patton, 1990). Although I had limited information about the users included in the study, overall Reddit users are more likely to be young, male, and live in urban areas (Duggar & Smith, 2013).

4.5 Gender in Anonymous Data

Sex and gender are intertwined concepts, but generally sex is understood to encapsulate the physiological characteristics of an individual, whereas gender describes how someone self-

identifies and how this is socially represented (Torgimson & Minson, 2005). The postpartum period involves a variety of physiological changes and embodied experiences that are unique to women as defined by their biological sex. In the anonymous space of Reddit, these physiological experiences such as giving birth or breastfeeding were often taken as indicative of an individual's gender, and in this way acted as the social cues from which others assumed gender. Often, individuals revealed their gender by referring to social roles such as being a mother, wife, husband, or father. However, in my data collection and analysis when the gender of an individual or their partner's gender was not explicitly stated, I mimicked the dynamic present in the threads by assuming gender based on the available cues, such as descriptions of breastfeeding the baby or giving birth. In this way, I participated in the construction of gender alongside the Redditors in the communities.

4.6 Data Collection

As previously mentioned, Reddit is organized into user created communities known as subreddits, which users can subscribe to if they find a topic that matches their interest (Anderson, 2015). For the purpose of this study, two unique subreddit communities were selected that were highly relevant to the research questions and had a high level of engagement. These subreddit communities were r/beyondthebump and r/sex. The r/beyondthebump community was founded April 29th, 2012 and r/sex was founded January 25th, 2008 (Reddit, 2020). It became clear throughout the data collection process that Reddit was a dynamic space where new posts and comments were often being added. As a result, data collection ceased on February 10th, 2020 and only posts and comments that were exported to Microsoft Word prior to this date were included

in this study. Due to the lack of identifiers and public nature of the data, pseudonyms were not assigned.

Within these subreddit communities, key words appropriate to each subreddit were used to find relevant posts. Data was first collected from the subreddit r/beyondthebump, where the search terms “sex” and “intimacy” were used and all posts were examined, and subsequently threads that were relevant to the research questions were exported into a Microsoft Word document. There was substantial overlap in the posts found using the two search terms, and in total 473 single-spaced pages of data consisting of 145 threads begun by a woman were collected, and 96 pages of single-spaced data consisting of 14 threads begun by a man were collected.

Next, the search terms “postpartum” and “birth” were used in the subreddit r/sex. All of the posts when using the search term “postpartum” were read through and selected for relevance, however the search term “birth” brought forward posts that were primarily on the topic of birth control. All relevant posts for the search term “postpartum” were exported into a Microsoft Word document, where there was 69 single-spaced pages of data that originated from female posters and 21 single-spaced pages of data that originated from male posters. By this stage in the data collection, I had read through the 659 pages of previously exported data and was confident that there were many rich descriptions and valuable insights. I continued with the search term “birth” and exported an additional nine single-spaced pages of data for women and four single-spaced pages of data for men, however all posts were not vetted for relevance as many posts were off-topic and there was already an abundance of data. In total, 73 threads begun by women were exported into Microsoft Word from r/sex and 10 threads begun by men were collected.

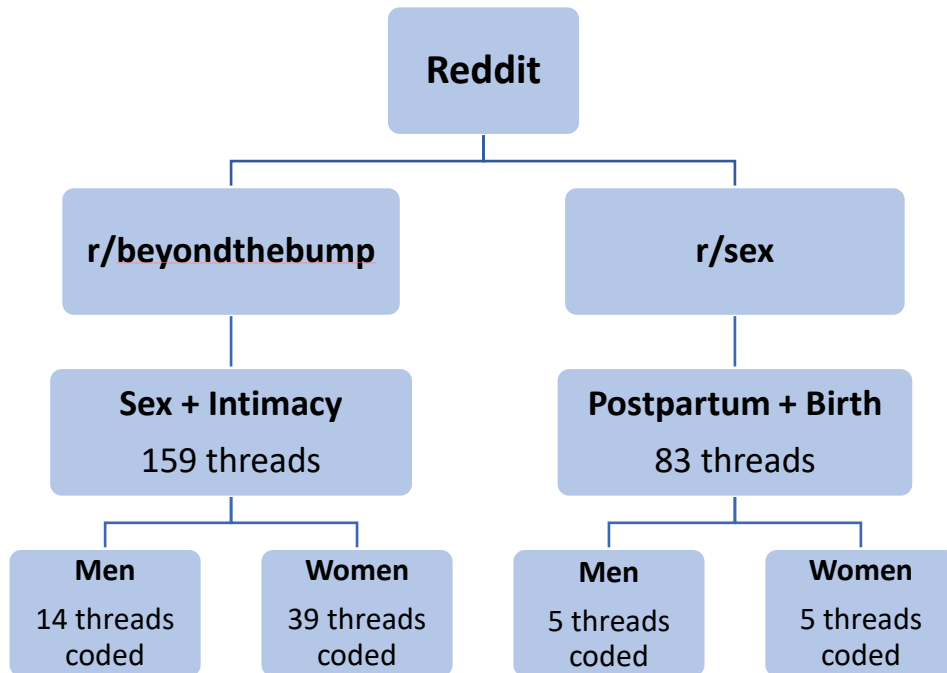
A key aspect of designing a qualitative Reddit analysis is deciding how to sort the posts, which can be done in numerous ways including by “top posts”, controversial posts, or temporally (Caplan & Purser, 2017). In this study, I included each thread within these two subreddits unless they clearly diverged from the purpose of this study, with the exception of the r/sex search term “birth”, as I had already collected more data than anticipated and many of the posts were irrelevant. However, comments within each thread were sorted by “best”. This method for sorting comments has been previously used by researchers studying what parents regret about having children using a qualitative Reddit analysis, as it uses an algorithm that puts the most relevant comments to the top of the thread (Moore & Abetz, 2019). As opposed to sorting by “top” comments, the “best” feature anticipates the popularity of a post based on the proportion of upvotes and downvotes (Reddit Announcements, 2009). The algorithm then moves the post up or down in the ranking accordingly, which helps to reduce the advantage that early posts have in accumulating upvotes (Reddit Announcements, 2009).

Although other researchers such as Moore & Abetz (2019) have chosen to only use first-level comments, which are comments that reply directly to the original post, I did not want to lose the discussion element of the Reddit conversations as these conversations were relevant and provided rich data. Consequently, both the original post, the first-level comments, and subsequent replies were retained in the data until they became redundant or off-topic. In total, 672 single-spaced pages of data were collected. Although all the data that was collected was read through and informed my initial approach to the analysis, not all of the data was included in the coding process.

As there were less threads begun by men in the subreddits, more comments were retained on threads originated by men. This was done intentionally to give more space for male

voices. As well, since there was generally fewer posts and comments made by men, I frequently found the interactions they had with other Redditors on their own threads provided new insights in the comment section. Overall, 44 threads begun by women and 19 threads begun by men were coded, which was equivalent to 73 single-spaced pages and 71 single-spaced pages respectively (see Figure 1).

Figure 1: Data Collection



4.7 Demographic Information

Redditors who began a thread often provided the most context for their situation, and demographics that some Redditors provided suggested that there was some diversity within the overall group. Among the original posters, their age and the age of their partner ranged from 17 to 36 years old, and some Redditors self-identified as being low, middle, and high income parents. Of the Redditors who began threads and disclosed how many children they have (n=14), nine had one child, five stated they had two (including one set of twins), and one man

referred to having multiple children. Although Redditors included stay-at home-moms, stay-at-home-dads, working parents and parents on parental leave, men were more commonly working in the traditional labour force. Similarly, while most parents indicated that they were in committed heterosexual relationships, for others their sexual orientation and the relationship status of the Redditors was not always apparent. In alignment with the demographics of Reddit users, most Redditors in this study appeared to be speaking from a western context, and their references to and concerns about insurance and maternity leave policies suggested that many of the Redditors were from the United States.

The length of time considered to be postpartum varies, with some sources reporting the postpartum period typically lasts for six weeks (Rasminky, 2018) while other work indicates that a late postpartum period extends up to six months (Romano, Cacciatore, Giordano & La Rosa, 2010). Previous research has shown that changes in sex and intimacy last substantially longer than what may be captured by defining postpartum within these timeframes (McDonald & Brown, 2013). Consequently, this study did not impose a limit on the time since birth and instead allowed Redditors to define the length of time that changes in sex and intimacy resulting from a birth and the postpartum transition affected them. In the Reddit threads that were analyzed in this study, all women who began threads shared how far postpartum they were at the time of posting, and all but three men provided this information. These posts ranged from one week postpartum by woman, to four and a half years after a birth by a man. In total, the initial poster on 60 coded Reddit threads disclosed the timeframe since birth. The vast majority of these Redditors were less than one year postpartum (n=56) and most were less than six months postpartum (n= 44)

Although this study did not have reliable demographic information for all the Redditors, there were many unique Reddit accounts in this study. Quotes were taken from a multitude of

different users to show a variety of perspectives. In the results section, 120 quotes are used. Of these quotes, 113 are unique Reddit accounts, and seven users are quoted twice. When Redditors were quoted more than once, their second quote provided insights into a different aspect of the postpartum experience. As pseudonyms were not assigned, this was done purposely to ensure a variety of voices were heard. As well, the data was directly quoted in the results, including any misspelled words or missed punctuation, to retain the communication style found on Reddit.

4.8 Analysis

The data was coded using Charmaz's (2014) constructivist grounded theory, which provides clear and adaptable guidelines for qualitative research. In grounded theory the researcher remains close to the data throughout the research process and searches for emergent themes within the data (Charmaz, 2010). Unlike other qualitative research methods that sort themes, grounded theory is an iterative process using the inductive data that generates abstract categories and moves towards the creation of theories (Charmaz, 2014). Grounded theory uses comparative methods, where data is compared to data and moves to more advanced comparisons such as comparing categories with concepts (Charmaz, 2010).

During data collection, Reddit threads were exported into a Microsoft Word document. In order to code the data, the Reddit threads were moved into NVivo 12. NVivo is a popular software used to code qualitative data (Woods, Paulus & Atkins, 2015). During initial coding, I labeled the data in relatively short segments using gerunds to explain what is happening (Charmaz, 2014). Traditionally, line-by-line coding is used in grounded theory, which encourages the researcher to think in terms of actions and processes and keeps them rooted in the data while also finding emergent ideas (Charmaz, 2014). This approach was used to code

original posts in a thread, and replies were typically coded in larger segments to retain the interaction present in Reddit posts. In total, 15 Reddit threads begun by men and 15 Reddit threads begun by women were included in the initial coding.

After the initial coding, I began focused coding. At this stage, the initial codes were combined and sorted into conceptual categories that represented key ideas present in the data (Charmaz, 2014). During the initial coding, which took place in r/beyondthebump, Redditors occasionally discussed other subreddits, either recommending or warning against seeking advice in other communities. Since Redditors had drawn attention to potential differences between subreddits, I decided to stay primarily in the subreddit r/beyondthebump with my focused coding. However, I returned to the data to code five threads for men and five threads for women from r/sex to compare the findings between the two groups. While the language, focus of discussion, and tone were different between the two subreddits, the conceptual categories continued to capture the Redditors experiences with sex and intimacy in the postpartum period.

Although I had gathered a large amount of data and reading through it had familiarized me with the concepts and had aided in my initial coding, I did not code all 672 single-spaced pages of data, and instead coded until the data had sufficiently reinforced my conceptual categories and I was convinced additional coding did not offer any new insights. In total, 73 single-spaced pages of data consisting of 44 threads begun by women were coded, and 71 single-spaced pages of data consisting of 19 threads begun by men were coded.

As Charmaz (2014) recommends, I intended to move on to theoretical coding only if my analysis lent itself to the application of prior theories or analytic themes. As abstract concepts emerged from the data, I found that these provided insights and linked into existing theories and ideologies, such as those of motherhood, fatherhood, and sexual scripts. These became evident

through the memos I wrote while coding, which was done with the intention of staying engaged with the data and articulating conceptual ideas that were forming (Charmaz, 2014). Although the overall coding process has been outlined in sequential steps, I often moved between coding, writing memos, and collecting data from the Microsoft Word document.

4.9 Reflexivity

Reflexivity is an important component in Charmaz's (2014) constructivist grounded theory, as it attempts to make obvious the influence that the researcher's own positioning will have on the interpretation of the data. Throughout the coding process, I sought to highlight the voices of the participants while also acknowledging that my views will influence the way I see the world (Charmaz, 2014). Similarly, positionality reveals the influence of the researcher on the research, however it focuses on power dynamics and aims to make the researcher's own position in social and political contexts explicit (Rowe, 2014). While reflexivity in interpretive work in practice may also include positionality, Lichterman (2015) problematizes this by stating that interpretive reflexivity aims to explore how meanings have been created, instead of presuming to know the social positions that have impacted the research. Charmaz (2014) states that reflexivity "informs how the researcher conducts his or her research, relates to the research participants, and represents them in written reports", and that remained the focus and goal of the reflexivity throughout the research process (pp. 344).

4.10 Ethics

The Office of Research Ethics at the University of Waterloo was contacted to inquire about the protocol for public online - forums. They have advised that as the TCPS 2 provides

broad permission to use publicly available information where there is not a reasonable expectation of privacy, no further steps were required to obtain ethics approval.

Chapter 5: Results

The data in this study revealed key insights which have been divided into four sections. First, the changes that men and women experienced in sex and intimacy are examined, and subsequently the impact and meaning of these changes are explored. Next, the unique challenges involved in the return to sex are considered. Finally, the resources and solutions that Redditors shared for sex and intimacy challenges in the postpartum period are discussed.

5.1 Changes in Sex and Intimacy

5.1.1 Reddit Community

Both men and women used Reddit to discuss their personal experiences with sex and intimacy in the postpartum period. Often the posters wanted to “vent”, hear the experiences of others, and/or sought advice from the community. Most Redditors in this study recognized sex and intimacy as unique experiences for each parent in the postpartum period, commenting that “obviously everyone’s journey is different”. While acknowledging the individualized nature of these experiences, comments also suggested that changes in sex and intimacy for parents postpartum are common, which was reflected in statements such as “this is unfortunately, a normal complaint”. Most Redditors reassured parents that the problems they experienced with sex and intimacy postpartum would resolve with time, frequently saying “it will get better”. Consequently, changes in sex and intimacy were often seen as temporary, where the outcome for some was “feeling back to normal”, while others adjusted to a “new normal”.

The Redditors also validated a wide variety of experiences with one replying to a post in the following way:

It's normal for both of you. He wants to feel intimate with you. Sex is a great stress reliever and it creates a closer bond. He sees less of you now and a lot has changed in your lives. It's normal for him to be interested and ready for sex again.

You are sleep deprived and your body is still recovering from having a baby.

If you are nursing or pumping it's under more stress. You have other priorities. It's normal for you to want to relax during your tiny bit of downtime and have that to yourself.

Here, the Redditor acknowledged that changes during the postpartum period may result in a mismatch between the needs of both partners in a relationship, yet both perspectives are seen as expected responses during the initial transition to parenthood. This Redditor also perceives both partners' sex and intimacy need to stem from different factors of the transition into parenthood.

5.1.2 (Re)defining Intimacy

In the postpartum period, parents re-evaluated what sex and intimacy looked like to them. For some, adjusting to parenthood prompted defining sex and intimacy as separate entities. One woman explained that "I didn't want sex at all, though I still cuddled with my husband and stuff (because intimacy is different from sex, at least it was for me in that time)". This was echoed by some parents who craved physical intimacy such as cuddling, handholding, hugs, and kissing but did not necessarily desire sex.

In addition, other types of intimacy were often valued by parents in the postpartum period who wanted to show appreciation for their partner without engaging in sexual activity. For example, one woman wrote:

we find other ways to ensure that the other feels appreciated and loved, and if my husband is ever being lonely he tells me and I do my best to give him a massage when the baby is asleep, take the baby so he can get a drink, or express to him how much I've seen he's done for us.

Although it was common for parents in the postpartum period to feel lonely when they lacked intimacy, this couple has identified a variety of ways to maintain their bond without including sexual activity. Using physical touch, labour, and verbal communication to show love and appreciation was a strategy used by numerous couples to build intimacy within their relationships, especially in the absence of sex.

Although both men and women expressed dissatisfaction with a lack of sex and/or intimacy in their heterosexual relationships postpartum, there was often an assumption that men rely more heavily on sex for intimacy than women. When a mother who was two months postpartum posted that her partner wanted sex whereas she wanted to cuddle, another mother replied “a lot of guys get emotional fulfillment and connection from sex more than cuddling. You’re probably both wanting to reconnect, just craving different ways of doing so.” This Redditor recognized intimacy as an important component of relationships, but perceived men and women as having different needs for establishing and maintaining intimacy.

While some women reported that they engaged in sex “for the pleasant feeling and emotional connection and to make my husband feel good”, other women felt that an emotional connection prior to sex was necessary to foster intimacy, such as a woman who wrote “we don’t have the time to bond much anymore, and that honestly doesn’t leave me wanting to engage in anything. In fact, it just makes me feel like I am providing a service”. Therefore, some women used sex to feel intimacy while others required intimacy to have fulfilling sexual experiences. Overall, comparing the posts that were generated by men and women, women in this study were more likely to crave non-sexual intimacy, whereas the men tended to maintain a focus on sexual intimacy.

5.1.3 Changing Physical Sensations

It was very common for women to describe a change in physical sensation when they attempted to resume penetrative sex. Many women compared the return to penetrative sex to the physical sensation of having sex for the first time, with one describing it as “worse than being a virgin again”, and men often reported that their partners used this analogy to communicate the sensation to them. Pain was a common complaint that for some resolved relatively quickly, shown in the comment that “we went at it at 6 weeks... it definitely was sore and it took probably another month to feel normal again”. However, women suggested that the pain could have lasted for many weeks or even months, and that even “at 10m pp [months postpartum] it’s extremely painful so it’s kind of ruined this part of us”. Pain during sexual intercourse, known as dyspareunia, is a common albeit likely underdiagnosed phenomenon (Alligood-Percoco, Kjerulff & Repke, 2016).

Pain during vaginal penetration was experienced by most women in this study. For some, the pain was very severe, with one woman stating “I had a med-free vaginal birth and the pain is genuinely on par with it”, whereas for others it was more manageable, reflected in a post that noted “it hurt a bit but not that much”. Furthermore, while some described the sensation as “being internally stabbed” others described different sensations, such as “I feel like my vaj opening won’t stretch wider, like the skin is too tight and hurts”. Although pain was common for women after a birth, the intensity of the pain and the sensation varied.

Women who had given birth speculated about the source of their physical pain during penetrative sex, and obstetric perineal tears were often understood to be the cause. For example, one woman wrote:

I am starting to feel normalish with sex again at 6 months pp [postpartum], but it has felt like a long road because of my second degree tear. We tried for the first time at 2 months and the pain was so intense I was terrified to try again.

Many women contextualized their pain by providing details about the degree of vaginal tearing, either directly or indirectly identifying the tear as the cause of the pain. Women with third- and fourth-degree tears are, in fact, at the highest risk of dyspareunia, followed by women who have second-degree tears and women who have no tears, first-degree tears, or tears at the labia respectively (Gommesen, Nøhr, Qvist & Rasch, 2019). However, approximately 25% of women who have no tearing, first-degree tears, or labia tears still experience pain at 12 months postpartum (Gommesen et al., 2019).

Although the likelihood of pain during penetrative sex following a birth is impacted by the degree of tearing, this study highlighted the diversity of individual experiences. For example, one woman wrote:

I got a 2nd degree tear my first birth and had sex the day I was cleared (6 weeks) and literally nothing hurt. It just felt like things were moved around for a few months. My second [birth] I didn't tear at all and I swear up and down the second even just the tip went in it hurt so bad... it was painful like poking a burn.

As this Redditor suggests, the degree of tearing was not always an indication of the severity of pain women experienced. Her description that things felt “moved around” does not appear to have had either a negative or positive impact. Other women described similar experiences, defining the sensation of penetrative sex following a birth as “different”. For one woman, “sex felt different but it didn’t hurt and we were able to get me to where I needed to go without much trouble”. For these women, adjusting to new sensations did not appear to impact their sexual experiences.

Although dyspareunia was seen in many posts by women who had given birth via a caesarian delivery, women occasionally seemed unaware of how this mode of delivery could cause painful sex. One woman wrote “I had a c-section, and my husband and I just tried for the first time last night, but it was too painful for him to enter, even just a finger hurt, and I don’t really understand why”. Whereas women who had a vaginal delivery were often able to identify the tear as the source of their pain, women who had caesarian deliveries were left without an

explanation for the changes in their bodies. In fact, one woman stated “I had a c-section so absolutely no reason in the world for sex to be painful 3 months later, but it was awful!”.

Generally, women in this study lacked information on the sources of their pain, and this was particularly evident among those that had caesarian deliveries.

In addition to obstetric perineal tears, an even more common explanation for painful sex postpartum was breastfeeding. As one woman stated:

Breastfeeding absolutely made sex painful for me. Apparently it makes the vaginal tissue thin and dry. My OBGYN [obstetrician-gynecologist] told me this might happen but I didn't realize just how much it would impact our sex life.

Breastfeeding was widely understood to have direct physical effects on the sensation of sex via hormonal changes. One Redditor explained “if you’re breastfeeding (even pumping) then the shift in your hormones (less estrogen) can cause vaginal dryness, discomfort, and irritation”.

Breastfeeding is a known risk factor for dyspareunia and it has been found to cause a decrease in vaginal lubrication (LaMarre, Paterson & Gorzalka, 2003). Some women were informed of this risk by medical professionals, including both doctors and midwives. However, others noted that “nobody tells you that breastfeeding can inhibit normal lubrication. I thought I was broken”. The word “broken” used by this Redditor to explain her experiences shows that the lack of knowledge about the risk of vaginal dryness may be harmful to a woman’s sense of self.

Evidently, women that had been informed of the potential risks of vaginal dryness due to

breastfeeding were able to explain their symptoms, making statement such as “I am breastfeeding so I’m dry as a bone”.

While most women described a negative change in the sensation of penetrative sex, some women experienced a positive change in the physical sensation. One woman reported:

I’m 7 weeks postpartum after having a c-section and had sex with my partner for the first time after giving birth last night. I noticed that last night my libido skyrocketed and the sex was better and my g spot seemed much more sensitive than before. I am very surprised because I thought my libido would drop.

This woman attributed her increase in pleasure to heightened sensitivity. This was echoed by a woman who had a vaginal delivery who stated she had “better sex, stronger orgasms” and noted “it’s like everything is a lot more sensitive now”. Although women who experienced positive changes in sensation were in the minority, they often shared the sentiment that increased pleasure was unexpected and they were “surprised”.

When women had improved sexual experiences postpartum, this was more commonly attributed to increased intimacy. For example, a woman wrote “having a baby has created a new level of intimacy between myself and my partner so, tbh [to be honest] I think sex is better now than it was before the baby”. Like this woman, some parents developed other types of intimacy with their partners during the postpartum period that caused improved sexual experiences that did not result from physical sensations.

5.1.4 Changing Sexual Desire

In this study, many women had a lower libido postpartum. Redditors stated that “breastfeeding totally kills libido” and accepted it as a well-established fact. Women very frequently shared that their libido improved after weaning, recalling having “no libido at all while breastfeeding my first. It came back very quickly once he was weaned”. However, sexual desire was also understood to be the result of a complex set of factors as described by a Redditor who said “it goes beyond breastfeeding and hormones; daily life, mindset, and stressors can significantly effect when you’re ‘in the mood’”. Since the postpartum period involves many adjustments in these areas, the change in libido for parents was somewhat expected.

Both men and women stated that their libidos were impacted by a variety of factors. For example, parents were sometimes hesitant to resume sex for fear of pregnancy, such as a woman who wrote eight months postpartum “I don’t feel like having sex because I am always so busy with LO [little one] and I also don’t want to get pregnant again”. As well, body image shaped some parents’ desire for sex. One man who discussed this issue with his wife noted that “we came to find that neither of us were feeling very sexy or attractive in our own bodies (dad bod comin for me) so it’s been hard to want to cuddle or make love”. This aligns with Redditors who asserted that women’s new relationship with their bodies may impact their desire for sex, with the sentiment that “the changes in her body after having a baby can weigh on a woman” often being echoed by women and men.

As well, the transition into parenthood often changed men and women’s relationship with sex. Responding to a man who was unsure how to approach the lack of sex in his relationship, one woman wrote:

It may not be just the pain that is keeping her libido down. It's everything else that comes along with having a baby. I just don't feel sexy at all when I'm in Mom mode, and it's hard to step away from that for a while.

For this woman, and others in the study, her new identity as a mother prevented her from feeling “sexy”. The new role as a parent was often identified by women as directly impacting their desire for sex, and women speculated this may also be impacting low libido in men. One woman noted that “sleeplessness, pressure to be a good dad, stress from being back at work than no real down time kinda hits the sex drive”. Among the new responsibilities in the postpartum period, parents were frequently too exhausted for sex, with a woman explaining that “I’m a single mom so it’s a bit different but I was always too tired, too exhausted, too stressed to even think about having sex”. This sentiment was also shared by men, as expressed by a Redditor who wrote “wife and I have been trying to get back on the sexy horse but we’re either busy taking care of the baby, keeping the house in one piece, or just straight up exhausted”. Similar to previous findings, exhaustion played a large role in shaping experiences of sex and intimacy in this study (McBride et al., 2012; Woolhouse et al., 2012).

Although in the minority, some parents had a strong sexual desire in the early postpartum period. For these men and women, the time between birth and the resumption of sex was a sensual experience that increased their sexual pleasure. This was experienced by a woman who explained:

For me, having sex the 6 weeks after having a vaginal birth was slightly painful, but somehow some of the most exciting, erotic, best sex I had with my husband. Something about the wait, the build up to it made me feel so horny.

This woman enthusiastically looked forward to sex, and despite the pain she experienced, had an overall positive experience. Likewise, a man explained “it’s kind of an excruciatingly fun period of time where you look forward to that first time having sex again like it’s brand new”. For these parents, the period of time where they were not engaging in penetrative sex became a part of their sexual experience and contributed to their sexual desire.

5.1.5 Being Touched Out

A concern that was common and unique to women in this study was being “touched out”, which is a term that has been coined in the academic literature to denote the toll that constant contact with an infant takes on a parent, and particularly draws upon the touch involved in breastfeeding (Stearns, 2009). Being “touched out” was described to the Redditors by a woman who said:

I know sometimes with my toddler I get “touched out”. You spend so much of your day being touched, grabbed, and needed and while that is wonderful and sweet, by the end of the day you’re ready to just... be in your own skin, you get me?

Women often felt that they needed a break from physical contact due to the copious amount of time they were attached to their babies. Although they did not always draw on the terminology of being “touched out”, many women shared this sentiment and wanted time to be alone. Like this Redditor, women’s understanding of being touched out did not necessarily include breastfeeding,

however, for some breastfeeding was an integral part of feeling this way. Interestingly, the term was gendered within this study as none of the men, including stay-at-home fathers, referred to the notion of being “touched out”.

Although being “touched out” was common, a sizeable minority of women did not share in this experience. For example, a woman who was speaking to a husband looking for relationship advice wrote “I personally never felt “touched out” at all (as many do) so don’t take it for granted that your wife do [*sic*]”. This was consistent with the variety of ways that interacting with a baby all day affected women’s sex and intimacy needs. One woman reported:

My friend said that she heard that when you spend all day holding the baby, all your need for affection is like met. By the baby. We seek sex for the affection but when you spend all day being affectionate, do we want to spend all our spare time being affectionate? It makes sense to me. I don’t even want to masturbate anymore. It’s so strange.

For this woman and others who felt “touched out”, sex was perceived as a way of experiencing affection, and the affection provided by the contact with a baby eliminated the need to have sex. In contrast, another woman wrote “I spend all day doing baby care and I love my baby more than anything, but baby cuddles and snuggles don’t fill the same need that [in my opinion my partner] should be filling”. For this woman, the physical contact and affection she experienced with her baby did not deplete her desire for intimacy with her husband.

5.1.6 Renegotiating the Role of Breasts

The postpartum period often changed parents' relationship with their bodies, and this was especially apparent as men and women negotiated the new role of breasts. Women sometimes advised men to ask before touching their partner's breasts:

Don't touch her boobs without asking first. Breastfeeding changes your relationship with your breasts, they are no longer just sexual lures that are fun to play with. They hurt, they leak, and they are intimately tied to your child's wellbeing.

Like this Redditor, women in this study described physical changes as well as changes in function which complicated breasts' use for sexual pleasure. It has long been recognized that breastfeeding may change the role breasts play during sex (Polomeno, 1999). Although this was primarily discussed by women in this study, a man also explained that "my wife's breasts are no longer a fun and erotic, sexually enticing thing for me. They now belong to my daughter and I can't get over it for the life of me". As a result he was no longer able to derive sexual pleasure from his wife's breasts.

Although changes in sex and intimacy were unique to each individual and each birth, all men and women in this study experienced a change in sex and intimacy as they transitioned into parenthood. For women, changes in sex often stemmed from different physical sensations and altered libido. Additionally, both men and women found a variety of factors such as exhaustion and body image resulted in a decrease in sexual activity and intimacy within their relationships. While for most the changes in sex and intimacy were negative, some parents found that sex and

intimacy improved, which they often found surprising. Generally, there was a lack of information regarding the common challenges parents experience in sex and intimacy in the postpartum period.

5.2 The Impact of Changes in Sex and Intimacy

5.2.1 Shifting priorities

Among all the changes experienced during the postpartum period, many parents emphasized that sex and intimacy were not seen as a priority. For example, one woman wrote:

My problem is that my priorities are baby, try to eat something, try to shower, and sleep. Sex is pretty far down the list right now simply because I am trying to meet my other, more basic needs and failing at it.

Like this woman, during the postpartum period, parents often felt that their new responsibilities took precedence over sex and intimacy. This shift in priorities was reinforced by Redditors who made comments such as “unfortunately, sex will take a backseat for a while, and that has to be okay”. Although it was common for sex and intimacy to become less of a priority postpartum, this affected parents in different ways. While some found that they “seriously struggle not having intimacy with my husband (and so does he)” others described feeling “relatively apathetic about trying to fix it”. Therefore, the emotional impact of challenges in sex and intimacy were variable between parents.

5.2.2 Mismatched Needs

It was apparent that for some couples, changes in sex and/or intimacy for one partner did not match changes in sex and/or intimacy for the other partner, which created tensions within the relationship. This was summarized by a woman who wrote:

It is incredibly frustrating knowing that you are letting your partner down, but physically you cannot seem to do anything about it. So you either do something sexual that you do not want to do just to do something for your SO [significant other], or you do nothing so your partner does not have to endure a 'pity shag' or sex that feels like it is done under duress. Its sucky all around ☹️.

The woman quoted above identified the challenge she and her partner are facing, recognizing that there is no way for either of them to be pleased with the outcome. This took a toll on her marriage, as she explained “hubby and I went through a VERY rough patch due to sex (or apparently lack thereof) and it took a number of very hard conversations and a lot of tears”.

Echoing this Redditor, some women felt that they were “letting [their] partner down” when they did not desire sex or were physically unable to engage in sex. Women described feeling that they were “disappointing” their partners, with one woman telling a man “if your wife is anything like me, she is an anxious mess about trying not to hurt your feelings”. In this way, women seemed to feel a responsibility towards their partner’s sexual pleasure and worried they may be upsetting their partner if they did not engage in sex.

Furthermore, while men did not discuss feeling pressured by their partner to have sex in this study, women sometimes made statement such as “I just feel this incredible pressure to have sex and feelings of guilt that I’m just not ready yet”. Particularly in situations where women experienced pain during sex, the Reddit community stressed the importance of prioritizing the woman’s health. For example, when a woman felt pressured to have penetrative sex despite a traumatic birth and dyspareunia, a Redditor wrote “remind him he took a vow to be with you through sickness and health. Right now you are sick, and he needs to stick it out with you while you do what you need to do to recover”. Generally, Redditors showed concern for women who felt pressured to have sex and cautioned men not to pressure their partners.

Although some women were pressured by their partner to resume sex, many women in this study found their partners to be supportive. For example, one woman wrote:

my husband has never once pressured or even made me feel bad that we haven't had sex yet. He said that he doesn't want to do it if I'm not going to enjoy it, because that's not fun for either of us.

Men were often concerned with their partners experience during sex and expressed that they did not want to engage in sexual activity unless it was pleasurable for their partner. For example, one man wrote “it was painful and uncomfortable for her the first time, and I initially wanted to stop because I didn’t want to hurt her”. Therefore, the women’s pain during sex often had a large impact on their partners sexual experience.

5.2.3 Redefining Roles

Parents often grappled with adjusting to new roles as they transitioned into parenthood. This was described by a first-time father who commented on changes in his sex life:

I miss feeling so close and the intimacy it brought, the snuggling, the passionate kissing and enjoying each other's body. Now all I feel is that I am supposed to provide and take care of our daughter. I hope I'm not just being selfish, but I feel like I'm not anything other than a daddy. I rarely feel like a husband. The occasional kiss here or there isn't doing it.

This man felt that the lack of sex and intimacy is indicative of which role he should be fulfilling. He is adjusting to being a father, however his identity as a husband has been impacted by the transition. While many women explained that “having a small child can kind of destroy a woman’s identity and that can push sexy feeling to the back burner”, for this man the lack of sex and intimacy is *causing* him to feel that his role has changed.

He also felt that this was having consequences for his marriage, as he stated “my wife and I are growing farther and farther apart. All because of sex and no longer being intimate”. Relationship problems were common among men and women experiencing a decline in sex and intimacy, and men and women showed concern for their relationships when their romantic roles were changed by sex and intimacy in the postpartum period, making statements such as “I think the biggest threat to our marriage is that we become best friends/roommates who co-parent”. When parents’ relationships lacked sex and intimacy, they sometimes no longer felt like husbands and wives, and instead described their relationship as a friendship.

Furthermore, some women in this study perceived the changes in sex and intimacy to impact their ability to fulfill their role as a wife. For example, a woman explained that “it’s really hard in me emotionally as I feel like I am not being a good wife but I also don’t want to have sex when it’s painful”. This woman described a conflict between her physical needs and her desire to be a “good wife”. Similarly, some women felt that they were “bad” wives when they were unable to engage in sex with their partners, such as the woman who said “I just feel like a bad wife because I don’t meet his needs anymore or my own. I feel so heartbroken”. In this way, the sexual satisfaction of their partners became an integral part of what was labelled a “good” or “bad” wife.

5.2.4 Traumatic Birth

For some women, a traumatic birth experience profoundly influenced the changes they experienced in sex and intimacy and the emotional impact of these changes. For example, one woman wrote:

I’m afraid my body is broken because I almost couldn’t get DD [darling daughter] out and now I can’t really have sex with my husband... and that some positions may be out forever because I have stupid flashbacks. I know lots of people have bigger problems postpartum, and it’s not like I have BF [breastfeeding] issues or PPD/PPA [postpartum depression/postpartum anxiety], but I’m just afraid I am a failure as a woman because my body won’t do the right thing... and I don’t know how to make sex not painful or triggering.

For this woman, not being able to have sex is an extension of the failure she felt when she had trouble delivering her daughter. Although this woman is only about one month postpartum, her experience is characterized by fear that her body is “broken” and feeling that she is a “failure”. Her physical inability to perform the tasks that are associated with womanhood (e.g. giving birth or having sex with her husband) shaped how she saw herself and her body. Furthermore, she has contextualized the issues she is experiencing by comparing them to the perceived struggles of others, concluding that they have “bigger problems”.

Parents understood and prioritized the changes in sex and intimacy in the postpartum period in different ways, and these changes had different implications for their emotional wellbeing. Within relationships, changing needs and wants by both partners often created tensions that were difficult for parents to navigate. As women and men adjusted to parenthood, changes in sex and intimacy often impacted how they perceived their social roles and their ability to fulfill their roles as wives, husbands, mothers and fathers. For women who experienced a traumatic birth, the emotional toll of sex and intimacy in the postpartum period was often intensified by their birthing experience. Changes in sex and intimacy were shown to impact both intrapersonal and interpersonal relationships, as parents internalized negative emotions and relationships between couples were placed under strain.

5.3 Resuming Sex

5.3.1 Medical Guidelines

There was a general understanding among parents in this study that women are required to wait at least six weeks before resuming penetrative sex after a birth, and comments such as

“for 6 weeks nothing goes in the vagina. nothing” were frequent. Redditors who shared their experiences of waiting less than six weeks to have penetrative sex were often met with disapproval from the Reddit community. For example, a woman who waited six days to have penetrative sex after birth wrote that “I always get downvoted for sharing this story. I get nasty pm’s [personal messages] about it sometimes too.” Moreover, some Redditors were aware of the overwhelming support waiting six weeks to resume penetrative sex had within the community, writing “people on here are insistent about waiting the 6 weeks recommended before having penetrative sex, and they definitely speak up about it”. Although the community was generally supportive, parents who returned to sex prior to six weeks were often met with disapproval and admonishment.

When Redditors discussed the rationale behind waiting for six weeks to resume penetrative sex, they often utilized risk language that was focused on potential physical consequences of penetrative sex in the early postpartum, making statement such as “getting a serious infection, or causing damage, wasn’t worth the risk”. When penetrative sex postpartum was framed as a risky activity, clearance from a doctor became a crucial aspect of the resumption of sex. For example, in response to a woman resuming sex at three weeks postpartum, another wrote:

You are at severe risk of infection from your uterus and cervix being open.

You should never have sex because you “feel up for it”. It’s not a matter of feeling “up for it”, it’s waiting for your body to recover. Never google things.

Always ask an actual medical professional before.

Like others in this study, this woman perceived the risk of penetrative sex in the early postpartum period to be high, regardless of where women may feel they are in their individual recovery. She also places a high value on the expertise of medical professionals and feels strongly that they should be regarded as experts when considering resuming penetrative sex.

Although likely underrepresented in this study, some Redditors asserted that the six week guideline did not exist in their region of the world, such as a Redditor who said “where I’m from there are no restrictions on when to have sex after birth”. Consequently, the relevance of the six weeks guideline was steeped in cultural norms that were often hidden within the mainstream perspective in this study. Furthermore, a minority of Redditors opposed the view that penetrative sex postpartum prior to approval by a doctor was a high risk activity and explained “the odds of you having some wacky open wound or getting an infection from having sex with your husband are essentially nil. It’s not like your vagina is sterile, after all!”. Therefore, while most Redditors perceived a waiting period and doctor’s approval to be important milestones in the return to sex, there were different understandings of the risk involved in resuming sex.

Although most women in this study received clearance to resume penetrative sex by a doctor at six weeks postpartum, a sizable number of Redditors had experiences similar to a woman who said “I was cleared at 6 weeks but wanting to and able to were a whole different ball game”. Redditors required time to be both physically and emotionally ready to resume sex, as noted by a man that said “my wife had our second child a few weeks ago, so from experience we know that it will be a few months until she is ready for sex again, either physically, emotionally, or both”. Although women described factors beyond their physical health that prevented them from wanting to resume sex, a woman wrote that “every mom I know started to feel pressure to perform (or at least pressure to want to perform) around her six week check up when the Dr

[doctor] told us ‘you're good to have sex again’”. In this way, the approval of a doctor to have penetrative sex shaped women’s own expectation of when they were able to resume sex without accounting for their emotional state.

Moreover, the emotional impact of resuming sex was sometimes unexpected. For example, one woman wrote:

we did it 6 weeks PP [postpartum] because I was feeling great and got the okay from my doctor and I was super eager to get back into the uh... swing of things haha. It ended up being extremely traumatic for me mentally, something I wasn't prepared for at all.

As previously discussed, a traumatic birth had a large impact on some parent’s experiences of sex in the postpartum period, and the return to sex itself was potentially traumatic for some women.

Although most parents in this study waited to receive a doctor’s clearance at six weeks postpartum to resume penetrative sex, some parents engaged in other sexual activity. Some Redditors reported that “oral, and anal got us through 6 weeks”, while others asserted that “I’m not inserting anything or letting him do oral. I know it’s not safe and can lead to infection”. Consequently, there was large variation in the perceived risk of nonpenetrative sexual activity in the early postpartum period. For some couples, nonpenetrative sex was preferable for an extended period of time following a birth. For example, a woman wrote “we are 6 months out from the birth of our son and we haven’t done the dirty. We have done other things, but not

actual intercourse”. Therefore, while penetrative sex may be less desirable in the postpartum period, couples may engage in other types of sexual activities.

5.3.2 Initiating Sex

While some parents were eager to return to sex, including a woman who wrote “we cannot WAIT for the clearance to have sex. We literally have the date we can have sex written on our calendar”, it was often difficult for parents in relationships to navigate resuming sex with their partner. Men in particular were sometimes unsure of how to approach their partner, which was noted by a woman who wrote “I think for my hubs, he was waiting for me to initiate Bc [because] he doesn’t know if I’m ready/ if I want to/when”. Although men more commonly initiated sex to an unreceptive partner, women also found themselves in this situation, which was noted by a woman who wrote “I’ve tried to express that we should get intimate but constantly get turned down. I’m actually sick of it because I feel like I have needs too!”. As expressed by this woman, initiating sex was a potentially frustrating experience.

Furthermore, men were often concerned about how to discuss resuming sex with their partners. For example, one man wrote:

I don’t want to sound selfish when I talk to her about the topic but the truth is I need intimacy and I am not getting it. She says she feels bad for me and I believe her. I do not want to shame her for something that is beyond her control.

Here, this man is seeking advice as to whether he should discuss the return to sex with his wife after three unsuccessful attempts to resume sex at seven and a half months postpartum. Like this Redditor, men were often unsure of how to negotiate their needs and the needs of their partners and hesitated to voice their concerns. However, Redditors generally felt that “it is crucial to communicate your feelings regarding postpartum sex with your partner so that you can, together, work on the issue as a healthy couple”. This often validated men’s concerns as they were encouraged to share them with their partner.

The return to sex after a birth provided challenges for parents, and men were not always sure of when to approach their partners for sex and how to broach the subject. Many parents perceived the return to sex as a risky activity that required a period of abstinence and a doctor’s clearance to resume sex. When women did not wait six weeks to resume sex, this was often criticized by Redditors as putting women at risk. Although the focus of the Reddit discussion was on the physical consequences of returning to sex, some women found that they were not emotionally ready to return to sex, and/ or that the return to sex had unexpected emotional consequences.

5.4 Resources and Solutions for Sex and Intimacy Challenges Postpartum

5.4.1 Finding Information

As parents attempted to negotiate the changes they experienced in sex and intimacy they often sought out guidance from the Reddit community. In response, Redditors recommended books and podcasts and shared their experiences. This exchange of information was gendered, as women responded to male posts as educators, answering questions such as “I just want some advice on how to keep my girlfriend comfortable the first few times after giving birth”, and

women maintained their role as experts when they responded to other women by drawing on their own lived experience. While men entered these discussions, they were less likely to share their experiences with the purpose of providing insights.

Although Redditors generally shared information, they sometimes disagreed as to whether it was difficult to find. For example, in response to a man seeking relationship advice due to his wife's low libido at four months postpartum, a woman replied:

Her libido likely won't return to normal for a year. And honestly, that is very publicly available information pretty much broadcast in every baby book and online. If you had read any books on breastfeeding or the first few months, you would know that breastfeeding absolutely kills libido. It's common knowledge that the baby's first year is extremely tough on marriage.

For this woman, the onus is on the expecting parent to research information which they believe to be readily available. Typically, Redditors who commented on posts reinforced mainstream experiences, such as the impact of breastfeeding on libido, and it came to be seen as “common knowledge”.

However, this perspective was challenged by a woman who replied that “the 1 year being common knowledge is total crap”. This woman continued to explain that:

I'm in an educated, higher socioeconomic area, so it wasn't lack of access to books and the internet that kept this magical "1 year" knowledge from us, it's a lack of candid and honest discussion about sex within our culture.

The discourse between these two Redditors highlighted the contradictory perceptions that parents had access to information and resources that could help them navigate sex and intimacy in the postpartum period. This woman viewed knowledge about the changes in sex postpartum to be hidden due to cultural norms making these discussions a taboo topic.

The limited discussion about sex during the postpartum period motivated some Redditors to share their experiences with others. One woman wrote:

I hear mothers speak very openly on many subjects related to pregnancy and postpartum (mood swings, PPD, relationship issues, accepting their new body, etc.) and I feel like the postpartum sex subject is somewhat taboo. So here I go, hoping to spark a discussion.

Although there are many transitions in the postpartum period that may impact parents, this Redditor identified sex as being a uniquely “taboo” topic. This may explain why such a large number of men and women post questions on Reddit regarding changes in sex and intimacy in the postpartum period.

5.4.2 Utilizing Resources

When men and women were seeking solutions to the pain and discomfort they or their partners experienced during penetrative sex, it was extremely common for Redditors to recommend pelvic floor therapy. All woman that discussed pelvic floor therapy spoke positively of their experiences, often making statement such as “I went to a pelvic floor physiotherapist and

it made a world of difference!”. Although pelvic floor therapy was a widely utilized resource, some Redditors expressed concern about their ability to access the healthcare system. For example, one woman wrote “I am terrified to have sex now, and I haven’t had a chance to go to the doctor yet because of money issues”. Consequently, for parents with low resources, accessing additional health services may not be possible.

Additionally, the expectation that sex would improve naturally throughout the postpartum period occasionally prevented women from seeking help from the healthcare system. For example, at 11 months postpartum, a mother who had recently sought out pelvic floor therapy, commented “I regret waiting this long to get more help. I thought it would get better with time and that’s not always the case”. This mother had the ability access pelvic floor therapy, but wasn’t aware it would be beneficial for her circumstances.

In order to improve communication and tackle related challenges in this postpartum period, many Redditors found counseling helpful, with one woman stating “it helped me immensely”, and a man stating he was “glad” he attended counseling with his wife. However, there were varying opinions regarding the usefulness of counseling. For example, a man wrote “we had sex but it was more like her pleasing me than both of us enjoying it. We started to see a therapist...Which was honestly BS when we realized that what we really needed was time away from baby”. Generally, women shared more positive views of counselling than men.

5.4.3 Common Solutions

Redditors often offered a wide range of practical solutions to parents looking to improve their experiences of sex and intimacy postpartum. A very frequent suggestion was to “definitely use lube!”. Other popular recommendations included alcohol, sex toys, and increased foreplay.

Among these suggestions, a common theme emerged that parents wanted time away both individually and to reconnect with their partners. For example, one woman said “I know that the ONLY and I mean ONLY way I feel any kind of sexy, is if I get some time alone to be a human instead of a ‘mom’” while another commented “my #1 suggestion is to carve out regular time where you two can just connect as a couple in a low pressure way”. This was very common advice, however some Redditors expressed that they did not have the resources or social support to spend time together as a couple.

When sex was painful or not desirable for one partner in a relationship, Redditors often advised to “take it off the table” and “do other things for intimacy, cuddling, holding hands, kissing, oral sex (if you want)”. Although the emphasis largely remained on ways to maintain physical intimacy, the focus was often shifted away from penetrative sex. However, some men noted that this did not satisfy their needs, as described by a woman who wrote “I have said to him that I’m more than happy to still help him out sexually. However he just gets sooky and grumpy and says that he wants to keep trying actual sex.” For these men, penetrative sex was understood to be “actual sex”, and other forms of sexual activity were generally viewed as foreplay.

For men, masturbation was often seen as a tool that allowed them to fulfill their own sexual needs if their partner was unable to have sex. For example, one woman wrote “thankfully my husband was understanding and I was more than willing for him to get himself off without me feeling like it was a rejection. After all I was the one rejecting him”. For this woman, the postpartum period had changed how she viewed masturbation within her relationship. Women themselves, too, often used masturbation to “slowly get back into feeling more sexual”, and one woman explained that she had “to at least masturbate first before I even attempted sex”.

Therefore, while for men masturbation was used to alleviate the need for sex within a relationship, women tended to approach masturbation with the goal to increase their sexual activity with their partner.

5.4.4 Dividing Labour

The division of labour between couples was seen as an important factor in how parents negotiated the changes in sex and intimacy postpartum. Redditors often advised the higher libido partner to take on more labour as they pursued a sexual relationship, explaining that “if she feels like she is doing most/all of the care of the infant that’s going to be more of a reason why she doesn’t want sex”. Among the many new demands in the postpartum period, parents sometimes compared sex to work itself, with comments such as “having a baby is exhausting and you’re giving so much of yourself all the time, so adding in sex can really seem like so much extra work”. The perception that sex was as a “chore” was common among women in this study, however men did not appear to share this view.

Some women described being motivated to engage in sex by the labour that their partner contributed. For example, one woman wrote:

I personally decided that although I didn’t enjoy sex, it would be worth it to appease me husband. He helps a lot with baby and I really appreciate all the ways he tries to make me still feel desirable, so have attempted to maintain a relationship (twice a week or so). But not because of my own desire, since it is sadly just absent.

Here, sex becomes a way to express thanks for the work in the postpartum period. Likewise, men often discussed the labour they contributed when explaining their dissatisfaction with an infrequency of sex within their relationships. This was occasionally criticized by Redditors who were concerned when men stated they “help out”, and one woman noted that “I feel like what I’m hearing from the OP [original poster] is that if he does something, he expects sex in return”. As such, there was an important distinction between men doing meaningful labour which subsequently increased their partner’s sexual desire, and men who may feel that their partner is obligated to participate in sex as a reward for their work.

5.4.5 Pushing Through

Many parents were advised to “take things really slow, like with a new partner almost” by the Reddit community. However, there was an alternative perspective that also had support within this study, where parents felt that “sometimes you have to rip the bandaid off and just do it”. For these parents, it was important to return to sex and engage in sexual activity in order to build desire, as explained by a Redditor who said:

Sex after a baby is like exercising. The first time you do it you have to sort of force yourself. It’s not great, you’re sore after, you’re exhausted. But the next time is a little easier and then easier still. Before you know it you’re actually looking forward to going to the gym. If you only work out once a month then you never really get to a place where it is enjoyable.

This metaphor aptly illustrates the work that some couples felt was necessary to rebuild their sexual activity. Similarly, some parents felt that “intimacy begets sex and good sex begets more sex”. Here, the practice of having sex leads to increased sexual activity, and intimacy is also understood to be an integral part of the resumption of sexual activity.

Chapter 6: Discussion

6.1 Summary of Findings

The purpose of this study was to examine men and women's experiences with sex and intimacy in the postpartum period by exploring changes parents had in sex and intimacy and learning about how these changes and the return to sex were negotiated. Although some Redditors had improved sexual experiences and a closer intimacy with their partner after a birth, most Redditors experienced challenges. These challenges were often seen as temporary, despite sometimes lasting for months or years. Common barriers to sex were pain, breastfeeding, exhaustion, concerns about body image, and feeling "touched out". Additionally, a traumatic birth had a large impact on the sexual experiences of some women. While the postpartum period was a unique experience for parents, shared experiences relating to sexual scripts and gender, role conflict, and sexual health education emerged from the data.

The relationship between sex and intimacy shifted for some parents as their understanding of intimacy became more inclusive of non-sexual activities, however others felt that the intimacy within their relationship suffered as a result of barriers to sex. Women discussed the dichotomy of being in "mom mode" and their desire to maintain a sexual relationship with their partner, and men also described conflicts between being a parent and a partner. As well, the return to sex was often difficult for Redditors to navigate, and medical guidelines largely shaped perceptions of the appropriate time to return to sex. Overall, this study found that challenges may arise for both men and women in negotiating sex and intimacy postpartum, and this often negatively affected Redditors' marriages and their well-being.

6.2 Sexual Scripts and Gender

Society upholds different expectations for men and women (Lorber, 1994), and the internalization of the gender norms may result in sexual scripts that guide the sexual behaviors of men and women differently (Kornrich, Brines & Leupp, 2013). Although sexual scripts within committed relationships are generally understudied (Kornrich et al., 2013), traditional heterosexual sexual scripts characterize men as instigators of sex to which women react and either deny or reciprocate sexual advances (Schwartz, 2007). This was supported within this study, where men often showed care and concern for initiating sex and were generally the instigators. The role of women as the gatekeepers of sex sometimes led to negative emotions such as guilt and anxiety when they denied their partner's request for sex. Furthermore, although initiating sex was often still perceived as men's role in the postpartum, men were often unsure how to approach their partner.

The internalized gender norms had impacted men's and women's experiences with intimacy, but the social construction of gender also had a profound influence within the anonymous space of Reddit. Gender as a socially constructed category carries certain expectations for behavior as people embark on "doing gender", and societal expectations hold individuals to these gendered norms (Lorber, 1994). Men and women constructed gender when sharing their experiences, and this construction continued as gendered expectations were reinforced by Redditors. For example, men were more likely to desire sexual activity, however they spoke of building a variety of types of intimacy in their relationships. Likewise, women were less likely to desire sexual activity, but also spoke of engaging in sexual activity to maintain an emotional connection. However, in alignment with traditional gender norms, men

were perceived to use sex for intimacy, whereas women were seen to need intimacy in order to engage in sex, and consequently their experiences were understood through this framework.

These perceptions often impacted how men and women vocalized their needs and the reactions and advice Redditors had to the posters. In expressing their desire for sexual activity, women bluntly stated that they had sexual needs that were not being met, whereas men were often concerned that they may be perceived as selfish in pursuing sex within their relationships. In other words, the gendered expectation that men were the instigators of sex to fulfill both their sex and intimacy needs prompted Redditors to carefully police their posts to ensure men were sympathetic to their partner's lowered sexual desires, whereas women were more often met with support when they were in the same position. This may also be linked to traditional perceptions that men hold more power within relationships (Felmlee, 1994) and concerns that women were being pressured to engage in sex, whereas feeling pressured to have sex was not discussed by the men in this study.

When men and women negotiated discordant sex and intimacy needs in the postpartum period, the division of household labour was often seen as an integral factor in understanding why a partner may or may not be motivated to participate in sex and how to increase the likelihood that their partner would engage in sexual activity. Gender norms guided these conversations, as there was an assumption that women were negatively affected by an unequal division of labour, which persisted regardless of the couples working situation (i.e. stay-at-home-mom, stay-at home-dad, or traditional employment for both partners). This aligns with work that shows that the transition to parenthood intensifies the gendered division of labour which makes women primarily responsible for household work and childcare (Fox, 2006). As in this study, previous research has shown that men may participate in domestic labour with the intention of

increasing the frequency of sex, and in turn women may be more willing to engage in sexual activity (Elliot & Umberson, 2008). However, this perception was sometimes seen as problematic by Redditors who worried that men may feel that they are owed sex for their labour.

Additionally, this somewhat contradicts the work of Kornich et al. (2013) who found that adherence to traditional gendered labour within a relationship was associated with higher sexual frequency than an egalitarian division. The authors suggested that this can be explained by sexual scripts that cause men and women to be attracted to the feminine and masculine work of the opposite gender. However, this does not account for the many unique conditions of the postpartum period. After a birth, parents are adjusting to increased and new household activities while women recover from birth and often take on additional work such as breastfeeding. Many women described feeling touched out and exhausted. The new responsibilities in the postpartum period may explain why men's contribution to the household had a positive impact on couples' sex lives after a birth.

6.3 Role Conflict

The gendered norms that men and women upheld also contributes to the construction of the social roles of mothering and fathering (Glenn, 1994). The ideology of intensive mothering situates women as the primary caretakers of children, positing that women are expected to put their children's needs above their own and invest their energy and various resources into caring for their children (Hays, 1996). Women in this study often found the transition into motherhood displaced their previous priorities and identities, and being a mother became their central social role. Many women in this study perceived their role as a mother as incongruent with sexual

activity, as they often described not feeling sexy in their role as “mom” and needing time away from their mothering role to desire sex.

However, sexual activity was seen by some women to be an integral part of what makes a “good” wife. Therefore, sex and intimacy created a direct conflict between the roles of being a mother and being a wife, which occurred at a time when motherhood took over other social roles of women who were in committed relationships. Furthermore, issues such as pain and low libido prevented some women from having sex in the postpartum period, and this further impacted women’s perception that they were unable to fulfil their roles as partners.

Although there was an assumption among Redditors that women were doing the majority of the childcare, Redditors encouraged men to be active caretakers of their children. In this way, the discourse that constructed the gender norms for men in this study pushed for an involved fatherhood, where men are active in childcare and equally responsible for the parenting of their children (Miller, 2011). This push, however, was borne from a belief that men were not currently acting in that role and that this was negatively impacting sex and intimacy within their relationships. This aligns with research that shows that the discourse surrounding gender norms and ideals of fatherhood are progressing faster than they typically are in practice (Faircloth, 2013; Miller, 2011). Furthermore, women in this study indicated that when their partners were more involved in childcare, they felt motivated to engage in sexual activity, if not for their own desire then to express appreciation to their partner.

Compared to women, men in this study were more likely to perceive sex and intimacy as a priority in the postpartum period, and it appeared to have a greater impact on their understanding of their role within their relationship. This may be due to the fact that men’s roles as fathers are perceived to be less intensive, and consequently other social roles, such as the role

as a partner, may be more relevant for men than women in the postpartum period. When sex was absent from their relationships, some men felt that their role as a partner was jeopardized.

Although parenting roles often created barriers for sex and intimacy, the adjustment to parenthood appeared to be a bonding experience for some couples. These parents described discovering new levels of intimacy as they developed a stronger emotional connection through supporting each other in the transition. This stood in contrast to parents who found that the focus on their parenting roles had diminished the intimacy within their relationships and had a negative effect on their marriage.

6.4 Sexual Health Education

A major finding of this study was that parents were often unprepared for changes in sex and intimacy, and they were unsure of where to find information about resuming intimacy during the postpartum period. Most Redditors felt that unlike other aspects of the postpartum period which are openly discussed, such as body image and mental health, sex was a taboo topic that restricted sharing knowledge. As a result, the anonymous forum of Reddit became an important source of information. Within Reddit, women often acted as educators who could explain physical changes and men acted as students who were seeking this knowledge. While women had valuable insights into practical solutions to improve sex and ways to increase intimacy during the postpartum period, these were often learned from their own struggles during the postpartum period.

Some Redditors were prepared by their health care providers for changes in the physical sensations of sex, particularly due to breastfeeding. However, many parents were not; they felt confused, concerned, and/or personally responsible for negative experiences with sex after a

birth. Although parents generally expected to experience pain when they resumed penetrative sex, this pain was sometimes assumed to resolve on its own and be temporary. This prevented some women from seeking medical help, such as pelvic floor therapy, which could have improved their sensation during penetrative sex.

Women who had caesarian deliveries were often surprised to experience pain during penetrative sex, and appeared to be at a disadvantage when attempting to understand the causes of the pain. While women in this study sometimes did not see a link between painful penetrative sex and caesarian deliveries, estimates of its prevalence are between 2-29% (Lal, Pattison, Allan & Callender, 2011). Relative to other modes of delivery, some work has indicated that caesarian deliveries are associated with less intense pain that lasts for a shorter duration (Buhling et al., 2006). However, Yenzi and Petri (2013) have found that the relationship between sexual function and mode of delivery is unclear, and further research has suggested caesarian deliveries are associated with an increased risk of dyspareunia at eighteen months (McDonald et al., 2013). Although further research is needed to understand the risk of dyspareunia after a caesarian delivery, women should be informed that some new mothers experience pain and be connected with the appropriate resources should they require support.

Reddit itself was a source of sexual health education for the men and women in this study. Parents benefitted from hearing the lived experiences of people with a variety of challenges and strategies for incorporating sex and intimacy within their relationships. For example, some couples took things slow and focused on non-physical forms of intimacy, while others felt that engaging in sex would increase their intimacy and sexual desire. While recognizing that every situation is unique, Redditors shared past solutions to challenges, which allowed parents to build off their peers' experiences and find solutions for their own.

The belief that women should wait with resuming sexual activity had a significant impact on parents' perceptions of sex in the postpartum period. Returning to sex prior to six weeks or without a doctor's clearance was understood to be a risky activity. While it is speculated that there are some risks to the early resumption of penetrative sex such as infection and bleeding, these risks appear to subside after two weeks (Jones, Chan & Farine, 2011). Additionally, current research does not appear to support waiting six weeks to resume penetrative sex (Williamson et al., 2008). Postpartum guidelines such as the suggestion to wait six weeks to resume penetrative sex are often based on traditions of practice as opposed to high quality evidence (Haran et al., 2014), and midwifery textbooks cite a range of dates from two to eight weeks for the resumption of sex (McDonald & Brown, 2013). Despite the lack of scientific support, women were expected to comply with this medical guideline. This was true even when they felt ready and desired sex, which undermined their agency to determine their own comfort level with returning to sex in the early postpartum.

Although some Redditors pointed out that what was presumed to be a medical necessity was a cultural construct that did not apply in their region, the discourse within this study situated women who did not wait six weeks to resume sex as recklessly putting themselves in danger. Motherhood was often seen as all-consuming, and the notion that a mother would assume any level of risk to engage in sex was unacceptable to many Redditors. While Redditors took a clear stance on the risk involved in resuming penetrative sex soon after giving birth, there were also varying perspectives on the risk involved in other types of sexual activity, such as oral sex. Given that parents sometimes struggled with the lack of sexual activity and corresponding intimacy, this may have been overly restrictive for some men and women.

Previous research has suggested that both men and women would benefit from conversations about sex in the postpartum period with a medical practitioner beginning in pregnancy (Bender et al. 2018; Johnson, 2011; Williamson et al., 2008), which has been strongly supported in this study. When women experience sexual challenges postpartum, the majority do not discuss these issues with their medical practitioners (Barette et al., 2000; Morof et al., 2003). While medical practitioners often discuss contraception with their patients at their six-week follow up appointment (Barrette et al., 2000), conversations with men and women should also be initiated about their sexual well-being in the postpartum period.

Discussing possible changes in sex and intimacy may normalize challenges and alleviate feelings of personal failure. Giving both partners strategies to alleviate pain, such as using lube, may increase sexual pleasure for parents in the postpartum period. Women also described feeling pressure to have sex if/when they received a doctor's clearance to resume penetrative sex, and work by Williamson et al. (2008) has shown that men may believe sex will resume after their partner's six week postnatal appointment. Thus, medical practitioners should discuss the importance of being emotionally ready to resume sex with men and women. Additionally, including men in these conversations may help to address their concerns about maximizing comfort for their partner in the return to penetrative sex, and open a conversation between men and women in relationships about how they would like to approach and initiate sex in the postpartum period. Finally, empowering parents with knowledge regarding what can be expected can help them to identify when they may need additional supports such as pelvic floor therapy or counselling.

To this end, recent research has been done to identify risk factors for women's sexual function in the postpartum period in order to facilitate conversations between medical

practitioners and women (Gutzeit, Levy & Lowenstein, 2020). These risk factors are an important component of preparing women for the challenges they may experience in sexual function after a birth. However, they should be a part of a wider conversation about sex and intimacy postpartum that addresses men and women's overall well-being and relationship satisfaction. As well, there are remaining gaps in the knowledge concerning postpartum sexual function that should be addressed in order to provide evidence-based guidance to both men and women. For example, recommendations for when women should seek medical attention for the severity or duration of their pain after sex would be a valuable resource.

6.5 Personal Reflection

Prior to embarking on this research, I reflected on the ways my own preconceived notions may shape my interpretation of the data. This was difficult to anticipate, yet my own presumptions began to reveal themselves as I jotted down my early thoughts on the data. For example, many women had extremely negative experiences with sex due to breastfeeding, yet the cessation of breastfeeding was never entertained as a solution. Although this initially surprised me, it became clear as I was immersed in the data that my surprise was a result of my own lack of experiencing postpartum. As I began to understand shifting priorities and the ideology of intensive mothering in practice, the way in which I had previously approached this phenomenon shifted. Consequently, I spent more time in initial and focused coding than I had anticipated as I re-worked my coding to allow for new insights; it was a truly iterative process. Nevertheless, throughout the research process my position as a young, unmarried, heterosexual women continued to shape the insights I was able to bring forward from the data.

6.6 Limitations and Further Research

This study utilized a large, readily available data set that captured parents' experiences of sex and intimacy in the postpartum period. Due to the anonymous nature of Reddit, individuals may have spoken more openly about sex and intimacy as they are often considered taboo topics. However, the lack of demographic information was a major limitation of this study. For example, information on race/ethnicity, socioeconomic status, employment, and age could not be reliably collected. Although this study did not aim to produce generalizable results, this information could have allowed for a deeper understanding of the context that shaped the Redditors' experiences. As well, although there was some diversity in Redditors' accounts of their socioeconomic status and age, this study primarily captured the experiences of heterosexual new parents in committed relationships.

Given the physical realities and many gendered experiences of the postpartum period, gender was an important component of this study. Within the anonymous space of Reddit, most parents explicitly stated their gender and the gender of their partners, or they provided physical and social cues that revealed their genders. This was an important aspect of the construction of gender within this study, whereby Redditors presented information that was perceived to signify gender for themselves and their partners. However, it is possible that this representation did not reflect the true gender of certain individuals. In particular, some parents were presumed to be women based on physical descriptions of birth, pain and/or breastfeeding, even though men may also share these experiences.

Due to the high number of posts available on Reddit, it was not feasible to analyze every post relevant to the research questions. As described in the methods section, the decision was

made to select highly trafficked subreddits and to sort the comments in each thread by “best”. While this decision helped to capture the mainstream perspective, I may not have captured divergent and meaningful experiences that are important to certain population groups. This decision was not made lightly, however, I ultimately decided it was best to focus on the popular perspective given the lack of demographic information. Although I was not able to showcase the voices of underrepresented and/or marginalized groups, had I decided to focus on non-normative cases, I would not know the context they are speaking from unless they made it explicit.

Many parents specified that they were first-time parents, however some men and women alluded to multiple births, or stated that they had more than one child. While there is an adjustment that occurred with the arrival of a new baby, primiparous and multiparous women have been found to have different adjustment trajectories (Gameiro, Mauro-Ramos & Canavarro, 2009) and primiparous women are more likely to encounter sexual and relationship problems postpartum (Martínez-Galiano, Hernández-Martínez, Rodríguez-Almagro, Delgado-Rodríguez & Gómez-Salgado, 2019). As this study did not have reliable data on the number of children, comparisons could not be made between first-time parents and parents with multiple children.

Additionally, the posts represented a snapshot in time and only showed how an individual has chosen to represent their experience through text, which may not have captured the complexities of the situation. This is particularly relevant as the postpartum period is a time of transition, and consequently parents’ feelings may change as they move through different phases of the journey (Gameiro et al., 2009). As well, it appeared that those creating threads were currently experiencing a situation which prompted them to write a post, and those replying were frequently reflecting on their past experiences to provide input. This may have impacted how parents felt about their postpartum experiences, as their feelings may change over time.

Finally, not only may Reddit users differ from the general population, users who have selected certain Reddit communities may also differ from one another. For example, those who post in r/beyondthebump and r/sex and are often seeking support and advice, and thus positive experiences of sex and intimacy in the postpartum period were likely underrepresented.

Overall, we cannot assume that the findings of this study are applicable to any particular population. However, the findings of this study will be highly relevant to those who have chosen to post in the threads, and may provide key insights that can help those with similar experiences. Further research may seek to address some of the remaining gaps, such as exploring positive experiences of sex and intimacy after a birth. Data collection methods that provide reliable demographic information could allow for comparison between groups. For example, differences in experiences between first-time parents and parents with multiple children, or parents at different stages in the postpartum journey, would provide important contexts for the changes in sex and intimacy. Finally, further research is needed to aid in the development of evidence-based guidelines and recommendations for new parents.

Chapter 7: Conclusion

During the postpartum period, parents' experiences are shaped by a complex set of factors that may impact their sexual activity and intimacy. Reddit was utilized as an unobtrusive way to gain insight into these experiences from a social constructivist perspective. For Redditors in this study, the postpartum period often changed their relationship with sex and intimacy as they faced varying challenges, adjusted their priorities, and redefined intimacy. Although some Redditors had positive experiences with both the physical sensations of sex and levels of intimacy with their partners postpartum, most found changes in sex and intimacy to be negative, and this often took a toll on their relationships.

Some aspects of the changes in sex and intimacy were gendered. Redditors sometimes perceived sex and intimacy need to be differently experienced by men and women. Furthermore, as men and women adjusted to parenting roles, different expectations for mothers and fathers affected how parents negotiated sex and intimacy. As men and women sought advice, support, and information on Reddit, it was clear that there was a need for education and resources for parents. Parents who were provided information by their health care providers found it useful in navigating the challenges they faced in sex and intimacy. Many parents, however, were left uninformed about the issues that may arise returning to sex postpartum.

This study recommends that health care providers broach the topics of sex and intimacy with new parents, and facilitate open conversations about challenges they may be experiencing. Additionally, while recognizing that experiences with sex and intimacy postpartum are highly individualistic, men and women should be equipped with knowledge about what to expect postpartum. In order to provide this information, further research is needed to develop a set of guidelines and recommendations for communicating this information to parents. Further research

may also allow for comparisons between groups, such as differences in experiences between first-time parents and parents with multiple children. Additionally, efforts should be made to understand positive experiences of sex and intimacy in the postpartum which were likely underrepresented in this study. Overall, this study provided key insights into the experiences of men and women who participated in Reddit threads to access advice, support, and share experiences of sex and intimacy postpartum.

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