ORIGINAL RESEARCH—WOMEN'S SEXUAL HEALTH

Sexual Behavior and Symptoms among Reproductive Age Chinese Women in Hong Kong

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ABSTRACT

Introduction. As sexual medicine evolves, much advancement has been achieved in understanding male sexuality and treating male sexual dysfunction. Less is known about female sexual pattern, the prevalence of sexual problems, and their correlation with confounding factors.

Aim. To enhance our understanding of female sexuality and the risk factors that contributed to sexual problems in reproductive age women.

Method. A cross-sectional survey was conducted in family planning and prepregnancy checkup clinics from December 2007 to December 2009, with 2,146 sexually active Chinese women aged 21 to 40 years completed the entire questionnaire.

Main Outcome Measures. Prevalence of sexual symptoms, coital frequency, and other sexual behavior–related activities were measured.

Results. Overall, 59.0% of respondents had at least one sexual problem. In this sample, 31.8% of respondents reported no desire; 31.7% had arousal problems; 40% had anorgasmia, and 33.8% experienced coital pain for at least 3 months within the past 1 year. Chi-square test showed significant correlation among the four types of sexual problems($P < 0.001$). Univariate regression model showed that all sexual symptoms were significantly correlated with unidirectional coitus initiation, low coital frequency, and low foreplay enjoyment. Loglinear model revealed that desire, arousal, and orgasmic problems were correlated with low foreplay enjoyment. Arousal problem was correlated with high acceptance toward pornography and history of medical disease. Coital pain was correlated with secondary education and planning to have more children. Both unidirectional coitus initiation and low coital frequency were major contributors to all four sexual symptoms.

Conclusions. Sexual problem is a prevalent health issue among reproductive age women. A number of risk factors are identified, which provide useful direction to the design of counseling and education materials that might help to enhance sexual performance in women. **Lo SST and Kok WM. Sexual behavior and symptoms among reproductive age Chinese women in Hong Kong. J Sex Med 2014;11:1749–1756.**

Key Words. Female Sexuality; Female Sexual Dysfunction; Risk Factors; Sexual Activities; Epidemiology

Introduction

The World Health Organization advises that sexual and reproductive health care should aim at improving obstetric and newborn care; providing high-quality family planning and fertility services; eliminating unsafe abortion; combating sexually transmissible infections; reducing prevalence of cervical cancer and other gynecological morbidities; and promoting healthy sexuality. Male sexuality has been well researched in the past decade but little has been done on female sexuality [1]. Most of the female sexuality studies focused on female sexual problems, but few studied female sexual behavior, sexual activities pattern, and their interactions with sexual problems. Understanding

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sexual behavior is important as the information is essential for designing interventions to improve sexual health and to correct myths about female sexuality [1].

Studies on female sexual dysfunction conducted in the 20th century reported a range of prevalence between 38% and 63% [2–4]. These were descriptive epidemiological studies that define sexual dysfunction based on clinical symptoms. An oft-quoted 1999 study [2] concluded that 43% of female Americans aged 18 to 59 years had sexual dysfunction and it was associated with socioeconomic factors like age, educational attainment, and race. Recent studies define sexual dysfunction using psychometric tools or following diagnostic coding. A study in Bangladesh using both criteria reported one or more sexual problems in 51.8% of women visiting gynecology outpatient clinics [5]. In a study among Japanese women, it was shown that women in their 30s and 60s had very different prevalence of sexual dysfunction. The prevalence of sexual desire disorder increased from 27.7% to 57.9%; the prevalence of arousal disorder increased from 29.7% to 57.9%; and the prevalence of orgasmic disorder increased from 15.2% to 32.2% with age [6]. A local territory-wide survey reported 38% women aged 19–49 having at least one type of sexual dysfunction with 34% women aged 19–29 years, 37% women aged 30–39 years, and 39% women aged 40–49 years reporting at least one sexual dysfunction [7].

Apart from age, female sexual dysfunction is also influenced by a wide array of social and cultural factors [7–9] such as relationship status, education, employment, and religion. It is also accompanied by feelings of distress [9–11], depression [9–12], and poor self-reported health status [9–11]. These risk factors impact sexual functioning differently in different stages of the life cycle.

We conducted this study to identify the prevalence of sexual problems in reproductive age women and to study the various risk factors that were associated with sexual problems. In Hong Kong, the median childbearing age is 30 thus we chose to study women aged 21 to 40. Apart from the aforementioned risk factors, we also included some sexual-related behavior often described by sexual dysfunction couples during sex therapy. These include who initiate coitus, use of pornographic materials, foreplay enjoyment, and afterplay enjoyment. None of these factors have been studied by other researchers.

Aims

Our objective is to enhance understanding on sexuality of reproductive age women through the studying of their sexual behavior and symptoms.

Methods

This is a cross-sectional survey of a convenience sample of Chinese women visiting the family planning and prepregnancy checkup clinics of the Family Planning Association of Hong Kong from December 2007 to December 2009. The family planning clinics provide cervical cytology screening, contraception and abortion counselling to women. The prepregnancy checkup clinics provide pregnancy preparation counselling, rubella antibody testing, semen analysis, and screening for thalassemia and sexually transmissible infections for couples. Women eligible for participation in this study include ethnic Chinese aged 21 to 40, in relation with at least one stable sexual partner for at least 1 year, currently using contraceptives or contemplating pregnancy, without known infertility problem and can comprehend traditional Chinese. The exclusion criteria were pregnancy, infertility, no stable sexual partner, and currently on sex therapy. After clients completed their registration for clinical service, the receptionist informed eligible women about the purpose of this study and the content of the questionnaire and distributed a set of consent and questionnaire to them. Written informed consent was obtained. The study was approved by the Ethics Panel of the Family Planning Association of Hong Kong.

The questionnaire was designed by the investigators and contained four sections: demographics (nine questions), physical and mental health (six questions), sexual behavior (nine questions), and sexual problems (four statements). It was an anonymous, self-administered questionnaire to avoid embarrassment with the disclosure of sensitive information.

Basic demographic data collected include age, education, health status, obstetric history, planning for more children, and relationship status. Health status was assessed by self-reported open-ended questions. The respondents were asked to list medical, gynecological, psychiatric diseases and sexually transmissible diseases they ever had, and then we classified the reported diseases into these four categories.

Sexual symptoms were defined according to the Diagnostic and Statistical Manual of Mental

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