Sexuality during Pregnancy among Chinese Couples in Hong Kong: A Prospective Cross-sectional Study

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Objective: Men perceive sexuality differently from women. This study aimed to evaluate sexuality during pregnancy among married Chinese couples in Hong Kong.
Methods: This cross-sectional study was conducted at a regional hospital in Hong Kong. Chinese pregnant women and their husbands were asked to complete a questionnaire separately and anonymously about their demographic data and sexual activities, perception, and knowledge and information about sexuality during pregnancy.
Results: A total of 216 couples were included. The response rate was 55%. Sexual desire was the strongest factor affecting sexual satisfaction. Both wives and husbands had a fear of 'negative consequences to the unborn baby' during sexual activity, with similar variance explained (46%). They were comfortable discussing sexual problems only when discussion was initiated by medical staff. The wives might feel unattractive during pregnancy although their husband did not share this view and instead appreciated their wife's altered appearance. The internet was the favoured source for information about sex in pregnancy. Nonetheless, more than half of the couples were unsure about the reliability of information found. They welcomed more information on this from their health care providers.
Conclusion: Accurate information about sexuality can help dispel myths and reduce anxiety and long-term conflict, as couples experience changes during pregnancy.
Hong Kong J Gynaecol Obstet Midwifery 2017; 17(1):36-44

Keywords: Family characteristics; Pregnancy; Sexuality

Introduction

Changes in sexuality during pregnancy can be significant for a variety of physical and emotional factors. One retrospective study observed a significant decline in sexual activity among Hong Kong couples, especially towards the third trimester when more than half of couples abstained from sexual intercourse[1]. Culture, inadequate knowledge, and excessive anxiety contribute to the marked reduction in sexuality in Chinese couples[2]. Most such studies focused on sexual activity, which is an objective measurement of sexuality (such as coital frequency and sex position).[1,2]. Nonetheless, sexual activity does not automatically imply sexual satisfaction, which is a subjective measurement of perception. Perception of sexuality is heavily influenced by culture, religion, and social roles[3]. Traditional Chinese medicine discourages sexual activity during pregnancy in order to protect the unborn child from 'malign influences' and to avoid pregnancy-associated problems[4]. Taiwanese women are often advised by their mother-in-law and mother to refrain from sexual intercourse[5].

Men have a different perception on sexuality to women. In a meta-analysis of non-pregnant subjects, men are typically more liberal and hypersexual than women[6]. In a longitudinal study of couples expecting their first child, many women experience reduced sexual desire, especially during the third trimester. In contrast, men experience reduced sexual desire only during the third trimester[7]. Pregnancy may represent a life crisis to the pregnant woman and her husband. Complex biopsychosocial demands may lead to insecurities, anxiety, and somatic complaints[8]. The father's attitude and feelings about the pregnancy are communicated to their wife through their behaviour towards them, and vice versa[9]. The couple's feelings, attitude, and knowledge about sexual behaviour during pregnancy are intertwined.

This study aimed to identify differences in sexual satisfaction among married couples in Hong Kong who were expecting a child, and to measure discrepancies

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in their knowledge and perception of sexuality during pregnancy. It aimed to raise awareness of married couples' sexual needs during pregnancy and investigate whether they wish to address any concerns with their obstetrician or midwives.

Methods

This cross-sectional survey study was approved by the Institutional Review Board of the Hospital. (Ref: HKEC-2016-010). Couples who attended the Obstetrics Department of Pamela Youde Nethersole Eastern Hospital in Hong Kong from March 2016 to August 2016 were invited to participate. Written information regarding the objective and details of the study was provided to couples in their third trimester during hospital admission or routine antenatal visit. Once written consent was obtained, the wife and husband each was asked to complete a self-administered anonymous questionnaire in Chinese.

Exclusion criteria included non-Chinese ethnicity, unmarried couples, and couples in whom sexual intercourse was clinically contra-indicated (e.g. low lying placenta).

Demographic data including age of the couple, gestational age, years of marriage, parity, educational level, occupation, past medical health, current obstetric problems, smoking and drinking habits, and income status were collected. Oral glucose tolerance test results were retrieved from the computerised antenatal record system.

The couples were assessed in three major areas concerning sexuality during pregnancy: sexual satisfaction, perception, and knowledge and information. The questions concerning sexual satisfaction were extracted from the female and male sexual quotient questionnaire used in two Brazilian studies[10,11]. These questions have been used in other studies that investigated various aspects of sexual function[12,13]. The questions were translated to Chinese by a medical doctor proficient in Chinese and English, and were pilot tested.

Sexual Satisfaction / Activity

A 6-point scale ranging from 0 (never) to 5 (always) was used for each question. Scores ≤2 indicated low sexual desire, arousal problems, orgasmic difficulties, and sexual dissatisfaction.

Perception

Potential factors that influence a woman's perception of sex during pregnancy, especially their fears and beliefs, have been identified[5,14]. These included fear of infection during intercourse, risk of threatened preterm labour, and concerns about untoward harm to the pregnancy.

Knowledge and Information

The couples were asked where and how they garnered their information about sex during pregnancy, whether they believed that the information received was correct, and whether they wished to receive additional information from their health service provider.

Statistical Analysis

Statistical analysis was performed using PASW Statistics 18, Release Version 18.0.0 (SPSS, Inc., Chicago [IL), US). Categorical data were presented as counts and percentages, and continuous data as median (interquartile range) as they were highly skewed.

To investigate potential factors that influence perception and knowledge of pregnant women and their husband, an exploratory factor analysis using the extraction method of principal component analysis with varimax rotation was performed, because the factor structure was uncertain. The number of factors to be extracted was based on the results of the screen-plots and the Kaiser's eigenvalue criterion (eigenvalue >1). The quality of the factor analysis models was assessed by Bartlett's test of sphericity and the Kaiser-Meyer-Olkin (KMO) measure of sampling adequacy.

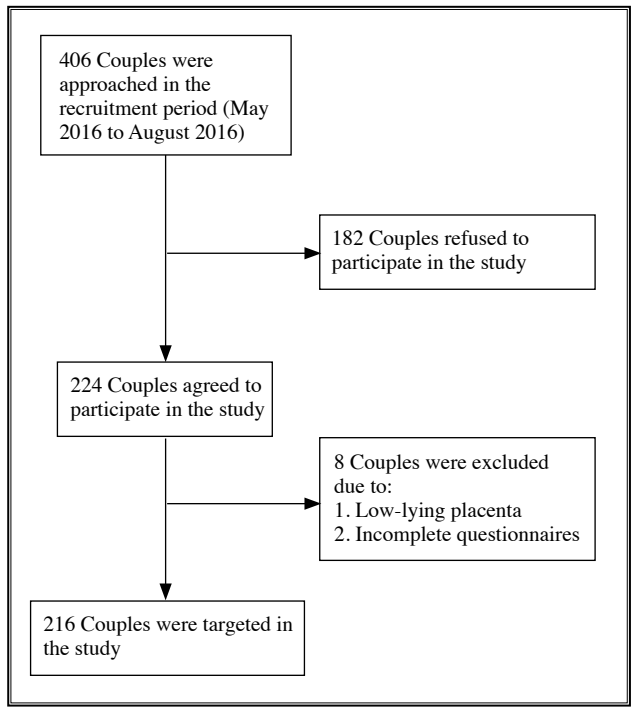

Figure. Recruitment process

Table 1. Demographic data of participants (n=216)*

Demographics	Pregnant women	Husbands
Age (years)	32.13 ± 4.57	34.93 ± 5.73
Gestation (weeks)	36 (29-38)	–
Years of marriage	3 (2-5)	
Gestational diabetes mellitus	48 (22.2)	–
Primiparous	145 (67.1)	–
Multiparous	71 (32.9)	–
Education level		
Primary	1 (0.5)	5 (2.3)
Secondary	73 (33.8)	75 (34.7)
Tertiary / university or above	142 (65.7)	136 (63.0)
Occupation		
Clerical work / secretary	56 (25.9)	18 (8.3)
Teacher / civil servant	25 (11.6)	34 (15.7)
Administrative worker	8 (3.7)	9 (4.2)
Information technology / media / advertising	9 (4.2)	28 (13.0)
Commercial / accounting	23 (10.6)	57 (26.4)
Food / beauty / sales / service industry	28 (13.0)	36 (16.7)
Medical staff	15 (6.9)	7 (3.2)
Housewife	43 (19.9)	0
Student	1 (0.5)	0
Unemployed	7 (3.2)	5 (2.3)
Others	1 (0.5)	22 (10.2)
Diseases		
Diabetes mellitus	0	4 (1.9)
Hypertension	3 (1.4)	7 (3.2)
Cardiovascular disease	0	1 (0.5)
Respiratory problem	8 (3.7)	13 (6.0)
Autoimmune disease	3 (1.4)	1 (0.5)
Musculoskeletal disease	1 (0.5)	3 (1.4)
Operations	25 (11.6)	13 (6.0)
Others	21 (9.7)	9 (4.2)
None	155 (71.8)	166 (76.9)
Smoking		
Active smoker	4 (1.9)	54 (25.0)
Non-smoker	188 (87.0)	142 (65.7)
Ex-smoker	24 (11.1)	20 (9.3)
Drinking		
Active drinker	4 (1.9)	33 (15.3)
Non-drinker	206 (95.4)	175 (81.0)
Ex-drinker	6 (2.8)	8 (3.7)
Medication or recreational drugs		
Active abuser	2 (0.9)	3 (1.4)
Non-abuser	213 (98.6)	213 (98.6)
Ex-abuser	1 (0.5)	0
Family monthly income (HK$)		
<10,000	8 (3.7)	
>10,000-$30,000	78 (36.1)	
>30,000-$50,000	72 (33.3)	
>50,000	58 (26.9)	
Pregnancy complications		
Persistent bleeding in pregnancy	11 (5.1)	–
Low-lying placenta	0	–
Multiple pregnancy	2 (0.9)	–
Oligohydramnios / polyhydramnios	7 (3.2)	–
Threatened preterm labour	2 (0.9)	–
Fetal impaired growth	2 (0.9)	–
None of the above	191 (88.4)	–

* Data are shown as mean ± standard deviation, median (range), or No. (%) of subjects

Results

Sample

Of 406 couples approached, 224 agreed to participate and completed the questionnaires. The response rate was 55%. Four couples did not fulfil the inclusion criteria and four others did not complete their questionnaire. A total of 216 pairs of questionnaires were analysed (Figure).

Demographic Data

The mean (± standard deviation [SD]) age of the wives and husbands was 32.1 ± 4.57 years and 34.9 ± 5.7 years, respectively (Table 1). The median gestational age was 36 (range, 29-38) weeks. The median years of marriage was 3 (range, 2-5) years. 48 (22%) of the women were diagnosed with gestational diabetes mellitus. 145 (67%) of the women were primiparous. 214 (99%) of the pregnancies were singleton. 155 (71%) of wives and 166 (76%) of husbands enjoyed good past health and had no previous surgeries. 11 (5.1%) of women experienced recurrent per vaginal bleeding during the course of pregnancy although sexual intercourse was not contra-indicated. More than 60% of couples were tertiary educated.

Table 2. Sexual activity during pregnancy*

Sexual activity during pregnancy	No	Infrequent / rarely	Sometimes	Nearly 50% of the time	Most of the time	Always
Pregnant women						
Q10. Think spontaneously about sex or imagine yourself having sex	40 (18.5)	79 (36.6)	90 (41.7)	6 (2.8)	1 (0.5)	0
Q11. Interest in sex sufficient for you to take part in sexual relations enthusiastically	29 (13.4)	49 (22.7)	64 (29.6)	42 (19.4)	27 (12.5)	5 (2.3)
Q12. Get lubricated (wet) during sexual relations	25 11.6)	28 (13.0)	43 (19.9)	35 (16.2)	64 (29.6)	21 (9.7)
Q13. Feel more stimulated for sex during sexual relations as your p sartner becomes more aroused	24 (11.1)	10 (4.6)	40 (18.5)	50 (23.1)	61 (28.2)	31 (14.4)
Q14. Reach orgasm (maximal pleasure) during sexual relations	30 (13.9)	28 (13.0)	41 (19.0)	53 (24.5)	49 (22.7)	15 (6.9)
Q15. Level of satisfaction you get from sexual relations make you want to have more sex again on other days	23 (10.6)	17 (7.9)	41 (19.0)	50 (23.1)	60 (27.8)	25 (11.6)
Husbands						
Q7. Your desire is high enough to encourage you to initiate sexual intercourse	25 (11.6)	40 (18.5)	75 (34.7)	41 (19.0)	29 (13.4)	6 (2.8)
Q8. Feel confident in your ability of seduction	15 (6.9)	18 (8.3	62 (28.7)	65 (30.1)	46 (21.3)	10 (4.6)
Q9. Feel foreplay is enjoyable and satisfy both of you	11 (5.1)	9 (4.2)	42 (19.4)	66 (30.6)	60 (27.8)	28 (13.0)
Q10. Your sexual performance is affected by your partner's sexual satisfaction	12 (5.6)	14 (6.5)	22 (10.2)	67 (31.0)	76 (35.2)	25 (11.6)
Q11. Maintain an erection sufficiently to complete sexual activity in a satisfactory way	8 (3.7)	4 (1.9)	13 (6.0)	29 (13.4)	60 (27.8)	102 (47.2)
Q12. After sexual stimulation, your erection is hard enough to ensure satisfying intercourse	9 (4.2)	4 (1.9)	13 (6.0)	28 (13.0)	66 (30.6)	96 (44.4)
Q13. To consistently obtain and maintain an erection whenever you have sexual activity	10 (4.6)	3 (1.4)	13 (6.0)	26 (12.0)	68 (31.5)	96 (44.4)
Q14. To control ejaculation so that sexual activity lasts as long as you want	16 (7.4)	17 (7.9)	37 (17.1)	60 (27.8)	62 (28.7)	24 (11.1)
Q15. To reach orgasm during sex	9 (4.2)	5 (2.3)	13 (6.0)	26 (12.0)	69 (31.9)	94 (43.5)
Q16. Your sexual performance encourages you to enjoy sex more frequently	13 (6.0)	12 (5.6)	52 (24.1)	68 (31.5)	54 (25.0)	17 (7.9)

* Data are shown as No. (%) of subjects

Sexual Activity During Pregnancy

209 (90%) of couples had few spontaneous thoughts of sex (Table 2). 142 (65%) had low interest in sex, if any. 96 (44.5%) of women could not achieve sufficient lubrication during sexual intercourse. 99 (46%) of women could not reach orgasm during sexual relations. 142 (65%) of women became stimulated for sex as their partner became aroused. 135 (62%) of women felt satisfied with their sexual relations. For the husbands, 140 (65%) had a low desire to initiate sexual intercourse. 154 (71%) felt that foreplay was enjoyable and satisfactory. 190 (>80%) were able to maintain an erection and to reach orgasm during sexual activity on most occasions. 139 (64%) were satisfied with their sexual performance most of the time.

Perception of Sexuality During Pregnancy

Both wives and husbands were concerned about bad consequences of sexual activity during pregnancy; 126 (58%) of wives and 138 (64%) of husbands believed it could lead to preterm delivery (Table 3). 132 (61%) of wives and 146 (67%) of husbands agreed that sexual intercourse could cause bleeding, and 139 (64%) of the couples believed that sexual intercourse could hurt the pregnancy in some way. 129 (60%) of wives and 142 (65%) of husbands were worried that their position during intercourse might be improper. Around half of the husbands were worried that sexual intercourse could cause discomfort to their wife. Only 90 (41.7%) of wives and 87 (40.3%) of husbands felt comfortable discussing their sexual problems with medical staff.

Knowledge and Information

127 (59%) of wives and 118 (54%) of husbands wished to obtain more information about sexual activity during pregnancy (Table 4). 123 (96.9%) of wives and 103 (87%) of husbands actively searched such information. 80 (65%) of wives and 70 (68%) of husbands used the internet to search for more knowledge. Only 56 (45%) of wives and 39 (38%) of husbands believed what they read was true, with the remainder being uncertain. If the Hospital Authority could provide more reading materials on this subject, 78% of wives and 63% of husbands would prefer

Table 3. Perception of sex during pregnancy*

Perception of sex during pregnancy	Perception (pregnant women / husbands)				
	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Q16. Feel comfortable to discuss sexual problems with medical staff					
Pregnant women	8 (3.7)	37 (17.1)	81 (37.5)	78 (36.1)	12 (5.6)
Husbands	4 (1.9)	39 (18.1)	86 (39.8)	65 (30.1)	22 (10.2)
Q17. Sexual relations will lead to preterm labour					
Pregnant women	10 (4.6)	51 (23.6)	29 (13.4)	98 (45.4)	28 (13.0)
Husbands	12 (5.6)	27 (12.5)	39 (18.1)	90 (41.7)	48 (22.2)
Q18. Sexual relations will lead to bleeding / hurt pregnancy					
Pregnant women	6 (2.8)	45 (20.8)	33 (15.3)	103 (47.7)	29 (13.4)
Husbands	10 (4.6)	24 (11.1)	36 (16.7)	95 (44.0	51 (23.6)
Q19. Feel unattractive during pregnancy					
Pregnant women	41 (19.0)	84 (38.9)	42 (19.4)	39 (18.1)	10 (4.6)
Husbands	53 (24.5)	83 (38.4)	54 (25.0)	23 (10.6)	3 (1.4)
Q20. Sexual relations will increase the chance of infection					
Pregnant women	8 (3.7)	43 (19.9)	26 (12.0)	114 (52.8)	25 (11.6)
Husbands	6 (2.8)	23 (10.6)	48 (22.2)	86 (39.8)	53 (24.5)
Q21. The position may be improper during sexual relations					
Pregnant women	7 (3.2)	30 (13.9)	50 (23.1)	109 (50.5)	20 (9.3)
Husbands	3 (1.4)	29 (13.4)	42 (19.4)	102 (47.2)	40 (18.5)
Q23. (Husbands only) Sexual intercourse / relations may cause discomfort to your wife	10 (4.6)	28 (13.0)	57 (26.4)	84 (38.9)	37 (17.1)

* Data are shown as No. (%) of subjects

Table 4. Information and knowledge of sex during pregnancy*

Information and knowledge of sex during pregnancy	Pregnant women	Husbands
To obtain more information regarding sexual activity during pregnancy	127 (58.8)	118 (54.6)
To proactively search information regarding sexual activity during pregnancy	123 (96.9)	103 (87.3)
Source(s) to obtain information about sexual activity during pregnancy		
Friend	23 (18.7)	19 (18.4)
Internet	80 (65.0)	70 (68.0)
Book	25 (20.3)	13 (12.6)
Newspaper / magazine	5 (4.1)	4 (3.9)
Pamphlets / manual	59 (48.0)	27 (26.2)
Seminar	12 (9.8)	16 (15.5)
Doctor and nurse	18 (14.6)	21 (20.4)
Others	1 (0.8)	2 (1.9)
Information you acquired was correct		
Yes	56 (45.5)	39 (37.9)
Uncertain	67 (54.5)	63 (61.2)
Incorrect	0	1 (1.0)
If Hospital Authority to provide the captioned information and consultation service, you would like to receive it from:		
Internet	60 (47.2)	71 (60.7)
Pamphlets / manual	100 (78.7)	74 (63.2)
Explanation by medical staff	44 (34.6)	42 (35.9)
Seminar or Workshop	29 (22.8)	26 (22.2)
Others	0	1 (0.9)

* Data are shown as No. (%) of subjects

to receive it in the form of a pamphlet. Only 44 (34%) of wives and 42 (36%) of husbands were willing to discuss the matter with medical staff. Workshops and seminars were the least favoured option (22.8% of wives and 22.2% of husbands).

Factor Analysis

In the exploratory factor analysis, the values of KMO measure of sampling adequacy were >0.6. The p values of Bartlett's test of sphericity were both <0.05. These indicated that the use of factor analysis was appropriate to investigate the underlying factors. One to two underlying factors (sexual desire and/or erection and seduction) were extracted for sexual activity and two underlying factors (negative consequences of sexual activity in pregnancy, and discussion with medical staff and wives' appearance) were extracted for perception (Table 5). All had an eigenvalue >1, indicating that these factors were meaningful. The total percentage of variance explained by the above factors ranged from 61.99% to 71.47%.

Discussion

Among Hong Kong Chinese women, sexual behaviour tends to be more conservative during pregnancy[1], and hence the response rate of this study was low (55%). Over 60% of the couples that completed the questionnaires had a tertiary education; more educated couples were more likely to participate.

Sexual activity declines drastically during pregnancy[1-5]. The low sexual desire and interest among wives may be reciprocated by their husband. The key factors for sexuality of husbands and wives were consistent, namely sexual desire, erection and seduction. Sexual desire was the strongest factor of sexual satisfaction, with the highest variance explained (64%). The items included in this factor had a similar coefficient of around 0.8, indicating that each item contributed the same weight to this factor. Sexual desire can be expressed in the form of foreplay, of which over 90% of the husbands reported enjoyment. Sexual desire can be inhibited by cultural beliefs and anxiety[15].

Table 5. Key factors that affect sexuality in pregnancy among wives and husbands by exploratory analysis*

Factor	Coefficient	Eigenvalue	Variance explained (%)
Pregnant women			
Factor 1: Sexual desire		3.887	64.782
Q10. Think spontaneously about sex or imagine yourself having sex	0.455		
Q11. Interest in sex sufficient for you to take part in sexual relations enthusiastically	0.813		
Q12. Get lubricated (wet) during sexual relations	0.809		
Q13. Feel more stimulated for sex during sexual relations as your partner becomes more aroused	0.893		
Q14. Reach orgasm (maximal pleasure) during sexual relations	0.857		
Q15. Level of satisfaction you get from sexual relations make you want to have more sex again on other days	0.913		
Husbands			
Factor 1: Erection		5.704	57.039
Q11. Maintain an erection sufficiently in order to complete sexual activity in a satisfactory way	0.923		
Q12. After sexual stimulation, your erection is hard enough to ensure satisfying intercourse	0.903		
Q13. To consistently obtain and maintain an erection whenever you have sexual activity	0.93		
Q14. To control ejaculation so that sexual activity lasts as long as you want	0.538		
Q15. To reach orgasm during sex	0.855		
Factor 2: Seduction		1.443	14.431
Q7. Your desire is high enough to encourage you to initiate sexual intercourse	0.811		
Q8. Feel confident in your ability of seduction	0.873		
Q9. Feel foreplay is enjoyable and satisfy both of you	0.677		
Q10. Your sexual performance is affected by your partner's sexual satisfaction	0.651		
Q16. Your sexual performance encourages you to enjoy sex more frequently	0.601		

* For women: value of Kaiser-Meyer-Olkin measure of sampling adequacy: 0.87, Bartlett's test of sphericity: Chi-square statistics 790.812, degrees of freedom 15, $p<0.001$. For husbands: value of Kaiser-Meyer-Olkin measure of sampling adequacy: 0.893, Bartlett's test of sphericity: Chi-square statistics 1731.778, degrees of freedom: 45, $p<0.001$.

About 55% of the wives could maintain lubrication and achieve orgasm during sexual intercourse. >80% of the husbands could maintain an erection and reach orgasm. 64% of the couples experienced overall satisfaction in their sexual relations.

There is no evidence that sex causes preterm birth or increases the risk of infection[16-18]. The strongest factor affecting perception was a fear of 'negative consequences to the unborn baby' during sexual activity. Both wives and husbands had similar variance explained (46%). Items included in this factor were fear of sex causing preterm labour, bleeding or adopting the wrong coital position. These items had a similar coefficient of around 0.7 to 0.8 and therefore had a similar contribution to this factor. For the second key factor ('discussion with medical staff' and 'wife's appearance'), the coefficient was positive (0.7 and 0.6). This indicated that the wives were comfortable discussing their sexual problems with medical staff and felt unattractive during her pregnancy. For the husbands, the coefficients were 0.6 and -0.7, respectively. This indicated that the husbands were equally comfortable discussing their sexual problems with medical staff but disagreed with their wife about her appearance in pregnancy. The husbands appreciated their wife's altered appearance during pregnancy. This is in keeping with the literature that about a quarter to a half of the pregnant women felt less attractive than before they conceived[19]. A pregnant

Table 6. Key factors that affect perception of sex during pregnancy among wives and husbands by exploratory analysis*

Factor	Coefficient	Eigenvalue	Variance explained (%)
Pregnant women			
Factor 1: Negative consequence of sexual activity during pregnancy		2.762	46.034
Q17. Sex will lead to preterm labour	0.842		
Q18. Sex will lead to bleeding / hurt pregnancy	0.889		
Q20. Sex will increase the chance of infection	0.779		
Q21. The position may be improper during sex	0.734		
Factor 2: Discussion with medical staff and personal appearance		1.039	17.32
Q16. Feel comfortable to discuss your sexual problem with the medical staff	0.794		
Q19. Feel unattractive during pregnancy	0.629		
Husbands			
Factor 1: Negative consequence of sexual activity during pregnancy		3.234	46.196
Q18. Sex will lead to preterm labour	0.835		
Q19. Sex will lead to bleeding / hurt pregnancy	0.834		
Q21. Sex will increase the chance of infection	0.841		
Q22. The position may be improper during sex	0.735		
Q23. Sexual intercourse / relationship may cause discomfort to your wife	0.729		
Factor 2: Discussion with medical staff and wife's appearance		1.106	15.795
Q17. Feel comfortable to discuss your sexual problem with the medical staff	-0.795		
Q20. Wife is unattractive during pregnancy	0.691		

* For women: value of Kaiser-Meyer-Olkin measure of sampling adequacy: 0.753, Bartlett's test of sphericity: Chi-square statistics 379.73, degrees of freedom 15, $p<0.001$. For husbands: value of Kaiser-Meyer-Olkin measure of sampling adequacy: 0.834, Bartlett's test of sphericity: Chi-square statistics 485.151, degrees of freedom: 21, $p<0.001$

woman's attractiveness as perceived by herself and by her spouse correlates positively with sexual enjoyment[20,21].

In our study, 59% of the wives and 118 (54%) of the husbands wished to obtain more information about sexuality in pregnancy. Both searched for further information regarding sexual activity in pregnancy with similar enthusiasm. The internet was the favoured source of information. Nonetheless, more than half of the couples were ambivalent or believed that the information they obtained was incorrect. If our obstetric service could provide more reading materials on this subject, most couples would prefer it in the form of a pamphlet that is easily accessible and provides anonymity. Workshops and seminars were the least favoured method (about 22%), given the conservative nature of our sample.

Conclusion

The key factor affecting sexual satisfaction was sexual desire, which is affected by interpersonal and intrapersonal factors. The negative perception of women on their appearance during pregnancy was not shared by their husband. Our couples had inadequate knowledge about sexuality during pregnancy. Most felt uncomfortable discussing it with health care providers. A false belief that sexuality may bring harm to the pregnancy needs to be addressed. Accurate information about sexuality can help dispel the myths and reduce anxiety and long-term conflict, as couples experience changes during pregnancy. Couples would welcome a discussion of sexual matters if it were initiated by the health care provider.

Acknowledgments

We would like to acknowledge Ms Grace Kwok, Mr Daniel Chan and Dr Carmen Choi for their helpful comments with the questionnaire. Last but not least, we would like to thank Dr Gladys ST Kwok for her contribution that greatly improved the manuscript.

Declaration

The authors have declared no conflict of interests in this study.

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