

Author, Year; Country Score Research Design Total Sample Size	Methods	Outcome
<p style="text-align: center;">Bailey et al. 2015 Canada Observational/Qualitative Level 5 N=9</p>	<p>Population: 9 individuals (5 females & 4 males, age range= 21-63 years), type of injury C3-T7 (AIS A-D, complete & incomplete SCI), years post injury 4-36 years</p> <p>Treatment: None</p> <p>Outcome Measures: Interview consisting of open-ended questions to determine participants' overall body image, how participants themselves defined body image, positive body image, and negative body image.</p>	<ol style="list-style-type: none"> 1. The following main categories were found: body acceptance, body appreciation and gratitude, social support, functional gains, independence, media literacy, broadly conceptualizing beauty, inner positivity influencing outer demeanour, finding others who have a positive body image, unconditional acceptance from others, religion/spirituality, listening to and taking care of the body, managing secondary complications, minimizing pain, and respect. 2. Unique characteristics (i.e., resilience, functional gains, and independence) were also reported demonstrating the importance of exploring positive body image in diverse groups.
<p style="text-align: center;">Merghati-Khoei et al. 2017 Iran Qualitative Study Level 5 N=53</p>	<p>Population: 53 individuals with SCI; 41 men (mean age 24.4 ± 5.7 years) and 12 women (mean age 29.5 ± 8.3 years); duration of SCI for men (46.0 ± 41.6 months) and for women (97.3 ± 99.6 months)</p> <p>Treatment: None</p> <p>Outcome Measures: Semi-structured Interview to understand how people with SCI understand marriage.</p>	<ol style="list-style-type: none"> 1. "Attractiveness," "able body for breadwinning," "sexually active," and "reproduction" were dominant concepts ('outer' scenarios) for how Iranian adults with SCI understood marriage. 2. The participants' inner scenarios (beliefs) revealed that marriage would be welcomed if a potential partner accepted them as a "whole person" regardless of their SCI condition. Adults with SCI do not ignore or reject marriage, however it was a lower life priority due to major health concerns that they had internalized.
<p style="text-align: center;">Smith et al. 2015 USA Cross-sectional Study Level 5 N=218</p>	<p>Population: 218 individuals consisting of 120 males and 98 females (mean age=58, 7years); 38% had SCI.</p> <p>Treatment: None</p> <p>Outcome Measures: Patient Reported Outcomes Measurement Information System's (PROMIS) sexual function item bank measuring sexual function, sexual satisfaction, and use of aids for sexual activity; PROMIS Pain Interference - Short Form; Patient Health Questionnaire-9 (PHQ-9); Mobility was measured with the 6-point Gross Motor Function Classification System</p>	<ol style="list-style-type: none"> 1. Consistent with studies of able-bodied adults, sexual function was the strongest predictor of satisfaction. 2. Depression also predicted sexual satisfaction for women. 3. Use of aids for sexual activity varied by disability type and was generally associated with better function. 4. Lowest levels of sexual satisfaction were reported by men with SCI. 5. Depression may negatively impact sexual satisfaction in women, beyond contributions of sexual dysfunction, and effective use of sexual aids may improve function in this population.
	<p>Population: 50 individuals- 29 male and 21 female patients; 10 had tetraplegia and 40 had paraplegia.</p>	<ol style="list-style-type: none"> 1. 50% of male participants and 36% of female participants had urinary incontinence

<p>Bozan et al. 2015 Turkey Observational Level 5 N=50</p>	<p>Treatment: None</p> <p>Outcome Measures: Participants were asked to rate how significant each dysfunction (walking disorder, urinary incontinence, fecal incontinence, and sexual dysfunction) was in their view.</p>	<ol style="list-style-type: none"> 2. 46% of males and 32% of females had fecal incontinence. 3. All participants had at least impaired walking, with complete inability to walk in a certain proportion of patients. 4. 22% of males and 24% of female patients required walking-aids for walking. All male patients and 16 female patients reported sexual dysfunction. 5. Male patients regarded inability to walk as the most significant dysfunction, followed by sexual dysfunction, absence of voluntary defecation, and absence of voluntary urination. 6. In females, inability to walk and absence of voluntary urination were placed equal level of importance, followed by the loss of voluntary defecation. Interestingly, no female patients included sexual dysfunction in the ranking. 7. The observed gender difference in the perceived significance of dysfunction because of SCI may be due to anatomical, cultural and social factors.
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