

Author Year; Country Score Research Design Total Sample Size	Methods	Outcome
<p>Pebdani et al. 2013 USA Longitudinal Study (part of bigger study) Level 2 N=253</p>	<p><b>Population:</b> 253 individuals consisting of 159 males (mean age 48.74±14.81 years) and 94 females (44.32±13.12 years); years since diagnosis males 13.75±10.53 years, females 12.79±9.63 years; level of injury C1-S5.</p> <p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> Questions regarding family planning, the effect of SCI on family planning, where they received advice and information about SCI and pregnancy, SCI and fertility, and attitudes towards having children.</p>	<ol style="list-style-type: none"> <li>1. Approximately 50% were diagnosed with SCI prior to family planning.</li> <li>2. Over half of the women in the sample had not spoken with a physician about SCI and pregnancy.</li> <li>3. 60% of the women in the sample had been pregnant at some point in their lives.</li> <li>4. Half of the men had fathered a child.</li> <li>5. 13.4% reported that fertility issues had been discussed with a fertility specialist.</li> <li>6. 7.1% reported that they or their partner had taken part in an infertility evaluation.</li> <li>7. 4.3% reported that either they or their partner had received fertility treatment.</li> <li>8. 2 women and 1 man reported that they or their partner had an abortion partially because of their SCI</li> </ol>
<p>Hess et al. 2007; USA Pre-post N=4</p>	<p><b>Demographics:</b> 4 men with SCI; age range 35-55 yrs; time since injury 10-23 yrs; 3 with traumatic SCI, 1 with transverse myelitis; All with paraplegia: 2 complete, 2 incomplete (AIS B and AIS C).</p> <p><b>Methods:</b> Patients referred to an outpatient SCI sexuality program and seen by an interdisciplinary team (nurse, physician, and psychologist); completed a pre-evaluation questionnaire and post-evaluation clinic visit questionnaire regarding their satisfaction with both sexual function and the clinic experience.</p> <p><b>Outcome Measures:</b> pre- and post-visit satisfaction with sexual function and clinic experience.</p>	<ol style="list-style-type: none"> <li>1. Patients were very satisfied with their clinic experience. All stated they would recommend the clinic to others and would themselves return with new issues regarding their sexuality.</li> <li>2. Despite patients' reporting insufficient knowledge about sexual function, all rated their clinic visit positively, and felt their questions had been answered and their emotional wellbeing appropriately addressed in a respectful environment.</li> </ol>
<p>Schopp et al. 2002; USA Pre-post Level 4 N=28</p>	<p><b>Demographics:</b> 28 women with SCI; mean age 40 yrs, range 17-59.</p> <p><b>Methods:</b> Participants accessing comprehensive gynaecologic and reproductive health care services at a SCI women's health clinic; surveyed immediately prior to 1st clinic visit, and at 3- and 12-month follow-ups; participants mailed a set of baseline questionnaires approx. 3 weeks before their scheduled exam date; subsequent assessments conducted by phone and mail.</p> <p><b>Outcome Measures:</b> measures of health-promoting behaviours (breast self-exams, exercise, reducing fat intake, increasing fibre intake and mammography); SCI-adapted General Health subscale of the US. Short-Form-36 (SF-36); Satisfaction with Life Scale (SWLS); Brief Symptom Inventory (BSI).</p>	<ol style="list-style-type: none"> <li>1. With exception of exercise, frequencies of health promoting behaviours increased across the 3 time periods.</li> <li>2. Trend toward increased willingness to engage in monthly breast self exams from baseline to 3 months, and trend toward increased willingness to receive a mammogram between baseline and 12 month follow-up.</li> </ol>

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<p>Cushman 1998; USA Observational (questionnaire) Level 5 N=50 (25 SCI)</p>	<p><b>Demographics:</b> 50 patients who had participated in an inpatient rehab program; 25 SCI (16 M 9 F); mean(SD) age 41.8(20.8) yrs, range 16-74; mean time since injury 126.1 days; mean time in inpatient rehab 85.5 days. <b>Methods:</b> SCI patients were involved in a nursing education program, which included a group-oriented information sharing session and written information as part of a self-instruction program. Information presented centred on physiological aspects of sexual functioning, also included body image and attitudes regarding sexuality. <b>Outcome measures:</b> patient perceptions of sexual information and support provided.</p>	<ol style="list-style-type: none"> <li>80% of SCI respondents felt access to information about sexuality was available to them.</li> <li>72% of SCI patients felt the amount of information or discussion about sexuality they received was sufficient.</li> <li>36% reported having received or reviewed written materials regarding sexuality.</li> <li>52% indicated that someone had volunteered information regarding sexuality to them.</li> </ol>
<p>Charlifue et al. 1992; USA Observational (survey) Level 5 N=231</p>	<p><b>Demographics:</b> 231 women with SCI; mean age 32.7 yrs; mean age at injury 21.5 yrs; 112 quadriplegic (72% complete), 119 paraplegic (77% complete). <b>Methods:</b> Women who had initial rehab at a hospital centre in Colorado contacted by phone to participate in a comprehensive survey that examined demographic characteristics, menstrual and female hygiene history, pregnancy and child bearing, and sexuality. <b>Outcome measures:</b> sexual health needs, concerns, and support.</p>	<ol style="list-style-type: none"> <li>Over half the women reported the sexuality information provided for them during rehab was inadequate; however those whose rehab was after 1977 had higher levels of satisfaction (coincided with the establishment of a weekly women's group at the treatment centre).</li> </ol>
<p>New et al. 2016 Australia Mixed methods comprehensive survey &amp; semi structured interviews Level 5 N = 152</p>	<p><b>Population:</b> 152 individuals; 115 with traumatic SCI and 37 with non-traumatic spinal cord dysfunction (SCDys). Those with SCI were more likely to be male (72%), younger (median age 46) and have tetraplegia (48%) compared with those with SCDys (male=49%, P=0.008; median age 58). Median time since onset of spinal cord damage was 11 years. Most (95%) respondents were exclusively heterosexual, and 5% were gay, lesbian or bisexual. <b>Treatment:</b> None <b>Outcome Measures:</b> Demographic information, as well as questions regarding education participants received during their initial inpatient admission and the consequences of spinal cord damage for their sexuality.</p>	<ol style="list-style-type: none"> <li>There was no difference between SCI and SCDys regarding satisfaction or preferred modes of presentation.</li> <li>People with SCDys were less likely to report receiving sexuality education during rehabilitation (SCDys n=11, 30%; SCI n=61, 53%; P=0.03). Interviews suggested that this may be gendered, as only two women recalled receiving sexual education, whereas men often received this as part of continence management.</li> <li>Only 18% were satisfied or very satisfied with sexual education and information received, and 36% were dissatisfied or very dissatisfied.</li> <li>Preferred modes for receiving sexuality information included sexuality counsellor, recommended internet sites, peer support workers, staff discussion, written information and DVD.</li> </ol>
<p>Choi et al. 2015; Korea</p>	<p><b>Population:</b> 139 men (mean age=43.3 years, age range=16-69) with motor-complete spinal cord injuries (mean time since injury=14.4±7.7 years).</p>	<ol style="list-style-type: none"> <li>90 participants (65%) were sexually active.</li> <li>A period of 21-25 years since injury, compared to 5 years since injury, and experience with sexual rehabilitation</li> </ol>

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Cross-sectional Survey Level 5 N=139	<p><b>Treatment:</b> None</p> <p><b>Outcome Measures:</b> sexuality, sexual satisfaction, socioeconomic factors, medical conditions, rehabilitation services.</p>	<p>education was positively associated with sexual activity.</p> <ol style="list-style-type: none"> <li>3. Among the group that was sexually active, 8 (8.9%) were sexually satisfied, and 56 (62.2%) were sexually unsatisfied.</li> <li>4. Lower levels of education were significantly correlated with sexual dissatisfaction.</li> </ol>
Valtonen et al. 2006; Sweden Observational (survey) Level 5 N=231 (190 SCI)	<p><b>Demographics:</b> 190 adults with SCI (144 M, 46 F) and 41 persons with menigomyelocele (MMC); SCI participants: mean age 46.6 yrs, range 21.8-74.2; Level of injury: 87 cervical, 60 thoracic, 39 lumbar/sacral.</p> <p><b>Methods:</b> mail-out questionnaire on aspects of health and functioning. All SCI participants had been treated in the Spinal Injuries Unit in a university hospital in Goteborg, Sweden.</p> <p><b>Outcome measures:</b> satisfaction with sexual life, self-assessed sufficiency of sexual counselling.</p>	<ol style="list-style-type: none"> <li>1. 69% of men and 59% of women with SCI reported that they had received enough sexual counselling.</li> <li>2. Those who reported the amount of sexual counselling as sufficient showed higher satisfaction with their sexual life than the others.</li> <li>3. In all subgroups, those who considered the sexual counselling they had received as sufficient were more satisfied with their sexual life than the others.</li> </ol>