

Table 26b. Sexual Behaviour

Author Year; Country Score Research Design Total Sample Size	Methods	Results
<p>Stewart et al. 2024 USA Cross-sectional Level 5 N=277</p>	<p>Objective: The aims of the study were to (1) describe frequency of physical intimacy among adults with pediatric-onset SCI and (2) identify injury, demographic, and lifestyle factors that predict frequency of physical intimacy Population: N=277 Methodology: Completed a structured telephone interview that included medical and sociodemographic information and standardized measures of psychological functioning. Participants rated physical intimacy and sexual intercourse frequency on a 5-point Likert scale, with a response of monthly, weekly, or daily classified as regular frequency and never or yearly as irregular frequency. Outcome Measures: Sexual Activity Frequency (physical intimacy and sexual intercourse frequency on a 5-point Likert scale)</p>	<ol style="list-style-type: none"> 1. 55% engaged in physical intimacy and 49% engaged in sexual intercourse with regular (reported as monthly, weekly, or daily) frequency. 2. Individuals living independently of parents, being married, and higher perceived social integration increased likelihood of regular frequency of physical intimacy. 3. Injury severity and secondary medical complications were not significant independent predictors of frequency of physical intimacy.
<p>Taylan et al. 2024 Turkey Cross-sectional Level 5 N=131</p>	<p>Objective: This study was conducted to determine the dyadic adjustment between individuals with SCI and their spouses and the relationship between their sexual self-consciousness and sexual life and to evaluate it according to the objectification theory. Population: N=131 (48F, 83M), Mean age: 43.89, AIS: 46A/37B/23C/25D Methodology: The data of the study were collected using a Descriptive Information Form, the American Spinal Injury Association Impairment Scale (ASIA), the Dyadic Adjustment Scale (DAS), the Sexual Self-Consciousness Scale (SSCS), and the Arizona Sexual Experiences Scale (ASEX). Outcome Measures: Dyadic adjustment scale (DAS), Sexual self-consciousness scale (SSCS), Arizona sexual experience scale (ASEX)</p>	<ol style="list-style-type: none"> 1. Patients with lower sexual embarrassment are negatively associated with greater dyadic satisfaction, cohesion, and consensus ($p < 0.01$). 2. SSCS total, ASEX female, ASEX male scores are negatively correlated with dyadic cohesion, dyadic consensus, and affectional expression ($p < 0.01$). 3. 67.2% of people with SCI reported experiencing sexual functionality problems. 4. Increased age, falling injuries, ASIA grade A, increased self-awareness, sexual dysfunction, and being male increased sexual focus (e.g., focus on sexual performance such as erections or ejaculations).

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<p>Taylan et al. 2021 Turkey Cross-sectional Level 5 N=103</p>	<p>Objective: To evaluate the relationships between the variables that affect the sexual satisfaction of patients with spinal cord injuries. Population: N=103 (30F;73M), Mean age: 42.7 Methodology: Cross-sectional study was carried out from July to December 2018 with 103 SCI patients who were being treated and cared for in the physical medicine and rehabilitation polyclinic of a university hospital Outcome Measures: American Spinal Injury Association Impairment Scale and the Golombok Rust Inventory of Sexual Satisfaction (GRISS)</p>	<ol style="list-style-type: none"> 1. Sexual dysfunction for both female and male participants increased post-accident ($p<0.001$) 2. Statistically significant differences in frequency of sexual intercourse after SCI ($p<0.001$) 3. Being able to have an orgasm decreased after SCI ($p<0.001$) 4. ASIA score A is associated with greater GRISS scores, meaning higher sexual dysfunction and lower satisfaction with intercourse ($p<0.001$). 5. One predictive model post-regression found that ASIA A and B scores, age, injury due to falling from height, being a housewife, and thinking of being unable to reach future goals explained 75.4% of the variation in sexual satisfaction scores.
<p>Tzanos et al. 2021 Greece Cross-sectional Level 5 N=30</p>	<p>Objective: To provide data on the rates of sexual dysfunction (SD) among the Greek spinal cord injury (SCI) women and to investigate any association with demographic and clinical variables Population: N=30, Mean age: 48.2, Mean years since injury: 14.6, 28 Paraplegic, 2 Tetraplegic, 14 Complete, 16 Incomplete, 20 Traumatic, 10 Non-traumatic Methodology: Our sample was enrolled from rehabilitation institutes throughout Greece and included 30 women with SCI living in the community for at least 1 year after the primary inpatient rehabilitation program. They were assessed for SD using the Female Sexual Function Index (FSFI). Outcome Measures: Female Sexual Function Index (FSFI), Satisfaction with Life Scale (SWLS), World Health</p>	<ol style="list-style-type: none"> 1. Sexual dysfunction (SD) was present in 63.3% of participants; mean FSFI score of only 14/36. 2. Age was significantly negatively associated with all domains of FSFI ($p<0.006$). 3. NRS pain score was only negatively associated with sexual desire ($p=0.04$). 4. FSFI scores were negatively correlated with PHQ-9 scores ($p=0.006$, but FSFI scores were positively correlated with SWLS scores ($p=.003$) and SCIM scores ($p=.013$). 5. The most common identified determinants of S were old

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	Organization Quality of Life-BREF (WHOQOL-BREF), Spinal Cord Independence Measure (SCIM), Patient Health Questionnaire (PHQ-9), Craig Handicap Assessment and Reporting Technique (CHART). Pain evaluated on Numeric Rating Scale (NRS).	age and depressive symptoms.
McIntyre et al. 2022 Canada Meta-Synthesis of Qualitative Research N=22	Objective: To meta-synthesize all qualitative evidence on individuals' subjective experiences of sexual health following a SCI. Database: CINAHL, Cochrane, Medline/PubMed, ProQuest Artis and Humanities, PsycINFO, and Web of Science (inception to December 31, 2021)	<ol style="list-style-type: none"> Themes identified in each study were positioned within the Sexual Rehabilitation Framework (Elliott 2017) composed of eight domains: sexual drive/interests, partnerships, self-image, bowel/bladder, sexual function, motor/sensory, fertility/contraception, and secondary complications
Bozan et al. 2015 Turkey Cross-sectional Level 5 N=50	Objective: This study aimed to assess the gender effect on the perceived significance of functional loss in patients enduring spinal cord injury (SCI). Population: 50 individuals- (21F;29M), 10 Tetraplegia, 40 Paraplegia. Treatment: None Methodology: Questions related to fecal incontinence, sexual dysfunction, urinary incontinence, and walking disorder. Patients were asked to list these disabilities in the order of the significance they placed on each disability, first being the most significant and fourth being the least, and accordingly each disability was scored from 1 to 4. Outcome Measures: Participants were asked to rate how significant each dysfunction (walking disorder, urinary incontinence, fecal incontinence, and sexual dysfunction) was in their view.	<ol style="list-style-type: none"> All male patients and 16 female patients reported sexual dysfunction. Male patients regarded inability to walk as the most significant dysfunction, followed by sexual dysfunction, absence of voluntary defecation, and absence of voluntary urination. In females, inability to walk and absence of voluntary urination were placed at an equal level of importance, followed by the loss of voluntary defecation. Interestingly, no female patients included sexual dysfunction in the ranking.
Fisher et al. 2002 New Zealand Cross-sectional Level 5 N=40	Objective: To clarify sexual issues after spinal cord injury (SCI) and to identify the appropriate timing of sexual health interventions. Population: A volunteer sample of 40 individuals (32 men, 8 women) from a	<ol style="list-style-type: none"> By 6 months post-discharge, participants had made significant changes in sexual activity and interest. The respondents' greatest concerns were their

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	<p>consecutive population of persons with recent SCI admitted for initial inpatient rehabilitation.</p> <p>Methodology: Longitudinal analysis of the survey responses of persons with SCI at 4 intervals between initial inpatient rehabilitation and 18 months post-discharge.</p> <p>Outcome measure: Responses to the Sexual Health Needs Survey.</p>	<p>partners' and their own sexual satisfaction.</p> <p>3. A more realistic recognition of decline in their sexual activity, function, and interest corresponded with more requests for sexual health interventions during the interval from inpatient rehabilitation and 6 months post-discharge.</p>