

Table 28a. Sexual Satisfaction and Activity Systematic Reviews

<b>Author Year; Country</b> <b>Dates included in the review</b> <b>Total sample size</b> <b>Level of evidence</b> <b>Type of study</b> <b>Score</b>	<b>Methods</b> <b>Databases</b>	<b>Results</b>
<p><a href="#">Sunilkumar et al.</a> 2015 India Systematic Review AMSTAR= N=19</p>	<p><b>Methods:</b> Search key words and phrases: SCI and sexuality, paraplegia and sexuality, paraplegia and sexual functioning, Indian males and SCI, Indian males and paraplegia and sexual attitudes, and males and SCI and sexual functioning. Inclusion criteria included: English language, Indian male population with sexual health issues, all age groups history of a SCI with resultant paraplegia. The search yielded 457 articles but only 19 were specifically related to male views on sexual health.</p> <p><b>Databases:</b> Cumulative Index to Nursing and Allied Health Literature (CINAHL), Medline, Applied Social Sciences Index and Abstracts (ASSIA), and Google Scholar.</p>	<ol style="list-style-type: none"> <li>1. 6 areas related to the topic of sexual functioning, SCI, and paraplegia were identified: sexual stigmatization, physiological barriers to sexual satisfaction, clinical aspects of sexual functioning, biomedical approaches to sexual dysfunction, partner satisfaction, and lack of accessibility to sexual education.</li> <li>2. Strong sexual desire and greater depression are related due to masculine social norms and expectations</li> <li>3. Most current research focuses on quantitative measurement of ejaculatory dysfunction, orgasm impairment, incontinence, and other physiological dysfunction. whereas satisfaction requires more subjective views.</li> </ol>