

Understanding of Men with Spinal Cord Injury regarding Sexual Function during Discharge from CRP, Savar



By
Ashish Sutradhar

February 2021, held in March 2022

This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

**Bachelor of Science in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Faculty of Medicine
University of Dhaka**

Thesis completed by:**Ashish Sutradhar**

4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed
(CRP)
Chapain, Savar, Dhaka: 1343

.....
Signature

Supervisor's name, designation, and signature:**Md. Julker Nayan**

Associate Professor
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed
(CRP)
Chapain, Savar, Dhaka: 1343

.....
Signature

Head of the department's name, designation, and signature:**Sk. Moniruzzaman**

Associate Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Paralysed
(CRP)
Chapain, Savar, Dhaka: 1343

.....
Signature

Board of Examiners

Statement of authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

Ashish Sutradhar

4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Peralysed (CRP)
Chapain, Savar, Dhaka: 1343

.....
Signature

Acknowledgement

At first all praise goes the Almighty God for enabling me to carry out this dissertation. Then I would like to show gratitude my parents who always inspired me for completing my research project. It would not have been possible without their help and the sacrifices that they made. Throughout this journey, there have many people by whom I am forever grateful. I would first and foremost like to dedicate my acknowledgement to my honorable supervisor, Md. Julker Nayan. Moreover, special thanks to Arifa Jahan Ema maam for her continual support, guidance, patience, and encouragement throughout this research. Thanks go to all teachers of Occupational Therapy Department for their continuous academic support throughout my study period.

Dedication

**Dedicated to
My Mother**

Table of Contents

Points	Page no
Board of Examiners	ii
Statement of authorship	iii
Acknowledgement	iv
Dedication	v
Table of Contents	vi
List of Tables	ix
List of Abbreviations	x
Abstract	xi
CHAPTER I: Introduction	1
1.1 Background	1
1.2 Justification of the Study	3
1.3 Operational Definition	4
1.3.1 Spinal Cord Injury.....	4
1.3.2 Sexual Dysfunction.....	4
1.3.3 Acceptance.....	4
1.3.4 Adjustment.....	4
1.3.5 Sexual Satisfaction.....	5
CHAPTER II: Literature Review.....	6
2.1 Type of Sexual Dysfunction	6
2.2 Factors Related to Sexual Health.....	7
2.2.1 Physical Factor:.....	7
2.2.2 Emotional Factor:.....	7
2.2.3 Environmental Factor:	8
2.2.4 Spiritual and Religious Factors:.....	8
2.2.5 Education:	8
2.3 Impact of SCI on Sexual Desire.....	9
2.4 Desire to Gain Knowledge.....	9
2.5 Level of Satisfaction, Depression, Anxiety, and Quality of Life.....	10
2.6 Impact of Psychoeducation	11
CHAPTER III: Methodology	12
3.1 Research Questions	12
3.1.1 Research Aim.....	12

3.2 Ethical Considerations	12
3.3 Research Design.....	13
3.4 Study Setting.....	13
3.4.1 Study Period:.....	13
3.5 Sampling Strategy	14
3.5.1 Inclusion Criteria	14
3.5.2 Exclusion Criteria	14
3.5.3 Participants Overview	14
3.6 Participants' Recruitment Process	15
3.7 Data Collection Method.....	15
3.7.1 Data Collection Instruments	16
3.8 Data Analysis	17
3.9 Trustworthiness.....	17
CHAPTER IV: Results	19
4.1 Theme one: Feeling about Sexual Dysfunction	20
4.2 Theme two: Problem regarding Sexual Dysfunction.....	20
4.2.1 Sub-theme one: Erection and Ejaculation.....	20
4.2.2 Sub-theme two: Semen Quality	21
4.2.3 Sub-theme three: Urination.....	21
4.3 Theme three: Type of Treatment for Regaining Sexual Feeling	21
4.3.1 Sub-theme one: Visual Stimulation	21
4.3.2 Sub-theme two: Therapy.....	22
4.3.3 Sub-theme three: Medication.....	22
4.3.4 Sub-theme four: Counseling	22
4.4 Theme four: Proper Positioning of Sexual Engagement.....	22
4.5 Theme five: Sexual Knowledge after Treatment	23
4.6 Theme six: Relationship with Partner.....	23
4.6.1 Sub-theme one: Partner's Collaboration.....	23
4.6.2 Sub-theme two: Role of Partner.....	23
4.7 Theme seven: Impact of Sexual Dysfunction on Daily Life.....	24
4.7.1 Sub-theme one: Social Attitude	24
4.8 Theme eight: Psychological Condition before and after Treatment	24
4.9 Theme nine: Importance of Sexual Function.....	25
CHAPTER V: Discussion.....	26
CHAPTER VI: Conclusion.....	29
6.1 Strength.....	29
6.1.1 Limitation.....	29

6.2 Practice Implication	29
6.2.1 Recommendation for Current Practice:	30
6.2.2 Recommendation for Further Research:	30
6.3 Conclusion	30
List of Reference	32
APPENDICES	36

List of Tables

Table	Name of the Table	Page no
Table 1	Participants Overview	15
Table 2	Overview of results	19

List of Abbreviations

ADL	Activities of daily living
CRP	Centre for the Rehabilitation of the Paralysed
ED	Erectile Dysfunction
QOL	Quality of life
SCI	Spinal Cord Injury
SD	Sexual Dysfunction
SF	Sexual Function
WHO	World Health Organization

Abstract

Background: Sexuality is an important part of self-identity. Person with SCI needs proper understanding about sexual function in their sexual lives during rehabilitation program. This study aimed to explore the understanding of men with SCI regarding sexual function during discharge from CRP, Savar.

Methods and Materials: To conduct this study investigator used the phenomenological study design of qualitative research. Five men with SCI who complete rehabilitation program from CRP included in this study. Self-developed interview guide was used to take interview from the participants. Each interview time was 15 to 20 minutes. Data were analysed by according to Braun and Clarke's six steps of thematic analysis.

Results: In this study all participants are paraplegic. The findings of this study indicate that participants shared several types of issue about sexuality. Nine main themes that emerged from the data analysis included: 1) feeling about sexual dysfunction 2) problem regarding sexual dysfunction 3) type of treatment for regaining sexual feeling 4) proper positioning of sexual engagement 5) sexual knowledge after treatment 6) relationship with partner 7) impact on ADL 8) psychological condition before and after treatment 9) importance of sexual function.

Conclusion: This study worked on explore the understanding of men with SCI regarding sexual function during discharge from CRP, Savar. Through this research the understanding of sexuality, relationship with partner, mental state of men with SCI were identified. This thesis also depicts all related issue with sexuality of men with SCI. In future investigator recommends conducting further study with large number of participants.

Key words: Spinal Cord Injury, Sexual dysfunction, Understanding

CHAPTER I: Introduction

1.1 Background

Every year, between 2,50,000 to 5,00,000 people suffer an SCI around the world. Most spinal cord injuries are due to preventable causes such as road traffic, crashes, violence. People who have experienced a spinal cord injury are two to five times more likely than those who have not to die prematurely, with worse survival rates in low and middle income countries (World Health Organization, 2013).

Centre for the Rehabilitation of the Paralysed (CRP) is a unique rehabilitation center in Bangladesh for SCI patients. The student researcher completed the clinical placement in the spinal cord injury unit at CRP. The researcher observed that people with SCI patients faced difficulties to maintain their sexual functioning that create an adverse effect on their quality of life (QOL). Many people survive spinal cord injuries in the world every year. According to the National Spinal Cord Injury Statistical Center's "Facts and Figures at a Glance 2021", there are approximately 296,000 Americans currently living with SCI, and about 17,900 new SCI cases each year. About 78% of new SCI cases are male. Spinal cord injury may affect the male's ability for partner satisfaction and conception to be achieved. But there are huge numerous strategies available to help a spouse where the man has a spinal cord injury to have children. A spouse also needs to know the level of understanding on sexual function after spinal cord injury in their personal lives.

Spinal cord injury (SCI) is a traumatic event that may affect the sexual health of a person. Sexuality constitutes a principal portion of people's lives, joining physical, enthusiastic, mental, and social perspectives (Celik et al., 2014).

In patients with SCI the frequency of sexual dysfunction (SD) is raised (Virsedachamorro et al., 2013). With the treatment and rehabilitation process for these patients, sexual education is also significant for their better lifestyle after the trauma.

Married life happiness, pleasure, compassion exists between men and women which is typically related to the satisfaction of sexual desires. When sexual desire reduces gradually, and psychological changes occur in a person then it can be defined as Sexual Dysfunction. But the patient with SCI usually represents stress, depression, anxiety, and negative emotional response in their life. Sexual health is the chief factor which often impaired by SCI in person and had a negative impact on the quality of relationships and hampered their quality of life (Amidu et al., 2011).

Moreover, sexual adjustment does not rely solely on genital function or level of injury (D. Kathnelson et al., 2020). Several types of problems have arisen in these patients like decreased pleasure, ejaculatory dysfunction, loss of libido, inability to have orgasms, etc. (Cobo Cuenca et al., 2015).

Sexuality is an important part of self-identity. Person with SCI needs proper understanding about sexual function in their sexual lives during the rehabilitation program. The therapist or counselor concentrates on this issue to quality of life.

Research has been done in Bangladesh based on this area and over the world. The study which done in Bangladesh mentioned sexual health, level of knowledge. Also, other articles focus on the patient's depression and anxiety, impact of SCI on sexual desire, physical problems, quality of life regarding sexual dysfunction of men with SCI.

This area is not widely explored yet so, this study is significance for further research of this topic. This would be helpful to improve the quality of life, increase knowledge, awareness about this problem for those patients with SCI and the people in our society.

This study designed for explored the understanding of men with SCI regarding sexual

function during discharge from CRP, Savar.

1.2 Justification of the Study

SCI patients go through a variety of physical, emotional, and mental changes that affect their sexuality. For Bangladesh's society and culture, sexuality is a more delicate topic. Most of the people in our society tend to hide this sensitive issue. Because of their shyness, most individuals in our country avoid this important and sensitive issue and refuse to communicate it with others. After SCI, men with SCI and their partners must understand and address these sensitive issues. Moreover, it is simpler for members of the same gender to discuss this sensitive topic than the members of the opposite gender. Men with SCI need more knowledge concerning sexuality as part of their rehabilitation.

Sexuality is a part of activities of daily living (ADL). And an occupational therapist can work with a patient of their sexuality. If occupational therapists develop their knowledge about sexuality, they will be able to develop skills in the rehabilitation program for the client on this topic (American Occupational Therapy Association, 2008).

Sexuality is a wide zone for study. Not much research has been done in Bangladesh. That is why student researcher feels interesting in this area. Moreover, this research is significant for all the related professionals such as physicians, psychologists, counselors, therapists, and nurses to have adequate information about sexual functioning after SCI so that sexual education can be provided from the initial period of rehabilitation. Although the demand is growing for education, adequate knowledge, and proper training in the field of sexual rehabilitation, unfortunately, it still does not exist in all rehabilitation centres in our country. This research will help to spread the

importance of sexual rehabilitation to the related professionals at the rehabilitation centre, so that they can establish a structured rehabilitation program for this group of people.

1.3 Operational Definition

1.3.1 Spinal Cord Injury

A spinal cord injury (SCI) is damage to the tight bundle of cells and nerves that sends and receives signals from the brain to and from the rest of the body. It consists of temporary or permanent loss of sensory, motor functions after either traumatic or non-traumatic spinal cord damage (National Institute of Neurological Disorder and Stroke, 2021)

1.3.2 Sexual Dysfunction

Sexual dysfunction (also called psychosexual dysfunction) is defined as the inability of a person to achieve sexual satisfaction or sexual arousal under the appropriate circumstance, as a result of either psychological problems or physical disorders. According to World Health Organization (WHO) defines sexual dysfunction (SD) “Person’s inability to participate in a sexual activity as they would wish”.

1.3.3 Acceptance

In human psychology, acceptance refers to a person's willingness to accept the reality of a situation, to recognize a process or condition (often a negative or uncomfortable situation) without attempting to change it or protest it (Alqahtani, 2017).

1.3.4 Adjustment

Adjustment is a psychological term that refers to a person's ability to adapt to changes in their physical, professional, and social environments. Adjustment, in other words, is the behavioral act of balancing competing demands or needs that are being tested by impediments in the environment. Humans and animals both adjust to their environment

regularly (Bisagni, 2018).

1.3.5 Sexual Satisfaction

"Affective reaction emerging from one's subjective judgment of the positive and negative qualities linked with one's sexual relationship" was characterized as "sexual satisfaction." (Rokach & Patel, 2021)

CHAPTER II: Literature Review

This literature review is an overview of a few articles regarding on perception of sexual dysfunction among men with SCI. This review chapter depicts the evidence of type of sexual dysfunction, factors related to sexual health, the impact of SCI on sexual desire, desire to gain knowledge, level of satisfaction, depression, anxiety, and quality of life, impact of psychoeducation.

2.1 Type of Sexual Dysfunction

A case-control study was conducted in Spain including 165 men while 85 men with SCI and 80 men without SCI had sexual dysfunction. This study assesses the different types of sexual dysfunction. Among men with SCI 89.4% showed erectile dysfunction, and 75.2% reported anejaculation. On the other hand, among men without SCI 96.8% showed erectile dysfunction, and 58.7% had disorders of sexual desire (Cobo Cuenca et al., 2015). (Morrison et al., 2017) managed a cross-sectional study in Jamaica to determine the prevalence of sexual dysfunction in males with traumatic SCI. In this study, 62.8% of patients were diagnosed with severe ED, while 27.9% had mild. 76.8% were diagnosed with severe orgasmic dysfunction and 75.6% of men were diagnosed with mild sexual desire. Approximately 60.5% of the patients were diagnosed with severe dysfunction in their intercourse satisfaction. Approximately one-third (31.7%) were diagnosed with severe dysfunction in their overall satisfaction. Moreover, 14.6% were diagnosed with no dysfunction in their overall satisfaction. Only two patients had been offered treatment for ED. A Cross-sectional study included 37 male veterans with SCI administrated in Iran. This study was administrated to establish an understanding of the severity of erectile dysfunction. All participants had ED, and 27% were suffering from severe ED. Sleep deprivation and hypertension were significantly associated with

a higher risk of much severe ED. ED is a common problem in veterans with SCI and is inversely associated with their general health status (Khak et al., 2014).

2.2 Factors Related to Sexual Health

A study used both qualitative and quantitative methods and the quantitative part used a case-control design conducted in CRP, Dhaka, Bangladesh. The cases were women with SCI and the controls were age-matched women without SCI. The women with SCI were recruited through existing databases from CRP with spinal injury of traumatic or non-traumatic etiology. Their age between 18-50 years. This study was conducted to determine which factors had an independent effect on sexual health. This study mentions some factors which are related to sexual health. Those are;

2.2.1 Physical Factor:

Among women with SCI, 46% reported physical problems, and 16% of these reported persistent physical problems during sexual intercourse. The same percentage of women with physical problems reported physical discomfort associated with sexual intercourse. And 32% of the women with SCI reported about pain during intercourse. One woman with SCI mentioned about spastic legs which bother her a lot during sexual intercourse. Among the women with SCI, 77% were satisfied with their experience of sexual intercourse before the injury. After injury only 24% were satisfied. The main reason for not being satisfied was a lack of desire.

2.2.2 Emotional Factor:

Lack of fulfillment of a woman's sexual needs was strongly associated with poorer sexual health. If women were not satisfied with their sexual abilities, this reduced the perception of poor sexual health. The extent to which they perceived their husbands to be satisfied was also a strong determinant. Perceived dissatisfaction of the husband was associated with poorer sexual health.

2.2.3 Environmental Factor:

Of the women with SCI, 19% reported high extremely high levels of stigma. In all cases, stigma from the side of the husband was directed at the inability to have sex and to do the household activities, and to maintain a happy family life. However, stigma from the side of the in-law family and the community was more mentioned as a factor that influences the quality of sexual health. Nearly 90% of the women with SCI and the women who are physically able mentioned that they are coping with their situation as it is, even though they do face some difficulties regarding their sexual life.

2.2.4 Spiritual and Religious Factors:

Eighty-seven percent of the women with SCI reported that religion gave them support to face difficulties. Women also mentioned that God gave them strength and helped them to cope with their new sexual life. Nevertheless, 13% mentioned that they were disappointed and could not find a reason why God punished them since they did not commit any sin. In general, it became evident that religion played a major part in the lives of women with SCI as well as the same among the able-bodied women. In multivariate analysis, women who were less convinced that spiritual beliefs help in accepting difficulties in sexual life they were also less likely to have perceptions of poor sexual health.

2.2.5 Education:

Opinions about the importance of sexual health education were quite similar in both case and control groups. Ninety percent of the sample population emphasized that sexual health education was important. Experiences during data collection revealed that 60% of the women with SCI did not receive sexual health education from CRP. (Lubbers et al., 2012)

2.3 Impact of SCI on Sexual Desire

This research consisted of a descriptive, nonprobability, and comparative study, designed to assess the impact of spinal cord injury on men's sexual motivation. This study conducted in Brazil included 40 male patients with SCI and a control group composed of 50 able-bodied males. The study showed that there were no significant differences between participants before suffering their injury and the control group. Individuals of a control group, related to sexual desire, arousal, and orgasm perceptions in revealing homogeneity in responses. On examining the current sexual desire, arousal, and orgasm intensity levels in men with spinal cord injury and those in the control group there was no significant difference in sexual desire level (Cardoso et al., 2009).

2.4 Desire to Gain Knowledge

A study included 26 women with SCI conducted in Turkey to identify their level of knowledge about sexuality. In this study, the average age of women with SCI was 22-50 years. Eight patients with SCI reported they engaged in regular sexual intercourse, whereas one married woman did not have any sexual relationship after SCI. Only one woman after SCI had a baby, and the pregnancy of another patient mentioned about miscarriage. Twenty-four patients in this study received no information about pregnancy or sexual health after SCI. Only two patients received information when they actively demanded it, not as part of a routine consultation. Moreover, all women were willing to receive information about sexuality after SCI and most of them would have preferred to receive this information while they were still hospitalized. Among 26 patients with SCI, 1 preferred to receive information about sexuality and pregnancy from family members, 1 from nurses, and 24 from doctors. There were eight sexually active patients only. There were no statistically significant differences in age, time after injury, between women with and without sexual activity. Sexually active women are

interested to know information more frequently (Celik et al., 2014). (Morrison et al., 2017) Conducted a study to assess infertility in males with SCI which is already mentioned above. Most 71.1% of patients indicated that they wanted to have children in the future and only 2 4.4% women pregnant since their injuries. A mixed-method study was conducted in BHPI, CRP, Bangladesh including 30 women to explore the sexual knowledge and experience of women with spinal cord injury at the community level. Among the participant 23 was married before the injury, 7 was married after injury. The study result was who stay in the urban area their sexual happiness was more than those who stay in the rural area. Participants who married after injury their sexual happiness was more than who was married before the injury and significantly difference (Fatema Akter et al., 2019).

2.5 Level of Satisfaction, Depression, Anxiety, and Quality of Life

A cross-sectional survey administrated in Korea included 139 males with SCI. This study identifies sexual activity and perceived sexual satisfaction. A total of 90 participants were engaged in sexual activity. Among 90 sexually active males with SCI, 8 participants were sexually satisfied and 56 were unsatisfied. Lower levels of education were strongly associated with sexual dissatisfaction. Korean males with SCI showed low levels of satisfaction regarding sexual activities. Results also showed that socioeconomic factors had a greater impact on sexual activity than the degree of physical impairment (Choi et al., 2015). (Cobo Cuenca et al., 2015) conducted a study to assess the quality of life (QOL) and level of depression, anxiety which are already mentioned above. This study consisted of 2 groups of participants. In group A, 16.47% showed signs of depression, and 35.3% had signs of anxiety. In group B, 30% had elevated scores regarding depression, and 48.75% had high scores for anxiety. All the participants reported a high QOL and high satisfaction with their QOL but reported that

their satisfaction with their sexual lives was only at the acceptable level. Social QOL is significantly higher in the SCI group.

2.6 Impact of Psychoeducation

An interventional study including 11 participants was conducted to evaluate the impacts of a psychoeducational intervention in a personal growth group on the sexual life of people with SCI and their partners regarding their sexual interest and satisfaction, depression, and anxiety. The effectiveness of the psychoeducational intervention was apparent, showing a high effect size in improving sexual interest and satisfaction, and the ability to enjoy sexuality. A reduction of anxiety was also observed in all participants, although it may not have been related to the psychoeducational intervention. Moreover, the intervention significantly improved the ability to enjoy sexuality for the partner and patient group. No effect was found on depression. The positive, clear evidence of the validity of the Love & Life project's intervention bodes well for new psychoeducational initiatives (Federici et al., 2019).

CHAPTER III: Methodology

3.1 Research Questions

What is the understanding of men with SCI regarding sexual function during discharge from CRP, Savar?

3.1.1 Research Aim

To explore the understanding of men with SCI regarding sexual function during discharge from CRP, Savar.

3.1.2 Research Objectives

- To understand the change in sexual function after SCI
- To understand how the changes are affecting their day-to-day life
- To find out how they comprehend the treatments with SCI
- To understand how it is affecting their relationship with their partner

3.2 Ethical Considerations

- At first, the researcher has taken permission from the Institutional Ethical Review Board of BHPI through the Department of Occupational Therapy, BHPI.
- Participants were informed about the consent form & the researcher has taken consent before conducting the study.
- Any interviewees can withdraw their participation before the data analysis and this condition was also mentioned in the consent form.
- There was no risk of the participants and was no beneficence of the participants for providing the information.
- The researcher ensured that the information collected from the participants will remain confidential.

- The researcher was available to any research-related questions from the participant.

3.3 Research Design

In this study, the researcher followed the phenomenological study design of the qualitative approach. Because a phenomenological approach can help us better grasp the complexities of learning, behavior, and communication. Furthermore, it helps us to discern the meaning of a person's perception, knowledge, and lived experience (Neubauer et al., 2019). The phenomenological method allows for a better grasp of the meaning of a phenomenon as it pertains to the person. Through research, this technique unveils the phenomenon's underlying significance. The results of phenomenological research can help us to gain a better knowledge of the phenomena and, as a result, give evidence for improving healthcare practice (Khazaeipour et al., 2018). The student researcher identified the understanding of sexual function. From that point of view this approach suits in this study.

Qualitative research is used to understand people's experience, perception about something specific of their life and it involves collecting data to understand concepts, opinions, or perceptions. This method is used to find out depth insights (Bhandari, 2020). Since the research will identify the perception of SD so, this method fits in this study.

3.4 Study Setting

The study was conducted at the Centre for the Rehabilitation of the Paralyzed (CRP) during the discharge phase of the person with Spinal Cord Injury (SCI).

3.4.1 Study Period: April 2021- February 2022

3.5 Sampling Strategy

The study was a qualitative type of study. The researcher was interested to obtain a complete understanding of the phenomenon by analysing a range of participants' experiences. Purposive sampling (also known as judgmental, selective, or subjective sampling) is a non-probability sampling technique (Laerdcom, 2019). The purposive sampling method is used in qualitative studies to study the understanding of a specific population. In qualitative studies, the sample size is generally very small. The student researcher has followed the purposive sampling because participants have to fulfill the inclusion criteria.

3.5.1 Inclusion Criteria

- Men with SCI who are in the discharge phase in CRP.
- Age more than 21years
- Men who are currently married
- Men who received counseling from the in-patient rehabilitation unit
- Both paraplegia and tetraplegia

3.5.2 Exclusion Criteria

- The participants were recently diagnosed with severe physical illnesses that hamper the ability of the participants to communicate with the researcher at the time of data collection.

3.5.3 Participants Overview

For collect the data student researcher collect the list of seven participants and contact with them. Two participants was unwilling to participate in this study among seven. Five participants were included in this study. All participants were paraplegic.

Table 1 Participants' overview

Pseudo name	Age	Level of injury	Complete/Incomplete	Married life duration
Abrar	36	T12	Incomplete	11 years
James	34	T10	Incomplete	10 years
Shane	30	T4	Incomplete	3 years
Abraham	32	T5	Incomplete	6 years
Elias	35	T11	Incomplete	11 years

3.6 Participants' Recruitment Process

At first student researcher collected the list of participants from the In-patient rehabilitation department of CRP. Then called the participants to check if they fit with inclusion criteria of this research. Two participants was unwilling to participate. Five participants were selected from the list. Then student researcher fixed a date and time with the participant according to his availability to conduct the interview.

3.7 Data Collection Method

To conduct this study student researcher collected the data through a face-to-face interview. Because face-to-face interview also called an in-person interview, is the most popular and best form of data collection. Face-to-face interviews help with more accurate screening. To individual being interviewed is unable to provide wrong information during screening questions such as gender, age, or race. This is an easy way for depth data collection because the student researcher will be able to identify and understand the body gesture and facial expressions of the interviewee's which would not be possible in a virtual interview. Moreover, participants' emotions and behavior can be captured through this process (Charlie Marshall, 2016). In-depth semi-structured interview was used for this study which encouraged the interviewee to talk freely about specific pre-determined topic.

In-depth semi-structured processes are also an effective method for collecting qualitative open-ended data, to explore participant's thoughts, feelings, and beliefs about a particular topic, to perceive deeply personal and sensitive issues (Jamshed, 2014). For all this convenience, a face-to-face semi-structured interview is fit for this study from the view of the student researcher. The student researcher collected the data independently. At first, the researcher went to CRP halfway hostel and introduced the participants. Then researcher took the opinion of the participants who were showing interest. Then student researcher fixed a date and time with the participant. Before data collection, the student researcher selected a quiet place where participants felt relaxed and were able to give adequate concentration & information during an interview. The researcher ensured that nobody was present during the interview at the interview place. At the first of the collecting data, the researcher has informed the participants about the consent form and information sheet. Then student researcher was spent a few times with the participants to build rapport. Then the researcher explained the research title, aim, and objectives of the study to gain the participant's trust. Trust is a very important part of an interview. Because if the participants feel uneasy discussing their sensitive issue, then they may hide the truth and important information. After that researcher collected the socio-demographic information from the participant. Then the researcher started asking questions according to the 'interview guide'. The interview was conducted in Bangla so that the participants could easily understand. The answers of participants were recorded by audio recorder. Time range was 15-20 minutes for each interview.

3.7.1 Data Collection Instruments

- A Self-developed interview question was used by the student researcher to collect data from the patients.
- An audio recorder was used for recording the conversation of the participant.

3.8 Data Analysis

The student researcher analyzed the data according to Clarke and Braun six steps thematic analysis. Student researchers familiarize the data at the first step by taking interviews, transcript data in verbatim, translating data, and thoroughly reading first to last to understand the meaning and pattern. In the second step, the student researcher generates initial codes by marking the interesting area about the participant. Then from the initial code student researcher search for theme in the third step. This theme was based on the common code among all participants. The fourth step was reviewing the theme. In this step investigator refined and reviewed the theme by justifying enough data. If necessary, then also create a sub-theme under the main theme. At the fifth step student researcher defined and named the theme. By which name theme represent the whole section what described under the theme. Finally, the student researcher produced a report according to the theme in the sixth step. The purpose of thematic analysis is to find out participants' views, opinions, knowledge, experience about something (Clarke & Braun, 2016). Since the student researcher explored the understanding and knowledge of SD of men with SCI. So, thematic analysis was the proper way for analyzing the data.

3.9 Trustworthiness

This study was conducted through trustworthiness or rigorous manner. All the steps in the research were conducted systematically under the supervision of an experienced supervisor. At the time of data collection and data analysis, the student research never tries to influence the result by his own value or perspectives. During the interview the researcher always asked open-ended questions, no leading questions were asked, and the student researcher did not interrupt the participants during answering the questions. Data of the participants were recorded carefully, and the student researcher accepted

the answers of the participants whether they would deliver without giving them any impression. The student researcher prepared the transcript from the field notes and audio recording. Soon after the interview, it was written. Translation was completed by two people to avoid biasness, then the student researcher completed the same translation to reduce mistakes and finally all translations were compared. The researcher has checked the translated data several times so that no information was missed. All the notes are kept safe to maintain confidentiality. In the result section, the researcher did not influence the outcome by showing any personal view.

CHAPTER IV: Results

In this study all participants are paraplegic. In the result section, nine main themes that emerged from the data analysis included: feeling about sexual dysfunction, problem regarding sexual dysfunction, type of treatment for regaining sexual feeling, proper positioning of sexual engagement, sexual knowledge after treatment, relationship with partner, impact of sexual dysfunction on daily life, psychological condition before and after treatment and importance of sexual function.

Table 2: Overview of results

Themes	Sub-themes
Feeling about sexual dysfunction	
Problem regarding sexual dysfunction	Erection and ejaculation
	Semen quality
	Urination
Type of treatment for regaining sexual feeling	Visual stimulation
	Therapy
	Medication
	Counseling
Proper positioning of sexual engagement	
Sexual knowledge after treatment	
Relationship with partner	Partner's collaboration
	Role of partner
Impact of sexual dysfunction on daily life	Social Attitude
Psychological condition before and after treatment	
Importance of sexual function	

4.1 Theme one: Feeling about Sexual Dysfunction

All the participants reported that their sexual power was affected after injury. Their sexual feelings were poor. Therefore, they did not have any biological feelings after the injury. They noticed a huge change in their sexual function. James stated that- “my sexual desire has come down than before.” Participants also said that they were unable to participate due to physical disability. Abrar stated that-

“After the injury, I cannot add myself to the sexual activity freely as before. Because I was very strong physically before the accident. But now I am physically weak after the injury. I was not able to participate as fully as before”.

4.2 Theme two: Problem regarding Sexual Dysfunction

Men with SCI in this study reported different types of problems due to sexual dysfunction. For this type of problem, they could not participate in sexual activity successfully.

4.2.1 Sub-theme one: Erection and Ejaculation

Men with SCI in this present study reported about few problems during intercourse due to sexual dysfunction. The common problem among them was decreased erection. Penis became soft within a few moments. If the penis were erect, then it took time to ejaculate. Abrar stated that-

“During the participation in sexual activity, I have seen that my penis was erect but decreased time of erection. Moreover, even if the penis erection fast, they would become numb after a while. After that, I discuss about this problem with the counselor sir & he suggests me an idea. But I did not have to use the method. But later, when we engage again in sexual activity, I have seen that my penis was not numb, but did not ejaculate. I will go to sir again tomorrow”.

4.2.2 Sub-theme two: Semen Quality

The participants also said that during the time of ejaculation they noticed semen quality. Semen was always thin. It is also known that they could not feel when semen come out as before. Abraham said that- “Yes, I do not feel that way now. It doesn't come out the way it used to. It could be understood as it used to be, but now it is not understood. Now it is over with a little pain”. Abrar stated that-

Moreover, they are aware that their partner could not conceive a baby due to thin semen during rehabilitation.

4.2.3 Sub-theme three: Urination

The problem of urination was also known by the participants during intercourse. They reported when their penis erects at the very moment start urination. For that their penis became smaller again like before and they could not participate in sexual activity. James stated that-

“Yes, I have tried many times to have sex but not like before. I am currently getting a lot of feelings for participating in sex this week. But my problem remained in urination. When I have sex with my wife, at the very moment I start urinating, my penis becomes dull like before. On this side, I am suffering from a little weakness.”

4.3 Theme three: Type of Treatment for Regaining Sexual Feeling

In this study men with SCI took different treatment and step for their sexual dysfunction. They follow several ways for regaining their sexual feeling like visual stimulation, medication, therapy, counseling, etc.

4.3.1 Sub-theme one: Visual Stimulation

Participants tried to get feelings by watching pornography. Also reported that it helped them a little to get excited. Shane stated that- “when I saw pornography, I felt a little excited after half an hour of watching it.”

4.3.2 Sub-theme two: Therapy

In this study, men with SCI reported that they practiced chest pushups. For that, they felt physically lighter, and helps to prepare them physically to participate in sexual activity. Moreover, they massage their penis 8 to 10 times a day for five minutes. James stated that- “The therapists who are here give us treatments like chest pushups. Our body has become much lighter after taking these treatments from them.”

4.3.3 Sub-theme three: Medication

Medicine plays an important role in increasing sexual function. Men with SCI reported that they got some feelings after taking medicine. James stated that- “after taking some medicine to participate in sexual activities I had a little feeling.”

4.3.4 Sub-theme four: Counseling

Men with SCI reported that after taking counseling they become motivated. After getting motivation they have hope for their future life. Now they treat this problem positively. They have no more fear about it. James stated that-

“I have received a lot of help and cooperation from here. Our Councilor Sir has helped us a lot. We got a lot of courage with the help of Sir. Sir has told us that this is not a problem. This problem can be cured by using some medicine.”

4.4 Theme four: Proper Positioning of Sexual Engagement

Though men with SCI were unable to participate in sexual activity as before so they need to maintain the appropriate way. Therefore, participants reported that they cannot get up top of their wife, so their wife gets on top of them. During participation, they maintain the proper positioning. Moreover, they learn about positioning during rehabilitation and how to participate in sexual activity without giving any pressure to their spinal cord. Abraham stated that- “I have been trained to have sex without any pressure for spinal cord injury.”

4.5 Theme five: Sexual Knowledge after Treatment

After taking treatment men with SCI are aware of the importance of natural feelings for sexual interest. They also know medicine has some side effects. Always medicine is not good for people to gain their feeling. In their opinion, regular therapy, and healthy food also play an important role in their physical health. Abrar stated that-

“Since I have been in the hospital for a long time, I have some physical weakness. Energy is reduced due to limited diet & regular therapy. For this reason, the excitement in the body to engage in sexual activity comparatively is less. But mentally the interest is the same as before. Moreover, after going home, I hope that the interest will increase if I eat well & take medicine.”

4.6 Theme six: Relationship with Partner

Sexual activity is an integral part of life. Married life happiness depends on sexual satisfaction. So, a relationship with the partner is most important to sexual participation for men with SCI. Men with SCI need partners' help, support, cooperation for a successful sexual engagement. Moreover, in these cases partner needs to play the main role.

4.6.1 Sub-theme one: Partner's Collaboration

Men with SCI in this study reported about their partner's support. Their partners help them to engage in sexual activity. At the initial stage after SCI their partner was being tensed, felt bad, and dissatisfied. But now their partners accepted this from the bottom of their hearts. Participants said that their partner encourage them now. Elias stated that-

“Yes, she supports. She helps and cooperates with me.”

4.6.2 Sub-theme two: Role of Partner

For men with SCI the role of the partner is vital to participate in sexual activity. Partners need to prepare their husbands for sexual activity through various techniques. From the

opinion of men with SCI in this study, they were unable to do participate in sexual activity now as before. It depends on their partner. If their partner takes an initiative and performs the main role, then it is possible. James stated that-

“My wife helped me a lot to participate in sex. Besides, my wife does all the things like touching and kissing, all that is needed to participate in sex. My wife does not think this is a problem for me. My wife has a lot of interest in participating in sex. My wife has been helping me a lot.”

4.7 Theme seven: Impact of Sexual Dysfunction on Daily Life

In this study men with SCI stated that sexual dysfunction does not affect their daily life as much. There is nothing else except little tension. At first, they became depressed but now they do not suffer from depression.

4.7.1 Sub-theme one: Social Attitude

Men with SCI faced bullying from the community. Community people used to say his disability and sexual dysfunction. They pinch the man with SCI that his wife leaves him due to his sexual problems. James stated that-

“Yes, people in my village used to say my wife would leave me. I was very afraid when I have heard those words. Friends never told me these things. Older people in the village, especially women, used to say such things. But they never spoke these things in front of me. They used to say the words behind me. Those who heard them say these words would come and have told me again.”

4.8 Theme eight: Psychological Condition before and after Treatment

Men with SCI in this study stated that they were tensed, mentally upset in the initial stage of their injury. They were worried about their future life. They felt upset to think that they could not continue their married life, they could not satisfy their wife fully. Before treatment, they did not have any sensation in sexual activity. But after taking

treatment they reported that they had not any more fear about sexual dysfunction. Now they got a lot of courage toward sexual activity after counseling. James stated that-

“I am very satisfied after learning about sexual functions. Now I have no more fear. I feel a little brave now. I got the right idea. Now a lot of courage has come into my mind. I realized that I could still spend life with my wife.”

4.9 Theme nine: Importance of Sexual Function

All the men with SCI in this study reported that they want to solve their problem by getting treatment. Sexual function is a vital part of their life. Moreover, one participant shared that being well from this problem is most important for a new married couple. Because the couple who had no baby this problem is a big issue for them. But for those who have children, this is not serious for them. Every participant was eager to gain more knowledge about their sexual dysfunction. Shane stated that- “No, previous patient. They had taken a baby after a spinal cord injury. I mean, I do not have a baby, so I want to know what happened.”

Abrar stated that-

“We do not have any mental stress. Because we have been married for 10 years & we have now 3 children. Because of this reason, we do not have any mental stress. But if we are a newly married couple or we do not have any children, then it could be a serious problem maybe.”

CHAPTER V: Discussion

The study presented here the understanding of sexual function among men with SCI during discharge from the CRP. Five men with SCI participated in this study. The study identified nine themes that emerged from the transcript of the participant.

The study showed the feeling of sexual desire of men with SCI due to disability. They had zero feelings toward sexual activity. They noticed a huge change in their sexual function. The study in another country showed the same findings that SCI greatly impacts on sexual function among men with SCI (Cardoso et al., 2009). This study finds out the problem regarding sexual dysfunction. Men with SCI reported their quality of erection and ejaculation. Since this study follows the qualitative method so, this study did not mention the rate of their problem. But the previous study showed the percentage of problems regarding sexual dysfunction of men with SCI. Among men with SCI 89.4% showed erectile dysfunction, and 75.2% reported an ejaculation. On the other hand, among men without SCI 96.8% showed erectile dysfunction, and 58.7% had disorders of sexual desire (Cobo Cuenca et al., 2015). The study showed that 62.8% of patients were diagnosed with severe ED, while 27.9% had mild and 76.8% were diagnosed with severe orgasmic dysfunction, and 75.6% of men were diagnosed with mild sexual desire (Morrison et al., 2017). All participants had ED, and 27% were suffering from severe ED. ED is a common problem in veterans with SCI and is inversely associated with their general health status (Khak et al., 2014). Men with SCI also mentioned their semen quality in this study. They reported their semen was thin. For this thin semen quality, women cannot conceive babies. Men with SCI of this study also reported problems of sudden urination during intercourse. No study mentioned the semen quality and the urination problem of men with SCI in the previous study.

This study finds that the partner was supportive, cooperative, and helpful with the men with SCI. Men with SCI reported that they need their partner's help, support, cooperation for a successful sexual engagement. Their partner helps them to engage in sexual activity. Their partners accepted the problem of sexual dysfunction from the bottom of their hearts. Moreover, partners of men with SCI play an important role in sexual engagement. Though men with SCI are unable to participate in sexual activity as before due to disability so proper sexual engagement depends on their partner. Partners need to take initiative to perform sexual activity. No study finds this result of partner's cooperation and role of partner in sexual activity.

In this study men with SCI stated that sexual dysfunction does not affect their daily life as much. At first, they became depressed but now they do not suffer from depression. The study finds out the level of satisfaction, depression, quality of life of men with SCI who had sexual problems. In the study, results showed that lower levels of education were strongly associated with sexual dissatisfaction. Males with SCI showed low levels of satisfaction regarding sexual activities. Results also showed that socioeconomic factors had a greater impact on sexual activity than the degree of physical impairment (Choi et al., 2015). In another study, all the participants reported a high QOL and high satisfaction with their QOL but reported that their satisfaction with their sexual lives was only at the acceptable level. Social QOL is significantly higher in the SCI group (Cobo Cuenca et al., 2015). Men with SCI receive several types of treatment like exercise, therapy, visual stimulation (pornography), medication, counseling for regaining sexual feelings in this study. Maintaining proper positioning is very important for men with SCI. In this study, men reported that aware of maintaining proper positioning during rehabilitation. After taking treatment men with SCI are aware about the importance of natural feelings for sexual interest. They also know medicine has

some side effects. Always medicine is not good for people to gain their feeling. In their opinion, regular therapy, and healthy food also play an important role in their physical health. Moreover, men in this study shared about their feeling after getting treatment. After taking treatment they reported that they had not any more fear about sexual dysfunction. Now they got a lot of courage toward sexual activity after counseling. No study mentioned about treatment type, sexual knowledge, psychological health after getting treatment of men with SCI.

This study result is not generalized since the study population was very small. Therefore, this study did not find out the rate of problems regarding sexual dysfunction. Level of satisfaction, anxiety, quality of life due to sexual dysfunction were not also revealed in this study. Therefore, further research is needed to find out the rate of problems regarding sexual dysfunction among men with SCI. Research can also be published on the percentage of satisfaction, quality of life of men with SCI regarding sexual dysfunction.

The result of this study could be generalized if the population was large. With a small population, it is not possible to generalize the result among the whole SCI group of men with sexual dysfunction.

CHAPTER VI: Conclusion

6.1 Strength

- There has been few research on this phenomenon of male with SCI in Bangladesh.
- This research followed the proper method to achieve the aim and objective.
- This study will help in further research on this phenomenon in future.

6.1.1 Limitation

There are some limitations that the student researcher has considered during the time of the study.

- The major limitation of this study is sample size was less. Only 5 samples were taken to conduct this study which was not enough to generalise the study findings.
- There was limited information because enough articles and literature were not available about men with SCI regarding knowledge about sexual function in Bangladesh.
- There would be any mistakes due to little experience of student researcher.

6.2 Practice Implication

In terms of sexuality people with SCI, occupational therapists should implement a boarder role and address this during the treatment session. An OTs work with the patient in ADLs. In OT treatment sessions needs more sexual knowledge to be included because it is a part of ADLs. In case, occupational therapists include sexuality as a treatment part it will highlight the OT practice. OT should involve patients with SCI and their partners in counseling about sexual activity and facilitate them to participate in sexual activity. OTs need to pay more attention on this issue during the rehabilitation period.

6.2.1 Recommendation for Current Practice:

- According to CRP current practice patient get only 15 days as time of treatment session of sexual function which should increase one or two month so that they get enough time to broad their understanding.
- Few participants do not get the chance of sexual engagement during treatment session for lack of room facility. Room should be increase for the patient so that they can engage in sexual activity.

6.2.2 Recommendation for Further Research:

The researcher recommends that OT needs to conduct various research related to this topic in depth. This may involve:

1. A study to find out a person with SCI and their partner's satisfaction about their sexual lives following spinal cord injury.
2. Understanding on sexual function among females with SCI during discharge from the CRP.
3. Find out the value of OT professionals and OT student practice in term sexuality during treatment sessions.
4. Further study should be conducted with a large number of participants. It will be easier to generalize the result.

6.3 Conclusion

Sexuality is one of the most important activities of daily living. The SCI patients face difficulty participating in sexual activity with their partner because of decreased ability to participate, decreases time of genital erection, genital stiffness does not long last, and decreased ejaculation. Due to SCI, their sexuality has gotten to be altogether changed. The individual with an SCI has no choice but to use caution in respect to appropriate positioning and needs the partner's support during performing sexual activity. Partner

always helps them during intercourse.

Sexual dysfunction with spinal cord injury affects an individual physically, psychologically, socially. It should be considered that it is necessary to provide more information during the rehabilitation period. All men with SCI have received education about sexual function from CRP to complete their rehabilitation program. They receive several types of treatment like therapy, medication, counseling, etc. They gain knowledge about the positioning of sexual engagement. All the men with SCI share their ideas about their sexual lives. Most of the men are satisfied about their sexual knowledge that they receive from CRP during rehabilitation. Overall participants' understanding regarding sexual dysfunction was explored in this study.

List of Reference

- Amidu, N., Owiredu, W., Gyasi-Sarpong, C., Woode, E., & Quaye, L. (2011). Sexual dysfunction among married couples living in Kumasi metropolis, Ghana. *BMC Urology*, 11(1). <https://doi.org/10.1186/1471-2490-11-3>
- Cardoso, F., Savall, A., & Mendes, A. (2009). Self-awareness of the male sexual response after spinal cord injury. *International Journal of Rehabilitation Research*, 32(4), 294-300. <https://doi.org/10.1097/mrr.0b013e3283106ab7>
- Celik, E., Akman, Y., Kose, P., Arioglu, P., Karatas, M., & Erhan, B. (2014). Sexual problems of women with spinal cord injury in Turkey. *Spinal Cord*, 52(4), 313-315. <https://doi.org/10.1038/sc.2013.16>
- Choi, Y., Kang, J., & Shin, H. (2015). Sexual activity and sexual satisfaction in Korean men with spinal cord injury. *Spinal Cord*, 53(9), 697-700. <https://doi.org/10.1038/sc.2015.55>
- Cobo Cuenca, A., Sampietro-Crespo, A., Virseda-Chamorro, M., & Martín-Espinosa, N. (2015). Psychological Impact and Sexual Dysfunction in Men with and without Spinal Cord Injury. *The Journal of Sexual Medicine*, 12(2), 436-444. <https://doi.org/10.1111/jsm.12741>
- D. Kathnelson, J., Kurtz Landy, C., S. Ditor, D., Tamim, H., & H. Gage, W. (2020). Examining the psychological and emotional experience of sexuality for men after spinal cord injury. *Cogent Psychology*, 7(1), 1722355. <https://doi.org/10.1080/23311908.2020.1722355>
- Fatema Akter, M., Rahman, E., Obaidul Haque, M., & Habibur Rahman, M. (2019). Sexual Knowledge and Experience of Women with Spinal Cord Injury in the Community Level in Bangladesh. *Science Research*, 7(3), 33. <https://doi.org/10.11648/j.sr.20190703.11>
- Federici, S., Artegiani, F., Pigliautile, M., Antonelli, P., Diotallevi, D., Ritacco, I., & Maschke, R. (2019). Enhancing Psychological Sexual Health of People with Spinal Cord Injury and Their Partners in an Italian Unipolar Spinal Unit: A Pilot Data Study. *Frontiers In Psychology*, 10. <https://doi.org/10.3389/fpsyg.2019.00754>

- Khak, M., Hassanijrdehi, M., Afshari-Mirak, S., Holakouie-Naieni, K., Saadat, S., Taheri, T., & Rahimi-Movaghar, V. (2014). Evaluation of Sexual Function and Its Contributing Factors in Men with Spinal Cord Injury Using a Self-Administered Questionnaire. *American Journal of Men's Health*, 10(1), 24-31. <https://doi.org/10.1177/1557988314555122>
- Latella, D., Maggio, M., Manuli, A., Militi, D., & Calabrò, R. (2019). Sexual dysfunction in male individuals with spinal cord injury: What do we know so far?. *Journal Of Clinical Neuroscience*, 68, 20-27. <https://doi.org/10.1016/j.jocn.2019.07.038>
- Lubbers, N., Nuri, R., Van Brakel, W., & Cornielje, H. (2012). Sexual Health of Women with Spinal Cord Injury in Bangladesh. *Disability, CBR & Inclusive Development*, 23(3), 6. <https://doi.org/10.5463/dcid.v23i3.60>
- Morrison, B., White-Gittens, I., Smith, S., St John, S., Bent, R., & Dixon, R. (2017). Evaluation of sexual and fertility dysfunction in spinal cord-injured men in Jamaica. *Spinal Cord Series and Cases*, 3(1). <https://doi.org/10.1038/scsandc.2017.26>
- Park, S., Elliott, S., Noonan, V., Thorogood, N., Fallah, N., Aludino, A., & Dvorak, M. (2016). Impact of bladder, bowel, and sexual dysfunction on health status of people with thoracolumbar spinal cord injuries living in the community. *The Journal of Spinal Cord Medicine*, 40(5), 548-559. <https://doi.org/10.1080/10790268.2016.1213554>
- Virseda-Chamorro, M., Salinas-Casado, J., Lopez-Garcia-Moreno, A., Cobo-Cuenca, A., & Esteban-Fuertes, M. (2013). Sexual dysfunction in men with spinal cord injury: a case-control study. *International Journal of Impotence Research*, 25(4), 133-137. <https://doi.org/10.1038/ijir.2013.1>
- Clarke, V., & Braun, V. (2016). Thematic analysis. *The Journal of Positive Psychology*, 12, 297-298. <https://doi.org/DOI: 10.1080/17439760.2016.1262613>
- Face-to-Face Interviews - Advantages and Disadvantages. *Linkedin.com*. (2021). Retrieved 9 October 2021, from <https://www.linkedin.com/pulse/face-to-face-interviews-advantages-disadvantages-charlie-marshall>.

- Laerdcom. (2019). Laerdcom. Retrieved 7 September 2019, from <http://dissertation.laerd.com/purposive-sampling.php>
- Khazaeipour, Z., Nikbakht-Nasrabadi, A., Mohammad, N., Salehi-Nejad, A., & Shabany, M. (2018). The childbearing experience of women with spinal cord injury in Iran: a phenomenological study. *International Spinal Cord Society*. <https://doi.org/org/10.1038/s41393-018-0162-3>
- Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5(4), 87-88. <https://doi.org/DOI:10.4103/0976-0105.141942>
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspect Med Educ*. <https://doi.org/https://doi.org/10.1007/s40037-019-0509-2>
- Rokach, A., & Patel, K. (2021). Sexuality and relationships. *Human Sexuality*, 379-406. <https://doi.org/10.1016/b978-0-12-819174-3.00014-0>
- Scott, T. (2021, September 1). *Spinal Cord Injury Facts and Figures*. United Spinal Association. <https://unitedspinal.org/spinal-cord-injury-facts-and-figures/#:%7E:text=General%20Stats,new%20SCI%20cases%20are%20male.>
- Spinal cord injury*. (2013, November 19). <https://www.who.int/news-room/fact-sheets/detail/spinal-cord-injury>
- Eglseder, K., Webb, S., & Rennie, M. (2018). Sexual Functioning in Occupational Therapy Education: A Survey of Programs. *The Open Journal of Occupational Therapy*, 6(3). <https://doi.org/10.15453/2168-6408.1446>
- Spinal Cord Injury Information Page | National Institute of Neurological Disorders and Stroke*. (n.d.). <https://www.ninds.nih.gov/Disorders/All-Disorders/Spinal-Cord-Injury-Information-Page>.

<https://www.ninds.nih.gov/Disorders/All-Disorders/Spinal-Cord-Injury-Information-Page>

Alqahtani, F. (2017). The acceptance of corporate wiki use for knowledge diffusion purposes. *Aslib Journal of Information Management*, 69(6), 642-659. <https://doi.org/10.1108/ajim-04-2017-0088>

Bisagni, F. (2018). Wiki-analysis: speed, adaptation and subjectivity in a liquid world. *Journal Of Analytical Psychology*, 63(5), 599-618. <https://doi.org/10.1111/1468-5922.12447>

APPENDICES

Appendix A

Ethical Approval Letter



বাংলাদেশ হেল্থ প্রফেশন ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)

Ref:

CRP/BHPI/IRB/11/2021/535

Date:

18/11/2021

To
 Ashish Sutradhar
 4th Year B.Sc. in Occupational Therapy
 Session: 2016-2017 Students ID: 122160210
 BHPI, CRP, Savar, Dhaka- 1343, Bangladesh

Subject: Approval of the research project proposal “Understanding of Men with Spinal Cord Injury regarding Sexual Function during Discharge from CRP, Savar” by ethics committee.

Dear Ashish Sutradhar,

Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator Md. Julker Nayan as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Questionnaire (English and Bengali version)
3	Information sheet & consent form.

The purpose of the study is to determine the understanding of men with Spinal Cord Injury regarding sexual function during discharge from CRP, Savar. The study involves use of self-developed interview question to explore the experience that may take 20 to 30 minutes and there is no likelihood of any harm or benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 9:15 AM on 15th September, 2021 at BHPI 29th IRB Meeting.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
 Associate Professor, Dept. of Rehabilitation Science
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

CRP-Chapain, Savar, Dhaka-1343, Tel : 7745464-5, 7741404

E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd, www.crp-bangladesh.org

Appendix B

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy
CRP-Chapain, Savar, Dhaka-1343, Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Code no-

Participants Information and Consent sheet

Research topic: Understanding of men with spinal cord injury regarding sexual function during discharge from CRP, Savar

Researcher: Ashish Sutradhar, B.Sc. in Occupational Therapy (4th year), Session: 2016-2017, Bangladesh Health Professions Institute.

Supervisor: Md. Julker Nayan, Associate Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Place of Research: This research will be conducted in CRP, Savar.

Information sheet:

Introduction:

I am Ashish Sutradhar, student of 4th year B.Sc in Occupational Therapy, session (2016-2017) studying in Bangladesh Health Professions Institute, CRP. To complete B.Sc in Occupational Therapy from BHPI, it is mandatory to conduct a research project in 4th year. This research project will be done under the supervision of Md. Julker Nayan, Associate Professor, Department of Occupational Therapy. The purpose of the research project is to explore the Understanding of men with spinal cord injury regarding sexual function during discharge from CRP, Savar. Therefore, I am inviting you to participate in this research. Your valuable participation would strengthen this research project. The detail of the research is written in this information sheet. If you find it difficult to understand the content or if you need to know more about something, you can freely ask.

Research Background and Objectives:

The general purpose of the study is to explore the Understanding of men with spinal cord injury regarding sexual function during discharge from CRP, Savar. You are being invited to be a part of this research because in Bangladesh, there are no research on understanding about sexual function among men with SCI. Therefore, I am interested to know more about this area. Your information will be helpful to understand the knowledge of sexual function through your voluntary participation in this study.

Let's know about the topic related to participation in this research work:

Before signing the consent form, the details of managing the research project will be presented to you in detail through this participation note. If you want to participate in this study, you will have to sign the consent. If you ensure the participation, a copy of your consent will be given to you. Your participation in this research project is

voluntary.

The benefits and risks of participation:

There will be no risk and beneficence for your participation in this research project.

Confidentialities of information:

By signing this consent, you are allowing the research staff to study this research project to collect and use your personal information, such as name, address, contact number. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researcher and supervisor will be able to access this information directly. Symbolic ways identified data will be used for the next data analysis. Information sheets will be kept into a locked drawer. Electronics version of data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop. In any publication and presentation, the information will be provided in such a way that it will remain confidential.

Information about promotional result:

It is expected that the results of this research project will be published and presented in different forums like various social media, websites, conference, discussion, and reviewed journals.

Source of funding to manage research:

The cost of this research will be spent entirely by researchers own funds.

Information about withdrawal from participation:

Despite your consent, you can withdraw your participation before the data analysis. We encourage you to inform the reason. But if you do not wish to let us know, please mention it on the withdrawal paper.

Contact address with the researcher:

If you have any question about the research, you can ask me now or later. If you wish to ask question later, you may contact any of following: Ashish Sutradhar, B.Sc in Occupational Therapy, Department of Occupational Therapy and Contact number: 01679459867.

Complaints:

If there is any complaint regarding the conduct of this research project, contact with the Association of Ethics (CRP/BHPI/IRB/11/2021/535). This proposal has been reviewed by institutional Review Board (IRB), Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh, whose task is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

Participant's Withdrawal Form
(Applicable only for voluntary withdrawal)

Reason for withdrawal (optional):

.....
.....
.....
.....
.....
.....
.....

Whether permission to previous information is used?

Yes/No

Participant's Name:

Date:

Consent form

For Participants who are taking part in interviews:

Please read the following statements and put tik (✓) on yes or no to say that you understand the content of the information sheet, your involvement, and that you agree to take part in the above-named study.

1. I confirm that I have understood the information Sheet for the study or that it has been explained to me and I have had the opportunity to ask questions. -----Yes / No
2. I have satisfactory answers to my questions regarding with this study. -----Yes / No
3. I understand that participation in the study is voluntary and that I am free to end my involvement before the data analysis, or request that the data collected in the study be destroyed before data analysis. -----Yes / No
4. Information from interview might be examined by research supervisor. However, all personal details will be treated as highly confidential. I have permitted the investigator and supervisor to access my recorded information. -----Yes / No
5. I have sufficient time to come to my decision about participation-----Yes / No
6. I agree for quotations from my interviews to be used in the above study-----Yes / No
7. I agree to take part in the above study-----Yes / No

Participant's name:

Date:

Investigator

I have explained the study to the above participant precisely and she has indicated a willingness to take part.

Investigator's signature:

Date:

বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই) অকুপেশনাল থেরাপি বিভাগ

সিআরপি- চাপাইন, সাভার, ঢাকা- ১৩৪৩ টেলি: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪,
ফ্যাক্স: ০২-৭৭৪৫০৬

কোড নং:.....

অংশগ্রহণকারীদের তথ্য এবং সম্মতি পত্র

গবেষণার বিষয়: সাভার সিআরপি থেকে ছাড়পত্র নেওয়ার সময় এসসিআই আক্রান্ত পুরুষদের যৌন ফাংশন সম্পর্কিত জ্ঞান।

গবেষক: আশীষ সুত্রধর, বি.এসসি. ইন অকুপেশনাল থেরাপিতে (৪র্থ বছর), সেশন: 2016-2017, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট।

সুপারভাইজার: মোঃ জুলকার নয়ন, সহযোগী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট।

গবেষণার স্থান: গবেষণাটি সাভার সিআরপি তে পরিচালিত হবে।

তথ্য শীট:

ভূমিকা:

আমি আশীষ সুত্রধর, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট, সিআরপি-তে অকুপেশনাল থেরাপি সেশনের(2016-2017)বিএসসি চতুর্থ বর্ষের ছাত্র।বিএইচপিআই থেকে অকুপেশনাল থেরাপিতে বিএসসি সম্পন্ন করতে, চতুর্থ বছরে একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। অকুপেশনাল থেরাপির সহযোগী অধ্যাপক মোঃ জুলকার নয়নের তত্ত্বাবধানে এই গবেষণা প্রকল্পটি করা হবে। গবেষণা প্রকল্পের উদ্দেশ্য হল সিআরপি থেকে ছাড়পত্র নেওয়ার সময় এসসিআই আক্রান্ত পুরুষদের যৌন ফাংশন সম্পর্কিত জ্ঞান সম্পর্কে জানা। আমি আপনাকে এই গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানাচ্ছি। আপনার মূল্যবান অংশগ্রহণ এই গবেষণা প্রকল্পকে শক্তিশালী করবে। এই তথ্য পত্রে গবেষণার বিস্তারিত লেখা রয়েছে। আপনার যদি বিষয়বস্তু বুঝতে অসুবিধা হয় বা আপনার যদি কিছু সম্পর্কে আরও জানার প্রয়োজন হয় তবে আপনি নির্দিধায় জিজ্ঞাসা করতে পারেন।

গবেষণার পটভূমি এবং উদ্দেশ্য:

গবেষণার সাধারণ উদ্দেশ্য হল সিআরপি থেকে ছাড়পত্র নেওয়ার সময় এসসিআই আক্রান্ত পুরুষদের যৌন ফাংশন সম্পর্কিত জ্ঞান সম্পর্কে জানা। আপনাকে এই গবেষণার অংশ হওয়ার জন্য আমন্ত্রণ জানানো হচ্ছে কারণ বাংলাদেশে, এসসিআই সহ পুরুষদের মধ্যে যৌন সম্পর্কিত জ্ঞান এর ধারণা নিয়ে কোনও গবেষণা নেই। তাই আমি এই বিষয় সম্পর্কে

আরো জানতে আগ্রহী। আপনার তথ্য এই গবেষণায় আপনার স্বেচ্ছায় অংশগ্রহণের মাধ্যমে গর্ভাবস্থা এবং প্রসবকালীন সময়ের অভিজ্ঞতা প্রকাশ করতে সহায়ক হবে।

চলুন জেনে নিই এই গবেষণা কাজে অংশগ্রহণ সংক্রান্ত বিষয় সম্পর্কে:

সম্মতি পত্রে স্বাক্ষর করার আগে, গবেষণা প্রকল্প পরিচালনার বিশদ বিবরণ এই অংশগ্রহণ নোটের মাধ্যমে আপনাকে বিস্তারিতভাবে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান তবে আপনাকে সম্মতি পত্রে স্বাক্ষর করতে হবে। আপনি যদি অংশগ্রহণ নিশ্চিত করেন, সম্মতির একটি অনুলিপি আপনাকে দেওয়া হবে। এই গবেষণা প্রকল্পে আপনার অংশগ্রহণ স্বেচ্ছাসেবী।

অংশগ্রহণের সুবিধা এবং ঝুঁকি:

এই গবেষণা প্রকল্পে অংশগ্রহণের জন্য আপনার কোন ঝুঁকি এবং উপকার হবে না।

তথ্যের গোপনীয়তা:

এই সম্মতিতে স্বাক্ষর করার মাধ্যমে, আপনি গবেষণা কর্মীদের এই গবেষণা প্রকল্পটি পরিচালনা করতে আপনার ব্যক্তিগত তথ্য যেমন নাম, ঠিকানা, যোগাযোগ নম্বর সংগ্রহ এবং ব্যবহার করার অনুমতি দিচ্ছেন। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য, যা আপনাকে শনাক্ত করতে পারে, তা গোপন থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্য প্রতীকীভাবে উল্লেখ করা হবে। শুধুমাত্র সংশ্লিষ্ট গবেষক এবং সুপারভাইজার সরাসরি এই তথ্য জানতে সক্ষম হবেন। প্রতীকী উপায়ে চিহ্নিত তথ্য পরবর্তী তথ্য বিশ্লেষণের জন্য ব্যবহার করা হবে। তথ্য শীট একটি লক ড্রয়ারে রাখা হবে। তথ্যের ইলেকট্রনিক্স সংস্করণ বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগ এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংগ্রহ করা হবে। যেকোনো প্রকাশনা ও উপস্থাপনায় তথ্য এমনভাবে প্রদান করা হবে যাতে তা গোপন থাকে।

প্রচারমূলক ফলাফল সম্পর্কে তথ্য:

আশা করা হচ্ছে যে এই গবেষণা প্রকল্পের ফলাফলগুলি বিভিন্ন সোশ্যাল মিডিয়া, ওয়েবসাইট, সম্মেলন, আলোচনা এবং পর্যালোচনা করে জার্নালের মতো বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে।

গবেষণা পরিচালনার জন্য অর্থের উৎস:

এই গবেষণার ব্যয় সম্পূর্ণভাবে গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কে তথ্য:

আপনার সম্মতি সত্ত্বেও, আপনি তথ্য বিশ্লেষণের আগে আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন। আমরা আপনাকে কারণটি জানাতে উত্সাহিত করি। কিন্তু আপনি যদি আমাদের জানাতে না চান, তাহলে প্রত্যাহার কাগজে এটি উল্লেখ করুন।

গবেষকের সাথে যোগাযোগের ঠিকানা:

গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আপনি এখন বা পরে আমাকে জিজ্ঞাসা করতে পারেন। আপনি যদি পরে প্রশ্ন জিজ্ঞাসা করতে চান তবে আপনি নিম্নলিখিত যেকোনও মাধ্যমে যোগাযোগ করতে পারেন: আশীষ সুত্রধর, বিএসসি ইন অকুপেশনাল থেরাপি, ডিপার্টমেন্ট অফ অকুপেশনাল থেরাপি এবং যোগাযোগ নম্বর: ০১৬৭৯৪৫৯৮৬৭

অভিযোগ:

এই গবেষণা প্রকল্প পরিচালনার বিষয়ে কোনো অভিযোগ থাকলে, অ্যাসোসিয়েশন অফ এথিক্স(সি আর পি/বিএইচপিআই/আই আর বি/১১/২০২১/৫৩৫) এর সাথে যোগাযোগ করুন। এই প্রস্তাবটি প্রাতিষ্ঠানিক পর্যালোচনা বোর্ড (আই আর বি),বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সি আর পি, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ দ্বারা পর্যালোচনা করা হয়েছে, যার কাজ হল গবেষণায় অংশগ্রহণকারীদের ক্ষতি থেকে সুরক্ষা নিশ্চিত করা। আপনি যদি আই আর বি সম্পর্কে আরও জানতে চান, তাহলে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)সিআরপি, সাভার, ঢাকা- ১৩৪৩ - এ যোগাযোগ করুন।

অংশগ্রহণকারীর প্রত্যাহার ফর্ম
(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

প্রত্যাহারের কারণ (ঐচ্ছিক):

.....

.....

.....

.....

.....

.....

পূর্ববর্তী তথ্যের অনুমতি ব্যবহার করা হয় কিনা?
হ্যাঁ/না

অংশগ্রহণকারীর নাম:

তারিখ:

অনুমতি পত্র

যারা ইন্টারভিউতে অংশ নিচ্ছেন তাদের জন্য:

অনুগ্রহ করে নিম্নলিখিত বিবৃতিগুলি পড়ুন এবং হ্যাঁ বা না-তে টিক (✓) দিন যাতে আপনি তথ্য পত্রের বিষয়বস্তু, আপনার সম্পৃক্ততা বুঝতে পারেন এবং আপনি উপরের নামকৃত গবেষণায় অংশ নিতে সম্মত হন।

1. আমি নিশ্চিত করি যে গবেষণার জন্য তথ্য পত্রটি আমাকে ব্যাখ্যা করা হয়েছে----
---হ্যাঁ/না
2. গবেষণার বিষয় বুঝার জন্য আমাকে অংশগ্রহণকারীর প্রশ্ন জিজ্ঞাসা করার সুযোগ দেয়া হয়েছে। ----হ্যাঁ/না
3. এই গবেষণার সাথে সম্পর্কিত আমার প্রশ্নের সন্তোষজনক উত্তর আছে। -----হ্যাঁ/না
3. আমি বুঝতে পারি যে গবেষণাতে অংশগ্রহণ স্বেচ্ছাসেবী এবং আমি তথ্য বিশ্লেষণের আগে আমার সম্পৃক্ততা বাতিল করতে পারব। -----হ্যাঁ/না
4. ইন্টারভিউ থেকে তথ্য গবেষণার সুপারভাইজার দ্বারা পরীক্ষা করা হতে পারে। তাছাড়া, সমস্ত ব্যক্তিগত বিবরণ অত্যন্ত গোপনীয় হিসাবে বিবেচিত হবে। আমি তদন্তকারী এবং সুপারভাইজারকে আমার রেকর্ড করা তথ্য ব্যবহার করার অনুমতি দিয়েছি। -----হ্যাঁ/না
5. অংশগ্রহণের বিষয়ে আমার সিদ্ধান্তে আসার জন্য আমার পর্যাপ্ত সময় আছে----হ্যাঁ/না
6. আমি আমার সাক্ষাত্কারের উদ্ধৃতিগুলি উপরোক্ত গবেষণায় ব্যবহার করার জন্য সম্মতি জানাচ্ছি ----- হ্যাঁ / না।
7. আমি উপরোক্ত গবেষণায় অংশ নিতে সম্মতি জানাচ্ছি -----হ্যাঁ/না

অংশগ্রহণকারীর নাম:

তারিখ:

আমি উপরের অংশগ্রহণকারীকে তথ্যপত্রটি সুনির্দিষ্টভাবে ব্যাখ্যা করেছি এবং তিনি অংশ নিতে সম্মতি প্রকাশ করেছেন।

গবেষণাকারীর স্বাক্ষর:

তারিখ:

Appendix C:

Interview guide

Name:

Age:

Educational qualification:

Occupation:

Marital Status:

Address:

Date of injury:

History of disability:

Disability types:

1. What do you know about sexual functions after a spinal cord injury?
2. Do you notice any changes in sexual function before and after a spinal cord injury?
If yes, tell details about the change.
3. How do you feel about the changes you are experiencing?
4. Are these changes affecting your daily life? If yes, what is the effect?
5. How much do you know about the right way to engage in sexual activity after a spinal cord injury?
6. How much interest do you have in sexual activities after a spinal cord injury?
7. Have you had sex with your spouse after a spinal cord injury?
8. If so, have you experienced any restrictions while engaging in sexual activity? If so, tell us in detail what kind of obstruction it was.
9. 9. Tell us in detail about your spouse's support / cooperation towards you at the moment of participating in sexual activities.
10. What do you think about as much as you know about sexual activity after a spinal cord injury? Are you interested to know more about this?

সাক্ষাৎকারের প্রশ্ন

নাম:

বয়স:

শিক্ষাগত যোগ্যতা:

পেশা:

বৈবাহিক অবস্থা:

ঠিকানা:

আঘাতের তারিখ:

প্রতিবন্ধতার ধরণ:

প্রতিবন্ধতার ইতিহাস:

১। মেরুদন্ডে আঘাতের পর যৌন কার্যাবলী সম্পর্কে আপনি কি কি জানেন?

২। মেরুদন্ডে আঘাতের আগে ও পরে যৌন কার্যাবলীতে আপনি কি কোন ধরনের পরিবর্তন অনুভব করেন? যদি হয়, তাহলে পরিবর্তন সম্পর্কে বিস্তারিত বলুন।

৩। আপনি যেসব পরিবর্তন অনুভব করছেন সেগুলো সম্পর্কে আপনার অনুভূতি কেমন?

৪। এই পরিবর্তনগুলো আপনার দৈনন্দিন জীবনে কোন ধরনের প্রভাব ফেলছে কিনা? যদি হয়, তাহলে কি ধরনের প্রভাব ফেলছে?

৫। মেরুদন্ডে আঘাতের পর সঠিক উপায়ে যৌন কার্যাবলীতে লিপ্ত হওয়া প্রসঙ্গে আপনি কতটুকু জানেন?

৬। মেরুদন্ডে আঘাতের পর যৌন কার্যাবলীতে আপনি কতটুকু আগ্রহবোধ করেন?

৭। মেরুদন্ডে আঘাতের পর আপনি কি আপনার সহধর্মিণীর সঙ্গে যৌন কার্যাবলীতে অংশগ্রহণ করেছেন?

ৗ। যদি হ্যাঁ হয়, তাহলে যৌন কার্যাবলীতে অংশগ্রহণের সময় আপনি কি কোন ধরনের বাঁধার সম্মুখীন হয়েছেন? হয়ে থাকলে কি ধরনের বাঁধা ছিল বিস্তারিত বলুন।

ৗ। যৌন কার্যাবলীতে অংশগ্রহণের মুহূর্তে আপনার প্রতি আপনার সহধর্মিনীর সমর্থন/সহযোগিতা সম্পর্কে বিস্তারিত বলুন।

ৗ। মেরুদন্ডে আঘাতের পর যৌন কার্যাবলী সম্পর্কে আপনি যতটুকু জানেন তা নিয়ে আপনার মতামত কি? এই বিষয়ে আপনি আরও জানতে আগ্রহী কিনা?

