

## Sexuality and spinal injury

Shivjeet Singh Raghav

Rehabilitation Counsellor, Indian Spinal Injury Centre, Vasant Kunj, New Delhi

WHO surveys reveal that by 2020 RTA (Road Traffic accidents) will be the major cause of increase in the number of people with disabilities (PWD ) and there will be 20 cases of spinal cord injury (SCI) per 2000 RTA. But in army and other Para military forces, SCI also occurs because of gunshot, mine and bomb blasts etc. SCI also happen in peace time due to terrorist related activities, natural disasters like earthquake, floods etc. More over most Spinal Injuries occur in the age group of 15 – 40 years, which happens to be the most active and productive phase of life on all fronts.

Army has well equipped hospitals for treating and rehabilitating cases of spinal cord injuries. But the focus is more on physical rehabilitation mostly overlooking psycho-social rehabilitation for better reintegration into the main stream. Most important aspect of psycho-social is sexual rehabilitation, but generally the issue is not discussed with the patient.

People often ask 'Can disabled people have sexual urges?' Of course, aren't they human beings? On the one hand society talk extensively on the concept of integration and how the disabled people should lead a normal life. But when it comes to having intimate relationships they invariably get scared and pretend that such a problem does not exist and sex is hardly mentioned during various counseling sessions. In the case of spinal injured who have lead a normal life till a certain age, sex becomes more important because most of them have experienced it.

Probably soon after the accidents the injured may not experience sexual desires but gradually and slowly they return and do not diminish as time goes on. It is assumed they would diminish, as there is no outlet. Also it is a myth that the sexual energy can be sublimated by channeling onto creative activity. Sex and sexuality are more psychological than physical issues. At least when a person has reached a stage of reasonable psychological

equanimity with his/ her physical condition then the matter must be addressed.

Sex is natural and we all need it and sometimes when this problem is not addressed it can lead to psychological trauma, frustration and may even heighten the already existing depression, thus lowering the self-esteem. The injury may alter many things, the attitude and one's life style but not the process the body goes through when it is sexually aroused. There is rise in the blood pressure, the increase in the heart rate, and the reflexes of the muscles. What changes is the ability to feel sensation in the genital area and other parts of the body. The exact degree of change depends on the level of the lesion. For persons, however, the essential sexual functions are unaltered. In case of females, though there may be a decrease in lubrication of the vagina and they may have little or no sensation on the clitoris.

Apart from the disability and the limits SCI imposes, the problem is of getting through to the minds of the able - bodied that the people with spinal injury are people with the same kind of human desires and impulses. The disabled are people, and people are sexual. Much of our sense of personhood comes from our ability to play a sexual role. When a person with spinal injury is unable to enjoy sex , the greatest obstacle to enjoyment usually is not the difficulty or impossibility of making particular movements, but the social convention that sex consists of putting the penis in the vagina and that all the rest of the rich range of human sexual responses - oral, manual and skin stimulations are abnormal. That is the reason a spinal injured person begins to think of himself as an invalid and distrust on his own personhood makes him suspect other peoples' affection as pity. The person with disabilities first obstacle is self de-programming - rejecting the idea that he or she is not a potentially sexual person. The ideal strategy is open discussion with other individuals or couples who share the same problem and counsel each other. Almost all spinal injured persons can be made sexually functional with special counselling and a minimum of physical help. Virtually nobody is too disabled to derive some satisfaction and personal reinforcement from sex. But assertiveness on the part of

*Address for correspondence:*

Shivjeet S Raghav

Rehabilitation Counsellor

Indian Spinal Injury Centre, Sec C, Vasant Kunj, New Delhi

the injured is important because nobody is going to think of you as a sexual being if you do not think of yourself as one. Your sexuality and your actions in the society are your responsibility. Once you overcome that, try and explore your sexuality. Learn the techniques and procedures for sexual exploration and fulfillment. Sexual expression has to be tailor-made for the individual and one has to try hard to achieve it. This is a challenge same as learning other skills of management of spinal cord injury. But sexual challenge is probably the one best worth accepting as one discovers that one is loving, lovable, interacting human being - a participant rather than an onlooker.

The perception of the penetrative sexual act in male comprises of erection, orgasm and ejaculation. In sexuality and disability, we redefine it as Participative sex.

The best way to put yourself and people at ease is communication. The partner with a disability needs to educate the other person about the ways in which his or her body is different, both the partners need to communicate about what they like, what they like, what seems to be working for them and any problems they might be having..

Sexuality is the integration of the physical, emotional, intellectual, and social aspects of an individual's personality that express maleness or femaleness. It is how one perceives oneself because it is absolute outcome of your body image, self esteem, self-confidence and ability to cope. SCI completely shatters all the above. People go into deep depression, but if right from the start sexual counseling along with providing information about the options is done, it can do wonders in the complete rehabilitation of persons with SCI.

No doubt SCI affects the sexual functions both in male and females after SCI, the degree of dysfunction will depend on the site that is level and the severity that is whether the injury is complete or incomplete. For men, the main changes are in sensation (or feeling); getting erections (hard); and ejaculating (producing

sperm). For women, the changes are in sensation and the ability to lubricate (get wet).

Erectile dysfunction in males can be taken care of through medication like sildenafil, and its Indian counterparts like Caverta, Penegra, Suhagra. It should be taken about half an hour before love-making, and remains effective upto 4-6 hours. There are other drugs such as Cialis, Levitra and Forzest which are effective till 24 to 36 hours. There are other aids and equipments like vacuum pump, penile implants which might be required in certain cases. But it is mandatory to consult a Urologist or a medical practitioner experienced in this area for the correct dose and type of medicine. Otherwise one can land up with serious complications that can be real life threatening medical emergencies.

Over the years of my counselling observed that the most disturbing factor is the fear of failure on the performance ability because of complete loss of movements in the lower limbs in most of the cases. Most of us are acquainted with few customary positions of love making and thus unable to visualise any way to be active partner. We simply forget the immense literature such as Kamasutra which talks of 84 different asanas of love-making. There will definitely be some of them that match and suits to one's liking.

Indian society, especially in married relationship puts lot of importance on procreation. Here I feel God must be a female, Fertility in case of women after SCI is not at all effected although male have a infertility problem as ability to ejaculate is lost in 80%. Artificial insemination remains a potent option with Higher or advanced reproductive techniques (ART). One can choose IUI (Inseminating washed semen into a woman's uterus with a catheter so that her egg may be fertilized in her body) or IVF (Invitro fertilization), and also latest ICSI (Intracytoplasmic sperm injection or ICSI) technique. Sperms can be retrieved through specifically designed Fertcare Vibrator, Electroejaculators and other methods. Success rate is as good as in case of so called able bodied people.