

* . **

가
(Captain, 1995; Kruter , 1996)
20-30
30-40 20-30
(, 1999)
가
가
2.
(, 1991; , 1999)
가
1993; , 1994)
가 가 1)
가

*
**

2) (Siler, 1988), 가
3)

가 ,
가 ,
(, 1993)

(1985) , , ,
40 가 88% ,
(1999) 32.3
20-30 가 60% 가 가
(Gore, 1978).

White, Rintala, Hart & Fuhrer(1992) (Somers, 1992). Kreuter (1994)
가
11가 5 가
7가 가 가
가
1.

(1994) 11가
3 가 11 가
가
가
2.

Enrlich (1988) 가
1999 2 6
69 64

Yim(1998) 가 가 가 1

Ogata (1995) 102 59.8%가 Ide &
3.

가
1)

White (1994) 92 가 , 30.6%

7 150 . ,
 4 , 17 133
 0.78

2) 5.
 (sexual adjustment) Kruter, Sullivan,
 Siosteen(1994) SISC(Sexual ,
 Interest, Activity, and Satisfaction) Chi-square, t-test, Pearson Correlation
 6 4 , Chi-square test
 가 ,
 t-test
 Pearson Correlation
 9
 0.79

4. 1.
 1999 2 6 < 1>
 58 가 .
 . , 29 , 43 가 .
 (1994)
 300 36.4 , (1999)

< 1>

		(%)	(%)	χ^2	p
()	-29	38(55.1)	3(4.8)		
	30-39	26(37.7)	22(34.9)	56.39	.000
	40-49	5(7.2)	25(39.7)		
	50-59	-(-)	13(20.6)		
		58(84.1)	52(82.5)	.06	.815
		11(15.9)	11(17.5)		
		4(5.8)	4(6.3)		
		49(71.0)	40(53.5)		
		16(23.2)	16(25.4)	4.64	.326
		-(-)	3(4.8)		
		22(33.8)	26(41.9)		
		30(46.2)	24(38.7)	1.93	.587
		12(18.5)	12(19.4)		
		36(52.2)	34(53.1)	0.10	.913
		33(47.8)	30(46.9)		

()	< 2	21(30.4)	13(20.6)	1.81	.614
	2-4	18(26.1)	17(27.0)		
	4-6	4(5.8)	4(6.3)		
	6 >	26(37.7)	29(46.0)	6.68	.245
		20(29.0)	20(31.3)		
		10(14.5)	9(14.1)		
		-(-)	2(3.1)		
		-(-)	2(3.1)		
		39(56.5)	31(48.4)		
		20(30.3)	21(33.3)	.14	.712
		46(69.7)	42(66.7)		
		7(10.1)	9(14.1)	.48	.597
		62(89.9)	55(85.9)		

< 2-1> N = 133

	(n = 69)		(n = 63)		t
	()	()	()	()	
		2.64(0.91)		2.44(0.99)	1.21
		2.61(0.87)		2.22(0.85)	2.63*
가		2.58(1.06)		1.48(0.73)	6.86*
	가	2.55(0.79)		2.47(0.90)	.58
	가	2.49(0.92)		2.15(0.86)	2.20*
		1.76(0.86)		1.72(0.90)	.24
		1.75(0.83)		1.32(0.64)	3.35*
		16.39(4.14)		13.80(3.82)	3.75*

* p<.05

32.3

80

2.

4 < 2-1

> 가 , 가 , 가

< 2-2>

가 , 가 , 가 (2.47)

(2.44) ,

16.4 , 13.8

28

< 2-2>

	2	3
가	4	1
	1	2
가	5	4
	7	7
가	3	6
	6	5

3.

< 3>

36

20.0 ,

19.6

가

가

< 3 >

	()	t	p
69	20.00(4.43)	0.55	.585
63	19.58(4.36)		

4.

< 4 > r = .398
(p = .001) 가

r = .224 (p = .064) 가

< 4 >

r(p)
.224(.064)
.398(.001)

29 , 43

(1999) 42.5 Yim

(1998) 39.8

20-30

가 가

가

가

가

가

가

(1994)

Kreuter (1996)

가

가

(1994)

가 3.3 /

2.5 /

가

가 6

가 37.9% (, 1994)

가

가

가

(1994)

가

(, 1999),

가

(, 1994),

가

가

가

가

가

(1994)

$r = .224 (p = .064)$

가 ,

1999 2 6 ,

133 69 64

8 White (1994)

7 , Kruter, Sullivan, Siosteen(1994)

9

1) 16.4

가

2.64

가

13.8

, 가

가

(2.47)

(2.44)

($t = 3.75, p < 0.00$)

2) 20.0

19.6

가

3) $r = .398$

($p = .001$)

(1993). .

. , 20, 665-677.

(1999). _____

(1985).

. , 9(2), 120-125.

(1994).

. , 18(2),

396-403.

(1999). _____

. , 23(2), 267-275.

(1993). _____

(1991). _____

(1999). _____

(1999). _____

29-42.

(1987).

. , 11(1), 55-59.

(1994).

. , 18(4),

801-808.

Captain, C. (1995). The effects of communication skills training on interaction and psychosocial adjustment among couples living with spinal cord injury. Rehabilitation Nursing Research, 4(4), 111-118.

Craig, A., Hancock, K., & Dickson, H. (1999).

- Improving the long-term adjustment of spinal cord injured persons, Spinal Cord, 37, 345-350.
- Ehrlich, G. E. (1988). Sexual concerns of patients with arthritis. Medical aspects of Human Sexuality, March, 104-107.
- Gore(1978). The influence of social support and related support and related variables in ameliorating the consequence of job loss. Obstetrics(13th ed.), Phil: J. B. Lippincott Company.
- Harrison, J., Glass, C. A., Owens, R. G., & Soni, B. M. (1995). Factors associated with sexual functioning in women following spinal cord injury. Paraplegia, Dec, 33:12, 687-92
- Ide, M., & Ogata, H. (1995). Sexual activities and concerns in persons with spinal cord injuries. Paraplegia, 33:6, 334-7.
- Kreuter, M., Sullivan, M., & Siteen, A. (1994). Sexual adjustment after spinal cord injury-comparison of partner experiences in pre- and postinjury relationships. Paraplegia, 32:11, 759-70.
- Kreuter, M., Sullivan, M., & Siteen, A. (1996). Sexual adjustment and quality of relationship in spinal paraplegia: a controlled study. Arch Phys Med Rehabil, 77:6, 541-8.
- Siler, A. (1988). A counsellor of the disabled talks about sexuality and disabilities. In N. W. Denny & D. Quadagno. Human Sexuality(pp.403). ST. Louis: Times Mirror/Mosby College Publishing.
- Sipski, M. L., & Alexander, C. J. (1993). Sexual activities, response and satisfaction in women pre- and post-spinal cord injury. Arch Phys Med Rehabil, 74:10, 1025-9.
- Somers, M. F. (1991). Spinal Cord Injury : Functional Rehabilitation. Norwalk, Connecticut : Appleton & Lange.
- Stiens, S. A., Bergman, S. B.,& Formal, C. S. (1997). Spinal cord injury rehabilitation. 4. Individual experience, personal adaptation, and social perspectives. Arch Phys Med Rehabil, 78:3, S65-72.
- Kreuter, M. Sullivan, M., & Siteen, A. (1994). Sexual adjustment after spinal cord injury (SCI)focusing on partner experiences. Paraplegia, 32:4, 225-35.
- Kreuter, M. Sullivan, M., & Siteen, A. (1996). Sexual adjustment and quality of relationship in spinal paraplegia : A controlled study. Archives Physical Medicine and Rehabilitation, 77(6), 541-548.
- White, M. J., Rintala, D. H., Hart, K., & Fuhrer, M. J. (1994). A comparison of the sexual concerns of men and women with spinal cord injuries. Rehabilitation Nursing Research, summer, 55-61.
- White, M. J., Rintala, D. H., Hart, K., & Fuhrer, M. J. (1992). Sexual activities, concerns and interests of men with spinal cord injury, Am J Phys Med Rehabil, 71(4), 225-231.
- Yim, S. Y., Lee, I. Y., Yoon, S. H., Song, M. S., Rah, E. W., & Moon, H. W. (1998). Quality of marital life in Korean spinal cord injured patients. Spinal Cord, 36, 826-831.

-Abstract-

key concept: Spinal Cord Injury, Sexual Interest, Sexual Adjustment

A Comparative Study on the Sexual Interest and Sexual Adjustment between the Unmarried and the Married with Spinal Cord Injuries

*Kang, Hyun Sook * · Suh, Yeon Ok ***

Sexual life is one of the most important things for the quality of living, which nobody can ignore. Especially, spinal cord injury is one of the most typical disabilities, which can cause abrupt changes of sexuality. Hence, sexual adjustment and its subordinate problems have to be dealt with among various problems caused by spinal cord injury.

The purpose of this study was to comparative sexual interest and adjustment between the married and the unmarried people with SCI.

A total of 134 persons who were registered members of SCI organization and admitted rehabilitation unit between February and June 1999 were included in the study. The sample consisted of 69 unmarried and 64 married people with SCI. Participants answered the 15 items concerning sexual interest, sexual adjustment.

The results are as follows :

- 1) The mean score of sexual interest for the unmarried was 16.4. From seven topics related to sexuality, the greatest interest was to cope emotionally with changes in

sexual functioning. For the married, mean score of sexual interest was 13.8 and the greatest interest was to help a partner cope emotionally with limitation on sexual dysfunction. There were significant difference sexual interest between two groups($t=3.75$, $p=.00$).

- 2) Each mean score for sexual adjustment in the married and the unmarried was 20.0, 19.6. There were no significance difference sexual interest between two groups($t=.24$, $p=.811$). However, there was a statistically significant difference of sexual interest.
- 3) Sexual interests and adjustments are not correlated in case of the unmarried that have r score=.224, while they are correlated in case of the married that have $r=.398$.

Because the average age of the SCI becomes lower and lower, sexual rehabilitation programs should be given the unmarried as well as the married with SCI.

In conclusion, the spinal injured's major concerns about their sexual life are different between the married and the unmarried - the unmarried are interested in practical problems such as methods and techniques to achieve sexual satisfaction and their fertility, while the married give priority to considerations about their spouse.

Paying attention to different sexual interest according to marital status, we should make two different sexual rehabilitation programs for each group. One program including support groups with their spouses for the married, the other program to give a chance to solve problems of sexuality for the unmarried with SCI.

* Kyung Hee University

** Soonchunhyang University