

***Facilitating Sexual Health
for
Children and Adolescents
with
Transverse Myelitis***

Dimensions **of** **Sexual Health**

- **Self Image/Self Concept**
- **Sexual Relationships/Partnerships**
- **Sexual Functioning**

Self Image **&** **Concept**

- **Beliefs that we hold in relation to ourselves (Ideal self, body image)**
- **External factors (clothing, friends, jewelry, jobs, recreation)**

Partnerships and Relationships

- **Activities with others**
- **Roles**
- **Communication**

Sexual Functioning

- **Ability to give and feel pleasure**
- **Participation in sexual activities**
- **Reproduction**

Sexuality Across the Life **Span**

- **Not an “adults only” activity**
- **May produce anxiety for parents**
- **Emphasis on sex roles, understanding the body, socialization skills**

“Research findings indicate that students who understand their sexuality and the responsibilities that go with it are less likely to encounter sexual troubles than students who are uninformed”.

Johnson & Kempton, 1981

**Sexuality Education Program Content
should include information on
responsible sexual behavior**

- **Social Skills**
- **How to avoid being sexually exploited**
- **Appropriate body exposure**
- **Privacy of sexual behavior**
- **Responsibility of sexual behavior including abstinence**
- **How to prevent pregnancy**

Important Issues for Parents of Kids with Disabilities

- **Parents must be open/comfortable with topic of sexuality**
- **Social graces are developed and learned - not inborn**
- **Kids/adolescents should know how to tell others of their disability**

Issues for Kids Exploring Their Sexuality

- **Struggle to place the disability in proper perspective**
- **Demystify sexuality**
- **Develop a positive body image**
- **Learn needed social skills**
- **Understand sexual functioning**

Sexuality Education **Content for Parents of** **Kids with Disabilities**

- **Parents should demonstrate acceptance of child's body**
- **First experience with love and socialization will be provided by parents and siblings**
- **Social relationships with friends/siblings should be encouraged**
- **Children need to learn role behavior of same sex parent**
- **Sexuality information is shared related to child's age**

Sexual Information for Children and Adolescents

- **Ages 5 -8 years**
- **Ages 8 - 11 years**
- **Ages 12 -18 years**

Sexual Information for **5-8 Years**

- **Correct names of body parts and their functions**
- **Differences and similarities between girls and boys**
- **Elements of reproduction and pregnancy**
- **Qualities of good relationships (friendship, communication, respect, love)**
- **Decision making skills/All decisions have consequences**
- **Beginning of social responsibility, values, morals**
- **Masturbation can be pleasurable, but should be private**
- **Avoiding/Reporting sexual exploitation**

Sexual Information for **Ages 8 - 11 Years**

- **Females should be taught about menses and males about nocturnal emissions**
- **Signs and variability of puberty**
- **Sexuality as part of total self**
- **Information on reproduction and pregnancy**
- **Importance of values in decision making**
- **Communication within family unit about sexuality**
- **Masturbation**
- **Abstinence from sexual intercourse**
- **Avoiding and reporting sexual abuse**
- **STDs including HIV/AIDS**

Sexual Information for **Ages 12-18 Years**

- **Health maintenance (breast exams, testicular exams)**
- **Sexuality as part of total self (communication, dating, love, and intimacy)**
- **Masturbation should be practiced privately**
- **Importance of values in guiding one's behavior**
- **How alcohol and drug use influence decision making**
- **Expressions of sexuality**
- **Birth control and responsibilities of childbearing**
- **Reproduction**
- **Role of condoms in disease prevention - pros and cons**

Non Disabled Kids Get Information from Many Sources

- Peers at school, playground, school restroom
- Swap information/share experiences
- Free access to magazines/reading materials

Kids with physical disabilities are often dependent on adults (parents) or health care workers

“Disabled youngsters do need to be given sex education. After all, they have to cope with the physical changes of puberty as well as the emotional changes. They may well have anxieties about their future and need reassurance that they are sexual people who can form relationships with others. They need the information to enable them to cope with and enjoy their sexuality.”

Davies, 1996

Physiologic Aspects of Sexual Response

- **For NORMAL sexual response, all parts of nervous system have to be connected and in balance.**
- **Psychologic desire must also be present for successful sexual performance**

Central Nervous System **Control Over** **Sexual Functions**

- **All human behavior controlled by CNS (sex)**
- **Brain controls the nervous system**
- **No specific “sex center in the brain”**

**Sexual Desire and
Perception of Sexual
Pleasure are mediated by
several areas in the brain**

- **Movement**
- **Sensation and perception**
- **Cognition**
- **Attention and general affect**

The brain exerts influence over the spinal cord

Spinal Cord contains "sex center" in lumbosacral area

- (Women) Entire LS area is involved in coordinating nerve impulses to and from genitalia
- (Men) Sacral segments S2, S3, S4 control erection and lumbar segments L1, L2, L3 control ejaculation

The peripheral nerves relay impulses between the spinal cord and genitalia and between the spinal cord and rest of body. (Physical changes during sexual response cycle).

Physiology of Erection / Vaginal Lubrication

- **Psychogenic**
- **Reflexic**

Psychogenic Erections

- **Mental images or fantasy**
- **Impulses travel via autonomic nervous system**
- **Brain through spinal cord to lower thoracic and upper lumbar levels**
- **Fibers leave the spinal cord and travel to blood vessels in penis and vagina/clitoris**
- **Vascular engorgement and lubrication**

Reflexic Erektion

- **Local stimulation to genitalia or sacral nerves**
- **Sensory impulses travel to spinal cord**
- **Connect with motor neurons**
- **Causes reflex vascular engorgement and lubrication**

Sexual Dysfunction

Primary

- **Changes in sexual feelings and response directly related to the neurologic SCI**
- **Decreased libido (sex drive)**
- **Changes in sensation**
- **Decreased vaginal lubrication**
- **Problems achieving/maintaining erection**
- **Reduced ejaculatory force or ability**
- **Change in orgasmic response**
- **Change in fertility (men)**
- **Changes in menstruation (women)**

Sexual Dysfunction

Secondary

- **Results from symptoms that may be caused by Transverse Myelitis**
- **Pain**
- **Fatigue**
- **Spasticity**
- **Bowel and Bladder Problems**

Sexual Dysfunction

Tertiary

- **Effects caused by psychologic responses to the effects of Transverse Myelitis**
- **Poor Self Esteem**
- **Poor Self Image**
- **Social Isolation**

Management Strategies: **Decreased Libido**

- **Identify cause (anxiety, stress, depression)**
- **Treat cause (counseling, stress management, medications)**

Management Strategies: **Sensation Changes**

- **Self or partner exploration**
- **Use of vibrator**
- **Identification of new erogenous zones**
- **Non-erotic stimulation**

Management Strategies: **Decreased Lubrication**

- **Water-soluble lubricants (K-Y Jelly, Replens)**
- **Hormone replacement therapy (estrogen) at menopause**

Management Strategies: Achieving/Maintaining Erections

- **Use of vibrator**
- **Self/partner stimulation**
- **Vacuum erection device**
- **Penile implants**
- **Medications**

Medications for Achieving/Maintaining Erections

- **Viagra**
- **Prostaglandin E (suppository into penile opening of urethra)**
- **Papaverine (injected into shaft of penis)**

Management Strategies: **Pain/Spasms**

- **Identification of cause (spasms, positioning, nerve pain).**
- **Gentle range of motion or massage (foreplay)**
- **Medication for spasms, neuropathic pain**
- **Attempts at different positions**

Management Strategies: **Fatigue**

- **Pain Control**
- **Planning sexual activity for highest energy time**
- **Energy conservation**

Management Strategies: Bowel/Bladder Problems

- **Bladder emptying prior to activities**
- **Indwelling catheter management**
- **Bowel program (specific consistent time)**
- **Pre-plan how to manage accidents**

Management Strategies: Psychologic Responses

- **Focus on attributes**
- **Identify as a sexual person**
- **Communicate feelings to partner/therapist**
- **Solicit help for personal care**
- **Focus on Relationships**

Relationship Factors that Affect Sexuality

- **Communication**
- **Maintaining Trust**
- **Self Concept/Self Image**
- **Love**
- **Romance**
- **Intimacy**
- **Fantasy**

The transition from childhood to adolescence to adulthood is challenging for all children - but becomes a more difficult process for the child with a disability - and for the child's family.

- Develop trusting relationships**
- Learn socially appropriate behaviors and acceptable norms**
- Develop a positive body image/self esteem**

A child's early experiences related to disability can influence future adjustment to any residual limitations, development of self esteem and relationships and career choices.