PERCEPTIONOF MALE STROKE PATIENTS ABOUT SEXUALITY AND THEIR QUALITY OF LIFE

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Supervisor's Statement

As supervisor of **Richard Boiragi** M.Sc. Thesis work, I certify that I consider his thesis **"Perception of Male Stroke Patients about Sexuality and their Quality of Life"** to be suitable for examination.

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DECLARATION

- This work has not previously been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

- This thesis is being submitted in partial requirement for the Degree of M.Sc. in Rehabilitation Science.

- This dissertation is result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references.
  A bibliography is appended.

- I confirm that if anything in my work that I have plagiarism or any form of cheating that will directly award me fail and I am subject to disciplinary action of authority.

- I confirm that the electronic copy is identical to the bound copy of the Thesis.

Signature:

Name: Richard Boiragi
Date:

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List of Abbreviations

ADLs: Activities of Daily Living

BHPI: Bangladesh Heath Professions Institute

BMRC: Bangladesh Medical Research Council

CRP: Center for the Rehabilitation of paralyzed

IRB: Institutional Review Board

PT: Physiotherapy Therapy

QoL: Quality of Life

SS-QoL: Stroke Specific Quality of Life

SPSS: Statistical Package for social science

WHO: World Health Organization

ABSTRACT

Background: Stroke is one of the major causes of disability throughout the world in every year. Following stroke a person's sexuality hampered significantly. On the other hand, the problem is to take part in sexuality affects the entire quality of life of the stroke survivors. This study was focused to know the experience of female stroke patient about their sexuality. Objectives of this study were to understand the problems of sexual relationship of female stroke patient that they faced after having stroke, to understand the perception of female stroke patient about sexuality, and to understand how do they maintain their sexual life after stroke. This study was conducted by using qualitative content analysis approach of qualitative method. Purposive sampling was used for selecting Participants. Data was collected by using face to face interview with a semi structured question. Data was analyzed by using content analysis. After analyzing data, it was found that almost 46% of the participants were age group 48-57 years. The mean age of the respondents was 46.6 years. While the educational status we found 8% were never attended school, 24% were primary, 16% were H.S.C and 24% were graduate or above among the participants. These study shows 48% were ischemic and 52% were hemorrhagic stroke among participant. In this study Cronbach's alpha scores for SSQOL shows ranging between 0.7 to 0.79 which were as per domain energy (0.79), family (0.78), mobility (.77), mood (.79), self-care (.76), upper extremity (.77) and work (.77). On the domain level, Cronbach's alpha scores were good only for the language (0.85), personality (0.8), thinking (0.8) and vision (0.83) domains. Some of the participants reported that their interest to build sexual relationship has decreased after stroke which is known as decreased libido. Stroke has an extraordinary effect on sexuality in survivors. Stroke contrarily affects the patient's life, for example, sexual capacities and associations with the companion or spouse Most of the stroke survivors think that there is no difficult to build and maintain good relationship with partner as their partner is very understanding and they lead a happy spousal life Psychological support is very important for stroke patient after stroke. There are strong arguments to support the provision of psychological support for improving functional independence, mood, coping and quality of life after stroke survivors. So, it can be said that the quality of life of stroke survivor can depend on psychological care

Key words: Stroke, Sexuality, quqlity of life.

CHAPTER-I INTRODUCTION

1.1 Background

Stroke is one of the primary causes of death and handicap around the world. Stroke is a perilous condition which prompts significant changes in all parts of the existence of a person. It is important to adjust a patient with stroke to various physical, social and passionate issues in their day-to-day life.

As per the World Health Organization, consistently 15 million individuals hurt by the stroke, from them 5 million terminated and left 5 million are totally impaired (Aydin et al., 2016). The event of inability among stroke survivor is between 24–54% (Srivastava et al., 2010). In creating, the country more than two-third of stroke patients kicked the bucket around the world (Liu et al., 2007).

In Bangladesh there are 162·2 million individuals, 26% lives in metropolitan regions and the greater part (74%) lives in rustic territories. In Bangladesh, stroke has been positioned as the third driving reason for death after coronary illness and irresistible sicknesses, for example, flu and pneumonia. The death pace of stroke expanded from 6·00% (in 2006) to 8·57%, (in 2011) with an age-changed death pace of 108·31 per 100,000 individuals (in 2011). The World Health Organization (WHO) positions mortality because of stroke in Bangladesh as number 84 on the planet (Islam et al., 2012).

Following a stroke, distinctive sexual issues are seen both male and male like vaginal grease, climax, decrease in erection and discharge. These issues are appeared to be obligated for weakened sexual fulfillment of the stroke patient. Alongside actual incapacities, stroke patient may have numerous distresses in their sexual life including trepidation of another stroke, loss of confidence, job changes in spousal relationship (Tamam et al. 2008)

Ramazanu, S.,et al (2020) argued sexual dysfunction and dissatisfaction are common after stroke. Stroke patient experiences fear of impotence, failure to discuss sexuality and refusal to participate in sexual activity. It is stressful to maintain spousal relationship as

their sexual satisfaction is decreased. These all have a significant impact on each individual's quality of life.

Thompson and Ryan (2009) argued personal connection and sexuality are significant components that consider quality of life of the stroke patient. In post stroke spousal relationship, sexual longing and sexual working changed fundamentally. There is an absence of control and noteworthy changes in the impression of self of stroke survivors. In spite of the fact that stroke patients imagine that sexuality is an essential piece of their life just as significant piece of restoration interaction, they and their accomplices face inconvenience discussing sex matters with their medical care provider. This is a result of their distress, unobtrusiveness and disgrace (Schmitz and Finkelstein, 2010).

In Japan, it was conducted a research study among 100 stroke patients to find out the prevalence of sexual dysfunction. Among them, 55% of 100 stroke patients reported that their sexual functions were decreased after stroke and there is chance to impairment of quality of life of stroke patient (Kimura et al.2001).

On the other hand, a qualitative research was conducted in United Kingdom to explore the experience about spousal relationship of 16 stroke patients. All of stroke patients reported that their sexuality is significantly changed by stroke and it affects on their quality of life (Thompson and Ryan, 2009)

Above all, it has seen that stroke patient face various sexual problems after stroke. As anyone, it is needed to a male stroke patient to adjust their sexual life that depends on the optimal care. For ensuring quality of life of a male stroke patient it is needed to appropriate guide for them about sexuality during rehabilitation.

If therapists do not deal this issue accurately it affects on a therapist's competency to deal with different kinds of disabilities and their quality of life. Because a rehabilitation expert can work closely in terms of Activities of Daily Living (ADLs) of a patient and make them independent as much as possible.

During rehabilitation program, a rehabilitation expert has a role for supporting a person with stroke to adjust and adapt with sexuality. So, in order to ensure better rehabilitation services to male stroke patient, it is an important issue for conducting this research.

This study addressed on the experience of male stroke patient about sexuality and their quality of life. This study will be beneficial for further Rehabilitation officers to understand the problems of sexual relationship of male stroke patient, perception of male stroke patient about their sexuality and the way of maintaining sexual life thus facilitate the total Rehabilitation process of individual.

1.2 Justification

Every year 15 million people suffer from stroke worldwide. Among them, 5 million die and another 5 million are permanently disabled (World Health Organization, 2014). Stroke can affect an individual physical, functional, psychological and social aspect as well as their sexuality. This can lead to problem to adjust their sexuality in personal lives.

Center for the Rehabilitation of the Paralyzed (CRP) is a recovery community in Bangladesh for stroke persistent. As a clinical physiotherapist of neurological department Stroke unit, researcher observe that stroke understanding confronted troubles to keep up their sexual working that make an unfavorable impact on their personal satisfaction. Stroke can harm existing sentimental and sexual connections of the stroke patient. That's why they face difficulty to build loving relationship with their partners (Murry and Harrison, 2004).

Korpelainen, Nieminen and Myllyla (1999) argued sexual dysfunction and disappointment are basic after stroke. Stroke patient encounters dread of barrenness, inability to examine sexuality and refusal to partake in sexual action. It is upsetting to keep up spousal relationship as their sexual fulfillment is diminished. These all altogether affect every individual's quality of life.

In Japan, a research study it was conducted among 100 stroke patients to find out the prevalence of sexual dysfunction. Among them, 55% of 100 stroke patients reported that their sexual functions were decreased after stroke and there is chance to impairment of quality of life of stroke patient (Park, J. H, et.al (2015).

Then again, a qualitative research was directed in United Kingdom to investigate the experience about spousal relationship of 16 stroke patients. All of stroke patients detailed that their sexuality is altogether changed by stroke and it influences on their (Thompson and Ryan, 2009).

For establishing quality of life of a male stroke patient it is expected to suitable guide for them about sexuality during recovery. Still there are huge number of worldwide examinations have been done on this point however there are minimal number of study

accessible about sexuality in Bangladesh. Sexuality is a more delicate issue for Bangladeshi society and culture. In this country, the majority of individuals get away from this issue and they would prefer not to impart to others due to their timidity. After stroke, it is exceptionally important to comprehend and address this issue both male stroke persistent and their modesty.

Sexuality is a part of ADL which can affect their QOL also. A rehabilitation expert has a great role in stroke rehabilitation so that the client can maintain their quality of life as much as possible. Every person has physical demand and they want to lead happy sexual life. Otherwise, it can create unpleasant effect on their sexual life, family life as well as social life. In case of male stroke patient, they face many difficulties to maintain their sexual life as well as quality of life. As they do not maintain their sexual life, they face difficulty to build any intimate relationship with their wife and family members. So it is needed to include sexuality during rehabilitation session for improving their quality of life. This study has helped to know the perception about sexuality of a male stroke patient and how do they maintain their sexual life so that it will possible to ensure their better rehabilitation care. So as Master in Rehabilitation Science I was interested to conduct this research.

1.3. Research Question?

What is the perception of male stroke patients about sexuality and their Quality of Life?

1.4. Study objectives

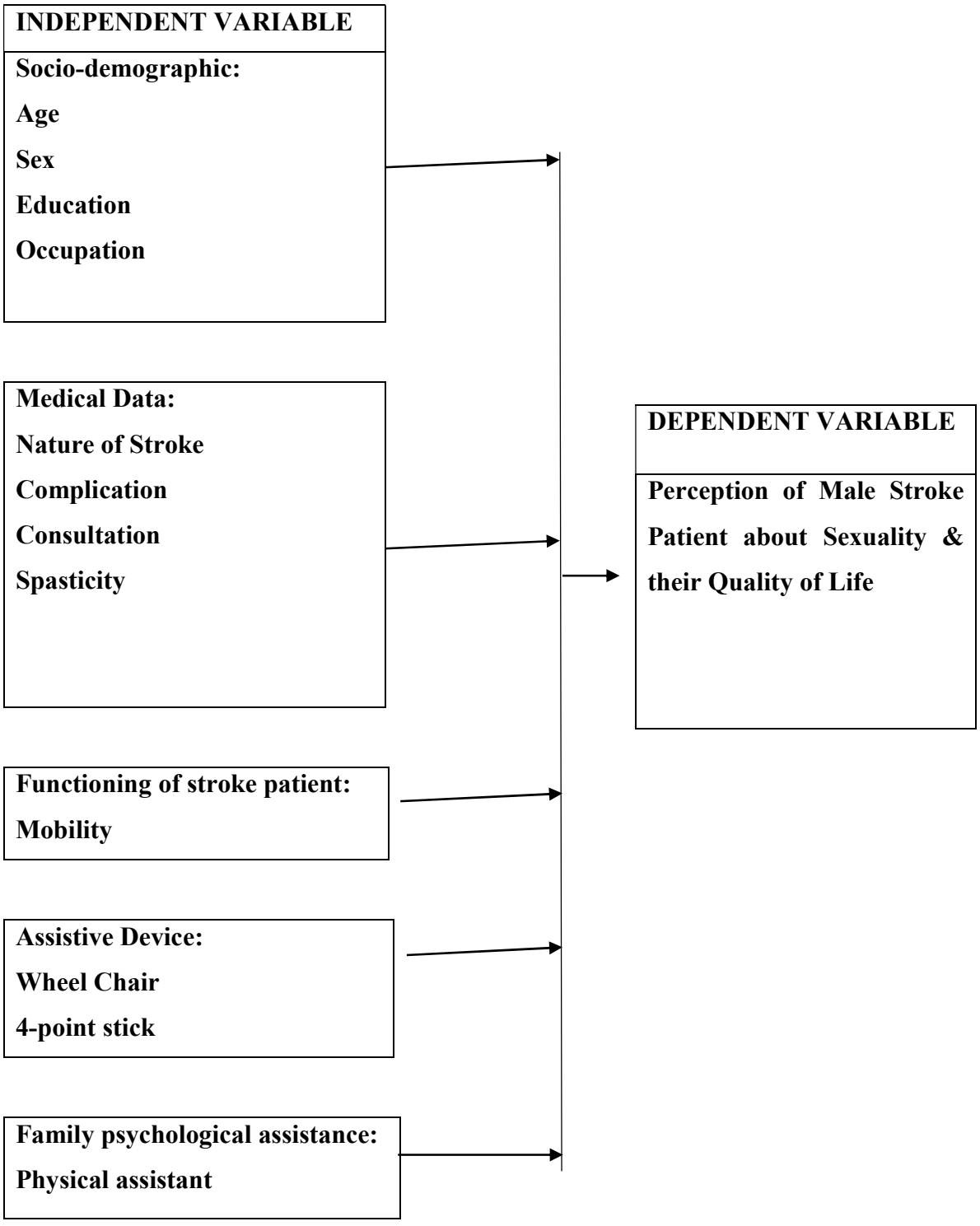
1.4.1. General Objective:

To find out the view of male stroke patient about sexuality and their stroke specific Quality of Life.

1.4.2. Specific Objectives

- To find out the sociodemographic information.
- To find out the quality of life of male stroke patient of CRP.
- To understand the feelings of male stroke patient about sexuality.

1.5 Conceptual Framework



1.6. Operational Definitions

Stroke:

A stroke is a medical condition in which poor blood flow to the brain results in cell death. There are two main types of stroke: ischemic, due to lack of blood flow, and hemorrhagic, due to bleeding. Both result in parts of the brain not functioning properly

Sexuality:

Sexuality is not about who you have sex with, or how often you have it. *Sexuality* is about your *sexual* feelings, thoughts, attractions and behaviors towards other people. You can find other people physically, sexually or emotionally attractive, and all those things are a part of your *sexuality*.

Quality of life:

Quality of life (QoL) has been defined by the WHO QOL group as 'individuals' perceptions of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns

CHAPTER-II LITERATURE REVIEW

A stroke can be defined as- "A stroke or Cerebro vascular accident (CVA) is caused by the interruption of the blood supply to the brain usually because a blood vessel bursts or is blocked by a clot. This cuts off the supply of oxygen and nutrients causing damage to the brain tissue. The most common symptom of a stroke is sudden weakness or numbness of the face, arm or leg, most often on one side of the body.

Other symptoms include: confusion, difficulty speaking or understanding speech, difficulty seeing with one or both eyes, difficulty walking, dizziness, loss of balance or coordination, severe headache with no known cause, fainting or unconsciousness" (World Health Organization, 2015).

So, stroke is a serious life-threatening condition that brings various physical, mental and social problems. Worldwide stroke is the second leading cause of the disability and 1 in 6 people may have a stroke in their life span (Stroke Association, 2013). Stroke is a leading cause of neurologic impairment as well as functional disability. There are so many problems arise from a stroke such as, changes in role, identity, changes in personality, sexuality and social functioning. These all problems create obstruct to maintain spousal relationship happily of a stroke patient (Thompson and Ryan, 2009).

Sexuality of a stroke patient may hamper of being a stroke. Stroke related sexuality is a complex state of stroke survivor with physical disability thus strongly influence on sexual relationship after stroke (Song et al. 2011).

Significant medical issues in cerebrovascular accident (CVA), or stroke, in their human and financial cost There are in excess of 700,000 strokes in the United States each year, bringing about more than 4.8 million stroke survivors today because of in excess of 160,000 passing's a year. From 1988 to 1997, the age-changed stroke medical clinic expanded by 18.6 percent, the complete stroke medical clinic expanded by 38.6 percent. In 2004, stroke costs were assessed at $ 53.6 billion, with a normal life of $ 140,048.

Since stroke is likewise a main source of functional impairment, 3 months and 15 to 30 percent of the organisms need organisms after being permanently disabled 20 percent (Douglas et al., 2010).

In Thailand, stroke is the third significant reason for death. Regardless of the underlying protection from progress, numerous results of stroke have crumbled for survivors: About half of the year stroke survivors rely upon others for self-care and individual movement in everyday life. It saves a critical interest for medical care through clinic readmissions, local area uphold requirements and rehabilitation organizations. Stroke patients lives with not just the issue of strokes, yet additionally their practical hindrances and their decreased social communications (Van et al., 2015).

Stroke is the third leading cause of death in Bangladesh. Due to stroke, the mortality rate of Bangladesh is 84 in the world. Islam et al. (2013) argued the incidence of stroke in Bangladesh is 0.3%. According to the latest data of WHO, 82039 people were died from stroke and it is 8.57% of total death in Bangladesh (World Health Rankings, 2010).

Sexuality is characterized by our sexual thoughts, desires, feeling, erotic fantasies and experiences. Sexuality contains a person's emotional, social and developmental aspects (Sexuality, 2012). Sexuality can be defined as- "a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not merely the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled" (World Health Organization, 2015).

Human sexuality has been identified as- "Complete attribute of every person involving deep needs for identity, relationships, love and immorality. It is more than biologic,

gender, physiologic processes, or modes of behavior; it involves one's self- concept and self-esteem. Sexuality includes masculine and feminine self-image, expression of emotional states of being and communication of feeling for others and encompasses everything that the individual is, think, feels or does during the entire lifespan. Sexual behavior more than any other behavior is intimately related to emotional and social well-being" (Haig, J., MacMillan, V., & Raikes, G. 2011).

The term sexuality gets distinctive by religion, culture, nationality and training. Sexuality is the best approach to make connections, how we identified with one another and how we speak with other. It is a commonly fulfilling approach to get physically involved with another furthermore, cover a degree of articulations like clasping hands, being a tease, contacting, kissing, stroking off and having sexual intercourse.

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After a stroke, sexuality can be unrecognizable even depressing. Sexuality is an essential part of human daily life to make intimate relationship with other and covering wide range of dimensions such as, psychological, biological, behavioral and interpersonal (Tannura, 2012). Stroke affects sexuality of a patient and sexual dysfunction is high with approximately 57-75% of stroke patients (Korpelainen et al. 1998).

There are many physical problems that affect sexual functioning after stroke. Maximum stroke patients suffers from development issues (Stroke Association, 2013). By changing neuro-endocrine function, stroke hampers the normal sexuality of the patient. As a result, various types of neuromuscular changes are seen such as, fatigue, weakness and spasticity that affect mobility. Schmitz and Finkelstein (2010) argued sexual function of the stroke patient affected by physical problems. Sensation is one of the major issues for performing sexual function.

According to Ferreira, I. S.et,al (2019), brain is responsible to control communication between human and environment. Stroke can affect speaking, understanding, reading or writing. Due to stroke, common speech problems like aphasia, dysarthria and dysphasia may be occurred. Various cognitive problems such as, memory problems, inability to

judgment, problem in attention and inability to interact with other may affect social and sexual function.

As sexuality is a complex form of human communication, it is affected by verbal and non-verbal communication. Inability to make a relationship creates due to impaired communication have an adverse effect on sexual functioning among stroke patient. (McCarthy, M. J., et,al (2020)

Psychological problems may affect sexuality of a patient (Sjogren and Fugl-Meyer, 1982). After stroke, various psychological problems such as, depressed mood, feeling frustration, anger, anxious, fear of relapse, denial and anxiety that affect sexuality of a stroke patient (Stroke Recovery Association, 2014). These problems are responsible for loss of interest and loss of independence to lead sexual life happily and making sex difficult (Wijenberg, M. L.et,al (2019).

There are four stages of male sexual function: excitement, plateau, orgasm and resolution. The male sexual function can be influenced by endocrine system, neurotransmitter and central nervous system (Hatzimouratidis, K. et.al, 2010).

The excitement phase continues from minutes to hours and triggered by thoughts, images, touch, scents or any parasympathetic stimulation. Physiological signs of this stage include increase muscle tension, heart rate, breathing and blood pressure. Skin becomes flush and nipples become harden (Hatzimouratidis, K. et.al, 2010).The next is plateau.

During plateau, the penis and testes continuously increase in size. Some involuntary body movements of face, hands and feet are seen in this stage. Heart rate, muscle tension and breathing increase constantly (Rey, R. A., & Grinspon, R. P. 2011)

Following plateau, the next phase is orgasm. This phase is divided into two stages: orgasm and ejaculation. In this phase, respiratory rate, heart rate and blood pressure may be elevated. Orgasm described as the climax of the sexual response cycle which lasts a few seconds to a minute. During ejaculation, semen exits the body through the urethra

and rhythmic contractions may be felt at the head of the penis (Alwaal, A., Breyer, B. N., & Lue, T. F. 2015).

Resolution is the last phase, continues from 10 to 15 minutes when the body begins to return to an unexcited state. This phase is characterized by feeling of increased intimacy and relaxation. Muscles often begin to relax and skin returns to a nonflushed color (Farman and Friedman, 2004).

While female normal sexual function: Interaction between the nervous system, the endocrine system and the vascular system are important for sexual function. It is need of physiological capacity for occurring desire, arousal and orgasm in sexual function. Sexual function is also integration of the genitalia, co-ordination of blood flow, activation of a range of smooth and skeletal muscles and the stimulation of local secretions (Nagaraj et al. 2009).

There are four phases of the sexual response cycle of women such as, excitement, plateau, orgasm and resolution. Many sexual dysfunctions can be categorized according to the phase of sexual response.

The phase of sexual arousal or excitement, physiological reactions take place as a result of somato-sensory or psychogenic stimulation. This phase continues from a few minutes to several hours and is characterized by a subjective sense of an individual. The woman‟s breasts become fuller and the vaginal walls begin to swell. These responses may be accompanied by other bodily changes like increase muscle tension, increase heart rate, increase breathing, skin may become flushed and nipples become hardened ((Alwaal, A., Breyer, B. N., & Lue, T. F. 2015). The next stage is plateau.

In plateau stage of male, body starts to prepare for orgasm. The clitoris becomes sensitive and vagina‟s tissue begins to swell. Breathing, heart rate and blood pressure continuously increase. Muscle spasm may begin in the feet, face and hands (Nagaraj et al. 2009).

Following plateau, the next stage is orgasm. Guyton and Hall (2001) suggested that orgasm is characterized by climax of sexual pleasure associated with rhythmic contractions of perineal muscles. Pulse rate, blood pressure and respiration become high (Jannini, Buisson and Rubio-Casillas, 2014). Doak and Rogers (2008) argued during orgasm the cardiac response peak heart rate is of 110 to 180 beats every minute.

The final stage, resolution is characterized by the return to normal level of functioning of the body. Swelled and erect body parts back to previous size and color. This phase is marked by a general sense of well-being, enhanced intimacy and often fatigue ((Alwaal, A., Breyer, B. N., & Lue, T. F. 2015).

Kalliomaki. Markkanen. and Mustonen (2011)' described sexual behavior after CVA in a group of people younger than age 60yr. an age range which we find does not represent most stroke patients. According to these authors,' CVA tends to diminish libido and the frequency of coitus, the decline in libido being more common with right- than with left-sided paralysis.

This study was based on personal interviews with the patients, but no information was obtained from the spouse.

Stroke creates problem in sexuality because it affects the nervous system. Stroke hamper the normal male sexual response associated with sexual arousal disorder, decreased libido, genital sensation and lack of ability to achieve orgasm (Buvat, J., et,al(2010).

A male stroke patient may also face various sexual problems which affect the sexual function of his male partner. Both physical and psychological factors can bring sexual function into a problem (Understanding Male Sexual Problem, 2014).

Because of having stroke, a male suffers mostly from ejaculation problem in which there is no semen from the penile during climax time (Ejaculatory Disorders, 2014). Erectile dysfunction also known as impotence is characterized by unable to maintain an erection for sexual functioning.

The orgasmic disorder occurs when there is no ability to get orgasm to sexual stimulation or may occurrence of delay orgasm (Male Orgasmic Disorder). Decreased sexual desire and limit the frequency of intercourse can be seen after stroke. Various side effects such as, headache, muscular pains, hot flushes, tearing can affect normal sexual intercourse (Sansalone, 2014).

Quality of life (QoL) has been defined by the WHO QOL group as 'individuals' perceptions of their position in life in the context of the culture and value system in which they live and in relation to their goals, expectations, standards and concerns. QoL can also be defined as a person's sense of well-being, purpose in life, autonomy, ability to assume worthwhile roles, and ability to participate in significant relationships (Abubakar, S. A., & Isezuo, S. A. (2012).

All of above-mentioned problems can disrupt the stroke patients in their normal sexual function hence interrupting quality of life. So, it can be said that impairment of one stage of sexual function can affect the subsequent phases. Stroke disrupts the normal sexual function of women and men which obstructs to take participate actively in sexual activity. Difficulty to express sexuality of a stroke patient may effect on spousal relationship.

As a result, spouse of the stroke patient deprives from their sexual needs (Blackwell, 2009). Because of having stroke, there is significantly change in spousal role both stroke patient and their partners (Palmer). ADLs such as, leisure activity, self-care activities including sexuality and social works can be disrupted of stroke survivors due to stroke. Emotional health of spouses of stroke patient becomes change because of caring stroke patient and restriction of doing daily activities (Ramazanu, S., Loke, A. Y., & Chiang, V. C. L. (2020).

Quality of life of spouses of stroke patient is associated with stroke patient's physical and cognitive impairment. Stroke affects the daily occupation, sexuality, leisure activities and social works of spouses of stroke survivors. All aspects of life of spouses are influenced and changed by the stroke. So they are less satisfaction about their life (Ostwald, Godwin and Cron, 2009).

Above all, it has seen that stroke patient face various sexual problems after stroke. As anyone, it is needed to a male stroke patient to adjust their sexual life that depends on the optimal care. For ensuring quality of life of a male stroke patient it is needed to appropriate guide for them about sexuality during rehabilitation. If therapists do not deal this issue accurately it affects on a therapist's competency to deal with different kinds of disabilities and their quality of life. Because a rehabilitation expert can work closely in terms of Activities of Daily Living (ADLs) of a patient and make them independent as much as possible.

During rehabilitation program, a rehabilitation expert has a role for supporting a person with stroke to adjust and adapt with sexuality. So, in order to ensure better rehabilitation services to male stroke patient, it is an important issue for conducting this research. This study addressed on the experience of male stroke patient about sexuality and their quality of life. This study will be beneficial for further Rehabilitation officers to understand the problems of sexual relationship of male stroke patient, perception of male stroke patient about their sexuality and the way of maintaining sexual life thus facilitate the total Rehabilitation process of individual.

CHAPTER III METHODOLOGY

3.1. Study Design

Mixed methodology, both qualitative and quantitative studies were applied to achieve the overall and specific objectives of the current study. Johnson et al, 2007 stated that mixed methods research is the type of research in which an investigator combines elements of qualitative and quantitative research approaches (e.g., use of qualitative and quantitative viewpoints, data collection, analysis, inference techniques) for the purposes of breadth and depth of understanding and justification of a certain issue. In the article of Bazeley, 2015, p1, it was found that mixed methods have been widely adopted in social and health science research because of its flexible nature in putting supports against arguments and increased relevance to a wider circle of stakeholders. Moreover, both qualitative and quantitative research designs were used in the study in order to enhance trustworthiness and authenticity, and the meaningfulness and usefulness of the data.

In the qualitative part, phenomenological study design was incorporated with a focus on understanding the experiences of experience of male stroke patient about sexuality. The investigator identified in-depth information existing about sexuality from the participants, particularly existing opportunities and barriers relating within the rehabilitation setting. Investigator deliberately used reverse funnel method to gather more information from the participants. The qualitative part helped to identify the explanation behind their perceived benefit and barrier. Likewise, participants were asked to provide more information about their experience.

3.2. Study Population

The study population will be Individual with stroke patients attending at outpatient Physiotherapy Department of CRP.

3.3. Study Site

The Centre for the Rehabilitation of the Paralysed (CRP) is the largest rehabilitation center in Bangladesh, even in South-Asian region.. It has provided a standard, comprehensive and excellent service for the last 41 years by implementing interdisciplinary approach for the stroke based on its existing resources. In this qualitative research, members need a climate where they share encounters about sexuality with agreeable on the grounds that sexuality is a touchy issue. This qualitative study was directed in neurological unit of Physiotherapy Department of CRP. For information assortment the specialist utilized that places which were suggested by the members and where the members feel good to communicate their encounters.

3.4. Data Collection Period

The data collection period was of 6 months that is from January 2020 to March 2020 and from August 2020 to October.

3.5. Sample Size

The study population were Individual with stroke patients attending at outpatient Physiotherapy Department of CRP. Since, there is no prevalence rate so, here researcher will use 95% confidence interval and 5% sampling error for this study and formulation of sample size determination:

Confidence interval is (z) = 1.96

Sampling error is (r) = 0.05

Prevalence of stroke patients (p) = 0.5

(q) Means (1-p) = 0.5

$$\mathbf{n = \frac{z^2pq}{r^2} = \frac{1.96^2 \times 0.5 \times 0.5}{0.005} = \frac{0.96}{0.0025} = 384}$$

From the above calculation, it was estimated to have total sample size of 384 but due to pandemic condition, lack of patient availability, Inclusion & Exclusion criteria for participant selection led the researcher to collect data from 50 participants in total.

3.6. Inclusion and Exclusion Criteria

3.6.1. Inclusion Criteria:

- Male stroke patient who are taking treatment at CRP
- Patient who had stroke at least 3 months ago.
- Male stroke patient who has intact speech to express his experience.
- Age limit 20-65 years
- The patient who was willingly agreed and completed the consent form of study.

3.6.2. Exclusion Criteria:

- Patient with mental illness and mental disorder.
- Medically unstable
- Unmarried

3.7. Sampling Technique

The study participant was selected by Hospital Radom sampling. Random sampling determines who will be included in the sample. In random sampling every participant has equal chance of being selected for the study (Suresh et.al, 2011). Researcher selected all sample from selected area or hospital within a certain period. Researcher collected data from 50 participant who came at CRP and met inclusion & exclusion criteria in the given time period of 6 months (due to pandemic reason).

3.8. Data Collection Tools

A self-administered questionnaire about sexuality is used to collect the information about the perceptions of the patients. This questionnaire contains total open ended 9question to know the feeling/perception of male stroke patient about sexuality. For the purpose of thesis, the questionnaire is translated in local bangla language. The first section of the questionnaires encompasses demographic information and second section encompass perception about sexuality while another questionnaire is stroke specific Quality of Life.

The Stroke Specific Quality of Life scale (SS-QOL) is a patient-centered outcome measure intended to provide an assessment of health-related quality of life (HRQOL) specific to patients with stroke. Scale domains and items were derived from a series of interviews with post-stroke patients (Williams et al. 1999a). Patients must respond to each question of the SS-QOL with reference to the past week. Higher score determines better functioning. It is a self-report scale containing 49 items in 12 domains: Mobility (6 items), Energy (3 items), Upper extremity function (5 items), Work/productivity (3 items), Mood (5 items), Self-care (5 items), Social roles (5 items), Family roles (3 items), Vision (3 items), Language (5 items), Thinking (3 items) &Personality (3 items)

3.9. Methods of Data Collection:

All the patients in CRP outpatient office with stroke are approached to take part in the investigation. Oneself regulated about sexuality poll will be utilized to explore the perspective on sexuality. Prior to gathering information, researcher gave detailed data about the potential results of the cycle to be completed, and the member were asked to marked the given assent structure. At that point information was gathered with the assistance of organized survey from the individual members. The designs polls incorporate segment information and clinical qualities of the given Theme like (age, site of stroke, nature of stroke). Information assortment was done through self-managed survey from CRP Savar.

3.10. Data Analysis

In qualitative section, data was analyzed through statements, meanings, themes and general descriptions of experiences. Response to open-ended questions about barrier and adjustment to sexual life and additional comments were grouped according to theme. Written responses to questions were subjected to a qualitative analysis. The data files were in Bengali which translated into English, and then data were first analyzed across the entire data set. The data analysis was guided by qualitative content analysis theory and was completed independently by two researchers. The initial analysis of the responses to qualitative question was completed by a research assistant who was unaware of aim and objectives of the research. First, coding units were defined as separate ideas. Since most responses to this question where simple lists separate idea was readily identified by punctuation and/ new line. Each unit was then assigned one or more codes.

For quantitative study data were analyzed through data entry, and analysis was performed using the Statistical Package for social science (SPSS), by using descriptive statistic method, version 16, and Microsoft excel spreadsheet. The presentation of data was organized in SPSS and in Microsoft Office Word. All data were input within the variable of SPSS. The SSQOL and Demographic questionnaire were analyzed. Demographic

factors were discussed such as sex, age, living area etc. Cronbach's test was used to find the Quality of life in each domain.

3.11. Quality Control and Quality Assurance

While gathering the information, the researcher should take help from the supervisor when it is required. During information assortment and information examination the specialist won't be impact by the scientist's inclinations, values, own assessment and points of view. The Category of the member ought to be kept up while gathering the information and the appropriate response given by the member shouldn't be impacted whether it is correct or wrong. Finally, information ought to be checked a few times to keep up the precision and translation of information ought to be done appropriately to improve consequence of the investigation.

3.12. Ethical Issues

3.12.1. Information sheet & Consent form

Information sheet and consent form is a vital part of any kind of study, because it is a formal settlement or agreement of participation which was taken from the participants before preliminary the interview. An Information sheet including the details information on study aim and objectives, study design, study duration, institute affiliation, identity of investigator, participant's confidentiality, participant's rights and responsibilities, potential risk, benefit and further information related to study, was prepared for participants to provide prior to take informed consent.

A written consent form was also prepared for the participants to verify the level of understanding of the information sheet, awareness about the potential benefits and risks of the participants and their volunteer participation with signature. So it was significant to take consent from them who were interested to participate in the study. Before starting the interview, signatures were obtained from each participant on a consent form. If the participants are not literate then thumb print has been undertaken in presence of his/her relative.

3.12.2. Ethical Consideration

The whole process of this research project has been done by following the Bangladesh Medical Research Council (BMRC) guidelines and World Health Organization (WHO) Research guidelines. The proposal of the dissertation including methodology was approved by Institutional Review Board (IRB) and obtained permission from the concerned authority of ethical committee of Bangladesh Health Professions Institute (BHPI). Again, before the beginning of the data collection, the researcher had obtained the permission from Head of Physiotherapy Department. A written information sheet was provided to participants agree to participate in the study then his consent was taken. The researcher has strictly maintained the confidentiality regarding participant's condition and given data.

CHAPTER IV RESULTS

In result and discussion chapter, it has presented the result of the research study and presented the findings by using different literature. In qualitative studies, it is common practice to present result and discussion together in one section (Otani T. 2017). Result part of this section has described as completely so that it is possible to judge the findings of the study. By using tables and figures it has demonstrated the findings of the study. The discussion section is as a- "comment section placing the results in context with the published literature and addressing study limitations" (Graf, 2008).

4.1. Socio-demographic characteristics of the participants (N=50)

Characteristics		Frequency	Percentage (%)
Age of participant	18-27	2	4
	28-37	7	14
	38-47	16	32
	48-57	23	46
	58-above	2	4
Duration of stroke	6-12 months	16	32
	13-24months	21	42
	25 months & more	13	26
Carer of participant	Wife	31	62
	Sibling	7	14
	Child	12	24
Type of stroke	Ischemic	24	48
	hemorrhagic	26	52
Living area	Urban	21	42
	Rural	14	28
	semi rural	15	30
Family member	<3	25	50
	>3	25	50
Education of Participants	Primary	12	24
	Secondary	14	28
	HSc	8	16
	Graduate	12	24
	Illiterate	4	8

Demographic data of participant are listed in Table 4.1. The Table showed that among 50 participants, age ranges were from 48-57 years and mean age were 46.60 years and the Table 4.1 described 46% (n=23) were of 48-57 years, 32% (n=16) were of 38-47 years, 14% (n=7) were of 28-37 years, 8% (n=4) Participant's age were from 18-27 & 58 years and more.

Again, table 4.1 shows duration of stroke of the participants, 42% (n=21) have stroke since 13months to 24months, 32% (n=16) were 6months to 12months & 26% (n=13) have stroke more than 25months.

With regard to their relationship with the stroke patient, most of the caregivers were wives 62% (n=31), 24% (n=12) were children and 14% (n=7) were other relatives (mother, brother or sister).

As the table4.1 shows 52% (n=26) of participants had hemorrhagic stroke while 48% (n=24) had ischemic stroke.

Table 4.1 shows that 42%(n=21) lives in urban area while 30%(n=15) lives in semi-rural area and 14%(n=28) lives in rural area.

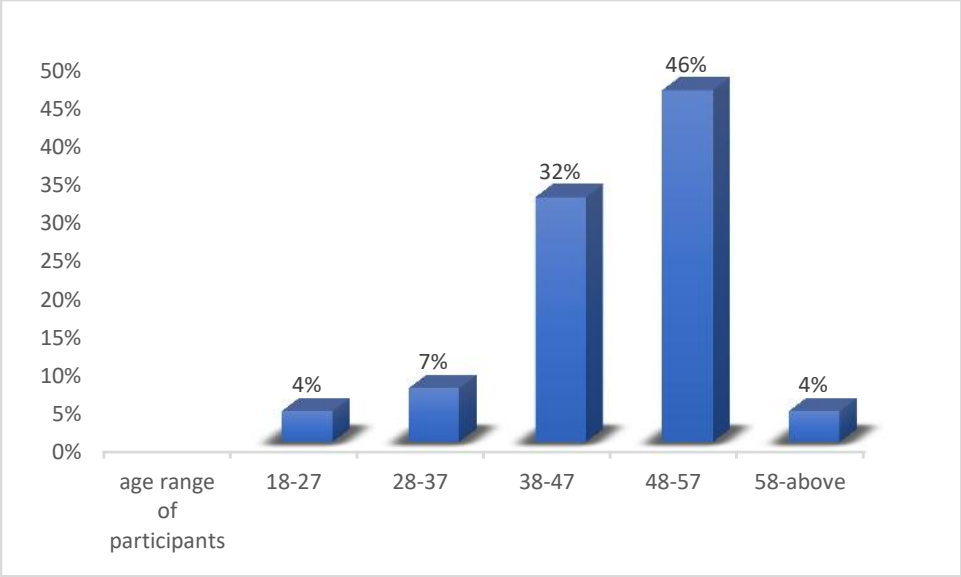

Fig:1 Age Range of Male Stroke Patients

Fig 1 shows that among 50 participants, highest percent of participant i.e. 46% (n=23) were of 48-57 years of age range, while 32% (n=16) were of 38-47 years, 14% (n=7) were of 28-37 years,4% (n=2) each were from 18-27 & 58 years and more.

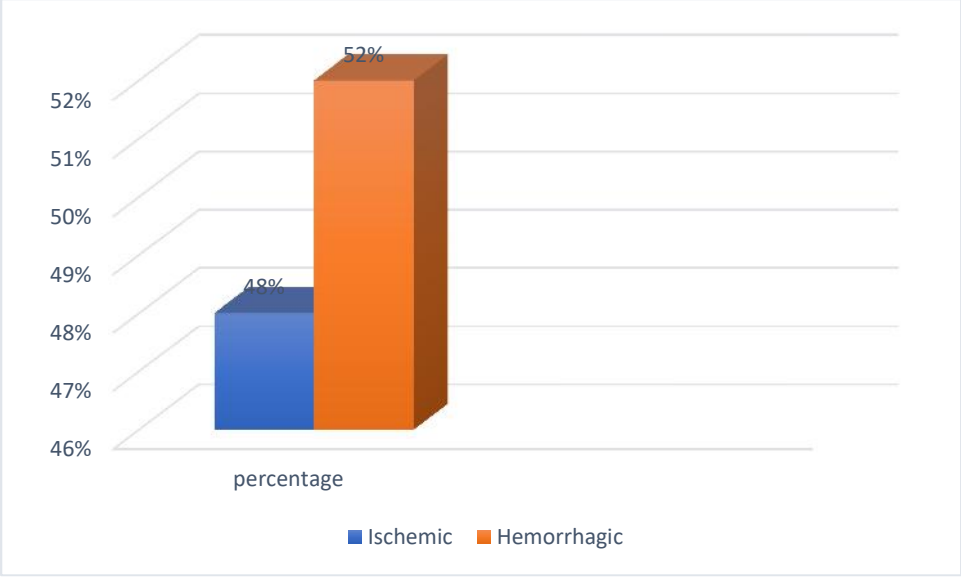

Fig 2: Type of stroke in male stroke patient.

Fig 2 shows Percentage of type of stroke among 50 participants 52% (n=26) of participants had hemorrhagic stroke while 48% (n=24) had ischemic stroke.

Domain of SSQOL	Number of Item	Mean (SD)	Internal consistency Cronbach's A
Energy	3	3.48 ± 1.16	.794
Family	3	3.73 ± 0.96	.787
Language	5	3.69 ± 0.99	.856
Mobility	6	3.85 ± 1.15	.772
Mood	5	3.89 ± 0.95	.795
Personality	3	3.30 ± 1.04	.805
Self-care	5	4.08 ± 1.24	.766
Social rules	5	2.95 ± 0.99	.765
Thinking	3	3.68 ± 1.11	.805
Upper Extremity	6	3.93 ± 1.13	.777
Vision	3	4.02 ± 0.92	.833
Work	3	3.54 ± 1.30	.779

Table 4.2: Internal consistency of SSQOL in male stroke patient

Statistical tests results are also presented in Table 4.2. Acceptability results showed that fewer than 15% of the respondents chose the minimum possible score of 1 in each domain. However, fewer than 40% chose the highest possible score of 5. Internal consistency scores for items within each domain were fair, with Cronbach's alpha scores ranging between 0.7 to 0.79 which were as per domain energy (0.79), family (0.78), mobility (.77), mood (.79), self-care (.76), upper extremity (.77) and work (.77). On the domain level, Cronbach's alpha scores were good only for the language (0.85), personality (0.8), thinking (0.8) and vision (0.83) domains.

SUMMARY OF DATA ANALYSIS

Aim of the study	Objectives of the study	Question	Categories	Themes
The main aim of this study is to explore the view of male stroke patient about their sexuality	1.To understand the perception of male stroke patient about sexuality.	Question-3 Number2,3,9	1. Issues that influenced sexual relationship of male stroke patient 2. Understanding the impacts of challenges to partake in sexuality on day by day living exercises of male stroke patients.	1. Incapacitated appendage influences sexual relationship of male stroke patient. 2. Troubles in sexuality make male stroke patients tragic to be occupied with their ADL.
		Question-1 Number-1	1. Understanding about sexuality of male stroke patient	1. Male stroke patients are learned about sexuality
		Question-5 Number4,5,6,7,8	1. Understanding about the method of keeping up sexual life. 2. Conversation with spouse in regards to issues of sexual exercises. 3. Changes in	1. Actual help is needed from accomplice to keep up sexual relationship. 2. Male stroke patients don't talk about with

			closeness of sexual accomplice in sexual relationship	their better half in regards to their sexual issue. 3. No adjustment in closeness between male stroke patients and their better half in sexual relationship.
	To know the quality of life of male stroke patient		Acceptability results showed that fewer than 15% of the respondents chose the minimum possible score of 1 in each domain. However, fewer than 40% chose the highest possible score of 5.	

The aim of this study was to explore the experience of male stroke patient about their sexuality. Objective was to understand the problems of sexual relationship of male stroke patient that they faced after having stroke. Under these objective different categories are used to explain as question no. 2, 3, 8 were used and two categories were emerged. Category 1 was emerged by using question no. 2 and 3. Category 2 was emerged by using question no. 8.

Category 1: Understanding about problem that affect sexual relationship of male stroke patient.

Under this category one theme was emerged as follows

Theme 1: Paralyzed limb affects sexual relationship of male stroke patient.

Category 2: Understanding the effects of difficulties to take part in sexuality on daily living activities of male stroke patients.

Under this category one theme was emerged as follows

Theme 2: Difficulties in sexuality make male stroke patients sad to be engaged in their ADL.

As to understand the perception of male stroke patient about sexuality. Under this objective question no. 1 was used and following one category were emerged,

Category 1: Understanding about sexuality of male stroke patient.

Under this category one theme was emerged as follows

Theme 1: Male stroke patients are knowledgeable about sexuality.

Three categories were emerged to achieve this objective. Category 1 was emerged by using question no. 4, 6, and 7. Category 2 was emerged by using question no. 5. Category 3 was emerged by using question no. 8.

Category 1: Understanding about the way of maintaining sexual life.

Under this category one theme was emerged as follows

Theme 1: Physical support is required from partner to maintain sexual relationship.

Category 2: Discussion with wife regarding problems of sexual activities.

Under this category one theme was emerged as follows

Theme 2: Male stroke patients do not discussion with their wife regarding their sexual problem.

Category 3: Changes in intimacy of sexual partner in sexual relationship.

Under this category one theme was emerged as follows

Theme 3: No change in intimacy between male stroke patients and their wife in sexual relationship.

According to categories and coding it has given the description of theme at below:

Theme 1: Paralyzed limb affects sexual relationship of male stroke patient

Following stroke, there are many effects have seen both physically and psychologically. But some of the very most common effects of stroke are physical like experiencing paralysis, muscle weakness, stiffness, reduces perception of body position usually one side of the body. These all are creating problem to move particular side of the limb (Stroke Recovery Association, 2014).

Table 4.3 Problems affected sexual relationship of male stroke patient

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Paralysis of limb	√		√	√	√		√	
Lacking of ability			√					
Difficulty to hug√			√					
Decreased libido				√	√		√	
Difficulty to move limb				√	√			√
Feeling bad							√	
No problem		√						

Most of the participant said that paralyzed limb is the most barriers to build sexual relationship with their wife. Around half of the participants said that they feel lack of

interest to involve sexual relationship with their wife. Few participants said that they have no problem to maintain sexual relationship after stroke.

One of the participants mentioned that,

“Yes, I have so many problems after stroke. My paralyzed hand creates so many difficulties for me to use. As a result, I cannot hug my wife due to paralyzed hand”.

Another one of the participants said that,

“I cannot move my hand and leg during sexual relationship with my wife. These create so much difficulty in my sexual life”

Information available from their website (Physical effects of stroke, 2013) around 80% stroke survivors experience movement problems which are raised from paralysis. Due to paralysis, stroke survivors face difficulty to use and move the limb as they belong to these limbs. These problems have a great impact on the sexual relationship of the spousal life of male stroke patient.

One of the participants added that,

“Yes, I have problem. I have problem in my right sided hand and leg. So, I cannot use these during sexual relationship”.

In patient’s life stroke has intense impact, including sexual functions and sexual relationships with the partner. Physical impairments can prevent a person or a couple from achieving the sexual positions appropriately (Cheung, 2008).

Some of the participants reported that their interest to build sexual relationship has decreased after stroke which is known as decreased libido. This is very common in male after stroke.

One of the participants mentioned that,

“Nowadays my interest to build sexual relationship with my wife has decreased after stroke”.

Another participant differently added that,

“Yes, it has seemed to be changed in my sexual ability. Now I feel not better, I have no interest to involve in sexual relationship. I feel bad after illness”

Kimura et al. (2015) argued decreased or diminished libido is common after stroke and it creates problem to maintain sexual relationship as well as spousal relationship between stroke survivors and their partners.

Others have shown (Akinpelu et al. 2013) decline or decreased libido has significantly impact on sexual functioning of stroke patients. So, decreased libido has a negative impact on spousal relationship of the stroke survivors.

Few participants said that they have no problem to cope sexual relationship with their wife

One of the participants stated that,

“No, I have no problem to maintain sexual relationship”.

Another one participant added that there are so many problems immediate after stroke of his but at present he has no problem to build sexual relationship. Because he thinks that there is a limited problem in his limbs as he will overcome these gradually.

If the limb has mild weakness there is no chance to paralyses of the particular limb and it is possible to move this limb with some difficulties which is overcoming (Physical effects of stroke, 2013). So, a person who has mild weakness in the limb is not face so many difficulties and is capable to use limb rather than who has severe problems.

Theme 2: Difficulties in sexuality make male stroke patients sad to be engaged in their ADL

Along with physical problem, various mood problems create difficulty to perform daily activities of stroke patients. The symptoms of depression, anxiety, apathy are the most common behavioral and emotional incidences after stroke which can hinder the performing the daily activities of the person. After stroke, there is a significantly changed in ADLs of people with stroke. The performance of ADLs has seen to be worsened after stroke in survivors (Stroke Recovery Association, 2014).

Table 4.4: Understanding ADLs with psychological changes of male stroke patient

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Feeling sad			√	√	√	√	√	√
Lacking of interest			√		√		√	
Feeling bad			√					
Feeling hopeless		√		√				
Feeling of guilt				√				
Feeling worry								√
No effect	√	√						

From this table, it has seen that most of the participants reported that their daily activities are hampered due to sadness after stroke.

One of the participants said that,

"(Answer yes by quivering head) Now I feel bad and lack of interest to do perform daily activity as I feel sad".

Another one of participants mentioned that,

"Yes, I am feeling sad; from this, death is the better for me. I feel guilty when I communicate with my wife"

Every human being has a unique profession. Every day various activities are performed by human being. All of activities are divided into three parts: self-care, productivity and leisure. All human are included in these parts and these parts are very important for all. The entire quality of life is depending on these all activities (Daily living impact of stroke, 2014). If any one part is disrupted then whole quality of life will hamper. Any illness or disability like stroke creates negative impact on the quality of life of the patient (Laurent, K., et,al.2011).

One of participants added that,

“For sometimes I feel sad when these are remembered. I think that only who can understand problem these are own”.

The symptoms of depression are very common trait after stroke. Depression is characterized by feeling of sadness, feeling of hopeless and feeling of helplessness.

These problems have great impact on the daily activity such as, eating, sleeping, and thinking (Monti, 2011).

Depression can obstruct the constitute relationship of husband and wife (Stroke Foundation of New Zealand). Depression often reduces libido and drugs for depression may also reduce libido. This can put strain on the sexual relationship with partners (Depression Health Center, 2015).

In fine, it can be said that depression is the main psychological problem after stroke. In OT treatment session, it is necessary to motivate the patient to perform ADLs as much as possible. If psychological problems treated well it will be benefited to stroke survivor for ensuring better quality of life (Haghgoo et al. 2013).

Theme 3: Male stroke patients are knowledgeable about sexuality

Sexuality is very important in every human life. Sexuality is a central dimension of the human experience. Sexuality is reflected and expressed in many aspects of life like gender identities and roles, values, self-image, sexual orientation, intimacy, sex and reproduction (Sexuality, 2012)

Table 4.5: Understanding about sexuality of male stroke patient

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Feeling between husband & wife	√		√	√	√	√		
Sexual intercourse			√					√
Physical relation of husband & wife			√					
Staying husband & wife together		√			√			
Hugging with wife			√				√	
Sympathetic relationship with husband and wife	√			√				
Intimate relationship with husband &wife								√

Sexuality is an important aspect in human life. Sexuality is different from person to person. Generally, sexuality meant by feelings and attraction that a person feel towards other people (American Psychological Association, 2011). Stroke has a great impact on sexuality in survivors. Stroke has profound and negative impacts on the patient‟s life such as, sexual functions and relationships with the spouse or partner. Sexuality is very essential for maintaining social relationships. Stroke survivors have ability to maintain sexuality by coping with problems that imposed by disability (Giaquinto et al. 2003).

All of the participants demonstrated the sexuality with researcher. Most of the male with stroke expressed that the relationship between husband and wife is called sexuality.

One of the participants said that,

"Sexuality is meant by staying with husband and wife together. On the other hand it may be such as, hugging and loving wife".

Another participant stated that,

"Sexuality is the feeling, sympathy and physical relationship between husband and wife".

Information from their website (Oxford Learners Dictionary, 2015) "Sexuality is the feelings and activities connected with a person's sexual desires".

One of participants added that,

"Sexuality means the physical relationship between husband and wife".

Most of the participants were unable to move their one side of the body properly. This creates problem to build sexual relationship with their husband what they want. One participant mentioned that "Sexuality is very important for person with and without disabilities. As previous it is necessary to build a good relationship between husband and wife after stroke".

Sexuality is a normal and natural part of human development. Every person is born a sexual being and has sexual needs. Sexuality does not mean not only physical act of intercourse but also feelings of love, respect, closeness and gratitude shared by partners (Sex and Sexuality, 2014).

One of participants said that,

"Sexuality is the loving relationship between husband and wife".

Another one participant added with this stated that,

"Intimate relationship is called sexuality".

Sexuality is a very important and essential part of people with and without disabilities. Sexuality is a medium to maintain social relationship with others. Like anyone, stroke survivor has same sexual needs to maintain their spousal relationship. Sexuality is broader than sexual feelings and sexual intercourse. It can be included feelings, thoughts, behaviors, attraction, love and intimate relationship with partners. Sexuality can be differing from male to male.

Theme 4: Physical support is required from partner to maintain sexual relationship

Following stroke, a person need various support both physically and psychologically. These supports are very necessary to a lead good life as much as possible. So, physical and psychological supports are important for stroke patient.

Table 4.6: Understanding about sexual relationship of female stroke patient

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Loss of frequency to built sexual relationship	√		√				√	√
Expect support for limb position				√			√	
Do not involve in relationship after stroke	√					√		
Expect physiological support from spouse		√			√			√

Most of the participants said that they need physical support from their wife during sexual relationship for proper limb position. Half of the participants reported that sexual relationship between them and their wife has been decreased after stroke. Only one participant said that she needs psychological support from his wife.

One of participant said that,

“As I have problem in my hand and leg, I expect that my wife will help me to maintain hand and leg during sexual relationship”.

One participant said that,

“During physical relationship with my wife, I expect support in my left side of the body as it paralysis”.

After stroke, most of the stroke survivors have movement problem due to paralysis of limb. As a result, it is difficult to move or balance the weak limb. So they have to support physically to maintain proper limb position (Stroke Association, 2013).

Another one participant mentioned that, “Not like before, my affected hand and leg create difficulty in my sexual life. she (my wife) helps me what I need. she supports to my hand and leg”.

Steiner et al. (2008) argued physical support is necessary of stroke survivors for improving mobility, preventing falls and assisting with daily activities.

Often psychological support is need for stroke survivors. One participant expressed that he needs psychological support from her wife. It is observation from researcher that this participant was sadder and worries about his illness as well as spousal relationship with her wife.

This participant said that,

“I expect psychological support only from my wife”.

Psychological support is very important for stroke patient after stroke. There are strong arguments to support the provision of psychological support for improving functional independence, mood, coping and quality of life after stroke survivors (Gillham and Clark, 2011). So it can be said that the quality of life of stroke survivor can depend on psychological care.

On the other hand, it has been reported by some participants that the sexual relationship after stroke has been decreased.

One of participants said that,

"As like before, I am maintaining sexual relationship with my wife But the number of sexual relationship has been decreased between us".

Another participant mentioned that,

"Now I am not maintaining relationship with my wife as like before. After illness I am involved sexual relationship with my wife just for three times. My family member forbidden me. They say that this illness (stroke) will arise again if I involve such kind of relationship with my wife".

Another participant added that he is maintaining sexual relationship with his wife with difficulties but the number of sexual relationships has been decreased.

Fear about partner rejection, fear of failure to perform, decline libido, inability to move limb, poor balance create problem to make sexual relationship between stroke survivor and their partners (Stroke Foundation of New Zealand).

Theme 5: Male stroke patients do not discuss with their wife regarding their sexual problem

Discussion between husband and wife is very important after stroke for maintaining spousal relationship happily. Information from their website (Cambridge Dictionaries Online, 2015) discussion can be defined as-"The activity in which people talk about something and tell each other their ideas or opinions"

Table 4.7: Discussion with wife regarding sexual activities

Coding	P1	P2	P3	P4	P5	P6	P7	P8
No discussion between wife & male stroke patient about sexuality	√	√	√	√	√	√	√	√

All of participants reported that they do not discuss with their wife about their sexual problems.

One of participants mentioned that,

“I do not discuss with my wife about problem of sexuality because my wife understands me”.

Another participant said that,

“No, she (My wife) understands my problems so I do not discuss with her”.

It is very important to discuss with partner about the difficulties that faced after stroke. Every loving relationship is depending on open communication of husband and wife (Stroke Foundation of New Zealand).

Another one participant added that,

“No, I do not discuss with my wife for my sexual difficulties. My wife understands my all problems so there is no need to discuss with her”.

Healthy intimate relationship is very important because it facilitates the recovery process of stroke survivor. After stroke, it is essential both stroke survivor and their partners to be informed and prepared to face the changes of sexuality. To reconnect and restore the feelings of closeness open communication between stroke survivor and their partner is very important. Open discussion between the stroke survivor and their partner about sex is necessary to maintain loving and happy spousal life (Rescue, 2009).

So it is very important of discussion between husband and wife about sexuality for the betterment of recovery as well as strong healthy life after stroke.

Theme 6: No change in intimacy between male stroke patients and their wife in sexual relationship

Intimate relationship is very important for spouse to lead a happy life. Intimacy can vary after stroke depending on the time passed from stroke date.

Table 4.8: Change in intimacy of sexual partner in sexual relationship

Coding	P1	P2	P3	P4	P5	P6	P7	P8
Good intimacy between husband & wife	√	√	√	√	√	√	√	
Wife avoid after stroke								√

Most of the participants reported that there is no change of intimacy with wife. Only one participant said that his wife is avoiding him after stroke.

One of participants said that,

"No, no, there is no change in intimacy between me and my wife due to stroke".

Intimate relationship plays a central role that involves physical or emotional intimacy. Intimate relationships involve feelings of liking or loving other people, romance, physical attraction and sexual relationship with partners. Intimate relationship allows a social network to form strong emotional attachments with each other (What is intimacy and why is it so important? 2013).

Another participant mentioned that,

"No, there is no change intimacy with my wife. she is a good person with understanding".

Most of the stroke survivors think that there is no difficult to build and maintain good relationship with partner as their partner is very understanding and they lead a happy spousal life (Stroke, 2015).

Only one participant said that,

"My wife is avoiding me nowadays after stroke".

By changing roles and responsibilities, stroke can obstruct the relationships between husband and wife. Stroke patient can experience more irritable and frustration that hinder to closest with their partners (Prifysgol Bangor University, 2012).

Intimacy between husband and wife depend on the physical and psychological wellbeing of stroke survivors. Warleby, Moller and Blomstrand (2004) argued the life satisfaction including leisure, daily activities, sexual life and social contacts are lesser 4 months after stroke. Limb problem, depression, lack of mobility, poor balance creates negative experience of stroke survivors. So there is a chance to reduce intimacy between husband and male stroke survivors.

CHAPTER V DISCUSSION

The objectives of the study were to find out the demographic profile of the stroke patients attended at CRP, Bangladesh. In this study almost 46% of the participants were age group 48-57 years. The mean age of the respondents was 46.6 years. In here height age of the participants was 58 above and lowest age was 18. In Germany, a study by Foerch et al.(2009) found that mean age of stroke patient was 74 years and 20% of the participants were below 64 years and 73% were more than 74 years. In a study by Hossain et al.(2011) in Bangladesh found that peak incidence was between51 to 70 years (69%).

In this study we found 8% were never attended school, 24% were primary, 16% were H.S.C and 24% were graduate or above among the participants educational status. Salbach et al.(2006) found in America 29% were none primary, secondary 37% and college-university 34%. In a study by Hossain et al.(2011) in Bangladesh found that 31% patients received schooling, 19%patients received college education, only 13% went to university or similar institution and only 37% were never attended school.

The study showed that 42% the participants came from urban area and 28% were from rural area and 30% came from semi-rural area. In northern Portugal a study by Correia et al.(2000) found that most urban people are affected rather than rural people.

These study shows 48% were ischemic and 52% were hemorrhagic stroke among participant. Other study Hossain et.al. (2011) stated that 61% were ischemic and 39% were hemorrhagic stroke at Faridpur medical college, Bangladesh. And also mentioned that higher rate of hemorrhagic stroke is also found in number of hospitals in Asian countries such as Singapore, Malaysia (33%) Thailand (30%), 37 Korea (31%), Taiwan (31%). One of the causes of high incidence of hemorrhagic stroke in this hospital may be due to the acute admission is more related to hemorrhagic stroke.

In this study Cronbach's alpha scores for SSQOL shows ranging between 0.7 to 0.79 which were as per domain energy (0.79), family (0.78), mobility (.77), mood (.79), self-care (.76), upper extremity (.77) and work (.77). On the domain level, Cronbach's alpha

scores were good only for the language (0.85), personality (0.8), thinking (0.8) and vision (0.83) domains. While in the Spanish version of the SSQOL questionnaire taken by Mexican patients, most domains exceeded Cronbach's alpha score of 0.8, thereby revealing that items within each domain measure the same concept. However, the family roles and personality domains had Cronbach's alpha scores of below 0.6, lower than those obtained by Post, M. W., Boosman et al.2011 (0.79 and 0.77, respectively) and Lin, K. C., 2011(0.81 and 0.89, respectively).

Lifestyle is formed throughout the human life and influences health the most. Proper information concerning the right lifestyle is an important element of health education of sick people after stroke. The aim of this study was to explore the experience of male stroke patient about their sexuality. Objective was to understand the problems of sexual relationship of male stroke patient that they faced after having stroke.

Following stroke, there are numerous impacts have seen both genuinely and mentally. However, a portion of the most well-known impacts of stroke are physical like encountering loss of motion, muscle shortcoming, firmness, diminishes impression of body position generally one side of the body. These all are makes issue to move specific side of affected limb (Stroke Recovery Association, 2014).

The majority of the member said that affected limb is the most obstructions to assemble sexual relationship with their wife. Around half of the members said that they feel need important to include sexual relationship with their wife. Scarcely any members said that they have no issue to keep up sexual relationship after stroke. Information available from their website (Physical effects of stroke, 2013) around 80% stroke survivors experience movement problems which are raised from paralysis. Due to paralysis, stroke survivors face difficulty to use and move the limb as they belong to these limbs. These problems have a great impact on the sexual relationship of the spousal life of male stroke patient.

In patient's life stroke has serious effect, including sexual capacities and sexual associations with the spouse. Actual impairments can restrict an individual or a couple from accomplishing the sexual positions suitably (Cheung, 2010).

Some of the participants reported that their interest to build sexual relationship has decreased after stroke which is known as decreased libido. This is very common in male after stroke.

Kimura et al. (2001) argued decreased or diminished libido is common after stroke and it creates problem to maintain sexual relationship as well as spousal relationship between stroke survivors and their partners. Others have shown (Akinpelu et al. 2013) decline or decreased libido has significantly impact on sexual functioning of stroke patients. So, decreased libido has a negative impact on spousal relationship of the stroke survivors.

Alongside actual issue, different disposition issues make trouble to perform every day exercises of stroke patients. The indications of discouragement, nervousness, indifference are the most well-known social and passionate rates after stroke which can prevent the playing out the day-by-day activities of the individual. After stroke, there is an altogether changed in ADLs of individuals with stroke. The presentation of ADLs has seen to be deteriorated after stroke in survivors (Stroke Recovery Association, 2014).

Each person has a one of a kind calling. Consistently different activities are performed by person. All of activities are partitioned into three sections: self-consideration, profitability and relaxation. All human is remembered for these parts and these parts are vital for all. The whole personal satisfaction is relying upon these all exercises (Daily living effect of stroke, 2014). On the off chance that any one section is disturbed, entire quality of life will hamper. Any ailment or incapacity like stroke makes negative effect on the quality of life of the patient (Laurent, K.et,al. 2011).

The symptoms of depression are very common trait after stroke. Depression is characterized by feeling of sadness, feeling of hopeless and feeling of helplessness. 27 These problems have great impact on the daily activity such as, eating, sleeping, and thinking (Monti, 2011).

Depression can obstruct the constitute relationship of husband and wife (Stroke Foundation of New Zealand). Depression often reduces libido and drugs for depression

may also reduce libido. This can put strain on the sexual relationship with partners (Kutlubaev, M. A., & Hackett, M. L.2014)

Sexuality is a significant viewpoint in human existence. Sexuality is not the same as individual to individual. By and large, sexuality implied by emotions and fascination that an individual vibe towards others (American Psychological Association, 2011).

Stroke has an extraordinary effect on sexuality in survivors. Stroke contrarily affects the patient's life, for example, sexual capacities and associations with the companion or accomplice.

Sexuality is extremely fundamental for keeping up friendly connections. Stroke survivors have capacity to keep up sexuality by adapting to issues that forced by incapacity.

The vast majority of the participants couldn't move their one side of the body appropriately. This makes issue to fabricate sexual relationship with their better half what they need. One member referenced that “Sexuality is very important for person with and without disabilities. As previous it is necessary to build a good relationship between husband and wife after stroke”. Sexuality is a typical and characteristic piece of human turn of events. Each individual is brought into the world a sexual being and has sexual necessities. Sexuality doesn't mean actual demonstration of intercourse as well as sensations of adoration, regard, closeness and appreciation shared by accomplices (Sex and Sexuality, 2014).

Often psychological support is need for stroke survivors. One participant expressed that he needs psychological support from his wife. It is observation from researcher that this participant was sadder and worries about his illness as well as spousal relationship with his wife.

Psychological support is very important for stroke patient after stroke. There are strong arguments to support the provision of psychological support for improving functional independence, mood, coping and quality of life after stroke survivors (Gillham and Clark,

2011). So, it can be said that the quality of life of stroke survivor can depend on psychological care.

Like a participant mentioned "*Now I am not maintaining relationship with my wife as like before. After illness I am involved sexual relationship with my wife just for three times.".* Another participant added that he is maintaining sexual relationship with his wife with difficulties but the number of sexual relationships has been decreased. Fear about partner rejection, fear of failure to perform, decline libido, inability to move limb, poor balance create problem to make sexual relationship between stroke survivor and their partners (Stroke Foundation of New Zealand).

Strong close connection is vital in light of the fact that it encourages the recovery cycle of stroke survivor. After stroke, it is fundamental both stroke survivor and their spouse to be educated and arranged to confront the progressions of sexuality. To reconnect also, reestablish the sensations of closeness open correspondence between stroke survivor also, their accomplice is vital. Open conversation between the stroke survivor and their accomplice about sex is important to keep up adoring and cheerful spousal life (Rescue, 2009).

Most of the stroke survivors think that there is no difficult to build and maintain good relationship with partner as their partner is very understanding and they lead a happy spousal life (Stroke, 2015).

Stroke can disturb the connections among a couple. Stroke patient can encounter more fractious and disappointment that block to nearest with their spouse (Prifysgol Bangor University, 2012). Closeness among a couple rely upon the physical and mental prosperity of stroke survivors. Persson, J., Holmegaard, L (2015) argued the existence fulfillment including recreation, every day exercises, sexual life and social contacts are lesser 4 months after stroke. Limb problem, sorrow, absence of portability, helpless equilibrium makes negative insight of stroke survivors. So, there is an opportunity to lessen closeness among spouse and female stroke survivors.

5.1 Limitation

Limitation is one kind of matter and incidence which may occur any time of conducting and constructing the study. Every study has some limitation which is out of researcher's control (Simon and Goes, 2013).

During the time of conducting this study, there were some limitations present. By considering these limitations the researcher conducted this study. The limitations are given below:

- In this research study, only male stroke patients were included. So, it is not possible to find out the problem of female stroke patient in sexuality.
- Partners of male stroke patient were not included in this study. Being a male researcher, it was not possible to share experiences with male stroke patient's partners.
- In Bangladeshi context, there was a lack of available information related to this study such as, research study.
- During interview, researcher used audio recorder to collect data from participants. Participants have given different information rather than related information of study when audio recorder was used.

CHAPTER VI CONCLUSION

Stroke affects all aspects of life both patient and their family physically, psychologically, socially and economically and the survivors face difficulty to adjust their life after stroke (Stroke foundation, 2015). Sexuality is one of the important daily living activities. The stroke survivors face difficulty to participate in sexuality with partners because of paralysis of limb, loss of movement, lack of discussion among husband and wife. Due to stroke, their sexuality has become significantly changed.

Though partners were supportive of male with stroke for positioning to perform sexual activities, it is a mental strain for them. But most of the male stroke patients were unwilling to discuss about their sexual difficulties with their wife. Due to failure sexual relationship with partners, it will be created secondary problems such as, depression, anxiety etc. These kinds of secondary problems affect the outcome of the treatment program.

These issues are needed to be included in Rehabilitation of patient. It is hope that the better rehabilitation for stroke patient will facilitate the quality of life of the stroke patient. As sexuality is a part of daily activity, it is necessary to include this issue for ensuring better treatment outcome. Skilled therapists and Rehabilitation experts can help stroke patient to adjust their new life after stroke. Therapists should build 36 rapport with patient and work with them in sexuality. Besides, a rehabilitation expert can help other personnel like sex therapist, counselor. So, rehabilitation expert has a great role in sexuality so that stroke patient can lead a happy life and maintain good spousal relationship with partners.

6.1 Recommendations for further research study:

Further research is needs to conduct various studies related to sexuality. The study related to this topic may be benefited to Rehabilitation professional and patient in Bangladesh. This may involve:

- Experiences of female stroke patient about their sexuality.
- Effect of stroke about spousal relationship.
- Find out the Rehabilitation professional and student's practice in terms of sexuality during treatment sessions.
- To discover the male stroke patient and their female partne's satisfaction about spousal relationship following stroke.
- Further research should be conducted with large number of participants. It will help to generalize the result easily.

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APPENDEX-1

সম্মতি পত্র

আসসালামু আলাইকুম,

এই গবেষনাটি মাস্টার্স অব রিহ্যাবিলিটি স্যায়েন্স কোর্সের অংশ এবং স্টাডি কন্ডাক্টর হলেন রিচার্ড বৈরাগী ছাত্র । বাংলাদেশ হেল্‌থ প্রফেশন্স ইনিষ্টিটিউট (বিএইচপিআই) এর পূনর্বাসন বিজ্ঞান বিভাগ। সমিক্ষাটির শিরোনাম ছিল" যৌনতা এবং তাদের জীবনযাত্রার মানের বিষয়ে স্ট্রোক রোগীদের উপলব্ধি"

এই গবেষণায় আমি .....একজন অংশগ্রহণকারী এবং আমাকে অধ্যয়নের উদ্দেশ্যে এবং লক্ষ্য সম্পর্কে স্পষ্টভাবে অবহিত করা হয়েছে। অধ্যয়নের যে কোন পর্যায়ে যে কোন সময়ে অংশ নিতে অস্বীকার করার অধিকার আমার থাকবে। যে কারনে আমি কারও জবাব দিতে বাধ্য থাকব না। এই অধ্যয়নের আমার সাথে কোন যোগাযোগ নেই এবং বর্তমানে এবং ভবিষ্যতে চিকিৎসা সম্পর্কিত আমার এবং আমার রোগীর উপর কোন প্রভাব ফেলবে না। আমাকে আরও জানানো হয়েছে যে, স্টাডিতে যে সাক্ষাতকারটি ব্যবহৃত হয় সেগুলি থেকে সমস্ত তথ্য সংগ্রহ করা হবে এবং তা গোপনীয়তা বজায় থাকবে। আমার নাম এবং ঠিকানা কোথাও প্রকাশিত হবে না। কেবল গবেষক এবং সুপারভাইজর তার গবেষণার ফলাফল প্রকাশের জন্য তথ্য অ্যাক্সেসের জন্য যোগ্য হবে। আমি গবেষণা প্রক্রিয়া সম্পর্কে গবেষক এবং গবেষণা তত্ত্বাবধায়কের সাথে পরামর্শ করতে পারি বা গবেষণা প্রকল্প সম্পর্কিত কোন প্রশ্নের উত্তর পেতে পারি। আমাকে উপরে বর্নিত তথ্য সম্পর্কে অবহিত করা হয়েছে এবং আামি সম্মতি দিয়ে গবষেণায় অংশ নিতে রাজি আছি।

অংশগ্রহনকারীর স্বাক্ষর / আঙ্গুলের ছাপ:

তারিখ:

গবেষকের স্বাক্ষর:

তারিখ:

স্বাক্ষীর স্বাক্ষর:

তারিখ :

APPENDEX-2

Consent Form

Assalamu alakum,

This study is part of Masters of Rehabilitation Science course and Study conductor is Richard Boiragi student of part II, Department of Rehabilitation Science in Bangladesh Health Professions Institute (BHPI). The study was entitled as "**Perception of stroke patients about sexuality and their quality of life**".

In this study I am ……. a participant and I have been clearly informed about the purpose and aim of the study. I will have the right to refuse in taking part any time at any stage of the study. For that reason, I will not be bound to answer to anybody. This study has no connection with me and there will be no impact on me and my patient regarding treatment at present and in future. I am also informed that, all information will be collected from the interview that is used in the study will be kept safely and will maintain confidentiality. My name and address will not be published anywhere. Only the researcher and supervisor will be eligible to access in the information for his publication of the research result. I can consult with the researcher and the research supervisor about the research process or get answer of any question regarding the research project. I have been informed about the above-mentioned information and I am willing to participate in the study with giving consent.

Signature/Finger print of the Participant: Date:

Signature of the Researcher: Date:

Signature/Finger print of the witness: Date:

APPENDEX-3

INFORMATION SHEET

I beg most respectfully to state that I am Richard Boiragi working as a student of Master's in Rehabilitation Science (final year) in Bangladesh Health Professions Institute, the academic institute of Centre for the Rehabilitation the Paralyzed (CRP), Savar, Dhaka-1343, Bangladesh. Now, I am in final year of my two-year course. As my course curriculum, research work is mandatory to fulfill the requirements of the Master Degree. I would like to invite you to take part in my study. My research title is "**Perception of stroke patients about sexuality and their quality of life**".

Your participation in this study is voluntary. If you want to withdraw from the study, you can do it at any time without any hesitation. You will not be harmed or disadvantaged by the research.

Only your (patient's) personal details (not including your and your patient's identity such as name) and answers of the questionnaire will be documented and used for the study purpose. You will not be paid for your participation.

Researcher will maintain confidentiality of all procedures. Your data will never be used without your permission.

Richard Boiragi

Masters in Rehabilitation Science,

BHPI, CRP,

Chapain, Savar, Dhaka-1343.

APPENDEX-4

সো্সিয়ো ডেমোগ্রাফিক তথ্য /প্রশ্নাবলী

১. নাম:

২. বয়স:

৩. বৈবাহিক অবস্থা:

৪. স্ট্রোকের সূচনা:

৫. প্রধান পরিচর্যাকারী:

৬. স্ট্রোকের প্রকৃতি:

৭. চিকিৎসক/ মনোবিজ্ঞানী / পিয়ার কাউন্সেলিং যৌনতা সম্পর্কে তথ্য দিয়েছিল

৮. পরিবারের সদস্য

১. ছোট ৩জনের কম ২. বড় ৩ জনেরঅধিক

৯. থাকার জায়াগা

১. শহুড়ে ২. গ্রামীণ ৩. আধাপল্লী

১০. শিক্ষাগত যোগ্যতা

১. প্রাথমিক ২. মাধ্যমিক ৩. উচ্চমাধ্যমিক ৪. স্নাতক ৫. অশিক্ষিত

APPENDEX-5

Socio Demographic Information

1. Name:
2. Age:
3. Marital status:
4. Duration / Date of Stroke:
5. Main Carer:
6. Type of Stroke: Ischemic/ Hemorrhagic
7. Consultation: Doctor/ Phycologist/ peer counselling about sexuality
8. Family Member: i. less than 3, ii. More than 3
9. Living Area: i. Urban ii. Rural iii. Semi-rural
10. Education: i. Primary ii. Secondary iii. Higher Secondary iv. Graduate v. Illiterate

APPENDEX-6

রোগীরজন্যপ্রশ্নাবলী

১) যৌনমিলন/ যৌনতা/ বলতে আপনি কি বোঝেন?...

২) স্ট্রোকের কারনে আপনি কি আপনার যৌন জীবনে সমস্যার সম্মুক্ষীন হচ্ছেন? যদি হ্যাঁ হয় তাহলে মতামত দিন..

৩) স্ট্রোকের কারনে আপনার যৌন ক্ষমতায় যদি কোন পরিবর্তন এসে থাকে,তাহলে কি ধরনের পরিবর্তন এসেছে দয়া করে উল্লেখ করবেন। ...

৪) স্ট্রোকের আগেও পরে আপনার যৌন জীবন সম্পর্কে বলুন.....

৫) আপনারা কিভাবে আপনাদের সমস্যাগুলোর উত্তরন করেন সে সম্পর্কে বলুন...

৬) যৌন সমস্যার জন্য আপনি আপনার স্ত্রীর কাছে কিভাবে সাহায্য আশাকরেন? ...

৭) আপনি কি মনে করেন আপনি এবং আপনার স্ত্রীর ঘনিষ্ঠতার পরিবর্তন এসেছে। যদি হ্যাঁ হয় বিস্তারিত বলুন.....

৮) আপনি কি মনে করেন যৌনসম্পর্ক স্থাপনের সমস্যার কারনে আপনার দৈনন্দিন জীবনে কোন প্রভাব পড়ছে। যদি হ্যাঁ হয় বিস্তারিত বলুন.....

৯) অন্য কোন মতামত থাকলে তুলে ধরুন...

APPENDEX-7

Please answer the following question

1. What do you mean by sexuality?
2. Do you face any difficulty in your sexual life because of having stroke? If yes, would you please explain in details……
3. Do you think your sexual ability has been changed due to stroke? If yes, please tell about what type of change that you noticed
4. Before and after stroke please explain your sexual life……
5. How do you overcome your sexual problem, please explain…..
6. What type of support do you expect from your wife/spouse to maintain your sexual life?
7. Do you feel your intimacy in between you and your wife has been changed due to having difficulty in sexuality? would you please explain in details,……
8. Dou you think that your daily life is influenced by the problem of sexual relation, please explain….
9. Tell if you have any other comments…..

APPENDEX-8

স্ট্রোক স্পেছিফিক কোয়ালিটি অফ লাইফ স্কেল

মূল্যায়নঃ প্রতিটি আইটেম নিচের নির্দেশনা অনুযায়ী মূল্যায়ন করাহবে।

সম্পূর্ন সহায়তা-মোটেই করতে পারেনি - দৃঢ়ভাবে একমত -১

সম্পূর্ন সহায়তা- অনেক সমস্যা - মাঝারি ভাবে একমত -২

কিছুটা সহায়তা - কিছু সমস্যা -একমত ও না অসম্মতি ও না -৩

সামান্য সহায়তা - সামান্য সমস্যা - মাঝারি ভাবে অসম্মতি -৪

কোন সাহায্যের দরকার নেই - মোটেই সমস্যা নেই - দৃঢ়ভাবে অসম্মতি -৫

শক্তিঃ

১. বেশির ভাগ সময়ই আমি ক্লান্ত অনুভব করি ----
২. আমাকে দিনের বেলা থেমে থেমে বিশ্রাম করতে হয় ----
৩. আমি এতই ক্লান্ত থাকি যা, যা করতে চাই তা করতে পারিনা ----

পারিবারিক ভুমিকাঃ

১. আমি মজা করার জন্য ও পরিবারে কোন কাজে অংশগ্রহন করতে পারিনা ----
২. আমি মনে করি আমি আমার পরিবারের বোঝাছিলাম ----
৩. আমার শারিরীক অবস্থা ব্যক্তিগত জীবনে বিঘ্ন ঘটায় ----

ভাষাঃ

১. আপনার কি কথা বলতে সমস্যা হয় ? যেমন -আপনার শব্দ আটকে যায়, তোতলানো বা অস্পষ্টতা ----
২. আপনার কি টেলিফোনে স্পষ্টভাবে কথা বলতে সমস্যা হয় ? ----
৩. আপনি যা বলেন তা বুঝতে কি অন্য লোকদের সমস্যা হয় ? ----
৪. আপনি যে শব্দটি বলতে চান তা মনে করতে কি আপনার সমস্যা হয় ? ----
৫. আপনার কি পুনরাবৃত্তি করতে হবে যাতে অন্যরা আপনাকে বুঝতে পারে ?

গতিশীলতাঃ

১. আপনার কি হাঁটতে সমস্যাহয় ? (যদি রোগী হাঁটতে না পারে ৪ নম্বর প্রশ্নে যান এবং ১ নম্বরের মত ২-৩ নং প্রশ্নগুলো স্কোর করেন)
২. ঝুকলে বা কোন কিছু ধরতে গেলে আপনি কি ভারসাম্য হারিয়ে ফেলেন ? ----
৩. সিঁড়ি বেয়ে উঠতে কি আপনার সমস্যা হয় ? ----

৪. হাঁটার সময় বা হুইল চেয়ার ব্যবহার করবে সময় আপনার স্বাভাবিকের চাইতে বেশি থামতে ও বিশ্রাম নিতে হয় ? ----

৫. আপনার কি দাড়িয়েঁ থাকতে সমস্যা হয় ? ----

৬. আপনার কি চেয়ার থেকে উঠতে সমস্যা হয় ----

মেজাজঃ

১. আমি আমার ভবিষ্যত নিয়ে নিরুৎসাহিত ছিলাম ----

২. আমি অন্যান্য ব্যাক্তি বা কাজ কর্মে আগ্রহী নই ----

৩. আমি অন্য লোকদের কাছ থেকে নিজেকে দূরে রাখি ----

৪. আমার নিজের আত্মবিশ্বাস কমে গেছে ----

৫. আমি খাবারের প্রতি আগ্রহী নই ----

ব্যাক্তিত্বঃ

১.আমি বিরক্ত থাকি ----

২.আমি অন্যদের সাথে শান্ত থাকি ----

৩.আমার ব্যাক্তিত্বের পরিবর্তন হয়েছে ----

নিজের যত্নঃ

১. আপনার কি খাবার তৈরির জন্য সাহায্যের প্রয়োজন হত? ----

২. আপনার কি খাবার খেতে সাহায্যের প্রয়োজন হত?(যেমন খাবার কাটা ,কিংবা গোছানোতে) ----

৩. আপনার কি কাপড় পরতে সাহায্যের প্রয়োজন হত?(যেমন মোজা, জুতা, বোতাম, বা চেইন আটকাতে) ----

৪. আপনার কি গোসল করতে সাহায্যের প্রয়োজন হত? ----

৫. আপনার কি টয়লেট ব্যবহারে সাহায্যের প্রয়োজন হত? ----

সামাজিক ভুমিকাঃ

১. আমি যত বার ইচ্ছা বাইরে যেতে পারিনা ----

২. আমি আমার শখ ও বিনোদন যতটা সময় করতে চাই তা মতার থেকে কম করি ----

৩. আমি আমার বন্ধুদের যাদের কে চাইতাম, সবাইকে পাইনা ----

৪. আমি যতবার যৌনমিলন করতে চাই তামতার চেয়ে কম করি ----

৫. আমার শারিরীক অবস্থা সামাজিক জীবনে হস্তক্ষেপ করেছে ----

চিন্তা ভাবনাঃ

১. কোন কিছুতে মনোনিবেশ করা আমার জন্য কঠিন হত ----

২. কোনো কিছু মনে রাখতে আমার সমস্যা হত ----

৩. মনে রাখার জন্য আমাকে সেগুলো লিখে রাখতে হত ----

হাতের কাজঃ

১. আপনার কি লিখতে বা টাইপ করতে সমস্যা হত ? ----

২. মোজা পড়তে কি আপনার সমস্যা হত? ----

৩. বোতাম লাগাতে কি আপনার সমস্যা হত ? ----

৪. চেইন লাগাতে আপনার সমস্যা হত ? ----

৫. জগ এর মুখ খুলতে কি আপনার সমস্যা হত ? ----

দৃষ্টিঃ

১. কোন অনুষ্ঠান উপভোগ করতে ভালোভাবে টেলিভিশন দেখতে আপনার সমস্যা হত ----

২. দৃষ্টিশক্তি কম থাকার কারনে কোন জিনিস পর্যন্ত পৌঁছাতে/ধরতে আপনার সমস্যা হত? ----

৩. এক পাশে জিনিসপএ দেখতে সমস্যা হত কি ? ----

কাজঃ

১. বাড়ির চারপাশে দৈনিক কাজ করতে আপনার সমস্যা হত ? ----

২. আপনি যে কাজটি শুরু করেন তা শেষ করতে সমস্যা হত কি ? ----

৩. আপনি যে কাজটি করতে অভ্যস্থ ছিলেন তা করতে কি সমস্যা হত? ----

মোট -------

APPENDIX-9

Stroke Specifc Quality of Life Scale (SS-QOL)

Scoring: each item shall be scored with the following key

Total help - Couldn't do it at all - Strongly agree	1
A lot of help - A lot of trouble - Moderately agree	2
Some help - Some trouble - Neither agree nor disagree	3
A little help - A little trouble - Moderately disagree	4
No help needed - No trouble at all - Strongly disagree	5

Energy

1. I felt tired most of the time. ____

2. I had to stop and rest during the day. ____

3. I was too tired to do what I wanted to do. ____

Family Roles

1. I didn't join in activities just for fun with my family. ____

2. I felt I was a burden to my family. ____

3. My physical condition interfered with my personal life. ____

Language

1. Did you have trouble speaking? For example, get stuck, stutter, stammer, or slur your words? ____

2. Did you have trouble speaking clearly enough to use the telephone? ____

3. Did other people have trouble in understanding what you said? ____

4. Did you have trouble fnding the word you wanted to say? ____

5. Did you have to repeat yourself so others could understand you? ____

Mobility

1. Did you have trouble walking? (If patient can't walk, go to question 4 and score questions 2-3 as 1.)

____

2. Did you lose your balance when bending over to or reaching for something? ____

3. Did you have trouble climbing stairs? ____

4. Did you have to stop and rest more than you would like when walking or using a wheelchair? ____

5. Did you have trouble with standing? ____

6. Did you have trouble getting out of a chair? ____

Mood

1. I was discouraged about my future. ____

2. I wasn't interested in other people or activities. ____

3. I felt withdrawn from other people. ____

4. I had little confidence in myself. ____

5. I was not interested in food. ____

Personality

1. I was irritable. ____

2. I was inpatient with others. ____

3. My personality has changed. ____

Self Care

1. Did you need help preparing food? ____

2. Did you need help eating? For example, cutting food or preparing food? ____

3. Did you need help getting dressed? For example, putting on socks or shoes, buttoning buttons, or zipping? ____

4. Did you need help taking a bath or a shower? ____

5. Did you need help to use the toilet? ____

Social Roles

1. I didn't go out as often as I would like. ____

2. I did my hobbies and recreation for shorter periods of time than I would like. ____

3. I didn't see as many of my friends as I would like. ____

4. I had sex less often than I would like. ____

5. My physical condition interfered with my social life. ____

Thinking

1. It was hard for me to concentrate. _____

2. I had trouble remembering things. _____

3. I had to write things down to remember them. _____

Upper Extremity Function

1. Did you have trouble writing or typing? _____

2. Did you have trouble putting on socks? _____

3. Did you have trouble buttoning buttons? _____

4. Did you have trouble zipping a zipper? _____

5. Did you have trouble opening a jar? _____

Vision

1. Did you have trouble seeing the television well enough to enjoy a show? _____

2. Did you have trouble reaching things because of poor eyesight? _____

3. Did you have trouble seeing things of to one side? _____

Work/Productivity

1. Did you have trouble doing daily work around the house? _____

2. Did you have trouble finishing jobs that you started? _____

3. Did you have trouble doing the work you used to do? _____

TOTAL SCORE ___

APPENDIX 10

Date: 21/03/2020

To

The chairman

Institute Review Board

Bangladesh Health Professions Institute

CRP, Chapain, Savar, Dhaka-1343

Subject: Application for review and ethical approval of thesis.

Respected Sir

With due respect, I am Richard Boiragi, student of part- II, M.Sc in Rehabilitation Science at the Bangladesh Health Professions institute (BHPI) under the faculty of medicine, University of Dhaka. As per the course curriculum, I have to conduct a thesis entitled "Perception of stroke patient about sexuality and their QOL". Under my honorable supervisor Professor Md. Obaidul Haque, Vice principal, BHPI. The aim the study is to know the views of sexuality and the quality of life of male stroke patients. The study will accommodate the participate from physiotherapy department at CRP.

The study involves questionnaires will be used that take about 10-15 min. Data collector will receive informed consent form all the participants. Any data collected will be confidential.

Sincerely

Richard Boiragi

Richard Boiragi

Part- II

M.Sc Rehabilitation Science

Recommendation from the thesis supervisor

16.05.2020

Professor Md. Obaidul Haque

Vice Principal, BHPI

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

Ref:

Date: 04/03/2021

CRP-BHPI/IRB/03/2021/450

Richard Boiragi
5th batch M.Sc. in Rehabilitation Science
Session: 2018-2019, Student ID: 181120112
BHPI, CRP-Savar, Dhaka-1343, Bangladesh

Subject: Approval of thesis proposal **"Perception of stroke patients about sexuality and their quality of life"** by ethics committee.

Dear Richard Boiragi,

Congratulations,
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned thesis, with yourself, as the Principal Investigator. The Following documents have been reviewed and approved:

S.N.	Name of Documents
1.	Thesis Proposal
2.	Questionnaire (English and Bengali version)
3.	Information sheet & consent form.

The study involves use of structured questionnaire and stroke specific quality of life scale to identify **Perception of stroke patients about sexuality and their quality of life.** The study having face to face interview which will takes 15 to 20 minutes. There is no likelihood of any harm 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 18th February, 2019 at BHPI (20th 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
Assistant 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

Date: May16,2020

To,

The Head of Department

Department of Physiotherapy

CRP, Chapain, Savar, Dhaka-1343

Subject: Application for permission of data collection for master's thesis.

Sir,

With the due respect I would like to draw your kind attention that I am a student of M.sc in Rehabilitation Science program at Bangladesh Health Professional Institute (BHPI) an academic institute of CRP under Faculty of Medicine of University of Dhaka (DU). This is a 2 years full time course under the project of "Regional Inter-professional Master's Program in Rehabilitation Science" funded by SAARC Development Fund (SDF). I have to conduct a thesis entitled "**Perception of stroke patients about sexuality and their quality of life**" under honorable supervisor **Prof. Md. ObaidulHaque**, Vice principal, BHPI, CRP.

Data collection will require the stroke patients. Data will be collected from march 2020. A Questionnaire will be used that will take about 15-20minutes.
Data collector will receive informed consent from all the participants. Any data collected will be kept confidential. So, I will be obliged if you grant me permission to collect the data from Neurology unit of Physiotherapy department.

Sincerely yours

Richard Boiragi

Richard Boiragi

M.Sc Rehabilitation Science

Part II

Session: 2018-19

BHPI, CRP, Savar, Dhaka-1343

Approved

18/05/2020

Mohammad Anwar Hossain
Associate Professor & Head
Physiotherapy Dept., CRP
CRP-Chapain, Savar, Dhaka-1343