

Influence of mastery and sexual frequency on depression in Korean men after a stroke

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Received 22 December 2006; received in revised form 28 May 2008; accepted 5 July 2008

Abstract

Background: Post-stroke depression has negative impacts on rehabilitation. The physical deficits following stroke have been well studied, but there is little information on sexual behavior, mastery, and depression in stroke patients. **Objective:** The purpose of the study was to investigate the influence of sexual frequency and the sense of control on depression in Korean men after stroke. **Method:** The sample for this study was a convenience sample of 67 Korean men after stroke visiting the convalescent center for disabled people in Seoul, Korea. Participants completed a Sexual Frequency scale, the mastery scale, and the Center for Epidemio-

Keywords: Depression; Mastery; Men; Sexual frequency; Stroke

logic Studies Depression (CES-D) test. **Results:** Seventy-eight percent of the subjects were depressed. Sense of control and sexual frequency contributed to depression. Scores on sense of control and sexual frequency accounted for 39.5% of the variance in the depression score. **Conclusions:** Results indicate that an intervention for depression management after stroke should take into account sexual relationships with their partners and a sense of control.

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Introduction

Stroke is a leading cause of death in Korea, where more than 113,000 strokes occur annually [1,2]. Stroke survivors often experience fear, frustration, anger, and grief because of their physical and mental deficits [3]. As a result, depression is a common clinical problem after stroke [4].

Post-stroke depression has a negative impact on stroke rehabilitation [5,6] because patients are less willing to participate actively in medical treatment and self-care [7]. Disability can cause the loss of many positive aspects of patients' lives and this may contribute to depression [8]. Penninx et al. [7] confirmed that people with stroke or rheumatoid arthritis are more likely to experience depressive symptoms than patients with other chronic diseases such as diabetes, cardiac disease, and cancer. People with acquired

functional disabilities experience loss of function, role, and body image, and may have a more negative view of themselves, their future, and their world, which leads to depression [9].

Previous studies have shown that sexual activity decreases markedly among patients as a consequence of stroke [10,11]. Difficulties with sexual intercourse were noted, including muscle weakness and getting into position [12]. An overall change in their sexual lives was reported more frequently by males [13,14], and sexual intimacy diminished after stroke, especially for males with hemiplegia [14]. Thirty-three percent of patients in the United States (mean age of 59) and 23% of Korean men (mean age of 56) reported no coital activity after stroke [15,16]. These results also suggested that post-stroke coital frequency is related to the level of depression experienced [15]. Sexual health is an essential factor in overall wellness throughout the patient's lifetime [17].

Another factor of depression is a patient's sense of mastery. Mastery is conceptualized as the extent to which a person perceives himself to be in control of events and

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everyday situations and reflects his perception of his ability to manage them. A strong feeling of control is important for psychological adjustment [18].

Penninx et al. [7] showed that a subject with a chronic disease such as stroke, lung disease, osteoarthritis, or rheumatoid arthritis experiences a lower feeling of mastery. Moreover, Korean men traditionally have most or all of the power in the household due to strong cultural influences. The disabling effects of stroke may therefore have a greater impact on the gender identity of Korean men. In Western societies, men with hemiparesis also frequently reported a decline in their authority within their families after a stroke [13].

It has been reported that mastery has positive mediating effects on depression [19–21]. An external locus of control was related to depression in stroke patients who were 1–6 months post-stroke with mild to moderate disabilities [22]. Other research also reported that dependence on the patient's partner increased after stroke [14] and that lower feelings of mastery were reported by people suffering from stroke [7].

However, few studies have focused on sense of control, sexuality, and depression in Korean men after stroke. Physical deficits following stroke have been well studied, but there is little information on the relationship between sexual behavior, mastery, and depression in stroke patients in Korea. The positive effects of mastery and sexual frequency on depression have not been carefully evaluated, nor is it known how these factors can be used to guide health management programs after stroke. The purpose of this study was to investigate the influence of sexual frequency and sense of control on depression in Korean men after stroke.

Methods

Participants

The sample for this study was a convenience sample of 67 Korean men who had experienced strokes and were visiting a convalescent center for the disabled in Seoul, Korea. The subjects had been discharged from the hospital and had received physical therapy. All subjects were residents of Korea.

The sample was derived from a larger study designed to develop a sexual health program for Korean men who had experienced a stroke. The data were collected in July and August 2005 by means of a questionnaire. The participants were assured of anonymity and confidentiality.

Each subject had a confirmed diagnosis of stroke and had the ability to complete the questionnaire in Korean. Subjects were excluded if they had severe expressive or receptive language problems. The functional status of a subject was measured by the Katz Index of Independence in Activities of Daily Living (ADL), which was developed for the elderly [23]. The Katz Index of ADL is based on an evaluation of the functional independence of subjects in bathing, dressing, using the toilet, transferring, continence, and feeding, and is scored from A to G [23].

Measures

Sexual frequency

A six-item Sexual Frequency Scale [24] was used to measure sexual behavior. The scores for each item ranged from 1 to 5 (never, one time, 2–5 times, 6–20 times, more than 20 times). The items included independent sexual activities (masturbation, viewing erotic movies/magazines, and imagination) and mutual sexual activities (deep kissing, nude cuddling, oral sex, and sexual intercourse). Separate totals were obtained for each of these categories. The subjects with higher scores had engaged in sexual activities over the past 6 months.

Sense of control

The Mastery Scale [25] was used to measure sense of control. This scale has proven validity and reliability for elderly [6] and physically disabled people in Korea [21]. It has shown good internal consistency in a sample of the elderly ($\alpha=.75$), disabled people in Korea ($\alpha=.76$), and the present study ($\alpha=.75$). The scale consists of seven items, with each item rated on a four-point scale ranging from 1 (*not at all*) to 4 (*extremely*). Sample items include “I have little control over the things that happen to me,” and “I can do just about anything I really set my mind to do.” Five items are reversed and each item is scored with a range of 7–28 points. Higher scores indicate stronger feelings of control.

Depression

The Center for Epidemiologic Studies Depression (CES-D) [26] test was also used in this study, as translated by Chon and Rhee [27]. The CES-D scale has been studied extensively and has been shown to be a reliable and valid measure for depression in Korea. The CES-D consists of 20 items scored on a four-point Likert scale ranging from 0 (*rarely or none of the time*) to 3 (*most or all the time*). Four items are reverse scored and the items are totaled. The Korean version of the CES-D has a scoring range of 0–60 points. Higher scores reflect more depressive symptoms. Participants with a score of 16 or greater probably suffer from depression [26].

Statistical analysis

Data were analyzed descriptively to determine the basic characteristics of the sample. Sexual frequency, sense of control, and depression were also analyzed descriptively. Multiple regression analysis was used to test which variables had a significant association with depression in this study. Statistical tests (two-tailed, $P<.05$) were carried out using SPSS (version 12.0; SPSS Inc., Chicago, IL, USA).

Results

Demographic and clinical characteristics

The mean age of the sample was 56.0 years, with a range of 35–81 years. The time period since diagnosis ranged

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