

Impact of Spinal Cord Injury on the Life Roles of Women



By
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Statement of Authorship

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Dedication

To my beloved parents and teachers.

Table of Contents

Board of Examiners	ii
Statement of Authorship	iii
Acknowledgement	iv
Dedication	v
Table of Contents	vi
List of Tables	x
List of Figures	xi
List of Abbreviations	xii
Abstract	xiii
CHAPTER I: INTRODUCTION	1
1.1 Background	1
1.2 Justification of the study	3
1.3 Operational Definition	4
1.3.1 Impact	4
1.3.2 Spinal cord injury	4
1.3.3 Life role	4
1.4 Aim of the study	4
CHAPTER II: LITERATURE REVIEW	5
2.1 Overview of Role Experiences of Women with SCI	5
2.2 Overview of Life Role Changes Pre-and-Post Injury	7
2.3 Overview of Facilitating Factors	8
2.4 Overview of Inhibiting Factors	8
2.5 Overview of Coping Strategies	10
2.6 Overview of Life Satisfaction on Role Performance	11
2.7 Key Gaps of the Study	12
CHAPTER III: METHODOLOGY	13
3.1 Study Question(s), Aim, Objective(s)	13
3.1.1 Study Question	13
3.1.2 Study Aim	13
3.1.3 Objectives	13
3.2 Study Design	13
3.2.1 Method	13
3.2.2 Approach	14
3.3 Study Setting and Period (Study Setting and Period)	14

3.3.1 Study Setting.....	14
3.3.2 Study Period.....	14
3.4 Study Participants	14
3.4.1 Study Population.....	14
3.4.2 Sampling techniques	15
3.4.3 Inclusion criteria	15
3.4.4 Exclusion criteria	15
3.4.5 Participant Overview	15
3.5 Ethical Consideration.....	16
3.5.1 Ethical approval from IRB.....	16
3.5.2 Informed consent	17
3.5.3 Unequal relationship	17
3.5.4 Risk and beneficence	17
3.5.5 Power relationship	17
3.5.6 Confidentiality	17
3.6 Data Collection Process	18
3.6.1 Participant recruitment process.....	18
3.6.2 Data collection method	19
3.6.3 Data collection instrument	19
3.6.4 Field test.....	20
3.7 Data Management and Analysis	20
3.8 Trustworthiness and Rigor.....	21
3.8.1 Methodological rigour	21
3.8.2 Interpretive rigour	22
CHAPTER IV: RESULTS.....	24
4.1 Theme One: Role performance (RP)	25
4.1.1 Subtheme One: Versatile roles of women with SCI.....	25
4.1.2 Subtheme two: Bonding while juggling different roles.....	26
4.2 Theme Two: Transition in life roles following injury	27
4.2.1 Subtheme one: Productive roles.....	27
4.2.2 Subtheme two: Family roles	27
4.2.3 Subtheme Three: Social roles	28
4.3 Theme Three: Facilitating factors in role performance	28
4.3.1 Subtheme one: Mobility device empowers them.....	28
4.3.2 Subtheme two: Family, friends & peers are crucial for role performance..	29
4.3.3 Subtheme three: Determination to establish new roles.....	30
4.4 Theme Four: Inhibiting factors in role performance.....	30

4.4.1 Subtheme one: Attitudinal barrier.....	31
4.4.2 Subtheme two: Lack of accessible transportation.....	31
4.4.3 Subtheme three: Inaccessibility in living and working environment.....	32
4.4.4 Subtheme four: Disability affects role performance.....	32
4.4.5 Subtheme five: The state of psychological unwellness affects role performance	33
4.5 Theme Five: Coping strategies	34
4.5.1 Subtheme one: Radical acceptance and high morale.....	34
4.5.2 Subtheme two: Adaptive living	35
4.5.3 Subtheme three: Self-advocacy.....	35
4.5.4 Subtheme four: Belief in God	37
4.6 Theme Six: Varied level of life satisfaction on role performance	37
4.6.1 Subtheme one: Complete satisfaction.....	37
4.6.2 Subtheme two: Partial satisfaction.....	37
4.6.3 Subtheme three: Dissatisfaction.....	38
CHAPTER V: DISCUSSION.....	39
CHAPTER VI: CONCLUSION	44
6.1 Strength and Limitation	44
6.1.1 Strengths of the study.....	44
6.1.2 Limitations of the study	44
6.2 Practice Implication	44
6.2.1 Recommendation for Further Practice	44
6.2.2 Recommendation for Further Research	45
6.3 Conclusion	45
LIST OF REFERENCES	47
APPENDICES	56
Appendix A: Ethical Approval / Permission Letter.....	56
Ethical Approval Letter from IRB	56
Permission letter for Data Collection.....	57
Appendix B: Information Sheet & Consent Form (English and Bangla Version) ..	59
Information sheet (English version).....	59
Information sheet (Bangla version)	62
Consent form (English version).....	64
Consent form (Bangla version).....	65
Withdrawal form (English version)	66
Withdrawal form (Bangla version)	67
Appendix C: Translator consent form (English and Bangla Version).....	68

Translator consent form (English version)	68
Translator consent form (Bangla version)	69
Appendix D: Interview Guide (English and Bangla version)	70
Interview guide (English version).....	70
Interview guide (Bangla version).....	75
Appendix E: Supervision Record Sheet.....	79

List of Tables

Serial number of the Table	Name of the Table	Page no
Figure 3.1	Participant overview	16
Figure 4.1	Overview of result	25

List of Figures

Serial number of the Figure	Name of the Figure	Page no
Figure 2.1	Overview of literature review findings	05
Figure 3.1	Overview of participant recruitment process	18

List of Abbreviations

AOTA	American Occupational Therapy Association
BHPI	Bangladesh Health Professions Institute
COPM	Canadian Occupational Therapy Performance Measure
COREQ	Consolidated Criteria for Reporting Qualitative Research
CRP	Centre for the Rehabilitation of the Paralysed
HICs	High-Income Countries
IRB	Institutional Review Board
LMICs	Low and Low-Middle Income Countries
OT	Occupational Therapy
SCI	Spinal Cord Injury
WHO	World Health Organization

Abstract

Background: Spinal cord injury significantly impacts life roles, crucial to individuals' identities, which involve diverse responsibilities, leading to changes and challenges in reintegration into pre-injury communities. In a lower-income country like Bangladesh, women often juggle multiple roles within their families, workplaces, and communities. SCI may hinder their ability to fulfill their life roles effectively. However, there is a lack of comprehensive data on the role experiences of women with SCI upon their return to their communities. Therefore, this study aims to shed light on the impact of SCI on the life roles of women.

Aim: The aim of the study was to explore the impact of spinal cord injury on the life roles of women.

Methods: The narrative approach of qualitative research design was chosen to conduct this study. Ten women with SCI who returned to their own communities more than 6 months after completing their rehabilitation and performing their life roles and responsibilities were included by purposive sampling. Data was collected by conducting face-to-face in-depth semi-structured interviews through a self-developed interview guide. Data was analysed by thematic analysis according to Braun and Clark's six steps.

Result: The findings explored impact of spinal cord injury on the life roles of women with six themes: i) Role performance, ii) Transition in life roles following injury, iii) Facilitating factors in role performance, iv) Inhibiting factors in role performance, v) Coping strategies, vi) Varied level of life satisfaction on role performance.

Conclusion: This study investigates the impact of spinal cord injury on women's life roles and responsibilities. The thematic analysis provides a comprehensive account of

the overall role experiences of women with SCI, shedding light on the transformative changes in their lives and roles. The findings reveal the complex interplay between roles, changes in dynamics, empowering factors, and limiting barriers. Coping strategies emerge as crucial, shedding light on how these women navigate challenges and find varying levels of satisfaction. The study provides a holistic understanding of the experiences of ten women with SCI and benefits various stakeholders like health professionals, social workers, policymakers, educational institutions, and work-related organizations etc. Family members can also gain insight about the challenges and needs of women with SCI. Other researchers will gain valuable knowledge from this study findings on this context. This study provides advancing knowledge and will enhance the well-being and quality of life of women with SCI.

Key words: Impact, Spinal Cord Injury, Life Role.

CHAPTER I: INTRODUCTION

1.1 Background

Disability, inherent to the human experience, is a fundamental aspect of humanity. The World Health Organization (WHO) reports that a substantial number of individuals, approximately 1.3 billion, experience significant disability. This statistic indicates that around one-sixth of the global populace, which amounts to approximately 16% of the world's inhabitants, faces significant disability (World Health Organization: WHO, 2023). Worldwide, the most prevalent form of disability is spinal cord injury. According to estimations, there were 9 million (95% UI 11.1 to 1,810 million) instances of spinal cord injuries globally in 2019, which is 52.7% more than the projections from 1990 (Liu et al., 2023).

Spinal cord injury (SCI) poses a significant global health challenge, particularly impacting individuals in low- and middle-income countries, with a notable emphasis on Bangladesh (Uddin et al., 2023). Bangladesh holds the distinction of being one of the most densely populated countries globally (*Report on National Survey on Persons with Disabilities (NSPD) 2021 (December 2022) [EN/BN] - Bangladesh, 2023*). Approximately seventeen million people live in this small country (Bangladesh Population, 2024). As per the 'Persons with Disabilities Rights and Protection Act 2013' of Bangladesh, approximately 2.80% of the total population of the country is estimated to have disabilities (*Report on National Survey on Persons with Disabilities (NSPD) 2021 (December 2022) [EN/BN] - Bangladesh, 2023*). According to Hoque et al. (1999), 12% of females were found to be affected by spinal cord injuries. Rahman et al. (2017) conducted a separate study and reported a slightly higher prevalence rate, with 13.2% of females suffering from spinal cord injuries. By comparing these two

studies, it becomes apparent that the incidence of spinal cord injuries among females appears to be increasing over time.

Spinal cord injuries typically occur suddenly and unexpectedly, resulting in paralysis that profoundly affects the individual's physical, psychological, and social functioning. This injury also brings about significant lifestyle changes for the affected person (Smith et al., 2013). Individuals with spinal cord injuries often face challenges in reintegrating into their pre-injury communities and acquiring meaningful roles. These difficulties stem from environmental, physical, and psychosocial barriers (Schell & Gillen, 2018). Consequently, there are profound changes in life roles experienced by individuals with spinal cord injuries (Smith et al., 2013).

The different identities and responsibilities that individuals carry out in their lives are called life roles. Roles change dynamically throughout life as new roles are learned and old roles are replaced. While performing roles, people experience a sense of purpose, identity, and structure (Taylor et al., 2023).

All women have to play multiple roles and responsibilities in their lives and the community. Women are faced not only with the roles of mother, spouse, and homemaker but also with the role of breadwinner (Quigley M. Claire et al., 1995). When understanding human roles, we must be careful not to generalize their meaning (Schell & Gillen, 2018). Physical and functional abilities are factors that determine which roles to perform and resume, and how to juggle the multiple roles of homemaker, mother, office worker, student, and more. A spinal cord injury has an impact on physical and functional abilities. That's why women with spinal cord injuries have to face multiple changes and challenges in their life roles after community reentry (Quigley M. Claire et al., 1995).

Therefore, there is a need for research to explore the impact of SCI on women's life roles, examining their role experiences and changes in roles comparing to pre- and post-injury, identifying inhibiting factors that create barriers to role performance, discovering facilitating factors that aid in fulfilling roles, understanding coping strategies employed to overcome inhibiting factors, and evaluating satisfaction levels with role performances regarding their experiences.

1.2 Justification of the study

The study provides valuable insights for various stakeholders including health professionals, social workers, policymakers, educational institutions, and work-related organizations etc. involve in helping women with SCI to reintegrate into their pre-injury lives. Through the study, health professionals will be able to improve their understanding of the challenges faced by women with SCI, leading to the development of personalized interventions and mental health support services. Occupational therapists will adopt a holistic approach to promote women's well-being, addressing physical rehabilitation and their various life roles. Integrating research findings into decision-making processes will allow for better informed interventions. Social workers will be able to promote inclusivity and support by raising awareness about their needs and challenges. Policymakers, advocacy groups, educational institutions, and work-related organizations will use the findings to develop inclusive policies, accessibility standards, and support programs for women with SCI. From the study's findings, family members will also gain insight about the challenges and needs of women with SCI. Other researchers will gain valuable knowledge from this study findings on this context. This study provides advancing knowledge and will enhance the well-being and quality of life of women with SCI.

1.3 Operational Definition

1.3.1 Impact

Impact refers to the long-lasting and both positive and negative consequences that arise directly or indirectly from a disease or development intervention (Belcher & Halliwell, 2021).

1.3.2 Spinal cord injury (SCI)

Spinal cord injury describes damage to the spinal cord caused by disease or trauma. The intensity and location of the injury on the spinal cord determine the symptoms of a spinal cord injury (World Health Organization: WHO, 2013). Spinal cord injury is not expected and occurs suddenly, resulting in paralysis that has an impact on the physical, psychological, and social functioning as well as changing the lifestyle of the person (Smith et al., 2013).

1.3.3 Life role

The different identities and responsibilities that individuals carry out in their lives are called life roles. Roles change dynamically throughout life as new roles are learned and old roles are replaced. While performing roles, people experience a sense of purpose, identity, and structure (Taylor et al., 2023).

1.4 Aim of the study

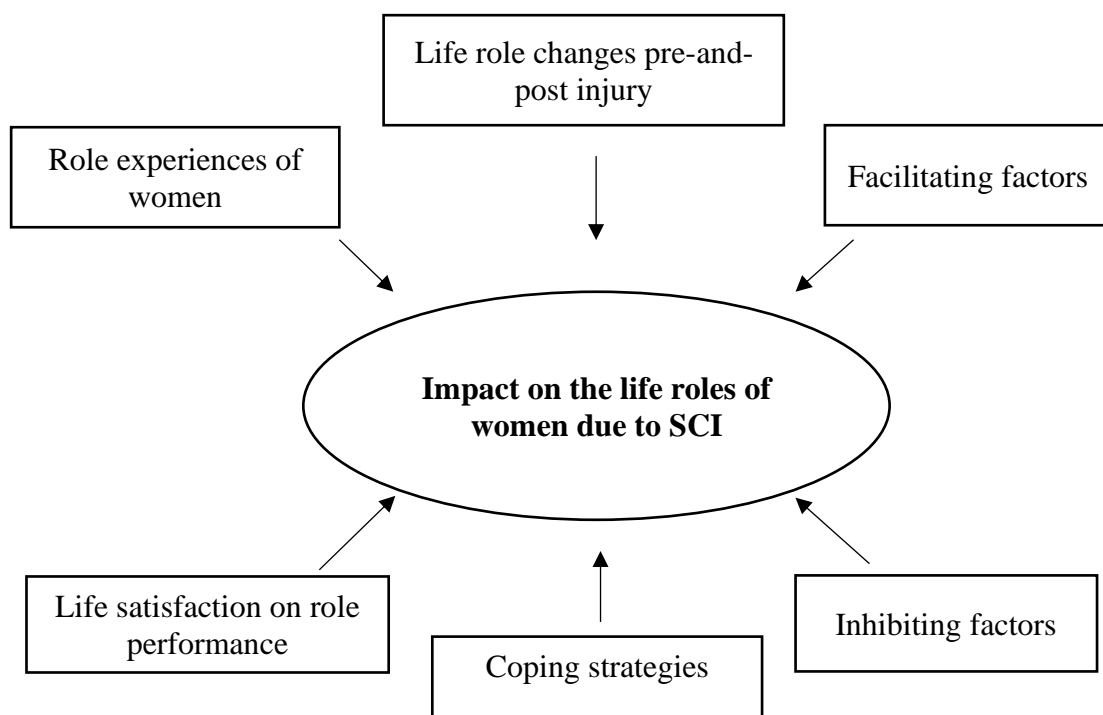
To explore the impact of spinal cord injury on the life roles of women.

CHAPTER II: LITERATURE REVIEW

The evidence synthesis the impact of spinal cord injury on the life roles of women is covered in this chapter. Life role experiences, life role changes pre-and-post-injury, inhibiting factors, facilitating factors, coping strategies, and life satisfaction are the core themes included here based on existing literature. This chapter will reflect findings of various countries about impact of spinal cord injury on the life roles of women. Please see the figure 2.1 for an overview of literature review findings.

Figure 2.1

Overview of literature review findings



2.1 Overview of Role Experiences of Women with SCI

Women are often tasked with juggling multiple roles simultaneously, such as being a mother, a wife, or a paid worker (Baruch & Barnett, 1986). This means they can find themselves fulfilling the responsibilities of motherhood, spousal duties, homemaking,

and breadwinning all at once, resulting in a demanding and intricate array of tasks (Quigley M. Claire et al., 1995). The presence of a disability may disrupt, alter, or even terminate these roles, leading to a significant upheaval in their sense of identity and purpose. As a result, adaptation and support become crucial in helping individuals navigate these changes and maintain a sense of fulfillment and belonging (Schell & Gillen, 2018).

A qualitative study was conducted in the United States focused on five women with SCI who had returned to their communities after completing extensive rehabilitation programs. The study aimed to explore and elucidate the experiences of these women. Through in-depth interviews, the findings of the study revealed the intricate and ongoing process of negotiating and adapting life roles for women with SCI as they reintegrate into their communities (Quigley M. Claire et al., 1995). Bateson's (1989) quote highlighted the importance of past experiences in empowering women to navigate present challenges. This quote underscored the empowering role of past experiences for women as they faced present challenges and endeavored to establish meaningful and fulfilling roles within their communities (Quigley M. Claire et al., 1995). In Sweden, a qualitative study focused on the experiences as mothers despite their traumatic spinal cord injuries. The findings of this study presented a positive depiction of parenting following severe SCI. The participants reported having stable marriages, as evidenced by a low divorce rate. They could balance work-related responsibilities, household chores, and child-rearing duties without requiring significant outside assistance (Westgren & Levi, 1994). Similarly, another qualitative study in Ireland showcased the positive experiences of mothers with SCI. These findings further support the notion that despite facing physical challenges, women with SCI can effectively fulfill their roles as mothers and maintain stable family dynamics

(Casey et al., 2022). In United States, a randomized controlled study was conducted to investigate how mothers with SCI manage the responsibilities of raising children, maintaining relationships, and managing households. The study's findings indicated no significant differences between mothers with SCI and those without SCI in their ability to handle these familial roles (Alexander et al., 2002). Additionally, evidence from a study in Poland revealed that working women with disabilities, including spinal cord injuries, feel a sense of belonging and usefulness within their workplace environments. Employment provided these women with opportunities for skill development and a sense of purpose, ultimately contributing to their overall quality of life and well-being (Pawłowska-Cyprysiak & Konarska, 2013).

2.2 Overview of Life Role Changes Pre-and-Post Injury

In a study, Ruiz, Da Silva Barreto, Da Silva Rodrigues, Pupulim, Decésaro, et al. (2018) stated that when a person sustains a SCI, their entire environment, including work, leisure, social life, and personal life, is altered. This required emotional, financial, and physical adaptation to carry out rehabilitation activities, as well as strong family and social support to reevaluate priorities and find fulfillment in life. A qualitative study was conducted in Brazil to understand how people with SCI have changed in their daily lives. Data were collected from 23 participants with SCI through semi-structured interviews. This study highlights that a spinal cord injury can result in a 180-degree transformation in a person's life, significantly altering various aspects of daily living and the change was observed in multiple domains, including work, leisure, social interactions, and personal life. Individuals with SCI often found themselves in situations where they needed to rely on others for assistance. The process of learning to adapt to this dependent situation was challenging and ongoing (Ruiz, Da Silva Barreto, Da Silva Rodrigues, Pupulim, Decésaro, et al., 2018).

2.3 Overview of Facilitating Factors

In Brazil, a qualitative study finding underscored the critical role of family and social support for individuals to navigate the challenges and transformations that accompany SCI. To accommodate their new needs, participants found it necessary to make modifications to their daily routines and their living environments, making their homes accessible for wheelchair use. Also, this study highlighted that mobility devices, such as wheelchairs, became crucial for individuals with SCI as they facilitate mobility and independence (Ruiz, Da Silva Barreto, Da Silva Rodrigues, Pupulim, Decésaro, et al., 2018). Another qualitative study was conducted in Australia to explore the facilitators and barriers to social and community participation of people with spinal cord injuries. There were 17 adults with traumatically acquired spinal cord injuries living in the community. In this study, three main factors along with 11 subthemes were identified. Facilitating factors included adequate financial resources, mobility devices and social support from friends, family, and peer mentors (Barclay et al., 2015). A systematic review was conducted in India by reviewing 26 peer-reviewed studies to identify the factors influencing the community integration of people with SCI in low- and middle-income countries. Scopus, PsycINFO, and the PubMed search engine were used to search for relevant articles published from 2010 to 2020. This study showed that individuals with SCI often encountered significant challenges when trying to integrate into their communities. This study identified several factors such as spirituality, support from family and friends, self-efficacy, and resilience that could facilitate community integration (Mohan & Deb, 2021).

2.4 Overview of Inhibiting Factors

A qualitative study was conducted with 18 participants in Iran to explore the barriers and facilitator factors to coping with SCI. Some barriers emerged from the study

findings: lack of knowledge, inaccessibility, lack of employment opportunity, and societal acceptance (Babamohamadi et al., 2011). A cross-sectional study was conducted in Texas, United States, with 946 women with and without SCI to determine whether women with SCI were able to achieve the same levels of community integration as women without SCI or not. This study stated that most women with SCI claimed that physical barriers, environmental barriers, and the absence of reliable transportation limit their ability to participate in community integration (Nosek & Walter, 1998). Another cross-sectional study was conducted in United States with 97 participants with SCI to perceive the barriers to employment in individuals after injury. This study statistics showed lack of transportation as the number one barrier (Fiedler et al., 2002). Similarly, another study was conducted in Canada based on a critical review of the literature to determine the barriers and facilitators to community reintegration after SCI. This study revealed that inaccessible environments, transportation, poor health or physical limitations, and financial constraints were the barriers to community reintegration after SCI (Gargaro et al., 2013). A systematic review was conducted in India by reviewing 26 peer-reviewed studies to identify the factors influencing the community integration of people with SCI in low- and middle-income countries. Scopus, PsycINFO, and the PubMed search engine were used to search for relevant articles published from 2010 to 2020. This study's findings specifically highlighted environmental obstacles like inaccessibility as a barrier that individuals with spinal cord injuries face most after community reentry in low- and middle-income countries (Mohan & Deb, 2021).

2.5 Overview of Coping Strategies

Coping is defined as "the strategies that a person uses to manage stressors." Coping strategies are ways to help people with disabilities deal with the emotional distress that their impairment causes (Hashemiparast et al., 2022).

A qualitative study was conducted in Iran to explore the coping strategies of Iranian people with spinal cord injuries. This study identified three coping mechanisms: hope, making an attempt toward independence or self-care, and seeking support, religious beliefs (Babamohamadi, Negarandeh, & Dehghan-Nayeri, 2011). Another qualitative study was conducted in Iran that aimed to explore the coping strategies of people with SCI. This study showed that Iranians have efficient ways of coping, including admitting their incurability, desiring independence, praying for divine help, being patient and persuasive, considering time as a coping factor, and marriage (Shamshiri et al., 2021). At the same time, another qualitative study was conducted with a phenomenological approach on ten Iranian people with spinal cord disability due to road traffic injuries based on their living experiences and coping strategies. From September through March 2019, data was gathered and analyzed. The findings in this study indicated that the participants used coping strategies including religious recourse, satisfaction with God's expediency, and changing their life values to adjust to their difficulties (Hashemiparast et al., 2022). In United States, a cross-sectional study was conducted with 95 individuals with SCI to examine the influence of coping resources and coping strategies. This study showed that adaptability was significantly correlated with coping resources and strategies, particularly engagement coping (Livneh & Martz, 2014). In a study, Babamohamadi, Negarandeh, & Dehghan-Nayeri (2011) stated that the process of adaptation and quality of life after SCI, both depends extensively on ways of coping. In Poland, a cross-sectional study revealed that participants predominantly

used coping strategies like religion, seeking emotional support, and acceptance (Byra & Gabryś, 2022).

2.6 Overview of Life Satisfaction on Role Performance

Life satisfaction is usually defined as a quantifiable estimation of happiness or satisfaction with those aspects of life that are important to a specific person. It is believed to be an abstract piece of personal satisfaction. The biggest problem with the reintegration of SCI patients is their level of life satisfaction (Budh et al., 2004).

An exploratory study examined the relationship between perceived control, verbal communication skills, satisfaction with personal assistance, marital status, and handicap to examine how it's linked to life satisfaction for people with severe spinal cord injuries. This study indicated that perceived control, communication skills, contentment with personal help, marital status, and handicap were all significantly associated with life satisfaction; perceived control and marital status were the best predictors of life satisfaction (Chase et al., 2000). A quantitative study from Michigan revealed that women with SCI generally report higher satisfaction compared to men with SCI (Tate & Forchheimer, 2001). Another cross-sectional study was conducted in the Netherlands with 318 people with SCI and 507 people without SCI. The aim of the study was to measure the life satisfaction of people with spinal cord injuries compared to a population group. This study stated that general life satisfaction and satisfaction with self-care ability, leisure situation, vocational situation, and sexual life were lower in persons with spinal cord injury than the population group. On the other hand, satisfaction with family life was higher (Post et al., 1998). Additionally, a qualitative study from Nigeria revealed about dissatisfaction experienced by the participants with various aspects of their lives. Specifically, dissatisfaction was reported regarding sexual and marital relationships, as well as social interactions following SCI. Furthermore,

participants felt dissatisfied with their performance in family roles. The overall dissatisfaction with life post-SCI appeared to stem from participants' internalization and interpretation of their inability to function in areas they deemed important (Malomo et al., 2020).

2.7 Key Gaps of the Study

- Some existing studies focused on the role experiences of women with SCI in Western countries, particularly in North America and Europe. There was a lack of research representing the diverse role experiences of women with SCI from different cultural, ethnic, and socioeconomic backgrounds.
- Many studies provided insights into the immediate impact of SCI on women's life roles. However, there was a lack of research that tracks changes in women's roles and experiences over time.
- While some studies touched upon the impact of SCI on employment and vocational roles, there's a need for more in-depth research on workplace accommodations, vocational rehabilitation programs, and barriers to performing diverse roles faced specifically by women with SCI.
- There was a lack of data describing the whole scenario regarding role experiences of women with SCI in Bangladesh and Globally.

CHAPTER III: METHODOLOGY

3.1 Study Question(s), Aim, Objective(s)

3.1.1 Study Question

How does the spinal cord injury impact on the life roles of women?

3.1.2 Study Aim

The aim of the study was to explore the impact of spinal cord injury on the life roles of women.

3.1.3 Objectives

- To perceive the role experiences and responsibilities of women with the spinal cord injury.
- To explore the life changes pre-and-post injury, particularly considering roles and responsibilities.
- To understand about the facilitating and inhibiting factors to their role performance after injury.
- To find out the coping strategies while performing their roles after injury.
- To evaluate the satisfaction with their role performance after injury.

3.2 Study Design

3.2.1 Method

This study adopted a qualitative research method to explore, understand and describe the world from the subject's perspective (Creswell & Poth, 2016), which began with certain assumptions and utilizes interpretive or theoretical frameworks to investigate research problems and understand the significance people or groups attribute to a social or human situation (Fossey et al., 2002). Therefore, qualitative research was best

fit for this study to capture the overall experiences and the meanings individuals assign to those experiences from their own perspectives, described in a descriptive manner.

3.2.2 Approach

This study was followed by the narrative approach. Narrative approach focuses on exploring the life experiences of individuals over time. It involves obtaining and reflecting on people's lived experiences, through the collection and analysis of personal stories, or narratives shared by participants (Creswell & Poth, 2016). In this study, narrative approach helped to delve deeply into the life role experiences of women with spinal cord injuries, capturing the nuances and complexities of how their injury had affected their roles within their families, communities, and workplaces from their told story and experiences.

3.3 Study Setting and Period (Study Setting and Period)

3.3.1 Study Setting

The student researcher and participants collaborated to choose a convenient location for data collection, with the participant's preferences being prioritized. Data was collected from various district in Bangladesh (Tangail, Dhaka). Most of the data were collected from participants' homes. All interviews were conducted in quiet and comfortable settings by the student researcher.

3.3.2 Study Period

The period of the study was from May, 2023 to February, 2024. And the data collection period was December,2023.

3.4 Study Participants

3.4.1 Study Population

The study participants were ten women with SCI who engaged in their roles and responsibilities after returning their own communities.

3.4.2 Sampling techniques

The student researcher had selected purposive sampling procedure to collect the data.

A purposive sampling is a non-probability method that helps locate the chosen sample or population characteristics for the study. It is also known as judgmental, selective, or subjective sampling (Crossman, 2020) and employed to select respondents most likely to yield appropriate and useful information (Campbell et al., 2020). To achieve appropriateness according to inclusion and exclusion criteria, qualitative research uses purposeful sampling (Luciani et al., 2019). It is a suitable method for this investigation, which complied with various inclusion and exclusion criteria (Creswell & Poth, 2016).

The following criteria outlined who would be included and excluded from the study:

3.4.3 Inclusion criteria

- Adult women with SCI (traumatic tetraplegia and paraplegia both).
- Women who returned to their own communities more than 6 months after completing their rehabilitation from CRP.
- Women who engaged in their life roles in the community.

3.4.4 Exclusion criteria

- Women who are not medically stable and has the history of mental illness.
- Women who have speaking and language difficulty.

3.4.5 Participant Overview

Ten women with SCI took part in the study, all of whom were fulfilling their life roles and responsibilities upon reintegrating into their communities. Among them, five women had traumatic paraplegia, while the remaining five had traumatic tetraplegia spinal cord injuries. Each woman with SCI was engaged in various roles and responsibilities within her respective community. To ensure confidentiality, the

participants' names were replaced with pseudonyms. An overview of the participants is given in Table 3.1

Table 3.1

Participant's overview

Pseudonym	Age	Marital status	Types of condition	Device
Mina	28y	Unmarried	Paraplegia	Wheelchair
Kona	40y	Widow	Tetraplegia	None
Mabia	42y	Divorcee	Paraplegia	Wheelchair
Isha	50y	Widow	Tetraplegia	Wheelchair
Samia	22y	Unmarried	Paraplegia	Wheelchair
Habiba	21y	Unmarried	Tetraplegia	Wheelchair
Moon	37y	Married	Paraplegia	Wheelchair
Rabeya	27y	Unmarried	Tetraplegia	None
Lima	36y	Married	Paraplegia	Wheelchair
Maha	18y	Unmarried	Tetraplegia	Wheelchair

3.5 Ethical Consideration

Ethics is a moral issue in the research which is the rights of the participators of the investigation. Adhering to ethical principles is crucial to safeguarding the dignity, rights, and welfare of research participants (Cantín, 2018). The ethics was maintained by World Medical Association Declaration of Helsinki Ethical Principles for Medical Research Human Subjects (World Medical Association Declaration of Helsinki, 2013).

3.5.1 Ethical approval from IRB

Through the Bangladesh Health Professions Institute (BHPI), the ethical clearance for the study has been sought from the Institutional Review Board of BHPI by outlining the study purpose. The IRB clearance number is CRP/BHPI/IRB/ 10/2023/763

3.5.2 Informed consent

- **Information sheet:** Each participant received an information sheet from the student researcher, containing all pertinent details about the study, including its aim and objectives, in a clear and concise manner.
- **Consent form:** The participants voluntarily chose to participate in this study after being informed of its goal. Written consent forms were utilized to formally obtain their consent.
- **Withdrawal form:** Before the data analysis began, participants were informed that they had the option to withdraw from the study at any point. They were provided with a withdrawal form, which was attached to the information sheet, to formalize their decision if they chose to withdraw.

3.5.3 Unequal relationship

There was no unequal relationship between the participants and the student researcher.

3.5.4 Risk and beneficence

There were no risks or financial benefits involved in this study.

3.5.5 Power relationship

There was no power relationship between the participants and the student researcher.

3.5.6 Confidentiality

Participant's information was treated with strict confidentiality. As outlined in the information sheet, their names and identities were kept confidential and only shared with the supervisor. Volunteers were also instructed not to disclose any information about the participant, and they signed a transcription agreement form to confirm their understanding. Participants were assured that their identities would remain private for all future purposes, including report writing, publication, conferences, and other written or verbal discussions.

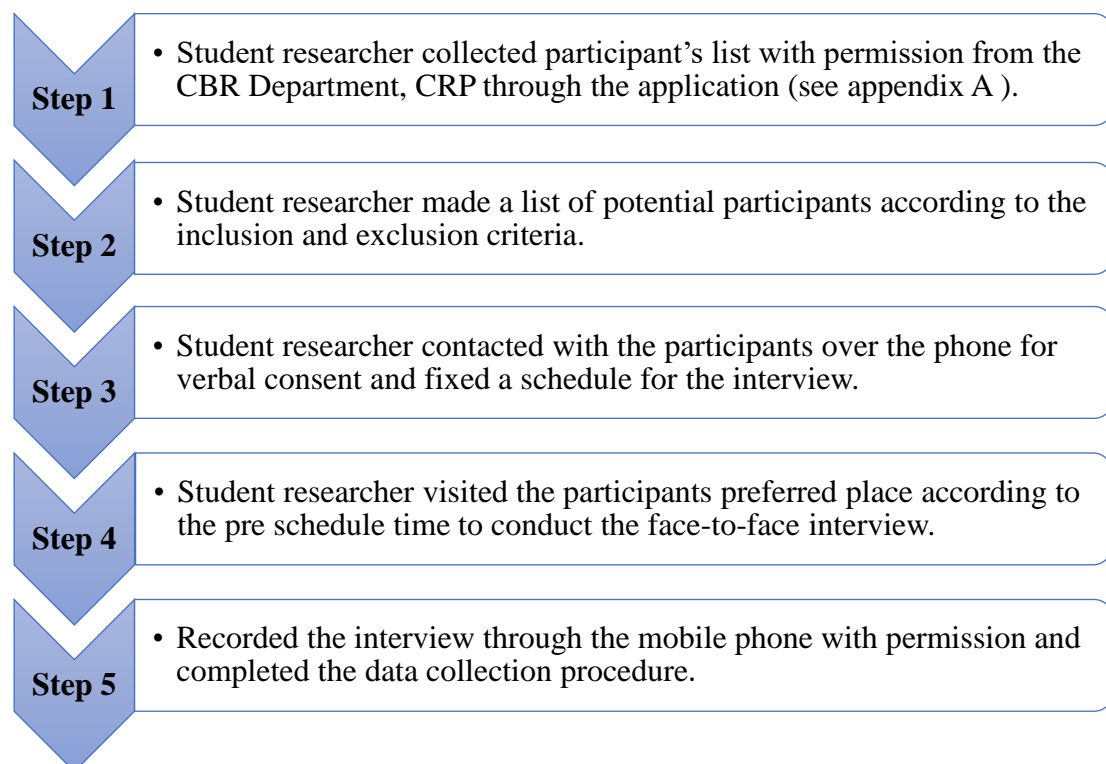
3.6 Data Collection Process

3.6.1 Participant recruitment process

Ten women with spinal cord injury were recruited from different background and performed different roles and responsibilities.

Figure 3.1

Overview of participant recruitment process



The student researcher followed a systematic process to obtain permission and identify potential participants for the study. Initially, permission was sought from the CBR department at CRP through an application to collect the list of participants (see Appendix A). Additionally, the student researcher collaborated with a female peer counselor from the counseling unit at CRP, who assisted in providing a list of potential participants obtained from the social welfare department. After collecting the list of participants, the student researcher created a potential participant list based on the inclusion and exclusion criteria (see sections 3.4.3 and 3.4.4: Inclusion and Exclusion

criteria). Subsequently, the student researcher contacted the participants via phone, thoroughly explaining the study details (see Appendix B). Following an explanation, the student researcher selected the participants for the interview based on their consent (see Appendix B). Upon mutual agreement on timing and location preferences, interviews were conducted, and data was collected within the allocated time frame.

3.6.2 Data collection method

The study utilized in-person; in-depth, semi-structured interviews conducted by a student researcher to gather data. Face-to-face interviews were chosen to enable the researcher to confirm participants' responsiveness, establish rapport, gather detailed information, and observe behavioral and emotional cues during responses. To elicit detailed information, the student researcher prepared general open-ended questions, allowing participants to expand on their answers during the in-depth semi-structured interviews. The data-collecting method was employed by the COREQ (consolidated criteria for reporting qualitative research) checklist (Tong et al., 2007). A quiet location was chosen to minimize background noise and distractions so that the participant could feel ease and give the interview with full attention. The researcher established a rapport with the participant, explained the purpose of the interview, and emphasized the significance of the findings as mentioned in the information sheet before beginning the interview. A mobile phone recorder was used to gather data, maintained in flight mode to prevent interruptions. Each interview lasted between 30-45 minutes.

3.6.3 Data collection instrument

The student researcher utilized a semi-structured interview guide (both Bangla and English) which was developed by the student researcher to get information from the participants (See Appendix D). It helped to maintain the interview's focus and prompted study participants to provide more detailed answers. After reviewing relevant literature

regarding the aim and objectives of the study, the student researcher created an interview guide. The student researcher develops the interview guide mostly using the Worker Role Interview (WRI) Manual (Ekbladh et al., 2010). A mobile recorder, paper, pen or pencil etc. were also used during data collection. In this interview guide, questions were included about the role experiences after injury, changes in life roles pre-and-post injury, facilitating and inhibiting factors, coping strategies, life satisfaction on performing the roles and responsibilities of women with SCI who return to their community more than 6 months after completing their rehabilitation.

3.6.4 Field test

The student researcher conducted a pilot experiment with 2 participants before starting data collection. A pilot test before the final data collection was crucial as it allowed the researcher to refine the data collection method, identify any challenges in questioning, and develop strategies to build rapport with participants to elicit authentic responses (Malmqvist et al., 2019). The semi-structured questionnaire was used, and based on the findings, a new question was added to the interview guide about the impact of physical condition on role performance. The structure of the interview guide was slightly modified to better understand the participants' responses (See appendix D).

3.7 Data Management and Analysis

The student researcher selected thematic analysis based on Benson and Clarke's six steps of thematic analysis to analyse the data. It provides foundational skills needed to perform a wide range of analyses (Braun & Clarke, 2020). The six steps are given below:

Step 1: Familiarizing with the data: Initially, the student researcher conducted interviews, translated Bangla textual data into English, and became familiar with the data. A volunteer translated two transcriptions, which were verified and retranslated by

the researcher. The renowned supervisor reviewed each translation and transcription. The student researcher read the entire document to understand the data's significance and patterns and highlight the key aspects.

Step 2: Generating initial codes: In this step, the student researcher highlighted key phrases from the data, created preliminary codes, and assigned names, which were verified by the supervisor after highlighting significant points.

Step 3: Searching for themes: After reading the translation and consulting with the supervisor, the student researcher recorded interview codes on separate pages, highlighting similar ones and then arranged them on sticky notes and categorized them into potential themes to easily identify related thoughts and identify possible themes.

Step 4: Reviewing themes: The student researcher consulted with the supervisor after creating a preliminary thematic map. With supervisor's assistance, ten themes with some sub-themes were emerged from the study.

Step 5: Defining and naming themes: The student researcher finalized themes and sub-themes for the findings after refinement and amendment, providing precise names and definitions for reader comprehension. Each theme and sub-theme were reviewed by a renowned supervisor.

Step 6: Producing the report: The student researcher wrote the findings chapter of the dissertation by the themes using verbatim quotes from the participants.

3.8 Trustworthiness and Rigor

Trustworthiness was maintained by following methodological rigour and interpretive rigour (Fossey et al., 2002).

3.8.1 Methodological rigour

Congruence: This study followed the narrative approach (see section 3.2: Study Design) of qualitative study design which perfectly fit to achieve the aim and objectives

to explore the impact on the life roles of women due to SCI.

Responsiveness to Social Context: A face-to-face interview was performed manually and conveniently in a suitable location. The student researcher becomes familiar with the context through verbal communication with the participant (see section 3.3.1: Study setting).

Appropriateness and adequacy: The study employed purposive sampling to select ten participants based on inclusion and exclusion criteria. Data was collected through face-to-face interviews using an interview guide and a mobile recorder. Participants' opinions were expressed in verbatim quotations, highlighting the uniqueness of the data (see sections 3.4.2 and 3.6.1: Sampling techniques and participant recruitment process).

Transparency: The student researcher effectively collected and analysed data, ensuring the absence of bias despite the supervisor's active involvement and the inclusion of diverse perspectives throughout the process (see sections 3.6 and 3.7: Data Collection Process and Data Management and Analysis).

3.8.2 Interpretive rigour

Authenticity: The participant's statements were accompanied by a verbal check by the student researcher to ensure the presentation and interpretation of the findings (see Chapter IV: Result section).

Coherence: Data was adjusted to meet its objectives and aim. The student researcher transcribed data verbatim listening to the audio in Bengali as the first language and translated them into English. The respected supervisor rechecked every transcription after listening to the audio recording, and then the student researcher started to analyse the data (see section 3.7: Data management and analysis).

Reciprocity: The student researcher translated the data verbatim by keeping the original data unchanged. Data analysis was not discussed with other participants (see

section 3.7: Data management and analysis).

Typicality: This term describes how well the results can be applied to different contexts (Fossey et al., 2002). The student researcher provided a detailed description of the study's context for the readers' clear understanding (see sections 3.4.5 and 3.7: Participant Overview and Data Management and Analysis).

Permeability of the researchers: The student researcher's intentions, preconceptions, values, or preferred theories were upheld by strictly adhering to the ethical guidelines. The student researcher finished the entire research plan after consulting with the supervisor to ensure the integrity of the study (see section 3.7: Data management and analysis).

CHAPTER IV: RESULTS

In this study, ten women with SCI from different background shared their overall life role experiences after returning to their pre-injury environment or community. Six themes that emerged from the data analysis included: i) Role performance, ii) Transition in life roles following injury, iii) Facilitating factors in role performance, iv) Inhibiting factors in role performance, v) Coping strategies, vii) Varied level of life satisfaction on role performance. Each theme is sorted with some sub-themes which are listed below in table 4.1 as overview of the result.

Table 4.1*Overview of the result*

Themes	Subthemes
Role performance	Versatile roles of women with SCI Bonding while juggling different roles
Transition in life roles following injury	Productive roles Family roles Social roles
Facilitating factors in role performance	Mobility device empowers them Family, friends and peers are crucial for role performance Determination to establish new roles
Inhibiting factors in role performance	Attitudinal barrier Lack of accessible transportation Inaccessibility in living and working environment Disability affects role performance The state of psychological unwellness affects role performance
Coping strategies	Radical acceptance and high morale Adaptive living Self-advocacy Believe in God
Varied level of life satisfaction on role performance	Complete satisfaction Partial satisfaction Dissatisfaction

4.1 Theme One: Role performance

All the participants performed multiple roles and fulfilled their responsibilities across different domains of life, such as productive, familial, and social. They have the ability to maintain and perform multiple roles at a time.

4.1.1 Subtheme One: Versatile roles of women with SCI

All participants showcased remarkable versatility in their lives, despite their spinal cord injuries. They navigate multiple roles, such as mother, wife, student, homemaker, and

even the critical role of a breadwinner. Moon stated that

“Currently, I am actively engaged in fulfilling various roles and responsibilities, serving as a mother, homemaker, wife, tailor master, and basketball player. I take pride in my ability to effectively maintain and balance all these diverse roles in my life.”

One participant expressed that she is currently unable to fulfill all of their roles and responsibilities simultaneously. Habiba stated that

"I find it challenging to fulfill my responsibilities as a page moderator while also striving to maintain my roles as a daughter and sister. When my mother falls ill, I struggle to provide the care she needs, inadvertently adding to my father's stress. Furthermore, my younger sister has to make numerous sacrifices to look after me, which limits her ability to enjoy her own life."

4.1.2 Subtheme two: Bonding while juggling different roles

Most participants emphasized having positive and sustainable relationships including their husbands, parents, children, siblings, friends, coworkers, and team members. This highlights their ability to maintain their bonding while juggling different roles. Specifically, five participants shared positive experiences regarding their relationships with family members. Moon reported, “I have a good relationship with my husband. He assists me in my every work, like household chores and child rearing. He gave me a lot of support when I became pregnant following the SCI [said happily].”

Six participants also shared positive experience about their relationship with friends or peers, colleagues or team members and other staffs. Mabilia said that “I have a healthy relationship with my colleagues. I can share my problems and difficulties with them without hesitation. They also share their problems with me.”

4.2 Theme Two: Transition in life roles following injury

Upon returning to the community, all participants actively engaged in their roles and responsibilities, whether resuming previous ones or establishing new ones. However, they collectively shared a profound experience of life role transitions, emphasizing the transformative impact on their productive, family, and social roles after their injury.

4.2.1 Subtheme one: Productive roles

Out of ten, six participants shared that their productive roles have changed after injury. Sharing the experiences of productive role transition, Samia mentioned, "After my injury, I had to cease teaching students at their homes due to my wheelchair use. Unfortunately, not all homes have elevators, making them inaccessible for my wheelchair." Like Samia, Habiba said, "After my injury, I faced a significant life role transition as I could no longer return to my previous role as a student due to my physical condition. And it's presenting a notable change in my life journey."

However, another four participants stated that their productive roles had not changed, and they continued to perform their previous productive roles.

4.2.2 Subtheme two: Family roles

Five participants shared that they experienced changes in their family roles as a parent, spouse, or sibling, and their relationships with family members shifted after the injury.

Mabia stated that

“After my injury, my relationship with my husband deteriorated significantly. He perceived me as a burden, leading to our divorce. Consequently, my family also distanced themselves from me. In the aftermath, I struggled to maintain connections with my husband and family members, facing challenges in fulfilling my roles.”

However, another five participants expressed that they did not experience any changes

in their family roles.

4.2.3 Subtheme Three: Social roles

Most participants stated that they didn't experience any changes in their social roles. However, four participants shared that their roles had changed in the social and community setting, such as being friends, volunteers, or active community members.

Habiba said,

"Prior to my injury, I had a vibrant social life with numerous friends, engaging in various activities. However, after my injury, I lost contact with all my friends.

Additionally, my active participation in community programs dwindled, and I rarely leave my house without a specific reason."

4.3 Theme Three: Facilitating factors in role performance

When it comes to the facilitating factors, all participants mentioned some common facilitating factors that enhance their ability to perform or fulfill their roles and responsibilities like mobility devices, support systems, and encouraging factors like determination to establish new roles to foster a sense of confidence, autonomy and influence them to actively participate in and fulfilling their roles and responsibilities in meaningful ways.

4.3.1 Subtheme one: Mobility device empowers them

The majority of participants who rely on mobility devices highlighted the pivotal role these devices play in enabling them to fulfill their roles and responsibilities and enhancing their independence. Among them, wheelchairs were cited as the primary mobility aid. Out of the ten participants, eight used wheelchairs, while the remaining two did not require any mobility devices. Thus, they identified the wheelchair as the facilitating factor of the theme. Moon stated that

"My wheelchair helped me regain my mobility and independence after I lost the

ability to walk on my own two legs. With the wheelchair, I am able to manage all of my domestic chores and properly care for my family. Additionally, being a wheelchair basketball player has given me a new sense of identity."

Overall, Moon's experience underscores the profound impact of mobility devices in enabling her to lead active and fulfilling roles.

4.3.2 Subtheme two: Family, friends and peers are crucial for role performance

Support is the most significant aspect stated by all participants for women with SCI during playing the life roles. While talking about support system, all the participant mentioned about their family, friends or peers and other academic and workplace staffs etc. that gave them courage and inspiration to resume or establish roles and assist them to fulfill their roles. Every participant stated that their families provided them with adequate support at every turn as they fulfilled their roles and responsibilities in life. Maha said, "My parents encouraged me to continue my education. They said you could accomplish your goals if you really wanted to. My siblings were also assisted a lot in those periods."

To mention the husband's support, Lima stated,

"My husband helps me in all of my works like in my household works, child rearing. For my convenience, he has made our house accessible for me so that I can move easily and can do all my work conveniently"

From ten participants, three participants were student and all of them reported the positive experiences of getting support from friends and teachers. Samia stated that

"Although our institute has a ramp leading up to the second floor, our sessions are held on the third floor. Additionally, because there is no elevator, my friends assist me every day in getting in to the classroom with my wheelchair from second floor to the third floor. Besides, if I face any problems, my teachers also

help me a lot.”

Every participant who was employed or an athlete said that their teammates and colleagues were a big assistance to them. Mina said that

“I would never be able to perform my duties properly in such a busy place as a hospital if my colleagues had not helped me. Additionally, other staffs or members also greatly assist me a lot in carrying out my responsibilities. My task is made easier by their support.”

4.3.3 Subtheme three: Determination to establish new roles

Most of the participants identified determination as motivating factor that give them a sense of purpose to establish a new and resume their old roles and responsibilities.

Rabeya said that:

"I exhibited a strong determination to resume my studies despite facing challenges, such as attending school barefoot due to foot issues that prevented me from wearing shoes. I persevered in my education, paying no heed to others' opinions. My motivation for studying stemmed from a desire to pursue my own goals, aiming for independence, and creating my own identity.”

Rabeya's story highlights the transformative power of willpower and determination in enabling individuals to navigate adversity and establish fulfilling roles and responsibilities in their lives.

4.4 Theme Four: Inhibiting factors in role performance

All participants acknowledged encountering challenges and obstacles in carrying out their roles and responsibilities. Specific issues highlighted included attitudinal barriers, lack of accessible transportation, inaccessibility in living and working environments, disability affects role performance, and the state of psychological unwellness affects role performance.

4.4.1 Subtheme one: Attitudinal barrier

Five participants reported encountering attitudinal barriers including discrimination, stigma, ignorance, negative attitudes etc. from both their families and society at large. Nearly every participant said that these sorts of firsts come not from society but from the family. Rabeya reported, “When I attended to go to school or college to study, I overheard people in the society gossiping behind my back that I must have committed a sin for which I am being punished.” Moon also shared a negative experience that she faced from their family. Moon said that:

“At my younger sister's wedding, I was told to stay out of sight because it was believed that my presence would bring bad luck to the occasion. Additionally, I was not invited to the wedding, and hurtful comments from a family member labeled me as a dishonor to the family. [said sadly].”

Similar to Moon, Habiba said that

“Since my spinal cord injury, my father sees me differently from my sisters, says to me that I am ruining my other sibling’s future. Also, I am not even invited in any program like wedding [said in a crying face].” After sharing this Habiba took a break from the interview.

Some participants expressed the same desire for raising awareness in the family and community. Habiba reported that:

“If our society and its citizens were aware, they would view us as regular individuals. They refrained from disparaging our impairments behind our backs. So, I think the governmental agencies and social workers should raise more awareness about our handicaps in our family and society.”

4.4.2 Subtheme two: Lack of accessible transportation

Most of the participants expressed encountering significant barriers and challenges

stemming from inaccessibility in the transportation system. The absence of accessible transportation not only exacerbates the isolation and exclusion but also highlights systemic inequalities that hinder their full participation in society. It restricts their ability to engage in essential activities such as commuting to work, accessing healthcare services, and participating in social events. Moon stated that

“Although I can do nearly everything by myself with a wheelchair, I struggle greatly with transportation. As a basketball player, I have to travel a lot, such as to come in Centre for the Rehabilitation of the Paralysed (CRP) from Dinajpur. I find it very difficult to get on and off the bus, and I have to ask for help from others.”

4.4.3 Subtheme three: Inaccessibility in living and working environment

Out of ten, six participants complained against inaccessibility in workplace, educational institute and living environment. The lack of accessibility poses physical and practical obstacles, such as navigating stairs and accessing restroom facilities etc. Mina reported that:

"We are third-floor residents. I had to sit on each stair as I descended from the third level to go to the hospital. My clothing gets dirty from it, so I have to change my clothes again before heading to the hospital. For me, it's rather unpleasant and challenging. In the hospital, I'm having trouble using the restroom as well. There is no accessible toilet except one that is reserved for a senior doctor. I can utilize it since Sir has permitted me to do so. However, I'm apprehensive about using it constantly.”

4.4.4 Subtheme four: Disability affects role performance

Most of the participants mentioned that their disability makes a barrier and difficulty to play their life roles and responsibilities. Habiba reported that

“As a moderator for an online platform, I regularly engage with clients and ensure prompt responses to their messages, especially in product sales. However, my physical limitations sometimes cause delays in responding promptly, leading to a loss of clients and impacting my job performance.”

Three participants particularly said that their disability limits their roles and responsibilities, but they never allow their limitations to become an obstacle to their mothering duties. Lipa said that:

“I never allow my disability to interfere with my ability to fulfill my responsibilities as a mother. I constantly endeavor to fulfill my motherly responsibilities. So that my children and other people won't ever be able to accuse me of failing to raise and properly care for my child.”

4.4.5 Subtheme five: The state of psychological unwellness affects role performance

The majority experienced depression, mood swings, anger issue and sadness. Nearly every participant brought up the term depression. They were embarrassed and ashamed to keep asking for assistance. When someone avoided them or got annoyed with them, they felt depressed and upset. They said that their descent into depression is happening daily. Mina stated that:

“I can accomplish most things on my own, but sometimes I require help with certain chores. When people seem resentful, I feel extremely bad about myself since I would assume that I wouldn't need assistance from others if I were well. I weep a lot by myself at night, and I can't sleep. Suicide is such a terrible sin, that's why I don't think about it. But sometimes, I feel very helpless and depressed.”

Kona added a statement based on her findings. Kona said that “While working at home

I get very angry over small things and I yell at my daughter for no reason.” One participant shared about her self-harm tendency. Maha reported that:

“I’ve been sobbing a lot at night and becoming really depressed and angry about small things recently. For instance, when I go to study, I get obstinate if I don’t comprehend things. I feel very angry. The book then becomes unmotivated to hold. When I don’t eat or drink properly, my mother scolds me, which makes me very upset. In those moments, I may harm myself, such as cutting my hands. Mood swings also happen, like sometimes I feel sadness and sometimes happiness without any reason.”

4.5 Theme Five: Coping strategies

All participants discussed various strategies to cope with changing circumstances and challenges, enabling them to shape their roles and fulfill their responsibilities while maintaining a sense of control. These strategies encompassed acceptance and maintaining high morale, adaptive living, engaging in self-advocacy, and relying on their belief in God.

4.5.1 Subtheme one: Radical acceptance and high morale

All participants recognized acceptance and high morale as crucial factors in coping with challenges and changes in life after injury. These elements assisted them in navigating challenges effectively and maintaining a positive outlook. Isha said,

“The accident completely altered my life. I lost my husband and the use of my limbs. Nevertheless, I would say that I am content with my life because this is how I accept it. Although God took away the strength in my limbs, He gave me a strong mind and a great sense of morale”

Like Isha, Lima stated that

“In the past, I had a typical existence. I could do everything on my own like

cooking, cleaning, child-rearing, etc. Although I now need to use a wheelchair for everything, I accept my life with the wheelchair. It gives me positivity about life and the mental strength to fulfill my roles with the wheelchair."

4.5.2 Subtheme two: Adaptive living

Every participant acknowledged that their life roles and responsibilities changed and altered after the injury. Adaptive living strategies helped them navigate these changes and barriers, empowering them to fulfill their roles and responsibilities in the pre-injury environment upon returning to the community. Habiba stated that

"Before my injury, my life was entirely different—I was studying, attending college, socializing with friends, and enjoying life's activities. It was vibrant and structured. However, following the injury, my lifestyle and daily routines underwent significant changes. Now, I am in the process of adapting to this new way of life and routines. This adaptation is crucial for me to come to terms with the changes in my life. Without this adaptation, I might have struggled to cope."

Three participants reported adopting adaptive living strategies, including modifying their lifestyle and creating an accessible living environment based on convenience. Moon reported that "I adapt my lifestyle to changing circumstances and have made adjustments to our living environment to make it wheelchair-accessible. This enables me to fulfill my family roles while using a wheelchair."

4.5.3 Subtheme three: Self-advocacy

The participants encountered attitudinal and environmental barriers affecting their role exploration and psychological well-being. To address these challenges, five participants advocated for themselves, asserting their needs and rights. Mina reported that

"I faced internship denial at a hospital from a higher authority. I filed a complaint asserting my rights against the higher authority, which eventually led

to securing the internship opportunity. Throughout the internship, I encountered inaccessibility issues in toileting. I addressed this issue by submitting an application to higher authorities, highlighting my needs. Subsequently, they granted me permission to use a professor's accessible toilet.”

Similar to Mina, demonstrated self-advocacy in pursuing her role as a wheelchair basketball player. Moon stated, “My in-laws forbade me from playing wheelchair basketball after I gave birth. I vocalized my stance, emphasizing that playing was integral to my identity, and I was unwilling to relinquish it.”

Among them, three participants collectively expressed their needs and rights to the governmental bodies, authorities, and educational institutions from their challenging experiences. Primarily focusing on issues related to inaccessible transportation, accessibility barriers, and employment opportunities. Mina reported that:

“I think our nation's establishment prioritized ensuring a healthy population, perhaps at the expense of overlooking the needs of individuals like us. This has led to challenges in commuting and workplace accessibility. To prevent future issues, the government should enhance accessible transportation systems and ensure universal accessibility for all disabled individuals. Organizations and institutes must create environments for participation and societal contribution.”

Mina's statement suggests to create an inclusive and accessible environment where individuals with disabilities can participate in various activities and fulfill their roles.

Mabia stated, “I think, all women with disabilities should actively engage in work and create their own identity. And our government should increase job facilities for all women with disabilities.” Mabia’s statement is a clear call for advocacy and empowerment for women with disabilities, particularly in the context of employment

opportunities.

4.5.4 Subtheme four: Belief in God

The participants share a profound faith, attributing life events to God's will, providing a foundation for acceptance. A common sentiment is that "what God has done to me is probably for my good." This belief is a source of strength, guiding participants in following their religion and seeking solace through prayer, particularly during times of stress and depression. Kona said, "I always pray to God when I feel helpless and depressed. It helps to accept my life and cope with the situations."

4.6 Theme Six: Varied level of life satisfaction on role performance

All participants indicated varied degrees of satisfaction with their abilities to fulfill their roles. While some expressed complete satisfaction, others conveyed partial or outright dissatisfaction.

4.6.1 Subtheme one: Complete satisfaction

Notably, out of ten, four participants reported complete satisfaction with their role performance. Isha stated that

"I am completely satisfied because it has been challenging for someone like me to navigate life in this era. Without my spouse, managing everything was difficult, but I believe I am handling it well. I have a stable income, a comfortable home, and both my daughter and son have established their identities. I believe I have excelled in every role I have undertaken."

This statement indicated a sense of personal fulfillment and accomplishment despite facing significant challenges.

4.6.2 Subtheme two: Partial satisfaction

Another five participants reported partial life satisfaction on role fulfillment. Kona expressed,

“While I'm satisfied with how I'm handling my responsibilities, I still feel a sense of incompleteness. When I was a teacher, I received a good salary, allowing me to support my family after my husband's death. Presently, I depend on others to run my household. I'm currently reapplying for teaching positions. If I get hired, I will be satisfied in every way.”

Kona expressed her partial satisfaction through the statement. Her desire to regain financial autonomy through reemployment underscores the significance of economic factors in shaping satisfaction with role fulfillment.

4.6.3 Subtheme three: Dissatisfaction

One participant expressed her dissatisfaction with her experiences. Habiba reported that:

“I am not satisfied because my desire is for complete recovery. Then, I wouldn't need assistance from anyone else. My younger sister wouldn't have had to suffer so much for me, and my mother wouldn't have to worry about me. Those who gossip about me wouldn't have anything to say. I could handle all tasks independently, resume my studies, and fulfill my roles as a daughter and sister. However, I know this is not feasible at all [said sadly].”

Habiba's dissatisfaction stemmed from her unfulfilled desire for complete healing and independence. Her longing to resume her previous roles as a daughter and sister without relying on others reflects the profound impact of SCI on personal identity and aspirations.

CHAPTER V: DISCUSSION

This study presented the impact of spinal cord injury on the life roles of women. Ten women with SCI participated in this study who were returned to their community after completing their rehabilitation and performing their life roles. This study identified six themes that emerged from the transcripts of the participants.

This study thoroughly explored the life-role experiences of women with spinal cord injury (SCI), uncovering their active engagement in various roles, including motherhood, homemaking, spousal responsibilities, and work toward reintegrating into their communities. The study found that most participants effectively resumed, established, and balanced multiple roles simultaneously. Previous limited studies found that women with SCI exhibited a stable ability to balance work-related responsibilities, home care, childcare, and relationships, often without extensive external support (Westgren & Levi, 1994), and effectively managed multiple roles upon reintegrating into their communities (Quigley M. Claire et al., 1995). While the context is crucial, recent literature has seen relatively little exploration of this topic. However, it is essential to acknowledge that this study revealed some participants faced challenges in maintaining certain roles upon reintegrating into their preinjury environment.

This study uncovered the bonding and relationship maintenance abilities of women with SCI as they navigated various roles alongside their partners, parents, children, siblings, friends, and peers. While some participants shared positive experiences, the other participants reported changes in their relationships, consequently altering their family and social roles. Interpersonal relationships for women with spinal cord injury are limited by numerous barriers (Gabryś, 2020). A Swedish study indicated that women with SCI reported stable marriages, reflected in a low divorce rate, and

demonstrated well-functioning social networks, showcasing social integration at both individual and familial levels (Westgren & Levi, 1994). Conversely, another study in Canada revealed the deterioration of relationships, highlighting the challenges experienced and factors contributing to relationship disintegration post-injury (Jeyathevan et al., 2019). Indeed, these findings highlight the variability in experiences and outcomes for women with SCI, which may have evolved over time.

This study's findings underscored the transition of productive roles among women following SCI. COPM addressed various aspects within the productive domain, including paid and unpaid work, household management, education, or school/play (Muñoz et al., 2006). Additionally, a study finding from Brazil highlighted the profound impact of SCI on individuals' lives, leading to a significant transformation across multiple domains, including work life, leisure, social life, and personal life (Ruiz, Da Silva Barreto, Da Silva Rodrigues, Pupulim, Decésaro, et al., 2018). Notably, this current study contributed to a deeper understanding of the productive role experiences of women post-SCI, an area that had not been previously explored.

This study highlighted various inhibiting factors that create difficulties and barriers for women with spinal cord injury (SCI) in performing their life roles, including attitudinal barriers, inaccessible transportation systems, lack of accessibility in living and working areas, as well as disability-related challenges and psychological distress. Similar findings have been noted in previous literature. For instance, in Canada, a study identified inaccessible environments, transportation, and physical limitations due to poor health or disability as barriers to community reintegration after SCI (Gargaro et al., 2013). Similarly, a study from Sweden revealed that devaluing attitudes such as stigma and discrimination hindered the inclusion of individuals with SCI in society, with limited accessibility, such as the absence of ramps, inaccessible public transport,

and environments, being key barriers (Löfvenmark et al., 2015). Furthermore, relevant findings were also found in another study from India (Mohan & Deb, 2021).

In this study, the majority of participants shared a common goal of raising awareness within their families and broader society. They highlighted the prevalent discrimination, stigma, and negative attitudes faced by women with SCI in their familial and social circles. Given this context, there's a critical need to increase awareness to address these issues and promote understanding and acceptance.

This study also revealed a range of psychological distress experienced by the participants, which had an impact on their role performance. This included depression, anger issues, mood swings, and self-harm tendencies, with depression being particularly prevalent. Previous literature has also reported similar findings. For instance, a study from the United States revealed a higher incidence of depression among women with SCI compared to those without SCI. Additionally, they encountered a range of other psychological issues such as PTSD, anxiety, mood swings, and stress (Robinson-Whelen et al., 2014). Another study from the United States identified self-harm behaviors among populations with SCI, noting that depression and social circumstances are key risk factors within this demographic (Budd et al., 2022).

This study highlighted the critical role of mobility devices, family, friends, and peer support, as well as intrinsic motivational factors like determination to establish new roles, as facilitating elements that empower women with SCI to effectively fulfill their life roles. A study from Australia found that adequate financial resources, access to mobility devices, social support from friends, family, and peer mentors, as well as resilience, were key facilitating factors (Barclay et al., 2015). Similarly, the study findings from Brazil emphasized the critical importance of mobility devices, particularly wheelchairs, in enhancing mobility and independence for individuals with

SCI. Additionally, this study also underscored the critical role of family and social support (Ruiz, Da Silva Barreto, Da Silva Rodrigues, Pupulim, Decésaro, et al., 2018).

This study revealed that family serves as the most significant source of support for all women with spinal cord injury (SCI). However, it also shed light on how family dynamics can present barriers to their inclusion and well-being. Negative attitudes, discrimination, stigma, and ignorance within the family were identified as key factors contributing to the obstacles that create significant barriers to inclusion and hinder the performance of life roles and the overall quality of life for women with SCI. This study identified several coping strategies employed by women with SCI to navigate barriers and challenges. These strategies included radical acceptance and maintaining high morale, adaptive living, engaging in self-advocacy, and drawing upon belief in God to fulfill their roles and responsibilities upon reintegrating into their communities. Similar findings had been noted in previous literature. For instance, a study in Iran identified self-confidence, acceptance, high morale, religious beliefs, support networks, and optimism as crucial factors aiding in coping with disability among women with SCI (Babamohamadi et al., 2011). Additionally, relevant findings were discovered in another study conducted in Poland (Byra & Gabryś, 2022).

This study identified self-advocacy as a coping mechanism employed by women with spinal cord injuries (SCI). Consistent with this finding, prior limited literature also supports the significance of self-advocacy. A study conducted in the United States revealed that women with SCI adapt and establish new roles, such as engaging in self-advocacy, to fulfill their life roles upon returning to their pre-injury environment (Quigley M. Claire et al., 1995). Similarly, a study from Canada highlighted various coping strategies for women with SCI, among which self-advocacy was emphasized (Pentland et al., 2002).

This study found varying levels of satisfaction in women with SCI, ranging from complete or partial satisfaction to dissatisfaction, depending on their ability to fulfill their life roles. It emphasized the significant impact of spinal cord injury on their overall life satisfaction. Prior to this study, there was no literature specifically examining how women's life satisfaction with SCI relates to their role performance. The majority of studies focused on examining life satisfaction in individuals with SCI, comparing men and women. A study from Michigan revealed that women with SCI generally report higher satisfaction compared to men with SCI (Tate & Forchheimer, 2001). Additionally, another study from Nigeria revealed that participants felt dissatisfied with their performance in family roles. The overall dissatisfaction with life post-SCI appeared to stem from participants' internalization and interpretation of their inability to function in areas they deemed important (Malomo et al., 2020). However, a study's findings from Norway identified participation in society and activity is important for life satisfaction (Halvorsen et al., 2021).

The overall findings provide qualitative insights about the impact of spinal cord injury on women's life roles upon reentering their pre-injury environment in Bangladesh. It delved into their experiences and transitions in life roles and identified factors that either facilitate or inhibit these processes. Additionally, this research shed light on their lives and examines their life satisfaction concerning role performance. This study will assist various stakeholders including health professionals, social workers, policymakers, educational institutions, and work-related organizations etc. involve in helping women with SCI to reintegrate into their pre-injury lives. Other researchers will gain valuable knowledge from this study findings on this context. This study provides advancing knowledge and will enhance the well-being and quality of life of women with SCI.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strengths of the study

- The data were collected from participants with diverse backgrounds, such as age, types of conditions, area of residence, and different roles, which added variation in experiences and provided rich, in-depth data for this study.
- The qualitative method and narrative approach used in this study which were the best fit for achieving the aim and objectives.
- The student researcher followed the COREQ checklist in this study.
- The results of this study will be useful for further research on this issue.

6.1.2 Limitations of the study

There are some limitations to the study. These are:

- This study adopted a qualitative methodology, which inherently involves a small number of participants and potential bias in their responses to interview questions. As a result, the generalizability of the findings may be limited.
- The student researcher collected data only from the Tangail and Dhaka districts of Bangladesh, which made these findings less generalized.
- As this is the student researcher's first study, mistakes may have been occurred that could affect the data's quality.

6.2 Practice Implication

6.2.1 Recommendation for Further Practice

This study will assist health professionals to gain a better understanding of the roles, experiences, challenges, facilitating factors, and coping strategies of women with spinal

cord injuries after returning to their community. By gaining a richer understanding, occupational therapists can create an innovative program to assist in the increasingly demanding tasks of women's roles and to foster role performance and develop an inclusive environment for women with SCI to explore their life roles before discharge from a rehabilitation setting. Also, an occupational therapist can provide mental health support. Social workers can promote inclusivity and support by raising awareness. Policymakers, advocacy groups, educational institutions, and work-related organizations can develop inclusive policies, accessibility standards, and support programs for women with SCI in their work and environmental contexts.

6.2.2 Recommendation for Further Research

- Further study is recommended with large sample. Due to some constraints of this undergraduate study and the limited timeframe available, it was challenging for student researchers to include a large sample size.
- Conducting further research to explore impact of spinal cord injury on the life roles of men.
- Exploring the impact of disabilities in the life roles of individuals.

6.3 Conclusion

This study aimed to explore the impact of SCI on the life roles of women. The thematic analysis provides a comprehensive account of the overall role experiences of women with SCI, shedding light on the changes in their lives and roles. The findings illuminated the intricate interplay between life roles, changes in role dynamics, facilitating factors that empower role performance, and inhibiting factors that pose limitations. Additionally, coping strategies emerged as significant themes, offering insights into how these women navigate barriers and identify varied levels of life satisfaction in their roles. Altogether, this study presents a holistic understanding of the multifaceted

experiences of ten women with SCI as they reintegrate into their communities, emphasizing the various dimensions of their roles and the factors that shape their journey. This study will assist various stakeholders including health professionals, social workers, policymakers, educational institutions, and work-related organizations etc. involve in helping women with SCI to reintegrate into their pre-injury lives. Family members can also gain insight about the challenges and needs of women with SCI. Other researchers will gain valuable knowledge from this study findings on this context. This study provides advancing knowledge and will enhance the well-being and quality of life of women with SCI.

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APPENDICES

Appendix A: Ethical Approval / Permission Letter

Ethical Approval Letter from IRB



BANGLADESH HEALTH PROFESSIONS INSTITUTE

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

Ref: **CRP-BHPI/IRB/10/2023/763**

Date: **18.10.2023**

To
 Rafia Akter Rattray,
 4th Year, B.Sc. in Occupational Therapy
 Session: 2018-2019; Student ID: 122180319
 Department of Occupational Therapy
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal "Impact of Spinal Cord Injury on the life roles of women" by ethics committee.

Dear Rafia Akter Rattray,
 Congratulations.
 The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Luthfun Nahar as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Interview Guide (English & / or Bengali version)
3	Information sheet & consent form


The purpose of the study is to explore the impact of spinal cord injury on the life roles of women. The study involves use of semi-structure interview guide to achieve the aim and objectives that may take about 30 to 45 minutes to conduct the interview for the data collection. There is no likelihood of any harm to the participants and no economical benefits for the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8.30 AM on 23rd September 2023 at BHPI 38th 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,

.....

Member Secretary
 Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh.



Md. Masudul Millat Hossain
 Associate Professor
 Project & Course Coordinator
 Dept. of Rehabilitation Science
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
 CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
 E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Permission letter for Data Collection

Date: 19.10.2023

To,
The Head of the department,
Bangladesh Health Professions Institute (BHPI),
CRP, Savar, Dhaka-1343


Subject: Application for permission to collect data for the research project.

Sir,

With due respect to state that, I am 4th year student, department of Occupational Therapy of Bangladesh health Professions Institute (BHPI), an academic institute Centre for the Rehabilitation of the paralysed (CRP). According to our course curriculum, we need to conduct a research project in 4th year under the supervision of our respectable teacher. I want to conduct research, titled "Impact of Spinal Cord Injury on the life roles of women" which is supervised by Luthfun Nahar, Lecturer of Occupational Therapy Department, Bangladesh health professions Institute (BHPI). The purpose of the study is to explore the impact of spinal cord injury on the life roles of women. Now, I am seeking for your kind approval for data collection and want to assure that anything of my study will not be harmful for the participants.

I, therefore pray and hope that you would be kind enough to give me permission to take interview of the respected participants and oblige thereby.

Sincerely yours,


Rafia Akter Rattray
Roll:08, Session:2018-19
4th year, B.Sc. in Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343

Signature and Comments of Head of the Department:



SK. Moniruzzaman

Associate Professor & Head,
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

CRP Coordinator,
 Assist Rattray for her
 study data
 (Signature)

Date: 19.10.2023

To,
 Manager
 Rehabilitation wing
 Centre for the Rehabilitation of the Paralysed
 Savar, Dhaka-1343, Bangladesh.

Subject: Application for permission to collect the information for the research project.

Sir,

With due respect, I am a 4th year student of B.Sc. in the occupational therapy department at Bangladesh Health Professions Institute (BHPI). According to our course curriculum, we have to conduct undergraduate research. So, I am going to conduct my research study for women with SCI and my research title is **"Impact of Spinal Cord Injury on the Life Roles of Women."** My research settings are in the community. So, I need information (Address, phone number, Injury type, date of admission, discharge of admission, and others) of women with SCI who took rehabilitation services from the CRP and returned to their community.

I assure that anything of my project will not harmful for the participants and collected data will be kept confidential.

Therefore, please grant me permission to collect information on women with SCI who are now living in the community. It will be then a great benefit for my research.

Regards,

Rafia Akter Rattray
 Roll:08, session: 2018-19
 4th year, B.Sc. in Occupational Therapy
 Bangladesh Health Professions Institute (BHPI)
 CRP, Savar, Dhaka-1343

Signature and comments:

(Signature)
 Salim Rahman
 Manager
 Rehabilitation wing
 CRP, Savar, Dhaka-1343, Bangladesh

Appendix B: Information Sheet & Consent Form (English and Bangla Version)

Information sheet (English version)

Title: Impact of Spinal Cord Injury on the Life Roles of Women.

I would like to invite you to participate in a research study. Before you decide whether to participate and provide consent, it's important for you to fully understand the purpose of the research and how it relates to you. Please take your time to carefully read the information provided. If you have any questions or if anything is unclear, feel free to ask for clarification. After reviewing the information sheet, please decide whether you would like to take part in the study.

Who I am and what this study about?

I am Rafia Akter Rattray, a 4th-year student in the Occupational Therapy Department of Bangladesh Health Professions Institute (BHPI), an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP). As a part of my academic course curriculum, I am doing a research study entitled "Impact of Spinal Cord Injury on the Life Roles of Women". The aim of the study is to explore the impact of spinal cord injury on the life roles of women. In addition, this study will explore their experiences of fulfilling life roles and responsibilities in their own community, how their lives have changed pre-and-post injury, how they cope with their obstacles, and how satisfied they are with their performance while acting their life roles and responsibilities. This study is supervised by Luthfun Nahar, Lecturer of the Occupational Therapy Department, Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343.

What will taking part involve?

An interview guide will be used to conduct the study. For which direct interview is required. The interview may last approximately 30-45 minutes and will be held at a pre-schedule time. The student researcher will ask questions according to the interview guide and you will be asked to answer the following questions. And the interview will be recorded through a mobile recorder with permission.

Why have you been invited to take part?

According to the research study, I have been set some inclusion and exclusion criteria. You have been invited to take part in this study as you have met all the inclusion criteria according to this study. I have added the inclusion criteria below:

Inclusion criteria:

- Adult women with SCI (traumatic tetraplegia and paraplegia both).
- Women who returned to their own communities more than 6 months after completing their rehabilitation from CRP.
- Women who are participating in their life roles in the community.

Do you have to take part?

Your involvement in this study is entirely voluntary. You have the right to withdraw your consent and discontinue your participation at any point, without facing any repercussions, until the data is analyzed.

What are the possible risks and benefits of taking part?

The participants will not face any complications or problems in participating in this study. However, they may become emotional while sharing their experiences. If this happens during the interview, the student researcher will stop the interview process immediately and take a break or discuss rescheduling the interview. If it becomes too difficult for the participants, they can withdraw their consent. Also, they will not be benefited financially from participating in this study.

Will taking part be confidential?

All the collected data or information from the participants will be kept private and safe. Confidentiality will be maintained very strictly. Only the student researcher and the supervisor will be permitted to access the data or information. No indication of their name, address, or identity will be shared in any report, publication, or presentation. All personal data (name, address, contact number) will be used symbolically.

How will information you provide be recorded, stored and protected?

Data or information will be recorded by the mobile recorder. Collected data will be kept on a password protected computer or laptop and lock cloud system.

What will happen to the result of the study?

The findings of this study will provide valuable insights for health professionals, social workers, and community workers to address the challenges faced by women in their communities, workplaces, and environments while fulfilling their life roles and responsibilities. Additionally, occupational therapists can use these findings to enhance their rehabilitation programs. The research outcomes are anticipated to be disseminated through various channels such as social media, websites, conferences, discussions, and peer-reviewed journals. The final results will also be documented in the student thesis

of the Occupational Therapy Department at the Bangladesh Health Professions Institute (BHPI).

Income source of the research

All costs of this study will be paid from the student researcher's own fund.

Who should you contact for further information?

If you have any questions or queries concerning this study now or in the future, you can ask questions without hesitation. For any information, please feel free to contact the following person:

Rafia Akter Rattray

4th year, Session: 2018-19

B.Sc. in Occupational Therapy

Department of Occupational Therapy,

BHPI, CRP, Savar, Dhaka

Contact Number: 01303430869

Email: rafiarattray768@gmail.com

Information sheet (Bangla version)

তথ্যপত্র

আমি আপনাকে একটি গবেষণায় অংশ নিতে আমন্ত্রণ জানাতে চাই। আপনি সিদ্ধান্ত নেওয়ার আগে বা সম্মতি দেওয়ার পূর্বে আপনাকে বুঝতে হবে কেন গবেষণাটি করা হচ্ছে এবং এটি কিভাবে আপনার সাথে জড়িত। দয়া করে নিম্নলিখিত তথ্যগুলো পুঙ্খানুপুঙ্খ পড়ার জন্য সময় নিন। পড়ার সময় কোনো কিছু অস্পষ্ট মনে হলে বা বুঝতে না পারলে অথবা আপনার কোনো প্রশ্ন থাকলে দয়া করে জিজ্ঞাসা করুন। তথ্য পত্রটি ভালোভাবে পড়ে আপনি গবেষণায় অংশ নিতে চান কি না সে বিষয়ে সিদ্ধান্ত নিন।

আমি কে এবং এই গবেষণাটি কি সম্পর্কে করা হবে?

আমি রাফিয়া আক্তার রাত্রি, বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের (বিএইচপিআই) অকুপেশনাল থেরাপি বিভাগের চতুর্থ বর্ষের ছাত্রী, যা পক্ষাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি) এর শিক্ষা প্রতিষ্ঠান। আমার একাডেমিক কোর্স এর পাঠ্যক্রমের একটি অংশ হিসাবে, আমি একটি গবেষণা করছি যার শিরোনাম "মহিলাদের জীবন ভূমিকার উপর মেরুদণ্ডের আঘাতের প্রভাব"। অধ্যয়নের লক্ষ্য মহিলাদের জীবন ভূমিকাগুলোর উপর মেরুদণ্ডের আঘাতের প্রভাব অন্বেষণ করা। পাশাপাশি এই অধ্যয়নটি নিজস্ব সম্প্রদায়ে তাদের জীবন ভূমিকা ও দায়িত্বগুলো পালনের অভিজ্ঞতা, আঘাতের আগে এবং পরে তাদের জীবন কতটা পরিবর্তিত হয়েছে, কীভাবে তারা তাদের বাধা বিপত্তির সাথে মোকাবিলা করেছে এবং জীবন ভূমিকা ও দায়িত্বগুলো পালন করার সময় তারা তাদের কর্মক্ষমতার উপর কতটুকু সন্তুষ্ট তা অন্বেষণ করবে। এই গবেষণার তত্ত্বাবধানে আছেন অকুপেশনাল থেরাপি বিভাগের প্রভাষক লুৎফুন নাহার, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটের (বিএইচপি), সিআরপি, সাভার, ঢাকা-১৩৪৩।

এতে অংশ নিতে কি কি করতে হবে?

গবেষণাটি পরিচালনা করার জন্য একটি সাক্ষাৎকার নির্দেশিকা ব্যবহার করা হবে। যার জন্য সরাসরি সাক্ষাৎকার প্রয়োজন। সাক্ষাৎকারের সময় ৩০-৪৫ মিনিট হতে পারে এবং এটি একটি প্রাক-নির্ধারিত সময়ে অনুষ্ঠিত হবে। শিক্ষার্থী গবেষক সাক্ষাৎকার নির্দেশিকা অনুযায়ী প্রশ্ন জিজ্ঞাসা করবেন এবং আপনাকে নিম্নলিখিত প্রশ্নের উত্তর দিতে হবে। এবং অনুমতি নিয়ে মোবাইল রেকর্ডারের মাধ্যমে সাক্ষাৎকার রেকর্ড করা হবে।

কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

আপনি এই গবেষণার জন্য নির্বাচিত হয়েছেন কারণ আপনি সমস্ত অন্তর্ভুক্তির মানদণ্ড পূরণ করেছেন। অন্তর্ভুক্তির মানদণ্ড অনুযায়ী:

- মেরুদণ্ডে আঘাতসহ প্রাপ্তবয়স্ক মহিলা।
- অংশগ্রহণকারীরা যারা ছয় মাসেরও বেশি সময় ধরে পুনর্বাসন পর্যায় সম্পূর্ণ করে তাদের নিজস্ব সম্প্রদায়ে ফিরে গিয়েছে।
- অংশগ্রহণকারীরা যারা সক্রিয়ভাবে তাদের জীবনের ভূমিকায় অংশগ্রহণ করছে।

আপনাকে কি অংশ নিতে হবে?

এই অধ্যয়নে আপনার অংশগ্রহণ সম্পূর্ণ ইচ্ছাকৃত। আপনার সম্মতি পত্র প্রত্যাহার করার এবং তথ্য বিশ্লেষণ হওয়ার আগ পর্যন্ত যে কোনো সময় আপনার অংশগ্রহণ বন্ধ করার অধিকার আছে।

অংশগ্রহণের সম্ভাব্য ঝুঁকি এবং সুবিধাগুলি কী কী?

অংশগ্রহণকারীরা এই গবেষণায় অংশগ্রহণের জন্য কোনো ধরনের জটিলতা বা সমস্যার সম্মুখীন হবে না তবে, তারা তাদের অভিজ্ঞতা শেয়ার করার সময় আবেগপ্রবণ হয়ে উঠতে পারে। শিক্ষার্থী গবেষক অবিলম্বে সাক্ষাৎকার বন্ধ করবেন এবং একটি বিরতি নেবেন বা পুনরায় সময়সূচী সাক্ষাৎকারের জন্য আলোচনা করবেন।এটি অংশগ্রহণকারীর উপর খুব কঠিন হয়ে গেলে তারা তাদের সম্মতি প্রত্যাহার করতে পারবে। এছাড়া এই গবেষণায় অংশগ্রহণের জন্য, তারা আর্থিকভাবে উপকৃত হবে না।

অংশগ্রহণের গোপনীয়তা কিভাবে নিশ্চিত করা হবে?

অংশগ্রহণকারীর কাছ থেকে সংগৃহীত সমস্ত তথ্য গোপনে এবং নিরাপদে রাখা হবে। শুধুমাত্র শিক্ষার্থী গবেষক এবং সুপারভাইজারকে ডেটা বা তথ্য অ্যাক্সেস করার অনুমতি দেওয়া হবে। তাদের নাম, ঠিকানা বা পরিচয় সম্পর্কে কোনো ইঙ্গিত কোনো প্রতিবেদন, প্রকাশনা বা উপস্থাপনায় দেওয়া হবে না। সমস্ত ব্যক্তিগত তথ্য (নাম, ঠিকানা, যোগাযোগ নম্বর) গবেষণায় প্রতীকী উপায়ে ব্যবহার করা হবে।

আপনার দেওয়া তথ্য কীভাবে রেকর্ড, সংরক্ষণ এবং সুরক্ষিত রাখা হবে?

মোবাইল রেকর্ডার দ্বারা ডেটা বা তথ্য রেকর্ড করা হবে। সংগৃহীত ডেটা পাসওয়ার্ড সুরক্ষিত কম্পিউটার বা ল্যাপটপ এবং লক ক্লাউড সিস্টেমে রাখা হবে।

গবেষণার ফলাফলের কি হবে?

গবেষণার ফলাফলগুলি স্বাস্থ্য পেশাদার, সামাজিক বা সম্প্রদায়ের কর্মীদের কর্মক্ষেত্রে বা নিজস্ব পরিবেশে মেরুদণ্ডে আঘাতপ্রাপ্ত মহিলাদের জীবন ভূমিকা পালন করতে বা পালন করার জন্য কী ধরনের পরিণতির সম্মুখীন হয় তা নির্ধারণ করতে ও সমস্যাগুলি সমাধান করতে সহায়তা করবে। অধ্যয়নের ফলাফলগুলি পেশাগত থেরাপিস্টকে তাদের পুনর্বাসন কর্মসূচির পাশাপাশি সামাজিক বা সম্প্রদায় কর্মীদের তাদের সম্প্রদায়ের কর্মসূচির অগ্রগতি করতে সহায়তা করবে। আশা করা হচ্ছে যে এই গবেষণার ফলাফল বিভিন্ন সোশ্যাল মিডিয়া, ওয়েবসাইট, কনফারেন্স, আলোচনা এবং পর্যালোচনা করা জার্নালের মতো বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে। অধ্যয়নের চূড়ান্ত ফলাফল বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)এর অকুপেশনাল থেরাপি বিভাগের ছাত্র থিসিসে নথিভুক্ত করা হবে।

গবেষণা কাজে আয়ের উৎস:

এই গবেষণার সকল খরচ গবেষক এর নিজস্ব তহবিল থেকে প্রদান করা হবে।

আরো তথ্যের জন্য আপনার কার সাথে যোগাযোগ করা উচিত?

গবেষণা সম্পর্কে আপনার যদি কোন জিজ্ঞাসা থাকে তবে আপনি নির্দিধায় জিজ্ঞাসা করতে পারেন। নিম্নলিখিত ব্যক্তির সাথে যোগাযোগ করার জন্য আপনাকে সর্বদা স্বাগত জানাই।

শিক্ষার্থী গবেষকের নাম: রাফিয়া আক্তার রাত্রি

চতুর্থ বর্ষ, সেশন ২০১৮-১৯

বি.এস.সি ইন অকুপেশনাল থেরাপি

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

যোগাযোগ নম্বর: ০১৩০৩৪৩০৬৯

ইমেইল: rafiarattry768@gmail.com

Consent form (English version)**Consent Form**

I (Student researcher's name) would like to inform you that all the information from the participants during the interview will be kept safe and secure. Confidentiality of the participants will be strictly maintained. Only the student researcher and supervisor can access the information or data. The student researcher will be obligated to answer any questions or inquiries the participant may have regarding the study. It should also be noted that participants will not benefit financially from this study. They could refuse to answer any questions during the interview and withdraw from the study at any time until the data is analyzed.

In this study, I am a participant and I have been clearly informed about the purpose of the study. I am assured that all the collected information or data will be used only for this study's purposes. The information will be kept safe and secure as well as confidentiality will be maintained. As a participant, I understand about the nature of my participation in this study. I know that I can refuse my participation and withdraw at any time from the study without any consequences before the data analysis.

So, I (participant's name) voluntarily consent to participate in this study with my full satisfaction.

Participant's Name:

Signature of the Participant/ Thumb print.....

Date:

Student researcher's Name:

Signature of the student researcher.....

Date:

Consent form (Bangla version)**সম্মতিপত্র**

আমি _____ (শিক্ষার্থী গবেষকের নাম) জানাতে চাই, যে সাক্ষাৎকারের সময় অংশগ্রহণকারীর কাছ থেকে প্রাপ্ত সমস্ত তথ্য নিরাপদ এবং সুরক্ষিত রাখা হবে। অংশগ্রহণকারীর গোপনীয়তা কঠোরভাবে বজায় রাখা হবে। শুধুমাত্র শিক্ষার্থী গবেষক এবং সুপারভাইজার তথ্য অ্যাক্সেস করতে পারবে। শিক্ষার্থী গবেষক অংশগ্রহণকারীকে অধ্যয়ন সম্পর্কিত যে কোনও প্রশ্ন বা অনুসন্ধানের উত্তর দেওয়ার জন্য বাধ্য থাকবেন। এছাড়া আরো জানাতে চাই যে, অংশগ্রহণকারীরা এই গবেষণা থেকে আর্থিকভাবে উপকৃত হবে না। তারা সাক্ষাৎকারের সময় যে কোনো প্রশ্নের উত্তর দিতে অস্বীকার করতে এবং তথ্য বিশ্লেষণ না হওয়া পর্যন্ত যে কোনও সময় এই অধ্যয়ন থেকে সরে আসতে পারবেন।

এই গবেষণায়, আমি _____ একজন অংশগ্রহণকারী এবং আমাকে অধ্যয়নের উদ্দেশ্যে সম্পর্কে স্পষ্টভাবে অবহিত করা হয়েছে। আমি নিশ্চিত হয়েছি যে, সমস্ত সংগৃহীত তথ্য শুধুমাত্র এই অধ্যয়নের উদ্দেশ্যে ব্যবহার করা হবে। তথ্যগুলো নিরাপদ ও সুরক্ষিত রাখার পাশাপাশি গোপনীয়তা বজায় রাখা হবে। এবং একজন অংশগ্রহণকারী হিসাবে, আমি এই গবেষণায় আমার অংশগ্রহণের প্রকৃতি সম্পর্কে বুঝতে পারি। আমি জানি যে আমি আমার অংশগ্রহণ প্রত্যাখ্যান করতে এবং কোনও কারণ ছাড়াই বা কোনও পরিণতি ছাড়াই যে কোনও সময় অধ্যয়ন থেকে প্রত্যাহার করতে পারবো যতক্ষণ না তথ্য বিশ্লেষণ করা হবে।

তাই, আমি _____ (অংশগ্রহণকারীর নাম) স্বেচ্ছায় আমার সম্পূর্ণ সন্তুষ্টির সাথে এই গবেষণায় অংশ নিতে সম্মতি জানাচ্ছি।

অংশগ্রহণকারীর নাম: _____

অংশগ্রহণকারীর স্বাক্ষর / অঙ্কুলি প্রিন্ট _____

তারিখ: _____

শিক্ষার্থী গবেষকের নাম: _____

শিক্ষার্থী গবেষকের স্বাক্ষর _____

তারিখ _____

Withdrawal form (English version)**Withdrawal Form**

I have been informed that I have the right to withdraw the consent and refuse my participation in this study at any time before the data analysis. And none of my information will be included in the study. Therefore, I am withdrawing my participation from this study.

Participant's Name:

Participant's signature:

Date:

Withdrawal form (Bangla version)**প্রত্যাহারপত্র**

আমাকে _____ জানানো হয়েছে যে, তথ্য বিশ্লেষণের আগে যেকোনো সময় সম্মতি প্রত্যাহার করার এবং এই গবেষণা থেকে অংশগ্রহণ প্রত্যাহ্যান করার অধিকার আমার আছে। এবং আমার কোনো তথ্য গবেষণায় অন্তর্ভুক্ত করা হবে না। তাই, আমি এই গবেষণা থেকে আমার অংশগ্রহন প্রত্যাহার করছি।

অংশগ্রহণকারীর নাম: _____

অংশগ্রহণকারীর স্বাক্ষর / অঙ্গুলি প্রিন্ট _____

তারিখ: _____

Appendix C: Translator consent form (English and Bangla Version)

Translator consent form (English version)

I am Rafia Akter Rattray, 4th year student, doing B.Sc. course in the Occupational Therapy Department of Bangladesh Health Professions Institute (BHPI), an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP). As a part of my academic course curriculum, I am doing a research study entitled “Impact of Spinal Cord Injury on the Life Roles of Women”. The aim of the study is to explore the impact of spinal cord injury on the life roles of women.

Following the rules of conduct of research, the student researcher and the supervisor will only have access to the data. Apart from personal information, the interview information may not be referenced elsewhere.

While working as a translator in this research I am clearly aware of the aims, objectives, and confidentiality of data collection. I will translate this research data into English with utmost confidentiality. I will not discuss any information regarding this matter with anyone.

Translator's name.....

Translator's Signature.....

Date.....

Student researcher's signature.....

Date.....

Translator consent form (Bangla version)

অনুবাদক চুক্তিপত্র

আমি রাফিয়া আক্তার রাত্রি, বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের (বিএইচপিআই) অকুপেশনাল থেরাপি বিভাগের চতুর্থ বর্ষের ছাত্রী, যা পক্ষাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি) এর শিক্ষা প্রতিষ্ঠান। আমার একাডেমিক কোর্স এর পাঠ্যক্রমের একটি অংশ হিসাবে, আমি একটি গবেষণা করছি যার শিরোনাম "মহিলাদের জীবন ভূমিকার উপর মেরুদণ্ডের আঘাতের প্রভাব"। অধ্যয়নের লক্ষ্য মহিলাদের জীবন ভূমিকাগুলোর উপর মেরুদণ্ডের আঘাতের প্রভাব অন্বেষণ করা।

গবেষণা পরিচালনার নিয়ম অনুসারে, গবেষণার গবেষক এবং অধ্যয়নের তত্ত্বাবধায়ক শুধুমাত্র তথ্য অ্যাক্সেস করবেন। ব্যক্তিগত তথ্য ছাড়াও, সাক্ষাত্কারের তথ্যও অন্য কোথাও উল্লেখ করা যাবে না।

এই গবেষণায় অনুবাদক হিসেবে কাজ করার সময় আমি তথ্য সংগ্রহের লক্ষ্য, উদ্দেশ্য এবং গোপনীয়তা সম্পর্কে স্পষ্টভাবে সচেতন। আমি অত্যন্ত গোপনীয়তার সাথে এই গবেষণা ডেটা ইংরেজিতে অনুবাদ করব। আমি এই বিষয় সম্পর্কিত কোন তথ্য কারো সাথে আলোচনা করব না।

অনুবাদকের নাম.....

অনুবাদকের স্বাক্ষর.....

তারিখ.....

শিক্ষার্থী গবেষকের স্বাক্ষর.....

তারিখ.....

Appendix D: Interview Guide (English and Bangla version)

Interview guide (English version)

Sociodemographic information

Participant name:

Age:

Types of condition:

Reasons of condition:

Mobility aids/ assistive device:

Marital status

Semi- structured interview guide:

The aim of the study is to explore the impact of spinal cord injury on the life roles of women.

Objective 1: To perceive the role experiences and responsibilities of women with the spinal cord injury.

1. What do you do? Which life roles and responsibilities you are acting in your present life?

- Mother
- Homemaker
- Wife/ divorcee
- Student
- Worker
- Daughter
- Sister

Others:

- Athlete
- Doctor
- Page moderator
- Freelancer
- Tutor
- Shopkeeper
- Any other

2. What other responsibilities have you had in the past?

3. Do you miss any roles or responsibilities you are not currently doing?

❖ **For mother:**

- Describe me in details about your pregnancy period after SCI.
- Tell me about your experiences of raising baby after SCI.
- Has your physical condition made an impact on your roles and responsibilities as a mother?
- Has your child ever complained against you for your condition? Yes/No
 - ✓ If yes, how do you deal with that situation?
- Have you ever been abused, bullied or discriminated against by your family members or others in the society? Yes/No
 - ✓ If yes, how do you deal with the situation?

❖ **For homemaker:**

- Describe me in details about your roles and responsibilities at home.
- Has your physical condition made an impact on your roles and responsibilities as a homemaker?
- Have you ever been abused, bullied or discriminated against by your family members or others in the society? Yes/No
 - ✓ If yes, how do or did you deal with the situation?

❖ **For wife:**

- How is your relationship between you and your partner?
- Has your physical condition made an impact on your relationship with your partner?
 - ✓ If yes, has it made any changes in your marital relationship?
- Have you ever been abused, bullied or discriminated against by partner/ your family members or others in the society? Yes/ No
 - ✓ If yes, how do or did you deal with the situation?

❖ **For divorcee**

- Has your life changed since your divorce? Yes/no
 - ✓ If yes, how much has your life changed?
- Have you ever been abused, bullied or discriminated against by your family members after your divorce? Yes/ No
 - ✓ If yes, how do or did you deal with the situation?

❖ **For student:**

- Tell me about your student life after injury?

- How is your relationship with your classmates?
- Has your physical condition made an impact on your roles as a student?
- Have you ever been abused, bullied or discriminated against by your friends or teachers/ family members or others in the society?
✓ If yes, how do or did you deal with the situation?

❖ **For worker:**

- Tell me about your work at your workplace?
- How is your relationship with your colleagues?
- Has your physical condition made an impact on your roles and responsibilities?
- Have you ever been abused, bullied or discriminated against by your colleagues or superior in workplace/ family members or others in the society?
✓ If yes, how do or did you deal with the situation?

❖ **For athletes:**

- What kinds of sports do you play?
- Describe me in details how you become a player and about your roles as a player after SCI.
- How is your relationship with your team members?
- Have your family members ever complained against you for playing sports?
- Have you ever been abused, bullied or discriminated against by your team members/ family members or others in the society?
✓ If yes, how do or did you deal with the situation?

❖ **For daughter:**

- Are you able to play role and responsibilities as a daughter after SCI? Yes/
no
✓ If yes, how do you play your role and responsibilities as a daughter after SCI?
✓ If no, why you are not able to play role and responsibilities as a daughter after SCI?
- Has your physical condition made an impact on your roles and responsibilities as a daughter?

- Have you ever been abused, bullied or discriminated against by your family members or others in the society?
 - ✓ If yes, how do or did you deal with the situation?
- ❖ **For sister:**
- Are you able to play role and responsibilities as a sister after SCI? Yes/ no
 - ✓ If yes, how do you play your role and responsibilities as a sister after SCI?
 - ✓ If no, why you are not able to play role and responsibilities as a sister after SCI?
- Has your physical condition made an impact on your roles and responsibilities as a sister?
- Have you ever been abused, bullied or discriminated against by your family members or others in the society?
 - ✓ If yes, how do or did you deal with the situation?

Objective 2: To explore their life changes pre-and-post injury, particularly considering roles and responsibilities.

1. Tell me how your life was before injury?
2. Has your life changed after SCI? yes/ no
 - ✓ If yes, tell me in details, how much your life has been changed (considering role and responsibilities) after injury.
 - ✓ If no, tell me why you feel your life hasn't changed (considering role and responsibilities)?

Objective 3: To understand the facilitating and inhibiting factor to their role performance after injury.

1. What kinds of barriers or difficulties you face during playing your role performance?
2. Which facilitating factors helped you most to perform your roles and responsibilities?

Objective 4: To find out their coping strategies while performing their roles and responsibilities after injury.

1. Are you able to deal with the difficulties and barriers you face while performing your roles and responsibilities? Yes/No

- ✓ If yes, how do you cope with your difficulties or barriers to fulfill your life roles and responsibilities?
- ✓ If no, tell me in details, why you are unable to cope with any difficulties or barriers to fulfill your life roles and responsibilities?

Objective 5: To evaluate their satisfaction on their performance during playing life roles and responsibilities after injury.

1. Are you satisfied with your own performance? Yes/ no
 - ✓ If yes, how satisfied are you with your own performance?
 - ✓ If no, why are you dissatisfied with your own performance?

Interview guide (Bangla version)

সাক্ষাৎকার নির্দেশিকা

প্রাথমিক প্রশ্ন

অংশগ্রহনকারীর নাম:

বয়স:

প্রতিবন্ধকতার ধরন:

প্রতিবন্ধকতার কারণ:

চলাচলের সহায়ক উপকরণ:

পেশা:

বৈবাহিক অবস্থা:

অভিলক্ষ্য ১:

১- আপনি কি করেন? আপনার বর্তমান জীবনে আপনি কোন কোন ভূমিকা ও দায়িত্ব গুলো পালন করছেন?

- মা
- গৃহনির্মাতা
- স্ত্রী / তালুকপ্রাপ্ত
- ছাত্রী
- কর্মী
- মেয়ে
- বোন

অন্যান্য

- খেলোয়াড়
- ডাক্তার
- পেইজ মডারেটর
- টিউটর
- এছাড়া অন্যান্য.....

২- অতীতে আপনার অন্য কি কি দায়িত্ব ছিল?

৩- আপনি কি কোন ভূমিকা ও দায়িত্বের অভাব অনুভব করছেন যা আপনি বর্তমানে করছেন না?

মা হিসাবে

- মেরুদণ্ডের আঘাতের পরে আপনার গর্ভাবস্থার সময়কাল সম্পর্কে বিস্তারিতভাবে আমাকে বর্ণনা করুন।
- মেরুদণ্ডের আঘাতের পর আপনার শিশুকে বড় করার আপনার অভিজ্ঞতা সম্পর্কে আমাকে বলুন।
- আপনার অবস্থা কি মা হিসাবে আপনার ভূমিকা এবং দায়িত্বের উপর প্রভাব ফেলেছে?

- আপনার সন্তান কি কখনও আপনার অবস্থার জন্য আপনার বিরুদ্ধে অভিযোগ করেছে? হ্যাঁ/না
 - ✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?
- আপনি কি কখনও আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না
 - ✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

গৃহনির্মাতা হিসেবে

- বাড়িতে আপনার ভূমিকা এবং দায়িত্ব সম্পর্কে বিস্তারিতভাবে আমাকে বর্ণনা করুন।
- আপনার শারীরিক অবস্থা কি গৃহনির্মাতা হিসেবে আপনার ভূমিকা এবং দায়িত্বের উপর প্রভাব ফেলেছে?
- আপনি কি কখনও আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না
 - ✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

স্ত্রী হিসেবে

- আপনার এবং আপনার সঙ্গীর মধ্যে আপনার সম্পর্ক কেমন?
- আপনার শারীরিক অবস্থা কি আপনার সঙ্গীর সাথে আপনার সম্পর্কের উপর প্রভাব ফেলেছে?
 - ✓ হ্যাঁ হলে, এতে কি আপনাদের বৈবাহিক সম্পর্কের মধ্যে কোন পরিবর্তন হয়েছে?
- আপনার সঙ্গী কি কখনও আপনার অবস্থার জন্য আপনার বিরুদ্ধে অভিযোগ করেছেন? হ্যাঁ/না
 - ✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?
- আপনি কি কখনও আপনার সঙ্গীর দ্বারা/আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা নির্যাতিত, তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না
 - ✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

তালকপ্রাপ্ত হিসেবে

- আপনার বিবাহ বিচ্ছেদের পর থেকে আপনার জীবন কি পরিবর্তিত হয়েছে? হ্যাঁ/ না
 - ✓ হ্যাঁ হলে, কতটা পরিবর্তন হয়েছে?
 - ✓ না হলে, কেন মনে হয় যে পরিবর্তন হয় নি?
- আপনি কি কখনও আপনার সঙ্গীর দ্বারা/আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা নির্যাতিত, তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না
 - ✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

ছাত্রী হিসাবে

- মেরুদণ্ডে আঘাত পাওয়ার পর আপনার ছাত্রজীবন সম্পর্কে বলুন।
- আপনার সহপাঠীদের সাথে আপনার সম্পর্ক কেমন?

- আপনার শারীরিক অবস্থা কি একজন ছাত্রী হিসাবে আপনার ভূমিকার উপর প্রভাব ফেলেছে?
- আপনি কি কখনও আপনার বন্ধু-বান্ধবী বা শিক্ষকবৃন্দের/ আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা নির্যাতিত, তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না
✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

কর্মী হিসেবে

- কর্মক্ষেত্রে আপনার কাজ সম্পর্কে আমাকে বলুন।
- আপনার সহকর্মীদের সাথে আপনার সম্পর্ক কেমন?
- আপনার শারীরিক অবস্থা কি একজন কর্মী হিসেবে আপনার ভূমিকা ও দায়িত্বের উপর প্রভাব ফেলেছে?
- আপনি কি কখনও আপনার সহকর্মী বা অফিসের উচ্চতর ব্যক্তির/ আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা নির্যাতিত, তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না
✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

খেলোয়াড় হিসেবে

- আপনি কি ধরনের খেলাধুলা করেন?
- আপনি কীভাবে একজন খেলোয়াড় হয়ে উঠলেন এবং মেরুদণ্ডের আঘাতের পরে একজন খেলোয়াড় হিসেবে আপনার ভূমিকা সম্পর্কে আমাকে বিস্তারিতভাবে বর্ণনা করুন।
- আপনার দলের সদস্যদের সাথে আপনার সম্পর্ক কেমন?
- আপনার পরিবারের সদস্যরা কি কখনও আপনার বিরুদ্ধে খেলাধুলার জন্য অভিযোগ করেছে?
- আপনি কি কখনও আপনার দলের সদস্যদের দ্বারা/ আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা নির্যাতিত, তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না
✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

মেয়ে হিসেবে

- আপনি কি মেরুদণ্ডের আঘাতের পরে মেয়ে হিসেবে ভূমিকা এবং দায়িত্ব পালন করতে সক্ষম? হ্যাঁ/না
✓ হ্যাঁ হলে, তাহলে মেরুদণ্ডের আঘাতের পরে কন্যা হিসেবে আপনি কীভাবে আপনার ভূমিকা এবং দায়িত্ব পালন করবেন?
✓ না হলে, পর কেন আপনি মেয়ে হিসেবে আপনার ভূমিকা ও দায়িত্ব পালন করতে পারছেন না?
- আপনার শারীরিক অবস্থা কি একজন মেয়ে হিসেবে আপনার ভূমিকা ও দায়িত্বের উপর প্রভাব ফেলেছে?
- আপনি কি কখনও আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা নির্যাতিত, তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না

- ✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

বোন হিসেবে

- আপনি কি মেরুদণ্ডের আঘাতের পরে বোন হিসেবে ভূমিকা এবং দায়িত্ব পালন করতে সক্ষম? হ্যাঁ/না
 - ✓ হ্যাঁ হলে, তাহলে মেরুদণ্ডের আঘাতের পরে বোন হিসেবে আপনি কীভাবে আপনার ভূমিকা এবং দায়িত্ব পালন করবেন?
 - ✓ না হলে, পর কেন আপনি বোন হিসেবে আপনার ভূমিকা ও দায়িত্ব পালন করতে পারছেন না?
- আপনার শারীরিক অবস্থা কি একজন বোন হিসেবে আপনার ভূমিকা ও দায়িত্বের উপর প্রভাব ফেলেছে?
- আপনি কি কখনও আপনার পরিবারের সদস্যদের বা সমাজের অন্যদের দ্বারা নির্যাতিত, তর্জন বা বৈষম্যের শিকার হয়েছেন? হ্যাঁ/না
 - ✓ হ্যাঁ হলে, আপনি কিভাবে পরিস্থিতি মোকাবেলা করেছেন বা করেন?

অভিলক্ষ্য ২:

১- মেরুদণ্ডের আঘাতের আগে আপনার জীবন কেমন ছিল বলুন

২- মেরুদণ্ডের আঘাতের পরে আপনার জীবন কি পরিবর্তিত হয়েছে? হ্যাঁ/না

- ✓ হ্যাঁ হলে, মেরুদণ্ডের আঘাতের পরে ভূমিকা এবং দায়িত্ব বিবেচনায় আপনার জীবনে কতটা পরিবর্তন হয়েছে আমাকে বিস্তারিত বলুন
- ✓ না হলে, আমাকে বলুন কেন আপনি অনুভব করেন যে আপনার জীবন পরিবর্তন হয়নি।

অভিলক্ষ্য ৩:

১- আপনার ভূমিকা পালন করার সময় আপনি কি ধরনের বাধা এবং অসুবিধার সম্মুখীন হন?

২- আপনার ভূমিকা এবং দায়িত্ব পালনে কোন সুবিধাজনক কারণগুলি আপনাকে সবচেয়ে বেশি সাহায্য করে?

অভিলক্ষ্য ৪:

১- আপনি আপনার ভূমিকা এবং দায়িত্ব পালন করার সময় যেসব অসুবিধা এবং বাধার সম্মুখীন হন তা মানিয়ে নিতে সক্ষম? হ্যাঁ/না

- ✓ হ্যাঁ হলে, আপনার ভূমিকা এবং দায়িত্ব পালনে আপনি কীভাবে আপনার অসুবিধা বা বাধাগুলি মানিয়ে নেন?
- ✓ না হলে, আমাকে বলুন কেন আপনি মানিতে নিতে সক্ষম নন?

অভিলক্ষ্য ৫:

১- আপনি কি আপনার নিজের কর্মক্ষমতা নিয়ে সন্তুষ্ট? হ্যাঁ/না

- ✓ হ্যাঁ হলে, নিজের কর্মক্ষমতা নিয়ে আপনি কতটা সন্তুষ্ট?
- ✓ না হলে আপনি কেন কর্মক্ষমতা নিয়ে সন্তুষ্ট নন?

Appendix E: Supervision Record Sheet

Bangladesh Health Professions Institute
 Department of Occupational Therapy
 4th Year B. Sc in Occupational Therapy
 OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: *Impact of spinal cord Injury on the life roles of women.*

Name of student: *Rafia Akter Raitry*

Name and designation of thesis supervisor: *Lutfun Nahar
 Lecturer, Department of occupational Therapy*

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	14.08.23	Teacher's room	<ul style="list-style-type: none"> About my research study and plan of the study 	40 mins	Need to set aim and objectives.	Raitry	<i>Raitry</i>
2	17.08.23	Teacher's room (office buddy)	<ul style="list-style-type: none"> About my study & life role Self-study - Moho (Chapter -1) - COPM 	48 mins	Need to complete the study to get proper idea.	Raitry	<i>Raitry</i>
3	17.08.23	Teacher's room	<ul style="list-style-type: none"> Literature review Read articles. 	30 mins	Need to search literature and read articles.	Raitry	<i>Raitry</i>

4	29.08.23	Teacher's room	<ul style="list-style-type: none"> Literature review Research methodology 	1hr 30 mins	Need to modify the methodology	Rattray	ANNON
5	30.08.23	Teacher's room	<ul style="list-style-type: none"> Research methodology Interview guide 	1hr 40 min	Need to search literature to develop interview guide.	Rattray	ANNON
6	13.09.23	Teacher's room (office building)	<ul style="list-style-type: none"> Objectives of the study Interview guide 	20 mins	Need to sequence the questions according to objectives.	Rattray	ANNON
7	9.10.23	Teacher's room (office building)	<ul style="list-style-type: none"> Interview guide 	40 mins	Need to contact with Alma marn for interview guide.	Rattray	ANNON
8	12.12.23	Teacher's room	<ul style="list-style-type: none"> Literature review 	1hr 20 min	Need to modify the literature review	Rattray	ANNON
9	18.12.23	Teacher's room	<ul style="list-style-type: none"> Transcription 	30 min	Need to check the transcription	Rattray	ANNON
10	20.12.23	Teacher's room	<ul style="list-style-type: none"> Translation 	1hr 20 min	Need to do coding	Rattray	ANNON
11	27.12.23	Teacher's room	<ul style="list-style-type: none"> Coding 	1hr 40 min	Need to finish coding	Rattray	ANNON
12	4.1.24	Teacher's room	<ul style="list-style-type: none"> coding 	1hr 20 min	Need to make thematic map	Rattray	ANNON
13	10.1.24	Teacher's room	<ul style="list-style-type: none"> Theme 	1hr 20 min	Need to do result	Rattray	ANNON
14	18.1.24	Teacher's room	<ul style="list-style-type: none"> 1st Draft checks 	30 min	Need to modify Discussion	Rattray	ANNON

16	27.01.24	Teacher's room	• Feedback on 1st draft	2 hrs	Get helpful feedback	Rathay	Approved
17	5.02.24	Teacher's room	• Feedback on result	1 hr 30 min	Need to modify result	Rathay	Approved
18	8.02.24	Teacher's room	• Feedback on result	1 hr	Effective feedback	Rathay	Approved
19	13.02.24	Teacher's room	• Feedback on Discussion	1 hr 40 min	Need some correction	Rathay	Approved
20	15.02.24	Teacher's room	• Feedback on Discussion	1 hr 30 min	Got clear idea	Rathay	Approved
21	26.02.24	Teacher's room	• Check the 2nd draft	40 min	Effective feedback	Rathay	Approved
22	26.02.24	Teacher's room	• Feedback on 2 Abstract	1 hr 40 min	Got helpful feedback	Rathay	Approved
23	28.02.24	Teacher's room	• Check the abstract and methodology	1 hr 30 min	Need to correct based on feedback	Rathay	Approved
24	29.02.24	Teacher's room	• Feedback on result	1 hr 30 min	Need to correct based on feedback	Rathay	Approved
25	4.02.24	Teacher's room	• Feedback on literature review	1 hr	Got a clear idea	Rathay	Approved

26	9.03.24	Teacher's room	• Discuss about Discussion	1hr 30 min	• Need to make some correction	Rathay	ATHAY
27	12.03.24	Teacher's room	• Discuss about Justification	1hr 20min	• Need to modify	Rathay	ATHAY
28	14.03.24	Teacher's room	• Feedback about overall draft	1hr 20min	• Need to check overall draft	Rathay	ATHAY
29	19.03.24	Teacher's room	• Discuss about overall 2nd draft	1hr 20min	• Need to correct about based on feedback	Rathay	ATHAY
30	21.03.24	Teacher's room	• Comprehensively discuss about the thesis.	1hr 40min	• Need to check Grammar	Rathay	ATHAY
31	26.03.24	Teacher's room	• Discuss about presentation	1hr	• Need to • Got clear idea	Rathay	ATHAY
32	28.03.24	Teacher's room	• Discuss about presentation	1hr	• Got clear vision	Rathay	ATHAY
33	3.04.24	Teacher's room	• Final draft check	1hr	• Need to correct some area	Rathay	ATHAY
34	06.04.24	Teacher's room	• Comprehensively discuss about result	55 mins	• Need to correct result according to the feedback	Rathay	ATHAY
35	06.04.24	Teacher's room	• Discuss about the correction	45min	• Need to modify result's theme	Rathay	ATHAY
36	07.04.24	Teacher's room	• Discuss about presentation	40 min	• Need to correct presentation according to feedback	Rathay	ATHAY

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.