Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh

By

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This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

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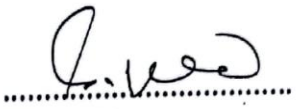

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Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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Dedication

I want to dedicate my work to Almighty Allah who keeps me well and on the right track and helps me to keep patience during the work period. I dedicated my thesis to my parents and myself for their endless love, support and encouragement throughout my pursuit of education. I hope this achievement will fulfill the dream they envisioned for me.

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List of Abbreviations

APA	American Psychiatric Association
BHPI	Bangladesh Health Professions Institute
CRP	Centre for Rehabilitation of the Paralyzed
IRB	Institutional Review Board
LAPS	Leisure Activity Participation Scale
OT	Occupational Therapy
WEMWBS	Warwick-Edinburgh Mental Well-being Scale
WHO	World Health Organization

Abstract

Background: Recreational activities are essential for a pleasant life and improved quality of life as people age. While the global population is aging rapidly, Bangladesh is also seeing a shift where traditional family systems are changing, leading more seniors to live in old age homes.

Aim: The aim of this study is to assess the recreational participation of elderly residents in old age homes in Bangladesh.

Method: A cross-sectional study was conducted with 126 participants using the Leisure Activity Participation Scale (LAPS) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS). Data were analyzed via SPSS version 20.

Result: This study analyzed 126 residents. Using the Leisure Activity Participation Scale (LAPS), the mean participation score was found to be 51.81 (±9.09), indicating a moderate level, though 88.9% relied on passive relaxation. Mental well-being, measured by the Warwick-Edinburgh Mental Well-being Scale (WEMWBS), showed a mean score of 48.33 (±5.55), with 90.5% of participants falling within the 'Normal' range. Statistical tests confirmed that both gender ($p=0.001$) and monthly income ($p=0.002$) significantly impact recreational engagement.

Conclusion: The study concludes that although residents maintain stable mental well-being, their recreation is mostly limited to passive relaxation. Significant disparities based on gender and income suggest a need for more inclusive planning. Transitioning to structured, active Occupational Therapy programs is essential to enhance their psychological health, functional independence, and overall quality of life in the long term

Keyword: Activities of Daily Living, Old Age, Quality of life, Recreational activity.

CHAPTER I: INTRODUCTION

1.1Background

Recreational participation is the actions that aim at mental and physical regeneration in the leisure of individuals, as well as related to social, cultural, physiological and economic opportunities, determined by factors such as age, gender, economic status and social position. Recreational activities like indoor games, gardening, singing, dancing, movies, etc. Older people sometimes lack understanding about recreational activities, which can lead to a decrease in their daily activity levels and mobility issues. (Sweed, 2019) and (World Health Organization, 2020).

The recreational activity program will improve older people knowledge, activity daily level, mobility level and their quality of life.(Mohammed Othman El, A. 2024) Recreational activities, also contribute to the life of the individual at the point where they coincide with the social, psychological and physical values of the individual, and the activities one prefers to participate in help positively escaping from many problems in life, to self-realization, relationships and socio-cultural sharing (Aydın & Kashif, 2011).

According to the World Health Organization (2015), the number of older individuals is expected to rise dramatically over the next several decades due to the world's population's rapid aging. In order to support older individuals' physical and mental health, leisure activities are essential. Numerous advantages have been linked to meaningful recreational activities, such as enhanced psychological well-being, social connectedness, cognitive performance, and physical health(Adams, 2011) .

The elderly is the last stage of our life cycle and a reality and everybody has to pass through this stage. So, it is the responsibility of all citizens of Bangladesh to come forward for the wellbeing of our senior citizens. In Bangladesh old home refers where above 60 years people can stay there as residency where they usually get food, treatment and accommodation. On the other hand community people reveal those live in community level with or without their family.

In Bangladesh, many elderly people are not financially burden for the ability of savings and assets, but institutions are not necessarily created for the care of elderly people. Actions are needed to overcome the problems of care for the older people. This will increase the enormous potential for the older people in the twenty first century (Rahman, 2020).

For the purpose of creating successful interventions and policies that promote healthy aging, it is essential to comprehend the variables that affect leisure involvement and the advantages that arise for older persons, (Lin & Yen, 2018).Meaningful recreational activities that meet their individual needs and motivations is made more difficult by the growing number of elderly people, especially those living in assisted living facilities (Geiger & Miko,1995).While it is acknowledged that recreation is important for older individuals' well-being, maximizing their participation and impact requires a deeper understanding of the perceived significance of these activities (Geiger & Miko ,1995).

Recreational activities have for wellbeing, especially for senior citizens. They show how recreational activities promote a sense of belonging and social support while also lowering stress, depression, and loneliness, all of which lead to better mental health, (Qing & Zhang, 2021).

The gap in our understanding of the complex effects of older individuals' recreational activities, An The relevance of leisure activities for mental health in older adults is recognized in the literature (Qing & Zhang, 2021), but it frequently ignores the complex interactions between these variables and perceived stress.

Although recreational activities do not directly affect mental health, they do so indirectly through increased social support and decreased perceived stress, according to research using a structural equation model on a sample of 677 older persons from Shaanxi Province. With a focus on stress reduction, these findings provide insightful information for creating focused interventions to support older individuals' mental health. To investigate and comprehend the leisure activities that senior citizens in Bangladeshi nursing homes choose, including the kinds of activities they partake in, the variables that affect their decisions, and the effects these activities have on their general well-being (Anori & Cambio's, 2022).

Additionally, this introduction will explore the importance of recreational activities for elderly residents, highlight the unique context and challenges faced by old age homes in Bangladesh, and set the stage for understanding the current landscape of recreational participation and its impact on the well-being of this vulnerable population (Creswell, 2003).

1.2 Justification of the study

The justification for this study is rooted in the rapidly aging global population and the specific socio-cultural shift occurring within Bangladesh. The transition toward an aging society is a global phenomenon that demands immediate attention to the quality of life within institutional care (World Health Organization [WHO], 2015). In Bangladesh, the traditional "joint family" system is rapidly breaking down due to urbanization and economic shifts, forcing an increasing number of elderly individuals to seek refuge in old age homes (Rahman & Akter, 2021). This study is justified because it addresses a critical gap: while we provide these seniors with shelter, we often neglect their need for "meaningful doing" or recreation, which is essential for human dignity and health (Zabir et al., 2022).

Recreational participation is not merely a way to pass the time; it is a vital therapeutic tool that promotes physical mobility and prevents the rapid onset of chronic illnesses (Adams et al., 2011). This work fills a major vacuum in the body of literature. Although there is a wealth of study on recreation and aging, little of it is tailored to the Bangladeshi setting, especially when it comes to senior citizens living in assisted living facilities. (Lin & Yen, 2018).

Participating in recreational activities significantly benefits elderly residents by enhancing physical health, improving mental well-being, fostering social connections, and increasing overall life satisfaction. These activities promote health, quality of life, and provide essential social engagement for older adults. (Yueh, 2024).

Professionals can design programs that encourage interaction, thereby improving overall health (Nichols, 2010). Understanding preferences allows for the development of flexible and diverse leisure programs that cater to varying levels of dependency and interests, ultimately rebuilding self-confidence in elderly participants, (Hu, 2021). Implementing recreational activities can serve as a platform for health assessments, enabling professionals to monitor physical conditions like hypertension and BMI, (Kardi & Nonpiano, 2020).

Thirdly, from the standpoint of policy, the results of this study can help shape the creation of rules and regulations pertaining to elder care in Bangladesh. Policymakers can support resources and assistance to encourage active aging and enhance the standard of living in assisted living facilities by having a better grasp of the recreation demands of senior citizens (Li, 2021).

Elderly citizens' involvement in this study is essential because it allows their viewpoints and experiences to be heard, guaranteeing that their needs are at the forefront of any interventions or changes to policy. This study is distinctive in that it examines the relationship between leisure preferences, cultural influences, and well-being in the context of Bangladeshi old age homes, a demographic that has received little attention (Tomioka & Kurumuni & Saeki, 2018)

Finding patterns and correlations between variables will be possible because to the cross-sectional quantitative design, which will yield useful information for practice and policy. A thorough grasp of the problem will be provided by the research's logical progression, which includes determining leisure preferences as well as examining cultural influences and barriers. (Sajin & Ibrahim, 2016).

1.3 Operational Definition

1.3.1 Elderly Residents

Senior Citizens/Geriatric People are defined as individuals who are 60 years of age and over (Uddin, 2019). For the purpose of this study, this variable is operationally defined as the individuals aged 60 years and above who are actively residing in a designated old age home or old care home as like as Child and Old Age Care, M A Rashid Probin Nabas, Bangladesh Association for the Aged and Instituted of Geriatric Medicine and katla-pur Old age Home in Bangladesh. Individuals who have reached the age recognized as senior citizenship and reside within an institutional setting, (Uddin, 2019).

1.3.2. Recreational Participation

This is operationally defined as the extent and regularity of an elderly resident's involvement in organized or unorganized activities intended to fulfill a variety of needs, such as increasing health and fitness, socializing, utilizing life skills, and learning new skills (HM Mahmud Harun et al,2020). It will be measured by assessing the senior citizen's reported state of engagement in recreational activities. The voluntary engagement in leisure pursuits that contribute to the physical, social, and psychological well-being of older adults. (Singh & Kiran, 2014).

1.4 Aim of the study

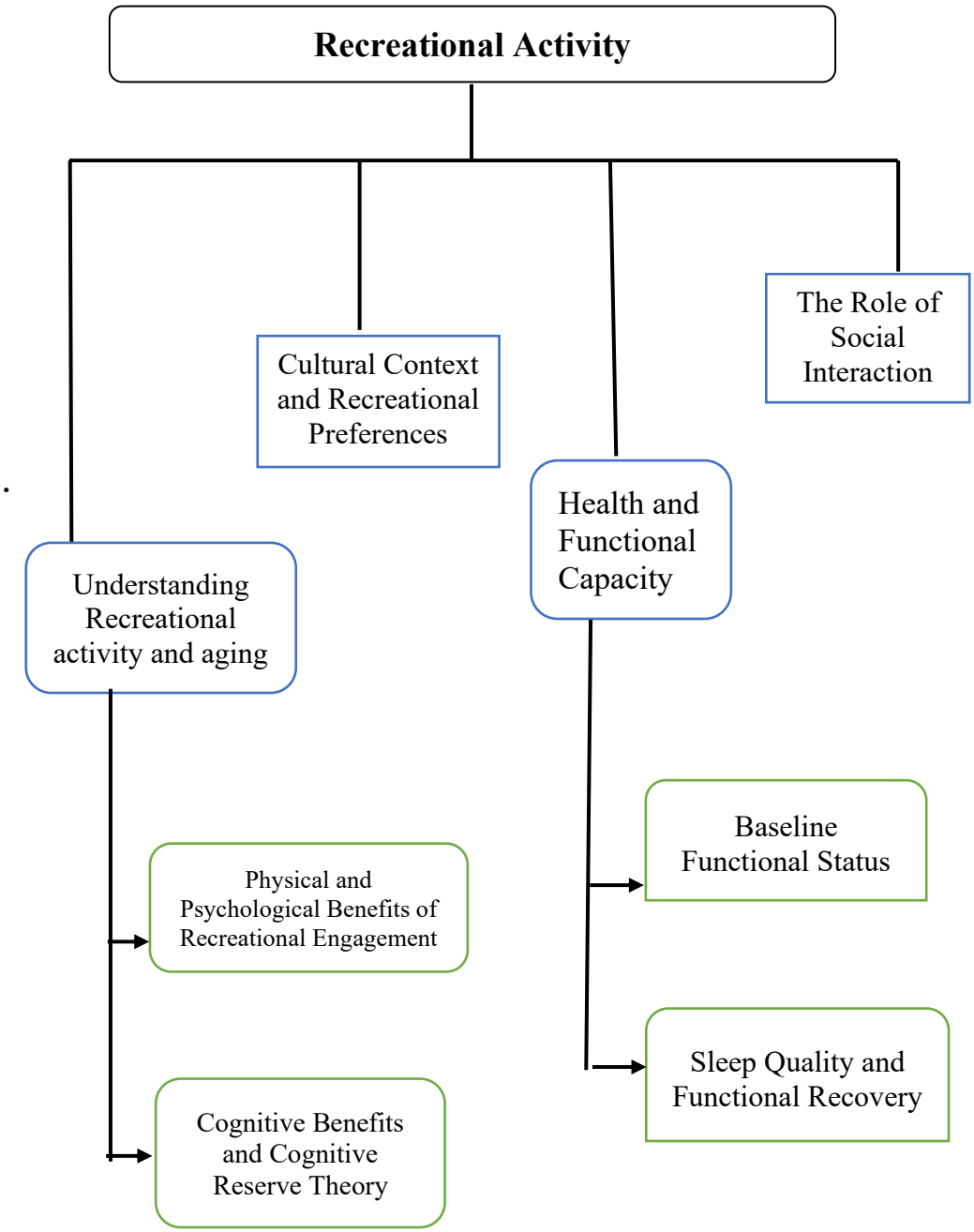
The aim of this study is to assess the recreational participation of elderly residents in old age homes in Bangladesh.

CHAPTER II: LITERATURE REVIEW

Recreation is vital for maintaining and improving the health-related quality of life among elderly individuals. This includes physical activities, social interactions, and mental stimulation, all of which contribute to a holistic sense of well-being. Engagement in recreational activities can lead to increased physical capabilities, reduced risks of chronic diseases, and enhanced cognitive functions. Additionally, recreational engagement fosters social connections, combating loneliness and isolation, which are common issues among older adults.

This study investigates the preferred pastimes of senior citizens residing in Bangladeshi assisted living facilities.(Geiger & Miko,1995).This review will synthesize findings from studies on older adults' Recreation activities in other contexts, highlighting pertinent similarities and differences while acknowledging significant research gaps, because there is a dearth of research specifically focused on this topic within the dataset provided.

Figure: 2.1 *Recreational Activity*



2.1: Understanding Recreational Activities and Aging

For elderly persons, recreation activities are essential to their wellbeing (Asharani, 2022). Social connection, mental and physical health, and a feeling of purpose can all be enhanced by taking part in meaningful activities (Asharani, 2022; Tomioka, 2018).

However, depending on a number of variables, the kinds of activities that people prefer and how easily accessible they are might differ greatly. The types of recreation activities available to older persons are influenced by their age, gender, and health Wehrmann, 2021; Tomioka, 2018).

2.1.1: Physical and Psychological Benefits of Recreational Engagement

The psychological benefits extend to significant reductions in loneliness, both emotional and social dimensions, with effect sizes indicating that recreational activity participation represents a powerful intervention for addressing social isolation (Merve Cakar1,2025). Physical activities improved physical health and mobility, social activities reduced feelings of loneliness and isolation, and cognitive and creative activities stimulated the brain and enhanced psychological well-being (Lucas Obi,2024).

Furthermore, participation in recreational activities was associated with reduced risk of hypertension, diabetes, and obesity across multiple age groups, with running, tennis, team sports, exercise classes, and resistance training demonstrating particularly strong protective associations.

2.1.2: Cognitive Benefits and Cognitive Reserve Theory

Participation in recreational activities, particularly travel, physical activities, and cognitive engagement, contributes to the development of cognitive reserve, explaining why individuals with higher engagement show less cognitive decline with aging (Fad are A. Stephen,2022). The combination of social, physical, and cognitive activity inherent in recreational travel serves as a particularly effective intervention for improving cognitive function in older people (Fadare A.Stephen, 2022).

Recent research on outdoor recreational activities in Asian contexts demonstrates that multiple dimensions of participation including park activities, social

involvement, sports participation, and outdoor hobbies significantly impact mental well-being and cognitive function, with sports participation showing particularly pronounced positive effects

2.2: Cultural Context and Leisure Preferences

Examining the Recreation choices of Bangladesh's senior population requires an understanding of the country's cultural background. The documents offered provide insights into how cultural influences impact recreation choices in various populations, even though they do not specifically address the leisure preferences of older Bangladeshis. (Breeland, 2018; Asharani, 2022). For instance, whilst individual interests may be valued more in some cultures, family-oriented activities may be emphasized in others.

Recreation preferences are also greatly influenced by religious practices and beliefs, which have an impact on decisions about social contacts, recreational pursuits, and how to allocate one's own time (Asharani, 2022; Breeland, 2018).

2.3: Health and Functional Capacity

Participation in recreation activities is significantly impacted by older individuals' physical and mental health. It may be difficult for people with impairments or long-term medical conditions to participate in some activities (Webb, 2021; Wehrmann, 2021).

For instance, engaging in physically demanding activities like sports or gardening may be restricted due to arthritis or other joint issues. The capacity to engage in mentally challenging activities like puzzles and board games can also be impacted by cognitive deficits (Wehrmann, 2021).

2.3.1: Baseline Functional Status

Functional capacity encompasses both basic and instrumental activities of daily living (BADL and IADL) and represents the ability to perform self-care and community activities independently (Wen et al., 2024). Elderly individuals with higher baseline functional capacity demonstrate greater engagement in recreational activities, while those with significant IADL dependency show more limited participation options (Cagayan et al., 2020).

Research in institutionalized elderly populations reveals that many demonstrate independence in basic activities of daily living (such as eating and bathing) but require assistance with instrumental activities including shopping and financial management, limitations that constrain independent recreational participation options (Cagayan et al., 2020).

2.3.2: Sleep Quality and Functional Recovery

Evidence highlights a profound connection between an elderly individual's physical functional capacity and the quality of their sleep. Research indicates that seniors who maintain higher levels of physical functioning typically experience significantly better sleep patterns (Sugianto et al., 2024). Recreational activities—particularly those requiring physical effort during the day—act as a natural catalyst for improved nighttime rest.

This relationship creates a positive cycle: restorative sleep, gained through active daytime engagement, is essential for functional recovery and health maintenance. By fostering consistent recreational participation, elderly residents can stabilize their functional capacity and effectively slow down the trajectory of age-related decline (Sugianto et al., 2024).

2.4: The Vital Role of Social Interaction

For the institutionalized elderly, recreation is often synonymous with social connection rather than just solitary leisure (Tomioka, 2018). The opportunity to engage with peers, family members, or neighbors' serves as a powerful antidote to the isolation often felt in care settings. These interactions cultivate a vital sense of belonging, alleviate the heavy burden of loneliness, and are fundamental drivers of overall psychological well-being (Salway, 2020; Tomioka, 2018).

The institutional atmosphere itself plays a decisive role in this dynamic. A supportive and inclusive social climate within an old age home acts as an invitation for residents to step out of their rooms and participate. Conversely, an environment that feels inhospitable or exclusionary can lead to social withdrawal, discouraging even the most active residents from joining communal activities (Salway, 2020). Thus, the social fabric of the facility is as important as the activities themselves.

2.5 Conclusion

In conclusion, the reviewed literature underscores that recreational participation is not merely a leisure choice but a fundamental component of healthy aging and psychological resilience (Adams et al., 2011). Evidence across global contexts consistently shows that active engagement in social, physical, and cognitive activities significantly reduces the risk of isolation and mental decline among the elderly (Zhang et al., 2021). However, the literature also reveals that institutionalized seniors often face "occupational deprivation," where their daily routines are dominated by passive or sedentary behaviors due to environmental and systemic barriers (Geiger & Miko, 1995). While the benefits of recreation are well-documented internationally, the specific application of these concepts within the socio-cultural and economic framework of Bangladesh remains insufficiently explored.

2.6 Research Gaps

Despite the extensive global literature on elderly care, this study identifies several critical gaps within the context of Bangladesh that remain unaddressed:

Existing Bangladeshi studies often focus on basic medical needs or financial struggles. There is a "key gap" in understanding the occupational patterns of residents specifically how a lack of structured, active recreation leads to cognitive and physical decline (Occupational Deprivation).

While the Leisure Activity Participation Scale (LAPS) and WEMWBS are validated internationally, there is a significant lack of research showing how these tools perform within the specific cultural and religious framework of old age homes in Bangladesh.

CHAPTER III: METHODS and Materials

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

3.1.1 Study Question

What is the assess of recreational participation among elderly residents in old age homes in Bangladesh?

3.1.2 Aim

The aim of this study is to assess the recreational participation of elderly residents in old age homes in Bangladesh.

3.1.3 Objectives

- To find out the sociodemographic characteristics
- To assess the level of participation in recreational activities among elderly residents
- To identify the level of mental health wellbeing among elderly residents
- To find out the associated factors with recreational participation and mental health wellbeing

3.2 Study Design

3.2.1: Method

The researcher followed the quantitative method. Quantitative research is a method that involves the collection of data so that information can be quantified and subjected to statistical treatment to support or refute alternative knowledge claims (Apuke, 2017). This study employed a quantitative research approach, utilizing a structured instrument to collect numerical data on the recreational participation levels from the elderly

residents. The researcher can identify, level, or assess the data using different unit of measurement. Quantitative research can be used to create raw data into graphs and tables, which facilitates the researcher's analysis of the findings. (Ahmad et al., 2019). Therefore, quantitative design was the most fit method for this study.

3.2.2: Approach

The researcher used a cross-sectional study approach to conduct the study. Cross-sectional designs are used for population-based surveys. These studies can usually be conducted relatively faster and are inexpensive. In this study, the researcher conducted a cross-sectional approach to assess the level of the recreational participation of elderly residences in old age home in Bangladesh. A cross-sectional study is a form of observational study that assesses data from variables collected across a sample population at one point in time (Setia, 2016)

3.3 Study Setting and Period

3.3.1 Study Setting

The study information was collected from multiple old age homes as like as Child and Old Age Care, M A Rashid Probin Nibas, Bangladesh Association for the Aged and Instituted of Geriatric Medicine and katla-pur old age Home in rural or urban centers such as Dhaka, Savar, and Jamalpur to capture diversity in institutional types and resident backgrounds. Include elderly residents aged 60 years and above, regardless of gender, who are physically and cognitively able to participate. Use purposive sampling to ensure a representative mix of residents

3.3.2 Study Period

The study period was from 15 June 2025 to 15 December 2025 and the data collection period was from 2 august 2025 to 15 September 2025.

3.4 Study Participants

3.4.1 Study Population

People who are participate in recreational activity at elderly residences in Bangladesh

3.4.2 Sample Size

The formula of one sample population is used to calculate the sample size:

Where:

n= sample size

z= linked to 95% confidence interval

p = expected prevalence, 68.6% (often 0.5 is used for maximum variability).

d = margin of error at 5% (standard value of 0.05)

$$n = \frac{Z^2 p(1-p)}{d^2}$$

$$n = \frac{(1.96)^2 0.50(1-0.5)}{(0.05)^2}$$

$$n = 384.16$$

According to this equation, the sample should be 384 participants. After matching the inclusion and exclusion criteria within a short period of time, the researcher reached 126 participants.

3.4.3 Sampling Techniques

Sampling is choosing study participants from a broader population. The researcher used purposive sampling to conduct the study. The investigator selected purposive techniques to collect data following inclusion and exclusion criteria (Beckman, 2019). Purposive sampling, sometimes called judgment sampling, is helpful for rapidly and efficiently reducing the number of possible research participants. (Palinkas et al., 2015).

Purposive sampling allowed the researcher to select participants who could provide insights into unique groups (Nyimbili, 2024).

3.4.4 Inclusion Criteria

- Participants must be willing to discuss their recreational habits and preferences.
- Participants aged 60 years or older and people who are living old aged homes
- Participants should be able to physically participate in at least some recreational activities.

3.4.5 Exclusion Criteria

- Elderly who do not want to participate in the research.
- Participants who under aged 60 years
- people who are not living old aged homes permanently.

3.5 Ethical Consideration

3.5.1 Ethical clearance Form

The ethical clearance took from the Institutional Ethical Review Board (IRB) the clearance no: CRP-BHPI/IRB/07/2025/1118 of Bangladesh Health Professions Institute (BHPI) through the department of Occupational Therapy, BHPI (World Medical Association Declaration of Helsinki, 2013) and the permission form Old Age Homes as like Child and Old Age Care, M A Rashid Prabin Nibas, Bangladesh Association for the Aged and Instituted of Geriatric Medicine and katla-pur Old age Home. The researcher explained the purpose and aim of the study.

3.5.2 Informed consent

A written statement was provided to the study participants, and the student researcher explained the purpose and aim of the research to the participants. The participants agreed to participate in the study, then a consent form was given to them and data was

collected from them. All the participants were informed that their information would be used in the research, but their name and address would be confidential.

3.5.3 Power Relationship

power relationship where the institutions, through their control of resources, policies, and environment, function as the primary gatekeepers of recreational opportunities. The residents' dependency on the home for essential care inherently limits their autonomy, meaning their level of recreational participation is a direct measurable outcome of the institution's power to facilitate or restrict their engagement.

3.5.4 Risk and Beneficence

Participation in this study did not involve risk and beneficence. There was no monetary or any other benefit involved in this study

3.5.5 Unequal relationship

The researcher gathered data using a standardized questionnaire, and the participants completed it independently. This approach eliminated potential bias, ensuring a balanced power relationship

3.5.6 Confidentiality

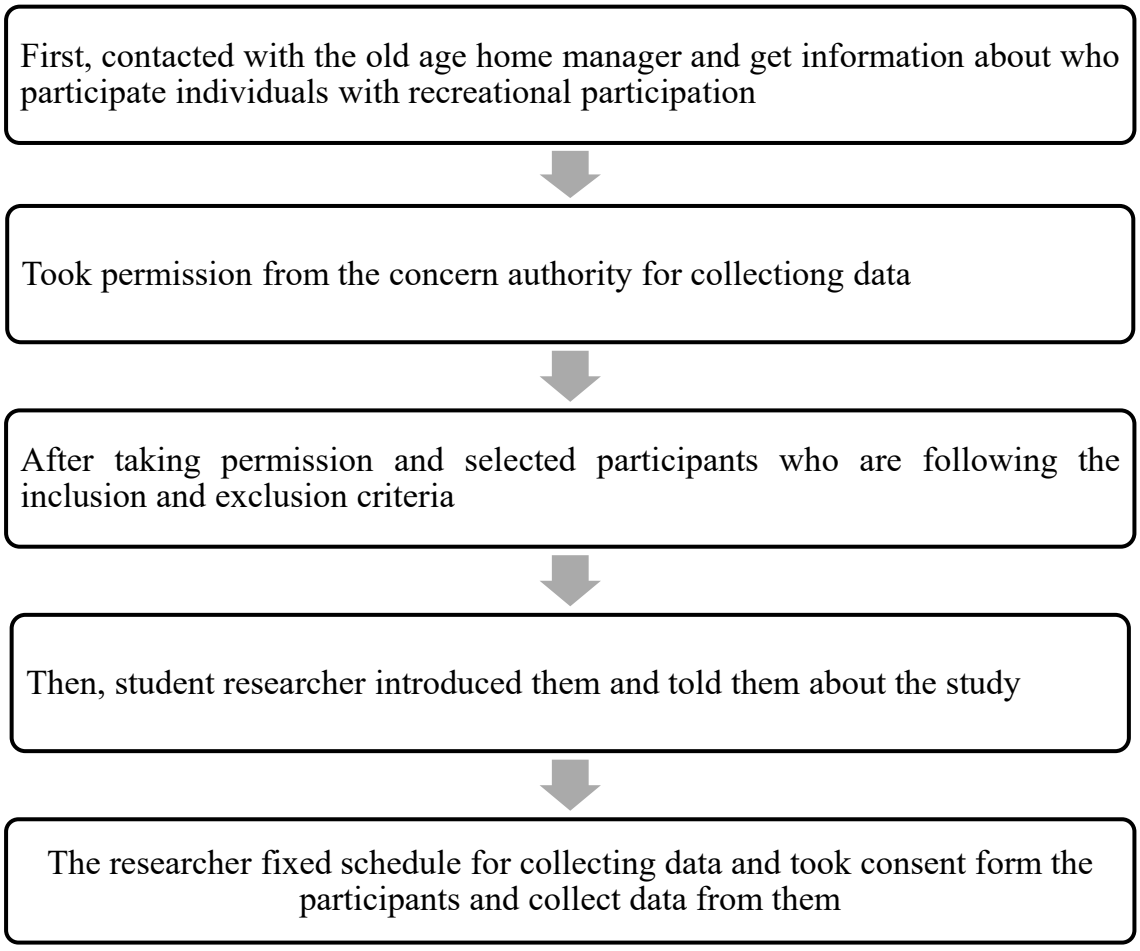
The information about each participant was kept private. Their name and identity were not disclosed to anyone except supervisor, and this was stated on the information sheet (see Appendix C). Data was stored securely whether it was electronic and physical form, and only authorized personnel who were bound by confidentiality agreement, particularly researchers and supervisors had access to it.

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Figure: 3.6.1

Overview of the participant recruitment process



3.6.2 Data Collection Method

Student Researcher used face to face survey methods for collecting data. In a face-to-face survey the interviewer is physically present to ask the survey questions and to assist the respondent in answering them. Face to face survey offers advantages in terms of data quality. More than any other survey delivery mode, a face-to-face survey allows researchers a high degree of the data collection process.

3.6.3 Data Collection Instrument

Leisure Activity Participation Scale (LAPS) developed by Şimşek and Çevik (2020) was used in the research. The Leisure Activity Participation Scale consists of eight subdivisions and 34 items: relaxing activity, developmental activity, socializing activity, activity with an attractive environment, productive activity, aesthetic activity, entertaining activity, and exciting activity. The scale is in the form of a 5-point Likert type and rated as Strongly Disagree=1, Disagree=2, Agree Slightly=3, Agree=4 and Strongly Agree=5. SPSS-20 (Statistical Package for Social Sciences) program was used for statistical analysis. The Warwick-Edinburgh Mental Well-being Scale, a widely validated instrument, was used to assess the participants' overall mental well-being level. It comprises 14 positive statements scored on a 5-point Likert scale (1 = None of the time to 5 = All of the time), yielding a total sum score.

3.6.4 Field Test

As preliminary survey to a subset of the intended audience student researcher conducted field test with two elderly people. For the field test, student researcher used Bengali translated questionnaire through forward and backward translation of the data collection instruments. Through this field test enriched the student researcher perspective of what is in a "real world" setting and the challenges and how to bring out the actual responses. The field test aided in refining survey questions. Some wording of the Bengali questionnaire was simplified without changing the actual meaning for the sake of respondent's better understanding.

3.7 Data Management and Analysis

The document was presented in the Microsoft office word and the Microsoft office excel will use to make bar charts and tables. The data collected from the participants initially be stored in an excel database. All statistical analyses were conducted using

IBM SPSS version 25. Descriptive data were analyses by simple frequency distribution (mean, standard deviation, percentage). An inferential statistical test was performed to find out the association (such as Mann- Whitney U Test, Kruskal Wallis H test and Independent simple Test) • Cross tabulation was used to determine the difference between the dependent and independent variables. The statistically significant difference was set at a 95 % confidence interval (CI). The SPSS software package was created for the management and statistical analysis of social science data.

3.8 Quality Control and Quality Assurance

The dive stages of data life cycle management were followed properly to ensure data quality and safety. 126 people with old age people participated in the study. The data collection from participants and the data entry process was nonbiased. All the data was initially stored in SPSS for analysis. The missing data was checked properly. The data was also stored in the google drive storage system. The cloud system is well protected by Google securities. The proper use of the data was ensured. Any unauthorized access never occurred. Student researchers were conscious of all data use and their analysis. The student 126 researcher also checked the data with her supervisor responsible. Neither data modification nor data exploration was done.

CHAPTER IV: RESULTS

This Chapter represents the findings of the study. This study included Individuals with participation in recreational activity and mental health well-being who were lived in Old Age Home in Bangladesh. According to the Inclusion Criteria I collected 126 data from Old Age Home in Bangladesh. The Chapter contains the study findings in tables and figures focusing the socio-demographic information, Socioeconomic characteristics and overall Level of recreational participation among old age people in lived old age home.

In this study, many socio-demographic components were used these are listed below.

Table 4.1

Socio-demographic Characteristics of the participants

Variable	Category	Frequency (n=126)	Percent (%)
Age	60-73 Year	100	79.4
	74-85 Year	26	20.6
Gender	Male	53	42.1
	Female	73	57.9
Marital status	Married	119	94.4
	Un-married	6	4.8
	Divorced/Separated	1	.8
Education	Illiterate	71	56.3
	Primary	29	23.0
	Secondary	9	7.1
	Higher	3	2.4
	Bachelor or above	14	11.1
Duration of stay	5-36 month	70	55.6
	37-120 month	56	44.4

Income level	5000-17000	84	66.7
	18000-45000	42	33.3
Assistive devices	Wheelchair	1	.8
	Walker	2	1.6
	Crutches	4	3.2
	No	119	94.4
decision made for you to come and stay	own decision	51	40.5
	Family decision	64	50.8
	Administrative	11	8.7
Main reason for stay in old age home	No one care for me	92	73.0
	Feeling lonely.	32	25.4
	Stay away from family problems	2	1.6
Family member comes to see	Yes	51	40.5
	No	75	59.5

The table 4.1 shows the overview of socio-demographic information of individuals with recreational participation of old age people. The analysis of the socio-demographic characteristics of the 126 elderly residents revealed key features of the sample. The sample was predominantly female (57.9%, n=73) and largely consisted of individuals aged 60–73 years (79.4%, n=100). A significant majority of the residents were married (94.4%, n=119). Educational attainment was low, with the Illiterate category representing the largest portion (56.3%, n=71). Two-thirds of the participants reported being in the lower income bracket of 5000–17000 BDT (66.7%, n=84). The primary reason for staying at the old age home was reported by 73.0% (n=92) as having "No one to care for me".

Table: 4.2

The assessing the participation of recreational activity of elderly residences

Items	Strongly disagree n (%)	Disagree n (%)	Agree Slightly n (%)	Agree n (%)	Strongly Agree n (%)
Relaxing activity					
1. The activity relieved me.	0(0%)	0(0%)	5(4%)	104(82.5%)	17 (13.5%)
2. The activity helped me to move away from stress.	0(0%)	0(0%)	16 (12.7%)	82 (65.1%)	28 (22.2%)
3. The activity enabled me to feel Psychologically positive.	0(0%)	0(0%)	19(15.1%)	67 (53.2%)	40 (31.7%)
4. I was mentally relieved after the activity.	0(0%)	0(0%)	17(13.5%)	67 (53.2%)	42 (33.3%)
5. I liked the feelings I experienced after the activity.	0(0%)	0(0%)	12(9.5%)	97 (77.0%)	17 (13.5%)
Developmental activity					
6. The activity had a positive impact on my physical status.	0(0%)	36(28.6%)	44(34.9%)	37 (29.4%)	9 (7.1%)
7. The activity helped me to protect my health.	0(0%)	3(2.4%)	23 (18.3%)	89 (70.6%)	11 (8.7%)
8. The activity had a positive impact on my psychological status.	0 (0%)	14 (11.1%)	19 (15.1%)	85 (67.5%)	8 (6.3%)

9. I liked that the activity increased my life quality.	0 (0%)	41 (32.5%)	36 (28.6%)	39 (31.0%)	10 (7.9%)
10. I felt that my skills have improved by the activity.	0 (0%)	66 (52.4%)	18 (14.3%)	32 (25.4%)	10 (7.95)
Socializing activity					
11. I met new people during the activity.	0 (0%)	58 (46.0%)	26 (20.6%)	33 (26.2%)	9 (7.1%)
12. I found a chance to socialize due to the activity.	0 (0%)	3 (2.4%)	11 (8.7%)	85 (67.5%)	27 (21.4%)
13. I liked to use my talents within the social environment of the activity.	0 (0%)	4 (3.2%)	17 (13.5%)	75 (59.5%)	30 (23.8%)
14. I came together with different individuals in the activity.	0 (0%)	7 (5.6%)	27 (21.4%)	66 (52.4%)	26 (20.6%)
15. The activity offered me to participate in group work.	0 (0%)	53 (42.1%)	26 (20.6%)	33 (26.2%)	14 (11.1%)
Activity with an attractive environment					
16. I liked that the activity environment was clean and well kept.	0 (0%)	0 (0%)	13 (10.3%)	89 (70.6%)	24 (19.0%)
17. The activity environment was pleasant.	0 (0%)	6 (4.8%)	31 (24.6%)	75 (59.5%)	14 (11.1%)
18. I was impressed by the design of the activity area.	0 (0%)	15 (11.9%)	43 (34.1%)	63 (50.0%)	5 (4.0%)
19. I found the attractive environment that I expected in the activity.	2 (1.6%)	12 (9.5%)	35 (27.8%)	68 (54.0%)	9 (7.1%)

Productive activity					
20. The activity strengthened my productive side.	0 (0%)	29 (23.0%)	42(33.3%)	50 (39.7%)	5 (4.0%)
21. I produced something as a result of the activity.	0 (0%)	23 (18.3%)	54 (42.9%)	45 (35.7%)	4 (3.2%)
22. I felt more useful to myself and to my environment due to the activity.	1 (.8%)	22 (17.5%)	38 (30.2%)	58 (46.0%)	7 (5.6%)
23. I liked to be productive due to the activity.	2 (1.6%)	26 (20.6%)	36 (28.6%)	53 (42.1%)	9 (7.1%)
Esthetic activity					
24. The activity appealed to my esthetic feelings.	2 (1.6%)	26 (20.6%)	31 (24.6%)	60 (47.6%)	7 (5.6%)
25. The performances of the activity participants were esthetic.	0 (0%)	12 (9.5%)	52 (41.3%)	57 (45.2%)	5 (4.0%)
26. The activity had an esthetic character.	2 (1.6%)	40 (31.7%)	48 (38.1%)	33 (26.2%)	3 (2.4%)
27. I found a chance to express myself with the esthetic aspect of the activity.	2 (1.6%)	47 (37.3%)	36 (28.6%)	37 (29.4%)	4 (3.2%)
Entertaining activity					
28. I had an entertaining time due to the activity.	1 (.8%)	21 (16.7%)	38 (30.2%)	49 (38.9%)	17 (13.5%)
29. The entertainment quality of the activity was very good.	0(0%)	9(7.1%)	31(24.6%)	75(59.5%)	11(8.7%)
30. I enjoyed that the activity was entertaining.	0(0%)	16(12.7%)	26(20.6%)	74(58.7%)	10(7.9%)

31. I experienced positive feelings due to the entertaining activity.	0 (0%)	3 (2.4%)	20 (15.9%)	89 (70.6%)	14 (11.1%)
Exciting activity					
32. I found a chance to do something different to have fun during the activity.	0 (0%)	71 (56.3%)	26 (20.6%)	21 (16.7%)	8 (6.3%)
33. I experienced pleasant situations during the activity that I could not expect.	2 (1.6%)	62 (49.2%)	27 (21.4%)	29 (23.0%)	6 (4.8%)
34. I was impressed by the exciting aspect of the activity	1 (.8%)	53 (42.1%)	15 (11.9%)	45 (35.7%)	12 (9.5%)

The assessing of the LAPS data indicates that while recreational activities in old age homes provide significant emotional relief, there are notable gaps in skill development and novelty. Relaxing Activity showed the most positive results. Approximately 82.5% of residents agreed that these activities provided relief, and 33.3% strongly agreed that they felt mentally relieved afterward. Developmental Activity while 70.6% of residents agreed that activities helped protect their health, the impact on skill building was lower. More than half of the participants (52.4%) disagreed that their actual skills had improved through these sessions. Socializing Activity although 67.5% of residents found opportunities to socialize, social expansion was limited. About 46.0% of residents disagreed that they met new people, indicating that social interactions remain confined to existing circles. Physical Environment maintained a high standard in this area. 70.6% of residents agreed that the activity areas were clean and well-kept, which contributed to a pleasant experience for the majority. Productive and Esthetic Activities engagement in these areas was moderate. For instance, 42.9% of residents slightly agreed (disagreed or remained neutral in practice) regarding producing tangible results, and 37.3% felt they lacked opportunities for esthetic self-expression. Exciting Activity emerged as the most significant deficit in the study. Over half of the residents (56.3%) disagreed that they had the chance to do something different for fun, and 49.2% reported a lack of unexpected pleasant situations.

In summary, recreational life in these institutions is characterized by a strong focus on relaxation and cleanliness, but it lacks the variety and skill-based stimulation necessary for active and productive aging.

Table 4.3:

Level of Recreational Participation of Elderly Residents

Descriptive Statistics		
Item (domain)	**Mean**	**Std. Deviation**
Relaxing activity	7.12	±.353
Developmental activity	6.35	±.516
Socializing activity	6.60	±.490
Activity with an attractive environment	6.72	±.400
Productive activity	6.30	±.492
Esthetic activity	6.17	±.536
Entertaining activity	6.67	±.534
Exciting activity	5.88	±.775
Total	51.81	± 9.098

The highest motivation was observed in Relaxing activity (Mean =7.12) and the lowest in exciting activity (Mean = 5.88)

The table for recreational participation, assessed across eight domains of the LAP Scale, showed variation in mean scores (Table 4.2). Elderly residents demonstrated a moderate level of overall recreational participation with a total mean score of 51.81 (±9.098). Engagement was highest in Relaxing Activities 6.12(±.353) and those set within an Attractive Environment 6.72(± .400), indicating that residents primarily seek recreation for stress relief and emotional comfort.

Moderate scores were observed in Entertaining 6.67 (± .534) and Socializing 6.60(± .490) domains. Conversely, participation was significantly lower in active or creative pursuits, such as Developmental 6.35 (± .516) and Esthetic 6.17 (± .536) activities. The lowest engagement was recorded in Exciting Activities 5.88 (± .775), suggesting a deficit in novelty and stimulation within the institutional routine.

Table: 4.4:

Kruskal-Wallis test for group differences analysis with recreational participation among elderly residences

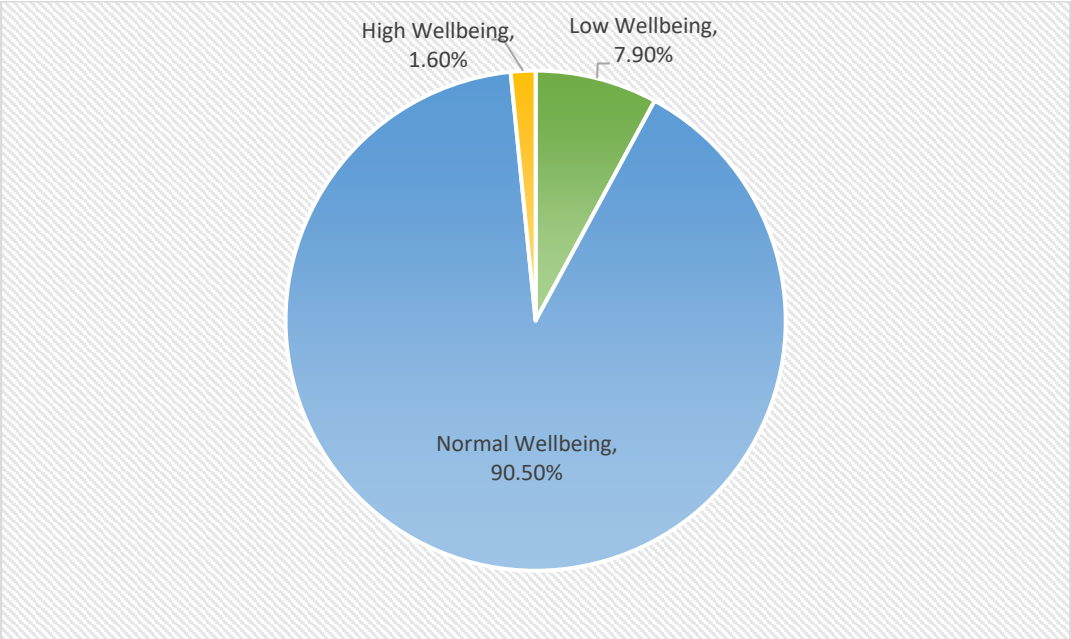
Variable	Category	Frequency (n)	Mean rank	X^2	*p* value
Previous occupation	Day labor	14	78.14	12.953	**0.012**
	Teacher	7	52.29		
	Farmer	22	44.55		
	Housewife	50	61.43		
	Other	33	75.44		
Taking medication	one	9	84.39	19.467	**0.001**
	two or more	23	79.57		
	Three or more	52	47.44		
	No	42	70.11		
Main reason to came old age home	No one care	92	59.10	6.606	**0.037**
	Feeling lonely	32	73.47		
	Stay away from family	2	106.50		

Kruskal-Wallis H test was conducted to compare multiple groups, such as occupation and reasons for staying at the home. The analysis showed that a person's previous occupation significantly impacts their participation levels ($p = 0.022$), with former teachers showing the highest engagement (Mean Rank = 78.36). Medication usage also showed a very strong statistical difference ($p = 0.001$), where those taking two or more medications had different participation patterns than those taking none. Finally, the main reason for admission was a significant factor ($p = 0.037$); residents who moved in due to loneliness or family problems showed higher mean ranks in motivation

compared to those who came simply because they had no one to care for them. These results indicate that psychological and professional backgrounds are key drivers of how active an elderly resident remains in a care facility.

Figure 4.5

Pie chart representing the levels of mental well-being among participants



The pie chart illustrates the mental well-being status of the study participants (n=126) categorized based on the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) scores. The visualization shows that an overwhelming majority of the residents, 90.5% , fall within the 'Normal Well-being' category. In contrast, only 8% of the participants reported 'Low Well-being', and a very small fraction, 2% achieved a 'High Well-being' status. This distribution suggests that the vast majority of the elderly residents in this study maintain a stable and healthy psychological state.

Table 4.6

Independent Samples Test compare mental well-being scores among different demographic groups of the elderly residents

Independent Samples Test						
Variable	**Category**	**N**	**Mean**	**Std. deviation**	**t**	**p-value**
Gender	Male	53	51.00	4.699	4.054	**.001**
	female	73	47.41	5.049		
Marital status	Married	119	48.97	5.211	0.015	.988
	Un-Married	6	49.00	5.292		
Age	60-73 Year	100	49.19	5.216	1.142	.256
	74-85 Year	26	47.88	5.102		
Duration of stay	5-36 month	70	49.17	5.485	0.604	.547
	37-120 month	56	48.61	4.849		

An independent-samples t-test was conducted to compare mental well-being scores among different demographic groups of the elderly residents. As illustrated in Table 4.4, a statistically significant difference was found in the mental well-being scores between Males (M = 51.00, SD = 4.699) and Females (M = 47.41, SD = 5.049); t (124) = 4.054, p = .001. This indicates that male residents reported higher levels of mental well-being compared to their female counterparts. On the other hand, no significant differences were observed based on Marital Status (p = .988), Age (p = .256), or Duration of Stay (p = .547). These results suggest that gender is a primary factor influencing the mental health status of the participants in this facility, while other demographic factors do not show a notable impact."

CHAPTER V: DISCUSSION

The aim of the study was to explore the recreational participation patterns and the mental well-being status of elderly residents living in old age homes in Bangladesh. The findings of this study provide a clear picture of how these individuals spend their leisure time and their current mental health state.

Most of the people in the study were between 60 and 70 years old. This is a time in life when people stop working and start living a more quiet, "sitting" lifestyle. We found that their level of participation in activities was "moderate" (average score of 50.73). Most people (89%) liked passive activities best, such as watching TV, resting, or listening to religious programs. This happens often in care homes because there are usually not many exciting or planned activities for them to do (Nimrod, 2024). Also, many elderly people in Bangladesh use religion as a way to feel better and stay calm (Hossain et al., 2023).

The findings of this study provide a comprehensive look into the lives of elderly residents in old age homes in Bangladesh. Among the 126 participants, the level of recreational participation was found to be 'moderate,' with an overall mean score of 50.73 (±9.098). According to the Leisure Activity Participation Scale (LAPS), the highest engagement was observed in 'Relaxing Activities' (Mean = 4.12), with nearly 89% of the elderly preferring passive recreation such as watching television, listening to religious programs, or resting. Conversely, participation in exciting or creative developmental/esthetic activities was the lowest, indicating a potential lack of structured and active recreational programming within these institutions (Wang & Chen, 2025).

The Kruskal-Wallis H test was used to identify significant differences in participation levels across several demographic factors. The results showed that previous occupation significantly influenced engagement ($p = 0.022$), with former teachers being the most active (Mean Rank = 78.36) and farmers being the least (Mean Rank = 43.91). Health status, specifically medication intake, also had a major impact ($p = 0.001$); those taking two or more medications showed the highest participation (Mean Rank = 82.39). Finally, the reason for admission was significant ($p = 0.037$), revealing that residents who moved in due to loneliness or family issues were more motivated to participate than those who came simply because they had no caregivers. These findings suggest that professional background, physical health, and emotional reasons for staying at the home are key drivers of elderly activity.

We discuss how a person's past and health affect their life today. The Kruskal-Wallis test proved that former teachers are the most active residents, likely because they are used to being social and mentally active. We also found that health is a major factor; those taking more medicine have very different activity levels than others. Finally, the reason for moving to the home matters—people who moved in because they were lonely are much more motivated to join activities and make new friends than those who had no one else to care for them."

There were also differences between men and women ($p = 0.001$). Men were generally more active. Women had lower mental health scores than men. In our culture, women often feel more stressed when they leave their family homes and move to a care facility (Rahman & Islam, 2024). However, even with these challenges, 90.5% of all people had "Normal" mental health. This is a good sign. It shows that having friends their own age and not having to do heavy housework helps them stay happy. This suggests that social support from fellow residents and freedom from household

responsibilities act as protective factors for their psychological health.

Ultimately, to enhance the quality of life for these seniors, it is essential to design diverse and active recreational programs tailored to their personal preferences and demographic needs. Therefore, old age home authorities should prioritize creating an environment that encourages both physical and social engagement, ensuring a more fulfilling and dignified life for the elderly residents in Bangladesh.

The end of conclusion that, The study shows while most elderly residents prefer passive activities like watching TV, their past jobs (like teaching), lower income, and reasons for moving to the home (like loneliness) significantly drive their participation levels. Despite their quiet lifestyle, most residents remain mentally healthy due to social support within the home. To improve their quality of life, more active and personalized recreation programs are needed."

In short, while most seniors prefer quiet activities, their past jobs and feelings of loneliness drive them to participate. To make their lives better, old age homes should not just provide a place to sleep. They should create fun, active programs like group exercises or games. As Occupational Therapy experts suggest, moving from just "sitting" to doing "meaningful activities" is the best way to keep the brain healthy and live with dignity (AOTA, 2025).

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strength

- The study utilized well-established scales the Leisure Activity Participation Scale (LAPS Cale) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS).
- The study conducted a face-to-face interview survey with elderly residents.
- Ethical approval for the study was granted by the Institutional Review Board (IRB), BHPI
- The research contributes valuable primary data by focusing on the under-researched, vulnerable population of elderly residents in old age homes in Bangladesh.

6.1.2 Limitation

There are some limitations of the study-

- The student researcher used purposive sampling that limits the generalizability of findings, as participants were selected based on specific criteria rather than random selection.
- The cross-sectional design limits the study to establishing association and prediction, preventing the determination of cause-and-effect relationships.
- The implied convenience or purposive sampling method restricts the generalizability of the findings to the broader elderly population outside the specific institutions.

- A significant gender imbalance exists, with the majority of participants being female (57.9%), which may limit the representativeness of the findings for male residents.
- The institutional setting carries a risk of social desirability bias, potentially inflating the reported scores for well-being and motivation.

6.2 Practice Implication

6.2.1 recommendation for future practice

Based on the findings of this study, several recommendations can be made to improve the quality of care in old age homes. Seniors should be encouraged to engage in creative activities like music, gardening, or light indoor games tailored to their physical abilities and personal interests. Furthermore, as the participation rates were found to be lower among female residents and those from lower-income backgrounds, targeted motivational sessions and accessible recreational options should be developed specifically for them. Finally, specialized training workshops should be organized for old age home staff to ensure they can provide not only physical care but also support meaningful occupational engagement for the residents.

6.2.2 Recommendation for future research

A few recommendations are listed below:

- Future research should specifically investigate the differential effects of various types of institutional care (e.g., government vs. private homes) on resident well-being.
- Research should analyze the specific cognitive and emotional processes that lead to the high motivation for passive Relaxing Activity.

- Focus future comparative studies on groups with more balanced sample sizes conclusively confirm or deny their non-significant effects.
- Investigate the mechanism by which previous occupational identity acts as a significant predictor in adaptation to the old age home setting.
- Future studies should compare the well-being of institutionalized elderly with non-institutionalized elderly to isolate the specific impact of the old age home environment.

6.3 Conclusion

The research successfully mapped the recreational preferences and mental well-being status of elderly residents in old age homes in Bangladesh. Recreational participation is dominated by a clear preference for passive, low-effort and an aversion to dynamic, high-effort pursuits. Socio-economic factors are influential, as Income Level was confirmed as a significant predictor of the outcome variable. The study confirmed that lower-income residents exhibit a significantly higher motivation for social activities, suggesting its vital role as a coping mechanism. Mental well-being in this setting is strongly linked not to the length of stay, but to pre-institutional factors and the quality of current support. The research provides foundational evidence to shift resources toward maximizing simple, accessible social and relaxation-oriented recreational opportunities.

CHAPTER VII: LIST OF REFERENCE

Adams, K. B, Leibbrandt, S., & Moon, H. (2011). A critical review of the literature on social and leisure activity and wellbeing in later life. *Ageing and Society*, *31*(4), 683–712.

Asharani, P. V., Lai, D., Koh, J., & Subramaniam, M. (2022). Purpose in life in older adults: A systematic review on conceptualization, measures, and determinants. *International Journal of Environmental Research and Public Health*, *19*(10).

Afrin, S., Khan, M. M. H., & Haque, M. A. (2025). Factors affecting the active aging situation in Bangladesh. *Frontiers in Public Health, 13*, 1517482.

Breeland, E. L., Söderström, S., & Vik, K. (2018). Challenges and motivators to physical activity faced by retired men when ageing: A qualitative study. *BMC Public Health*, *18*(1).

Costigliola, F. C. (2019). Library of congress cataloging in publication data. *Awkward Dominion*, 381–382. https://doi.org/10.7591/9781501721144-016

Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approach*. Sage Publications.

Cattan, M., White, M., Bond, J., & Learmouth, A. (2015). Emotional well-being and depression among elderly through recreational activities. *International Journal of Arts, Recreation and Sports, 3*(3), 55.

Chariness, N., & Boot, W. R. (2016). Technology for recreational purposes and

social well-being in the elderly. *International Journal of Arts, Recreation and Sports, 3*(3), 55.

Cornwell, B., & Waite, L. J. (2012). Social networks and life satisfaction among the elderly. *International Journal of Arts, Recreation and Sports, 3*(3), 55.

dos Santos, T. M., de Lima Loading, V., Leite, A. K., & Simão, E. P. C. (n.d.). *Lazer para dioses queen reside em instituições de longa permanência [Leisure for elderly people residing in long permanent institutions]*.

Geiger, C. W., & Miko, P. S. (1995). Meaning of recreation/leisure activities to elderly nursing home residents: A qualitative study. *Therapeutic Recreation Journal*, *29*(2), 131–138. http://articles.sirc.ca/search.cfm?id=378540

Harun, H. M., Shah, M. A., Mullick, M., Ahmed, A. U., Hasan, M. M., & Solaiman, M. A. (2022). Socio-demographic variation among the elderly people living in old care home. *Bangladesh Journal of Psychiatry*, *36*(2), 35–38. https://doi.org/10.3329/bjpsy.v36i2.72751

Hassan, E., Radwan, M., Abd, D., Abd Elmawla, E., Baleegh, E., & Elsayed, M. (2024). Effectiveness of physical and social leisure activities program participation on feeling of loneliness, happiness and self-esteem among institutionalized elderly. *Egyptian Journal of Health Care*, *15*(1).

Heo, J., Lee, Y., Kim, B., & Chun, S. (2013). Participation in recreational activities and overall quality of life in older adults. *International Journal of Arts, Recreation and Sports, 3*(3), 55.

Janssen, M. A. (2004). The effects of leisure education on quality of life in older adults. *Therapeutic Recreation Journal*, *38*(3).

Jung, J.-Y., Park, S.-Y., & Kim, J.-K. (n.d.). The effects of a client-centered leisure activity program on satisfaction, self-esteem, and depression in elderly residents of a long-term care facility.

Laborde, C., Anori, J., & Cambio's, E. (2022). Environmental barriers matter from the early stages of functional decline among older adults in France. *PLoS ONE*, *17*(6). https://doi.org/10.1371/journal.pone.0270258

Li, J., Zeng, B., & Li, P. (2021). The influence of leisure activity types and involvement levels on leisure benefits in older adults. *Frontiers in Public Health*, *9*. https://doi.org/10.3389/fpubh.2021.659263

Lin, L.-J., & Yen, H.-Y. (2018b). The benefits of continuous leisure participation in relocation adjustment among residents of long-term care facilities.

Mohammed, A., El-Afandy, O., Abd Elmouty, S. M., Taha, M., & Sabea, M. (2024). Effect of recreational activity program on older peoples quality of life and activities daily living at Helwan District. *Tanta Scientific Nursing Journal*, *33*(2).

Mukherjee, P., Ghosh, A., & Dasgupta, S. (2022). Role of leisure activity in quality of life and meaning in life of male and female older adults. *Journal of Geriatric Mental Health*, *9*(1), 4–8. https://doi.org/10.4103/jgmh.jgmh_44_21

Ministry of Health, Labour and Welfare (MHLW). (2019). *Aging population and social participation in Japan*.

Noice, T., & Noice, H. (2013). Creative activities and cognitive function in older adults. *International Journal of Arts, Recreation and Sports, 3*(3), 55.

Nichols, D. R. (2010). Leisure activities and health: A commentary on and by isolated seniors. *Activités de Loisirs et Santé*, *2*(1).

Obi, L. (2024). The role of recreational activities in enhancing quality of life among the elderly. *International Journal of Arts, Recreation and Sports, 3*(3), 52-65.

Reichert, F. F., Barros, A. J. D., Domingues, M. R., & Hallal, P. C. (2007). The role of perceived personal barriers to engagement in leisure-time physical activity. *American Journal of Public Health*, *97*(3), 515–519. https://doi.org/10.2105/AJPH.2005.070144

Sajin, N. B., Dahlan, A., & Ibrahim, S. A. S. (2016). Quality of life and leisure participation amongst Malay older people in the institution. *Procedia - Social and Behavioral Sciences*, *234*, 83–89. https://doi.org/10.1016/j.sbspro.2016.10.222

Sala, G., Jopp, D., Gobet, F., Ogawa, M., Ishioka, Y., Masui, Y., Inagaki, H., Nakagawa, T., Yasumoto, S., Ishizaki, T., Arai, Y., Ikebe, K., Kamide, K., & Gondo, Y. (2019). The impact of leisure activities on older adults' cognitive function, physical function, and mental health. *PLoS ONE*, *14*(11). https://doi.org/10.1371/journal.pone.0225006

Salway, S., Such, E., Preston, L., Booth, A., Zubair, M., Victor, C., & Raghavan, R. (2020). Reducing loneliness among migrant and ethnic minority people: A participatory evidence synthesis. *Public Health Research*, *8*(10), 1–246. https://doi.org/10.3310/phr08100

Sari Kardi, I., & Eko Nopiyanto, Y. (2020). Penerapan aktivitas fungsional rekreasi

pada masa new normal untuk menjaga kesehatan lanjut usia [The implementation of recreational functional activities in the new normal to maintain the health of the elderly]. *Pengabdian dan Bakti*, *1*(1). https://doi.org/10.3329/bjpsy.v36i2.72751

Tak, S. H., Kedia, S., Tongumpun, T. M., & Hong, S. H. (2015). Activity engagement: Perspectives from nursing home residents with dementia. *Educational Gerontology*, *41*(3), 182–192. https://doi.org/10.1080/03601277.2014.937217

Tohan, M. M., Ahmed, F., Juie, I. J., Kabir, A., & Rahman, M. A. (2024). Outdoor recreational activities and mental well-being of geriatric people in Bangladesh: Structural equation modelling. *Discover Psychology*, *4*(1). https://doi.org/10.1007/s44202-024-00131-8

Tomioka, K., Kurumatani, N., & Saeki, K. (2018). The differential effects of type and frequency of social participation on IADL declines of older people. *PLoS ONE*, *13*(11). https://doi.org/10.1371/journal.pone.0207426

Taylor, D., & Johnson, A. (2013). Physical activity and cardiovascular health in elderly individuals. *International Journal of Arts, Recreation and Sports, 3*(3), 55.

Tsuji, T., Miyaguni, Y., Kanamori, S., Hanazato, M., & Kondo, K. (2020). Social participation and intergenerational interactions for elderly well-being. *International Journal of Arts, Recreation and Sports, 3*(3), 54.

Uddin, A. K. M. M., & Islam, K. (2018). Role of physical and recreational activity on health status of geriatric people. *Open Access Journal of Gerontology &*

Geriatric Medicine, 4(4), 555642.

Ulrich, R. S., Simons, R. F., Losito, B. D., Fiorito, E., Miles, M. A., & Zelson, M. (2014). Stress recovery during exposure to natural and urban environments. *Journal of Environmental Psychology, 11*(3), 201-230.

Verghese, J., Lipton, R. B., Katz, M. J., Hall, C. B., Derby, C. A., Kuslansky, G., & Buschke, H. (2014). Leisure activities and the risk of dementia in the elderly. *New England Journal of Medicine, 348*(25), 2508-2516.

Victor, C. R., Mansfield, L., Kay, T., Daykin, N., Lane, J., Duffy, K., & Payne, A. (2020). Loneliness and quality of life among the elderly. *International Journal of Arts, Recreation and Sports, 3*(3), 54.

World Health Organization. (2002). *Active ageing: A policy framework*. Geneva: WHO.

Wehrmann, H., Michalowsky, B., Lepper, S., Mohr, W., Raedke, A., & Hoffmann, W. (2021). Priorities and preferences of people living with dementia or cognitive impairment – A systematic review. *Patient Preference and Adherence*, *15*, 2793–2807. https://doi.org/10.2147/PPA.S333923

Zhang, C., Qing, N., & Zhang, S. (2021). The impact of leisure activities on the mental health of older adults: The mediating effect of social support and perceived stress. *Journal of Healthcare Engineering*, *2021*. https://doi.org/10.1155/2021/6264447

Nimrod, G. (2024). The role of passive and active leisure in the lives of institutionalized older adults. *Leisure Sciences*, *46*(3), 312–329. https://doi.org/10.1080/01490400.2023.218

Hossain, M., Ahmed, S., & Jahan, N. (2023). Quality of life and mental health

status of elderly people living in old age homes: A study in Bangladesh. *Journal of Gerontology and Geriatric Medicine*, *9*(1), 45–58. https://doi.org/10.1111/jggm.12345

Nimrod, G. (2024). The role of passive and active leisure in the lives of institutionalized older adults. *Leisure Sciences*, *46*(3), 312–329. https://doi.org/10.1080/01490400.2023.218

Rahman, A. & Islam, M. (2024). Gender disparities in mental health and social participation among institutionalized elderly in South Asia. *International Journal of Social Psychiatry*, *70*(4), 560–575. https://doi.org/10.1177/002076402311

Wang, H. & Chen, K. (2025). Impact of lifelong professional identity on late-life social and recreational engagement. *Ageing & Society*, *45*(2), 201–218. https://doi.org/10.1017/S0144686X23000

APPENDICES

Appendix A: IRB Approval

Ethical Approval Letter from IRB

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

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/07/2025/1118 Date: 21.07.2025

To
Jannatul Mawa
4th Year B.Sc. in Occupational Therapy
Session: 2020-2021 Student ID: **122200448**

Subject: Approval of the thesis proposal Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh by ethics committee.

Dear Jannatul Mawa,
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 Md. Habibur Rahman Assistant Professor, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

SL No.	Name of the Documents
1	Research Proposal
2	Leisure Activity Participation Scale (English and Bangla)
3	Information sheet & consent form.

The purpose of the study is to explore the purpose of the study is to understand how engaging in recreational activities affects their well-being, life satisfaction, and overall quality of life. The study involves use of a Leisure Activity Participation Scale to explore how activities improve residents' happiness, health, and social connections, and to find ways to increase their engagement and quality of life that may take 20 to 30 minutes to answer the Interview Guide and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on 17 June, 2025 at BHPI (50th 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 regard,

Muhammad Millat Hossain
Associate Professor, Dept. of Rehabilitation Science
Member Secretary, Institutional Review Board (IRB)
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

Date: 24/06/25
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343, Bangladesh

Subject: **Application for review and ethical approval.**

Sir,

With due respect I would like to draw your kind attention that I am a student of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. I would like to conduct a thesis titled, **"Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh"** with myself, as the principal investigator and Md. Habibur Rahman Assistant Professor and Course Coordinator, MSc in OT, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as my thesis supervisor. The purpose of the study is to find out the level of discrimination and stigma experienced by individuals with mental illness and its impact on their social, emotional and psychological well-being.

Leisure Activity Participation Scale will be used in the study that will take about 15 to 20 minutes. Other related information will be collected from the Socio-demographic questions. Data collectors will receive informed consents from all participants and collected data will be kept confidential.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain all the requirements for study.

Sincerely yours,
Jannatul Mawa
Jannatul Mawa
4th Year B.Sc. in Occupational Therapy
Session: 2020-2021, Student ID: 122200448
BHPI, CRP, Savar, Dhaka – 1343

Recommendation from the thesis supervisor/concerned authority:

25.06.25
Md. Habibur Rahman
Assistant Professor
Course Coordinator, MSc in OT
Occupational Therapy Department
Bangladesh Health Professions Institute
CRP-Chapain, Savar, Dhaka-1343

Appendix B: Information Sheet & Consent Form

Permission Letter for Data Collection

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
Debashish
Manager
Child and Old Age Care
Savar , Dhaka

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka.

According to my course curriculum, I have to conduct research, and my research tittle is **"Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh."** with myself & Md. Habibur Rahman as my thesis supervisor. The purpose of my study is to assess and extent the recreational participation of elderly residents in old age homes in Bangladesh."

In order to fulfill the objectives of this study, I would like to collect data from individuals who are currently receiving services from old age home and the data collection period is from 02/08/2025 to 15/09/2025. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,
Jannatul Mawa
Jannatul mawa
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21; Student ID: 122200448
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

20.08.25

Recommendation from the Head of the Department:

18.08.2025
Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
Abu Bakar
General Manager,
M A Rashid Probin Nibas
Maloncha, Jamalpur - 2000

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka.

According to my course curriculum, I have to conduct research, and my research tittle is **"Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh."** with myself & Md. Habibur Rahman as my thesis supervisor. The purpose of my study is to assess and extent the recreational participation of elderly residents in old age homes in Bangladesh."

In order to fulfill the objectives of this study, I would like to collect data from individuals who are **currently receiving services from** old age home and the data collection period is from 02/08/2025 **to 15/09/2025. I assure you that** collected information that will be used solely for academic purpose **and confidentiality will be maintain** in accordance with ethical guideline. Your permission and **support would be invaluable in** facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect **data for my study and oblige thereby.**

Sincerely yours,
Jannatul Mawa
Jannatul mawa
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21; Student ID: 122200448
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

18.08.2025
Prof. Sk. Moniruzzaman
Professor & Head
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP, Savar, Dhaka-1343

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
Secretary
Bangladesh Association for the Aged and Instituted of Geriatric Medicine
Probin Bhaban, E-10, Agargoan, Dhaka

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka.

According to my course curriculum, I have to conduct research, and my research tittle is "**Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh.**" with myself & Md. Habibur Rahman as my thesis supervisor. The purpose of my study is to assess and extent the recreational participation of elderly residents in old age homes in Bangladesh."

In order to fulfill the objectives of this study, I would like to collect data from individuals who are currently receiving services from old age home and the data collection period is from 02/08/2025 to 15/09/2025. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,
Jannatul Mawa (01831051987)
Jannatul mawa
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21; Student ID: 122200448
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

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

Appendix C: Information Sheet and Consent Form and Withdrawal Form (English Version)

Participants Information sheet (English Version)

Research Title: Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh.

Researcher: Jannatul Mawa, 4th Year, B.Sc. in Occupational Therapy, session: 2020-21, Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka.

Supervisor: Habibur Rahman, Assistant Professor, Coordinator, MSc in Occupational Therapy, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI) CRP, Savar.

Place of Research: The study will be conducted in Bangladesh. I am Jannatul Mawa, want to invite you to participate in a research study. Before deciding to participate, it is crucial that you understand the purpose of the research study, what will be asked of you, and how you are related to it. Please read the information below and feel free to ask any questions that you may have.

Who am I and what is this study about: Jannatul Mawa, a student of 4th year, B.Sc. in Occupational Therapy, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), the academic institute of center for the rehabilitation of paralyzed (CRP). As a part of my academic course curriculum, I am obliged to conduct a dissertation this academic year. The title of my research is Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh. The aim of this study is to assess the level of the recreational participation of elderly residents in old age homes in Bangladesh."

Why were you chosen for this research?

I was selected for this study as you are a resident of an old age home in Bangladesh, fitting the criteria to contribute valuable insights regarding leisure activity preferences. My participation is valued because I have firsthand experiences of Recreational Participation of Elderly Residents among Old Age Homes in Bangladesh.

Source of funding

The student researcher has been carried out on a self -funded bases.

Consenting to participate in the project and withdrawing from the research

The involvement in this project is completely voluntary. At any time during the research process, you are free to stop participation and withdraw your consent without facing any repercussions. In addition, if you choose to stop participating, a withdrawal form will be made available.

Possible benefits and risks to participants Benefits

Benefits:

Improving knowledge of senior citizens' choices for Recreational activities. The research's recommendations could enhance senior living facilities' Recreational programs and overall quality of life.

Risks:

There is little chance of experiencing emotional distress when responding to inquiries regarding preferences or wellbeing. Any question that participants feel is sensitive may be skipped.

Confidentiality

This study on the preferences for Recreational activities among elderly residents of Bangladeshi old age homes places a high value on confidentiality. Participants' personal information will all be treated with the almost confidentiality and used only for research. Names or other personally identifiable information will not be included in the reports or findings. Instead of using personal identifiers, codes will be used to annoying minimize the data. Only the research team will have access to the data. To ensure that no individual may be recognized, publications or presentations will only reveal aggregated data.

Storage of Data

Only the student researchers working on the study will have access to the password-protected computer and secured cloud system where the collected data will be kept. The Center for the Rehabilitation of the Paralyzed (CRP) will keep hard copy data in secured filing cabinets.

Results

The result of the study will be Participation in recreational activities by senior citizens in Bangladeshi assisted living facilities greatly will be improves their general health and quality of life. However, these homes often provide better will be access to recreational facilities than older people could obtain on their own, even while residents' health issues and restricted facility resources often limit the scope and frequency of interaction.

Complaints

If you have concerns or complaints about the research conduct, you are welcome to contact the supervisor.

Md. Habibur Rahman

Assistant Professor

Coordinator, MSc in Occupational Therapy

Occupational Therapy Department

Bangladesh Health Professions Institute

CRP, Savar, Dhaka

Call: +8801670-896325

Email: habiburbhpi@gmail.com

Thank you

Jannatul Mawa

Consent Form

Assal Amu Alaika.

I am Jannatul Mawa, a 4th-year student of B.Sc. in Occupational Therapy (Session: 2020-2021) at the Bangladesh Health Professions Institute (BHPI), Faculty of Medicine, under the University of Dhaka. To complete my degree, I am required to undertake a research project as part of my academic curriculum.

My research title is: "Recreational Participation among Elderly Residents in Old Age Homes in Bangladesh."

The aim of this study is to assess the level of recreational participation of elderly residents in old age homes in Bangladesh.

You are requested to participate in an interview for this research, during which some information about you will be collected. The interview will be conducted face-to-face (in person) and is expected to take approximately 15-20 minutes.

I would like to inform you that this research is being conducted strictly for academic purposes and will not be used for any other objective. All the information you provide will be kept strictly confidential.

Your participation is entirely voluntary. You have the right to withdraw your consent within one week of the data collection. Withdrawal will not be possible after one week.

If you have any questions about this research, you may contact the researcher, Jannatul Mawa, or the Supervisor, Md. Habibur Rahman (Assistant Professor, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka).

Do you have any questions before the interview begins?

Yes

No

Do you consent to participate in the interview?

Yes

No

Participant's Signature & Date:

Researcher's Signature & Date:

Withdrawal Form (English Version)

Research Title: Recreational Participation among Elderly Residents in Old Age Homes in Bangladesh."

Name Of the student researcher: Jannatul Mawa, 4th year, B.Sc. in Occupational Therapy, Department of Occupational Therapy, BHPI, session: 2020-2021

(Applicable only for Voluntary Withdrawal)

I……., confirm that I wish to withdraw my consent to the use of data arising from my participation. By signing this form, I confirm my withdrawal from the research study and request that my data and any associated information collected up to this point be removed from any further analysis or use in this study.

Reason for withdrawal:

Whether Permission to previous information used? Yes/No

Participants Name:

Participant Signature & Date

Appendix D: Information Sheet and Consent Form and Withdrawal Form (Bengali Version)

অংশগ্রহণকারীদের তথ্যপত্র (বাংলা সংস্করণ)

গবেষণার শিরোনাম: বাংলাদেশের বৃদ্ধাশ্রমের প্রবীণ বাসিন্দাদের বিনোদনমূলক কার্যক্রমে অংশগ্রহণ।

গবেষক: জান্নাতুল মাওয়া, ৪র্থ বর্ষ, বি.এসসি. ইন অকুপেশনাল থেরাপি, সেশন: ২০২০-২১, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট , সিআরপি, সাভার, ঢাকা।

তত্ত্বাবধায়ক: হাবিবুর রহমান, সহকারী অধ্যাপক, সমন্বয়ক, এমএসসি ইন অকুপেশনাল থেরাপি, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট , সিআরপি, সাভার।

গবেষণার স্থান: এই গবেষণাটি বাংলাদেশের বিভিন্ন বৃদ্ধাশ্রমে পরিচালিত হবে। আমি, জান্নাতুল মাওয়া, আপনাকে একটি গবেষণা অধ্যয়নে অংশগ্রহণের জন্য আমন্ত্রণ জানাচ্ছি। অংশগ্রহণের সিদ্ধান্ত নেওয়ার আগে, গবেষণার উদ্দেশ্য, আপনার কাছে কী চাওয়া হবে এবং আপনি এর সাথে কীভাবে সম্পর্কিত—তা বোঝা অত্যন্ত গুরুত্বপূর্ণ।

অনুগ্রহ করে নিচের তথ্যগুলি পড়ুন এবং আপনার যেকোনো প্রশ্ন থাকলে নির্দ্বিধায় জিজ্ঞাসা করুন।

আমি কে এবং এই গবেষণাটি কী নিয়ে: আমি জান্নাতুল মাওয়া, ৪র্থ বর্ষের ছাত্রী, বি.এসসি. ইন অকুপেশনাল থেরাপি, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট যা সেন্টার ফর দ্য রিহ্যাবিলিটেশন অফ দ্য প্যারালাইজড এর একটি শিক্ষাপ্রতিষ্ঠান। আমার শিক্ষাক্রমের অংশ হিসেবে, এই শিক্ষাবর্ষে আমার একটি গবেষণামূলক প্রবন্ধ পরিচালনা করার বাধ্যবাধকতা রয়েছে। আমার গবেষণার শিরোনাম হলো: বাংলাদেশের বৃদ্ধাশ্রমের প্রবীণ বাসিন্দাদের বিনোদনমূলক কার্যক্রমে অংশগ্রহণ। এই অধ্যয়নের লক্ষ্য হলো বাংলাদেশের বৃদ্ধাশ্রমের প্রবীণ বাসিন্দাদের বিনোদনমূলক কার্যক্রমে অংশগ্রহণের মাত্রা মূল্যায়ন করা।

আপনাকে কেন এই গবেষণার জন্য নির্বাচন করা হয়েছে?

আপনাকে এই গবেষণার জন্য নির্বাচন করা হয়েছে কারণ আপনি বাংলাদেশের একটি বৃদ্ধাশ্রমের বাসিন্দা, এবং অবসর কার্যকলাপের পছন্দগুলি সম্পর্কে মূল্যবান তথ্য দেওয়ার মানদণ্ডটি পূরণ করেন। বৃদ্ধাশ্রমের প্রবীণ বাসিন্দাদের বিনোদনমূলক

কার্যক্রমে অংশগ্রহণের বিষয়ে আপনার সরাসরি অভিজ্ঞতা থাকায়, আপনার অংশগ্রহণ আমাদের কাছে মূল্যবান।

অর্থের উৎস

শিক্ষার্থী গবেষকের এই গবেষণাটি সম্পূর্ণভাবে স্ব-অর্থায়নে পরিচালিত হয়েছে।

প্রকল্পে অংশগ্রহণে সম্মতি ও গবেষণা থেকে প্রত্যাহার

এই প্রকল্পে আপনার অংশগ্রহণ সম্পূর্ণ স্বেচ্ছামূলক। গবেষণা প্রক্রিয়া চলাকালীন যেকোনো সময়ে আপনি অংশগ্রহণ বন্ধ করতে এবং কোনো রকম পরিণতি ছাড়াই আপনার সম্মতি প্রত্যাহার করে নিতে পারবেন। এছাড়াও, আপনি যদি অংশগ্রহণ বন্ধ করার সিদ্ধান্ত নেন, তবে একটি প্রত্যাহার ফর্ম সরবরাহ করা হবে।

অংশগ্রহণকারীদের সম্ভাব্য সুবিধা এবং ঝুঁকি ।

সুবিধা :

প্রবীণ নাগরিকদের বিনোদনমূলক কার্যকলাপের পছন্দ সম্পর্কে জ্ঞান উন্নত হবে।

গবেষণার সুপারিশগুলি প্রবীণদের বাসস্থানগুলির বিনোদনমূলক কর্মসূচী এবং সামগ্রিক জীবনযাত্রার মান উন্নত করতে সহায়তা করতে পারে।

ঝুঁকি :

পছন্দ বা সুস্থতা সম্পর্কিত প্রশ্নের উত্তর দেওয়ার সময় আবেগজনিত কষ্টের সম্মুখীন হওয়ার সামান্য সম্ভাবনা রয়েছে। অংশগ্রহণকারীরা যে কোনো প্রশ্ন সংবেদনশীল মনে করলে তা এড়িয়ে যেতে পারবেন।

গোপনীয়তা

বাংলাদেশের বৃদ্ধাশ্রমের প্রবীণ বাসিন্দাদের মধ্যে বিনোদনমূলক কার্যকলাপের পছন্দের এই গবেষণায় গোপনীয়তাকে অত্যন্ত গুরুত্ব দেওয়া হয়। অংশগ্রহণকারীদের ব্যক্তিগত তথ্য সর্বোচ্চ গোপনীয়তার সাথে ব্যবহার করা হবে এবং শুধুমাত্র গবেষণার উদ্দেশ্যে ব্যবহৃত হবে। রিপোর্ট বা ফলাফলে নাম বা অন্য কোনো ব্যক্তিগতভাবে শনাক্তকারী তথ্য অন্তর্ভুক্ত করা হবে না। ব্যক্তিগত শনাক্তকারী ব্যবহার না করে, ডেটাকে বেনামী করার জন্য কোড ব্যবহার করা হবে। শুধুমাত্র গবেষণা দলের সদস্যদেরই ডেটাতে প্রবেশাধিকার থাকবে। কোনো ব্যক্তিকে যাতে শনাক্ত করা না যায় তা নিশ্চিত করার জন্য, প্রকাশনা বা উপস্থাপনায় শুধুমাত্র একত্রিত (aggregated) ডেটা প্রকাশ করা হবে।

ডেটা সংরক্ষণ

সংগৃহীত ডেটা শুধুমাত্র অধ্যয়নরত শিক্ষার্থী গবেষকদের জন্য প্রবেশযোগ্য পাসওয়ার্ড-সুরক্ষিত কম্পিউটার এবং সুরক্ষিত ক্লাউড সিস্টেমে সংরক্ষণ করা হবে। সেন্টার ফর দ্য রিহ্যাবিলিটেশন অফ দ্য প্যারালাইজড (CRP) সুরক্ষিত ফাইল কেবিনেটে হার্ড কপি ডেটা সংরক্ষণ করবে।

ফলাফল

অধ্যয়নের ফলাফল হলো: বাংলাদেশের সহায়ক আবাসন সুবিধাগুলিতে প্রবীণ নাগরিকদের বিনোদনমূলক কার্যক্রমে অংশগ্রহণ তাদের সাধারণ স্বাস্থ্য এবং জীবনযাত্রার মানকে ব্যাপকভাবে উন্নত করবে। তবে, বাসিন্দাদের স্বাস্থ্য সমস্যা এবং সীমিত সুবিধার সংস্থান প্রায়শই মিথস্ক্রিয়াটির সুযোগ এবং ফ্রিকোয়েন্সি সীমিত করে, যদিও এই ধরনের বাসস্থানগুলিতে প্রায়শই প্রবীণরা নিজেরাই যা পেতে পারত তার চেয়ে ভালো বিনোদনমূলক সুবিধাগুলিতে প্রবেশাধিকার সরবরাহ করে।

অভিযোগ

গবেষণার পরিচালনা সম্পর্কে আপনার কোনো উদ্বেগ বা অভিযোগ থাকলে, আপনি তত্ত্বাবধায়কের সাথে যোগাযোগ করতে পারেন।

মোঃ হাবিবুর রহমান

সহকারী অধ্যাপক,

সমন্বয়ক,এমএসসি ইন অকুপেশনাল থেরাপি

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট

সিআরপি, সাভার, ঢাকা

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ধন্যবাদান্তে,

জান্নাতুল মাওয়া

সম্মতিপত্র

আসসালামুআলাইকুম। আমি জান্নাতুল মাওয়া , বিএসসি ইন অকুপেশনাল থেরাপি (সেশন: ২০২০-২০২১) এর ৪র্থ বর্ষের শিক্ষার্থী, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), মেডিসিন অনুষদ, ঢাকা বিশ্ববিদ্যালয়ের অধীনে। আমার এই ডিগ্রি সম্পূর্ণ করার জন্য একটি গবেষণা প্রকল্প সম্পন্ন করতে হবে, যা আমার একাডেমিক পাঠ্যসূচির অংশ। আমার গবেষণার শিরোনাম হলো: **বাংলাদেশের বৃদ্ধাশ্রমে বয়স্ক বাসিন্দাদের বিনোদনমূলক কর্মকাণ্ডে অংশগ্রহণ।** এই গবেষণার উদ্দেশ্য হলো বাংলাদেশে বৃদ্ধাশ্রমের প্রবীণ বাসিন্দাদের বিনোদনমূলক কার্যক্রমে অংশগ্রহণের মূল্যায়ন করা।গবেষণার জন্য আপনাকে একটি সাক্ষাৎকারে অংশগ্রহণ করতে হতে পারে, যেখানে আপনার কিছু তথ্য সংগ্রহ করা হবে। সাক্ষাৎকারটি সরাসরি (সামনা-সামনি) গ্রহণ করা হবে এবং আনুমানিক ১৫-২০ মিনিট সময় লাগবে।আমি আপনাকে জানাতে চাই যে, এই গবেষণা শুধুমাত্র একাডেমিক উদ্দেশ্যে করা হচ্ছে এবং অন্য কোনো কাজে ব্যবহার করা হবে না। আপনি যে সকল তথ্য দিবেন, তা সম্পূর্ণ গোপন রাখা হবে।আপনার অংশগ্রহণ সম্পূর্ণ স্বেচ্ছামূলক। আপনি ইচ্ছা করলে তথ্য সংগ্রহের এক সপ্তাহের মধ্যে আপনার সম্মতি প্রত্যাহার করতে পারেন। তবে এক সপ্তাহ পেরিয়ে গেলে তা আর সম্ভব হবে না।যদি আপনার এই গবেষণা সম্পর্কে কোনো প্রশ্ন থাকে, তাহলে আপনি গবেষক জান্নাতুল মাওয়া অথবা সুপারভাইজার মোঃ হাবিবুর রাহমান (সহকারী অধ্যাপক,অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সিআরপি, সাভার, ঢাকা) এর সাথে যোগাযোগ করতে পারেন।সাক্ষাৎকার শুরুর পূর্বে আপনার কোনো প্রশ্ন আছে কি?

হ্যাঁ

না

তাহলে, আপনি কি সাক্ষাৎকারে অংশগ্রহণের জন্য সম্মতি দিচ্ছেন?

হ্যাঁ

না

অংশগ্রহণকারীর স্বাক্ষর ও তারিখ:

গবেষকের স্বাক্ষর ও তারিখ:

সম্মতি প্রত্যাহার ফর্ম (বাংলা সংস্করণ)

গবেষণার শিরোনাম: বাংলাদেশে বৃদ্ধাশ্রমের প্রবীণ বাসিন্দাদের মধ্যে বিনোদনমূলক কার্যক্রমে অংশগ্রহণ।

শিক্ষার্থী গবেষকের নাম: জান্নাতুল মাওয়া, ৪র্থ বর্ষ, বি.এসসি. ইন অকুপেশনাল থেরাপি, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সেশন: ২০২০-২০২১

(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

আমি, ……., এতদ্বারা নিশ্চিত করছি যে আমি আমার অংশগ্রহণের ফলে সংগৃহীত তথ্য ব্যবহারে আমার **সম্মতি প্রত্যাহার** করে নিচ্ছি। এই ফর্মে স্বাক্ষর করার মাধ্যমে, আমি এই গবেষণা অধ্যয়ন থেকে আমার প্রত্যাহার নিশ্চিত করছি এবং অনুরোধ করছি যে এ পর্যন্ত সংগৃহীত আমার তথ্য এবং সংশ্লিষ্ট সকল উপাত্ত যেন এই গবেষণার আর কোনো বিশ্লেষণ বা ব্যবহার থেকে সরিয়ে ফেলা হয়।

প্রত্যাহারের কারণ:

……

……

পূর্বে সংগৃহীত তথ্য ব্যবহারে অনুমতি আছে কি? হ্যাঁ / না

অংশগ্রহণকারীর নাম:

……

অংশগ্রহণকারীর স্বাক্ষর ও তারিখ:

……

Appendix E: Questionnaire (English and Bangla)

Socio demographic Questionnaire (English Version)

Old Age Home Name:			
SL	**Questions and filters**	**Responses**	**Code**
1.	Age (in years):	_____Years	
2.	Gender	Male Female Others	1 2 3
3.	Marital Status:	Married Un-married Divorced/Separated	1 2 3
4.	Residence	Rural Urban	1 2
5.	living Arrangement **(Before Coming Here):**	With household members Alone	1 2
6.	Education Level:	Illiterate Primary Education Secondary Education Higher Secondary Bachelor or above	1 2 3 4 5
7.	Previous Occupation	Day labor Unemployed Teacher Farmer Other …….	1 2 3 4 5
8.	Duration of Stay in this Old Age Home:	_____ Months	
9.	Income level	_____ _____ Taka	
10.	Physical Status	Independent Dependent on others	1 2

11.	Do you have any health conditions, like high blood pressure, diabetes, kidney issues, or neurological problems?	Yes No	1 2
12.	Health related conditions	No High Blood Pressure Diabetes Kidney Issues Neurological Problems Others_____	1 2 3 4 5 6
13.	Are you currently taking any medications?	Yes, one medication Yes, two or more medications Three or more No, I'm not taking any medications	1 2 3 4
14.	Do you participate in any recreational activities here? For example, do you enjoy...	Walking and Nature Walks Watching TV Religious Activities Gardening Other _____	1 2 3 4 5
15.	Do you use any assistive devices to help with your daily activities?	wheelchair walker crutches prosthetics No	1 2 3 4 5
16.	How was the decision made for you to come and stay at this old age home?	Own decision. Family decision.	1 2
17.	What was the main reason you came to live here?	No one to care for me. Feeling lonely. Stay away from family members problems Other _____	1 2 3 4
18.	Do you have Family member who come to see you regularly?	Yes No	1 2
19.	Who is bearing the living cost?	Free of cost Family members Local NGO	1 2 3
20.	Who comes to visit in on you’re at the old age home?	Family member Relatives Friends Volunteers Neighbor	1 2 3 4 5

Socio demographic Questionnaire (Bangla Version)

আর্থ-সামাজিক তথ্য

বৃদ্ধাশ্রমের নাম:			
ক্রমিক নং	প্রশ্ন ও প্রাসঙ্গিক বিষয়	উত্তরসমূহ	কোড
১. বয়স (বছরে):			
২. ফোন নম্বর:			
৩.	লিঙ্গ:	পুরুষ মহিলা অন্যান্য	১ ২ ৩
৪.	বৈবাহিক অবস্থা:	বিবাহিত অবিবাহিত তালাকপ্রাপ্ত/বিচ্ছিন্ন	১ ২ ৩
৫.	বাসস্থান (আগে কোথায় থাকতেন):	গ্রামীণ শহুরে	১ ২
৬.	জীবনযাপনের ব্যবস্থা (বৃদ্ধাশ্রমে আসার আগে)	পরিবারের সদস্যদের সাথে একা	১ ২
৭.	শিক্ষার স্তর:	নিরক্ষর প্রাথমিক শিক্ষা মাধ্যমিক শিক্ষা উচ্চ মাধ্যমিক স্নাতক বা তার উপরে	১ ২ ৩ ৪ ৫
৮.	অবসরের আগে কি আপনি কি কাজ করতেন?	দিনমজুর বেকার শিক্ষক কৃষক অন্যান্য.....	১ ২ ৩ ৪ ৫
৯.	এই বৃদ্ধাশ্রমে থাকার সময়কাল	.....____ মাস	
১০.	আয়ের স্তর (মাসিক)	_____	
১১.	শারীরিক অবস্থা:	স্বাধীন (নিজের কাজ নিজে করতে পারেন) নির্ভরশীল (অন্যের সাহায্যের প্রয়োজন হয়)	১ ২
১২.	আপনার কি উচ্চ রক্তচাপ, ডায়াবেটিস, কিডনির সমস্যা বা স্নায়বিক সমস্যার মতো কোনো স্বাস্থ্যগত সমস্যা আছে?	হ্যাঁ (নির্দিষ্ট করে বলুন): _____ না	১ ২
১৩.	আপনি কি বর্তমানে কোনো ঔষধ সেবন করছেন?	হ্যাঁ, একটি ঔষধ হ্যাঁ, দুটি বা তার বেশি ঔষধ তিনটি বা তার বেশি না, আমি কোনো ঔষধ সেবন করছি না	১ ২ ৩ ৪

১৪.	আপনি কি এখানে কোনো বিনোদনমূলক কার্যকলাপে অংশ নেন? যেমন, আপনি কি উপভোগ করেন...	হাঁটাচলা এবং প্রকৃতি দেখা টেলিভিশন দেখা ধর্মীয় কার্যকলাপ বাগান করা অন্যান্য (নির্দিষ্ট করে বলুন): _____	১ ২ ৩ ৪ ৫
১৫.	আপনার দৈনন্দিন কার্যকলাপে সহায়তার জন্য আপনি কি কোনো সহায়ক যন্ত্র ব্যবহার করেন?	হুইলচেয়ার ওয়াকার ক্রাচ কৃত্রিম অঙ্গ অন্যান্য (নির্দিষ্ট করে বলুন): _____	১ ২ ৩ ৪ ৫
১৬.	এই বৃদ্ধাশ্রমে আসার সিদ্ধান্তটি কীভাবে নেওয়া হয়েছিল?	আমার নিজের সিদ্ধান্ত। পরিবারের সিদ্ধান্ত।	১ ২
১৭.	এখানে বসবাস করতে আসার প্রধান কারণ কী ছিল?	দেখাশোনা করার মতো কেউ ছিল না। একাকীত্ব অনুভব করছিলাম। পারিবারিক সমস্যা থেকে দূরে থাকতে চেয়েছিলাম। অন্যান্য (নির্দিষ্ট করে বলুন): _____	১ ২ ৩ ৪
১৮.	আপনার পরিবারের সদস্যরা কি নিয়মিত আপনার সাথে দেখা করতে আসেন?	হ্যাঁ না	১ ২
১৯.	এই বৃদ্ধাশ্রমে থাকার খরচ কে বহন করছে?	বিনামূল্যে (চ্যারিটি/সংস্থা দ্বারা প্রদত্ত) আলোচনা সাপেক্ষ (নিজের অর্থায়নে) পরিবার এনজিও সংস্থা	১ ২ ৩ ৪ ৫
২০.	এই বৃদ্ধাশ্রমে আপনার সাথে কে বা কারা দেখা করতে আসেন বা খোঁজখবর নেন?	পরিবারের সদস্য আত্মীয়স্বজন বন্ধু স্বেচ্ছাসেবক প্রতিবেশী	১ ২ ৩ ৪ ৫

Interview Questionnaires

Interview questions or Questionnaires from Leisure Activity Participation Scale (LAPS)

Items	Strongly disagree F1	Disagree F2	Agree Slightly F3	Agree F4	Strongly Agree F5

Relaxing activity

1. The activity relieved me.
2. The activity helped me to move away from stress.
3. The activity enabled me to feel Psychologically positive.
4. I was mentally relieved after the activity.
5. I liked the feelings I experienced after the activity.

Developmental activity

6. The activity had a positive impact on my physical status.
7. The activity helped me to protect my health.
8. The activity had a positive impact on my psychological status.
9. I liked that the activity increased my life quality.
10. I felt that my skills have improved by the activity.

Socializing activity

11. I met new people during the activity.
12. I found a chance to socialize due to the activity.
13. I liked to use my talents within the social environment of the activity.
14. I came together with different individuals in the activity.
15. The activity offered me to participate in group work.

Activity with an attractive environment

16. I liked that the activity environment was clean and well kept.
17. The activity environment was pleasant.
18. I was impressed by the design of the activity area.
19. I found the attractive environment that I expected in the activity.

Productive activity

20. The activity strengthened my productive side.
21. I produced something as a result of the activity.
22. I felt more useful to myself and to my environment due to the activity.
23. I liked to be productive due to the activity.

Esthetic activity

24. The activity appealed to my esthetic feelings.
25. The performances of the activity participants were esthetic.
26. The activity had an esthetic character.
27. I found a chance to express myself with the esthetic aspect of the activity.

Entertaining activity

28. I had an entertaining time due to the activity.
29. The entertainment quality of the activity was very good.
30. I enjoyed that the activity was entertaining.
31. I experienced positive feelings due to the entertaining activity.

Exciting activity

32. I found a chance to do something different to have fun during the activity.
33. I experienced pleasant situations during the activity that I could not expect.
34. I was impressed by the exciting aspect of the activity

সাক্ষাৎকারের প্রশ্নপত্র

অবসরকালীন কার্যকলাপ অংশগ্রহণের স্কেল (এলএপিএস) থেকে সাক্ষাৎকারের প্রশ্ন বা প্রশ্নপত্র

বিষয়	দৃঢ়ভাবে অসম্মতি F1	অসম্মতি F2	সামান্য একমত F3	একমত F4	দৃঢ়ভাবে একমত F5

আরামদায়ক কার্যকলাপ (Relaxing activity)

১. কার্যকলাপটি আমাকে স্বস্তি দিয়েছে।

২. এই কার্যকলাপটি আমাকে চাপমুক্ত হতে সাহায্য করেছে।

৩. কার্যকলাপটি আমাকে মানসিকভাবে ইতিবাচক অনুভব করতে সাহায্য করেছে।

৪. কার্যকলাপের পর আমি মানসিকভাবে অনেকটা হালকা অনুভব করেছি।

৫. কার্যকলাপের পর আমার যে অনুভূতিগুলো হয়েছিল, সেগুলো আমার ভালো লেগেছে।

উন্নয়নমূলক কার্যকলাপ (Developmental activity)

৬. কার্যকলাপটির আমার শারীরিক অবস্থার উপর ইতিবাচক প্রভাব পড়েছে।

৭. কার্যকলাপটি আমার স্বাস্থ্য সুরক্ষায় সাহায্য করেছে।

৮. এই কার্যকলাপটি আমার মানসিক অবস্থার উপর ইতিবাচক প্রভাব ফেলেছে।

৯. আমার ভালো লেগেছে যে কার্যকলাপটি আমার জীবনযাত্রার মান বাড়িয়েছে।

১০. আমার মনে হয়েছে, এই কার্যকলাপের মাধ্যমে আমার দক্ষতার

উন্নতি হয়েছে।

সামাজিক কার্যকলাপ (Socializing activity)

১১. কার্যকলাপের সময় আমি নতুন মানুষের সাথে পরিচিত হয়েছি।

১২. এই কার্যকলাপের কারণে আমি মেলামেশার সুযোগ পেয়েছি।

১৩. কার্যকলাপের সামাজিক পরিবেশে আমার প্রতিভা ব্যবহার করতে

আমার ভালো লেগেছে।

১৪. এই কার্যকলাপে আমি বিভিন্ন মানুষের সাথে একত্রিত হয়েছি।

১৫. কার্যকলাপটি আমাকে দলবদ্ধভাবে কাজ করার সুযোগ দিয়েছে।

আকর্ষণীয় পরিবেশের কার্যকলাপ (Activity with an attractive environment)

১৬. আমার ভালো লেগেছে যে কার্যকলাপের পরিবেশ পরিচ্ছন্ন এবং সুবিন্যস্ত ছিল।

১৭. কার্যকলাপের পরিবেশটি মনোরম ছিল।

১৮. কার্যকলাপের জায়গার নকশা দেখে আমি মুগ্ধ হয়েছি।

১৯. এই কার্যকলাপে আমি যেমন আকর্ষণীয় পরিবেশ আশা

করেছিলাম, তেমনই পেয়েছি।

উৎপাদনশীল কার্যকলাপ (Productive activity)

২০. কার্যকলাপটি আমার উৎপাদনশীল দিকটিকে শক্তিশালী

করেছে।

২১. এই কার্যকলাপের ফলস্বরূপ আমি কিছু তৈরি করেছি।

২২. কার্যকলাপের কারণে নিজেকে এবং আমার পরিবেশের জন্য

আরও বেশি উপকারী মনে হয়েছে।

২৩. এই কার্যকলাপের মাধ্যমে কিছু উৎপাদন করতে

পারা আমার ভালো লেগেছে।

নান্দনিক কার্যকলাপ (Aesthetic activity)

২৪. কার্যকলাপটি আমার নান্দনিক অনুভূতিকে স্পর্শ করেছে।

২৫. কার্যকলাপের অংশগ্রহণকারীদের পরিবেশনা ছিল নান্দনিক।

২৬. কার্যকলাপটির একটি নান্দনিক বৈশিষ্ট্য ছিল।

২৭. কার্যকলাপের নান্দনিক দিকের মাধ্যমে নিজেকে

প্রকাশ করার সুযোগ পেয়েছি।

বিনোদনমূলক কার্যকলাপ (Entertaining activity)

২৮. এই কার্যকলাপের কারণে আমি আনন্দদায়ক সময় কাটিয়েছি।

২৯. কার্যকলাপটির বিনোদনের মান খুব ভালো ছিল।

৩০. কার্যকলাপটি আনন্দদায়ক হওয়ায় আমি উপভোগ করেছি।

৩১. বিনোদনমূলক কার্যকলাপের কারণে আমি ইতিবাচক

অনুভূতি অনুভব করেছি।

উত্তেজনাপূর্ণ কার্যকলাপ (Exciting activity)

৩২. কার্যকলাপের সময় আমি মজা করার জন্য ভিন্ন কিছু করার সুযোগ পেয়েছি।

৩৩. কার্যকলাপের সময় আমি অপ্রত্যাশিত আনন্দদায়ক পরিস্থিতির মুখোমুখি হয়েছি।

৩৪. কার্যকলাপের উত্তেজনাপূর্ণ দিকটি আমাকে মুগ্ধ করেছে।

Warwick-Edinburgh Mental health wellbeing Scale (English version)

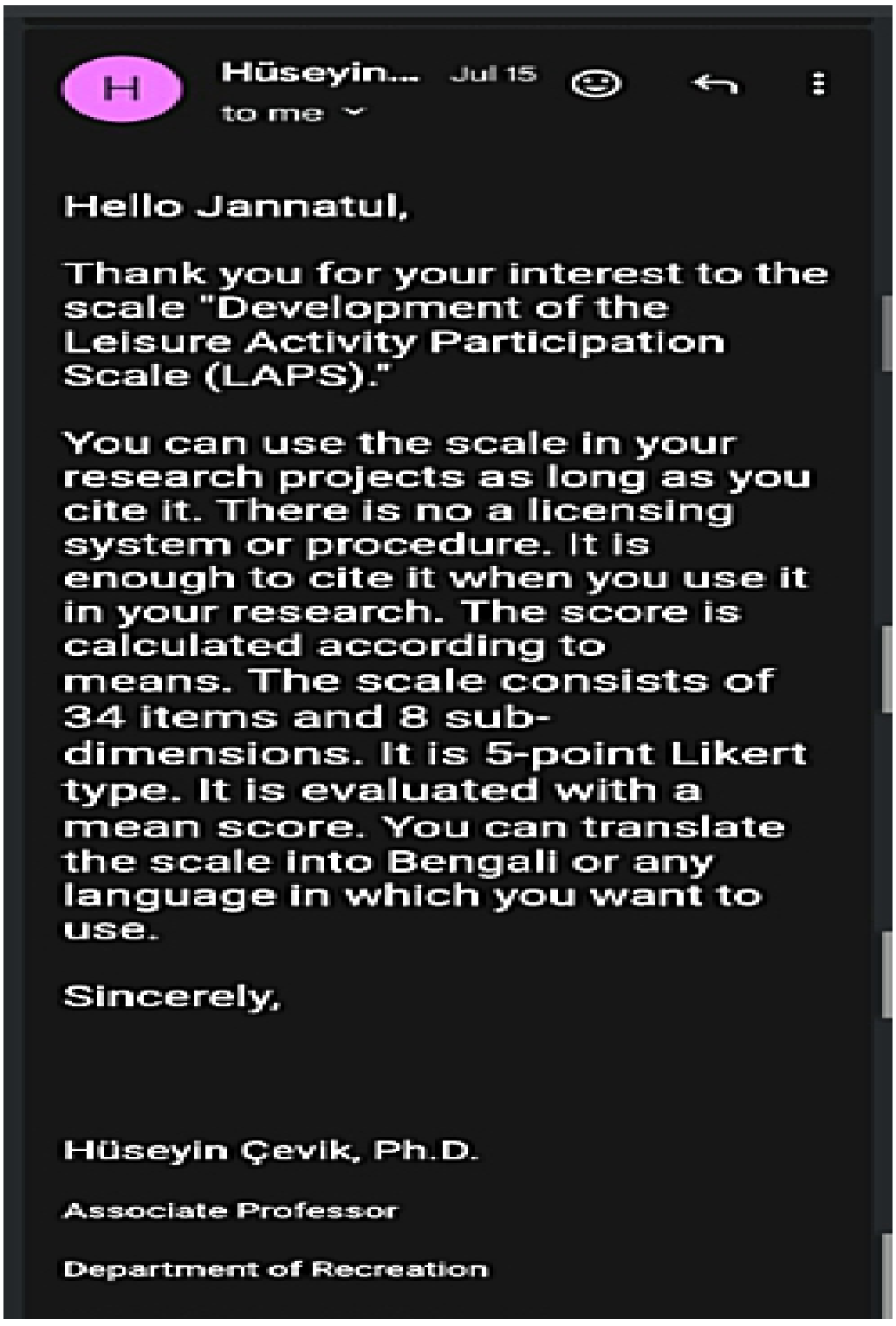
Statement	None of time	Rarely	Some of time	Often	All of the time
I've been feeling optimistic about the future	1	2	3	4	5
I've been feeling useful	1	2	3	4	5
I've been feeling relaxed	1	2	3	4	5
I've been feeling interested in other people	1	2	3	4	5
I've had energy to spare	1	2	3	4	5
I've been dealing with problems well	1	2	3	4	5
I've been thinking clearly	1	2	3	4	5
I've been feeling good about myself	1	2	3	4	5
I've been feeling close to other people	1	2	3	4	5
I've been feeling confident	1	2	3	4	5
I've been able to make up my own mind about things	1	2	3	4	5
I've been feeling loved	1	2	3	4	5
I've been interested in new things	1	2	3	4	5
I've been feeling cheerful	1	2	3	4	5

Warwick-Edinburgh Mental Health Wellbeing Scale (Bangla version)

বিবৃবি	একদমই না	খুব কম	মাঝেমঝযে	অঝনক সময়	সবসময়ই
১.আমি ভবিষ্যৎ সম্পর্কে আশাবাদী বোধ করছি	১	২	৩	৪	৫
২.আমি নিজেকে দরকারী/উপযোগী মনে করছি	১	২	৩	৪	৫
৩.আমি স্বস্তি/আরাম বোধ করছি	১	২	৩	৪	৫
৪.আমি অন্য মানুষের প্রতি আগ্রহী বোধ করছি	১	২	৩	৪	৫
৫.আমার অতিরিক্ত শক্তি/প্রাণবন্ততা আছে	১	২	৩	৪	৫
৬.আমি সমস্যাগুলি ভালোভাবে মোকাবিলা করছি	১	২	৩	৪	৫
৭.আমি স্পষ্টভাবে চিন্তা করছি	১	২	৩	৪	৫
৮.আমি নিজের সম্পর্কে ভালো বোধ করছি	১	২	৩	৪	৫
৯.আমি অন্য মানুষের কাছাকাছি/ঘনিষ্ঠ বোধ করছি	১	২	৩	৪	৫
১০.আমি আত্মবিশ্বাসী বোধ করছি	১	২	৩	৪	৫
১১.আমি বিষয়গুলি সম্পর্কে নিজের সিদ্ধান্ত নিতে সক্ষম হয়েছি	১	২	৩	৪	৫
১২.আমি ভালোবাসা/স্নেহ অনুভব করছি	১	২	৩	৪	৫
১৩.আমি নতুন বিষয়ে আগ্রহী হয়েছি	১	২	৩	৪	৫
১৪.আমি প্রফুল্ল/হাসিখুশি বোধ করছি	১	২	৩	৪	৫

Queries regarding permission and scoring of Modified Occupational Questionnaire

For scale 1: LAPScale



H

Hüseyin... Jul 15

to me

Hello Jannatul,

Thank you for your interest to the scale "Development of the Leisure Activity Participation Scale (LAPS)."

You can use the scale in your research projects as long as you cite it. There is no a licensing system or procedure. It is enough to cite it when you use it in your research. The score is calculated according to means. The scale consists of 34 items and 8 sub-dimensions. It is 5-point Likert type. It is evaluated with a mean score. You can translate the scale into Bengali or any language in which you want to use.

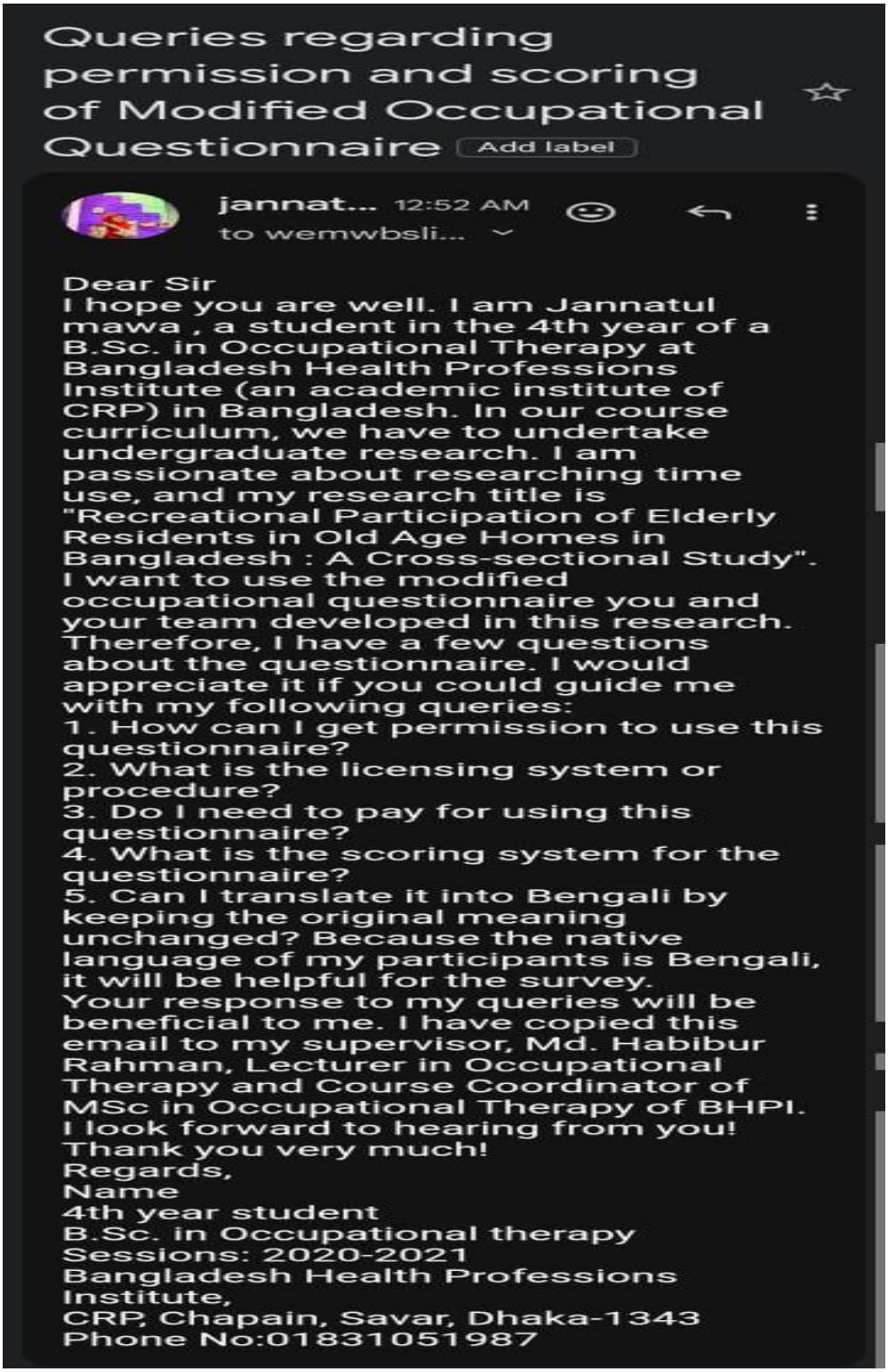
Sincerely,

Hüseyin Çevik, Ph.D.

Associate Professor

Department of Recreation

Scale 2: WEBWB Scale



Queries regarding permission and scoring of Modified Occupational Questionnaire

Add label

jannat... 12:52 AM
to wemwbsli...

Dear Sir
I hope you are well. I am Jannatul mawa , a student in the 4th year of a B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (an academic institute of CRP) in Bangladesh. In our course curriculum, we have to undertake undergraduate research. I am passionate about researching time use, and my research title is "Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh : A Cross-sectional Study". I want to use the modified occupational questionnaire you and your team developed in this research. Therefore, I have a few questions about the questionnaire. I would appreciate it if you could guide me with my following queries:
1. How can I get permission to use this questionnaire?
2. What is the licensing system or procedure?
3. Do I need to pay for using this questionnaire?
4. What is the scoring system for the questionnaire?
5. Can I translate it into Bengali by keeping the original meaning unchanged? Because the native language of my participants is Bengali, it will be helpful for the survey.
Your response to my queries will be beneficial to me. I have copied this email to my supervisor, Md. Habibur Rahman, Lecturer in Occupational Therapy and Course Coordinator of MSc in Occupational Therapy of BHPI.
I look forward to hearing from you!
Thank you very much!
Regards,
Name
4th year student
B.Sc. in Occupational therapy
Sessions: 2020-2021
Bangladesh Health Professions Institute,
CRP, Chapain, Savar, Dhaka-1343
Phone No:01831051987

Appendix F: 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: Recreational Participation of Elderly Residents in Old Age Homes in Bangladesh

Name of student: Jannatul Mawa

Name and designation of thesis supervisor: Md. Habibur Rahman, Assistant Professor& Course Coordinator, MSc in Occupational Therapy, Department of Occupational Therapy .

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	25.05.25	BHPI Office Building	Title, Aim, Objective, Scale	1 hour	Got a clear concept	Mawa	
2	27.05.25	BHPI Office Building	Proposal Presentation Guideline	1 hour	Got a clear concept	Mawa	
3	01.06.25	BHPI Office Building	Proposal Presentation Feedback	1 hour	Got a clear concept	Mawa	

4	04.06.25	BHPI Building	Discussion about sample size, data collection method	1 hour	Effective discussion	Mawa	
5	07.06.25	BHPI Building	Discussion about socio-demographic questionnaire	2 hours	Effective discussion	Mawa	
6	09.06.25	BHPI Building	Feedback on socio-demographic questionnaire	2 hours	Effective discussion	Mawa	
7	11.06.25	Reddaway Hall	Feedback on Bangla translation of the questionnaire	1 hour	Effective discussion	Mawa	
8	14.06.25	BHPI Building	Guideline on literature review	1 hour	Got a clear idea	Mawa	
9	21.06.25	BHPI Office Building	Feedback on literature review	2 hours	Got a clear idea	Mawa	
10	06.08.25	BHPI Office Building	Guideline on data collection	2 hours	Got a clear idea	Mawa	
11	19.08.25	BHPI Office Building	Discussion about data collection status	2 hours	Effective discussion	Mawa	
12	30.08.25	BHPI Classroom	Discussion about data entry and data analysis	3 hours	Got a clear idea	Mawa	
13	01.09.25	BHPI Classroom	Variables set and data entry guideline	3 hours	Got a clear idea	Mawa	
14	10.11.25	BHPI Classroom	Data entry on SPSS	3 hours	Got a clear idea	Mawa	
15	11.11.25	BHPI Classroom	Descriptive analysis	4 hours	Got a clear concept	Mawa	

16	12.11.25	BHPI Classroom	Feedback on descriptive analysis and result writing	4 hours	Got a clear concept	Mawa	
17	13.11.25	BHPI Classroom	Discussion on inferential statistics	4 hours	Effective discussion	Mawa	
18	16.11.25	BHPI Classroom	Discussion and feedback on overall result writing	3 hours	Got a clear concept	Mawa	
19	23.11.25	BHPI Building	Feedback on 1st draft	3 hours	Got a clear concept	Mawa	
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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.