

Lived Experience of Divorce and Separation among Individuals with Spinal Cord Injury: A Qualitative Study



By
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*This thesis is submitted in total fulfilment of the requirements for the subject
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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 lovingly dedicate this to my mother, for her endless warmth and support, and to my father, whose dreams and belief in me brought me to where I stand today.

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List of Abbreviations

BHPI	Bangladesh Health Professions Institute
CRP	Centre for the Rehabilitation of the Paralysed
CBR	Community Based Rehabilitation
EI	Emotional Intelligence
ICF	International Classification of Functioning, Disability & Health
IRB	Institutional Review Board
OT	Occupational Therapy
PSCI	Post Spinal Cord Injury
QoL	Quality of Life
RTAs	Road Traffic Accidents
SCI	Spinal Cord Injury
WMA	World Medical Association
WHO	World Health Organization

Abstract

Background: Divorce or separation is a significant life event that can profoundly affect an individual's emotional, social, and family life. For individuals with spinal cord injury (SCI) marital breakdown may have more complex consequences due to physical dependence, changes in self-identity, and reduced opportunities for social participation. Literature findings shows that individuals with SCI experience higher rates of marital instability compared to the general population. In Bangladesh, individuals with SCI who experience divorce or separation often face stigma, emotional distress, and limited support from their communities. Despite these challenges, there is a lack of research exploring their lived experiences, particularly within the Bangladeshi context. This study aimed to explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation.

Methods: As a methodological framework this study followed the phenomenological approach of qualitative research design. Eleven participants with SCI including six females and five males were recruited through purposive sampling from an inpatient rehabilitation unit and community settings. Inclusion criteria included adults aged 18 years or older, a medical diagnosis of SCI, experience of divorce or separation after injury, and at least three months of community living after divorce or separation. Data were collected through face-to-face semi-structured interviews using a self-developed interview guide. All interviews were conducted with informed consent and assurance of confidentiality. Data were analyzed thematically using Braun and Clarke's six-step framework.

Results: Thematic analysis identified four key themes: (1) emotional and psychological strain, (2) dual nature of family responses, (3) complex realities of social participation, and (4) coping strategies and support systems. The first theme captured participants' experiences of intense sadness, loneliness, anxiety, and disruption of personal identity. Participants who were parents also reported stress related to childcare. The second theme reflected contrasting family responses, some participants received emotional support while others faced blame, criticism, and judgment after marital breakdown. The third theme highlighted varied patterns of social participation. Women seem to withdraw from social activities due to fear of stigma and judgment while most men remained socially active. Participants also reported mixed social attitudes and physical barriers in the community. The fourth theme emphasized coping through personal resilience, religious faith, and support from family, friends, and professionals. Some participants, particularly women who engaged in vocational training or work, described personal growth and increased independence, which helped them cope with the situation.

Conclusion: This study highlights that rehabilitation for individuals with SCI experiencing divorce or separation should extend beyond physical recovery. Psychological recovery must also be addressed through mental health interventions. Family education and community awareness programs are needed to reduce stigma and promote supportive and accessible environments. Vocational rehabilitation and skill development are crucial particularly for women to enhance independence, confidence, and social participation. Additionally, long-term follow-up and targeted support for financially vulnerable individuals are essential to ensure comprehensive and holistic support.

Keywords: Spinal Cord Injury, Divorce, Separation, Lived Experience

CHAPTER I: INTRODUCTION

1.1 Background

Spinal cord injury (SCI) is widely recognized as a devastating and life-altering condition that profoundly affects an individual's autonomy, independence, and sense of identity (Kim & Mee Kim, 2020). Beyond the immediate physical consequences, SCI has far-reaching effects on a person's psychological well-being, social functioning, and overall quality of life (Singh et al., 2014). Most SCIs result from sudden traumatic events such as road traffic accidents, falls, or acts of violence, leading to partial or complete loss of motor and sensory function, depending on the level and severity of injury (Arango-Lasprilla et al., 2009a).

Globally, SCI affects an estimated 15 to 40 individuals per million people and is more commonly reported among males (Quadir et al., 2017). In the United States, approximately 12,000 new SCI cases occur annually, with an estimated prevalence ranging from 227,080 to 300,938 individuals (Arango-Lasprilla et al., 2009b). The burden of SCI is disproportionately higher in low-income countries, where inadequate injury prevention strategies and limited access to healthcare services increase both incidence and long-term consequences (Hossain et al., 2016).

In Bangladesh, the incidence of SCI is comparatively high, particularly due to road traffic accidents, occupational hazards, and limited safety regulations (Hossain et al., 2016). Individuals with SCI frequently experience extensive physical, psychological, social, and economic challenges throughout their lives (Babamohamadi et al., 2011a; Merghati Khoi et al., 2015). The injury often places substantial strain on family systems, resulting in changes in family roles, increased caregiving responsibilities, financial

burdens, and emotional distress, all of which can contribute to tension within intimate relationships (North, n.d.). In the Bangladeshi sociocultural context, marital separation may occur even without legal divorce due to social stigma, religious beliefs, and family pressure. Despite the absence of legal dissolution, separation can have similarly profound effects on emotional well-being, family dynamics, and social participation.

Given these challenges, individuals with SCI are at increased risk of marital instability. Research indicates that people with SCI experience divorce at a rate 1.7 times higher than the general population (Arango-Lasprilla et al., 2009a), with other studies reporting elevated rates of separation and relationship breakdown following injury (Kalpakjian et al., 2011). These findings highlight the need to examine both divorce and separation when exploring marital disruption among individuals with SCI.

Marriage in Bangladesh is not only a personal relationship but also a socially valued institution that carries expectations related to gender roles, family honour, and economic contribution. Men are often expected to be financial providers, while women are expected to manage household and caregiving responsibilities. SCI can significantly disrupt these culturally defined roles, leading to dependency, loss of income, and changes in power dynamics within the marital relationship. Such role shifts may increase caregiver burden on spouses, contribute to emotional strain, and affect marital satisfaction and stability (Chaudhary & Mattu, 2018).

In addition to role disruption, SCI can affect intimacy, sexuality, and emotional closeness between partners. Physical limitations, altered body image, and reduced self-esteem may influence sexual identity and relationship quality, while financial stress and long-term caregiving demands can create tension and conflict within the marriage (Zizzo

et al., 2022; Angel, 2015). These challenges may contribute to emotional distancing, reduced communication, and, in some cases, marital breakdown.

Divorce or separation after SCI represents a significant life event that extends beyond the loss of a marital partner. It often leads to multiple psychosocial consequences, including depression, anxiety, loneliness, and reduced self-worth (Sabeti & Ghajarzadeh, 2017). The loss of spousal support may also result in increased dependency on family members, social isolation, and reduced participation in community life (Lavelle et al., 2022). In Bangladesh, divorced individuals with SCI, particularly women may face dual stigma related to disability and marital status, which further limits social acceptance and opportunities for reintegration (Taoheed, 2018).

Family relationships frequently undergo substantial changes following divorce or separation. Individuals with SCI may experience reduced emotional support, strained communication, and, in some cases, rejection or inconsistent family involvement (Barbas, 1968).

Despite challenges, individuals with SCI often adopt various coping strategies to manage the psychological and social impact of divorce or separation. Religious and spiritual beliefs are commonly used to foster acceptance and emotional resilience (Babamohamadi et al., 2011b; Muteti et al., 2022). Support from family members, friends, peers, and rehabilitation professionals has also been shown to facilitate psychosocial adjustment and improve quality of life (Livneh & Martz, 2014). However, access to such support may change following marital breakdown, and this area remains insufficiently explored.

The aim of this study is to explore the lived experiences of divorce or separation among individuals with spinal cord injury. This exploration is important because understanding these experiences will help rehabilitation professionals, particularly occupational therapists, to address not only physical independence but also the emotional, social, and family-related challenges that arise after marital disruption. The findings will contribute to the development of culturally relevant, family-centred, and psychosocially informed rehabilitation services, support community reintegration, and guide policy and practice aimed at improving quality of life for individuals with SCI in the Bangladeshi context.

1.2 Justification of the Research

Divorce and separation are life-altering events that often lead to significant emotional, social, and practical challenges. For individuals with SCI, these challenges can be more profound due to the combined effects of physical dependency, altered identity, and increased reliance on support for daily living. Rehabilitation following SCI typically prioritizes physical recovery and community reintegration (Boschen & Gargaro, 2003); however, the emotional consequences of marital breakdown often receive limited attention. Individuals with SCI who experience divorce or separation frequently report deep psychological distress, including feelings of abandonment, loss of self-worth, and anxiety regarding future independence. Social withdrawal, stigma, and reduced self-esteem have also been documented, with emotional burden further intensified by limited family support, changes in caregiving roles, and shifts in social identity from being a partner or spouse to managing disability alone (Bookwala, 2011). Globally, studies indicate higher rates of divorce and separation among individuals with SCI compared to the general population (Bertisch et al., 2015).

Despite this evidence, international research exploring divorce or separation among individuals with SCI remains limited. In the context of Bangladesh, no published studies have been identified that examine this issue. This lack of evidence creates a significant gap in understanding how marital breakdown affects the psychological well-being, family relationships, and social participation of individuals with SCI. Exploring the lived experiences of individuals with SCI who have undergone divorce or separation can provide important insights into their emotional, familial, and social challenges within the community.

Understanding these experiences will enable health professionals, including doctors, occupational therapists, physiotherapists, psychologists, psychiatrists, nurses, and social workers to develop a deeper awareness of the complex impact of relationship breakdowns on individuals with SCI. Such knowledge can inform more appropriate psychosocial support, counseling, and rehabilitation interventions during both institutional rehabilitation and community reintegration.

Furthermore, this study offers valuable insights into the sociocultural context of divorce, disability, and rehabilitation in South Asia, particularly Bangladesh. Therefore, this study addresses a critical gap in evidence, provides a foundation for future research, and contributes to the development of culturally appropriate interventions to support the emotional, social, and family-related needs of individuals with SCI following divorce or separation.

1.3 Operational Definitions

1.3.1 Spinal Cord Injury

The term ‘spinal cord injury’ refers to damage to the spinal cord resulting from trauma (e.g. a car crash) or disease or degeneration (e.g. cancer). There is no reliable global prevalence estimate, but the estimated annual global incidence is 40 to 80 cases per million population. Up to 90% of these cases are due to traumatic causes, though the proportion of non-traumatic spinal cord injuries is growing. (WHO).

1.3.2 Divorce

Divorce represents a formal legal termination of the marital union, requiring judicial approval even when both parties consent (Terec-Vlad, 2022).

1.3.3 Separation

Separation refers to the act of dissolving marital cohabitation without terminating the legal relationship (Dullak & Pniewski, 2024).

1.3.4 Divorce or Separation After Spinal Cord Injury

Divorce or separation after spinal cord injury refers to the breakdown of marital relationships following the onset of SCI, influenced by physical dependency, psychological distress, changes in family and caregiving roles, social stigma, and reduced participation in daily and social life. Previous studies have shown that individuals with SCI experience a higher risk of divorce or separation compared to the general population due to injury-related role changes and emotional challenges (Arango-Lasprilla et al., 2009a; Kalpakjian et al., 2011; Bertisch et al., 2015).

1.4 Aim of the study

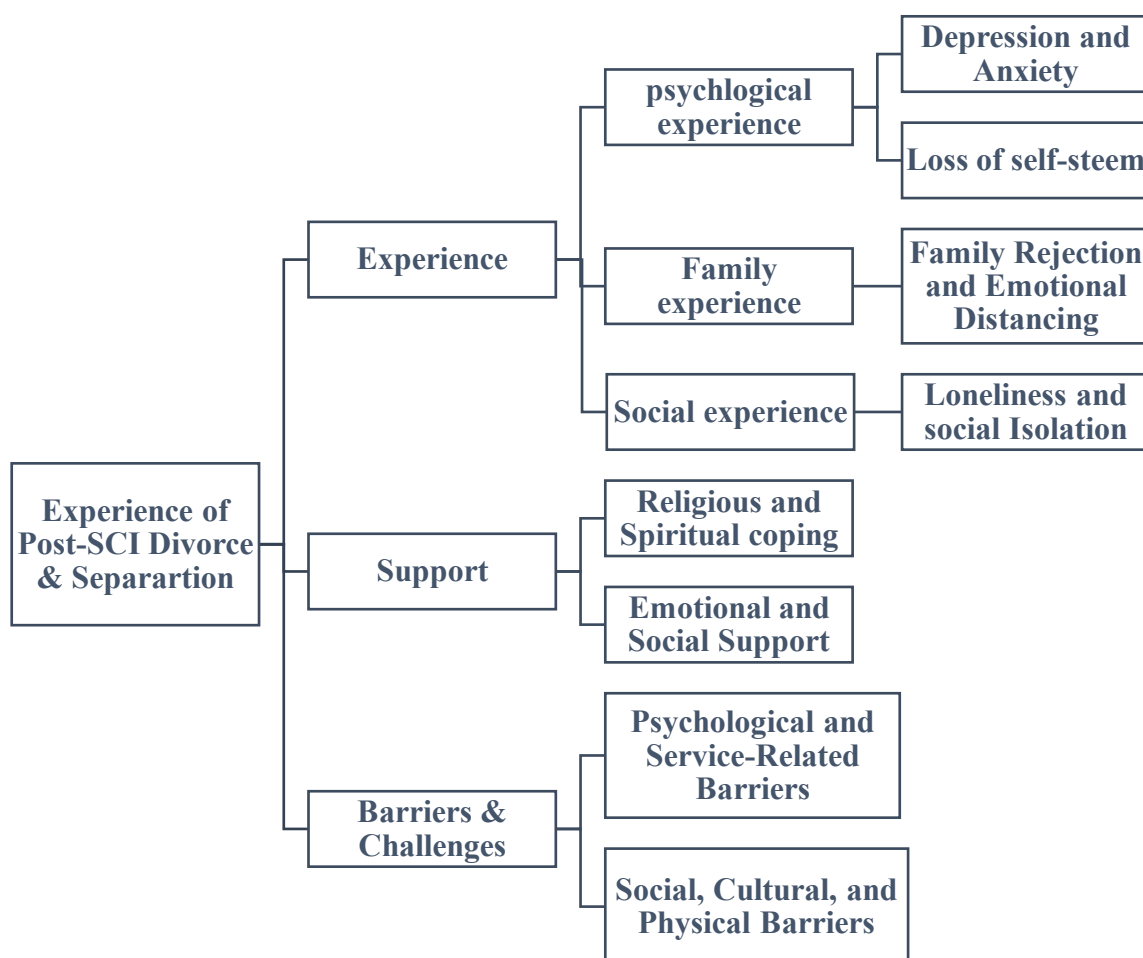
To explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation.

CHAPTER II: LITERATURE REVIEW

This chapter reviews the existing literature regarding SCI, Divorce & separation. The student researcher searched PubMed, research gate and Google Scholar to find relevant articles regarding this topic.

Figure 2.1

Overview of the literature review



2.1 Psychological Experience

This section of the literature review covers the psychological experience of divorce & separation after spinal cord Injury.

2.1.1 Depression and anxiety

Some literature consistently reports high levels of depression and anxiety among individuals with spinal cord injury (SCI). A quantitative study shows that individuals with SCI experience significantly higher psychological distress compared to non-disabled populations, with emotional difficulties often intensified by major life changes such as divorce or separation (Saber & Ghajarzadeh, 2017). Similarly, Chaudhary and Mattu (2018) found increased risks of depression, anxiety, and post-traumatic stress disorder among individuals with SCI, noting that emotional stressors, financial strain, and social changes negatively affect quality of life. However, these studies largely focus on general psychological outcomes and provide limited insight into the specific role of marital breakdown.

2.1.2 Loss of self-esteem and identity

Loss of self-esteem and disruption of self-identity are commonly reported psychological consequences following SCI, particularly in the context of intimate relationships. A narrative review highlighted that SCI can negatively affect self-image, sexual identity, and psychosocial well-being, with divorce or separation further intensifying feelings of inadequacy and loss (Zizzo et al., 2022). Qualitative research also demonstrates that partner support plays a crucial role in maintaining self-esteem and emotional stability after injury; conversely, divorce or separation increases feelings of dependency, low self-worth, and emotional vulnerability (Angel, 2015).

2.2 Family experience

This section of the literature review covers the family experience of divorce & separation after spinal cord Injury.

2.2.1 Family Rejection and Emotional Distancing

Family relationships often undergo significant changes following SCI, particularly after divorce or separation. Qualitative studies reveal that caregiving demands, communication breakdowns, and role changes may lead to emotional distancing, resentment, and reduced family support (Barbas, 1968). Divorce or separation can further strain family relationships, resulting in feelings of rejection and decreased emotional security for individuals with SCI.

2.3 Social experience

This section of the literature review covers the social experience of divorce & separation after spinal cord Injury.

2.3.1 Loneliness and social Isolation

Divorce and separation are strongly associated with loneliness and reduced social integration. Studies among divorced populations indicate increased social loneliness, particularly when social support networks are disrupted (Van Tilburg et al., 2015). Among individuals with SCI, loneliness and perceived social isolation are common yet insufficiently addressed concerns (Lavela et al., 2022). Research conducted in Bangladesh highlights that divorced woman with SCI experience severe loneliness and social withdrawal due to loss of autonomy, reduced mobility, and diminished social identity, which significantly limits community participation (Taoheed, 2018).

2.4 Support

This section of the literature review examines the various forms of support and coping strategies used by individuals with SCI, particularly following divorce or separation.

2.4.1 Religious and Spiritual coping

Religious and spiritual beliefs are widely used coping strategies among individuals with SCI. Studies indicate that many individuals interpret their injury as a divine test or fate, which helps foster acceptance, hope, and emotional resilience (Babamohamadi et al., 2011b; Muteti et al., 2022). Spiritual practices often play a key role in emotional recovery during periods of significant life stress, including divorce or separation.

2.4.2 Emotional and Social Support

Support from family, friends, and community members has been shown to positively influence psychosocial adaptation after SCI. Engagement coping strategies, emotional support, and a sense of coherence are strongly associated with improved psychological adjustment (Livneh & Martz, 2014). However, limited research has explored how access to support changes following divorce or separation.

2.5 Barriers and Challenges

This section of the literature review highlights the barriers and challenges faced by individuals with SCI after divorce or separation.

2.5.1 Psychological and Service-Related Barriers

Individuals with SCI often face limited access to mental health services and inadequate follow-up care, particularly in low-resource settings. Studies highlight the absence of integrated rehabilitation programs that address both physical and psychological needs,

which can worsen emotional distress after divorce or separation (Chaudhary & Mattu, 2018).

2.5.2 Social, Cultural, and Physical Barriers

Social stigma related to disability and marital breakdown, especially in developing countries such as Bangladesh, significantly restricts social participation and access to support (Taoheed, 2018). Physical limitations, mobility challenges, economic dependency, and transportation barriers further hinder independence and community engagement.

2.6 Key gaps of the study

Most published literature on spinal cord injury (SCI) has focused on general adjustment, depression, or coping, but very few studies specifically addressed divorce or separation in SCI populations.

- The majority of studies examined SCI in relation to psychological distress, quality of life, or family burden, but did not explore the lived experiences of divorce/separation as a primary research focus.
- Most studies have been done in Western countries like the United States, Canada, Sweden, and England. Very few studies are available from South Asia, including Bangladesh, even though cultural expectations about marriage and family may create different experiences.
- Several studies on SCI and emotional challenges used quantitative, cross-sectional designs, which provided limited insight into the depth of personal experiences. Few qualitative studies explored how individuals with SCI experience divorce/separation over time.

- Coping strategies in SCI have been studied broadly (e.g., religion, acceptance, reframing), but there is a lack of evidence on coping specifically related to divorce or separation.
- Family relationships have been highlighted in SCI literature, but the specific experiences of family rejection, emotional distancing, and support after divorce/separation remain underexplored.

CHAPTER III: METHODS AND MATERIALS

3.1 Study Question, Aim & Objective

3.1.1 Study Question

What are the lived experiences of divorce or separation among individuals with spinal cord injury?

3.1.2 Aim

To explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation.

3.1.3 Objectives

- To explore the psychological experience of divorce or separation of individuals with SCI.
- To explore the family experience after divorce or separation in the lives of individuals with SCI.
- To understand the social experience of divorce or separation among individuals with SCI.
- To understand the coping strategies used by individuals with spinal cord injury after divorce or separation.

3.2 Study Design

3.2.1 Study Method

This study used a qualitative research approach to explore the experiences of individuals who went through divorce after SCI. As a researcher, I aimed to understand their psychological, family and social experiences and coping strategies they use from their own perspectives. Qualitative studies are valuable for gaining a deeper understanding of people's experiences, behaviors, beliefs, attitudes, and motivations. This approach often involves closely observing the target population and gathering rich data through methods such as in-depth interviews or focus group discussions (Oranga & Matere, 2023). Through this approach, I conducted in-depth interviews to collect personal stories and understand their experiences. Qualitative research is a method used to investigate real-world issues and problems in greater depth by examining participants' perceptions, experiences, and behaviors (Oranga & Matere, 2023).

3.2.2 Study Approach

The phenomenological study design of qualitative research was chosen for this study. Phenomenology is a methodological approach with a strong and dynamic philosophical and epistemological base that seek to comprehend, characterize, and interpret human behavior and the significance that different people place on their experiences (Liamputtong, 2010). The complexity of learning, behavior, and communication can be better understood. Additionally, it enables us to understand the significance of each person's perspective, knowledge, and lived experiences (Neubauer et al., 2019). This study explored individuals' own understanding, lived experiences, and the meaning of their life situation following divorce or separation after SCI. For in-depth insights, this approach was employed.

3.3 Study Setting and Period

3.3.1 Study setting

- In the Community of the participants.
- Centre for the Rehabilitation of the Paralysed – CRP

3.3.2 Study period

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

3.4 Study Participants

3.4.1 Study Population

11 Individuals with SCI who have experienced divorce/separation after SCI, both male and female with tetraplegia and paraplegia, participated in this study. 9 of them were living in the community, and two were in the inpatient unit of a rehabilitation center.

3.4.2 Study sample

The study involved 11 participants who had experience divorce/separation after having SCI.

3.4.3 Sampling Techniques

The student researcher had selected purposive sampling procedure to collect the data. It is a type of non-probability sampling also known as judgmental, subjective, or selective sampling. Purposive sampling helps the student investigator in locating the chosen sample, which mostly satisfies the requirements of the study and is relevant to the study's goal (Crossman, 2020). It entails choosing participants or data on the basis that they have certain characteristics or experience (Braun & Clarke, 2013). As this study followed some

inclusion and exclusion criteria, purposive sampling was a good fit for this study (Creswell & Poth, 2018). Inclusion and exclusion criteria are given below.

3.4.4 Inclusion Criteria

- Both men & women with SCI.
- Individuals aged 18 years and above with SCI.
- Individuals who had experienced divorce or separation after sustaining a spinal cord injury (SCI) had lived in the community for at least 3 months, either during or after completing rehabilitation.

3.4.5 Exclusion Criteria

- Participants who divorced/separated before sustaining their SCI.
- Individuals with cognitive impairment that limits informed consent or meaningful participation in an interview.
- Individuals with significant communication barriers (e.g., severe speech/hearing difficulties without support) that prevent participation in an interview.

3.4.6 Participant Overview

A total of 11 individuals with SCI participated in this study. The group included both males and females representing paraplegia and tetraplegia, with varying durations since injury. All participants had experienced either divorce or long-term marital separation following their SCI, making their lived experiences central to the aims of the study. To ensure confidentiality, participants' names were replaced with pseudonyms. An overview of participants is given in Table 3.1

Table 3.1*Participant's overview*

Pseudonym	Age	Sex	Employment Status	Marital Status After SCI	Time Since Divorce/Separation (months)	Settings	Time Lived in Community after Divorce/Separation (months)
Selina	36 years	Female	Employed	Divorced	156	Community	146
Sufiya	29 years	Female	Unemployed	Separated	6	In-patient	4
Halima	34 years	Female	Employed	Separated	72	Community	60
Rahim	34 years	Male	Employed	Divorced	84	Community	80
karim	36 years	Male	Unemployed	Separated	12	In-patient	8
Samia	33 years	Female	Unemployed	Divorced	72	Community	72
Muhammad	30 years	Male	Employed	Divorced	36	Community	36
Parvin	33 years	Female	Employed	Separated	120	Community	90
Abdul	40 years	Male	Employed	Divorced	60	Community	60
Beauty	31 years	Female	Unemployed	Separated	48	Community	48
Helal	39 years	Male	Unemployed	Divorced	76	Community	76

3.5 Ethical Considerations

The ethics were maintained by following ethical issues as stated by the World Medical Association (WMA) created for medical research involving human subjects (Assembly et al., 2022).

3.5.1 Ethical Clearance

Ethical clearance was obtained from the Institutional Review Board of Bangladesh Health Professions Institute through the Department of Occupational Therapy, along with a brief description of the aim and objectives. IRB clearance number: CRP-BHPI/IRB/07/2025/1108 (See Appendix- A).

3.5.2 Informed Consent

- Information sheet: The student researcher provided each participant with an information sheet that clearly and concisely outlined all pertinent details about the study, including its aim and objectives (See Appendix- B).
- Consent form: Participants voluntarily participated in this study after being informed of its purpose. Written consent forms were used to obtain their formal consent (See Appendix- B).
- Withdrawal form: Before the data analysis began, participants were informed that they could withdraw from the study. They were given a withdrawal form attached to the information sheet to formalize their decision if they chose to withdraw (See Appendix- B).

3.5.3 Unequal Relationship

The student researcher had no unequal or power relationship with the participants.

3.5.4 Risk and Beneficence

It was explained to the participants that this research posed no physical, social, or psychological risk to them. Participants were informed that they would not receive any benefit from the researcher.

3.5.5 Power relationship

The student researcher did not have any power relationships with any participants.

3.5.6 Confidentiality

The student researcher was highly concerned about the confidentiality of the participant's information. Their socio-demographic information, such as name and identity, was not disclosed except to the supervisor, as clearly stated in the information sheet. Participants

were assured that their identities would remain private for all future purposes, including report writing, publication, conferences, and other written or verbal discussions.

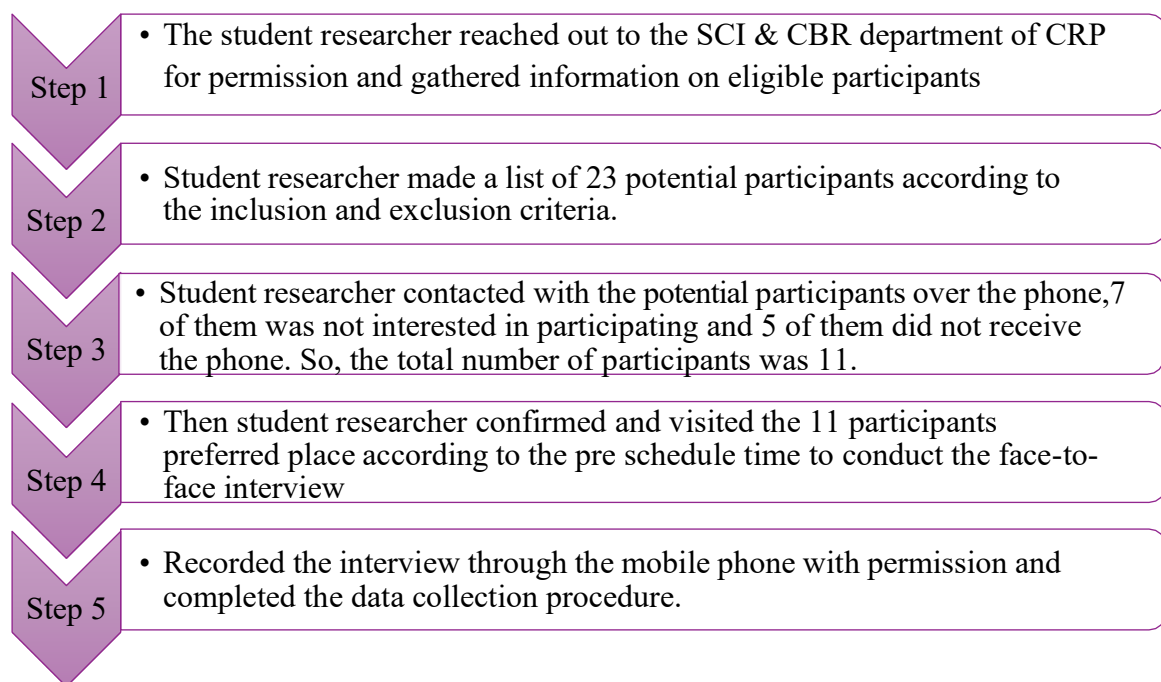
3.6 Data Collection Process

3.6.1 Participant Recruitment Process

11 participants with SCI, 2 of the participants were inpatients at a rehabilitation facility, while the other 9 were living in the community.

Figure 3.1

Overview of participant recruitment process



3.6.2 Data Collection Method

Data was collected using a face-to- face semi-structured interviews (Byrne, 2017). The student researcher performed in-depth, in-person, semi-structured interviews to gather data for the study. Building rapport, providing thorough answers, and observing behavioral indicators were all made possible by this method. Open-ended questions

facilitated in-depth conversations. The researcher-built rapport, outlined the study's goal, and emphasized the importance of the results before each session. The 45 to 60-minute interviews were recorded in flight mode using a mobile phone recorder.

3.6.3 Data Collection Instrument

The student researcher used a self-developed interview guide to collect participant data. A semi structured interview guide was developed by student researcher (See Appendix C). Because it encouraged a more in-depth response from research participants and help to keep the interview and the subject focused. The student researcher developed an interview guide by reviewing literature related to this study and according to research aim and objectives (Chowdhury et al., 2022). The interview guide included questions about experiences of divorce/separation in the lives of individuals with SCI. The student researcher also developed a sociodemographic information sheet that is included in the semi-structured interview guide.

3.6.4 Field Test

The student researcher conducted a field test with 2 participants before starting data collection. A field test before the final data collection was crucial as it allowed the researcher to refine the data collection method and identify any challenges in questioning and develop strategies to build rapport with participants to elicit authentic responses (Malmqvist et al., 2019). The semi-structured questions was used, and after the field test, two additional questions were included. These questions explored financial responsibilities after marital dissolution and participants' reasons for avoiding social activities. The structure of the interview guide was slightly modified to better understand the participants' responses.

3.7 Data Management and Analysis

The primary definition of thematic analysis is an independent qualitative descriptive method, which is described as "a method for identifying, analyzing, and reporting patterns (themes) within data"(Braun & Clarke, 2006). It has also been presented as a qualitative descriptive approach that gives researchers the fundamental knowledge and abilities needed to carry out a wide range of additional qualitative analyses. In this regard, thematic analysis is an independent and trustworthy qualitative method that qualitative researchers use for data analysis (Vaismoradi et al., 2013). The student researcher selected thematic analysis based on Braun and Clarke's six steps of thematic analysis.

The six steps are:

Step 1: Familiarizing with the data: Initially, the student researcher conducted interviews, translated Bangla textual data into English, and became familiar with the data. The renowned supervisor reviewed each translation and transcription. The student researcher read the entire document to understand the data's significance and patterns and highlight the key aspects.

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

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

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

Step 5: Defining and naming themes: After refinement and amendment, the student researcher finalized the themes and sub-themes for the findings, providing precise names and definitions for reader comprehension. A renowned supervisor reviewed each theme and sub-theme.

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

3.8 Trustworthiness & Rigour

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

CHAPTER IV: RESULTS

In this study, 2 individuals with divorce or separation after SCI from the inpatient unit of a rehabilitation center named CRP and 9 individuals from the community shared their overall experiences regarding experiences of life after divorce or separation. 4 major themes have emerged. Each theme included sub-themes capturing key aspects of participants' experiences, summarized in Table 4.1.

Table 4.1

Overview of the result

Theme	Sub-themes
Theme 1: Emotional and Psychological Strain	<ul style="list-style-type: none"> – Intense Emotional Suffering and Psychological Distress – Persistent Loneliness – Anxiety and Uncertainty about Future – Identity Crisis and Shame – Child-related Stress
Theme 2: Dual Nature of Family Responses	<ul style="list-style-type: none"> – Supportive Family Response – Judgmental Family Behaviors
Theme 3: Complex Realities of Social Participation	<ul style="list-style-type: none"> – Voluntary Social Withdrawal – Active community and social participation – Societal Norms & Attitude – Physical Barriers Limit Accessibility
Theme 4: Coping Strategies and Support Systems	<ul style="list-style-type: none"> – Religious and Faith-based Coping – Personal Resilience and Self-Acceptance – Support from Others – Counseling and Professional Help – Personal Growth and Independence

4.1 Theme One: Emotional and Psychological Strain

Participants shared intense emotional and psychological challenges after their divorce or separation following SCI.

4.1.1 Sub-theme One: Intense Emotional Suffering and Psychological Distress

All participants described experiencing severe emotional turmoil after their divorce or separation following SCI. Their narratives reflected profound sadness and overwhelming mental exhaustion. Many struggled to manage their emotions while simultaneously coping with the physical and social challenges of SCI. Parvin stated,

“Mentally, I was in a lot of depression. My temper was always bad, and I did not feel like eating or sleeping. I couldn’t even pay attention to my child. Even if someone simply laughed in front of me, I would become angry. Everything felt unbearable, and I felt emotionally drained all the time.”

Several participants described sinking into prolonged states of despair marked by hopelessness and intrusive thoughts about death. Halima expressed her psychological struggle:

“Mentally, there was a very bad impact on me then. I felt like I had completely lost control of myself, almost like I had gone mad. I used to lie in the room all day, unable to do anything, and I kept waiting for when I would die because life felt meaningless. I stayed confined inside the house all the time and constantly thought about when and how I would die. I even had difficulty breathing because of the stress. I just cried endlessly, feeling trapped and unable to escape the pain.”

4.1.2 Sub-theme Two: Persistent Loneliness

Loneliness emerged as a major and recurring experience among all of the participants, particularly after losing a partner who had been central to their daily lives. Participants

described profound emotional voids, emphasizing that companionship played a critical role in their sense of emotional well-being. Sufiya stated that,

“Even now, I sometimes feel very alone. No matter how many family members or parents are beside you, the absence of a partner creates a void that cannot be filled. I feel the emptiness deeply every day, especially when I face challenges and wish I had someone to share my life with.”

Male participants similarly reflected on the emotional pain of living without companionship. Abdul said,

“I always feel loneliness, particularly during my free time. I think about how meaningful it would be to have someone beside me to talk to and share my feelings. The absence of that support makes daily life feel heavier and emotionally isolating.”

Karim described the sense of emptiness and longing: “Today my wife is not with me, and I miss her deeply. It feels very bad to live without her.”

4.1.3 Sub-theme Three: Anxiety and Uncertainty About Future

Some Participants expressed deep fear and anxiety about their future after facing both SCI and divorce. The combination of physical limitations and emotional loss, created overwhelming uncertainty about how they would survive, cope, or rebuild their lives. Sufiya stated that,

“I worried a lot about what my future would be. After the divorce and with my physical condition, I felt unsure about how I would manage everything alone.”

Thoughts about financial issues, living arrangements, and even basic daily activities made me anxious all the time.”

Similarly, Parvin described feeling lost and hopeless during this period,

“I felt that I became completely alone in the world and that I had no reason to live anymore. After my injury and the divorce, everything felt dark. I kept thinking about many frightening things- how I would survive, what would happen to me, and whether I could handle anything at all. These thoughts made me feel hopeless and abandoned.”

4.1.4 Sub-theme Four: Identity Crisis and Shame

For some participants, divorce or separation after SCI triggered a profound crisis of self-identity, particularly among women who had previously defined themselves through their marital roles. Participants described feelings of hesitation, shame, and a diminished sense of self, which affected both personal confidence and social participation. Halima reflected,

“After separating, I initially felt uncertain about my self-identity. I avoided attending social events or gatherings because I didn’t know how to present myself or how others would perceive me. I felt disconnected from the person I used to be, and every social interaction became a source of anxiety and self-doubt.”

This struggle extended beyond internal conflict, as social environments often intensified feelings of shame. Samia shared:

“There has been a significant change in my self-identity. Everyone knew me as his wife, and now, when I go somewhere, I feel very uncomfortable. I feel ashamed to introduce myself because my identity feels incomplete, and I am constantly reminded of what I have lost.”

4.1.5 Sub-theme Five: Child-related Stress

For participants, especially who were parents, separation from their children emerged as one of the most painful consequences of divorce; expressed profound emotional stress when access to their children was restricted by former partners. Selina shared a deeply emotional experience,

“I have a son who studies in college. He used to stay with me before, but now he stays with his father. My former husband does not want our son to have any communication with me when he is with him. He even called me on phone and created trouble about this. I feel deeply hurt and helpless, as though I have lost a part of my life, and the thought of being unable to be part of my son’s daily life is extremely painful.”

Similarly, Sufiya described the challenges of maintaining regular contact with her daughter:

“I cannot maintain regular communication with my daughter because her father does not allow her to speak with me whenever she is with him. I feel helpless and deeply saddened. I want to communicate with her, but I cannot control the situation.”

4.2 Theme Two: Dual Nature of Family Responses

After divorce or separation, participants emphasized the importance of family support. Families helped with emotional care, daily assistance, and financial matters. However, support was not always consistent, some families were caring, while others were judgmental or distant. Participants with children faced extra challenges, trying to care for or maintain contact with their kids while managing their disability. These family and parenting issues affected how they adjusted and felt about themselves.

4.2.1 Sub-theme One: Supportive Family Response

Several participants described their families as critical sources of emotional, financial, and practical support during and after divorce. Family involvement often provided stability and reassurance, helping participants navigate the combined challenges of SCI and marital separation. Muhammad said,

“My mother and father helped me with everything I needed when I was sick. Whether it was providing money, taking care of me, or managing daily tasks, they were always there to support me. Without their constant care, coping with my injury and the aftermath of separation would have been impossible.”

For some participants, family compassion was essential in coping with sudden life changes. Sufiya stated that,

“My family understood that what happened was not my fault. They cared for me and ensure everything I needed, whether it was household tasks or emotional support was taken care of. Their understanding and involvement gave me the strength to face each day.”

Karim also described the importance of both emotional and financial support,

“My family supports me in every way. My younger brother stays with me and helps me with daily life, while my elder brother lives abroad and regularly sends money. Their support has been crucial in managing the challenges of my disability and living independently after divorce.”

4.2.2 Sub-theme Two: Judgmental Family Behaviors

While some participants received consistent support, others reported experiencing judgment, criticism, or negative remarks. These behaviors created emotional strain and contributed to feelings of guilt, inadequacy, and diminished self-worth.

Sufiya described that,

“Sometimes my family shows irritation and scolds me. They say things like, ‘You are unlucky, you must have done something wrong, that’s why this happened to you.’ Comments like these make me feel guilty and as if I am responsible for my situation.”

Participants also noted some forms of judgment from family. Samia stated that,

“Although my family generally takes care of me, sometimes their behavior makes it clear that they see me as disabled. For example, I just sit and eat while they take care of all the tasks for me, and it makes me feel deeply uncomfortable. It constantly reminds me of my limitations and how others see me.”

4.3 Theme Three: Complex Realities of Social participation

SCI and divorce/separation greatly affected participants’ social life and community involvement. They faced both mental and physical challenges, such as fear of judgment, stigma, limited mobility, and low confidence.

4.3.1 Sub-theme One: Voluntary Social Withdrawal

Many participants described withdrawing from social activities following divorce and SCI, predominantly among women. This withdrawal was often driven by fear of judgment, emotional exhaustion, and discomfort in discussing deeply personal matters. Selina stated,

“After my divorce I did not go to any social events, and I still don’t. I am afraid that if someone asks me about these matters again, I will not know how to answer. I really don’t like talking to anyone about my personal situation. Avoiding social interactions has become a way to protect myself from embarrassment, judgment, and further emotional stress.”

4.3.2 Sub-theme Two: Active Community and Social Participation

In contrast, some participants, primarily male reported maintaining active engagement in social and community activities. They emphasized personal confidence, self-acceptance, and a determination to remain involved in daily life despite challenges. Muhammad described,

“I don’t feel any shame about anything related to my injury or divorce. I participate in all social events and community activities without hesitation. I believe that being active and involved helps me maintain my confidence, connect with others, and adapt to my new life.”

Similarly, Abdul stated that, “I never felt ashamed to go anywhere. What has happened cannot be changed, and I have learned to accept it. By staying involved in social gatherings and interacting with others, I feel supported and capable.”

4.3.3 Sub-theme Three: Societal norms & Attitude

Participants reported a wide range of societal reactions following post SCI divorce/separation. While some experienced empathy and support, others faced judgment, gossip, and stigma, intensifying feelings of isolation from society. Rahim reflected positively on community support,

“People in society supported me and did not show any negative behavior toward me. Their acceptance and encouragement made it easier to navigate life after my injury and separation, giving me confidence and a sense of belonging despite the challenges I faced.”

However, several participants experienced negative societal attitudes. Sufiya described,

“People in society often whisper about me and judge my life. Many suggest that perhaps I committed some sin that caused these events. Hearing such comments makes me feel blamed and misunderstood, adding to the emotional burden I already face from my injury and divorce.”

Halima also described direct stigma,

“Society or my friends sometimes spoke many taunting words to me. They would say things like, ‘You married him after falling in love, and your husband left you for your cousin. Maybe you did something wrong, and that’s why this happened to you.’ Comments like these make me feel ashamed and isolated, and it is very difficult to cope with such social judgment while trying to rebuild my life.”

4.3.4 Sub-theme Four: Physical Barriers Limit Accessibility

Beyond emotional challenges, participants highlighted practical barriers that restricted social participation, including limited mobility, lack of accessible transport, and environmental constraints. Selina expressed that,

“I can’t walk on my own and have to use a wheelchair. I cannot go everywhere I want, and even when I do go out, I often have to stay alone because many places are not accessible for people like me. The lack of ramps, accessible transport, and supportive infrastructure limits my participation in social life.”

4.4 Theme Four: Coping Strategies and Support Systems

Participants coped with SCI and divorce by relying on faith, staying resilient, seeking help from family, friends, and professionals and through personal growth.

4.4.1 Sub-theme One: Religious and Faith-Based Coping

Religion and spiritual practices played a central role for all the participants in managing emotional challenges. Prayer, supplication, and surrendering difficulties to Allah provided comfort, inner strength, and a sense of stability during periods of despair. Participants described how faith helped them process emotional pain and find meaning in their experiences.

Halima described,

“When I was going through so many problems, I frequently called upon Allah and constantly remembered Him. I entrusted all my difficulties and decisions to Allah, believing that Allah would guide me and support me. This gave me a

sense of peace and helped me cope with the emotional and practical challenges I faced after my separation.”

Similarly, Rahim emphasized the stabilizing effect of religious routines,

“To cope with the situation after divorce, I performed my prayers regularly and asked Allah for help. I spent a lot of time in prayer, reflecting and seeking guidance. My faith provided me with emotional strength, patience, and the resilience to face the difficulties of my personal life.”

4.4.2 Sub-theme Two: Personal Resilience and Self-Acceptance

Almost all participants emphasized the importance of personal resilience and self-acceptance in coping with life after divorce or separation. Developing inner strength and acknowledging their changed circumstances enabled participants to adapt to challenges, regain a sense of control, and gradually rebuild their lives. Parvin explained,

“After my divorce, I initially felt completely helpless and thought my life was over. Over time, I realized that I had to accept my situation and find ways to live meaningfully. I encouraged myself, thought about my son and the future, and gradually convinced myself that I could continue. Slowly, I regained a sense of purpose, and everything started to feel more manageable.”

Selina shared her experience of self-acceptance and resilience,

“At first, I felt very bad and constantly compared myself to my previous life. It was painful to see how much things had changed. Over time, I realized that blaming myself was unhelpful and that I needed to accept my current reality. By focusing on what I could control and taking small steps forward, I

gradually adapted to my new life and found ways to feel stronger and more confident.”

4.4.3 Sub-theme Three: Support from Others

Many participants highlighted the importance of support networks, including family members, friends, and relatives, in helping them cope with the challenges divorce or separation. Emotional encouragement and financial support provided stability and comfort, buffering participants against psychological distress and facilitating adjustment to their changed circumstances. Muhammad described his family’s support,

“My family always supported me emotionally and financially. My mother frequently reassured me that they would stay by my side no matter the situation and would never abandon me. Knowing that my family was constantly there to help me manage both the difficulties of my injury and the emotional impact of divorce gave me strength and confidence to face daily challenges.”

Seline emphasized support from the broader community,

“After my divorce People of society expressed sorrow and compassion for my situation. They encouraged me to keep faith in Allah and reminded me that this was not the end. No one spoke negatively to me; everyone offered support. During my treatment period, some even helped by lending money. This collective support made a huge difference in helping me cope with the difficult situation.”

4.4.4 Sub-theme Four: Counseling and Professional Help

Some participants reported that professional counseling and therapeutic interventions played a significant role in supporting their emotional well-being after SCI and post-divorce challenges. Parvin said that,

“After my separation, I remained in constant depression for about six months. I felt hopeless and could not manage my daily life properly. Then, I started counseling sessions at CRP for three months. My counselor guided me step by step, helping me understand my emotions and teaching coping strategies. Slowly, I began to feel better and could regain some control over my life.”

Similarly, Karim emphasized the emotional support he received from CRP therapy professionals,

“The therapists of CRP helped me a lot emotionally. They listened to me patiently, encouraged me, and guided me whenever I felt low or frustrated. Even small advice from them gave me the courage to continue my rehabilitation and manage my life after separation.”

4.4.5 Sub-theme Five: Personal Growth and Independence

For women participants who took vocational training and was employed, employment and engagement in vocational activities after divorce became a significant pathway to personal growth, independence, and self-respect. Earning an income and participating in meaningful activities enhanced their confidence, reduced dependency on others, and fostered a sense of control over their own lives and act as a coping system in their hard situation like divorce/separation. Divorce/separation, while initially challenging, often

acted as a turning point that allowed women to reclaim autonomy and pursue previously restricted opportunities. Selina stated that,

“There has been a significant change in my life since the divorce. Only because of the divorce, I am living independently today. I am working, earning my own money, and taking responsibility for myself. If the divorce hadn’t happened, I probably would have remained trapped and dependent in that household. In that sense, the divorce allowed me to gain freedom, self-respect, and the ability to manage my life on my own.”

Parvin shared her journey of regained personal freedom and achievement,

“After the divorce, my self-identity and personal freedom increased. Because after taking rehabilitation service from CRP and after returning home, he prevented me from playing basketball, attending training, participating in family functions, and even going to my brother’s wedding. I was completely housebound. After the divorce, I recovered my independence. I rejoined basketball, play badminton and table tennis, and now compete at national and international levels. I participate in office trainings, cultural programs, and events for disabled persons, gaining respect from colleagues. I am able to raise my daughter well, and perhaps none of this would have been possible if I had remained with him.”

CHAPTER V: DISCUSSION

This study explored the lived experiences of individuals with spinal cord injury (SCI) who had undergone divorce or separation. Eleven participants contributed their narratives, including two in-patients from a rehabilitation center and nine individuals living in the community who had completed rehabilitation and resumed their daily routines. Through thematic analysis, four major themes were identified, Emotional and Psychological Strain, Dual Nature of Family Responses, Complex Realities of Social Participation Social, and Coping Strategies and Support Systems. Each encompassing multiple subthemes that capture the emotional, social, and practical dimensions of life after post-SCI marital breakdown. These findings provide insight into the complex interplay between disability, personal adjustment, familial relationships, societal expectations, and coping strategies in the Bangladeshi context.

Participants described divorce or separation as an emotionally overwhelming and multifaceted experience. Intense emotional suffering and psychological distress, persistent loneliness, anxiety about the future, identity crisis or shame and stress related to child among parents were commonly reported. Many participants reflected on the challenge of reconciling their sense of self with the combined impact of disability and the loss of an intimate relationship. These experiences align with previous research indicating that individuals with SCI are particularly vulnerable to psychological distress, and that major life transitions such as divorce can exacerbate emotional difficulties (Saber & Ghajarzadeh, 2017; Zizzo et al., 2022). Participants highlighted that divorce was not only the loss of a partner but also a disruption of their anticipated life trajectory, leading to feelings of uncertainty, fear, and diminished confidence in their ability to manage daily life independently. Consistent with studies in Bangladesh and India, the participants'

narratives suggest that the psychological impact of marital dissolution in individuals with SCI is compounded by social isolation, loss of support, and pre-existing functional limitations (Chaudhary & Mattu, 2018; Taoheed, 2018).

Family relationships emerged as a crucial factor shaping participants' experiences. Some participants reported supportive family responses, including emotional encouragement, practical assistance, and reassurance, which helped buffer stress and foster resilience. For these individuals, family support provided a sense of stability, enabling them to cope with the challenges of post-divorce life and regain confidence in their abilities. In contrast, other participants experienced judgmental behaviors, emotional distancing, or reduced family support, which intensified feelings of helplessness and emotional distress. The loss of family dynamics, especially in cases where access to children was restricted, caused profound emotional pain and a sense of disconnection. These findings reflect prior research demonstrating that changes in family roles, caregiving demands, and relationship quality can significantly influence emotional well-being after SCI and marital breakdown (Barbas, 1968; Angel, 2015). Participants' accounts also highlight the role of cultural norms and expectations in Bangladesh, where family structures and responsibilities are highly valued. In such contexts, divorce often carries social stigma, amplifying the psychological and social challenges faced by individuals with SCI.

Social participation and engagement in the community were also significantly affected by divorce and separation. Participants described instances of voluntary social withdrawal, often driven by emotional distress, fear of judgment, and physical limitations, including mobility restrictions or fatigue. At the same time, some participants made deliberate efforts to engage in community and social activities, despite societal and

environmental barriers. These included attending social events, participating in work or vocational activities, and reconnecting with friends or peers. The narratives underscore the dual nature of post-divorce social experiences while some individuals retreat from social life due to psychological or physical constraints, others actively seek opportunities for engagement to regain autonomy and rebuild social identity.

Participants also highlighted the influence of societal norms and attitudes on their experiences. Many described encountering judgment or stigma surrounding both disability and divorce, which affected their confidence and willingness to participate socially. Such societal pressures were often reinforced by restrictive community expectations regarding gender roles, family responsibilities, and perceived limitations of individuals with disabilities. Physical barriers limiting accessibility, including inaccessible transportation, public spaces, and lack of assistive infrastructure, further hindered participation and reinforced feelings of exclusion. Despite these challenges, some participants, particularly those who were employed described gaining a sense of freedom, independence, and self-efficacy, reflecting the possibility of personal empowerment even in socially and environmentally constrained settings. These findings align with prior studies emphasizing the complex interplay between social constraints, personal agency, and empowerment among individuals with SCI (Taoheed, 2018; Van Tilburg et al., 2015).

Participants employed a range of strategies to cope with the challenges of post-divorce life. Religious and faith-based coping emerged as an important source of comfort and resilience, with many participants describing spiritual practices or a belief in fate as helping them accept their circumstances and maintain hope. Personal resilience and self-acceptance were also evident, as participants reflected on the need to adjust expectations,

develop new routines, and regain confidence in their abilities. Support from family, friends, and peers provided both emotional reassurance and practical assistance, while counseling and professional help contributed to psychological adjustment and planning for the future. Engagement in meaningful activities whether work, hobbies, or community participation facilitated personal growth and independence, allowing participants to regain a sense of control over their lives. These findings are consistent with previous research demonstrating the importance of adaptive coping, social support, and engagement in promoting resilience and psychological well-being among individuals with SCI (Babamohamadi et al., 2011b; Livneh & Martz, 2014).

Participants also reflected on the broader implications of their experiences. Many emphasized the need for improved community and institutional support, including accessible rehabilitation services, culturally sensitive counseling, and increased awareness among families and society regarding the challenges faced by divorced individuals with SCI. Their suggestions underscore the importance of integrating emotional, social, and practical support into rehabilitation programs and community-based interventions. Moreover, these narratives highlight the value of considering cultural and contextual factors when designing support systems, as social stigma, environmental barriers, and limited accessibility are particularly salient in low-resource settings such as Bangladesh (Taoheed, 2018; Lavela et al., 2022).

Overall, this study illustrates the profound and multifaceted impact of divorce or separation on the lives of individuals with SCI. The emotional and psychological challenges, family dynamics, social participation, and coping strategies are deeply intertwined, shaping both immediate adjustment and long-term recovery. While participants faced significant emotional distress, social isolation, and practical barriers,

many also demonstrated remarkable resilience, adaptive coping, and personal growth. These findings highlight the need for rehabilitation programs and community-based interventions that address not only physical recovery but also emotional support, family involvement, social inclusion, and empowerment. By centering the lived experiences of participants, this study provides a nuanced understanding of post-SCI divorce and emphasizes the importance of culturally sensitive, contextually relevant, and holistic approaches to supporting individuals navigating life after SCI and marital breakdown.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strength of the Study

- This qualitative study consistently followed an accurate methodology throughout the research period, under the guidance of a responsible supervisor, ensuring the attainment of the main objectives.
- Face-to-face in-depth interviews, coupled with triangulation through two field tests, were employed to enhance the validity and effectiveness of the interviews.
- Thematic analysis was employed as a rigorous and systematic data analysis approach, assisting in the identification of seven key themes.
- This study offers an in-depth exploration of experiences of post SCI divorce/separation living in various settings, providing insight through direct quotes and narratives.
- The inclusion of participants from diverse backgrounds enhances the relevance and credibility of the findings, with direct implications for occupational therapy professionals and policymakers.

6.1.2 Limitations

- A relatively small sample size and a specific geographic focus on Bangladesh potentially affect generalizability.
- As the topic was sensitive, participants tended to feel embarrassed and shy, which could affect the quality of the data.
- The student researcher collected data from Dhaka district which was not enough to generalise the study findings.
- As this is the first-time experience to conduct a study for student researcher so

there would be any mistake which can be impacted on rich data quality.

6.2 Practice Implication

6.2.1 Recommendation for future practice

The findings of this study highlight the need for rehabilitation professionals to adopt a more comprehensive and sensitive approach when supporting individuals with spinal cord injury (SCI) who experience divorce or separation. Given the significant emotional, familial, and social challenges identified in this research, rehabilitation practice should expand beyond physical recovery to address the complex psychological and relational impact of marital breakdown.

Rehabilitation teams, particularly occupational therapists, psychologists, physiotherapists, counselors, and social workers should integrate structured psychosocial interventions into routine care. This includes offering regular emotional counseling, mental health screening for depression and anxiety, and therapeutic sessions focused on grief management, identity reconstruction, and coping with loneliness. These services can help individuals navigate the emotional distress and uncertainty highlighted in the study.

The results also emphasize the importance of family-centered education. Families often demonstrate mixed responses, supportive or judgmental-which directly affects the individual's emotional well-being. Rehabilitation services should therefore provide training for families on disability awareness, supportive communication, inclusive decision-making, and respectful caregiving practices. Such interventions can reduce stigma and improve the home environment for individuals with SCI.

To enhance social participation, practitioners should focus on community reintegration strategies, including orientation to accessible environments, community mobility training, and confidence-building activities that encourage clients to participate in social events without fear or shame. Rehabilitation centers can also collaborate with community leaders to promote awareness and reduce negative societal attitudes toward people with SCI and divorced/separated individuals.

Occupational therapists and other rehabilitation professionals should prioritize vocational rehabilitation and independence-focused training, particularly for women who have experienced divorce or separation. Several participants, especially those who became economically independent after receiving vocational training and engaging in work reported improve emotional well-being, increased self-confidence, and noticeable personal growth. Their participation in productive and meaningful roles strengthened decision-making ability, enhanced their sense of purpose, and improved overall psychological well-being. In contrast, participants who remained financially dependent described ongoing emotional distress and reduced self-worth. These findings highlight the importance of skill development programs, job readiness training, and opportunities for economic self-sufficiency. Empowering women through independent and meaningful occupational roles can contribute significantly to their self-esteem, resilience, social participation, and long-term adjustment.

Finally, rehabilitation practice should incorporate long-term follow-up systems to ensure continued emotional, social, and functional support after discharge. Regular phone calls, tele-rehabilitation, and community visits can help monitor progress, identify individuals with SCI who are divorced or separated, and prioritize them in service provision based on their increased vulnerability. In addition, rehabilitation

programs should advocate for dedicated funding or financial support schemes for divorced or separated individuals with severe physical limitations by considering their financial condition, such as those with tetraplegia, for whom competitive employment may not be feasible, to promote dignity, security, and quality of life

Implementing these practice recommendations will enable rehabilitation professionals to provide holistic, culturally sensitive, and client-centered care that directly aligns with the lived experiences of individuals navigating life after spinal cord injury and marital separation.

6.2.2 Recommendation for Future Research

- As this is an undergraduate study with limited time and resources, the sample size was small. Future research with a larger and more diverse population is recommended to strengthen the evidence base and enhance the generalizability of findings.
- Future studies could explore long-term emotional and psychological outcomes, gender-specific experiences, the impact of divorce or separation on parenting roles, financial challenges, and changes in social participation and community reintegration.
- More region-specific studies are needed to build a culturally relevant understanding of the experiences of divorced or separated individuals living with SCI. Research in different geographic and socio-cultural contexts could provide insights into how cultural norms, family structures, and societal attitudes influence post-divorce adjustment.
- Future research could also focus on developing and evaluating targeted interventions, such as mental health programs, family counseling, and

rehabilitation services that address both emotional and practical needs of post-SCI divorcees.

6.3 Conclusion

This study explored the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation, revealing the profound and multifaceted impact of relationship breakdown on their lives. The findings demonstrate that divorce or separation following SCI extends far beyond the loss of a marital relationship, it deeply influences emotional well-being, family interactions, social participation, and personal identity. Participants described significant emotional suffering, including sadness, loneliness, rejection, and uncertainty about the future. Despite these challenges, many showed remarkable resilience and the capacity to rebuild their lives through adaptive coping strategies, supportive family relationships, and increased personal independence.

The study also highlighted the substantial barriers individuals face in the aftermath of SCI and marital separation, such as societal stigma, environmental inaccessibility, and inconsistent family support. These findings underscore the urgent need for rehabilitation practices to move beyond physical recovery and address the psychological, social, and functional dimensions of life after divorce/separation.

For healthcare professionals, especially occupational therapists, this research emphasizes the importance of holistic, client-centered interventions that promote emotional healing, social reintegration, and vocational empowerment. By fostering self-efficacy, facilitating community engagement, and supporting independent living, rehabilitation services can play a transformative role in helping individuals rebuild meaningful lives after the dual challenges of SCI and marital dissolution. Ultimately,

this study provides foundational evidence to guide future practice and research, contributing to improved support systems for individuals navigating life after SCI-related divorce or separation.

CHAPTER VII: REFERENCE

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APPENDICES

Appendix A: Ethical Approval and Permission Letter

Ethical Approval Letter from IRB



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

Ref: CRP-BHPI/IRB/07/2025/1108 Date: 21.07.2025

To
 Mim Akter
 4th Year, B.Sc. in Occupational Therapy
 Session: 2020-21, Student ID: 122200450
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal Lived Experience of Divorce and Separation among Individuals with Spinal Cord Injury: A Qualitative Study by ethics committee.

Dear Mim Akter,
 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 and Course Coordinator, MSc in OT, 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	Self-developed Interview Guide (English and Bangla)
3	Information sheet & consent form

The purpose of the study is to explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation. The study involves use of a Self-developed Interview Guide to explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation that may take 45 to 60 minutes to fill in 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 regards,


 Muhammad Millat Hossain
 Associate Professor, Project and Course Coordinator, MRS
 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 from CBR Department of CRP

Date: 12/08/2025

To

Head of Rehabilitation wing

Centre for the Rehabilitation of the Paralyzed (CRP)

Chapain, Savar, Dhaka-1343

Through: Research & Evaluation Department

Subject: Application for access to discharged patient data from the CBR Department

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 Paralyzed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is "**Lived experience of Divorce and Separation among individuals with SCI: A qualitative study**" with myself & Md. Habibur Rahman as my thesis supervisor. The purpose of my study is to explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation. The study involves use of a **Self-developed Interview Guide** to explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation that may take 45 to 60 minutes to fill in the Interview Guide and there is no likelihood of any harm to the participants. In order to fulfill the objectives of this study, I need some information such as name, age, address, contact number, date of admission and discharge about the potential participants from SCI-database of CBR Department - CRP, Savar. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. I am looking for your kind approval to get details on the initial list of potential participants from 2015 to 2024.

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

Sincerely yours,

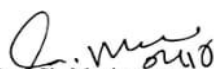
Mim

Mim Akter

4th Year, B.Sc. in Occupational Therapy

Session: 2020-21, Student ID: 122200450

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

Attachments: Copy of IRB Approval Letter & questionnaire.

*Forwarded to
RW Head for
his Approval*

*No Divorce Data
in CBR. But
arist Mim in available
(Female) sex data
(Male) Sangar Roy
14/8/25*

Permission letter from In-Patient unit of CRP

Date: 13.10.25

To

The Head of the Department

Medical Services Wing

Centre for the Rehabilitation of the Paralyzed (CRP)

Chapain, Savar, Dhaka-1343

Through: Research & Evaluation Department

Subject: Application for Access and Collect Data from the In-Patient unit of CRP.

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 Paralyzed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct thesis, and my thesis title is **“Lived experience of Divorce and Separation among individuals with Spinal Cord Injury: A qualitative study”** with myself & Md. Habibur Rahman as my thesis supervisor. The purpose of my study is to explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation. The study involves use of a **Self-developed Interview Guide** to explore the lived experiences of individuals with spinal cord injury (SCI) who have undergone divorce or separation that may take 45 to 60 minutes to fill in the Interview Guide and there is no likelihood of any harm to the participants. In order to fulfill the objectives of this study, I would like to collect data from Inpatient unit of CRP, Savar 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 access and collect data for my study and oblige thereby.

Sincerely yours,

Mim Akter

Mim Akter

4th Year, B.Sc. in Occupational Therapy

Session: 2020-21, Student ID: 122200450

Recommendation from the Head of the Department:


Prof. Sk. Moniruzzaman

Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP-Chapain, Savar, Dhaka-1343

Permit to
Dr. Reshad Rahman
by N/A.
Signature 13-10-25
Dr. Sayeed Uddin Hossain
MBBS, MPhil, MSc (Neurosciences)
Senior Consultant in Health
Medical Services Wing, CRP
DMOC Reg. No. 41722

Attachments: Copy of IRB Approval Letter & Research Proposal.

Appendix B: Information Sheet & Consent Form

Explanatory statement, Information Sheet, Consent form and Withdrawal Form

(English Version)

Explanatory Statement

Research Title: Lived experience of Divorce and Separation among individuals with SCI: A qualitative study

Name of student researcher: Mim Akter,

4th year, B.Sc. in Occupational Therapy.

Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka

Call: 01402343215

Email: mim373136@gmail.com

Supervisor: Md. Habibur Rahman

Assistant Professor,

Department of Occupational Therapy

BHPI, CRP, Savar, Dhaka: 1343

Email: habiburbhpi@gmail.com

I'm **Mim Akter** and I want to invite you to participate in research study. Before deciding to participate, it is crucial that you understand the purpose of the 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. This information sheet is for you to keep.

I am conducting a research project to explore the experiences of individuals who have gone through a divorce or separation after sustaining a spinal cord injury (SCI). The study aims to understand your psychological, family, and social experience as well as coping strategies post-divorce or separation. You are invited to participate in a semi-structured, face-to-face interview. The interview will take approximately 45-60 minutes at a scheduled time.

During the interview, you will be asked to share your experiences related to: your psychological, family and social experiences post-divorce or separation and coping strategies you've been used after the divorce or separation.

Why Were You Chosen for This Research?

You have been invited to participate because you have experienced a divorce/separation after sustaining a spinal cord injury (SCI). Your experiences with SCI and divorce/separation are valuable to understanding the psychological, social, family experiences and coping strategies.

Source of Funding

This study is carried out on self-funding.

Consenting to participate in the project and withdrawing from the research

If you agree to participate in this research, you will need to sign the accompanying consent form and provide it to the researcher at the time of the interview. Participating

in this research is voluntary and you are under no obligation to consent to participate. However, if you do consent to participate, you may withdraw from further participation at any stage up until the data are analyzed. There will be no negative consequences if you choose to withdraw. You are also able to refuse to answer any que no negative consequences.

Possible Benefits and Risks

There may not be direct benefits to you from participating in this research. However, the findings will contribute to improving occupational therapy services for individuals with SCI, potentially benefiting future patients. The research poses minimal risks. However, discussing your experiences may cause mild discomfort. If this occurs, you may take breaks, reschedule, or withdraw from the interview at any time.

Confidentiality

The study will maintain confidentiality of all participant details, with their name not disclosed in any published documentation. A unique code will be used for de-identification after interviews, ensuring anonymous data analysis. The original interview transcripts, featuring the participant's name, will only be accessible to the researchers, ensuring high privacy and security.

Storage of data

The data collected will be stored in a password-protected computer and cloud system, accessible only to the researchers, and physical copies will be kept in locked filing cabinets at the Centre for the Rehabilitation of the Paralysed (CRP) for strict confidentiality.

Results

This research will combine interviews and data from interviews to create a comprehensive descriptive report. Highlights may be published in scholarly journals or conference proceedings. For a concise summary, contact project investigators using provided contact details. The study's outcomes may also be featured in conference proceedings.

Complaints

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

Supervisor: Md. Habibur Rahman

Assistant Professor & Course Coordinator,

M.sc in Occupational Therapy,

Department of Occupational Therapy

BHPI, CRP, Savar, Dhaka: 1343

Email: habiburbhpi@gmail.com

Thank you,

Mim Akter

Consent Form

Assalamualaikum,

I am Mim Akter, a 4th-year B.Sc. in occupational therapy student at Bangladesh Health Professions Institute (BHPI), affiliated with the University of Dhaka. I have to do a research project to fulfill the requirement of a B.Sc. in occupational therapy. My research title is “Lived experience of Divorce and Separation among individuals with SCI: A qualitative study” this research aims to explore the lived experience of individuals with spinal cord injury (SCI) who have undergone divorce or separation after SCI. This will take approximately 45-60 minutes. I am committed to the fact that the study will not be harmful or risky to you. There is no payment for taking part in the study. All information you provide will be treated as confidential, and in the event of any report or publication, you will be assured that the source of information remains confidential. Your participation in this study is voluntary, and you may withdraw at any time during this study without any negative consequences. You also have the right not to answer a question you do not like or do not want during the interview.

If you have any queries about the study, you may contact me (Mim Akter) or my supervisor, Md. Habibur Rahman (Assistant professor, Department of Occupational Therapy).

So, may I have your consent to proceed with the interview?

YES

☐

NO

☐

Signature & Date of Participant

Signature & Date of Researcher

Withdrawal form

Research Title: Lived experience of Divorce and Separation among individuals with SCI: A qualitative study

Name of the Researcher: Mim Akter.

I, _____ (the participant)

wish to WITHDRAW my consent to the use of data arising from my participation. Data arising from my participation must NOT be used in this research project as described in the Information and Consent Form. I understand that data arising from my participation will be destroyed provided this request is received within four weeks of the completion of my participation in this project. I understand that this notification will be retained together with my consent form as evidence of the withdrawal of my consent to use the data I have provided specifically for this research project.

Name of participant: _____

Signature of participant/ thumb print: _____

Date: _____

Explanatory Statement sheet, Information sheet, consent form and withdrawal form

[Bengali Version]

ব্যাখামূলক বিবৃতিপত্র

গবেষণার শিরোনাম: মেরুরজুতে আঘাতে আক্রান্ত ব্যক্তিদের তালুক ও বিচ্ছেদের জীবন অভিজ্ঞতা: একটি গুণগত

গবেষণা

শিক্ষার্থী-গবেষকের নাম: মিম আক্তার,

৪র্থ বর্ষ, বি.এসসি. ইন অকুপেশনাল থেরাপি,

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) সিমআরপি, সাভার, ঢাকা

ফোন: ০১৪০২৩৪৩২১৫;

ইমেইল: mim373136@gmail.com

তত্ত্বাবধায়ক: মোঃ হাবিবুর রহমান,

সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ,

বিএইচপিআই, সিমআরপি, সাভার, ঢাকা: ১৩৪৩;

ইমেইল: habiburbhpi@gmail.com

আমি মিম আক্তার এবং আমি আপনাকে এই গবেষণায় অংশগ্রহণ করার জন্য আমন্ত্রণ জানাতে চাই। অংশগ্রহণের সিদ্ধান্ত নেওয়ার

আগে, গবেষণার উদ্দেশ্য, আপনার কাছে কী জানতে চাওয়া হবে এবং এটির সাথে আপনি কীভাবে সম্পর্কিত, তা বোঝা আপনার জন্য

অত্যন্ত গুরুত্বপূর্ণ। অনুগ্রহ করে নিচে দেওয়া তথ্যগুলো পড়ুন এবং আপনার যেকোনো প্রশ্ন থাকলে তা জিজ্ঞাসা করতে দ্বিধা করবেন না। এই তথ্যপত্রটি আপনার সংরক্ষণের জন্য।

আমি একটি গবেষণা প্রকল্প পরিচালনা করছি মেরুরজুতে আঘাত পাওয়ার পরে তালাক বা বিচ্ছেদের মধ্য দিয়ে যাওয়া ব্যক্তিদের অভিজ্ঞতা অনুসন্ধানের জন্য। এই গবেষণার লক্ষ্য হলো তালাক বা বিচ্ছেদের পরে আপনার মানসিক, পারিবারিক এবং সামাজিক অভিজ্ঞতা, সেই সাথে মোকাবিলার কৌশলগুলো বোঝা। আপনাকে একটি আধা-কাঠামোগত, সামান্যসামান্য সাক্ষাতকারে অংশগ্রহণের জন্য আমন্ত্রণ জানানো হচ্ছে। সাক্ষাতকারটি একটি নির্ধারিত সময়ে প্রায় ৪৫-৬০ মিনিট সময় নেবে। সাক্ষাতকারের সময়, আপনাকে আপনার অভিজ্ঞতাগুলো শেয়ার করতে বলা হবে, এতে যা সম্পর্কিত: তালাক বা বিচ্ছেদের পরের আপনার মানসিক, পারিবারিক এবং সামাজিক অভিজ্ঞতা এবং তালাক বা বিচ্ছেদের পরে আপনি যে মোকাবিলার কৌশলগুলো ব্যবহার করেছেন।

আপনি কেন এই গবেষণার জন্য নির্বাচিত হয়েছেন?

আপনাকে অংশগ্রহণের জন্য আমন্ত্রণ জানানো হয়েছে কারণ আপনি মেরুরজুতে আঘাত পাওয়ার পরে তালাক বা বিচ্ছেদের অভিজ্ঞতা লাভ করেছেন। মেরুরজুতে আঘাত এবং তালাক/বিচ্ছেদ সম্পর্কিত আপনার মানসিক, পারিবারিক, সামাজিক অভিজ্ঞতা এবং মোকাবিলার কৌশলগুলো বোঝার জন্য মূল্যবান।

অর্থায়নের উৎস

এই গবেষণাটি সম্পূর্ণভাবে স্ব-অর্থায়নে পরিচালিত হচ্ছে।

প্রকল্পে অংশগ্রহণে সম্মতি এবং গবেষণা থেকে প্রত্যাহার

আপনি যদি এই গবেষণায় অংশগ্রহণ করতে সম্মত হন, তবে সাক্ষাতকারের সময় আপনাকে সংযুক্ত সম্মতিপত্রে স্বাক্ষর করতে হবে এবং এটি গবেষকের কাছে সরবরাহ করতে হবে। এই গবেষণায় অংশগ্রহণ করা স্বেচ্ছামূলক এবং অংশগ্রহণে সম্মতি দেওয়ার জন্য আপনার উপর কোনো বাধ্যবাধকতা নেই। তবে, যদি আপনি অংশগ্রহণে সম্মতি দেন, তবে তথ্য বিশ্লেষণ সম্পন্ন না হওয়া পর্যন্ত আপনি

যেকোনো পর্যায়ে অংশগ্রহণ থেকে প্রত্যাহার করে নিতে পারেন। আপনি যদি প্রত্যাহার করতে চান, তবে কোনো নেতিবাচক পরিণতি হবে না। আপনি যেকোনো প্রশ্নের উত্তর দিতেও অস্বীকৃতি জানাতে পারেন এবং এর জন্য কোনো নেতিবাচক পরিণতি হবে না।

সম্ভাব্য সুবিধা এবং ঝুঁকি

এই গবেষণায় অংশগ্রহণের মাধ্যমে আপনার সরাসরি কোনো সুবিধা নাও হতে পারে। তবে, গবেষণার ফলাফলগুলো মেরুর্জ্জুতে আঘাতপ্রাপ্ত ব্যক্তিদের জন্য অকুপেশনাল থেরাপি পরিষেবার উন্নয়নে অবদান রাখবে, যা ভবিষ্যতে রোগীদের সম্ভাব্যভাবে উপকৃত করবে।

গবেষণাটি খুবই ন্যূনতম ঝুঁকি বহন করে, যাইহোক আপনার অভিজ্ঞতা নিয়ে আলোচনা করার সময় সামান্য অস্বস্তি হতে পারে। যদি এটি হয়, আপনি যেকোনো সময় বিরতি, সাক্ষাতকারের সময়সূচী পরিবর্তন বা সাক্ষাতকার থেকে প্রত্যাহার করে নিতে পারেন।

গোপনীয়তা

এই গবেষণায় সকল অংশগ্রহণকারীর তথ্যের গোপনীয়তা বজায় রাখা হবে, প্রকাশিত কোনো নথিতে তাদের নাম প্রকাশ করা হবে না। সাক্ষাতকারের পরে পরিচয় গোপন রাখার জন্য একটি অনন্য কোড ব্যবহার করা হবে, যা বেনামী তথ্য বিশ্লেষণ নিশ্চিত করবে। অংশগ্রহণকারীর নাম সংবলিত মূল সাক্ষাতকারের প্রতিলিপিগুলো শুধুমাত্র গবেষকদের কাছেই অ্যাক্সেসযোগ্য থাকবে, যা উচ্চ গোপনীয়তা এবং নিরাপত্তা নিশ্চিত করবে।

তথ্য সংরক্ষণ

সংগৃহীত তথ্য একটি পাসওয়ার্ড-সুরক্ষিত কম্পিউটার এবং ক্লাউড সিস্টেমে সংরক্ষণ করা হবে, যা শুধুমাত্র গবেষকদের কাছে অ্যাক্সেসযোগ্য এবং কঠোর গোপনীয়তার জন্য ফিজিক্যাল কপিগুলো সেন্টার ফর দ্য রিহ্যাবিলিটেশন অফ দ্য প্যারালাইজড (সিআরপি)-এর তালাবদ্ধ ফাইল ক্যাবিনেটে রাখা হবে।

ফলাফল

এই গবেষণাটি একটি ব্যাপক বর্ণনামূলক প্রতিবেদন তৈরি করার জন্য সাক্ষাতকার এবং সাক্ষাতকার থেকে প্রাপ্ত তথ্যকে একত্রিত করবে। গুরুত্বপূর্ণ বিষয়গুলো শিক্ষামূলক জার্নাল বা সম্মেলন কার্যক্রমে প্রকাশিত হতে পারে। একটি সংক্ষিপ্ত সারাংশের জন্য, প্রদত্ত যোগাযোগের বিবরণ ব্যবহার করে প্রকল্প তদন্তকারীদের সাথে যোগাযোগ করুন। গবেষণার ফলাফলগুলো সম্মেলন কার্যক্রমেও স্থান পেতে পারে।

অভিযোগ

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

তত্ত্বাবধায়ক: মোঃ হাবিবুর রহমান,

সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ,

বিএইচপিআই, সিআরপি, সাভার, ঢাকা: ১৩৪৩

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সম্মতি পত্র

আসসালামুআলাইকুম,

আমি মিম আক্তার, ঢাকা বিশ্ববিদ্যালয়ের অধিভুক্ত বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)-এর চতুর্থ বর্ষের বি.এস-সি. ইন অকুপেশনাল থেরাপি বিভাগের একজন ছাত্রী। বি.এস-সি. ইন অকুপেশনাল থেরাপি ডিগ্রির প্রয়োজনীয়তা পূরণের জন্য আমাকে একটি গবেষণা প্রকল্প করতে হবে। আমার গবেষণার শিরোনাম হলো: "মেরুরজ্জুতে আঘাতপ্রাপ্ত ব্যক্তিদের মধ্যে তালাক এবং বিচ্ছেদের জীবন অভিজ্ঞতা অন্বেষণ করা: একটি গুণগত গবেষণা"। এই গবেষণার লক্ষ্য হলো মেরুরজ্জুতে আঘাতপ্রাপ্ত হওয়ার পরে তালাক বা বিচ্ছেদের সম্মুখীন হওয়া ব্যক্তিদের জীবন অভিজ্ঞতা অন্বেষণ করা। এটি সম্পূর্ণ হতে আনুমানিক ৪৫-৬০ মিনিট সময় লাগবে। আমি প্রতিশ্রুতিবদ্ধ যে এই গবেষণাটি আপনার জন্য ক্ষতিকর বা ঝুঁকিপূর্ণ হবে না। এই গবেষণায় অংশগ্রহণের জন্য কোনো প্রকার পারিশ্রমিক দেওয়া হবে না। আপনার সরবরাহকৃত সমস্ত তথ্য গোপন রাখা হবে এবং কোনো প্রতিবেদন বা প্রকাশনার ক্ষেত্রেও আপনাকে নিশ্চিত করা হবে যেন তথ্যের উৎস গোপন থাকে। এই গবেষণায় আপনার অংশগ্রহণ স্বেচ্ছামূলক, এবং আপনি কোনো নেতিবাচক পরিণতি ছাড়াই যেকোনো সময় এই গবেষণা থেকে অংশগ্রহণ প্রত্যাহার করতে পারেন। সাক্ষাৎকারের সময় আপনি অপরহস্ত করেন বা উত্তর দিতে চান না এমন কোনো প্রশ্নের উত্তর না দেওয়ার অধিকারও আপনার আছে।

গবেষণা সম্পর্কে আপনার কোনো প্রশ্ন থাকলে, আপনি আমার (মিম আক্তার) বা আমার সুপারভাইজার মো. হাবিবুর রহমান (সহকারী অধ্যাপক, অকুপেশনাল থেরাপি বিভাগ)-এর সাথে যোগাযোগ করতে পারেন।

সুতরাং, সাক্ষাৎকারটি এগিয়ে নিয়ে যাওয়ার জন্য আমি কি আপনার সম্মতি পেতে পারি?

হ্যাঁ

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অংশগ্রহণকারীর স্বাক্ষর ও তারিখ

গবেষকের স্বাক্ষর ও তারিখ

প্রত্যাহারপত্র

গবেষণার শিরোনাম: মেরুৱজ্জুতে আঘাতপ্রাপ্ত ব্যক্তিদের মধ্যে তালুক এবং বিচ্ছেদের জীবন অভিজ্ঞতা : একটি গুণগত গবেষণা

গবেষকের নাম: মিম আক্তার

আমি, _____ (অংশগ্রহণকারী),

আমার অংশগ্রহণের ফলে প্রাপ্ত উপাত্ত/তথ্যের ব্যবহার থেকে আমার সম্মতি প্রত্যাহার করতে চাই।

তথ্য এবং সম্মতিপত্রে যেমন বর্ণনা করা হয়েছে, এই গবেষণা প্রকল্পে আমার অংশগ্রহণের ফলে প্রাপ্ত উপাত্ত/তথ্য ব্যবহার করা যাবে না।

আমি বুঝতে পারছি যে এই প্রকল্পে আমার অংশগ্রহণের সমাপ্তির চার সপ্তাহের মধ্যে যদি এই অনুরোধটি গৃহীত হয়, তাহলে আমার অংশগ্রহণের ফলে সৃষ্ট উপাত্ত/তথ্য নষ্ট করে দেওয়া হবে।

আমি আরও বুঝতে পারছি যে আমার দেওয়া উপাত্ত/তথ্য এই নির্দিষ্ট গবেষণা প্রকল্পের জন্য ব্যবহার করার সম্মতি প্রত্যাহারের প্রমাণ হিসেবে এই বিজ্ঞপ্তিটি আমার সম্মতিপত্রের সাথে সংরক্ষিত থাকবে।

অংশগ্রহণকারীর নাম: _____

অংশগ্রহণকারীর স্বাক্ষর/আঙুলের ছাপ: _____

তারিখ: _____

Appendix C: Questionnaire

Self-Developed Interview Guide (English version)

Date of interview:

Socio-Demographic Information:

- Age:
- Gender:
- Education:
- Employment Status:

SCI information:

- Date of incident:
- Level of injury:
- Marital status after SCI: Divorce/separated
- Time since Spinal Cord Injury (SCI): ____ months
- Time since Divorce/Separation: ____ months
- Rehabilitation Status: Completed rehabilitation/Receiving rehabilitation
- Time Living in the Community After Divorce or Separation (before or during rehabilitation): ____ months

Introductory/Background Questions

1. Can you briefly tell me about yourself and your life after your spinal cord injury?
2. Could you describe the major changes that occurred in your daily life (like self-care, work, leisure) after the divorce or separation? Please explain your experience.

Psychological Experience

3. How did the divorce/separation affect your emotional and psychological well-being?
Please describe your experience.
4. What kinds of feelings or emotional reactions did you experience during that period?
5. How has the divorce or separation affected the way you see yourself, including your identity and sense of independence? Please describe in detail.
6. Have you noticed any positive inner changes or personal strengths developing after the divorce or separation?

Family Experience

7. After your divorce/separation, with whom do you live now (e.g., family, friends, relatives, or alone)?
8. How did your family react to your divorce or separation? Please elaborate.
9. Have your relationships with family members (e.g., parents, children, siblings) changed since the divorce or separation? Please describe your experience.
10. Do your family members provide any support (e.g., emotional, financial, self-care)?
11. How do your family members respond to your opinions and decisions after the divorce/separation? Please describe your experience.

12. Does your ex-partner provide any financial support after the divorce/separation?

Please explain in detail.

13. Do you have any children? If so,

- How do you and your ex-partner maintain communication or relationships with them? Please describe.

- How are their maintenance, education (if any), or other financial responsibilities being met after the divorce/separation? Please provide details about you and your ex-partner's roles in this regard.

14. How are you managing your personal and household expenses at present?

Social Experience

15. How do people in your community behave toward you or talk about you after the divorce or separation and your disability? Please describe your experience.

16. Did you receive any help or support from them, or did they show negative attitudes towards you? Please elaborate.

17. Have you faced any obstacles or problems in participating in social activities such as weddings, birthdays, fairs, concerts, or any other events after your divorce or separation?

18. Have you ever avoided going out or participating in social activities because of your divorce/separation? If so, please explain why.

Coping Strategies

19. How did you initially cope with the changes?

20. Do you have any personal beliefs, values, or spiritual/religious practices that helped you deal with emotional challenges? Please elaborate.
21. Have you received any professional support, such as counselling, therapy, or peer support programs? If yes, how did these help? Please elaborate.
22. Overall, what has helped you the most to continue your life after the divorce or separation?

Closing Questions

23. What advice would you give to others who might go through a similar situation?
24. Is there anything else about your experience that you would like to share, which we have not discussed yet? Please describe.

Self-Developed Interivew Guide (Bangla version)

সাক্ষাৎকারের তারিখ:

সমাজ-জনতাত্ত্বিক তথ্য:

- বয়স:
- লিঙ্গ:
- শিক্ষাগত যোগ্যতা:
- কর্মসংস্থানের অবস্থা:

স্পাইনাল কর্ড ইনজুরি (SCI) সম্পর্কিত তথ্য:

- ঘটনার তারিখ:
- আঘাতের ধরন:
- মেরুরজ্জুতে আঘাতের পর বৈবাহিক অবস্থা: তালাকপ্রাপ্ত /বিচ্ছেদিত
- মেরুরজ্জুতে আঘাতের সময়কাল: ____ মাস
- তালাক বা বিচ্ছেদের সময়কাল: ____ মাস
- পুনর্বাসন অবস্থা: পুনর্বাসন সম্পন্ন/পুনর্বাসন চলমান
- তালাক বা বিচ্ছেদের পর (পুনর্বাসনের আগে বা চলাকালীন) সমাজে বসবাসের সময়কাল: ____ মাস

ভূমিকা/পটভূমি সম্পর্কিত প্রশ্নাবলী

১. আপনার মেরুদণ্ডের আঘাতের পরে আপনার জীবন এবং আপনার সম্পর্কে কি সংক্ষেপে বলতে পারেন?
২. তালাক বা বিচ্ছেদের পর আপনার দৈনন্দিন জীবনে (যেমন: স্ব-পরিচর্যা, কাজ, অবসর) যে বড় পরিবর্তনগুলো ঘটেছে, আপনি কি তা বর্ণনা করতে পারেন? অনুগ্রহ করে আপনার অভিজ্ঞতা ব্যাখ্যা করুন

মানসিক অভিজ্ঞতা সংক্রান্ত প্রশ্নাবলী

৩. তালাক/বিচ্ছেদ আপনার আবেগগত এবং মানসিক সুস্থতাকে কিভাবে প্রভাবিত করেছে? অনুগ্রহ করে আপনার অভিজ্ঞতা বর্ণনা করুন।
৪. ওই সময়ে আপনি কী ধরনের অনুভূতি বা আবেগগত প্রতিক্রিয়ার সম্মুখীন হয়েছিলেন?
৫. তালাক বা বিচ্ছেদ আপনার আত্ম-পরিচয় এবং স্বাধীনতার অনুভূতির মতো বিষয়গুলোসহ আপনার নিজেকে দেখার দৃষ্টিভঙ্গিকে কীভাবে প্রভাবিত করেছে? অনুগ্রহ করে বিস্তারিত বলুন।
৬. তালাক বা বিচ্ছেদের পরে আপনার মধ্যে কি কোনো ইতিবাচক অভ্যন্তরীণ পরিবর্তন বা ব্যক্তিগত শক্তির বিকাশ লক্ষ্য করেছেন?

পারিবারিক অভিজ্ঞতা সংক্রান্ত প্রশ্নাবলী

৭. তালাক/বিচ্ছেদের পর এখন আপনি কার/কাদের সাথে বসবাস করেন (যেমনঃ পরিবার, বন্ধু-বান্ধব, আত্মীয়, একা থাকা)?
৮. তালাক বা বিচ্ছেদের বিষয়ে আপনার পরিবার কীভাবে প্রতিক্রিয়া দেখিয়েছে? বিস্তারিত বলুন।
৯. তালাক বা বিচ্ছেদের পর আপনার পরিবারের সদস্যদের (যেমনঃ বাবা-মা, সন্তান, ভাই-বোন) সাথে সম্পর্কে কি কোন পরিবর্তন এসেছে? এ বিষয়ে বিস্তারিত বলুন।
১০. আপনার পরিবারের সদস্যরা আপনাকে কি সহায়তা করে (যেমনঃ আর্থিক, স্ব-যত্ন)? এ বিষয়ে আপনার অভিজ্ঞতা বর্ণনা করুন।

১১. তালাক/বিচ্ছেদের পরে আপনার পরিবারের সদস্যরা আপনার মতামত ও সিদ্ধান্তের প্রতি কীভাবে প্রতিক্রিয়া দেখায়? আপনার অভিজ্ঞতা বর্ণনা করুন।

১২. তালাক/বিচ্ছেদের পর আপনার প্রাক্তন সঙ্গী কি কোনো আর্থিক সহায়তা করে থাকেন? এ সম্পর্কে বিস্তারিত বলুন।

১৩. আপনার কি কোনো সন্তান আছে? যদি থাকে,

- তাহলে আপনি বা আপনার প্রাক্তন সঙ্গী কীভাবে তার/তাদের সাথে সম্পর্ক বজায় রাখেন?

-তালাক/বিচ্ছেদের পর আপনার সন্তান/সন্তানদের ভরণপোষণ, শিক্ষা (যদি থাকে) বা অন্যান্য আর্থিক দায়িত্ব কীভাবে সম্পন্ন হচ্ছে?

এই বিষয়ে আপনার এবং আপনার প্রাক্তন সঙ্গীর ভূমিকা সম্পর্কে বিস্তারিত বলুন।

১৪. বর্তমানে আপনি আপনার ব্যক্তিগত ও গৃহস্থালির খরচ কীভাবে পরিচালনা করছেন?

সামাজিক অভিজ্ঞতা সংক্রান্ত প্রশ্নাবলী

১৫. তালাক বা বিচ্ছেদ এবং আপনার প্রতিবন্ধিতার পরে আপনার সমাজের মানুষজন আপনার সাথে কেমন আচরণ করে বা আপনার সম্পর্কে কী কথা বলে? আপনার অভিজ্ঞতা বর্ণনা করুন।

১৬. তাদের থেকে কোন সহায়তা বা সমর্থন পেয়েছেন, নাকি তারা আপনার প্রতি নেতিবাচক মনোভাব দেখিয়েছে? অনুগ্রহ করে বিস্তারিত বলুন।

১৭. তালাক বা বিচ্ছেদের পর সামাজিক কর্মকাণ্ড যেমন বিয়ের অনুষ্ঠান, জন্মদিন, মেলা, কনসার্ট বা অন্য কোন অনুষ্ঠানে

অংশগ্রহণের ক্ষেত্রে আপনি কি কোনো বাঁধা বা সমস্যার সম্মুখীন হয়েছেন? যদি হয়ে থাকেন, দয়া করে তা বর্ণনা করুন।

১৮. তালাক/বিচ্ছেদের কারণে আপনি কি কখনো বাইরে যাওয়া বা কোনো সামাজিক কার্যকলাপে অংশগ্রহণ করা এড়িয়ে গেছেন?

যদি হয়, তাহলে অনুগ্রহ করে এর কারণ ব্যাখ্যা করুন।

মোকাবিলার কৌশল সংক্রান্ত প্রশ্নাবলী

১৯. শুরু দিকে এই পরিবর্তনের সাথে কিভাবে মানিয়ে নিয়েছিলেন?

২০. আপনার কি এমন কোনো ব্যক্তিগত বিশ্বাস, মূল্যবোধ, কিংবা আধ্যাত্মিক/ধর্মীয় অনুশীলন ছিল, যা আবেগজনিত সমস্যা বা

বাঁধাগুলো মোকাবিলা করতে সাহায্য করেছিল? বিস্তারিত বলুন

২১. আপনি কি কাউন্সেলিং, থেরাপি, বা পিয়ার সাপোর্ট প্রোগ্রামের মতো কোনো পেশাদার সহায়তা গ্রহণ করেছেন? যদি করে

থাকেন, এই সহায়তাগুলো কীভাবে আপনাকে উপকার করেছে—দয়া করে বিস্তারিতভাবে বর্ণনা করুন।

২২. সার্বিকভাবে, তালাক বা বিচ্ছেদের পরে আপনার জীবন চালিয়ে যেতে সবচেয়ে বেশি কী সাহায্য করেছে?

সমাপনী প্রশ্ন

২৩. আপনার মতো এমন পরিস্থিতির মধ্য দিয়ে যারা যেতে পারে, তাদের জন্য আপনি কী পরামর্শ দিতে চান?

২৪. আপনার অভিজ্ঞতা সম্পর্কে এমন কোনো বিষয় কি আছে যা আপনি শেয়ার করতে চান, কিন্তু আমরা এখনো আলোচনা করিনি?

থাকলে অনুগ্রহ করে তা বর্ণনা করুন।

Appendix D: 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: Lived Experience of Divorce & Separation among Individuals with Spinal Cord Injury: A Qualitative Study

Name of student: Mim Akter

Name and designation of thesis supervisor: Md. Habibur Rahman, Assistant Professor & Course Coordinator, M.sc in Occupational Therapy,
Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI).

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	Supervision guidance and discussion about title	1 hour	Got a clear concept	Mim Akter	
2	27.05.25	BHPI Office Building	Discussion about title, methodology and participants	1 hour	Got a clear concept	Mim Akter	
3	01.06.25	BHPI Office Building	Discussion about aim, objectives, questions of interview guide.	1 hour	Got a clear concept	Mim Akter	

4	04.06.25	BHPI Building	Discussion about Interview guide	1 hour	Effective discussion	Mim Akter	
5	07.06.25	BHPI Building	Final guideline and correction for IRB presentation.	2 hours	Effective discussion	Mim Akter	
6	09.06.25	BHPI Building	Feedback on socio-demographic questionnaire	2 hours	Effective discussion	Mim Akter	
7	11.06.25	Reddaway Hall	Feedback on Bangla translation of the questionnaire	1 hour	Effective discussion	Mim Akter	
8	14.06.25	BHPI Building	Guideline on literature review	1 hour	Got a clear idea	Mim Akter	
9	21.06.25	BHPI Office Building	Feedback on literature review	2 hours	Got a clear idea	Mim Akter	
10	06.08.25	BHPI Office Building	Guideline on data collection	2 hours	Got a clear idea	Mim Akter	
11	19.08.25	BHPI Office Building	Discussion about data collection status	2 hours	Effective discussion	Mim Akter	
12	30.08.25	BHPI Classroom	Discussion about data analysis	3 hours	Got a clear idea	Mim Akter	
13	01.09.25	BHPI Classroom	Discussion about coding	3 hours	Got a clear idea	Mim Akter	
14	10.11.25	BHPI Classroom	Discussion about Making theme subtheme	3 hours	Got a clear idea	Mim Akter	
15	11.11.25	BHPI Classroom	Discussion about the way of presenting the result	4 hours	Got a clear concept	Mim Akter	

16	12.11.25	BHPI Classroom	Correction of mistakes in presenting result	4 hours	Got a clear concept	Mim Akter	
17	13.11.25	BHPI Classroom	Discussion on presenting quotes of participants	4 hours	Effective discussion	Mim Akter	
18	16.11.25	BHPI Classroom	Feedback on Quotes writing process	3 hours	Got a clear concept	Mim Akter	
19	23.11.25	BHPI Building	Final correction on overall formatting	3 hours	Got a clear concept	Mim Akter	
20	20.12.25	BHPI Building	Feedback on first draft correction	1 hours	Got a clear concept	Mim Akter	

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.