

Exploring the Perspective of Caregivers of Children with Cerebral Palsy regarding Family Support on Social Integration



By

Nilufa Yasmin

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Bachelor of Science in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Faculty of Medicine
University of Dhaka

Thesis completed by:**Nilufa Yasmin**

4th year, B.Sc. in Occupational Therapy
 Bangladesh Health Professions Institute
 (BHPI)
 Centre for the Rehabilitation of the
 Paralysed (CRP)
 Chapain, Savar, Dhaka: 1343

.....
 Signature

Supervisor's Name, Designation, and Signature**Prof. Sk. Moniruzzaman**

Professor & Head
 Department of Occupational Therapy
 Bangladesh Health Professions Institute
 (BHPI)
 Centre for the Rehabilitation of the
 Paralysed (CRP)
 Chapain, Savar, Dhaka: 1343

.....
 Signature

Co-Supervisor's Name, Designation, and Signature**Amena Rahman**

Lecturer
 Department of Occupational Therapy
 Bangladesh Health Professions Institute
 (BHPI)
 Centre for the Rehabilitation of the
 Paralysed (CRP)
 Chapain, Savar, Dhaka: 1343

.....
 Signature

Head of the Department's Name, Designation, and Signature**Prof. Sk. Moniruzzaman**

Professor & Head
 Department of Occupational Therapy
 Bangladesh Health Professions Institute
 (BHPI)
 Centre for the Rehabilitation of the
 Paralysed (CRP)
 Chapain, Savar, Dhaka: 1343

.....
 Signature

Board of Examiners

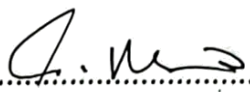
Prof. Sk. Moniruzzaman

Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh.


.....
Signature

Dr. Md. Shakhaoat Hossain, PhD

Chairman & Associate Professor

Department of Public Health and Informatics

Jahangirnagar University

Savar, Dhaka-1342, Bangladesh.


.....
Signature

Statement of Authorship

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Nilufa Yasmin

4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Peralysed (CRP)
Chapain, Savar, Dhaka: 1343

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Signature

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Dedication

I dedicate this work to my parents.

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List of Abbreviations

ADLs	Activities of Daily Living
BHPI	Bangladesh Health Professions Institute
CRP	Centre for the Rehabilitation of the Paralysed
CP	Cerebral Palsy
IRB	Institutional Review Board
NHMRC	National Health and Medical Council
OT	Occupational Therapy
WHO	World Health Organization

Abstract

Background: Family support is essential in shaping the social integration and emotional well-being of children with cerebral palsy (CP). Caregivers play a central role in helping their children participate in daily and social activities while navigating emotional, physical, and societal challenges. Understanding caregivers perspectives provides valuable insight into how family support systems influence inclusion and help overcome barriers to participation.

Aim: This study explored caregivers perspectives on how family support influences the social integration of children with cerebral palsy.

Methods: A qualitative phenomenological approach was applied to capture caregivers lived experiences. Twelve primary caregivers of children with cerebral palsy (CP) were purposively selected. Data were collected through semi-structured interviews using a self-developed interview guide. Additional sources of data included field notes and a reflective journal. The interviews typically lasted 30 to 45 minutes. Braun and Clarke's six-step thematic analysis was used to analyse the data.

Results: Six themes emerged: (I) perception of the child's condition, (II) caregiving journey, (III) family as the pillar of support, (IV) Socioeconomic and Environmental Barriers, (V) pathways to social integration, and (VI) aspirations and future hopes. The findings demonstrate that strong family unity, emotional reassurance, and shared caregiving responsibilities significantly influenced children's confidence and participation in school, family, and community activities. Family acceptance within the home enabled caregivers to promote inclusion and manage social stigma, while financial hardship and negative community attitudes remained major challenges in the process of social integration.

Conclusion: Family support significantly enhances the social integration and emotional growth of children with cerebral palsy. Strengthening community awareness, inclusive education, and institutional support can promote equal participation and improve quality of life for children with CP.

Keywords: Cerebral palsy, caregiver experience, family support, social integration, lived experience.

CHAPTER I: INTRODUCTION

1.1 Background

Family support plays a central role in shaping the caregiving journey of parents and relatives of children with cerebral palsy (CP). In Bangladesh, caregiving is often viewed as a shared family responsibility, where mothers are the main caregivers, but other family members also influence how support and social participation develop (Anam et al., 2020). According to Hoque et al. (2021), when families work together with mutual understanding and emotional care, caregivers experience less psychological stress and show better coping abilities. Elangkovan and Shorey (2020) observed that family encouragement builds caregiver's emotional resilience and confidence to face the challenges of daily life.

The caregiving experience extends far beyond the child's physical care, it includes emotional stability, financial management, and social inclusion. Research shows that caregivers of children with disabilities often experience fatigue, frustration, and loss of personal freedom when family cooperation is absent (Rashid et al., 2022). Gomes et al. (2019) found that when families share caregiving duties, the stress becomes more manageable, and caregivers can maintain a healthier emotional state. Similarly, Hossain and Yasmeen (2023) noted that emotional and instrumental support within the family system enhances the caregiver's motivation and overall well-being.

Social integration is closely linked to the strength of family support. It refers to how well children with disabilities and their caregivers can engage in social, educational, and community activities (Islam et al., 2018). Taylor et al. (2021) highlighted that caregivers who feel supported by their families are more likely to

promote their child's participation in social events and inclusive education. Rahman et al. (2022) further explained that family encouragement helps caregivers overcome stigma and develop positive attitudes toward inclusion. Conversely, when caregivers experience rejection or lack of cooperation within the family, they are less confident in exposing their children to social environments (Gupta et al., 2019).

Therefore, this study aims to explore the perspectives of caregivers regarding the role of family support in promoting social integration among children with cerebral palsy. Understanding these perspectives will help occupational therapists and rehabilitation professionals to design more family-centered interventions that strengthen inclusion, resilience, and community participation within the Bangladeshi cultural framework.

1.2 Justification of the Study

Caring for a child with cerebral palsy is not an easy responsibility. In Bangladesh, where family plays a central role in everyday life, the caregiving journey often becomes both a challenge and a test of emotional strength. Most of the time, mothers take the main responsibility for looking after their children, while other family members support them in different ways. However, not all families are equally understanding or cooperative. Some caregivers receive full support, while others feel alone, misunderstood, and emotionally exhausted. These differences in family attitudes can make a big impact on how caregivers manage their stress and how they help their children participate in society.

Through my personal observation during clinical placements, I have seen how family support can change a caregiver's life. When family members stand beside the caregiver, share responsibilities, and show empathy, the caregiver becomes more hopeful and confident. On the other hand, when family members do not show interest or blame the caregiver, it increases their mental stress and isolation. This emotional burden not only affects the caregiver's health but also limits the child's opportunities to interact with others.

This study is important because it focuses on caregiver's own experiences and perspectives. It seeks to understand how family support influences their efforts to include their children in everyday social life. In Bangladesh, where cultural beliefs and community attitudes often create barriers, family support can become the strongest source of empowerment. By listening to the voices of caregivers, this research aims to highlight their strengths, challenges, and hopes for a more inclusive society.

The findings of this study will help occupational therapists, rehabilitation professionals, and policymakers to understand caregivers' needs from their own point of view. It will also provide guidance on how to design programs that strengthen family support and promote social inclusion. Most importantly, this study will give recognition to the silent struggles and achievements of caregivers who continue to stand by their children with love, courage, and faith.

1.3 Operational Definitions

1.3.1 Cerebral Palsy

Cerebral palsy refers to a list of sustained motorization and posture disorders that result in the reduced activity with others being identified as nonprogressive impairments in the developing brain (Rosenbaum et al., 2007).

1.3.2 Family Support

The family support is defined as multidimensional support and emotional sustenance of a primary caregiver that the family members will offer (Skok et al., 2006). This includes instrumental assistance, including assistance with activities of daily living and finances (Hsiao, 2018). It encompasses emotional support; this is whereby empathy and validation are employed (Ones et al., 2005). Informational support refers to the advice and guidance (Skok et al., 2006).

1.3.3 Social Integration

The degree of involvement in the social interactions and community life is referred to as social integration (Verdonschot et al., 2009). It includes socially taking part in the events or informal interactions. It involves the format and quality of social networks outside of immediate household (Green, 2007). It is also characterized by a subjective belonging and acceptance (Hsiao, 2018).

1.3.4 Caregiver

A caregiver refers to the major person who has taken up the continued responsibility of taking care of the child and provides the daily supervision (Raina et al., 2005). This person organizes healthcare and is involved in big decisions. It is broad in the definition of family relationships, which consider the joint responsibility in collectivist societies (Mobarak et al., 2000).

1.4 Aim of the study

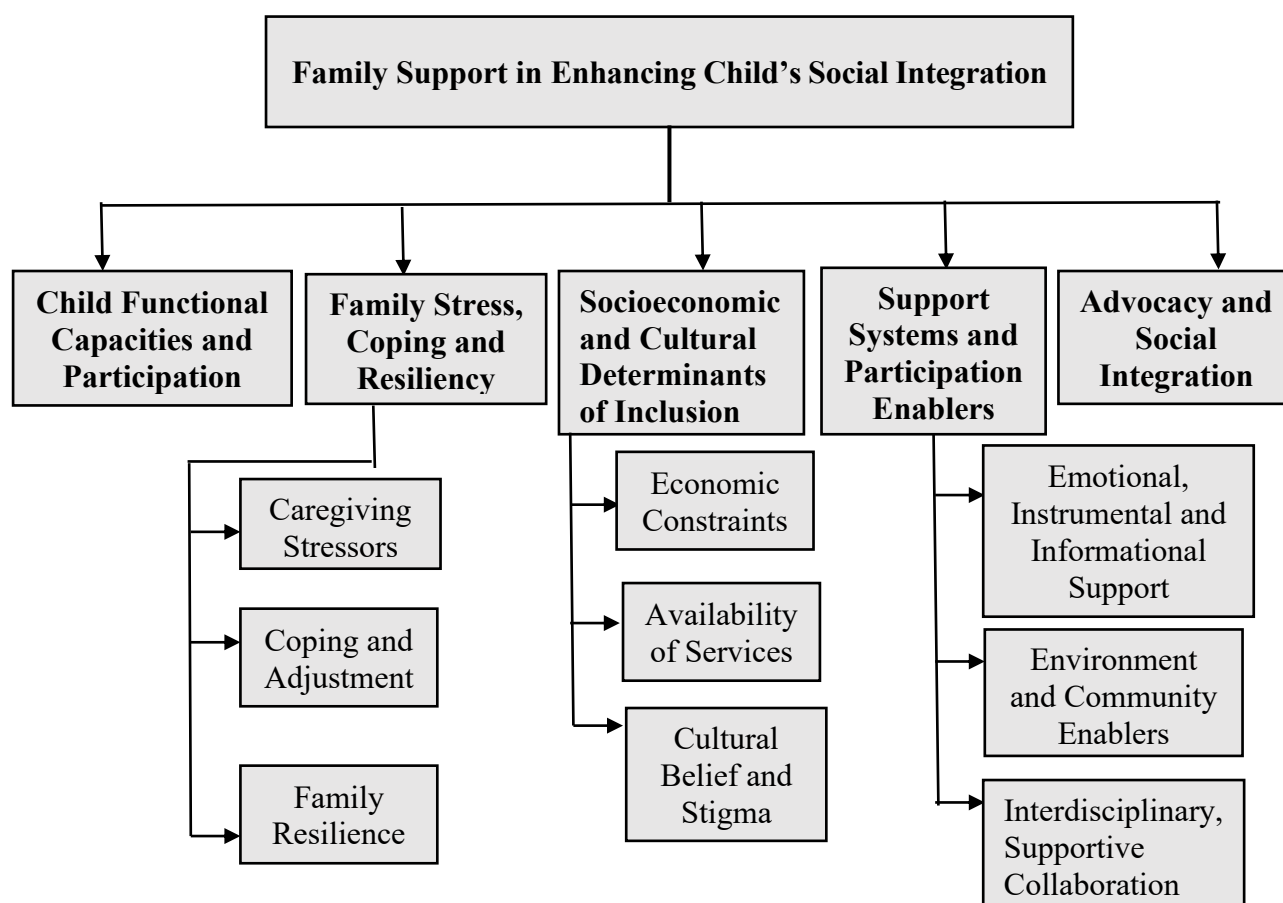
Exploring the lived experience of caregiver in providing family support that enhances social integration of children with cerebral palsy.

CHAPTER II: LITERATURE REVIEW

This literature review chapter provides an overview of studies that family support influences the social integration of children with cerebral palsy. This chapter concluded with a discussion of the key gaps in the evidence. Google Scholar, PubMed, Scopus and Google have searched for articles published within the last 5-15 years. Please see Figure 2.1 for an overview of the findings from the literature review.

Figure 2.1

Overview of literature review findings



2.1 Child Functional Capacities and Participation

Cerebral palsy (CP) has been clinically defined as a heterogeneous and varied group of longlasting motor disorders (Rosenbaum et al. 2007). Consequently, children diagnosed with CP follow pathways of development which are significant influenced by complex combination of primary motor impairments that are accompanied by secondary factors on cognitive processes, sensation and social function (Novak et al., 2017). These challenges range on the spectrum from having minor speech disturbances to inability to speak at all (Pennington et al., 2013). Children have limitations in receptive expressive language and this can limit social interactions (Stadskleiv, 2020). These persistent challenges in communication restricts their participation in educational, community and peer environments to a great degree. Furthermore, these deficits have negative impact on the general quality of life of these children (Pennington et al. 2013).

When compared with children with normal development, children with CP have high rates of emotional and behaviour problems (Parkes et al., 2008). Additionally, issues such as the ability to think, ability to communicate, presence of chronic pain and chance of engagement affect the quality of affective well-being (Parkes et al., 2009). Children's attitude to engagement in activities is influenced by a balance of their personal interests, perceived competence, satisfaction, social encouragement and environment (Imms et al. 2016). On the other hand, repeated failures, fatigue, suffering pain constantly and being excluded may lead to low motivation and to learned helplessness patterns (King et al., 2003).

Children with CP often experience restrictions in their everyday routines in home, school and community environments (Imms et al., 2008).

2.2 Family Stress, Coping and Resiliency

This section of the literature review discusses the Family Stress, Coping, and Resiliency

highlight how families of children with cerebral palsy manage stress, adapt to challenges, and build resilience.

2.2.1 Caregiving Stressors

Caring for a child with CP has tremendous physical and emotional demands on caregivers that show poorer overall health when compared with parents of typically developing children (Brehaut et al., 2004). The daily tasks required, including lifting, transferring, feeding and positioning the child, become more pronounced the child in question becomes larger hence adding more stress to the physical strain of being a parent (Brehaut et al., 2004). Emotionally, caregivers may face challenges of stressing over having to be always worried, changed expectations, anxiety and a sense of isolation (Raina et al., 2005). The prevalence of depression and psychological distress is two to three times greater in this group than in the general population (Raina et al., 2005). These stress levels are affected by child-specific factors (functional severity, behavior, communication challenges), family situation, and caregiver's health (Raina et al., 2005). Longitudinal work suggests that often caregiving stress does not improve over time, but instead remains stable (Raina et al., 2005).

In terms of time requirements, care of a CP child requires 3-5 more hours of daily care-giving activities than in families with children with normal development (Brehaut et al., 2004). These serious time requirements mean limited time for work, leisure and shared attention to other members of the family (Davis et al., 2010). Furthermore, financial pressures are associated with medical care and therapy services, transportation, assistive equipment, and lost income (Parish et al., 2008). Economic hardship is particularly acute when it comes to low-income contexts with limited insurance coverage (Khandaker et al., 2019). Finally, social pressures such as stigma, decreased social participation, and strained family relationships also add to increased

caregiver burden (Green, 2007). The cumulative effect raises the risk of burnout and lower quality of life (Raina et al, 2005).

2.2.2 Coping and Adjustment

Caregivers use many ways to cope with their situation. Problem-focused coping involves active actions for pursuing information, planning and care routine organization, and advocacy in healthcare and educational system (e.g., Skok et al., 2006). Nevertheless, their achievement level is greatly contingent on the availability of supportive resources; in under-resourced environments, the inability to acquire needed services may increase frustration (Dambi et al., 2015). Caregivers who are flexible in their adaptation approaches have more likely to show better outcomes in adjustment than those who adopt a single approach (Skok et al., 2006). Avoidant coping is in general related to worse psychological outcomes, although short-term respite/distraction may provide short-term protection (Skok et al., 2006). In many cultural contexts, spiritual and religious coping provides a way for people to cope by providing meaning, comfort, and emotional grounding (Dambi et al., 2015).

2.2.3 Family Resilience

Family resilience is defined as the ability to reorganise, adapt and possibly grow from adversity (Walsh, 2016). Families that exhibit cohesive relationships, communication patterns, flexibility in organization and mutual values have shown increased resiliency (Hsiao, 2018). Many caregivers express, not only burdens but also personal gains, strengthened family connections and changes in the prioritization of life attributes (Green, 2007).

The process of adjustment within families of children with CP is also not linear, rather consisting of recurring cycles of challenge and recovery (Walsh, 2016). Protective mechanisms include having supportive partnerships, being involved in a

robust extended family system, having financial stability, accessing needed services, and acceptance in the larger community (Hsiao, 2018). Positive reframing of the caregiving experience is also very important for resilience (Green, 2007).

2.3 Socioeconomic and Cultural Determinants of Inclusion

This section explores the socioeconomic and cultural factors that influence the inclusion of children with cerebral palsy. It highlights how family income, available service, social attitudes, and cultural beliefs affect access to opportunities, participation, and overall social integration.

2.3.1 Economic Constraints

Economic circumstances have a fundamental influence on the degree to which families gain access to healthcare, therapy and educational support services for children with CP (Maulik & Darmstadt, 2007). In low and middle-income countries, households frequently experience catastrophic healthcare spending, in some cases more than 40% of income (Khandaker et al., 2019). The costs of treatment, assistive devices, rehabilitation services, transportation and lost income from caregiving put a huge strain (Dambi et al., 2015). These financial challenges place increased stress on caregivers and could have adverse effects on the development of the child (Parish et al., 2008).

2.3.2 Availability of Services

Access to rehabilitation and developmental services is unequal with most professional services being found in urban centers and rural areas are underserved (Khandaker et al., 2019). Barriers like long traveling distance, problems with transportation, waiting time, fragmented systems of service provision, and lack of cultural appropriateness limit the routine use of a service (Maulik & Darmstadt, 2007). Consequently, community based and integrated service models have been found to be promising as pathway to close these access gaps (Khandaker et al., 2019).

2.3.3 Cultural Beliefs and Stigma

Cultural beliefs play a great role in the understanding and management of disability (Bywaters et al., 2003). In many contexts, disability is linked to negative stereotypes, supernatural explanations of disability, shame or blame (Bywaters et al., 2003). Courtesy stigma is faced by the whole family - especially mothers - who may be blamed for the condition of the child, or be socially excluded (Mobarak et al., 2000). These stigmatizing beliefs often lead to families withdrawing themselves from social participation, or when seeking for help (Bywaters et al., 2003). Despite these challenges, there are also many families who demonstrate a sense of resilience and actively challenge the negative norms (Green, 2007).

2.4 Support Systems and Participation Enablers

This section reviews the support systems and participation enablers that facilitate the social inclusion of children with cerebral palsy. It highlights how emotional, practical, informational support, accessible environment and rehabilitation services work together to enhance children's participation, independence, and overall well-being.

2.4.1 Emotional, Instrumental and Informational Support

Informal support systems, such as the family, relatives, neighbors, and peers, are often the source of the emotional support and empathy that caregivers of children with CP need, as well as practical support (Hsiao, 2018). Research shows that ever having perceived emotional support is consistently linked with reduced caregiver stress and improvements in psychological well-being (Skok et al., 2006). Practical help such as helping with daily caregiving responsibilities, household duties, or caring for other siblings can take a great deal of pressure off the caregivers (Hsiao, 2018). In this context there are unique benefits of peer support groups, specifically with other caregivers of children with disabilities, provide a level of mutual understanding and validation

(Green, 2007).

Formal systems refer to healthcare, therapy, educational and social welfare services (Maulik and Darmstadt, 2007). Research demonstrates that professional coordinated support, where all tasks are working in concert, affects outcomes of the child and decreases caregiver burden (Novak et al., 2017). However, in many low-resource settings, services are still fragmented, inaccessible or not culturally responsive (Maulik & Darmstadt, 2007). Family-centered model-Family involvement as active partners in planning and decision making contributes to stronger outcomes (King, et al., 2004).

2.4.2 Environmental and Community Enablers

Accessibility of the environment is extremely important to children's participation (Rosenbaum & Gorter, 2012). Barriers such as uneven terrain, inaccessible public buildings, unpaved roads and lack of transport options are factors that greatly limit mobility and inclusion (Rosenbaum & Gorter, 2012). Poor infrastructure in poor countries makes these challenges even more severe (Maulik & Darmstadt, 2007). Environmental modifications, such as ramps, widened pathways and adapted playgrounds, have been shown to improve levels of participation (Bornman et al., 2010). Assistive technologies such as wheelchairs, walkers, orthotics and communication devices promote independence but may be out of financial or geographic reach (Bornman et al., 2010).

Regarding community engagement, children with CP have lower participation levels in community-based recreation as well as organized activities because of barriers that include stigma, cost, and lack of appropriate adaptation (Imms et al., 2008). Communities which invest to make their programming inclusive, their staff informed, and their environments accessible provide higher levels of participation for children

with disabilities (Imms et al., 2016). Community-based rehabilitation (CBR) models in which workers are trained to work with children in the community itself are particularly successful in low-resource settings (Maulik & Darmstadt, 2007).

2.4.3 Supportive, Collaborative and Inter-disciplinary

Effective interdisciplinary team work (based on shared goals and communication and working together) reduces fragmentation and impacts on outcomes (Novak et al, 2017). Barriers such as workforce shortages and limited training and communication can occur in collaborative care, particularly in poor income settings (Maulik & Darmstadt 2007). Task-shifting models in which trained non-specialists provide basic interventions under supervision are a promising solution (Maulik and Darmstadt, 2007). Strong families and professionals partnerships remain important to successful care (King et al., 2004).

2.5 Advocacy and Social Integration

Community attitudes play an important role in influencing children with CP's experiences of living with this disability (Verdonschot et al., 2009). Negative perceptions such as fear, pity or low expectations can result in powerful barriers to inclusion (Verdonschot et al., 2009). Misconceptions about what children can do and what they can achieve help reinforce exclusions and discrimination (Bywaters et al., 2003). Awareness program to counter stereotypes and encourage appropriate knowledge of disability (Verdonschot et al., 2009). Successful initiatives often have the direct involvement of people with disabilities and the enhancement of strengths over deficit attribution (Verdonschot et al., 2009). A caregiver's social competency affects not only individual well-being but also a child's chances of participation (Green, 2007). Skills such as communication, negotiation, and advocacy facilitate interaction with the schooling environments, communities and service providers (Green, 2007).

Advocacy means achieving appropriate services, accommodations and rights

for children with CP (Maulik & Darmstadt, 2007). Effective advocacy involves knowledge of systems, communication and persistence (Maulik & Darmstadt, 2007). Caregivers frequently encounter barriers such as low literacy, unfamiliarity with rights frameworks or cultural norms that frown on assertiveness (Green, 2007). Empowerment programs education for family support, partnering with peers, and working together in service within the community increase the capacity of families to be advocates (Green, 2007). Collective advocacy groups are also helpful in redressing systemic inequities (Verdonschot et al., 2009).

2.6 Key Gaps in the Evidence

- **Geographical Gaps:** Majority of the studies on CP are conducted in high-income nations, which means that minimal representation is given to children and families in low and middle-income nations (Maulik and Darmstadt, 2007). The evidence unique to Bangladesh is still uncommon; it is commonly reduced to epidemiological evidence, but not a research on the psychosocial or an intervention (Khandaker et al., 2019).
- **Methodological Consideration:** Cross-sectional studies are dominant thereby limiting the knowledge of causal relationships (Raina et al., 2005). There is limited use of non-Western qualitative and mixed-methods methods (Dambi et al., 2015). It does not cover the lived experience of families with CP.
- **Disability coverage Gaps:** The current literature is highly biased towards motor impairment, and attention is not paid to communication, cognitive, sensory, and behavioral issues (Stadskleiv, 2020). Little is done concerning the way in which social and family support affect the child integration (Hsiao, 2018).

- **Focus Gaps:** Whereas the caregiver burden is widely reported, the focus on positively adapting the family, strengths, and resilience has been the focus of fewer studies (Walsh, 2016). The process by which social support facilitates the integration process needs to be studied further (Hsiao, 2018).

CHAPTER III: METHODS AND MATERIALS

This chapter aims to present the study question, aim, and objectives, along with the methods used, including the rationale for the research design, study setting, study participants, ethical considerations, data collection process, data management and analysis and trustworthiness.

3.1 Study Question, Aim, Objectives

3.1.1 Study Question

How does family support influence the social integration of children with cerebral palsy?

3.1.2 Aim of the study

Exploring the lived experience of caregiver in providing family support that enhances social integration of children with cerebral palsy.

3.1.3 Objectives

- To understand the challenges families face while promoting social integration for their children with cerebral palsy.
- To identify the coping strategies families use to overcome social and environmental barriers.
- To explore how family support influences the social participation of children with cerebral palsy.

3.2 Study Design

3.2.1 Study Method

The student researcher used a qualitative research design for this study because it helps to explore and understand how people make sense of their personal experiences (Creswell & Poth, 2018). This focuses on people's real-life stories, emotions, and perspectives, allowing the researcher to see the world through the participants' eyes (Liamputtong, 2017). Qualitative research also values the context in which people live, helping to uncover the deeper meanings behind their experiences (Fossey et al., 2002). On this study, the student researcher wanted to understand how caregivers experience providing family support that helps children with cerebral palsy become more socially included. Using a qualitative method made it possible to capture the caregivers' voices, feelings, and challenges in their own words. This method provided a richer understanding of what family support means to them and how it shapes the social lives of their children.

3.2.2 Study Approach

This study used a phenomenological approach within the qualitative research design. A phenomenological study focuses on understanding how people experience and make sense of a particular phenomenon in their everyday lives (Creswell & Poth, 2018). It aims to capture the shared meanings of those experiences and describe them as they are lived by the individuals themselves (Moustakas, 1994). This approach values personal stories and reflections, helping the researcher to see the world through the participants' perspectives (Neubauer et al., 2019). For this research, the focus was on exploring how caregivers experience providing family support that helps children with cerebral palsy to become more socially integrated. The phenomenological approach was chosen because it allows for an in-depth understanding of each caregiver's perspective and the

emotions, challenges, and meanings behind their lived experiences. Through this approach, the study aimed to give voice to caregivers and highlight their experiences in supporting their children's social participation.

3.3 Study Setting and Period

3.3.1 Study Setting

The data were collected from twelve participants from Paediatric Department of the Centre for the Rehabilitation of the Paralysed (CRP) and William and Marie Taylor School (WMTS), an inclusive school of CRP.

3.3.2 Study Period

The study period was from June 2025 to December 2025 with data collection conducted between 2nd August 2025 and 15th September 2025.

3.4 Study Participant

3.4.1 Study Population

The study involved family members who are the primary caregivers of children diagnosed with cerebral palsy. These caregivers are directly responsible for providing daily care, emotional support, and opportunities for social integration for their children.

3.4.2 Sampling Techniques

The researcher used purposive sampling, a type of non-probability sampling, to select participants for the study. In purposive sampling, participants are chosen based on specific characteristics or experiences that make them most suitable to provide rich information about the research topic (Etikan et al., 2016). This method allows the researcher to use their judgment to include individuals who meet the study's inclusion and exclusion criteria. Purposive sampling is appropriate for qualitative studies because it helps identify participants who can best explain and reflect on the phenomenon being explored (Palinkas et al., 2015).

3.4.3 Inclusion and Exclusion Criteria

Inclusion Criteria

- Family members who are the primary caregivers of children diagnosed with cerebral palsy.
- Caregivers who have been providing continuous care for at least one year.
- Caregivers of children aged between 3 and 13 years.
- Caregivers willing to share their experiences.

Exclusion Criteria

- Caregivers of children who have other severe medical or developmental conditions.
- Caregivers who have serious health or mental conditions that could limit their ability to participate in interviews
- Caregivers who are professional paid attendants rather than family members.

3.4.5 Participant Overview

The study involved twelve participants whom were primary caregivers of children with cerebral palsy. Due to ethical concerns, participants were given a pseudonym to protect their confidentiality (Goodyear et al., 2007; NHMRC, 2023). An overview of the participants is shown below. (Please see the next page for participant's overview)

Table 3.1*Overview of Caregivers of Children with Cerebral Palsy*

Pseudo Name	Occupation	Child's Age	Sex	Types of Cerebral Palsy (CP)	Educational Level/ Patient ID
Reshma(C1)	Homemaker	4 Year & 8 Month	Boy	Spastic Hemiplegic CP	25.01.040307
Rehena(C2)	Homemaker	3 Year	Boy	Spastic Diaplegic CP	24.01.024612
Nasima (C3)	Homemaker	5 Year	Girl	Spastic Quadriplegic CP	25.01.044475
Mira (C4)	Homemaker	3 Year & 1 Month	Girl	Dyskinetic CP	25.01.036459
Mily (C5)	Homemaker	12 Year	Boy	Spastic Diaplegic CP	Class Two
Afrin (C6)	Homemaker	11 Year & 3 Month	Boy	Spastic Diaplegic CP	Class Two
Jesmin(C7)	Homemaker	6 Year	Girl	Spastic Hemiplegic CP	Golap class
Jerin (C8)	Homemaker	11 Year	Boy	Spastic Diaplegic CP	KG Class
Memy (C9)	Homemaker	9 year	Girl	Spastic Hemiplegic CP	Nursery Class
Tamanna (C10)	Homemaker	10 Year	Girl	Spastic Hemiplegic CP	Nursery Class
Sahina (C11)	Homemaker	11 Year	Girl	Spastic Hemiplegic CP	KG Class
Shammi (C12)	Homemaker	8 Year	Girl	Spastic Hemiplegic CP	Rongon Class

3.5 Ethical Consideration

The Declaration of Helsinki provides internationally recognized ethical guidelines that protect human dignity, rights, and well-being in research (World Medical Association, 2024). This study followed these principles to ensure that participants were treated with respect, fairness, and care throughout the research process.

3.5.1 Ethical Clearance from IRB

Ethical approval for this study was obtained from the Institutional Review Board (IRB) through the Department of Occupational Therapy at the Bangladesh Health Professions Institute (BHPI). The IRB approval number is CRP-BHPI/IRB/07/2025/1098 (see Appendix A). Before collecting data, formal permission was also obtained from the authorities of the Paediatric Department of CRP and the William and Merry Taylor School, where the participants were recruited. All interviews were scheduled at times and locations convenient and comfortable for participants.

3.5.2 Informed Consent

Informed consent is a key ethical principle that ensures participants take part in research voluntarily, after being fully informed about its purpose, nature, risks, and benefits (Guraya et al., 2014).

- **Participant Explanatory Statement**

Each participant received an information sheet that explained the study's objectives, purpose, possible risks, and expected benefits. The researcher discussed the information with each participant to make sure they understood what participation involved (see Appendix B).

- **Consent From**

Participation in this study was completely voluntary. Before starting the interview, the researcher explained the purpose of the study and ensured that participants understood what their involvement meant. After that participants agreed to take part, they signed a written consent form confirming their voluntary participation (NHMRC, 2023).

- **Withdrawal Form**

Participants were informed that they could withdraw from the study at any time within two weeks after the interview, without giving a reason or facing any negative consequences (see Appendix B).

3.5.3 Unequal Relationship

The student researcher maintained a neutral and respectful relationship with all participants. There was no prior personal or professional connection that could influence participation or responses (NHMRC, 2023).

3.5.4 Risk and Beneficence

According to the NHMRC (2023) ethical guidelines, this study did not involve any physical, emotional, or social risks for the participants. Although there were no direct benefits, caregivers had the chance to share their personal experiences and challenges. Their insights may help improve future programs and support services for families of children with cerebral palsy.

3.5.5 Power Relationships

The student researcher maintained an equal and respectful relationship with all participants. No authority, influence, or pressure was placed on anyone to participate. Each caregiver took part voluntarily and was treated with fairness and understanding throughout the study (NHMRC, 2023).

3.5.6 Confidentiality

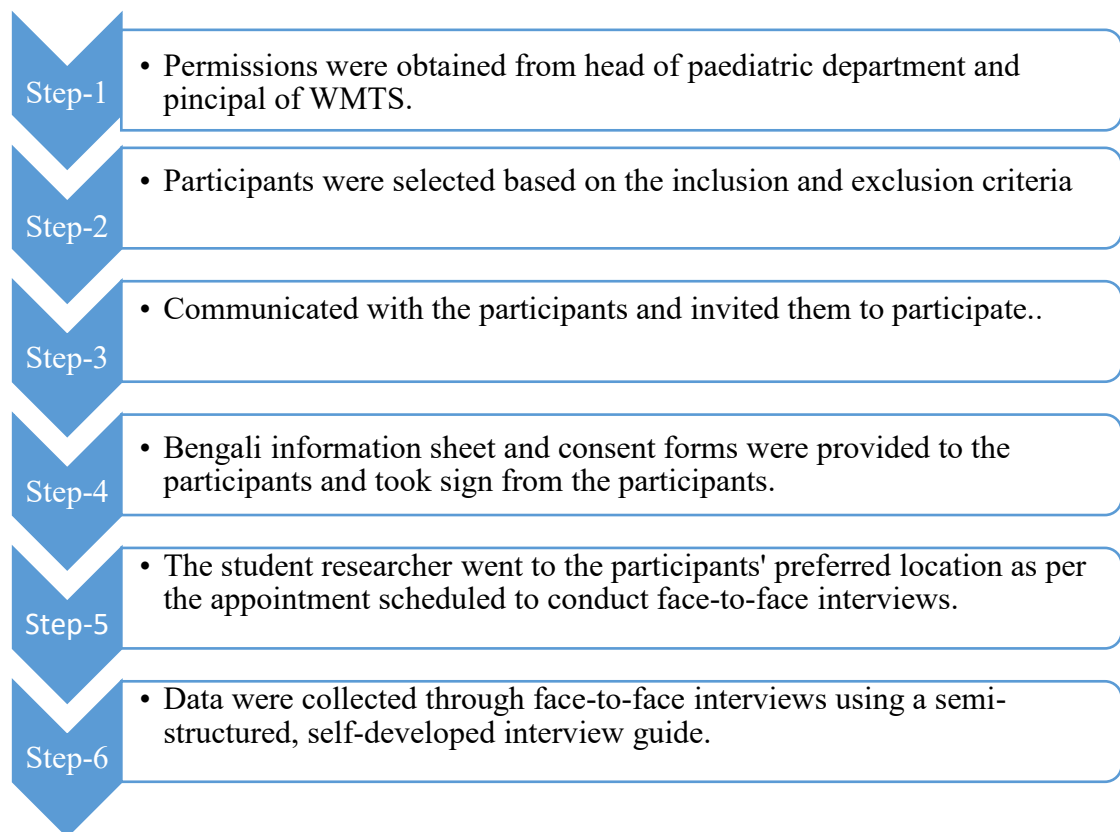
All information shared during the interviews was kept completely confidential. Participants' names and any identifying details were removed from transcripts and reports. Only the researcher and the academic supervisor had access to the data. Participants were assured that their identities would remain anonymous in all reports, presentations, and future publications (NHMRC, 2023).

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Figure 3.6.1

Overview of Participant Recruitment Process



3.6.2 Data Collection Method

Data for this study were collected through semi-structured, face-to-face interviews with the participants. This method was chosen because it allows for open conversation and helps capture participants' real experiences, feelings, and perspectives in their own words (Griffie, 2005). Semi-structured interviews provided the flexibility to explore important topics in depth while keeping the discussion focused on the study's objectives (Jessiman, 2013). Each interview lasted around 30 to 45 minutes and was conducted in a quiet and comfortable setting within the Paediatric Department and the William and Marie Taylor School at the Centre for the Rehabilitation of the Paralysed (CRP). With permission from each participant, interviews were audio-recorded and later transcribed word-for-word to ensure accuracy and completeness of the data (Liamputtong, 2017). The entire data collection process followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines to maintain ethical standards, transparency, and credibility throughout the study (Tong et al., 2007).

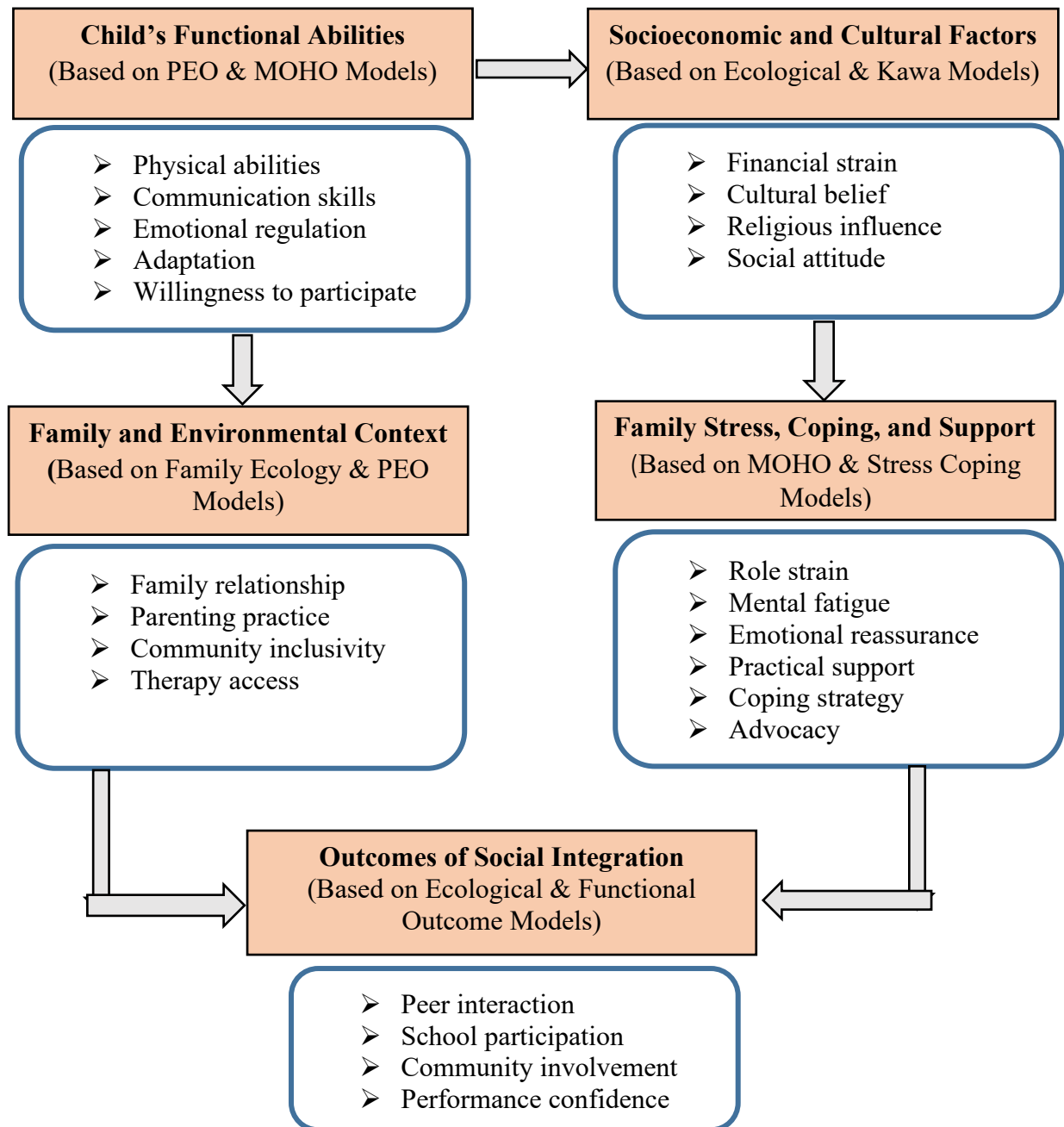
3.6.3 Data Collection Instrument

A self-developed semi-structured interview guide, informed by relevant theoretical frameworks and literature, was used to collect data from participants. The guide was developed drawing upon the Person-Environment-Occupation (PEO) Model, Model of Human Occupation (MOHO), Family Ecology Model, Kawa Model, and the Stress and Coping Model. The questions explored caregiver's perceptions, caregiving roles, family support, barriers, coping strategies, and the social participation of children with cerebral palsy. Open-ended questions were used to encourage participants to express their experiences and perspectives freely. The student researcher also developed a sociodemographic information sheet, which was included in the semi structured

interview guide. Field notes, a reflection diary and a high-quality recorder, were also used as instruments for the study.

Figure 3.6.3

Overview of conceptual framework



3.6.4 Field Test

A field test was conducted with *three participants* before beginning the main data collection. The purpose of the pilot interview was to assess the clarity, flow, and relevance of the questions in the interview guide. Conducting a pilot interview helps researchers refine questions, improve interviewing techniques, and receive feedback on the content and structure of the guide (Griffiee, 2005).

Based on the feedback from the pilot interviews, minor adjustments were made to the interview guide to improve clarity and ensure that the questions were easy for caregivers to understand. Some questions were rephrased to better capture caregivers' experiences of providing family support and their perceptions of their children's social participation. The field test helped ensure that the final interview guide was clear, relevant, and appropriate for the study population.

3.6.5 Field Notes and Reflective Journal

In this study, both field notes and a reflective journal were maintained throughout the data collection process. Along with the audio recordings, the field notes provided an additional layer of data that captured the context of each interview (Braun & Clarke, 2013; Creswell & Poth, 2018). All interviews were conducted in Bengali, allowing participants to express their thoughts and feelings more naturally. The field notes included nonverbal cues, emotional expressions, and any contextual details observed during the interviews. The reflective journal was used by the researcher to document personal insights, reflections, and emerging thoughts after each interview, helping to maintain reflexivity and ensure a deeper understanding of the data (Phillippi & Lauderdale, 2018).

3.7 Data Management and Analysis

The data in this study were analyzed using Braun and Clarke's six steps of thematic analysis. This method was chosen because it helps organize and interpret participants experiences in a clear and meaningful way (Braun & Clarke, 2013). It allowed the researcher to identify patterns and key ideas that reflected how caregivers experience and understand their role in supporting the social integration of children with cerebral palsy.

Step 1: Familiarisation with the Data

The researcher began by becoming fully familiar with the data. All interviews were conducted and transcribed verbatim in Bangla, then translated into English to prepare for analysis. One of the transcripts was first translated by a volunteer and then rechecked and retranslated by the researcher to ensure accuracy. All final versions were reviewed by the academic supervisor. The researcher carefully read and reread the transcripts and field notes to get a deep understanding of the participants' stories and to note early thoughts and impressions.

Step 2: Generating Initial Codes

In this step, important phrases, sentences, and ideas that captured the caregivers' experiences were identified and labeled with codes. Coding was done manually across all transcripts to make sure every meaningful piece of data was included. These initial codes were later reviewed and refined with input from the supervisor.

Step 3: Generating Themes

After coding, similar or related codes were grouped together to form potential themes. The researcher wrote the codes on separate sheets and used sticky notes to arrange them by topic and meaning. This visual process helped identify patterns and connections between different caregivers' experiences. These groupings were then discussed with

the supervisor to refine and organize the emerging themes.

Step 4: Reviewing Potential Themes

The researcher reviewed the initial themes carefully to check if they accurately represented the data. Each theme and subtheme was compared with the transcripts to make sure nothing important was missed. A preliminary thematic map was created to show how the themes were connected. The supervisor reviewed the themes and provided feedback to improve clarity and accuracy.

Step 5: Defining and Naming Themes

Once the themes were finalized, the researcher refined their names and meanings so that each clearly represented a specific aspect of the caregivers' experiences. The final themes were reviewed by the supervisor to ensure that they were coherent and meaningful.

Step 6: Producing the Report

In the last step, the researcher wrote the results chapter, organizing the findings under each theme. Direct quotes from participants were included to illustrate their voices and give authenticity to the findings. This process helped present a clear picture of how caregivers support their children with cerebral palsy and the challenges they face in promoting social integration.

3.8 Trustworthiness and Rigor

The trustworthiness of this study was ensured by maintaining both methodological and interpretive rigor as described by Fossey et al. (2002).

3.8.1 Methodological Rigor

Congruence: This refers to how well the chosen research design fits with the study's philosophical approach (Fossey et al., 2002). A phenomenological qualitative design was used in this research, which appropriately matched the aim of exploring caregivers'

lived experiences and understanding their perspectives (see Section 3.2: Study Design).

Responsiveness to Social Context: Responsiveness to social context refers to studying a real-life issue within its natural setting (Fossey et al., 2002). The interviews were conducted face to face in locations familiar and comfortable for the participants. This allowed the researcher to build rapport and better understand each caregiver's situation (see Section 3.3.1: Study Setting).

Appropriateness and Adequacy: This aspect considers how well the study's sample, data collection, and analysis methods align with its purpose (Fossey et al., 2002). Purposive sampling was used to select participants who were primary caregivers of children with cerebral palsy, based on defined inclusion criteria. Data were collected through semi structured interviews and analyzed thematically (see Sections 3.4.2 and 3.7).

Transparency: The student researcher was responsible for conducting all interviews, transcribing, and analyzing the data (Fossey et al., 2002). The supervisor reviewed each stage of the analysis process to ensure accuracy and reduce bias. Regular discussions with the supervisor helped maintain transparency and strengthen the credibility of the *findings* (see Sections 3.6 and 3.7).

3.8.2 Interpretive Rigor

Authenticity: The authenticity of the findings was maintained by including verbatim from participants, allowing their voices to be represented accurately (Fossey et al., 2002). The student researcher also confirmed understanding during interviews by restating or clarifying participants' statements (see Chapter IV: Results).

Coherence: Coherence refers to the alignment between the data, the findings, and the research objectives (Fossey et al., 2002). The data were directly linked to the study's aims, and the researcher transcribed all interviews verbatim in Bengali and then translated them into English. The supervisor reviewed all transcripts and translations before data analysis (see Section 3.7).

Reciprocity: The student researcher ensured that all data were translated without altering participants' original meanings. Data analysis was not discussed with participants (see Section 3.7).

Typicality: This refers to how well the results can be applied to different contexts (Fossey et al., 2002). The student researcher provided a detailed description of the study's context to ensure a clear understanding for the readers (see Sections 3.4.4 and 3.7: Participant Overview and Data Management and Analysis).

Permeability of the Researcher: By strictly adhering to ethical guidelines, the student researcher's intentions, preconceptions, values, or preferred theories were maintained. The student researcher followed all research strategies, as discussed with the supervisor, which ensured the study's unbiased nature (see Section 3.7: Data Management and Analysis).

CHAPTER IV: RESULTS

This chapter presents the findings derived from in-depth interviews with twelve caregivers of children with cerebral palsy (CP). All caregivers were family members, primarily mothers, who provided daily support and were deeply involved in their child's development and social engagement. The thematic analysis generated six major themes and related subthemes that reflect caregivers' lived experiences in recognizing, accepting, and managing their child's condition while navigating emotional, familial, and societal contexts.

Table 4.1

Overview of results

Themes	Subthemes
Theme 1: Perception of the Child's Condition	Parenteral Concern for Developmental Delay
	Diagnostic Journey and Uncertainty
	Awareness toward Acceptance
Theme 2: Caregiving Journey	Emotional Struggle after Diagnosis
	Physical Stress of Daily Caregiving
	Personal Sacrifice for the Child
	Building Resilience
Theme 3: Family as the Pillar of Support	Maternal Leading role in Caregiving
	Paternal Involvement in Support
	Support from Extended Family Members
	Consequence of Family Support
Theme 4: Socioeconomic and Environmental Barriers	Financial Burden of Child Care
	Negative Community Attitude
	Inadequate Institutional and Policy Support
Theme 5: Pathways to Social Integration	Family Encouragement and Advocacy
	Participation in School and Social Activities
	Community Awareness and Acceptance
Theme 6: Aspirations and Future Hopes	Dream for the Child's independence
	Motivation for Child's progress
	Vision of Inclusivity

4.1 Theme One: Perception of the Child's Condition

The findings revealed that all caregivers experienced a gradual and emotionally intense process of recognising and understanding their child's condition. This theme captures how early signs of concern evolved into the search for a diagnosis and eventual acceptance of cerebral palsy through awareness, experience, and faith.

4.1.1 Parenteral Concern for Developmental Delay

Almost all families first noticed developmental irregularities during infancy. Rehena (C2) mother of a three years old boy with spastic diplegic cerebral palsy shared that: "When my son was one year old, we noticed he could not even hold his neck straight." Nasima (C3) mother of a five years old girl with spastic quadriplegic cerebral palsy expressed similar concerns:

"When my daughter was about two months old, I noticed her neck wasn't becoming steady the way it should. Other babies of her age were lifting their heads, but she wasn't. It made me anxious...I decided to seek medical advice immediately."

Jesmin (C7) recalled, "When my daughter was about one year old, I realised she could not sit up on her own." These early observations triggered anxiety and prompted the caregivers to seek medical explanations.

4.1.2 Diagnostic Journey and Uncertainty

Caregivers described a lengthy journey of uncertainty before obtaining a confirmed diagnosis. Reshma (C1) mother of a four years and eight months old boy with spastic hemiplegic cerebral palsy said that:

"When he was only three days old, I noticed something unusual but could not understand what it meant. We visited several doctors and heard different

opinions, but none made sense...later I came to know that it was cerebral palsy.”

For many families, the path involved visiting multiple hospitals and specialists before reaching CRP. Jerin (C2) mother of an eleven years old boy with spastic diplegic cerebral palsy shared that: “When he was seven months old, we came to understand that he had CP.” Some caregivers related the condition to birth complications. Shammi (C12) explained, “The doctors said the brain damage happened during delivery.” This diagnostic process was emotionally draining but marked the beginning of acceptance.

4.1.3 Awareness toward Acceptance

Once the diagnosis was understood, caregivers gradually moved from denial and despair toward acceptance, often supported by faith and repeated visits to therapy centres. Memy (C9) mother of a nine years old girl with spastic hemiplegic cerebral palsy shared that:, “It was extremely difficult for us. Emotionally, we were devastated. But eventually, we accepted the situation and decided to do everything we could for her.” Rehena (C2) mother of a three years old boy with spastic diplegic cerebral palsy expressed a similar transformation: “Gradually, we accepted that our child was not developing normally.” Faith played a vital role in this transition. Sahina (C11) mother of an eleven years old girl with spastic Hemiplegic cerebral palsy explained:

“I believe Allah gave my daughter to me this way for a reason. There is nothing I can do without accept it with patience and gratitude. My faith helps me stay calm and gives me the courage to continue caring for her.”

Through time, caregivers learned to replace fear with understanding and determination.

4.2 Theme Two: Caregiving Journey

This theme highlights the physical, emotional, and psychological dimensions of

caregiving. The caregivers' narratives portray exhaustion, sacrifice, and resilience sustained by unconditional love and faith.

4.2.1 Emotional Struggle after Diagnosis

Caregivers described intense emotional struggles following diagnosis. Afrin (C6) mother of an eleven years and three months old boy with spastic diplegic cerebral palsy shared that: "Everyone of family was mentally broken. We felt very sad, and there was a lot of crying." Tamanna (C10) mother of a ten years old girl with spastic hemiplegic cerebral palsy expressed uncertainty about the future and describe:

"Even after all these years, I still feel emotionally shaken sometimes. I often think about her future and worry about what will happen when I am no longer here to care for her. It is a constant fear I live with every day."

Despite emotional turmoil, caregivers gradually developed emotional endurance through experience and acceptance.

4.2.2 Physical Stress of Daily Caregiving

The physical requirements of caregiving were immense, particularly as children grew older. Nasima (C3) mother of a five years old girl with spastic quadriplegic cerebral palsy explained: "Physically, we get exhausted, especially when she is sick because we have to stay awake at night." Rehena (C2) mother of a three years old boy with spastic diplegic cerebral palsy state that: "Feeding him takes almost two hours. I am constantly tired, both physically and mentally." Afrin (C6) mother of an eleven years and three months old boy with spastic diplegic cerebral palsy describe:

“Now that my son has grown bigger, lifting him has become very hard. My back often hurts, but I still do everything myself because I can not rely on anyone else. It is painful but part of my love for him.”

These daily tasks imposed significant fatigue but were seen as expressions of love rather than burden.

4.2.3 Personal Sacrifice for the Child

Caregivers often sacrificed careers and personal time to meet their children's needs. Afrin (C6) mother of an eleven years and three months old boy with spastic diplegic cerebral palsy said:

“I used to work before, but after my son's birth, I had to quit...It was not an easy decision, but my child needed me more than any job ever could. Now my entire day revolves around his needs and progress”

Jerin (C2) mother of an eleven years old boy with spastic diplegic cerebral palsy shared: “I was an artist. Because of my child, I cannot work like before.” Despite these sacrifices, caregivers expressed pride rather than regret. Rehena (C2) said: “He is my child. Why should I feel ashamed of my own child?” Their devotion reflected deep parental commitment and moral responsibility.

4.2.4 Building Resilience

Through repeated challenges, caregivers cultivated patience and strength. Jesmin (C7) mother of a six years old girl with spastic hemiplegic cerebral palsy said, “I try to stay patient and calm even when it's hard.” Reshma (C1) mother of a four years and eight months old boy with spastic hemiplegic cerebral palsy expressed preparedness: “We prepare everything in advance. We do not face such problems.” Faith anchored their

perseverance. Taskir's Jerin (C2) mother of an eleven years old boy with spastic diplegic cerebral palsy said, "Allah gave him to me, and I must take care of him." Resilience, therefore, was defined not by the absence of hardship but by the ability to persist through it.

4.3 Theme Three: Family as the Pillar of Support

Family solidarity emerged as the central foundation of caregiving. While mothers served as primary caregivers, fathers, grandparents, and siblings contributed to emotional, financial, and practical support. The collective family system sustained care and enhanced the child's social participation.

4.3.1 Maternal Leading Role in Caregiving

Mothers consistently assumed the leading role in managing daily care. Tamanna (C10) mother of a ten years old girl with spastic hemiplegic cerebral palsy shared:

"I handle everything on my own. Taking her to therapy school, therapy session, bringing her home, feeding her, even managing her schooling. Sometimes I feel completely drained, but I know that if I do not do these things, nobody else will. My child depends on me fully."

Sahina (C11) explained: "All responsibilities fall on me. I manage the household, take her to therapy, and care for my other daughter." Mothers' dedication symbolised strength, coordination, and unconditional love.

4.3.2 Paternal Involvement in Support

Fathers' participation varied across families. Rehena (C2) mother of a three years old boy with spastic diplegic cerebral palsy said: "My husband has very little time, and I cannot manage everything alone." In contrast, Arfin (C6) said: "My husband is very good; he even gives more priority to our child than I do." Jesmin (C7) mother of a six

years old girl with spastic hemiplegic cerebral palsy state that: “My husband spends time with her and helps her with feeding or writing.” These accounts show that where paternal involvement was consistent, caregiving became more balanced and less isolating.

4.3.3 Support from Extended Family Members

The presence of grandparents, siblings, and relatives reduced stress and created a more inclusive home environment. Nasima (C3) mother of a five years old girl with spastic quadriplegic cerebral palsy shared: “My father-in-law and mother-in-law live with us and help regularly in looking after her.” Mira (C4) mother of a three years and one month old girl with dyskinetic cerebral palsy said that: “Because my sister helps, I can manage without feeling overwhelmed.” Such shared participation not only eased the caregiver’s burden but also reinforced emotional well-being for both caregiver and child.

4.3.4 Consequence of Family Support

All participants emphasised that family support is not merely helpful but fundamental for the child’s participation and development. Rehena (C2) mother of a three years old boy with spastic diplegic cerebral palsy explained:

“Without my family’s understanding, I could not handle everything not the therapy sessions, not the emotional breakdowns, not the financial issues. We stand together for my son, and that unity keeps my child moving forward every single day.”

Similarly, Tamanna (C10) mother of a ten years old girl with spastic hemiplegic cerebral palsy shared that: “If my family did not support me, I could not take him to therapy every week. They take turns helping when I get tired.” For several caregivers,

emotional reassurance from spouses and relatives prevented despair. Afrin (C6) state that: “Whenever I break down, my husband and family give me strength and say, ‘Don’t cry, he will improve one day.’” Shammi (C12) also reflected on the unifying effect of caregiving: “We all gather around her when she tries something new; everyone claps and encourages her.” Such collective affirmation was described as vital for the child’s confidence and inclusion. Jesmin (C7) said that: “When we all treat her equally, she feels normal, she laughs and wants to try more.” This subtheme underlines that the family unit functions as both the emotional nucleus and the primary environment for inclusive participation.

4.4 Theme Four: Socioeconomic and Environmental Barriers

Despite strong family support, caregivers faced numerous barriers, including financial hardship, negative community attitudes, and inadequate institutional support.

4.4.1 Financial Burden of Child Care

The cost of treatment, therapy, and assistive devices placed heavy pressure on families. Afrin (C6) mother of an eleven years and three months old boy with spastic diplegic cerebral palsy said that: “Right now he needs an AFO. It costs around nine to ten thousand taka. it is hard to manage all the time” Mily (C5) mother of a twelve years old boy with spastic diplegic cerebral palsy describe that: “Four hundred taka per therapy is difficult for a middle-class family.” Rehena (C2) mother of a three years old boy with spastic diplegic cerebral palsy added that:

“Children like him require special food, medical checkups, and treatment. All of which are costly. Managing everything is very tough, yet we somehow adjust because stopping treatment is not an option.”

Financial strain often forced families to reduce therapy frequency or seek external assistance.

4.4.2 Negative Community Attitude

While some communities showed acceptance, many caregivers reported enduring stigma and social distance. Sahina (C11) mother of an eleven years old girl with spastic Hemiplegic cerebral palsy explained that: “Village people directly say things like your daughter limps or your daughter is disabled.” Afrin (C6) said that: “People sometimes look at him silently, which feels hurtful.” However, some caregivers resisted stigma through confidence and advocacy. Rehena (C2) mother of a three years old boy with spastic diplegic cerebral palsy state that: “I never allow anyone to neglect my son. If a mother shows affection, others will follow.”

4.4.3 Inadequate Institutional and Policy Support

Caregivers expressed dissatisfaction with inadequate public assistance. Rehena (C2) mother of a three years old boy with spastic diplegic cerebral palsy appealed that: “I want to request the Government of Bangladesh to increase the disability allowance.” Jerin (C2) mother of an eleven years old boy with spastic diplegic cerebral palsy said that: “Even with a government job, there are limitations. We have to buy many devices.” Dependence on CRP highlighted the lack of accessible state-run rehabilitation and inclusive education programs.

4.5 Theme Five: Pathways to Social Integration

The findings revealed that caregivers actively pursued opportunities for their children’s social integration through family engagement, education, and advocacy. Despite social stigma and infrastructural barriers, these efforts reflected their deep desire to normalize their children’s lives and enhance their self-esteem.

4.5.1 Family Encouragement and Advocacy

Family played a crucial role in promoting children's participation beyond the home. Caregivers reported deliberately including their children in family and community events to foster belonging. Memy (C9) mother of a nine years old girl with spastic hemiplegic cerebral palsy state that: "Whether it is a family event or any gathering, I make sure she is included." Rehena (C2) expressed similar:

"Wherever we go, we take our son with us relative's weddings, parks, social events. We never hide him. We want people to see that he is part of our family, not someone to be pitied or avoided."

These acts of inclusion were seen as opportunities to challenge stigma and raise awareness. Jerin explained that: "We never hide him. We introduce him proudly and tell people he is taking therapy." Parents viewed visibility as a form of advocacy that helped others accept disability as part of normal life. Sahina (C11) mother of an eleven years old girl with spastic Hemiplegic cerebral palsy explained that: "When we go out together, my daughter becomes very happy, she feels confident that she is part of everything."

Everyday advocacy within social spaces enabled emotional development and promoted community understanding.

4.5.2 Participation in School and Social Activities

School was identified as the primary site of social learning and adaptation. Caregivers associated education not only with academic progress but with communication, confidence, and social growth. Tamanna (C10) shared that: "When the school gives new tasks, he tries to complete them." Sahina (C11) explained that: "I tell her she must

go to school because education helps a person mix with others and gain confidence.” Parents valued teachers who encouraged inclusion. Jesmin (C7) mother of a six years old girl with spastic hemiplegic cerebral palsy state that:

“Her teacher always includes her in class activities like drawing or singing. That makes her so happy. It is not just about studying it is about learning to be part of a group and developing confidence for participation.”

However, mainstream schools often lacked accessibility. Mira (C4) mentioned that: “Sometimes other children don’t want to play with him, but teachers motivate them to include him.” In contrast, CRP and special schools were praised for structured, activity-based environments. Mily (C5) said that: “At CRP, my son plays football and learns teamwork. It makes him happy.” Educational participation therefore became a key pathway toward integration and confidence.

4.5.3 Community Awareness and Acceptance

Participants consistently highlighted the need for improved public awareness. Rehena (C2) shared that: “I expect that our local representatives will take the initiative to identify and look after all special children.” Afrin (C6) reported that: “Some people still look at him differently, but when I explain about therapy, they understand.” Mira (C4) added that: “People need to understand that these children deserve care, not pity. If awareness increases, they will have more friends and opportunities.”

Through persistence and advocacy, families gradually transformed exclusion into understanding. Social integration thus emerged as an evolving process supported by family commitment, education, and community empathy.

4.6 Theme Six: Aspirations and future hopes

The final theme encapsulates faith, optimism, and determination to ensure a better future for their children. Despite financial strain and social challenges, their narratives were anchored in hope and belief that persistence would bring progress and acceptance.

4.6.1 Dream for the Child's Independence

All caregivers expressed aspirations for their child's eventual independence. For many, this meant performing daily activities without help; for others, it symbolised educational or social autonomy. Shammi (C12) state that: "If she could do her work, our suffering would lessen." Jeasmin (C7) shared: "I just want her to become more capable and take care of herself."

Even small achievements carried deep emotional meaning. Maria stated, "When he holds his spoon properly or writes a word, I feel like he has achieved something big." These micro-achievements represented hope and progress within each family.

4.6.2 Motivation for Child's Progress

Encouragement and emotional reinforcement were central to children's growth. Sahina (C11) mother of an eleven years old girl with spastic Hemiplegic cerebral palsy share that: "I always motivate him so he feels confident." Sahina (C11) said that: "If she cannot study, I tell her to try again. I encourage her to mix with others." Mily (C5) noted: "When he completes a task, we clap and tell him he did great. Then he tries again." Jerin (C8) expressed: "Sometimes he gets frustrated, but I say, 'You can do it, Allah is helping you.' Then he smiles."

Motivation became both a teaching strategy and an act of love, creating emotional resilience in children and strengthening the bond between caregiver and child.

4.6.3 *Vision of Inclusivity*

Beyond personal growth, caregivers imagined a future society where children with disabilities are accepted and valued equally. Memy (C9) express that: “I simply hope that people continue to accept her and support her as she grows.” Nasima (C3) mother of a five years old girl with spastic quadriplegic cerebral palsy reflected that:

“I know my daughter may never become fully normal, but I still hope therapy brings improvement and that people will accept her the way she is. Every act of kindness from others gives me new hope of equity.”

For most, hope was sustained by faith and community progress. Jesmin (C7) beautifully stated that: “We do our duty, the rest is in Allah’s hands. I believe He will make her life better.” Hope therefore served as both a coping mechanism and a vision for social transformation.

CHAPTER V: DISCUSSION

This qualitative study explored the lived experiences of family caregivers in providing support that enhances the social integration of children with cerebral palsy. Guided by three objectives, the discussion interprets the findings in relation to existing literature identified in the literature matrix and situates them within the sociocultural context of family caregiving in Bangladesh. The findings highlight family support as a dynamic and relational process that enables both caregiver capacity and children's social participation.

The first objective of the study was to explore how family support influences the social participation of children with cerebral palsy in everyday activities. The findings revealed that emotional, practical, and shared caregiving support within the family enabled caregivers to actively involve their children in school, therapy, family gatherings, and community activities. Caregivers reported that when family members assisted with daily care, emotional reassurance, and logistical responsibilities, they felt more confident and motivated to promote their children's social participation.

These findings strongly align with Elangkovan et al. (2020), as reported in the literature matrix, who found that supportive family environments reduced caregiver stress and encouraged parents to engage their children more frequently in social and educational activities. Similarly, Dezoti et al. (2015) highlighted that emotional and instrumental family support enhanced caregivers' psychological well-being, which in turn positively influenced children's participation in social contexts. The present study extends these findings by demonstrating that family support directed toward caregivers indirectly enhances children's social integration by strengthening caregivers' capacity to advocate for inclusion.

Importantly, the findings suggest that family support does not function solely at the child level. Rather, support provided to caregivers enhances their resilience, confidence, and caregiving effectiveness, thereby facilitating children's participation. This dual pathway supports the family-centered perspective emphasized in the literature, where strengthening caregivers is viewed as a prerequisite for improving participation outcomes for children with disabilities.

The second objective of this study was to understand the challenges families face while promoting social integration for their children with cerebral palsy. The findings indicated that caregivers encountered multiple challenges, including social stigma, negative community attitudes, financial constraints, limited accessibility, and emotional exhaustion. Several caregivers described feeling judged or misunderstood in public spaces, which sometimes discouraged social participation.

These findings are consistent with Kabir et al. (2020), who reported that families of children with disabilities in Bangladesh frequently experience stigma and social exclusion, leading to reduced community participation. Financial challenges identified in the present study also align with Haque et al. (2019), who found that economic burden significantly increased caregiver stress and limited access to rehabilitation and social activities. The present study further highlights that financial strain often intersects with caregiving responsibilities, restricting caregivers' employment opportunities and increasing dependency on family support.

Additionally, challenges within the family system itself were evident. Some caregivers reported limited understanding or unequal distribution of caregiving responsibilities among family members, which intensified emotional distress. This finding supports (Hasan & Dubey, 2025), who emphasized that inadequate family cooperation and poor family functioning exacerbate caregiver burden and negatively

affect caregiving outcomes. These challenges demonstrate that both external societal barriers and internal family dynamics influence families' ability to promote social integration.

The third objective of the study was to identify the coping strategies families use to overcome social and environmental barriers. The findings revealed that caregivers relied heavily on family cohesion, shared caregiving responsibilities, emotional reassurance, and spiritual beliefs to cope with caregiving demands. Caregivers who reported strong family cooperation described feeling emotionally supported and better equipped to manage social challenges and caregiving stress.

This finding aligns with (Hasan & Dubey, 2025), who reported that strong family support networks reduced caregiver stress and enhanced coping capacity. Similarly, Hossain et al. (2023), as included in the literature matrix, found that family resilience played a protective role in mitigating caregiving stress among parents of children with disabilities in Bangladesh. Spiritual coping, which emerged as a key strategy in the present study, was also identified by Adhikari et al. (2021) as an important source of emotional strength for caregivers in low-resource settings.

The findings further suggest that coping strategies are embedded within family relationships rather than being solely individual responses. Emotional reassurance from spouses and extended family members enabled caregivers to sustain long-term caregiving efforts and continue promoting their children's social participation. These findings reinforce the understanding of family support as both a coping mechanism and an enabler of social integration.

Overall, this study clarifies that family support operates simultaneously at two interconnected levels: support provided to caregivers enhances their emotional well-being and caregiving capacity, while support provided to children facilitates social

participation. Caregivers, as family members themselves, act as the primary agents through whom family support is translated into social integration outcomes for children with cerebral palsy. These findings underscore the importance of family-centered approaches in occupational therapy practice and policy development aimed at promoting inclusive participation for children with disabilities.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 *Strength*

- The study explored an under-researched area on the role of family support in promoting social integration among caregivers of children with cerebral palsy in Bangladesh.
- Participants were recruited from diverse family and socio-economic backgrounds, which enriched the depth and variation of experiences.
- The qualitative phenomenological approach allowed for a detailed understanding of the lived experiences of caregivers.
- Thematic analysis following Braun and Clarke's six-step framework ensured systematic data interpretation and credibility of the findings.
- The study maintained qualitative research standards by adhering to the COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist.
- The findings provide a baseline for future research.

6.1.2 *Limitation*

- All participants were selected from a single rehabilitation centre within Dhaka district; experiences from rural regions may differ.
- The study included only mothers as primary caregivers because other family members could not be reached during data collection, and therefore the findings represent only the maternal perspective.
- As the data were collected through self-reported interviews, some responses may have been influenced by personal bias or emotional expression.

- The researcher's limited prior experience in qualitative interviewing may have affected the depth of probing and data collection.

6.2 Practice Implication

6.2.1 Recommendation for future Practice

- The findings have important implications for occupational therapy, social work, and rehabilitation practice in Bangladesh.
- Health professionals should focus on family-centered intervention models that strengthen caregiver resilience and improve child participation.
- Policymakers should expand community-based rehabilitation (CBR) programs and disability friendly infrastructure, particularly in rural areas.
- Rehabilitation centres should provide training sessions and counselling for parents to manage stress, enhance communication, and improve caregiving skills.
- Collaboration among families, schools, and community organizations should be strengthened to promote inclusive social participation for children with cerebral palsy.
- Public awareness campaigns should address stigma and misconceptions related to disability, encouraging empathy and inclusion.

6.2.2 Recommendation for future Research

- Future studies should include larger and more diverse samples from different regions to enhance representativeness.
- Comparative studies can explore differences in caregiving between urban and rural families or between mothers and fathers.
- Mixed-method designs could be used to measure psychological well-being, stress levels, or social participation outcomes.

- Further research could include professionals and policymakers perspectives to provide a broader understanding of social integration.
- Longitudinal studies could examine how family support evolves over time as children grow and rehabilitation needs change.

6.3 Conclusion

The study explored the experiences of caregivers of children with cerebral palsy and examined how family support influences social integration in the Bangladeshi context. It revealed that families play a crucial role in ensuring emotional stability, physical care, and social participation for their children. Despite financial constraints, physical strain, and societal stigma, caregivers demonstrated strong resilience and faith-based coping mechanisms. The presence of supportive family members, especially within extended family systems, significantly enhanced caregiving capacity and children's inclusion in social activities.

The study emphasizes the importance of family centered support systems and inclusive community practices to promote the well being and dignity of children with cerebral palsy. It also highlights the need for accessible rehabilitation services, social awareness, and policy level initiatives to create an inclusive environment for all children with disabilities in Bangladesh.

CHAPTER VII: REFERENCE

- Adhikari, S., Shrestha, J., & Pant, S. (2021). Coping strategies among caregivers of children with cerebral palsy in low-resource settings. *Disability, CBR & Inclusive Development*, 32(2), 5–22. <https://doi.org/10.47985/dcidj.448>
- Anam, S., Rahman, M., & Hossain, M. (2020). Parenting stress and coping among mothers of children with cerebral palsy in Dhaka city. *Bangladesh Journal of Child Health*, 44(2), 98–104.
- Bornman, J., Sevcik, R. A., Ronski, M., & Pae, H. K. (2010). Successfully translating language and culture when adapting assessment measures. *Journal of Policy and Practice in Intellectual Disabilities*, 7(2), 111–118. <https://doi.org/10.1111/j.1741-1130.2010.00254.x>
- Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. Sage Publications.
- Brehaut, J. C., Kohen, D. E., Raina, P., Walter, S. D., Russell, D. J., Swinton, M., O'Donnell, M., & Rosenbaum, P. (2004). The health of primary caregivers of children with cerebral palsy: How does it compare with that of other Canadian caregivers? *Pediatrics*, 114(2), e182–e191. <https://doi.org/10.1542/peds.114.2.e182>
- Bywaters, P., Ali, Z., Fazil, Q., Wallace, L. M., & Singh, G. (2003). Attitudes towards disability amongst minority ethnic communities. *Disability & Society*, 18(6), 805–819. <https://doi.org/10.1080/0968759032000119506>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). Sage Publications.
- Dambi, J. M., Jelsma, J., & Mlambo, T. (2015). *Caring for a child with cerebral palsy*:

- The experience of Zimbabwean mothers. *African Journal of Disability*, 4(1), 1–10. <https://doi.org/10.4102/ajod.v4i1.168>
- Davis, E., Shelly, A., Waters, E., Boyd, R., Cook, K., & Davern, M. (2010). The impact of caring for a child with cerebral palsy: Quality of life for mothers and fathers. *Child: Care, Health and Development*, 36(1), 63–73. <https://doi.org/10.1111/j.1365-2214.2009.00989.x>
- Dezoti, A. P., Alexandre, A. M., Freire, M. H. S., Mercês, N. N. A., & Mazza, V. A. (2015). Social support to families of children with cerebral palsy. *Revista Brasileira de Enfermagem*, 68(6), 972–979. <https://doi.org/10.1590/0034-7167.2015680610i>
- Elangkovan, I. T., & Shorey, S. (2020). Experiences and needs of parents caring for children with cerebral palsy: A systematic review. *Journal of Developmental & Behavioral Pediatrics*, 41(8), 620–632. <https://doi.org/10.1097/DBP.0000000000000880>
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1–4. <https://doi.org/10.11648/j.ajtas.20160501.11>
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*, 36(6), 717–732. <https://doi.org/10.1046/j.1440-1614.2002.01100.x>
- Gomes, G. C., de Jung, B. C., Nobre, C. M. G., & Dresch, F. D. (2019). Rede de apoio social da família para o cuidado da criança com paralisia cerebral. *Revista Enfermagem UERJ*, 27, e40274. <https://doi.org/10.12957/reuerj.2019.40274>
- Green, S. E. (2007). "We're tired, not sad": Benefits and burdens of mothering a child with a disability. *Social Science & Medicine*, 64(1), 150–163.

<https://doi.org/10.1016/j.socscimed.2006.08.025>

- Gupta, R., Sharma, V., & Kaur, G. (2019). Family functioning and psychological distress among caregivers of children with cerebral palsy in India. *Indian Journal of Social Psychiatry*, 35(1), 32–38.
- Goodyear, M. D. E., Krleza-Jeric, K., & Lemmens, T. (2007). The Declaration of Helsinki. *BMJ*, 335(7621), 624–625. <https://doi.org/10.1136/bmj.39339.610000.BE>.
- Griffie, D. T. (2005). Research tips: Interview data collection. *Journal of Developmental Education*, 28(3), 36–37.
- Guraya, S. Y., London, N. J., & Guraya, S. S. (2014). Ethics in medical research: General principles with special reference to ethical guidelines in biomedical research. *Journal of Microscopy and Ultrastructure*, 2(3), 121–126. <https://doi.org/10.1016/j.jmau.2014.06.00>
- Hadders-Algra, M. (2014). Early diagnosis and early intervention in cerebral palsy. *Frontiers in Neurology*, 5, Article 185. <https://doi.org/10.3389/fneur.2014.00185>
- Hanna, S. E., Rosenbaum, P. L., Bartlett, D. J., Palisano, R. J., Walter, S. D., Avery, L., & Russell, D. J. (2009). Stability and decline in gross motor function among children and youth with cerebral palsy aged 2 to 21 years. *Developmental Medicine & Child Neurology*, 51(4), 295–302. <https://doi.org/10.1111/j.1469-8749.2008.03196.x>
- Haque, M. A., Hossain, M. D., & Khan, M. M. (2019). Financial burden and quality of life of caregivers of children with cerebral palsy in Bangladesh. *Asian Journal of Psychiatry*, 44, 7–12. <https://doi.org/10.1016/j.ajp.2019.06.001>
- Haque, M. I., Begum, M., & Nasrin, S. (2019). Challenges faced by caregivers of

- children with cerebral palsy attending a rehabilitation center in Bangladesh. *Bangladesh Journal of Medical Science*, 18(3), 511–518.
- Hasan, A., & Dubey, A. K. (2025). Addressing psychological challenges of caregivers and children living with cerebral palsy. *International Journal of Psychology Research*, 7(1), 26–32. <https://doi.org/10.33545/26648903.2025.v7.i1a.71>
- Hoque, A., Rahman, M., & Ahmed, S. (2021). Family resilience and coping strategies among caregivers of children with disabilities in Bangladesh. *South Asian Journal of Psychology*, 7(2), 60–72.
- Hossain, M. S., Islam, M. S., & Rahman, A. (2023). Family resilience and caregiving stress among parents of children with disabilities in Bangladesh. *Disability and Rehabilitation*, 45(9), 1402–1410. <https://doi.org/10.1080/09638288.2022.2052254>
- Hossain, S., & Yasmeen, R. (2023). Family support and resilience among parents of children with disabilities in Bangladesh. *Asian Journal of Social Work*, 9(1), 44–56.
- Hsiao, C. Y. (2018). Family demands, social support and caregiver burden in Taiwanese family caregivers living with mental illness. *Journal of Clinical Nursing*, 27(19–20), 3448–3455. <https://doi.org/10.1111/jocn.14551>
- Imms, C., Adair, B., Keen, D., Ullenhag, A., Rosenbaum, P., & Granlund, M. (2016). Participation: A systematic review of language, definitions, and constructs. *Developmental Medicine & Child Neurology*, 58(1), 29–38. <https://doi.org/10.1111/dmcn.12932>
- Imms, C., Reilly, S., Carlin, J., & Dodd, K. J. (2008). Diversity of participation in children with cerebral palsy. *Developmental Medicine & Child Neurology*, 50(5), 363–369. <https://doi.org/10.1111/j.1469-8749.2008.02051.x>

- Islam, M., Sultana, F., & Khatun, R. (2018). Participation and social integration of children with disabilities in rural Bangladesh. *Disability, CBR and Inclusive Development*, 29(4), 95–110.
- Jessiman, P. E. (2013). "To be honest, I haven't even thought about it"—Recruitment in small-scale qualitative research in primary care. *Nurse Researcher*, 21(2), 18–23. <https://doi.org/10.7748/nr2013.11.21.2.18.e226>
- Kabir, M., Rahman, A., & Akter, S. (2020). Social barriers and stigma faced by parents of children with disabilities in Bangladesh. *International Journal of Disability Studies*, 16(2), 77–85.
- Kabir, R., Khan, H. T. A., Ball, E., & Caldwell, K. (2020). Social stigma, exclusion and mental health of families with children with disabilities in Bangladesh. *PLOS ONE*, 15(9), e0239144. <https://doi.org/10.1371/journal.pone.0239144>
- Khandaker, G., Muhit, M., Karim, T., Smithers-Sheedy, H., Novak, I., Jones, C., & Badawi, N. (2019). Epidemiology of cerebral palsy in Bangladesh: A population-based surveillance study. *Developmental Medicine & Child Neurology*, 61(5), 601–609. <https://doi.org/10.1111/dmcn.14013>
- King, G., Law, M., King, S., Rosenbaum, P., Kertoy, M. K., & Young, N. L. (2003). A conceptual model of recreation participation. *Physical & Occupational Therapy in Pediatrics*, 23(1), 63–90. https://doi.org/10.1080/J006v23n01_05
- Liamputtong, P. (2017). *Qualitative research methods* (5th ed.). Oxford University Press.
- Maulik, P. K., & Darmstadt, G. L. (2007). Childhood disability in low- and middle-income countries: Overview of screening, prevention, services, legislation, and epidemiology. *Pediatrics*, 120(Suppl. 1), S1–S55. <https://doi.org/10.1542/peds.2007-0043B>

- Mobarak, R., Khan, N. Z., Munir, S., Zaman, S. S., & McConachie, H. (2000). Predictors of stress in mothers of children with cerebral palsy in Bangladesh. *Journal of Pediatric Psychology*, 25(6), 427–433. <https://doi.org/10.1093/jpepsy/25.6.427>
- Moustakas, C. (1994). *Phenomenological research methods*. Sage Publications.
- National Health and Medical Research Council (NHMRC). (2023). National statement on ethical conduct in human research. Commonwealth of Australia. <https://www.nhmrc.gov.au>
- Novak, I., Morgan, C., Adde, L., Blackman, J., Boyd, R. N., Brunstrom-Hernandez, J., Cioni, G., Damiano, D., Darrah, J., Eliasson, A.-C., de Vries, L. S., Einspieler, C., Fahey, M., Fehlings, D., Ferriero, D. M., Fethers, L., Fiori, S., Forssberg, H., Gordon, A. M., ... Badawi, N. (2017). Early, accurate diagnosis and early intervention in cerebral palsy: Advances in diagnosis and treatment. *JAMA Pediatrics*, 171(9), 897–907. <https://doi.org/10.1001/jamapediatrics.2017.1689>
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives on Medical Education*, 8(2), 90–97. <https://doi.org/10.1007/s40037-019-0509-2>
- Ones, K., Yilmaz, E., Çetinkaya, B., & Çağlar, N. (2005). Assessment of the quality of life of mothers of children with cerebral palsy. *NeuroRehabilitation*, 20(3), 232–237.
- Parish, S. L., Rose, R. A., & Andrews, M. E. (2008). Income poverty and material hardship among U.S. women with disabilities. *Social Service Review*, 82(1), 119–145. <https://doi.org/10.1086/529096>
- Phillippi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and conversation. *Qualitative Health Research*, 28(3), 381–388.

<https://doi.org/10.1177/1049732317697102>

- Palinkas, L. A., Horwitz, S. M., Green, C. A., Wisdom, J. P., Duan, N., & Hoagwood, K. (2015). Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. *Administration and Policy in Mental Health and Mental Health Services Research*, 42(5), 533–544. <https://doi.org/10.1007/s10488-013-0528-y>
- Parkes, J., McCullough, N., Madden, A., & McCahey, E. (2009). The health of children with cerebral palsy and stress in their parents. *Journal of Advanced Nursing*, 65(11), 2311–2323. <https://doi.org/10.1111/j.1365-2648.2009.05089>
- Pennington, L., Goldbart, J., & Marshall, J. (2013). Speech and language therapy to improve communication in children with cerebral palsy. *Cochrane Database of Systematic Reviews*, (6), CD003466. <https://doi.org/10.1002/14651858.CD003466.pub3>
- Raina, P., O'Donnell, M., Rosenbaum, P., Brehaut, J., Walter, S. D., Russell, D., Swinton, M., Zhu, B., & Wood, E. (2005). The health and well-being of caregivers of children with cerebral palsy. *Pediatrics*, 115(6), e626–e636. <https://doi.org/10.1542/peds.2004-1689>
- Rashid, T., Akter, F., & Chowdhury, R. (2022). Psychological distress among caregivers of children with cerebral palsy in urban Bangladesh. *Bangladesh Journal of Psychology*, 29(1), 15–28.
- Rosenbaum, P., & Gorter, J. W. (2012). The "F-words" in childhood disability. *Child: Care, Health and Development*, 38(4), 457–463. <https://doi.org/10.1111/j.1365-2214.2011.01338.x>
- Rosenbaum, P., Paneth, N., Leviton, A., Goldstein, M., Bax, M., Damiano, D., Dan, B., & Jacobsson, B. (2007). A report: The definition and classification of cerebral

- palsy April 2006. *Developmental Medicine & Child Neurology*, 49(s109), 8–14. <https://doi.org/10.1111/j.1469-8749.2007.tb12610.x>
- Rahman, M. M., Khan, N. Z., & Islam, M. S. (2022). Family support and social participation among children with disabilities in Bangladesh. *Disability, CBR & Inclusive Development*, 33(2), 45–60. <https://doi.org/10.5463/dcid.v33i2.1102>
- Skok, A., Harvey, D., & Reddihough, D. (2006). Perceived stress, perceived social support, and well-being among mothers of school-aged children with cerebral palsy. *Journal of Intellectual and Developmental Disability*, 31(1), 53–57. <https://doi.org/10.1080/13668250600561929>
- Stadskleiv, K. (2020). Communication and language in children with cerebral palsy. *Developmental Medicine & Child Neurology*, 62(7), 805–811. <https://doi.org/10.1111/dmcn.14493>
- Taylor, C., Kong, A. C., Foster, J. P., Badawi, N., & Novak, I. (2021). Caregivers' feeding experiences and support of their child with cerebral palsy. *Journal of Child and Family Studies*, 30(12), 2984–2997.
- Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care*, 19(6), 349–357. <https://doi.org/10.1093/intqhc/mzm042>
- United Nations. (2006). Convention on the rights of persons with disabilities. <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>
- Verdonschot, M. M., de Witte, L. P., Reichrath, E., Buntinx, W. H., & Curfs, L. M. (2009). Community participation of people with an intellectual disability: A review of empirical findings. *Journal of Intellectual Disability Research*, 53(4),

303–318. <https://doi.org/10.1111/j.1365-2788.2008.01144.x>

Walsh, F. (2016). Family resilience: A developmental systems framework. *European Journal of Developmental Psychology*, 13(3), 313–324.

<https://doi.org/10.1080/17405629.2016.1154035>

World Health Organization. (2001). International classification of functioning, disability and health (ICF). World Health Organization.

World Medical Association. (2024). Declaration of Helsinki: Ethical principles for medical research involving human subjects. <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/>

APPENDICES

Appendix A: Ethical Approval Form 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/07/2025/1098 Date: 21.07.2025

To
 Nilufa Yasmin
 4th Year, B.Sc. in Occupational Therapy
 Session: 2020-2021, Student ID: 122200422
 BHPI, CRP, Savar, Dhaka-1343

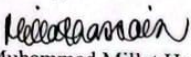
Subject: Approval of the thesis proposal **Exploring the Perspective of Family Support on Social Integration among Caregivers of Children with Cerebral Palsy** by ethics committee.

Dear Nilufa Yasmin,
 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 Professor SK Moniruzzaman, Professor and Head, 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
3	Information sheet & consent form.

The purpose of the study is to explore the lived experiences of caregiver in providing family support that enhances the social integration of children with cerebral palsy. The study involves use of a Self-developed Interview Guide to explore the lived experiences of caregiver in providing family support that enhances the social integration of children with cerebral palsy that may take 30 to 45 minutes to answer the Interview Guide and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on 17 June, 2025 at BHPI (50th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best 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 for Data Collection



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

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

Date: 02/08/2025

To
 The Principal,
 William And Marie Taylor School (The Inclusive School of CRP),
 CRP, Chapain, Savar, Dhaka-1343, Bangladesh.

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research and my research title is "Exploring the Perspective of Family Support on Social Integration among Caregiver of Children with Cerebral Palsy" with myself & Prof. Sk. Moniruzzaman, Professor & Head, Department of Occupational Therapy as my thesis supervisor. The aim of my study is to explore the lived experience of caregiver in providing family support that enhances the social integration of children with cerebral palsy. In order to fulfill the objectives of this study, I would like to conduct interview of students with Cerebral Palsy at your school. I assure you that anything of my research project will not cause harm to the participants and collected information will be used solely for academic purpose. Your permission and support would be invaluable in facilitating the successful completion of my research.

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

Sincerely yours,

Nilufa

Nilufa Yasmin
 4th Year, B.Sc. in Occupational Therapy
 Session: 2020-21, Student ID: 122200422
 BHPI, CRP, Savar, Dhaka-1343

Recommendation from the Head of the Department:

[Signature]

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

Permitted for Data
 Collection from WMTS.

[Signature]
 3-8-25
 MD. ABDULLAH AL ZUBAYER
 Principal
 William and Marie Taylor School
 CRP, Savar, Dhaka-1343

Attachments: Copy of IRB Approval Letter



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

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

Date: 02/08/2025

To
 The head of the Pediatric Department
 Centre for the Rehabilitation of the Paralysed (CRP)
 CRP-Chapain, Savar, Dhaka-1343

Subject: Prayer for seeking permission to collect data for the research project

Sir,

With due respect to state that, I am a student of 4th year B. Sc. in Occupational Therapy department of Bangladesh Health Professions Institute (BHPI). In 4th year, I have to submit a research project to the University of Dhaka in partial fulfillment of requirements of the degree of Bachelor of Science in Occupational Therapy. My research title is "Exploring the Perspective of Family Support on Social Integration among Caregiver of Children with Cerebral Palsy" which is supervised by Prof. SK. Moniruzzaman Professor & Head, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343, Bangladesh. The purpose of the study is to explore the lived experience of caregiver in providing family support that enhances the social integration of children with cerebral palsy. Now I am looking for your kind approval to start my data collection and I would like to assure that anything of my research period will not be harmful for the participants.

I therefore pray and hope that you would be kind enough to give me the permission for collecting the data and oblige thereby.

Sincerely

Nilufa

Nilufa Yasmin

4th year, B.Sc. in Occupational Therapy
 Session: 2020-2021; Student ID: 122200422
 Bangladesh Health Professions Institute
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

*she will collect data
 from this Department.
 please help her.*

*Thanks,
 Sh
 7-08-25*

Recommendation from the Head of the Department:

[Signature]
Prof. SK. Moniruzzaman

Professor & Head
 Department of Occupational Therapy
 Bangladesh Health Professions Institute
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh
Attachments: Copy of IRB Approval Letter.

Hosnara Perveen
 Head of Department
 Department of Paediatric
 CRP, Savar, Dhaka

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

Participation Explanation Sheet (English Version)



Bangladesh Health Professions Institute (BHPI)
Department of Occupational Therapy

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

PARTICIPANT EXPLANATORY STATEMENT

Research Title: Exploring the Perspective of Family Support on Social Integration among caregiver of children with Cerebral Palsy.

Principal Investigator	Nilufa Yasmin 4 th year, B.Sc. in Occupational Therapy Session: 2020-2021 Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka-1343 Call: 01747282885 Email: nilufanisha.ot@gmail.com
Supervisor	Prof. Sk. Moniruzzaman Professor and Head Department of Occupational Therapy Bangladesh Health Professions Institute (BHPI) Centre for the Rehabilitation of the Paralysed (CRP) Chapain, Savar, Dhaka: 1343
Co-Supervisor	Amena Rahman Lecturer Department of Occupational Therapy Bangladesh Health Professions Institute (BHPI) Centre for the Rehabilitation of the Paralysed (CRP) Chapain, Savar, Dhaka: 1343

This information sheet is for you to keep.

Introduction

I am Nilufa Yasmin, a 4th-year student of B.Sc. in Occupational Therapy at the Bangladesh Health Professions Institute (BHPI), an academic institute of the Centre for the Rehabilitation of the Paralysed (CRP). To complete the B.Sc. in Occupational Therapy degree from BHPI, conducting a research project is mandatory. This research is being conducted under the supervision of Professor Sheikh Moniruzzaman, Professor and Head, Department of Occupational Therapy, and Co-supervisor Ms. Amina Rahman, Lecturer, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka-1343. In this participant explanatory statement, the researcher has presented detailed information about the study purpose, data collection process, and ethical considerations. If you wish to take part in this study, a clear understanding of the research topic will help you make an informed decision. After reading this document, if you find anything unclear or would like to know more, you are encouraged to ask questions.

Purpose of the Study

The purpose of this research is to explore the lived experiences of caregivers of children with cerebral palsy, specifically how they provide family support that promotes their children's social inclusion and participation. This study will explore the daily challenges faced by child and caregivers, the social barriers, emotional pressures, family support systems, and coping strategies they use. The findings may help develop future therapeutic programs, rehabilitation initiatives, and policies that support the social participation of children with cerebral palsy and their families.

How the Research Will Be Conducted

The study data will be collected through face to face interviews. Each interview will last approximately 30 to 45 minutes and will be conducted at a convenient time and

place for the participant. With your permission, the interview will be audio recorded. These recordings will be used only for data analysis. The entire research process will be conducted respectfully and confidentially.

Why You Have Been Chosen

You have been selected for this research because you are a primary caregiver of a child with cerebral palsy. Your experiences are important and valuable to this research and will help others better understand the needs and realities of families caring for children with cerebral palsy.

Source of Funding

This research is being conducted with the researcher's own funds.

Participation and Withdrawal

To participate in this study, you will be asked to sign a consent form before the interview. Participation is completely voluntary, and there is no obligation to take part. If you wish to withdraw before the data analysis stage, there will be no negative effect or consequence. You may also choose not to answer any question if you feel uncomfortable. Your comfort and autonomy will be prioritized throughout the research process.

Possible Benefits and Risks

Participation in this study may not bring any direct benefit to you, but the information collected will contribute to knowledge in the field and may help professionals and families in the future. It is expected that there will be no risks involved. The interviews will not interfere with your daily activities.

Confidentiality

All information obtained from you during this research will be kept strictly confidential. Your name or any identifying information will not appear in any report or publication. Only the researcher will have access to the data, and confidentiality will be maintained throughout the study.

Data Storage

The collected data will be securely stored on a password protected computer. Interview recordings and transcripts will be kept confidential, and only the researcher will have access to them.

Results

The findings of this study will help to understand how caregivers of children with cerebral palsy manage challenges in providing care and promoting their children's social participation. The results will also highlight their strengths and coping strategies, which may support future rehabilitation planning and family-centered approaches.

Complaints

If you have any questions, concerns, or complaints regarding this study, you may contact the supervisor directly. All complaints will be treated with respect and confidentiality.

Thank you,

Nilufa Yasmin

Consent From (English Version)**Consent Form****Title: Exploring the Perspective of Family Support on Social Integration among
Caregiver of Children with Cerebral Palsy.**

I have been invited to participate in the above-mentioned research study conducted by the Bangladesh Health Professions Institute (BHPI). I have read and understood the information sheet provided to me and voluntarily agree to participate in this study.

Please read the following statements carefully and mark (✓) in the appropriate box to indicate your agreement.:

Statements	Yes	No
1. I understand the purpose of this research.	☐	☐
2. I understand that my participation is entirely voluntary.	☐	☐
3. I confirm that I have been informed about the purpose, procedures, possible risks, and benefits of this research, and I agree to take part in it.	☐	☐
4. I understand that my personal information will be kept confidential and that my identity will remain anonymous in all reports or publications.	☐	☐
5. I give my consent to audio recording of the interview, which will be used only for transcription and analysis.	☐	☐

Participant's Name: _____

Participant's Signature / Thumb Impression: _____

Date: _____

Phone: _____

For Researcher:

Researcher's Signature: _____

Date: _____

Withdrawal From (English Version)**Withdrawal From**

**Title: Exploring the Perspective of Family Support on Social Integration among
Caregiver of Children with Cerebral Palsy.**

Researcher: Nilufa Yasmin, 4th Year, B.Sc. in Occupational Therapy, Bangladesh
Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343.

I, _____ (participant), confirm that I
wish to withdraw all my information and participation from this study before the data
analysis begins. I understand that none of my information will be included in the
research. I also request that all materials related to my participation, including audio
recordings and any written data, be securely removed. I expect that my decision to
withdraw will be fully respected and that it will not cause me any disadvantage or harm.

I sincerely appreciate your understanding and cooperation in this matter.

Participant's Name: _____

Participant's Signature: _____

Date: _____

Participation Explanation Sheet (Bangla Version)



**BANGLADESH HEALTH
PROFESSIONS INSTITUTE**

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩,

ফোন: ০২-২২৪৪৫৪৬৪-৫, ২২৪৪৪১৪০৪, মোবা: ০১৭৩০০৫৯৬৪৭



তথ্যপত্র

গবেষণার শিরোনাম: সেরিব্রাল পালসিতে আক্রান্ত শিশুদের সামাজিক অন্তর্ভুক্তি বৃদ্ধি করতে পারিবারিক সহায়তা প্রদানে যত্নকারীদের বাস্তব অভিজ্ঞতা।

গবেষক:	<p>নিলুফা ইয়াসমিন</p> <p>৪র্থ বর্ষ, বি.এসসি ইন অকুপেশনাল থেরাপি</p> <p>বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি</p> <p>ফোন: +৮৮০১৬৩৫৪৬৮২৮৫</p> <p>ইমেইল: nilufanisha.ot@gmail.com</p>
তত্ত্বাবধায়ক:	<p>অধ্যাপক শেখ মনিরুজ্জামান</p> <p>অধ্যাপক ও প্রধান</p> <p>অকুপেশনাল থেরাপি বিভাগ</p> <p>বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বি এ ই চ পি আই)</p> <p>পক্ষাঘাতগ্রস্থদের পুনর্বাসন কেন্দ্র (সি আর পি)</p> <p>সাভার, ঢাকা-১৩৪৩</p>
সহকারী - তত্ত্বাবধায়ক	<p>আমিনা রহমান</p> <p>প্রভাষক</p> <p>অকুপেশনাল থেরাপি বিভাগ</p> <p>বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বি এ ই চ পি আই)</p> <p>সাভার, ঢাকা-১৩৪৩</p>

এই তথ্যপত্রটি আপনার কাছে রাখার জন্য দেওয়া হয়েছে।

ভূমিকা

আমি নিলুফা ইয়াসমিন, ৪র্থ বর্ষের শিক্ষার্থী, বি.এসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউট (বিএইচপিআই), যা সেন্টার ফর দ্য রিহাবিলিটেশন অব দ্য প্যারালাইজড (সিআরপি)-এর একাডেমিক প্রতিষ্ঠান। বিএইচপিআই থেকে বি.এস সি ইন অকুপেশনাল থেরাপি সম্পন্ন করতে একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি পরিচালিত হচ্ছে সুপারভাইজার প্রফেসর শেখ মনিরুজ্জামান, অধ্যাপক ও প্রধান, অকুপেশনাল থেরাপি বিভাগ, এবং কো-সুপারভাইজার আমিনা রহমান, লেকচারার, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সিআরপি, সাভার, ঢাকা-১৩৪৩ এর তত্ত্বাবধানে। এই অংশগ্রহণকারী ব্যাখ্যামূলক বিবৃতিতে গবেষক গবেষণার উদ্দেশ্য, তথ্য সংগ্রহের প্রক্রিয়া এবং নৈতিক বিষয়গুলো সম্পর্কে বিস্তারিত তথ্য প্রদান করেছেন। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে ইচ্ছুক হন, তাহলে গবেষণার বিষয় সম্পর্কে পরিষ্কার ধারণা নেওয়া আপনার সিদ্ধান্ত গ্রহণকে সহজ করবে। অংশগ্রহণকারীর ব্যাখ্যামূলক বিবৃতি পড়ার পর যদি আপনার কোন বিষয় বুঝতে অসুবিধা হয় বা কিছু জানার প্রয়োজন হয়, তাহলে আপনি প্রশ্ন করতে পারবেন।

গবেষণার উদ্দেশ্য কী?

এই গবেষণার মূল উদ্দেশ্য হলো সেরিব্রাল পালসিতে আক্রান্ত শিশুদের যত্নকারীদের বাস্তব অভিজ্ঞতা অনুসন্ধান করা অর্থাৎ, তারা কীভাবে পারিবারিক সহায়তা প্রদান করে তাদের সন্তানের সামাজিক অন্তর্ভুক্তি ও অংশগ্রহণ বৃদ্ধি করেন তা বোঝা। এই গবেষণাটি যত্নকারীদের দৈনন্দিন চ্যালেঞ্জ, সামাজিক বাধা, মানসিক চাপ, পারিবারিক সমর্থন এবং মোকাবিলা কৌশল সম্পর্কে গভীর ধারণা প্রদান করবে। গবেষণার ফলাফল ভবিষ্যতে থেরাপি, পুনর্বাসন কর্মসূচি, এবং নীতিমালা উন্নয়নে সহায়ক হতে পারে, যা সেরিব্রাল পালসিতে আক্রান্ত শিশুদের সামাজিক অংশগ্রহণ বৃদ্ধি করতে ভূমিকা রাখবে।

গবেষণাটি কিভাবে পরিচালিত হবে?

এই গবেষণার তথ্য সংগ্রহ করা হবে মুখোমুখি সাক্ষাৎকারের মাধ্যমে। প্রতিটি সাক্ষাৎকার প্রায় ৩০ থেকে ৪৫ মিনিট স্থায়ী হবে এবং অংশগ্রহণকারীর সুবিধাজনক সময় ও স্থানে অনুষ্ঠিত হবে। আপনার অনুমতি সাপেক্ষে সাক্ষাৎকারটি অডিও রেকর্ড করা হবে। এটি শুধুমাত্র তথ্য বিশ্লেষণের জন্য ব্যবহৃত হবে। গবেষণার সম্পূর্ণ প্রক্রিয়া গোপনীয় ও সম্মানজনকভাবে পরিচালিত হবে।

আপনাকে এই গবেষণার জন্য কেন নির্বাচন করা হয়েছে?

আপনাকে এই গবেষণার জন্য বেছে নেওয়া হয়েছে কারণ আপনি একজন প্রধান যত্নকারী, যিনি সেরিব্রাল পালসিতে আক্রান্ত শিশুর যত্ন নিচ্ছেন। আপনার অভিজ্ঞতা এই গবেষণার জন্য অত্যন্ত মূল্যবান এবং আপনার অংশগ্রহণ সমাজে এ ধরনের পরিবারগুলির জীবনযাত্রা ও সহায়তার প্রয়োজনীয়তা সম্পর্কে সচেতনতা বৃদ্ধি করতে সহায়তা করবে।

অর্থায়নের উৎস

এই গবেষণাটি নিজ খরচে পরিচালিত হচ্ছে।

গবেষণায় অংশগ্রহণে সম্মতি এবং অংশগ্রহণ বাতিল করা

গবেষণায় অংশ নিতে হলে একটি সম্মতিপত্রে স্বাক্ষর করে সাক্ষাৎকারের সময় জমা দিতে হবে। অংশগ্রহণ সম্পূর্ণ স্বেচ্ছামূলক এবং সম্মতি দেওয়ার কোনও বাধ্যবাধকতা নেই। যদি আপনি তথ্য বিশ্লেষণ পর্যায় শুরু হওয়ার আগে সরে আসেন, তাহলে কোন নেতিবাচক প্রভাব পড়বে না। নির্দিষ্ট প্রশ্নের উত্তর না দেওয়ার সিদ্ধান্ত নিলেও এর কোনও বিরূপ প্রভাব হবে না। প্রক্রিয়াজুড়ে আপনার স্বাচ্ছন্দ্য ও স্বাধীনতাকে সর্বাধিক গুরুত্ব দেওয়া হবে।

অংশগ্রহণকারীদের সম্ভাব্য উপকারিতা এবং ঝুঁকি

এই গবেষণায় অংশগ্রহণ আপনার জন্য সরাসরি উপকার বয়ে নাও আনতে পারে, তবে সংগৃহীত তথ্য পেশা ও পেশাজীবীদের জন্য সহায়ক হবে। আশা করা হচ্ছে এই গবেষণায় কোনও ঝুঁকি নেই। তথ্য সংগ্রহ অংশগ্রহণকারীর দৈনন্দিন কার্যক্রমে বাধা সৃষ্টি করবে না।

গোপনীয়তা

এই গবেষণায় অংশগ্রহণের মাধ্যমে প্রাপ্ত সমস্ত তথ্য সম্পূর্ণ গোপন রাখা হবে। কোনও প্রতিবেদনে অংশগ্রহণকারীর নাম বা ব্যক্তিগত তথ্য অন্তর্ভুক্ত করা হবে না। কেবল গবেষকই তথ্যের নিরাপদ অ্যাক্সেস পাবেন। গবেষণার পুরো প্রক্রিয়াজুড়ে গোপনীয়তা রক্ষা করা হবে।

তথ্য সংরক্ষণ

তথ্য নিরাপদ কম্পিউটারে পাসওয়ার্ড-সুরক্ষিত ফাইলে সংরক্ষণ করা হবে। সাক্ষাৎকারের ট্রান্সক্রিপ্ট ও অডিও রেকর্ডিং গোপনীয় রাখা হবে। কেবল গবেষকই তথ্যের অ্যাক্সেস পাবেন।

ফলাফল

এই গবেষণার ফলাফল থেকে জানা যাবে সেরিব্রাল পালসিতে আক্রান্ত শিশুদের যত্নদাতারা মানসিক সুস্থতা, দৈনন্দিন কাজকর্ম এবং সামাজিক সম্পর্কের ক্ষেত্রে চ্যালেঞ্জের সম্মুখীন হন, তবে তারা দৃঢ়তা ও মানিয়ে নেওয়ার কৌশলও প্রদর্শন করেন।

অভিযোগ

যদি আপনার কোনও অভিযোগ বা উদ্বেগ থাকে, তাহলে আপনি সরাসরি সুপারভাইজারের সাথে যোগাযোগ করতে পারেন। সমস্ত অভিযোগ সম্মানের সাথে বিবেচনা করা হবে।

ধন্যবাদ

নিলুফা ইয়াসমিন

Consent Form (Bangla Version)

সম্মতি পত্র

গবেষণার শিরোনাম: সেরিব্রাল পালসিতে আক্রান্ত শিশুদের সামাজিক অন্তর্ভুক্তি বৃদ্ধি করতে পারিবারিক সহায়তা প্রদানে যত্নকারীদের বাস্তব অভিজ্ঞতা।

আমাকে উপরে উল্লিখিত বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট-এর গবেষণায় অংশগ্রহণের জন্য অনুরোধ করা হয়েছে। আমি তথ্যপত্র পড়েছি ও বুঝেছি এবং আমি এই গবেষণায় স্বেচ্ছায় অংশগ্রহণে সম্মতি দিচ্ছি।

অনুগ্রহ করে নিচের বিবৃতিগুলো মনোযোগ দিয়ে পড়ুন এবং সম্মতি বোঝাতে "হ্যাঁ" বা "না" চিহ্নিত করুন:

বিবৃতি	হ্যাঁ	না
১। আমি এই গবেষণার উদ্দেশ্য বুঝতে পেরেছি	☐	☐
২। আমি বুঝতে পেরেছি যে আমার অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাসেবামূলক	☐	☐
৩। আমি নিশ্চিত করছি যে আমাকে গবেষণার উদ্দেশ্য, পদ্ধতি, সম্ভাব্য ঝুঁকি ও সুবিধাসমূহ সম্পর্কে জানানো হয়েছে এবং আমি এতে অংশগ্রহণে সম্মত	☐	☐
৪। আমি বুঝতে পেরেছি যে আমার ব্যক্তিগত তথ্য গোপন রাখা হবে এবং গবেষণার প্রতিবেদনে তা বেনামি আকারে উপস্থাপন করা হবে	☐	☐
৫। আমি সাক্ষাৎকার রেকর্ডিংয়ের জন্য অডিও রেকর্ডে সম্মতি প্রদান করছি, যা ট্রান্সক্রিপশন ও বিশ্লেষণের জন্য ব্যবহৃত হবে	☐	☐

অংশগ্রহণকারীর নাম: _____

অংশগ্রহণকারীর স্বাক্ষর / আঙ্গুলের ছাপ: _____

তারিখ: _____

ফোন: _____

গবেষকের জন্য :

স্বাক্ষর: _____

তারিখ: _____

Withdrawal Form (Bangla Version)

সম্মতি প্রত্যাহার পত্র

গবেষণার শিরোনাম: সেরিব্রাল পালসিতে আক্রান্ত শিশুদের সামাজিক অন্তর্ভুক্তি বৃদ্ধি করতে পারিবারিক সহায়তা প্রদানে যত্নকারীদের বাস্তব অভিজ্ঞতা।

গবেষক: নিলুফা ইয়াসমিন, ৪র্থ বর্ষ, বি.এসসি. ইন অকুপেশনাল থেরাপি, বিএইচপিআই, সিআরপি, সাভার, ঢাকা-১৩৪৩

আমি, _____ (অংশগ্রহণকারী), নিশ্চিত করছি যে, তথ্য বিশ্লেষণ সম্পন্ন হওয়ার আগে আমি আমার সমস্ত তথ্য এই গবেষণা থেকে প্রত্যাহার করতে চাই এবং আমার কোনও তথ্যই গবেষণায় অন্তর্ভুক্ত করা হবে না। আমি আমার অংশগ্রহণের সাথে সম্পর্কিত সমস্ত সাক্ষ্যপ্রমাণ নিরাপদে সরিয়ে ফেলার অনুরোধ করছি, এবং আমার সিদ্ধান্তকে সম্পূর্ণরূপে সম্মান করার আহ্বান জানাচ্ছি। এই বিষয়ে আপনার সহানুভূতিশীল এবং সহযোগিতার জন্য আমি কৃতজ্ঞ।

অংশগ্রহণকারীর নাম: _____

অংশগ্রহণকারীর স্বাক্ষর : _____

তারিখ: _____

Appendix C: Interview Guide (English and Bangla Version)

Interview Guide (English Version)

Demographic Information

Child's Name:

Age:

Gender:

Child's ID Number/Class:

Type of Cerebral Palsy:

Family Structure:

Caregiver's Name:

Age:

Occupation:

Family's Financial Status:

Interview Questions

Initial Experience with Child's Cerebral Palsy:

1. How and when did you first come to know that your child has cerebral palsy?
2. What was your and your family's mental/emotional state when you received this information?
3. Was there any superstition, shame, or negative attitude in your family regarding this?
4. At that time, from where or how did you receive accurate information or treatment about cerebral palsy?

Child's Abilities in Daily Life

5. How does your child perform daily activities such as eating, dressing, walking, or moving? How much assistance do they require?
6. How does your child express their needs or emotions (through speech or gestures)?
7. Does your child try to learn or adapt to new tasks independently?
8. When your child experiences discomfort or distress, how do they manage or control their emotions?

Child's Upbringing

10. What roles do other family members play in your child's care and upbringing?
11. How do you and your family members encourage your child to participate in social activities?
12. In what ways do you or your family members help your child's social participation, for example, by giving verbal support or direct assistance?
13. Do family members show empathy and supportive behavior toward your child?

Barriers in Caregiving and Social Participation

14. What types of mental stress or physical exhaustion do you or your family members experience while caring for your child?
15. Have you ever faced financial difficulties that made it hard to meet your child's needs or buy necessary items?
16. Have you or your family members ever faced negative comments or attitudes from relatives or neighbors regarding your child?

17. Does your child face barriers while participating in social activities such as at school, during play, or in family events, either from the environment or from others?
18. Are you or your family members involved in any profession? If yes, how does it affect your child's care positively or negatively?

Coping with Barriers

19. What types of help or support have you or your family received from relatives or friends?
20. Do any spiritual or religious beliefs help you stay mentally strong? If yes, how?
21. How do you cope when your child faces any difficulties or problems?
22. When your child faces challenges in studies, play, or daily activities, does your child ask for help from others?
23. When your child faces difficulties in studies, play, or daily tasks, does your child try to solve the problem independently, for example, by doing it differently or finding a new way?

Child's Active Social Participation

24. Does your child take part in recreational activities, play, and attend school?
25. Do you think that your family's support helps your child participate more actively in social activities?
26. Do you believe that, compared to before, your child has become more interested and confident in social participation because of family support?

Interview Guide for Parents (Bangla Version)

সাক্ষাৎকার প্রশ্ন

শিশুর নাম:

বয়স:

লিঙ্গ:

শিশুর আইডি নম্বর:

শিশুর সেরিব্রাল পালসির ধরণ:

পরিবারিক কাঠামো:

কেয়ারগিভারের নাম:

বয়স:

পেশা:

শিক্ষাগত যোগ্যতা:

পরিবারের আর্থিক অবস্থা:

শিশুর সেরিব্রাল পালসি সম্পর্কে প্রাথমিক অভিজ্ঞতা:

১. আপনি কীভাবে ও কবে প্রথম জানতে পেরেছিলে যে আপনার সন্তান সেরিব্রাল পালসি আক্রান্ত?
২. যখন এই তথ্য জানলেন, তখন আপনার নিজের ও পরিবারের মানসিক অবস্থা কেমন ছিল?
৩. আপনার পরিবারে এটি নিয়ে কোনো কুসংস্কার, লজ্জা বা নেতিবাচক মনোভাব ছিল কি?
৪. সেরিব্রাল পালসি সম্পর্কে সঠিক তথ্য বা চিকিৎসা কোথায় থেকে বা কীভাবে পেলেন?

শিশুর দৈনন্দিন জীবনে সক্ষমতা

৫. আপনার সন্তান দৈনন্দিন কাজে (যেমন খাওয়া, পোশাক পরা, হাঁটা/চলাফেরা।) নিজে নিজে করতে পারে, কতটা সাহায্যের প্রয়োজন হয়?
৬. আপনার সন্তান কীভাবে তার প্রয়োজন বা অনুভূতি প্রকাশ করে? (কথা বলে বা অঙ্গভঙ্গি করে)
৭. আপনার সন্তান কি নিজে থেকে কোনো নতুন কাজ শিখতে বা মানিয়ে নিতে চেষ্টা করে?
৮. আপনার সন্তান যখন কোনো কষ্ট পায় তখন সে কীভাবে নিজের আবেগ সামলায় বা নিজেকে নিয়ন্ত্রণ করে?

শিশুর লালন পালনে পরিবারের ভূমিকা:

১০. শিশুর লালন পালনে পরিবারের অন্যান্য সদস্যরা কী ধরনের ভূমিকা পালন করেন?
১১. আপনি বা আপনার পরিবারের সদস্যরা কীভাবে আপনার সন্তান কে সামাজিক অংশগ্রহণে উৎসাহ দেন?
১২. আপনি বা আপনার পরিবারের সদস্যরা শিশুর সামাজিক অংশগ্রহণে কি কি ধরনের সাহায্য করেন (কোন কিছু বলে অথবা কোন কাজ সরাসরি করে দিয়ে)?
১৩. পরিবারের সদস্যরা কি শিশুর প্রতি সহানুভূতিশীল আচরণ করেন?

শিশুর যন্তে এবং সামাজিক অংশগ্রহণে প্রতিবন্ধকতা:

১৪. শিশুর যত্ন নিতে গিয়ে আপনি বা আপনার পরিবারের সদস্যরা কী ধরনের মানসিক চাপ বা শারীরিক ক্লান্তি অনুভব করেন?
১৫. আর্থিক কোন সমস্যার কারণে আপনার বাচ্চার কোন প্রয়োজন মেটাতে অথবা প্রয়োজনীয় জিনিস কিনতে সমস্যার সম্মুখীন হয়েছেন?
১৬. আত্মীয়স্বজন বা আশপাশের মানুষের থেকে আপনি বা আপনার পরিবারের সদস্যরা আপনার সন্তানের বিষয়ে কখনও নেতিবাচক কিছু সম্মুখীন হয়েছেন?

১৭. আপনার সন্তান কি কোনো সামাজিক কাজে (স্কুল, খেলাধুলা, পারিবারিক অনুষ্ঠান) অংশ নিতে গিয়ে বাধার সম্মুখীন হয়। পরিবেশগত বা অন্য কারো থেকে বাধা পাওয়া)?

১৮. আপনি বা আপনার পরিবারের সদস্যরা কি কোনো পেশার সঙ্গে যুক্ত। যদি হন, তাহলে এটি আপনার সন্তানের লালন পালনে কীভাবে প্রভাব ফেলে (সুবিধা না অসুবিধা)?

প্রতিবন্ধকতার মোকাবিলা:

১৯. আপনি বা আপনার পরিবার কি আত্মীয় বা বন্ধুর কাছ থেকে কি ধরনের সাহায্য নিয়েছেন বা পেয়েছেন?

২০. আধ্যাত্মিক কোনো বিশ্বাস কি আপনাকে মানসিকভাবে শক্ত থাকতে সাহায্য করে। যদি করে কীভাবে?

২১. আপনার সন্তান কোনো সমস্যার সম্মুখীন হলে আপনি কীভাবে মোকাবিলা করেন?

২২. আপনার সন্তান কি কোনো সমস্যায় পড়লে (যেমন পড়াশোনা, খেলাধুলা, বা দৈনন্দিন কাজ) অন্য কারও কাছে সাহায্য চায়?

২৩. আপনার সন্তান যখন কোনো সমস্যায় পড়ে (যেমন পড়াশোনা, খেলাধুলা বা দৈনন্দিন কাজ করতে গিয়ে) তখন সে কি নিজে সমাধানের চেষ্টা করে। যেমন-ভিন্নভাবে কাজটি করা বা নতুন উপায় বের করা।

শিশুর সামাজিক সক্রিয় অংশগ্রহণ

২৪. আপনার সন্তান কি খেলাধুলায়/বিনোদনমূলক কাজে অংশ নেয় এবং স্কুলে যায়?

২৫. আপনি কি মনে করেন, পরিবারের সহযোগিতার কারণে আপনার সন্তান সামাজিক কাজে আরও সক্রিয়ভাবে অংশ নিতে সক্ষম হচ্ছে?

২৬. আপনার কি মনে হয়, পরিবারের সহযোগিতার কারণে আপনার সন্তান আগের তুলনায় সামাজিক অংশগ্রহণে বেশি আগ্রহী ও আত্মবিশ্বাসী?

Appendix D: Supervision Contact Schedule

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: *Exploring the perspective of family support on social integration among caregivers of children with cerebral Palsy.*

Name of student: *Nilufa Yasmin.*

Name and designation of thesis supervisor: *Prof. Sk Moniruzzaman, Professor and Head
Department of Occupational Therapy, BHPI.*

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	28.05.25	BHPI Building	Title discussion	1.5 hour	Guideline was clear & understandable	Nilufa	<i>[Signature]</i>
2	29.05.25	BHPI Building	Title & Proposal Discussion	1.5 hour	Clear understanding	Nilufa	<i>[Signature]</i>
3	16.05.25	Online session	IRB Proposal Presentation	15 minutes	Effective feedback	Nilufa	<i>Amena</i>

4	18.05.25	Office room	Questioning Model	20 minutes	Got a clear concept	Nilufa	Amene
5	1.07.25	Office room	Discussing model of Questioning	1.5 hour	Effective discussion	Nilufa	Amene
6	24.07.25	Library	Interview Guide Discuss	1.5 hour	Clear & helpful discussion	Nilufa	Amene
7	31.07.25	Library	Feedback Interview Guide	1.5 hour	Got a clear concept	Nilufa	Amene
8	19.08.25	Library	Fieldtest Analysis and Interview Guide Review	1.5 hour	Got a clear concept	Nilufa	Amene
9	10.8.25	Office Room	Discussion about objective Literature review, Framework.	30 minute	Effective discussion	Nilufa	S.v.w
10	24.9.25	Library	Discussion about data collection	3 hour	Got a clear idea	Nilufa	Amene
11	27.9.25	Library	Feedback on transcription translation	3 hour	Effective feedback	Nilufa	Amene
12	6.11.25	Library	Guideline about coding	2.5 hour	Got a clear knowledge.	Nilufa	Amene
13	18.11.25	Library	Discussion about thematic Analysis	2.5 hour	Clear concept.	Nilufa	Amene
14	20.11.25	Library	Feedback on coding, theme subtheme	3.5 hour	Helpful feedback	Nilufa	Amene

15	2.12.25	Office room	Guideline about result writing & discussion	3 hour	Clear guideline	Nilufa	Amer
16	10.12.25	Office room	Feedback on overall write-up.	3.5 hour	Effective & clear feedback	Nilufa	Amer
17	31.12.25	Office room	Feedback on 1st draft	1.5 hr	Effective & clear feedback	Nilufa	Amer
18	2.2.26	Office room	Re-check literature review & Result	2.5 hour	Got a clear concept.	Nilufa	Amer
19	5.2.26	Office room	Re-check discussion & Reference	2.5 hour	Got a clear concept.	Nilufa	Amer
20	16.2.26	Office room	Feedback on overall write-up for 2nd draft	3 hour	Effective & clear feedback	Nilufa	Amer

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.