Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder

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

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Dedication

To the caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD), acknowledging their resilience, patience and sacrifice.

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List of Abbreviations

ADHD	Attention Deficit Hyperactivity Disorder
APA	American Psychiatric Association
BHPI	Bangladesh Health Professions Institute
CDC	Centers for Disease Control and Prevention
COREQ	Consolidated Criteria for Reporting Qualitative Research
CRP	Centre for the Rehabilitation of the Paralysed
ICF	International Classification of Functioning, Disability and Health
IRB	Institutional Review Board
MOHO	Model of Human Occupation
NIMH	National Institute of Mental Health
NGO	Non-Governmental Organization
OT	Occupational Therapy
PEO	Person Environment Occupation
WMA	World Medical Association

Abstract

Background: Caregivers of children diagnosed with Attention-Deficit/Hyperactivity Disorder (ADHD) frequently experience substantial emotional distress, social challenges, physical exhaustion and disruptions in daily functioning due to the continuous demands of caregiving. While caregiver burden and psychological distress have been widely documented in existing literature, psychosocial well-being conceptualized as a holistic lived experience encompassing emotional, social, physical and occupational dimensions remains comparatively underexplored. This gap is particularly evident within the sociocultural context of Bangladesh, where caregiving experiences may be shaped by unique familial, cultural and systemic factors.

Aim: The study aimed to explore the lived experiences of caregivers of children with Attention Deficit Hyperactivity Disorder, focusing on their psychosocial wellbeing, daily challenges and coping strategies to help inform supportive interventions.

Method: A qualitative phenomenological design was employed to explore caregivers' lived experiences. The study sample comprised 11 purposively selected primary caregivers of children aged 6–12 years who were enrolled in six special schools and therapy centers in Bangladesh. Data were collected through face-to-face, semi-structured interviews conducted between August and September 2025. All interviews were audio-recorded, transcribed verbatim and subsequently translated into English. Data analysis was conducted using Braun and Clarke's six-step thematic analysis framework to systematically identify, analyze and interpret patterns within the data.

Results: The analysis has found six themes: (1) Daily life interruption and caregiver health; (2) Psychological and emotional burden of caregiving; (3) Social experiences of caregiving; (4) Economic strain and occupational disruption; (5) Child independence

as a source of hope and fear; and (6) Support needs, coping mechanisms, spirituality and psychosocial well-being. The results reveal that raising an ADHD child has a significant psychosocial effect on the caregiver, which affects the physical, emotional, and social functioning and occupations. Caregivers explained the constant disturbances of their everyday life, increased mental suffering and social difficulties, as well as financial and work stress. The issues related to the future independence of the child influenced the emotional experience of caregivers, whereas faith, peer support and personal adaptation proved to be influential coping resources. Nevertheless, restricted access to coordinated and caregiver-oriented formal services continued to be a huge impediment to the long-term wellbeing of caregivers.

Conclusion: Raising a child with ADHD has significant psychosocial impacts on the wellbeing of caregivers, as it influences the wellbeing in emotional, social, physical and occupational levels. ADHD services based on the family-centered cultural responsiveness, incorporating caregiver mental health screening, psychoeducation, peer support, service coordination and community-level reduction of stigma are necessary to promote the wellbeing of the caregiver and maintain long-term ability to provide care.

Key Words: Attention Deficit Hyperactivity Disorder (ADHD), Caregivers, Lived Experiences, Psychosocial Wellbeing, Coping Strategies.

CHAPTER I: INTRODUCTION

1.1 Background

The psychosocial wellbeing of care givers of children with Attention Deficit Hyperactivity Disorder (ADHD) is one of the most important issues because much of the long term care giving is restricted by emotional social and physical needs (Peasgood et al., 2021). The psychological dysfunction, social stress and physical exhaustion of the process of coping with behavioural problems, long-term supportive care and organisation of care may be subjected to caregivers (Peasgood et al., 2021; Tseng et al., 2021). The caregivers are also incorporating these demands in their daily living, they influence the daily routines, social life and participation in meaningful experiences. Nevertheless, the study of caregiver psychosocial wellbeing as a lived and holistic experience is currently unexplored in the literature (Ching'oma et al., 2022; Yurdakul et al., 2024).

Psychosocial wellbeing is a multidimensional construct which entails psychological, social and physical wellbeing. Psychosocial wellbeing within a care environment denotes the emotional wellbeing, interaction with others, physical wellbeing as well as the ability of caregivers to participate in their daily life activities in a significant way. The sources available also indicate that the parents of the children with ADHD experience a high level of stress, anxiety, depression, emotional burnout and their quality of life is lower than the parents of the children without developmental disorders (Andrade et al., 2016;). The common aspects of psychological distress in caregivers are persistent behavioural challenges, uncertainty about the future of the child and prolonged care giving needs (Tseng et al., 2021; Liu et al., 2023). The shared issues in the psychological distress of the caregivers are ongoing behavioural

difficulties, uncertainty regarding the future of the child and the protracted care giving demands (Tseng et al., 2021; Liu et al., 2023). Besides the psychological outcomes, the caregivers are likely to complain about the social isolation, stigma and poor interpersonal relationship that increase emotional distress and restrict access to informal support networks (Ching'oma et al., 2022; Mesfin et al., 2024). This is also reflected on physical health because caregivers report fatigue, sleep disturbance and poor health-related quality of life due to chronic stress and lack of routines (Peasgood et al., 2021; Andrade et al., 2016)

Besides the wellbeing outcomes, the role of caregiving is significant in the daily operations of caregivers, and caregivers frequently have difficulties with balancing their daily life, work and leisure (Peasgood et al., 2021; Yurdakul et al., 2024). Routine management, role balance and occupational participation are often destabilized within the context of occupational therapy, but such issues are often discussed indirectly within the ADHD caregiving literature. Coping strategies also play a role in influencing how caregivers respond to caregiving stress, which includes adaptive strategies in problem-solving and acceptance, meaning-based strategies such as spirituality, support-seeking behaviours but access to resources can often be limited (Craig et al., 2020; Mesfin et al., 2024; Tseng et al., 2021). Still, much of the literature available is quantitative and outcome based with little attempt to explore the subjective experiences of caregivers, meaning-making and few studies combine psychosocial wellbeing with general everyday struggles and coping mechanisms (Yurdakul et al., 2024).

Although there is a lot of literature on caregiver stress and low wellbeing, the literature still has a number of limitations. Many of the studies discuss individual outcomes like caregiver burden or quality of life and are heavily based on cross-sectional quantitative research and do not give much information on how the caregivers

actually experience life over time (Craig et al., 2020; Tseng et al., 2021).

This research paper aims at examining the experiences of caregivers who have children with the Attention Deficit Hyperactivity Disorder (ADHD). The study focuses on the psychosocial wellbeing of caregivers, their daily difficulties and coping skills, specifically the everyday functioning, the work-life balance and occupational participation. The study is delimited to caregivers of children with ADHD and adopts a qualitative design to prioritise caregivers' subjective experiences, with the aim of generating insights to inform supportive interventions.

1.2 Justification of the study

Caregivers of Attention Deficit Hyperactivity Disorder (ADHD) children play an important role in addressing the behavioural, emotional, functional issues and the difficulties of the disorder. Caregiver burden and mental health are well-expressed issues. However, the existing literature has largely focused on measurable outcomes, such as stress, depression and quality of life. As a result the psychosocial wellbeing of caregivers as a lived phenomenon and a holistic experience has not been well examined. In this study, a major gap in the literature justifies the study. Although the issue of caregiving has previously been explored in relation to ADHD in other parts of the world, the researcher was unable to find any study that investigates the psychosocial wellbeing of caregivers of children with ADHD in Bangladesh. Various settings have different cultural norms, healthcare systems, educational structures as well as social support mechanisms that can have a strong impact on the experiences of caregivers. Context-based evidence is thus needed to inform practice and intervention planning that are locally relevant. The majority of the available literature is methodological in nature with most of it relying on quantitative cross-sectional designs that assess the level of caregiver burden or stress. As much as it is valuable, these methods do not give much

information about the subjective experiences of caregivers, their meaning-making process and their everyday struggles. The absence of profound phenomenological study focused on combining psychosocial wellbeing, daily functioning and coping strategies in one framework is still present. An approach that qualitatively represents lived-experience is thus appropriate to reflect complication of caregiving realities. Occupational Therapy-wise, the given research can fill crucial gaps regarding the daily functioning, work-life balance and occupational participation discussed indirectly in the literature. Through the holistic inquiry of the lived experiences of care givers, the study will produce evidence that will inform care giver-based supportive intervention as well as contribute to the better healthcare practice and wellbeing of caregivers.

1.3 Operational Definition

1.3.1 Attention Deficit Hyperactivity Disorder (ADHD)

The attention Deficit Hyperactivity Disorder is a neurodevelopmental disorder, and the most prevalent patterns of inattention and/or hyperactivity-impulsiveness disrupt functioning or development in a broad spectrum of settings, both at home and at school (American Psychiatric Association, 2022).

1.3.2 Caregiver

A caregiver is a person, usually, a parent, a guardian or another human being providing initial and continuing care, support and oversight to another individual, such as daily tasks, emotional support, and facilitating medical and social services (Peasgood et al., 2021).

1.3.3 Lived experience

Lived experience is a subjective perception, meaning and understanding of daily experiences of individuals according to personal, social and cultural factors (Van Manen, 2016).

1.3.4 Psychosocial wellbeing

Psychosocial wellbeing is a multidimensional notion, which incorporates the elements of psychological, social, and physical wellbeing and reflects the emotional wellbeing of a person, his/her social relationships, physical functions and capabilities to perform meaningful activities in his/her everyday functions (World Health Organization, 2022; Keyes, 2023)

1.4 Aim of the Study

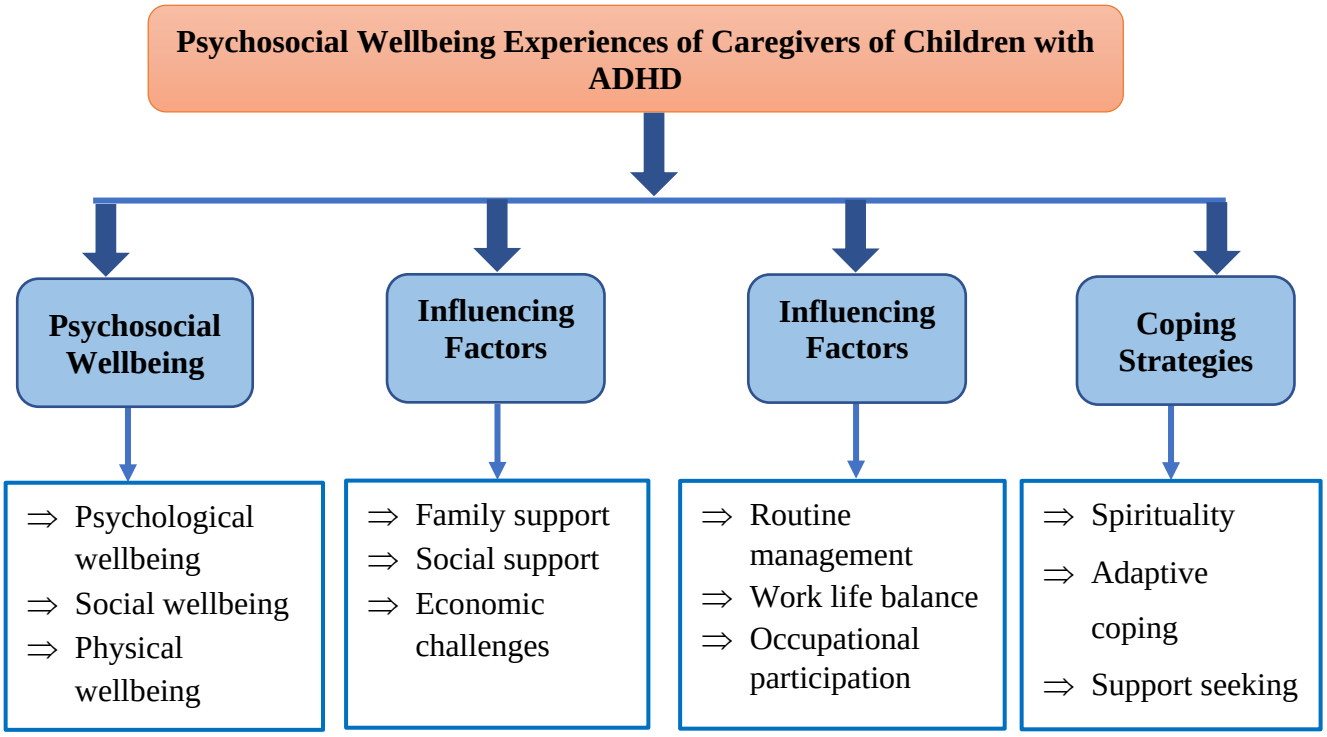
The study aimed to explore the lived experiences of caregivers of children with Attention Deficit Hyperactivity Disorder, focusing on their psychosocial wellbeing, daily challenges and coping strategies to help inform supportive interventions.

CHAPTER II: LITERATURE REVIEW

The chapter of the literature review presents a summary of the research carried out to explore the experiences of caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD). It examines the psychosocial well being of caregivers, their daily struggles, responsibilities of care-giving, coping mechanisms and support networks. The effects of the care giving on day to day and work engagement are also discussed. There are such factors as family and social support, economic challenges and issues that should be influenced. The relevant literature was located using Google Scholar, PubMed, Scopus and Google, with a search limit being not older than the past 5-15 years. Figure 2.1 presents an overview of the literature review findings.

Figure 2.1

Overview of literature Review Findings



2.1 Psychosocial Wellbeing of Caregivers

This section discusses caregivers' psychosocial wellbeing, focusing on psychological, social and physical wellbeing as key components influenced by caregiving responsibilities.

2.1.1 Psychological Wellbeing

A quantitative study was conducted to examine psychological distress and hopelessness among caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD) with a particular focus on the relationship between parenting stress, depressive symptoms and hopelessness. The results suggested an increasing psychological burden associated with long-term caregiving demands, as they indicated that elevated parenting stress was associated with higher levels of depression and feelings of hopelessness, especially among caregivers managing children with more severe behavioral difficulties (Liu et al., 2023). A cross-sectional study was conducted to explore caregivers' overall mental health and caregiving challenges during phases with greater environmental stress. The study focused on challenges related to managing children's emotional and behavioural symptoms, disrupted daily routines and increased caregiving demands. The results of this study showed that a significant number of caregivers had poor general mental health, suggesting the psychological vulnerability of caregivers in situations where caregiving becomes more stressful (Tseng et al., 2021). In addition, qualitative phenomenological research has provided rich insights into the lived experiences of parents caring for children with ADHD. These studies reveal that caregiving is often accompanied by intense and enduring emotional challenges. Parents commonly describe feelings of guilt following the diagnosis, ongoing fear about their child's future and a deep sense of emotional exhaustion and psychological vulnerability. Such emotional struggles tend to be especially heightened during the

diagnostic period and during times when the child's symptoms worsen, emphasizing the long-term emotional demands of caregiving (Yurdakul et al., 2024). Similarly, a qualitative study focusing on parental experiences and challenges highlighted prolonged helplessness, emotional strain and psychological exhaustion arising from continuous caregiving responsibilities and limited access to support services (Ching'oma et al., 2022).

2.1.2 Social Wellbeing

A qualitative study was conducted to understand the social experience of caregivers of children with ADHD and this was in the form of stigma and social relationship and community engagement. As it was proven, negative societal attitudes, blame, and lack of understanding of the behaviour of their child were common among caregivers and led to a lack of social engagement and isolation of activities in the community (Ching'oma et al., 2022). The other qualitative experiment relied on the significance of social stigma and social understanding concerning the wellbeing of caregivers. The research study demonstrated that caregivers were more likely to avoid social gatherings and interactions in order to escape criticism and judgment, which resulted in social isolation and insufficient access to informal emotional and practical support networks (Mesfin & Habtamu, 2024).

2.1.3 Physical wellbeing

A comparative quantitative study was conducted to address the issue of health-related quality of life as applied to the caregivers of ADHD children in comparison to caregivers of children with other chronic illnesses, including diabetes. The outcomes of the study were on physical wellbeing such as fatigue, sleep quality and physical health. The results showed that parents of ADHD children had a worse physical health status, which speaks volumes of the unique physical burden of the demands related to ADHD-

related caregiving (Andrade et al., 2016). Besides this, a population based study was carried out to determine the overall health and wellbeing burden in parents who lived with a child with ADHD. The research included areas like sleep, health-related quality of life and daily functioning. The findings of this research showed that long-term caregiving was accompanied by poor sleep patterns and physical fatigue in caregivers (Peasgood et al., 2021).

2.2 Influencing factor

This section explains the main contextual and relational factors that affect the psychosocial wellbeing of caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD). It focuses on family support, social support and economic challenges which play important roles in shaping caregivers' daily experiences and wellbeing.

2.2.1 Family support

A quantitative research on how family functioning is correlated with psychological distress in caregivers of ADHD children was conducted. The researchers studied the relationship between the mental health of caregivers and family dynamics and revealed that the greater the psychological distress, the worse the family functioning which implies that the wellbeing of caregivers and family support can affect each other (Moen et al., 2016). Along with this, a qualitative study in lived experiences of caregivers revealed that emotional strain and burden of caregiving were heightened by a lack of understanding and undefined roles of caregivers in the family. It was noted that caregivers had lower family support to deal with daily caregiving activities and they felt more isolated (Mesfin & Habtamu, 2024).

2.2.2 Social Support

The qualitative research examined the life experiences and struggles of parents who

have to take care of children with ADHD with a special interest in the social and professional support that they get. The researchers revealed that the low stress, as well as emotional burden among caregivers, in low-resource environments, is enhanced by the lack of professional guidance and limited caregiver-focused services (Ching'oma et al., 2022) .Another study on health and wellbeing of parents living with a child with ADHD was a population-based study, which also emphasized the role of service availability. This research was dedicated to the availability of healthcare and support services to parents and has determined that the lack of professional support led to worse wellbeing and increased caregiver burden (Peasgood et al., 2021).

2.2.3 Economic Challenges

The population-based study in the United Kingdom assessed the broader health and wellbeing cost of parents with ADHD children, such as financial issues. The research was aimed at treatment expenses, decreased work attendance, and time requirement on care giving. It was found that financial strain was highly correlated with worse quality of life and increased burden on caregivers(Peasgood et al., 2021). Equally, qualitative data in low- and middle-income environments showed that economic constraints limited access of caregivers to healthcare services and education support services. These economic obstacles caused stress during caregiving and had an adverse impact on psychosocial wellbeing (Ching'oma et al., 2022).

2.3 Impact on daily functioning

This section explores how caregiving responsibilities influence the daily functioning of caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD). It focuses on routine management, work–life balance and occupational participation, highlighting how caregiving demands shape caregivers' everyday lives.

2.3.1 Routine management

A qualitative phenomenological research examined the experience of living with ADHD children and gave particular attention to the everyday routine and care needs (Yurdakul et al., 2024) The researchers have pointed out that the caregivers were forced to endure the constant interruption of routine due to constant behavioural monitoring, educational support and emotional management. Social routine such as taking children to school, feeding them and maintaining their sleep schedule were listed among them as especially problematic (Yurdakul et al., 2024). Additionally, the cross-sectional study that concerned the mental health of the caregivers in the context of the COVID-19 pandemic also identified that the burden of caregiving increased due to the disruption of the regular routines and learning that involved children. These shifts encouraged an additional burden on the caregivers and affected their ability to manage their daily routine and achievement negatively (Tseng et al., 2021).

2.3.2 Work-life balance

The effects of caregiving on various aspects of the lives of caregivers, including work-life balance, were studied using a population-based study. The research involved the study of employment participation, work productivity, and the overall life satisfaction of parents that take care of children with ADHD. There were signs that the caregiving duties posed a lot of difficulties in balancing work obligations with family and personal life because of the repetitive school-related problems, the need to visit healthcare

centers, and constant supervision of the home (Peasgood et al., 2021). Further proofs of a cross-sectional study that looked at the mental health of caregivers in the COVID-19 pandemic also emphasized how the heightened care giving, home based learning and breakdown of normal routines put further pressures on the capacity of caregivers to balance both work and personal life (Tseng et al., 2021). These strains were both linked to worse mental health and role strain, which is indirectly indicative of worsened work-life balance. These findings are also backed up with qualitative evidence (Tseng et al., 2021). A phenomenological research on lived experience among parents with a child who has ADHD, indicated that the responsibilities of caring for a child with this condition in most cases overwhelmed daily experience and thus gave them limited time and energy to work and engage in personal activities. Continuous role overload and the inability to maintain boundaries between caregiving and other roles in life were also reported by parents and further contributed to work-life disruption (Yurdakul et al., 2024).

2.3.3 Occupational participation

In a qualitative research on lived experiences of caregivers, the role of care giving roles and responsibilities on involvement in everyday occupations such as social, recreational, and work activities was examined. Caregivers explained that the constant need to provide care, time, and emotional fatigue restricted them to pursuing meaningful activities beyond their caregiving responsibilities (Ching'oma et al., 2022). Equally, a phenomenological research that examined parents of children with ADHD identified the interruptions in everyday activities and role performance. Caregivers indicated that care giving duties often overruled their individual interests, leisure and socialisation which resulted in diminished participation in purposeful jobs and occupational disequilibrium (Yurdakul et al., 2024). Additional evidence is given by a

quantitative study of family functioning and psychological misery in caregivers. It has been indicated that there is a close relationship between more caregiver stress and emotional strain with interruptions in family roles and daily role performance, which indirectly relates to the role in occupational and social activities (Moen et al., 2016).

2.4 Coping Strategies

This section explores coping strategies used by caregivers to manage the psychosocial challenges associated with ADHD caregiving.

2.4.1 Spirituality

A qualitative research was conducted to identify coping mechanisms of caregivers of ADHD children with emphasis on spirituality and meaning-making . Spiritual beliefs and religious practices were found in the study as a significant source of emotional comfort, hope and resilience, which caregivers could use to deal with stress and uncertainty related to caregiving (Mesfin & Habtamu, 2024). Equally, qualitative data through culturally diverse backgrounds revealed that spirituality gave caregivers the model to accept and cope with emotion. Caregiving challenges were interpreted using spiritual and religious beliefs to make them meaningful so that feelings of helplessness are lowered and psychological stability is promoted(Vithana & Asurakkody, 2025a).

2.4.2 Adaptive Coping

The systematic review brought together evidence regarding coping strategies among the parents of children with Attention Deficit Hyperactivity Disorder (ADHD) and determined that adaptive coping strategies, including problem-solving, acceptance, positive reframing and active coping, were found to be highly useful. These measures were linked to reduced stress levels, enhanced emotional regulation and increased psychological wellbeing in caregivers and it is important to note that they had a protective effect during the long-term management of caregiving demands (Craig et al.,

2020). Further support shows that the caregivers that use adaptive coping mechanisms are less likely to face negative emotions in dealing with the behavioural and emotional challenges of children. Emotional regulation and adaptable coping responses have been found to be related to lower levels of psychological distress and limited coping capacity to greater levels of stress and emotional exhaustion (Tseng et al., 2021).

2.4.3 Support-Seeking

A cross-sectional survey on the mental health of caregivers investigated the support-seeking behaviours as a valuable coping tool. The research was interested in the interaction of caregivers with health professionals, educational services, and support systems and pointed out that the need to seek professional guidance might assist the reduction of caregiver stress and increase the coping ability. Nevertheless, low access to relevant services usually limited the possibility of caregivers to find timely assistance that could reduce the level of psychosocial pressure (Tseng et al., 2021). Evidence on population showed also the need of structured, caregiver-centered interventions because less wellbeing outcomes and higher caregiver burden were linked to limited service coordination and access (Peasgood et al., 2021).

2.5 Key gaps of the evidence

- **Geographical:** Existing literature on psychosocial wellbeing and care-giving of the caregivers to children with Attention Deficit Hyperactivity Disorder (ADHD) has been studied in diverse global contexts, including high-income and selected low- and middle-income regions. But no study was identified that explains these experiences within the context of Bangladesh.
- **Types of disability:** The literature has significantly concentrated on caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD) as a single diagnosing category but has not paid much attention to co-occurring or multiple

disabilities. A small number of studies that specifically examine how caregiving experience, psychosocial wellbeing, and coping mechanisms may differ in cooccurrence with other disorders (including intellectual disability, autism spectrum disorder, learning disabilities or emotional and behavioural disorders) are conducted. This kind of deficiency in differentiation limits the knowledge of specific caregiving concerns accompanying the various disability profiles.

- **Year of publication:** The majority of the evaluated literature was published in or around 2020, although the fact that only a small number of research have been published recently (e.g., 2024–2025). The context of care giving, educational and support practices and care giving support needs, all of which are ever changing, especially since the COVID-19 pandemic, not all the evidence that is available now may be reflective of the current care giving realities and care giving support needs.
- **Methodological considerations:** The studies that were based on quantitative cross-sectional designs, as a large proportion of them, measured the burden of caregiving, the stress, or the quality of life. Although these studies are important in terms of the prevalence data, they do not give much information on the subjective experiences of the caregivers, their meaning-making, and everyday challenges. Despite qualitative research that has been conducted, there is still the gap of lack of in-depth phenomenological research that has been conducted as a whole on the lived experiences of caregivers.
- **Focus Gaps:** Most of the literature reviewed concentrated on individual aspects of the care giving phenomenon such as psychological distress, coping strategies or support systems with little effort to incorporate psychosocial wellbeing and daily functioning/coping mechanisms on a single platform. Besides, no research was

found to directly focus on the work-life balance and occupational engagement of the caregivers; they are significant aspects of day to day wellbeing.

CHAPTER III: METHODS & MATERIALS

3.1 Study Questions, Aim, Objectives

3.1.1 Study Question

What are the lived experiences of caregivers of children with Attention Deficit Hyperactivity Disorder, focusing on their psychosocial wellbeing, daily challenges and coping strategies?

3.1.2 Aim of the study

The study aimed to explore the lived experiences of caregivers of children with Attention Deficit Hyperactivity Disorder, focusing on their psychosocial wellbeing, daily challenges and coping strategies to help inform supportive interventions.

3.1.3 Objectives

- To explore caregivers' perceptions of psychosocial well-being while caring for children with ADHD.
- To identify daily difficulties experienced by caregivers of children with ADHD.
- To understand coping strategies and the support that they get.
- To generate insights for healthcare professionals to design supportive interventions for caregiver well-being.

3.2 Study Design

3.2.1 Study Method

The student researcher followed a qualitative research design to conduct this study, as it explores, understands, and describes the world from the subject's perspectives (Creswell & Poth, 2018). Through comprehensive description and interpretive inquiry,

qualitative research is especially well-suited to studies that seek to understand human experiences, perceptions, emotions, motivations and behaviors (Liamputtong, 2017). It facilitates researchers in obtaining insights into the subjective meaning-making processes individuals employ to manage their daily lives and social contexts (Fossey et al., 2002.) In this study, the study aimed to explore the lived experiences of caregivers of children with Attention Deficit Hyperactivity Disorder, focusing on their psychosocial wellbeing, daily challenges and coping strategies to help inform supportive interventions. For this reason, qualitative research was the most appropriate method for this study.

3.2.2 Study Approach

This study used a phenomenological approach to explore the lived experiences of caregivers of children with ADHD. Phenomenological study describe how individuals perceive and interpret their natural experiences of a specific phenomenon (Creswell & Poth, 2018). It enables us to understand the significance of each person's perspective, knowledge, and lived experiences (Neubauer et al., 2019). The study followed an inductive approach, allowing themes and meanings to emerge directly from participants' experiences. This method was suitable as the study aimed at clarifying caregiver's personal significances, emotions and interpretations concerning their psychosocial wellbeing, daily challenges, and coping mechanisms.

3.3 Study Setting and Period

3.3.1 Study Setting

The data were gathered from caregivers at six established special schools and centers that offer educational, therapeutic, and behavioral support services to children diagnosed with ADHD and other neurodevelopmental disorders. These centers were chosen because they regularly work with caregivers and offer specialized interventions,

making them good places to learn about caregiver's real-life experiences. The names of the centers are the Centre for the Rehabilitation of the Paralysed (CRP), Tara Special Child Care, Ingenious Care, Nurture Kids, the Society for the Welfare of Autistic Children (SWAC) and the Prottasha Centre for Autism Care.

3.3.2 Study Period

The study period was from 15 June 2025 to 15 December2025 and the data collection period was between 2nd August and 15th September 2025.

3.4 Study Participants

3.4.1 Study Population

The study involved eleven caregivers of children diagnosed with ADHD, recruited from six special schools and centers. Caregivers directly engaged in the child's daily care.

3.4.2 Sampling Techniques

The student researcher had selected a purposive sampling procedure to collect the data. It ensured that participants were able to give valuable insights into their everyday issues, psychological well-being and coping methods. Purposive sampling is ideal for phenomenological research because it focuses on people who have firsthand experience with the topic under study (Patton, 2015; Creswell & Poth, 2018).

3.4.3 Inclusion Criteria

- Caregivers (parents or guardians) who are the primary caregivers for a children with ADHD.
- Child must be aged 6-12 years.
- Caregivers who are prepared to engage in interviews and provide informed permission.

3.4.4 Exclusion Criteria

- Caregivers who are not the primary caregivers of the child with ADHD.
- Paid caregivers, teachers and therapists are excluded from the study.
- Caregivers of children with multiple severe comorbid conditions.
- Caregivers unwilling or unable to communicate verbally.

3.4.5 Participant Overview

The study involved eleven caregivers of children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD). These participants were recruited from six recognized special schools and centers that provide therapeutic and educational support to children with neurodevelopmental conditions. All participants were primary caregivers directly engaged in the daily care, supervision, and support of their children. To protect privacy and follow ethical rules, each participant was given a pseudonym. An overview of the participants is presented below.

Table 3.1

Overview of caregivers of children with Attention Deficit Hyperactivity Disorder

Pseudo Name	Relationship to Child	Age of Caregiver	Age of Child	Duration of Caregiving
Shima (P1)	Mother	29 years	9 years	5 years
Rita (P2)	Mother	35 years	6 years	3 years
Rina (P3)	Mother	43 years	9 years	5 years
Kajol (P4)	Mother	30 years	7 years	4 years
Alia(P5)	Mother	37 years	6 years	3 years
Riya (P6)	Mother	33 years	6 years	3 years
Mohima(P7)	Grandmother	52 years	6 years	3 years
Pinky (P8)	Mother	35 years	8 years	5 years
Mila (P9)	Mother	33 years	7 years	4 years
Zara(P10)	Mother	35 years	12 years	9 years
Shanto (P11)	Father	40 years	7 years	4 years

Note: P-Participant

3.5 Ethical Consideration

The World Medical Association (WMA) developed the Declaration of Helsinki as a set of moral rules to help researchers who work with people. It discusses the importance of protecting human dignity, safety, rights and health, making sure that research is done in an ethical and responsible way (World Medical Association, 2024). The following ethical standards for research were established in accordance with the principles stated in the Declaration of Helsinki.

3.5.1 Ethical Clearance from IRB

Ethical clearance was sought from the Institutional Review Board (IRB) through the Department of Occupational Therapy at the Bangladesh Health Professions Institute (BHPI). The IRB number is CRP-BHPI/IRB/07/2025/1099 (see Appendix A). Before gathering participant information, formal authorization was obtained from the respective school authorities, and it was scheduled at a time that was convenient and comfortable for each participant.

3.5.2 Informed Consent

Informed consent is an ethical and legal principle requiring medical interventions to be performed only after participants are fully informed about the purpose, nature, consequences, and risks (Guraya et al., 2021). (see Appendix B)

- **Participant Explanatory Statement:** The student researcher informed each participant about the details of the participant explanatory statement or information sheet. Each participant then received an information sheet outlining key study details, such as the study's goal, purpose, risks, and benefits, enabling them to make informed decisions about their participation. (see Appendix B)
- **Consent Form:** The student researcher in this study made sure that participation was completely voluntary. Before the interviews, the student researcher made

sure that the participants understood the study's objective and methods by reading the participant explanatory statement to them and had the opportunity to ask questions. If the participants decided to participate in the study, they were given a consent form to sign. (see Appendix B)

- **Withdrawal Form:** Throughout the study, participants were free to choose whether to participate or not. They might leave the research within two weeks of the interview. (see Appendix B)

3.5.3 Unequal Relationship

The student researcher did not have any unequal relationship with the participants. Individuals felt free to make their own decisions and were not under any pressure to participate.

3.5.4 Risk and Beneficence

Participants will receive a thorough explanation and documentation that there are no risks to their physical, social, or psychological well-being associated with this research. Participants will not receive any benefits from the student researcher as part of the study, and all information they provide will be kept strictly confidential to further protect their well-being and privacy.

3.5.5 Power Relationships

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

3.5.6 Confidentiality

The participants' information was kept private. Their names and identity were not disclosed to anyone, and it was stated on the information sheet. The participants were informed that their identity will remain confidential for future uses.

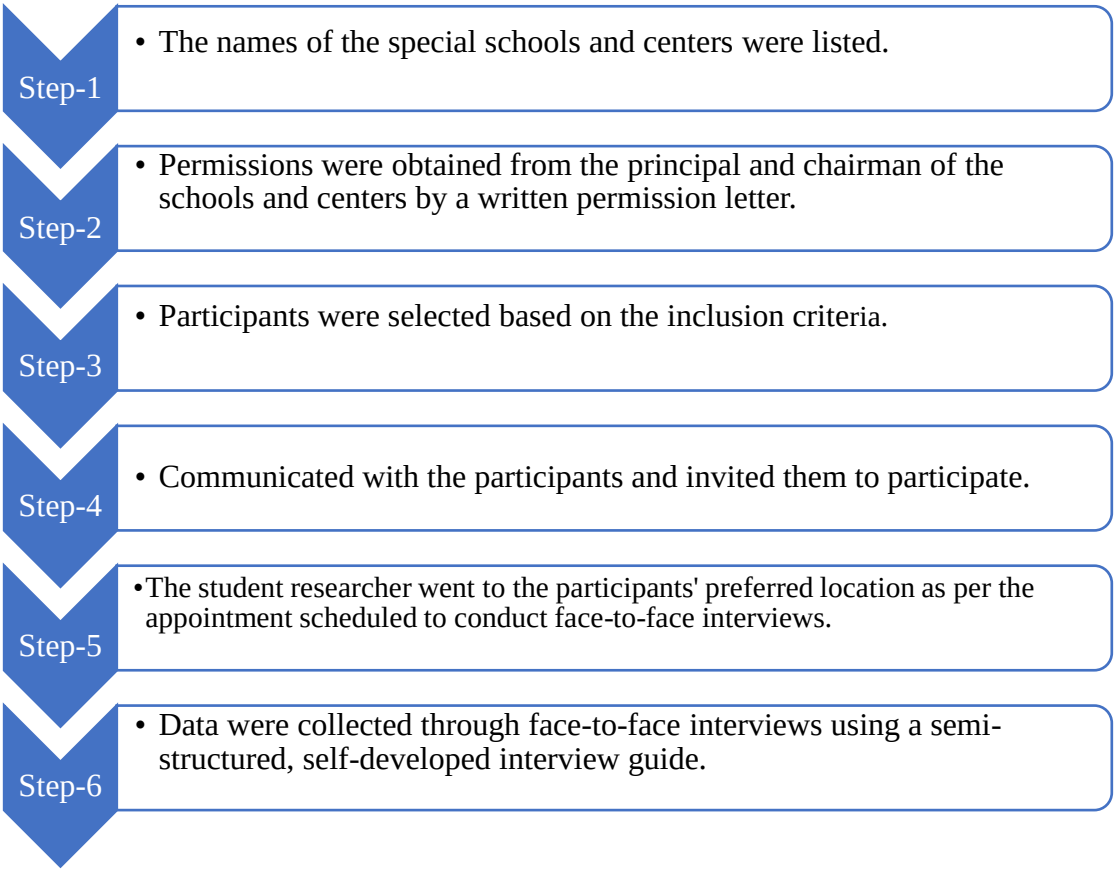
3.6 Data Collection Process

3.6.1 Participant Recruitment Process

The participant recruitment process is shown in Figure 3.6

Figure 3.1

Overview of the participant recruitment process



The student researcher started by listing the names of the special schools and centers. The chairman and principal of the schools and centers were then asked for written consent. After that, the student researcher created a list of participants based on the inclusion criteria (see Section 3.4.3, Inclusion Criteria). The chosen participants were contacted by the student researcher, who extended an invitation to participate in the study. The student researcher communicated with the selected participants and invited them to take part in the study. As per the scheduled appointments, the student researcher visited the participants' preferred locations to conduct face-to-face

interviews. A semi-structured, self-developed interview guide was used to facilitate the interviews, and data were collected through audio recording with the participant's consent.

3.6.2 Data collection method

The student researcher collected data primarily through semi-structured face-to-face interviews for this study. An interview is one of the most popular ways to collect qualitative research information since it is seen as speaking, and speaking is natural (Griffee, 2005). It enables participants to explain their perspectives and emotions regarding a particular topic and to explore sensitive and personal matters in depth (Jessiman, 2013). Each interview lasted between 30 and 50 minutes and was recorded with high quality mobile phone. After that, written transcripts were made, following the method described by Liamputtong (2017). Data collection continued until saturation was achieved, resulting in eleven interviews

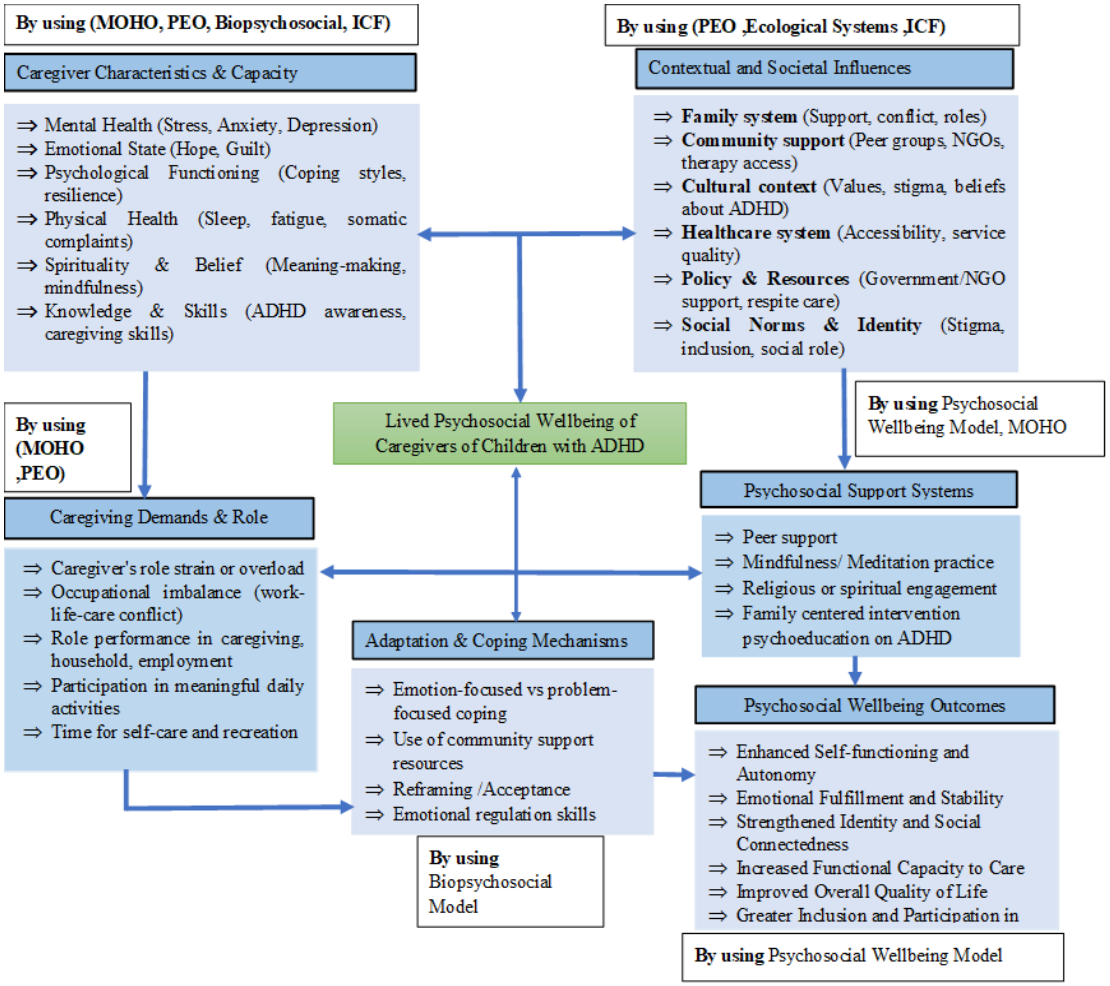
3.6.3 Data Collection Instrument

A self-developed interview guide was used by the student researcher to collect data from the participant. The student researcher developed a semi-structured interview guide. Because it encouraged a more in-depth response from research participants and helped to keep the interview and the subject focused. The student researcher created an interview guide by examining literature relevant to this topic and aligning it with the research aims and objectives (Balagan, 2022b; Ching'oma et al., 2022; Vithana & Asurakkody, 2025; Yurdakul et al., 2024). The student researchers also use models including MOHO, PEO, Biopsychosocial, ICF, Ecological Systems and the Psychosocial Wellbeing model. In the interview guide, questions were included about caregiving experiences, psychosocial well-being, challenges, coping mechanisms, emotional journeys and cultural and social influences on caregivers. The student

researcher also developed a sociodemographic information sheet, which was also included in the semi-structured interview guide. (See Appendix D for conceptual frame work).

Figure 3.6.3

Overview of conceptual framework



3.6.4 Field Test

Field test was conducted with two participants. After field test two questions were included in the interview guide for better understanding of participant experiences. The two question is about financial situation and help of heath care professionals during caring of child.

3.6.5 Field Notes and Reflective Journal

In this study, the student researcher kept both field notes and a reflective journal to support the interview data. In qualitative research, field notes are often used because they help the researcher record important details about the situation, the surroundings and the participants' behavior that cannot be heard in an audio recording. Field notes may assist in keeping these details safe for later use, especially when the data could later be shared or utilized again for more analysis(Phillippi & Lauderdale, 2018). After each interview, the student researcher wrote field notes and reflections to remember important thoughts, feelings, and observations. All interview questions were explained in Bengali, and the full interview was also taken in Bengali so that participants could understand clearly and answer comfortably. The field notes included participants' nonverbal expressions, their body language, and information about the school setting and environment. These notes helped the researcher better understand the caregivers' real-life experiences.

3.7 Data Management and Analysis

The student researcher selected thematic analysis for analyzing the data. Because it offers fundamental abilities that are necessary for carrying out many different kinds of analysis (Braun & Clarke, 2013). Six steps were followed according to Braun & Clarke which are described below

Step 1: Familiarization with the data

In the first step, the student researcher listens to audio recordings and reviews interview transcripts. This enables the researcher to better understand the participant' meanings, tone, emotions and overall experiences. Important ideas and initial thoughts were noted down at this time.

Step 2: Generating initial codes

Following familiarization, the student researcher started to code the data. Coding involves identifying and highlighting important parts of the text that are relevant to the study topic. Each sentence or phrase describing caregiver's psychosocial well-being, daily challenges, or coping strategies was assigned a code.

Step 3: Generating themes

In this step, the student researcher searched for patterns in the codes. Similar or equivalent codes were combined to create possible themes. These themes were then organized by the student researcher and noted down systematically.

Step 4: Reviewing potential themes

The student researcher reviewed each theme to ensure that it appropriately represented the coded data and the overall dataset and the relationships between themes and sub-themes were developed.

Step 5: Defining and naming the theme

The student researcher refined and revised the theme and sub theme and finalized those themes and sub-themes for results. Then generated clear name and definition for the theme and sub-themes so that reader can clearly understand.

Step 6: Producing the report

In the final step, the student researcher produced a clear and complete report on the findings. Each theme was thoroughly described and demonstrated by direct quotations from participants. This stage involves conveying the story of the data in a way that reflects the caregivers' actual experiences while also connecting back to the research topic and current literature.

3.8 Trustworthiness and Rigor

The trustworthiness of this study was maintained by following methodological and interpretive rigor (Fossey et al., 2002).

3.8.1 Methodological Rigour

3.8.1.1 Congruence

Congruence refers to how well the chosen research design aligns with the philosophical approach of the study (Fossey et al., 2002). A qualitative phenomenological design was used for this research, as it accurately fit the aim and objectives, whose goal was to explore the lived experiences of caregivers of children with ADHD. (See Section 3.2: Study Design).

3.8.1.2 Responsiveness to Social Context

An emergent research approach was used to investigate the real-life problem, which is known as responsiveness to social environment (Fossey et al., 2002).In this study, face-to-face interviews were conducted in locations preferred by the participants to ensure comfort and openness during discussions. Conducting the interviews in Bengali helped the participants communicate naturally and clearly. The student researcher's verbal communication with the participant, the student researcher became familiar with the context (see Section 3.3.1: Study Setting).

3.8.1.3 Appropriateness and Adequacy

Appropriateness and adequacy refer to the extent to which the sampling technique, data collection processes, and data analysis fit with the objectives of the study (Fosseyet al.,2002). Purposive sampling is followed to find out the participants for the study. Eleven participants were selected in this study based on some inclusion and exclusion criteria. Data were collected by face-to-face interview. (See Sections 3.4.2 and 3.6.1 for sampling techniques and the participant recruitment process).

3.8.1.4 Transparency

Transparency ensures clarity regarding the methodology of the research, thereby minimizing bias and enhancing credibility (Fossey et al., 2002).The student researcher collected and analyzed data. There was no chance of bias because the supervisor was involved in every phase of the data analysis process, which gave the data a range of points of view. (See sections 3.6 and 3.7 Data collection process and data management and analysis).

3.8.2 Interpretive Rigour

3.8.2.1 Authenticity

Authenticity was ensured by presenting findings with direct verbatim quotations from the participants, thereby correctly and truthfully representing their voices (Fossey et al., 2002). The student researcher asked follow-up questions and made sure that participants understood what they meant during the interviews. This helped ensure that interpretations in the results truly reflected the lived experiences of caregivers (see Chapter IV: Results section).

3.8.2.2 Coherence

Coherence refers to the consistency of the data, the study findings, and the interpretation made by the researcher (Fossey et al., 2002). In this study, coherence was maintained by ensuring that the data clearly linked with the aim and objectives. The student researcher transcribed data verbatim listening to the audio in Bengali as a first language and translating it into English. The respected supervisor rechecked every transcription after listening to the audio recording, then student researcher started to analyse data (see section 3.6: Data management and analysis).

3.8.2.3 Reciprocity

Reciprocity considers the degree to which the researcher recognizes participants'

opinions without changing or modifying their meaning (Fossey et al., 2002). The student researcher translated the data verbatim, keeping the original data unchanged. Data analysis was not discussed with any participants (see Section 3.7: Data Management and Analysis).

3.8.2.4 Typicality

This refers to how well the results can be applied to different contexts (Fossey et al.,2002). Since this research is conducted in Bangladesh, the situation might be not so familiar to the readers in other countries. The student researcher addressed this concern by describing the context of the study in details, allowing the reader to clarify and comprehend the results (see Sections 3.4.5 and 3.7 Participant Overview and Data Management and Analysis).

3.8.2.5 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 completed all the strategies of the research after checking and discussing with the supervisor, which was beneficial for keeping the study unbiased (see Section 3.7: Data Management and Analysis).

CHAPTER IV: RESULTS

This chapter presents the perspectives of caregivers of children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) regarding their psychosocial wellbeing, daily challenges, coping strategies and support needs. Six main themes and several sub-themes were developed from the semi-structured face-to-face interview data. An overview of the themes and sub-themes is presented in Table 4.1: Overview of Results.

Table 4.1

Overview of Results

Theme	Sub theme
Theme 1: Daily life Interruption and Caregiver health	Disruption of Daily Functioning and Personal Wellbeing
	Changes in Personal Identity and Lifestyle
Theme 2: Psychological and Emotional Burden of Caregiving	Initial Emotional Shock and Psychological Distress
	Guilt, Self-Blame and Parental Responsibility
	Continuous Stress and Anxiety Towards the future
	Acceptance, Adaptation and Emotional Adjustment
Theme 3: Social Experiences of Caregiving	Experiencing Blame and Stigma from Society
	Social Withdrawal and Exclusion from Community Life
	Supportive Social Responses and Need for Acceptance
Theme 4: Economic Strain and Occupational Disruption	Financial strain and unmet needs
	Career and occupational disruption
	Challenges Related to Limited Family Support
Theme 5: Child Independence as a Source of Hope and Fear	Hope for Child's Functional Independence
	Fear of Long-Term Dependency and Future Care

Theme 6: Support Needs, Coping Mechanisms, Spirituality and Psychosocial Well-Being	Coping Through Faith and Spirituality
	Spirituality and Psychosocial Well-Being
	Need for Structured Psychosocial Support

4.1 Theme One: Daily life Interruption and Caregiver health

Caregivers stated that caring for a child with ADHD interfered with their daily routines, physical health and personal well-being. Although the level of stress varied among caregivers, all participants reported difficulties with rest, self-care, house was different for each person, everyone had struggles with rest, self-care, household hold activities and outdoor activities. Many caregivers described that managing hyperactivity, restlessness and the need for constant supervision significantly disrupted their engagement in daily occupation. Accordingly, the related subthemes are described below:

4.1.1 Disruption of Daily Functioning and Personal Wellbeing

Caregivers described significant disruptions to their daily routines, including household responsibilities, social engagement, sleep patterns and personal health. The Continuous supervision and behavioral management required for their children often led to physical exhaustion, reduced self-care and neglect of personal health needs. Majorities of the caregivers mentioned that hyperactivity and impulsivity were behaviours related to ADHD, which needed constant attention, leaving no time to relax or engaging in normal activities. The issue of sleep problems was frequent and caretakers were even forced to adjust their own sleeping regimes to accommodate the sleeping disorder and feeding regime of the child. Kajol (P4) stated that “From morning till evening I am running after him… I canot rest for even one minute… I suffer from severe back pain because of constantly running around with him.” Shanto (P11) Similarly reported that “I just can not get enough sleep or rest… I have developed back pain, leg pain… I spend

almost every night thinking, why am I chosen for this?" For some caregivers, daily functioning was affected by constant supervision even during basic activities such as cooking, eating, bathing. Alia (P5) reported that "The reality is even for simple things like going to the washroom, bathing, eating or praying, I have to take him with me."

4.1.2 Changes in Personal Identity and Lifestyle

Caregivers described that the decision to take care of a child with attention deficit hyperactivity disorder altered their identity and lifestyle considerably. Most caregivers noted that they are primarily concerned with taking care of their child. Caregiving roles change their previous routines, social roles and interests. They said that their lives were focused on the child's demands, which changed how they saw themselves and their role in everyday life. Pinky (P8) stated that "Before Sara I used to travel inside and outside the country, anywhere. After Sara, all that stopped completely because she is not at all manageable outside." Some caregivers said that as their world became gradually homebound and their identity changed. Another caregiver, Rina (P3), stated that "My life before was much better. Now it doesn't feel the same… I could rest and sleep. Now I spend all my time with them and I can't make time for myself or do things I enjoy."

4.2 Theme Two: Psychological and Emotional Burden of Care giving

The caregivers of the ADHD children had a lot of emotional and psychological challenges throughout their caregiving process. Many reported being shocked when they first realized their child's problems and then felt emotional stress, guilt and worry about the future. Even though these were hard some people slowly learned to accept them and meet their child's demands. Accordingly, related subthemes are described as follows:

4.2.1 Initial Emotional Shock and Psychological Distress

Most of the parents stated that it was shocking, confusing and upsetting at first to realize

or understand what was going on with their child. They weren't ready to deal with behaviors that were not the same as other children's and they had a hard time mentally until they obtained the help they required. Alia (P5) stated that "In the beginning, I was devastated… I felt hopeless." Another participant, Pinky (P8), stated that "When I found out she has special needs… everything changed… it's hard for any mother to accept this."

4.2.2 Guilt, Self-Blame and Parental Responsibility

The majority of the caregivers were guilty and laid the blame on themselves as the root causes of their child problems. They thought about whether earlier intervention or different actions might have reduced their child's problems. Guilt was a common emotional burden across caregivers. Rita (P2) stated that "I often thought that if I had not been working and had raised him myself and given him full-time, maybe his condition would be less severe." Similarly, another caregiver, Kajol (P4), reported that "I listened to them and didn't go to the doctor. Later I regretted it. Why didn't I go?" Fathers also experienced guilt. Shanto (P11) stated that "I blame myself because, in my pursuit of earning money, I ruined my daughter's life."

4.2.3 Continuous Stress and Anxiety Towards the Future

Caregivers reported that they were never relaxed as they could hardly manage a child who had attention deficit hyperactivity disorder. They feared their child going better, becoming self-reliant in the long run and what would become of that child when their parents would no longer be there. Shima (P1) stated that " I think how long will I or her father be around? What will happen in the future if she can't become self-reliant?" Similarly another caregiver Kajol (4) stated that "I just want to see him to be self-dependent… if I'm not around, who will look after him?" Other caregivers mentioned that their mental stress levels were increased by being in the company of people,

listening to negative remarks about themselves and behavior problems all day long. These concerns caused most caregivers to struggle with their emotional burden. Shanto (T11) stated that,

"That constant, anxious thinking has led to a kind of depression. Both my wife and I are actually at a severe stage of depression. Sometimes, I even feel like committing suicide. I look at this little girl and wonder, what is her future? If something happens to us, where will we leave her? These feelings are why I'm up almost every night."

4.2.4 Acceptance, Adaptation and Emotional Adjustment

Caregivers were taught to accept the state of their child and re-set their expectations of that child. Acceptance often came through learning about attention deficit hyperactivity disorder, observing small improvements in their child's behavior and receiving support from family members and professionals. Rita (P2) stated that,

"At the beginning, I was very restless and upset. I couldn't accept or believe it at all… now, I see it differently. I understand that children are a test from Allah… Now I think more about how far I can take my child forward."

Similarly one caregiver Shima (P1), reported that "In the beginning, I used to get angry… But now, after knowing about her condition, I have become more patient… I've accepted that this is my life, and I need to help her become as independent as possible." Some caregiver's practical and emotional support from family made the journey easier. Pinky (P8) reported that "Throughout the whole journey my husband's role has been huge. Like, my husband gave me a lot of support mentally and in every way. That's why my journey became much easier."

4.3 Theme Three: Social Experiences of Caregiving

Caregivers of children with attention deficit hyperactivity disorder reported a range of social experiences of how other people reacted to their child's behavior. Many

caregivers reported facing blame, stigma, and misunderstanding from relatives, neighbours and the community. Some feel excluded from society because managing their child is difficult in public places. However, a few participants mentioned that they received acceptance from people. Accordingly, related subthemes are described as follows:

4.3.1 Experiencing Blame and Stigma from Society

Many caregivers experienced negative comments and blame from members of the community and relatives who do not have any idea about attention deficit hyperactivity disorder and judged the parenting of the caregiver. Riya (P6) stated that "People would say things like, ask Allah for forgiveness you must have committed some sin! Maybe this is a punishment for some wrongdoing." similarly another caregiver Shanto (P11) stated that

"We've heard things like, We raised ten children or I raised five children and we didn't have this much trouble. Why is your one child like this… It must be your wife's fault… The son-in-law is not good. His character is not good… So, my in-laws blame me and my family blames my wife."

4.3.2 Social Withdrawal and Exclusion from Community Life

Most of the care givers reported that they no longer participated in social events since it was difficult and emotionally exhausting to have their child attending in social events. Riya (P6) stated that "I hardly go anywhere. Even visiting relatives or friends has stopped completely. Social interactions have really become limited because of my child's behavior." Similarly, another caregiver Zara (P10), said "I can't participate in community. I don't go to anyone's house; no one comes to mine…I've stopped attending programs with him, except for going to my parent's house." Some caregivers also said that outings gets limited because their child became unmanageable outside the

home. Pinky(P8) stated that “I don’t go to any of my friends’ birthday parties… he becomes extremely hyper and starts touching everything. And not everyone takes it well.”

4.3.3 Supportive Social Responses and Need for Acceptance

Some caregivers received positive reactions and understanding from family members, teachers or other parents and also received support from them. These supportive interactions helped caregivers feeling lonely and reduced emotional stress. Support from close family members was comforting and meeting other parents with the same experiences helped them feel understood and relieved. This acceptance made a sense of belonging that caregivers generally could not find in the wider community. Riya (P6) stated that “Only my close family, my parents, know about it. They took it very positively. They said, He will recover.” Some caregivers said that interacting with other caregivers helped her to learn and feel supported. One caregiver pinky(P8) stated that “I sit with other mothers, and I have learned a lot from them… there is so much to learn from their experiences.”

4.4 Theme Four: Economic Strain and Occupational Disruption

Caring for a child with ADHD seriously impacted the caregiver’s professional identity and financial stability. Not all of the caregivers said they were having serious financial problems but many reported that their finances were getting worse over time, mostly because of the costs of therapy, transportation, and school and not being able to keep their jobs. These effects affected self-confidence, independence and long-term planning, besides decreasing income. Accordingly, related subthemes are described as follows:

4.4.1 Financial Strain and Unmet Needs

Most of the caregivers indicated that, although their fundamental needs were addressed,

the current expenses of treatment, medication and school fees burdened them. Other families were forced to spend all possible resources to take care of their child, which prevented them from saving or spending money on themselves. One caregiver Zara (P10) stated that,

"All the money is being spent on him. I have no savings. Everything I earn is spent on him. Our basic needs haven't been affected we're managing fine. Earlier maybe I could do more, now I do a bit less, that's all."

Similarly another participant Riya(P6) stated that,

"There are financial struggles. But the basic needs like food and essential healthcare are met… we often neglect our own health issues… we postpone our own treatment for months, saying, Let's first take care of the child, we will do ours later… We keep running after the child's needs while our own remain untreated."

4.4.2 Career and occupational disruption

Many caregivers reported that they sacrificed their professional roles due to caregiving demands. Caregiving responsibilities interrupt career progression and reduce economic independence and these often create internal conflict between parental responsibility and professional identity. One caregiver, Rita (P2) stated that "I took a one-year leave from my job so I can focus on his therapy… I haven't been able to pursue my post-graduation." Another participant Shanto (P10) stated that "I'm jobless… I completely quit my job to focus on my child."

4.4.3 Challenges Related to Limited Family Support

Some caregivers were able to share household duties with others and when there was support, it made work easier. One caregiver Mila (P9) reported that, "His aunt and grandfather live with us. They are helpful, alhamdulillah. Everyone in the house helps. His father, his aunt and his cousin whenever they can, they help in taking care of him."

On the other hand, others had trouble since they didn't have enough family support. When there was not support from others, caregivers had to do both childcare and their own work. Zara (P10) stated that “I can’t go to the doctor… I manage those tasks when he is at school or therapy.” Similarly another caregiver Shanto (P11) stated that “If I go out even for 5 minutes, there will be some trouble… I cannot leave her with anyone except her mother.”

4.5 Theme Five: Child Independence as a Source of Hope and Fear

The child's future independence was one of the most emotionally charged issues presented up in the interviews. Caregivers talked of a mixed experience they wanted their child to be independent, but they were also very afraid of it. This theme shows the emotional conflict between wanting the child to become independent and knowing that ADHD is going to bring up difficulties. Accordingly, related subthemes are described as follows:

4.5.1 Hope for Child’s Functional Independence

Many of the caregivers stated the necessity it was for children to develop basic life skills. It was important to want the child to be able to feed, bathe, talk to, or dress independently. One caregiver Shima(P1) stated that “If she can at least express her pain to others… I will feel relieved.” Others wanted at least some freedom, recognizing their limits but still working toward development. A caregiver Rita(P2) stated “We just hope he can live independently… whatever small thing he can do will be enough.”

4.5.2 Fear of Long-Term Dependency and Future Care

Most of the parents feared that there would be no one to look after the child in the long run. One of the most significant concerns of many caregivers was what their child would do without his/her parents. One caregiver Shima (P1) shared “Who will look

after him when I'm gone?" Another father, Shanto (P11) shared "If I die, what will happen to her? ... Will she be in a stable position?"

4.6 Theme Six: Support Needs, Coping Mechanisms, Spirituality and Psychosocial Well-Being

Caregivers often shared about how they handled the emotional and practical problems that come with caring for a child. These coping strategies included personal faith, family support, learning from peers and trying to get formal help, even though many people thought these services weren't good enough. This theme discusses the ways that caregivers adjust to stress in order to stay healthy. Accordingly, related subthemes are described as follows:

4.6.1 Coping Through Faith and Spirituality

Many caregivers said that their religious or spiritual perspectives provided them a lot of emotional strength. Faith provided meaning, comfort and confidence in times of hopelessness. One caregiver Zara (P10) stated, "I complain to Allah, cry a bit… that's all I can do." Another caregiver stated that faith helped her to restart emotionally. Rita (P2) stated that "When I practice some self-care, I feel ready to start fresh again… otherwise nothing seems enjoyable."

4.6.2 Spirituality and Psychosocial Well-Being

Other caregivers acquired the ability to manage their neurologically different children by consulting other parents or referring to online sources. According to caregivers, discussing with other parents made her not as anxious and it helped her to understand what her child required. One participant Mila(P9) stated

"I have spoken with a few here. I learned a lot from them… she advised that when talking about mental health, we should focus on what the child achieved in a small

time period, not count the entire day… I've taken that advice seriously. Celebrating small moments helps me feel good and stay positive."

4.6.3 Need for Structured Psychosocial Support

Many of caregivers said they are not satisfied with the professional help that was available. Some people didn't know about therapy until later, while others thought healthcare providers had given them wrong information. A caregiver, Shanto (P11) stated that "Doctors just said give medicine, she'll be fine… no one suggested early therapy." Another participant Mila(P9) stated that

"ADHD is still not widely understood; many people do not know about it. More awareness is needed, like with autism… Having a separate ADHD center or school would be helpful. If I sent him to a special school… he has learned certain behaviors like hand-flapping. A separate system would have been better for him and other children."

CHAPTER V: DISCUSSION

This paper offered the experience of the caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD) in terms of psychological well-being, daily difficulties, coping strategies and support needs. There were eleven caregivers with very different backgrounds, which represented a range of family settings and caregiving situations. The qualitative data produced six major themes, which presented a comprehensive insight into how care giving affected the physical health, emotional state, social dynamics, economic and future perceptions of the caregivers.

The results show that the care of a child with ADHD has significant implications on the daily life of caregivers and their physical and sleeping patterns. Caregivers mentioned that they were constantly monitored, had trouble with accomplishing routine household duties, having little time to rest and experience physical exhaustion. The disturbance of the sleep was a common occurrence and the caregivers had to make some changes in their daily schedules in accordance with irregular sleeping and eating habits of the child. The results align with past qualitative research works carried out in the Philippines or Tanzania, which reported such issues as chronic fatigue, sleep deprivation and physical strain in the parents of children with ADHD (Ching'oma et al., 2022).The current research builds on knowledge that already exists by showing that caregiving issues tend to disrupt the fundamental self-care functions of caregivers such as eating, personal care and religious beliefs thus signifying a great loss of personal autonomy. This implies that the impact of caregiver burden is not restricted to the task demands but taking the form of embodiment since it determines the physical presence and normal functioning of the caregivers. The results also indicate that physical strain was not similar across caregivers, but depended on their length of time of giving care

and access to the family support. Othercaregivers indicated that they acquired health complications, but the others indicated that they gradually adapted or had been helped by their family members that eased the physical burden. The given findings indicate that the health of the caregivers depends not only on the severity of the ADHD symptoms but also on the contextual and social support.

In this study a significant level of emotional distress was experienced among caregivers such as shock on diagnosis, guilt, self blame and continued anxiety on what will happen to their children. Several caregivers reported that the first stage after diagnosis was emotionally numbing as it was characterized by confusion, sadness and hopelessness. The experiences are aligned with previous studies that indicated high stress, depression and emotional fatigue in parents of ADHD children (Ching'oma et al., 2022a; Yurdakul et al., 2024). One outstanding observation of this research was the severity and continuity of the parental guilt. Caregivers often self-accused being slow in diagnosis, hiring choices or depending on outside counsel. The mothers and fathers felt very much personal responsibility towards the condition of their child. Although previous research has recorded parental guilt (Liu et al., 2023). The importance of the current study is that even once caregivers form an understanding of ADHD, guilt can still be experienced, which implies that the authors do not consider that emotional distress can be reduced by increasing the level of knowledge only. Others of the caretakers mentioned extreme psychological distress that included depressive symptoms and suicidal thoughts. Even though a number of studies in the past have reported caregiver depression in times of excessive stress, such as that of the COVID-19 pandemic (Tseng et al., 2021). The explicit manifestation of suicidal ideation in the current research highlights a severe and largely unconsidered mental health issue among caregivers.

The social stigma was found to be a major determinant of psychosocial well-being of caregivers. A lot of caregivers said they felt blamed and judged by the extended relatives as well as the neighbours and the general community. The above results are consistent with the prior research that suggests that ADHD is also commonly misunderstood and perceived as a result of ineffective parenting or immoral behavior, which result in the social stigma and isolation (Andrade et al., 2016; Moen et al., 2016). The current research takes the discussion to the next level as it gives a picture of the dual constituents of stigma as it works externally by discriminating attitudes and internally by the self-blame and shame. They usually led to withdrawal of caregivers in terms of socializing and community participation. The similarities in the patterns of the internalised stigma have been reported in the previous cases (Mesfin and Habtamu, 2024). Nevertheless, this paper provides a more subtle explanation of the way the stigma transforms the social identity and the everyday lives of caregivers. Concurrently, other caregivers reported positive social experiences especially where they got understanding and acceptance among close family members, teachers or other parents of ADHD children. These helping transformations diminished the sense of being alone and emotional reassurance, which is in line with the information that social assistance can alleviate the adverse consequences of caregiving stress (Theule et al., 2013).

It is also found that caregiving roles had a great influence on the occupational roles of the caregivers and their financial stability. Most caregivers complained of quitting their jobs, having long leave or delaying their studies to focus on the care of their child. These are also similar to the past studies that have shown disruption of employment and financial difficulties in parents of children with ADHD (Mesfin & Habtamu, 2024). Nevertheless, this analysis offers more information in that it demonstrates that the financial strain was usually chronic and not acute. As the basic

needs were usually satisfied, the caregivers reported the loss of savings, the postponement of personal healthcare, and loss of financial autonomy. This provides previous evidence that argues the long-term economic pressure is a cause of psychosocial stress even in fairly stable income families (George et al., 2024). Employment problems also affected the self-identity and personal value of the caregivers because they were unable to balance between career goals and the caregiving roles, and these issues also reflect the economic and psychological impact of occupation loss.

One of the most important and emotionally relevant results of this research turned out to be the concern about the independence of the child in the future. Independence was seen as a source of hope and the source of deep anxiety by caregivers. Caregivers did not focus on academic or career accomplishments, but on functional independence, such as self-care, communication skills and daily living skills. The result is comparable to the findings of other studies that showed that the parents of children with ADHD tend to shift expectations towards functional results (Yurdakul et al., 2024). The current research builds on this insight by identifying the existential aspect of anxiety related to the future because one of the caregivers was concerned about who would take care of the child in their absence. This fear impacted everyday caregiving practice and affective life, and the implication is that independence promotion is developmental and coping.

Caregivers used various coping strategies to overcome emotional and practical issues. Religious beliefs were found to provide the caregivers with strength, meaning and emotional comfort and came out as a major coping strategy. The result is congruent with those that reveal South Asian settings where spirituality is a key coping strategy in caregivers with ADHD children (Vithana & Asurakkody, 2025; George et al., 2024).

The role of peer support was also crucial, as caregivers could get emotional relief and practical advice through contact with other parents with equal difficulties, which confirms the earlier results that peer support alleviates isolation and increases coping ability (Mesfin & Habtamu, 2024). In spite of these adaptive solutions, formal support services were negatively rated by the caregivers. Delayed diagnosis, inadequate professional advice and excessive use of medication without any proper psychosocial help was reported by many. All these issues are aligned with the previous literature that revealed the deficiency in professional knowledge and the absence of family-centred ADHD services (Andrade et al., 2016; Moen et al., 2016). The results indicate that caregivers have to move through complicated care systems on their own, which exacerbates emotional and practical stresses.

These results are significant to healthcare practitioners, policymakers and healthcare service providers. The interventions dealing with ADHD, must be family-centred approach that considers the physical, emotional, social and economic needs of the caregivers as well as the child-centred treatment. Routine caregiver mental health assessment, culturally sensitive psychoeducation and available peer support programmemes can also be used to reduce caregiver burden. Besides, economic pressure and stigma can be relieved with the help of flexible working arrangements, funding schemes and awareness at the community levels. In general, the research shows that it is necessary to develop integrated care models to understand caregiver well-being as an important part of successful ADHD management.

The study will add value to the body of literature because it is a qualitative study on the basis of which caregivers have lived in a South Asian setting. It points to the extent of emotional distress, with feelings of suicidal ideation, the mixed feelings of hope and fear of the future after independent living and the cumulative effects of social

and economic pressures. The study provides useful information by putting the voices of the caregivers at the centre to establish more responsive and holistic systems of ADHD support.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strength

Strenghts of the study are:

- The data were collected from different caregivers including mother, father, grandmother.
- The qualitative method was appropriate for an in-depth exploration of life experiences and psychosocial well-being.
- Data were collected through face-to-face interviews that help caregivers to explain their experiences clearly.
- Data were collected from therapy centers and special schools, which made sure that the people who participated were knowledgeable and relevant.
- The student researcher followed the COREQ (Consolidated criteria for reporting Qualitative research) checklist in this study.
- Member checking was conducted to ensure the credibility and accuracy of the data, allowing participants to review and confirm their responses.
- Future studies on this phenomenon will benefit from the findings of this study.

6.1.2 Limitation

There are some limitations of the study. These are:

- As this study followed a qualitative phenomenological design, the findings are context-specific and cannot be generalised to all caregivers of children with ADHD.

- The limited sample size restricts the generalizability of the findings as the experiences of the participants may not reflect those of all caregivers of children with ADHD.
- Participants were mainly recruited from therapy centers and special schools, which might exclude caregivers who do not have access to standard services or support systems.

6.2 Practice Implication

6.2.1 Recommendation for Future Practice

For Healthcare Professionals and Institutions

- Professionals need to use a family-centered approach that meets the needs of both the children and the caregiver.
- Mental health screening for caregivers should be included during routine follow-ups of children with ADHD.
- Therapy centers and special schools should establish caregiver support groups, enabling parents to exchange experiences and coping mechanisms.
- Awareness programmes should be implemented to reduce stigma related to ADHD within communities.

6.2.2 Recommendations for Future Research

- *Future research should explore the experiences of caregivers not only connected to therapy centers or special schools but also in other regions.*
- Future studies should include larger and more diverse samples from different regions to enhance representativeness.
- Future studies should compare urban and rural caregivers to identify differences in experiences and available support.

6.3 Conclusion

Caregivers of children with ADHD encounter a broad group of problems and are affected in their physical, emotional, social and economic wellbeing. The daily routine, rest, social and occupational functions are disrupted and the psychological pressures, fear of the future, stigmatization and financial strain are put on the caregivers themselves. Despite these difficulties, there are sufficient caregivers who are strong in adaptation, acceptance, faith and social support. However, limited formal guidance and caregiver-focused services remain a major gap. The context-specific support programs, available services, financial aid, and awareness creation are highly demanded in order to provide caregivers with the necessary support, empowerment, and not abandonment in the process of raising the ADHD children.

CHAPTER VII: REFERENCE

Andrade, E. M., Geha, L. M., Duran, P., Suwwan, R., Machado, F., & do Rosário, M. C. (2016). Quality of life in caregivers of ADHD children and diabetes patients. *Frontiers in Psychiatry*, *7*(JUL). https://doi.org/10.3389/fpsyt.2016.00127

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.; DSM-5-TR). American Psychiatric Publishing.

Balagan, M. M. B. E. (2022). Parenting Experience of Mothers with Children Diagnosed with ADHD: Insights from Positive Psychology Perspective. *International Journal of Learning and Development*, *12*(4), 111. https://doi.org/10.5296/ijld.v12i4.20421

Braun, V., & Clarke, V. (2013). *Successful qualitative research: A practical guide for beginners*. SAGE Publications.

Ching'oma, C. D., Mkoka, D. A., Ambikile, J. S., & Iseselo, M. K. (2022). Experiences and challenges of parents caring for children with attention-deficit hyperactivity disorder: A qualitative study in Dar es salaam, Tanzania. *PLoS ONE*, *17*(8 August). https://doi.org/10.1371/journal.pone.0267773

Craig, F., Savino, R., Fanizza, I., Lucarelli, E., Russo, L., & Trabacca, A. (2020). A systematic review of coping strategies in parents of children with attention deficit hyperactivity disorder (ADHD). *Research in Developmental Disabilities*, *98*. https://doi.org/10.1016/j.ridd.2020.103571

Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications.

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

Guraya, S. S., Guraya, S. Y., Harkin, D. W., Ryan, Á., Mat Nor, M. Z. bin, & Yusoff, M. S. B. (2021). Medical Education e-Professionalism (MEeP) framework; from conception to development. *Medical Education Online*, *26*(1). https://doi.org/10.1080/10872981.2021.1983926

Griffee, D. T. (2005). *Research tips: Interviewing*. Pearson Education

Jessiman, W. C. (2013). Interviewing for qualitative inquiry. *Nursing Researcher, 20*(4), 34–39.

Keyes, C. L. M. (2023). *Well-being and mental health: The two continua model across the lifespan*. Springer.

Liamputtong, P. (2017). *Qualitative research methods* (5th ed.). Oxford University Press.

Liu, T. L., Hsiao, R. C., Chou, W. J., & Yen, C. F. (2023). Hopelessness in caregivers of children with attention-deficit/hyperactivity disorder: Associations with depression and anxiety and multidimensionally related factors. *Journal of the Formosan Medical Association*, *122*(11), 1158–1164. https://doi.org/10.1016/j.jfma.2023.05.011

Mesfin, W., & Habtamu, K. (2024). Challenges and coping mechanisms of parents of children with attention deficit hyperactivity disorder in Addis Ababa, Ethiopia: a qualitative study. *BMC Psychology*, *12*(1). https://doi.org/10.1186/s40359-024-01828-0

Moen, Ø. L., Hedelin, B., & Hall-Lord, M. L. (2016). Family Functioning, Psychological Distress, and Well-Being in Parents with a Child Having ADHD. *SAGE Open*, *6*(1). https://doi.org/10.1177/2158244015626767

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

Peasgood, T., Bhardwaj, A., Brazier, J. E., Biggs, K., Coghill, D., Daley, D., Cooper, C. L., De Silva, C., Harpin, V., Hodgkins, P., Nadkarni, A., Setyawan, J., & Sonuga-Barke, E. J. S. (2021). What Is the Health and Well-Being Burden for Parents Living With a Child With ADHD in the United Kingdom? *Journal of Attention Disorders*, *25*(14), 1962–1976. https://doi.org/10.1177/1087054720925899

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

Patton, M. Q. (2015). *Qualitative research and evaluation methods* (4th ed.). SAGE Publications.

Tseng, H. W., Tsai, C. S., Yen, C. F., Chen, Y. M., Hsiao, R. C., & Chou, F. H. (2021). Poor mental health in caregivers of children with attention-deficit/hyperactivity disorder and its relationships with caregivers' difficulties in managing the children's behaviors and worsened psychological symptoms during the COVID-19 pandemic. *International Journal of Environmental Research and Public Health*, *18*(18). https://doi.org/10.3390/ijerph18189745

Vithana, K. V. G. S. G., & Asurakkody, T. A. (2025). Spiritual practices as coping with mothers of children with attention-deficit hyperactivity disorder: a qualitative explorative study. *BMC Psychology*, *13*(1). https://doi.org/10.1186/s40359-024-02331-2

Van Manen, M. (2016). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). Routledge.

World Health Organization. (2022). *Guidelines on mental health and psychosocial wellbeing*. World Health Organization.

World Medical Association. (2024). *Declaration of Helsinki: Ethical principles for medical research involving human subjects*. World Medical Association.

Yurdakul, Y., Şirin, H., Uzun, M. E., Beyazit, U., Bütün Ayhan, A., & Günbayi, İ. (2024). A phenomenological study on the life experiences of parents of children with ADHD. *Current Psychology*, *43*(30), 25311–25325. https://doi.org/10.1007/s12144-024-06210-2

APPENDICES

Appendix A: Ethical Approval Form and Permission Letter

Ethical Approval Letter from IRB

BANGLADESH HEALTH PROFESSIONS INSTITUTE

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

Ref: CRP-BHPI/IRB/07/2025/1099 Date: 21.07.2025

To
Taslima Akter Mim
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200426**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder** by ethics committee.

Dear Taslima Akter Mim,
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 Prof. Sk. Moniruzzaman Professor & 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 (English & Bangla)
3	Information sheet & consent form

The purpose of the study is to explore the lived experiences of caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD), focusing on their psychosocial wellbeing .The study involves use of a self-developed interview guide to explore the lived experiences of caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD), focusing on their psychosocial wellbeing that may take 40 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.cdu.bd

Permission Letter for Data Collection

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

Date: 02/08/2025

To
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 **"Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder (ADHD)"** 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 Psychosocial Wellbeing of Caregivers of Children with Attention Deficit Hyperactivity Disorder. 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

Taslima

Taslima Akter Mim
4th year, B.Sc. in Occupational Therapy
Session: 2020-2021; Student ID: 122200426
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

She will collect data from this Department. please help her.
Thanks
7-08-25

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

Recommendation from the Head of the Department:

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

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-224445464-5, 224441404,
Mobile:01730059647

Date: 30/08/2025

To
The Chairperson
Nurture Kids
Plot - 211 - 212, Road - 03, Janata Housing (Behind of Grameen Bank building),
Dhaka, Bangladesh, 1216

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 **"Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder (ADHD)"** 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 Psychosocial Wellbeing of Caregivers of Children with Attention Deficit Hyperactivity Disorder. 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

Taslima

Taslima Akter Mim
4th year, B.Sc. in Occupational Therapy
Session: 2020-2021; Student ID: 122200426
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Approved

Recommendation from the Head of the Department:

02/10

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

Ishrat Jahan
Chairman
Nurture Kids

Attachments: Copy of IRB Approval Letter.

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

Date:27/08/2025
To
The Principle,
Prottasha Centre for Autism Care.
Dogormora, CRP Road, 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 **"Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder (ADHD)"** 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 Psychosocial Wellbeing of Caregivers of Children with Attention Deficit Hyperactivity Disorder. 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

Taslima

Taslima Akter Mim
4th year, B.Sc. in Occupational Therapy
Session: 2020-2021; Student ID: 122200426
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

27.8.2025

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

Kawsar Ahmed
Vice Principal
Prottasha Centre for Autism Care

Attachments: Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-224445464-5, 224441404, Mobile:01730059647

Date: 30/08/2025

To
The Chairperson
Society for The Welfare of Autistic Children (SWAC)
Baitul Aman Housing Society,
Dhaka, Bangladesh

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 **"Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder (ADHD)"** 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 Psychosocial Wellbeing of Caregivers of Children with Attention Deficit Hyperactivity Disorder. 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

Taslima

Taslima Akter Mim
4th year, B.Sc. in Occupational Therapy
Session: 2020-2021; Student ID: 122200426
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

04.09.25

Recommendation from the Head of the Department:

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

Attachments: Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-224445464-5, 224441404,
Mobile:01730059647

Date: 19/08/2025

To
Director
Tara Special Child Care
Spring Rahmat E- Tuba complex, House (132), Road: 02, Block: A, Dhaka 1216

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 **"Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder (ADHD)"** 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 Psychosocial Wellbeing of Caregivers of Children with Attention Deficit Hyperactivity Disorder. 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.

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Recommendation from the Head of the Department:

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

Attachments: Copy of IRB Approval Letter.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-224445464-5, 224441404,
Mobile:01730059647

Date: 19/08/2025

To
Managing Director
Ingenious Care
House- 108, road- 4, block- A,Section -12, Pallabi, Mirpur, Dhaka

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 **"Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder (ADHD)"** 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 Psychosocial Wellbeing of Caregivers of Children with Attention Deficit Hyperactivity Disorder. 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.

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Sincerely

Taslima

Taslima Akter Mim
4th year, B.Sc. in Occupational Therapy
Session: 2020-2021; Student ID: 122200426
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Approved.
24/08/25
Nazmul Huda
Managing Director
Ingenious Care Limited

Recommendation from the Head of the Department:

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

Attachments: Copy of IRB Approval Letter.

Appendix B: Information Sheet & 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, Fax: 02-7745069

PARTICIPANT EXPLANATORY STATEMENT

Research Title: Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder.

Principal Investigator	**Taslima Akter Mim** 4th year, B.sc in Occupational Therapy Session: 2020-2021 Bangladesh Health Professions Institute (BHPI) CRP, Savar, Dhaka-1343 Call: +8801635468285 Email: taslimaamim13@gmail.com
Supervisor	**Prof. Sk. Moniruzzaman** Professor & Head Department of Occupational Therapy Bangladesh Health Professions Institute(BHPI) Centre for the Rehabilitation of the Paralysed (CRP) 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) Savar, Dhaka: 1343

This information sheet is for you to keep

Introduction

I am Taslima Akter Mim, 4th year student, B.Sc. in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). To complete a B.Sc. in Occupational Therapy from BHPI, conducting a research project is mandatory. The study is being conducted under supervisor Prof. SK. Moniruzzaman, Professor and Head, Department of Occupational Therapy and Co-supervisor Amena Rahman, Lecturer, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka-1343. By this participant explanatory statement, the investigator presented detailed information about the study purpose, data collection process, and ethical issues. By this participant explanatory statement, the investigator presented detailed information about the study purpose, data collection process and ethical issues. If you are willing to participate in this research, in that case a clear idea about the research topic will be easier for decision making. After reading the participant's explanatory statement, if the participant's problem to understand the content or if you need to know more about something, you can ask.

What is the purpose of this research?

The purpose of this research is to understand the lived experiences of psychosocial wellbeing among caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD and explore the lived experiences of caregivers of children with ADHD, focusing on their psychosocial wellbeing, including challenges and coping strategies by employing a phenomenological approach. Furthermore, this study aims to draw attention to the support requirements of caregivers to aid in the creation of improved intervention plans, regulations, and occupational therapy techniques that can enhance their well-being. The results will ultimately encourage comprehensive support networks by educating policymakers, educators, and healthcare professionals on the

particular challenges faced by caregivers.

What does the research involve?

The purpose of this study is to investigate the lived experiences of caregivers of children with Attention Deficit Hyperactivity Disorder (ADHD) using in-depth semi-structured qualitative interviews. Understanding the difficulties they encounter, the coping mechanisms they employ, and the effects of caring on their physical, psychological, social lives will be the main goals of the study. Interviews which will be arranged at a convenient time and place, will ask participants to discuss their experiences. Semi-structured interviews will enable caregivers to freely express their ideas and emotions while the researcher steers the discussion with pointed questions. For accuracy, each interview will be audio recorded (with consent) and run between 30-40 minutes.

Why were you chosen for this research?

You were chosen for this research because you are a primary caregiver of a child diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)**.** Your personal experiences, challenges, and coping strategies are essential in understanding the realities of caregiving for children with ADHD.

Source of funding

The research has been carried out on a self-funded basis.

Consenting to participate in the project and withdrawing from the research

The research requires your approval through a consent form, which you must sign and submit during the interview. Your participation is voluntary and there is no obligation to grant consent. If you withdraw before the data analysis phase, there will be no negative consequences. Your decision to refrain from answering specific questions will also have no adverse effects. Your comfort and autonomy are our top priorities throughout the process.

Possible benefits and risks to participants

Participation in this research may not yield direct benefits, but the information gathered will be helpful for the profession and professionals. It will be expecting that there is no risk in this study. Information for this study will be collected without hampering the everyday activities.

Confidentiality

All information shared in this study will be kept strictly confidential. No reports shall include the names or personal information of participants. Only the researcher will have secure access to the data. Throughout the research process, confidentiality will be upheld to protect privacy and ethical integrity.

Storage of Data

Data will be safely kept on a secure computer in a password-protected file. Transcripts and audio recordings will be made anonymous. To maintain privacy and confidentiality, the data will only be accessible to the researcher.

Results

The results of this research will provide insights into the experiences of caregivers of children with ADHD, highlighting challenges in emotional wellbeing, daily functioning, and social relationships, as well as their resilience and adaptive coping strategies.

Complaints

If you have any complaints or concerns, you can contact the supervisor directly. All complaints will be handled respectfully**.**

Thank you,

Taslima Akter Mim

Consent Form (English Version)

CONSENT FORM

Title: Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder.

Student investigator: Taslima Akter Mim

I have been asked to participate in the Bangladesh Health Professions Institute research, as specified above. I have read and understood the Explanatory Statement, and I hereby consent to participate in this research.

Please read the following statements carefully and mark **Yes** or **No** to indicate your consent:

Statement	Yes	No
1. I understand the purpose of this study	☐	☐
2. I understand that my participation is completely voluntary	☐	☐
3. I confirm that I have been informed about the study's purpose, procedures, risks, and benefits, and I agree to participate in this research.	☐	☐
4. I understand that my personal information will be kept confidential and that any data shared in this study will be anonymized.	☐	☐
5. I consent to the audio recording of my interview for transcription and analysis.	☐	☐

Name of the Participant:
Date:____/____/_____

Signature of Participant/Thumb Print:

Investigator's

Signature: Date:
____/____/_____

Withdrawal of Consent Form (English Version)

WITHDRAWAL OF CONSENT FORM

Title: Lived Experience of Psychosocial Wellbeing among Caregivers of Children with Attention Deficit Hyperactivity Disorder.

Name of investigator: Taslima Akter Mim ,4th year, B.Sc. in Occupational Therapy

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

Name of participant: _____

Signature of participant/ thumbprint: _____

Date:

Participant Explanatory Statement (Bangla Version)

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩,

ফোন: ০২-২২৪৪৪৫৪৬৪-৫, ২২৪৪৪১৪০৪, মোবা:০১৭৩০০৫৯৬৪৭

তথ্যপত্র

গবেষণার শিরোনাম: অ্যাটেনশন ডেফিসিট হাইপারঅ্যাকটিভিটি ডিজঅর্ডার এ আক্রান্ত শিশুর অভিভাবকদের মানসিক ও সামাজিক সুস্থতার বাস্তব অভিজ্ঞতা

গবেষক:	**তাছলিমা আক্তার মিম** ৪র্থ বর্ষ, বি.এসসি ইন অকুপেশনাল থেরাপি বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি ফোন: +৮৮০১৬৩৫৪৬৮২৮৫ ইমেইল: taslimaamim13@gmail.com
তত্ত্বাবধায়ক:	**অধ্যাপক শেখ মনিরুজ্জামান** অধ্যাপক ও প্রধান অকুপেশনাল থেরাপি বিভাগ বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বি এইচ পি আই) পক্ষাঘাতগ্রস্থদের পুনর্বাসন কেন্দ্র (সি আর পি) সাভার, ঢাকা-১৩৪৩
সহকারী - তত্ত্বাবধায়ক	**আমিনা রহমান** প্রভাষক অকুপেশনাল থেরাপি বিভাগ বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বি এইচ পি আই) সাভার, ঢাকা-১৩৪৩

এই তথ্যপত্রটি আপনার কাছে রাখার জন্য দেওয়া হয়েছে।

ভূমিকা

আমি তাছলিমা আক্তার মিম, ৪র্থ বর্ষের শিক্ষার্থী, বি.এসসি ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ

প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), যা সেন্টার ফর দ্য রিহ্যাবিলিটেশন 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 উদ্দেশ্য হলো অ্যাটেনশন ডেফিসিট হাইপারঅ্যাক্টিভিটি ডিজঅর্ডার (এডিএইচডি)-যুক্ত শিশুদের যত্নদাতাদের মনোসামাজিক সুস্থতার বাস্তব অভিজ্ঞতা বোঝা এবং তারা যে চ্যালেঞ্জের মুখোমুখি হন ও যে মোকাবিলা কৌশল ব্যবহার করেন তা অনুসন্ধান করা, যা ফেনোমেনোলজিক্যাল পদ্ধতির মাধ্যমে সম্পন্ন হবে । এছাড়াও, এই গবেষণার লক্ষ্য হলো যত্নদাতাদের সহায়তার প্রয়োজনীয়তার দিকে দৃষ্টি আকর্ষণ করা, যাতে উন্নত পরিকল্পনা, নীতি এবং অকুপেশনাল থেরাপি কৌশল তৈরি করে তাদের সুস্থতা বৃদ্ধি করা যায়। গবেষণার ফলাফল নীতিনির্ধারক, শিক্ষাবিদ ও স্বাস্থ্যসেবা পেশাজীবীদের যত্নদাতাদের বিশেষ চ্যালেঞ্জ সম্পর্কে সচেতন করে একটি সমন্বিত সহায়তা নেটওয়ার্ক গঠনে সহায়তা করবে ।

গবেষণাটি কিভাবে পরিচালিত হবে?

এই গবেষণায় ইন-ডেপথ সেমি-স্ট্রাকচার্ড কোয়ালিটেটিভ সাক্ষাৎকারের মাধ্যমে এডিএইচডি-যুক্ত শিশুদের যত্নদাতাদের বাস্তব অভিজ্ঞতা অনুসন্ধান করা হবে। তাদের সম্মুখীন সমস্যাবলী, ব্যবহৃত মোকাবিলা কৌশল এবং যত্ন প্রদানের ফলে শারীরিক, মানসিক ও সামাজিক জীবনে কী প্রভাব পড়ছে, তা বোঝাই হবে মূল উদ্দেশ্য। সাক্ষাৎকার অংশগ্রহণকারীর সুবিধাজনক সময় ও স্থানে অনুষ্ঠিত হবে এবং তাদের অভিজ্ঞতা নিয়ে আলোচনা করার জন্য বলা হবে। সেমি-স্ট্রাকচার্ড সাক্ষাৎকার যত্নদাতাদের স্বাধীনভাবে তাদের ভাবনা ও অনুভূতি প্রকাশের সুযোগ দেবে, আর গবেষক নির্দিষ্ট প্রশ্নের মাধ্যমে আলোচনা পরিচালনা করবেন। যথার্থতা নিশ্চিত করতে প্রতিটি সাক্ষাৎকার অডিও রেকর্ড করা হবে (সম্মতিসহ)।

আপনাকে এই গবেষণার জন্য কেন নির্বাচন করা হয়েছে?

আপনাকে নির্বাচিত করা হয়েছে কারণ আপনি এডিএইচডি-যুক্ত একটি শিশুর প্রধান যত্নদাতা। আপনার ব্যক্তিগত অভিজ্ঞতা, চ্যালেঞ্জ এবং মোকাবিলা কৌশল এডিএইচডি-যুক্ত শিশুদের যত্ন প্রদানের বাস্তবতা বোঝার জন্য অপরিহার্য।

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 এডিএইচডি-যুক্ত 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

তাছলিমা আক্তার মিম

Consent Form (Bangla Version)

সম্মতি পত্র

গবেষণার শিরোনাম: অ্যাটেনশন ডেফিসিট হাইপারঅ্যাকটিভিটি ডিজঅর্ডার এ আক্রান্ত শিশুর অভিভাবকদের মানসিক ও সামাজিক সুস্থতার 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: অ্যাটেনশন ডেফিসিট হাইপারঅ্যাকটিভিটি ডিজঅর্ডার এ আক্রান্ত শিশুর অভিভাবকদের মানসিক ও সামাজিক সুস্থতার বাস্তব অভিজ্ঞতা

গবেষক: তাছলিমা আক্তার মিম ,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)

Self-developed Interview Guide

Demographic information:

Caregiver Information

Name:

Age**:**

Gender**:**

Relationship to the Child**:**

Marital Status**:**

Educational Background**:**

Employment Status**:**

Monthly Income (Tk)**:**

Child's Information

Child's Name:

Child's Age:

Child's Gender:

Age at ADHD Diagnosis:

Any severe condition other than ADHD :

If yes, please mention:

Interview Questions:

Physical Health and Daily Functioning of the Caregiver

1. Has your physical health changed since you started caring for your child? If yes, how?
2. Have your sleep or eating habits changed due to caregiving?
3. How has caregiving affected your regular daily routines or responsibilities?
4. Do you get enough time for yourself for rest, hobbies, or personal care?
5. Can you describe the most challenging tasks you handle each day and how you manage them?

Emotional Experiences and Psychological Impact

6. When you feel extra pressure in caring for your child, how do you usually respond to it?
7. Have you experienced feelings of guilt or self-blame related to your child's condition or care?
8. What kinds of thoughts or worries do you have about your child's future?
9. Can you describe any times when you felt emotionally or mentally exhausted while caring for your child?
10. Have you noticed any changes in your mental health over time?

Cultural and Social Context

11. Have you ever experienced any negative attitude or comments from neighbors, relatives, or others in society while taking care of your child?
12. Can you describe how caring for your child has influenced your financial situation or your work life?

13. What kind of support or reactions you receive from your extended family in your caregiving journey?
14. Can you share how your relationship with the community has changed since caring for your child?
15. Do you still see yourself as a part of the community as you did before, or do you sometimes feel isolated or separate from others?
16. Have you participated in any caregiver or peer support groups? What was your experience?
17. Have health care professionals helped you cope with the challenges of caring for child? if yes ,how?
18. Can you describe any services, organizations, schools, or community groups that you have accessed for support, and how they have helped you and your child?

Spirituality and Coping in the Caregiving Experience

19. How do your spiritual beliefs affect how you view or care for your child?
20. Can you describe any sources of meaning or purpose that help you manage the challenges of caregiving?
21. Have you ever felt something such as a connection with other people, being close to nature, or a sense of inner peace or strength that gives you courage or emotional comfort during difficult times?
22. Have you reached a place of acceptance about your child's condition? What helped you find meaning in your experience?

Caregivers' Psychosocial Experiences and Supportive Advice

23. What do you understand by the term psychosocial wellbeing?
24. How would you describe yourself before and after becoming an ADHD caregiver?
25. Based on this experience, if you were to give some advice to other caregivers, what would you say?
26. What kind of support or services do you wish existed to make caregiving easier for you?

Interview Guide (Bangla version)

সাক্ষাৎকার প্রশ্নপত্র

ব্যক্তিগত তথ্য:

অভিভাবকের তথ্য:

নাম:

বয়স:

লিঙ্গ:

শিশুর সাথে সম্পর্ক:

বৈবাহিক অবস্থা:

শিক্ষাগত যোগ্যতা:

কর্মসংস্থানের অবস্থা:

মাসিক আয় (টাকা):

শিশুর তথ্য:

শিশুর নাম:

শিশুর বয়স:

শিশুর লিঙ্গ:

ADHD নির্ণয়ের বয়স:

ADHD ছাড়া অন্য কোনো গুরুতর সমস্যা:

যদি থাকে, উল্লেখ করুন:

সাক্ষাৎকারের মূল প্রশ্নাবলী:

অভিভাবকের শারীরিক স্বাস্থ্য ও দৈনন্দিন কার্যক্ষমতা

১. আপনি কি মনে করেন সন্তানের যত্ন নিতে গিয়ে আপনার শরীরিক স্বাস্থ্যের উপর কোনো প্রভাব পড়েছে? যদি পড়ে থাকে, কী ধরনের প্রভাব?

২. আপনার কি ঘুম বা খাওয়া-দাওয়ার রুটিনে কোনো পরিবর্তন এসেছে?

৩. সন্তানের যত্ন নেওয়ার কারণে আপনার দৈনন্দিন রুটিন বা দায়িত্বে কী প্রভাব পড়েছে?

৪. আপনি কি নিজের জন্য বিশ্রাম, শখ, বা নিজের যত্ন নেওয়ার মতো যথেষ্ট সময় পান?

৫. প্রতিদিন আপনি যে কাজগুলোকে সবচেয়ে কঠিন মনে করেন, সেগুলো আপনি কীভাবে করে থাকেন?

আবেগজনিত অভিজ্ঞতা ও মানসিক প্রভাব

৬. যখন সন্তানের দেখাশোনার ক্ষেত্রে আপনি অতিরিক্ত চাপ অনুভব করেন, তখন আপনি কীভাবে প্রতিক্রিয়া জানান বা তা সামলান?

৭. আপনার সন্তানের অবস্থা বা যত্ন নিয়ে কি কখনও মনে হয়েছে আপনি কোনো ভুল করেছেন বা নিজের ওপর দোষ দিচ্ছেন?

৮. আপনার সন্তানের ভবিষ্যৎ নিয়ে আপনি কী ধরনের চিন্তা বা দুশ্চিন্তা করেন?

৯. সন্তানের দেখাশোনার সময় আপনি এমন কোনো অভিজ্ঞতার কথা কি বলতে পারেন, যখন আপনি আবেগজনিত চাপ বা মানসিকভাবে ক্লান্ত অনুভব করেছিলেন?

১০. সময়ের সাথে সাথে কি আপনি আপনার মানসিক অবস্থায় কোনো পরিবর্তন লক্ষ্য করেছেন?

সাংস্কৃতিক ও সামাজিক প্রেক্ষাপট

১১. সন্তানের যত্ন নিতে গিয়ে কি আপনি কখনো প্রতিবেশী, আত্মীয় বা সমাজের কারও কাছ থেকে নেতিবাচক মনোভাব বা মন্তব্যের শিকার হয়েছেন?

১২. আপনার সন্তানকে দেখাশোনা করার কারণে আপনার আর্থিক অবস্থা বা কাজের জীবনে কীভাবে প্রভাব পড়েছে সেটা কি আপনি বর্ণনা করতে পারেন?

১৩. সন্তানের দেখাশোনার সময় আপনার আত্মীয়স্বজন থেকে কী ধরনের সাহায্য বা প্রতিক্রিয়া পেয়েছেন?

১৪. সন্তানের যত্ন নেওয়ার পর থেকে সমাজের সাথে আপনার সম্পর্ক কীভাবে বদলেছে?

১৫. আপনি কি এখনো আগের মতো নিজেকে সমাজের অংশ বলে মনে করেন, না কি কখনও নিজেকে আলাদা বা একা মনে হয়?

১৬. আপনি কি কখনো অন্য অভিভাবক বা caregiver দের সাথে কোনো গ্রুপে অংশ নিয়েছেন? আপনার অভিজ্ঞতা কেমন ছিল?

১৭. স্বাস্থ্যসেবা প্রদানকারীরা কি আপনাকে সন্তানের যত্ন নেওয়ার চ্যালেঞ্জ মোকাবিলায় সাহায্য করেছেন? করে থাকলে, কীভাবে করেছেন?

১৮. আপনি কি কোনো সেবা, সংগঠন, স্কুল বা কমিউনিটি গ্রুপ থেকে সাহায্য পেয়েছেন? যদি পেয়ে থাকেন, তাহলে সেগুলো কীভাবে আপনাকে ও আপনার সন্তানকে সাহায্য করেছে ?

যত্নদানের অভিজ্ঞতায় বিশ্বাস ও মোকাবিলার কৌশল

১৯. আপনার আধ্যাত্মিক বিশ্বাস বা চিন্তা কীভাবে সন্তানের যত্নে প্রভাব ফেলে?

২০. আপনি যখন সন্তানের যত্ন নিয়ে চাপের মধ্যে থাকেন, তখন এমন কী কী জিনিস বা চিন্তা আপনাকে

সাহস দেয় বা জীবনের মানে খুঁজে পেতে সাহায্য করে?

২১.আপনি কি কখনও এমন কিছু অনুভব করেন যেমন অন্য মানুষের সঙ্গে সম্পর্ক, প্রকৃতির কাছাকাছি থাকা, বা নিজের মধ্যে একধরনের শান্তি বা শক্তি পাওয়া যা আপনাকে কঠিন সময়ে ভেতর থেকে সাহস বা মানসিক শান্তি দেয়?

২২. আপনি কি আপনার সন্তানের অবস্থা মেনে নিয়েছেন ? কী জিনিস আপনাকে মানিয়ে নিতে সাহায্য করেছে?

কেয়ারগিভারের মানসিক ও সামাজিক অভিজ্ঞতা ও সহায়ক উপদেশ

২৩. আপনার মতে মানসিক ও সামাজিক সুস্থতা মানে কী?

২৪. ADHD শিশুর অভিভাবক হওয়ার আগে ও পরে আপনি নিজেকে কীভাবে দেখেন বা নিজের সম্পর্কে কী অনুভব করেন?

২৫. এই অভিজ্ঞতার ভিত্তিতে আপনি যদি অন্য অভিভাবকদের কিছু উপদেশ দিতে চান, তাহলে আপনি কী বলতেন?

২৬. আপনার জন্য সন্তানের যত্ন নেওয়া সহজ করতে কী ধরনের সহায়তা বা সেবা থাকলে ভালো হতো বলে আপনি মনে করেন?

Appendix D: Supervision record sheet

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

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

Title of thesis: Lived experience of psychosocial wellbeing among caregivers of children with ADHD.

Name of student: Taslima Akter Mim

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	30 min.	Need more study about objective	Taslima	
2	29.05.25	BHPI Building	Title and proposal discussion	1.5 hr.	Got valuable feedback about proposal	Taslima	
3	14.06.25	Office room	IRB presentation discussion	1.5hr.	Presentation finalized	Taslima	

4	18.06.25	Office room	Discussion about questioning model	20 min.	suggested revision to enhance clarity	Taslima	Amena
5	1.07.25	office room	Discussion model and questioning	1 hour	Model selected	Taslima	Amena
6	24.07.25	Library	Interview guide discussion	1.5 hour	Useful suggession for data collection	Taslima	Amena
7	31.7.25	Library	Feed back Interview guide	1.5 hour	Overall feedback was positive	Taslima	Amena
8	19.08.25	Library	Field test analysis and interview guide review	1.5 hour	Literature review and interview guide approved	Taslima	Amena
9	11.8.25	office room	Dissussion about objective, Literature review, framework Interview guide	30 min	Minor modification suggested	Taslima	
10	24.09.25	Library	Discussion about data collection	3 hour	Discussion was productive	Taslima	Amena
11	27.09.25	Library	Give feedback on transcription & translation	3.5 hour	Good progress observed	Taslima	Amena
12	6.11.25	Library	Guideline about coding	3 hour	Clear & helpful guideline	Taslima	Amena
13	18.11.25	Library	Discussion about thematic analysis	3.5 hour	Got a clear idea	Taslima	Amena
14	20.11.25	Library	Feedback on coding, theme, subtheme	2.5 hour	clear concept	Taslima	Amena

15	3.12.25	Library	Guideline about result writting and discussion	2 hour	Effective guideline	Taslima Ameen
16	10.12.25	Office room	Feedback on write up.	3 hour	Got a clear idea	Taslima Ameen
17	1.01.26	Office room	Feedback on first draft.	1 hr	Helpful feedback	Taslima
18	2.02.26	Office room	Re-check literature review & Result	3 hour	Effective discussion	Taslima Ameen
19	5.02.26	Office room	Re-check discussion & Reference	2.5hour	Positive feedback	Taslima Ameen
20	16.2.26	Office room	Feedback on overall write-up	2.5 hour	Overall effective & understanable	Taslima Ameen

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.