

Lived Experience of Women with Spinal Cord Injury regarding Pregnancy and Child Rearing



By
Sadia Bente Hamid

February 2021, held in March 2022

*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*

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

Thesis completed by:**Sadia Bente Hamid**

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

.....
Signature

Supervisor's name, designation, and signature:**Arifa Jahan Ema**

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

.....
Signature

Head of the department's name, designation, and signature:**Sk. Moniruzzaman**

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

.....
Signature

Board of Examiners

Statement of authorship

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

Sadia Bente Hamid

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

.....
Signature

Acknowledgement

At first all praise goes to the Almighty for enabling me to carry out this dissertation. Then I would like to show gratitude to my parents who always inspired me for this achievement. It would not have been possible without their help and the sacrifices that they made. Throughout this journey, there have been many people by whom I am forever grateful. I would first and foremost like to dedicate my acknowledgement to my honorable supervisor Arifa Jahan Ema for her continual support, guidance, patience and encouragement throughout this research. Thanks go to all teachers of Occupational Therapy Department for their continuous academic support throughout my study period.

Dedication

Dedicated to

My Mother

Table of Contents

Points	Page no
Board of Examiners	ii
Statement of authorship	iii
Acknowledgement	iv
Dedication	v
Table of Contents	vi
List of Tables	ix
List of Abbreviations	x
Abstract	xi
CHAPTER I: Introduction	1
1.1 Background	1
1.2 Justification of the Study	3
1.3 Operational Definition	3
1.3.1 Spinal Cord Injury	3
1.3.2 Pregnancy	4
1.3.3 Child rearing	4
CHAPTER II: Literature Review	5
2.1 Overview of Pregnancy among Women with SCI	5
2.2 Knowledge of Pregnancy among Women with SCI	6
2.3 Experience of Women with SCI about Pregnancy	7
2.4 Perinatal Experience and Opinion about Clinician Care	8
2.5 Complication during Pregnancy	9
2.6 Family Attitude and Reaction Toward Pregnancy	10
Key Gap of the Evidence	11
CHAPTER III: Methodology	12
3.1 Research questions	12
3.1.1 Aim:	12
3.1.2 Objective	12
3.2 Ethical Consideration	12
3.3 Research Design	13
3.4 Study Setting	14
3.3.1 Study Period:	14

3.5 Sampling Strategy	14
3.5.1 Inclusion Criteria.....	14
3.5.2 Exclusion Criteria	14
3.5.3 Participants Overview	15
3.6 Participants' Recruitment Process	15
3.7 Data Collection Method.....	15
3.7.1 Data Collection Instrument.....	17
3.8 Data Analysis	17
3.9 Trustworthiness	18
CHAPTER IV: Results	19
Respondent's Reaction.....	19
Post-Delivery Barrier and Complication	19
4.1 Theme One: Reaction to Pregnancy News	20
4.1.1 Sub-theme one: Respondent's Reaction	20
4.1.2 Sub-theme two: Partner's Reaction	20
4.1.3 Sub-theme three: Family Reaction.....	20
4.1.4 Sub-theme four: Stigma and Prejudice	21
4.2 Theme Two: Physical Condition	21
4.2.1 Sub-theme one: Physical condition due to pregnancy and SCI.....	21
4.2.2 Sub-theme two: Complications	21
4.3 Theme Three: Pregnancy Concern.....	22
4.4 Theme Four: Health Care Service.....	22
4.5 Theme Five: Delivery Related Experience	23
4.5.1 Sub-theme one: Labor Pain.....	23
4.5.2 Sub-theme two: Child Delivery	23
4.5.3 Sub-theme three: Post-Delivery Barrier and Complication	24
4.6 Theme Six: Child rearing Experience	24
4.6.1 Sub-theme one: Neonatal Physical Condition	24
4.6.2 Sub-theme two: Breastfeeding.....	24
4.6.3 Sub-theme three: Baby's Care	25
4.7 Theme Seven: Support System	25
4.7.1 Sub-theme one: Partner	25
4.7.2 Sub-theme two: Family	26
4.7.3 Sub-theme three: Workplace.....	26
4.8 Theme Eight: Increased resiliency	27
CHAPTER V: Discussion	28
CHAPTER VI: Conclusion.....	31

6.1 Strength.....	31
6.1.2 Limitation.....	31
6.2 Practice implication.....	31
6.2.1 Recommendation for further research.....	32
6.3 Conclusion	32
List of Reference.....	33
APPENDICES	33

List of Tables

Table	Name of the Table	Page no
Table 1	Participants Overview	15
Table 2	Overview of results	19

List of Abbreviations

ADL Activities of Daily Living

CRP Centre for the Rehabilitation of Paralysed

OTs Occupational Therapist

QoL Quality of Life

SCI Spinal Cord Injury

Abstract

Background: Spinal Cord Injury (SCI) does not affect the natural process of pregnancy and deliver a baby. However, the number of pregnant women or mother with SCI is still low. Although, women with SCI identifies pregnancy as a great achievement, there are lack of evidence in this topic worldwide. Therefore, this research aimed to explore the lived experience of women with SCI regarding pregnancy and child rearing in Bangladesh.

Methods: This study followed the phenomenological approach of qualitative research design. Five women with SCI who took the rehabilitation service from the CRP, became a mother after their rehabilitation and currently living in the community of Bangladesh were included in this study. Self-developed interview guide was used to take interview from the participant by using Zoom app, an online platform known as. Data were analysed by following Braun and Clarke's six steps of thematic analysis.

Results: All women in this study were paraplegic. The participants had not any history of an abortion or miscarriage. Their journey during this time were much challenging considering the disability. Eight main themes have emerged from data analysis included: "reaction to pregnancy news", "physical condition", "pregnancy concerns", "health care service", "delivery related experience", "child rearing experience", "support system" and "increased resiliency".

Conclusion: This thesis explored the lived experience of women with SCI regarding pregnancy and child rearing which emphasised that women with SCI regarded their pregnancy as a treasure. Support from partner and family played a key role to facilitate their journey. However, there was a lack or no health care service available specialising on SCI reproductive health.

Key words: Women, Spinal cord injury, Pregnancy, Child rearing.

CHAPTER I: Introduction

1.1 Background

Spinal cord injury (SCI) is a traumatic event that affects many aspects of a person's life. A long-term disability can have a profound impact on a woman's life (Cleik et al., 2014). According to the World Health Organization, an estimated 250,000-500,000 people suffer from SCI in the world. A significant number of people with SCI are young women who are capable of pregnancy and childbirth (Khazaeipour et al., 2018). It is estimated that currently there are 20,000 women with SCI in the USA between the ages of 16 and 30 years. Each year 2000 women with SCI sustain in the USA at the age of childbirth. Almost 14% women with SCI have at least one pregnancy subsequently (Gidhini et al., 2008). In France, the incidence of SCI has been reported 1200 per year. 50% of SCI occurs between the age of 15-25 years with 15-20% being female. Moreover, fertility ability is not reduced after SCI (Liepvre et al., 2016).

A chronic SCI usually does not affect the female fertility (Bertschy et al., 2015). Almost all women with such trauma may become pregnant. Women with traumatic SCI in their reproductive years are growing gradually (Iezzoni et al., 2015). But cultural context is one of the factors that can affect the experience of child rearing and motherhood of women with SCI. There are various myths about disability in our society, such as 'women with disability are asexual, a woman with disability cannot handle a sexual relationship, disabled women cannot be mothers. For this kind of misconception women with disability always being neglected in society (Cleik et al., 2014). Their disability is a major factor that has a significant impact on their child rearing experience. For the women with SCI to conceive a baby is an intense aspiration after the trauma (Khazaeipour et al., 2018). Pregnancy and childbirth bring about a significant

biopsychosocial change in women life (Adalia et al., 2021). Many women are afraid of giving childbirth. One of the psychological reasons for the fear of childbirth is that this experience of childbirth impact positively and negatively. It influences the daily life and confidence of women in cope up with birth process. But women should enjoy their pregnancy to avoid childbirth fear. The term 'fear of childbirth' is assumed as mental, social, and psychological phenomenon. Moreover, stress, anxiety about pregnancy impairs the women's daily activities and well-being (Nasr et al., 2020). These physical and emotional aspects determine the new experience of motherhood with their role as future mothers. After the baby delivered women continue with infant feeding and bringing up their offspring (Adalia et al., 2021). For many women experiences of childbirth is treasured and positive for others it considered as negative experience. In many cases post-traumatic stress disorder may develop after childbirth among women with SCI (Tebbet & Kennedy, 2011). Several physical complications may occur among women with SCI. The most common medical conditions were neurogenic bladder, anemia, autonomic hyperreflexia, and elevated BMI (Sterling et al., 2013). Thrombosis, urinary complications, dysreflexia, worsened spasticity also may occur during pregnancy and childbearing period (Ghidini et al., 2008).

There are some researches found in the other parts of the world regarding pregnancy of women with SCI. They focused on experience, outcome, criteria, impact and complications during pregnancy. There has been conducted a study in Bangladesh to find out the sexual health of women with SCI which found that there is a relationship between physical factors and sexual health, such as pain, vaginal dryness and physical discomfort. Environmental and emotional factors also play a vital role (Lubbers et al., 2012). However, no research has been done in Bangladesh about women's pregnancy experience. Therefore, it is this study aimed to know their experience about pregnancy

after SCI and how they raise their child with their physical condition. Due to the lack of literature in Bangladesh, this study is necessary for further comprehension of this phenomenon. So that, this research could help to know the lived experience of pregnancy and child rearing of women with SCI.

1.2 Justification of the Study

Previous articles about women with SCI revealed the experience, outcome, impact, and complications during pregnancy.

This research is important to improve knowledge about pregnancy like mental preparation, physical fitness of women with SCI, role of support system, available healthcare services for them in Bangladesh etc. Women with SCI need information concerning pregnancy at the initial period of rehabilitation. So, this is responsibility of the rehabilitation centre to provide necessary information to all the individual patients. This research is significant for all clinician, physician, therapists, and staff to have adequate knowledge about their lived experience ranging from pregnancy preparation to rearing the child. So that a counselling session can be held at the end of rehabilitation to give education on pregnancy queries and guide them to become mentally strong for dealing with their new life journey. Moreover, in future if anyone wants to do further research on this phenomenon then this study will help them in their induction.

1.3 Operational Definition

1.3.1 Spinal Cord Injury

A spinal cord injury is a damage to the spinal cord that causes changes in its function, either temporary or permanent. These changes translate into loss of muscle function, sensation, or autonomic function in parts of the body served by the spinal cord below the level of the lesion (Mayo clinic. 2014).

1.3.2 Pregnancy

Pregnancy occurs when a sperm fertilizes an egg after it's released from the ovary during ovulation. The fertilized egg then travels down into the uterus, where implantation occurs. A successful implantation results in pregnancy (Atkinson et al., 2022).

1.3.3 Child rearing

The term child rearing refers to the process used to bring up a child from birth through adulthood. The way of child rearing and how parents make decisions on complex issues about the child as whether the mother should work and the proper types of discipline for a child greatly depend on cultural influences (Lee & Kim, 2020).

CHAPTER II: Literature Review

This literature review chapter is the overview of the findings of few articles regarding pregnancy and child rearing experience among women with SCI. This review chapter portrait the evidence of overview of pregnancy among women with SCI, knowledge of pregnancy among women with SCI, experience about pregnancy and childbearing period, perinatal experience and opinion about clinician care, complication of the pregnancy and key gaps of the evidence.

2.1 Overview of Pregnancy among Women with SCI

A descriptive study in Switzerland included 17 women with SCI and aged between 18 to 54 years. Among those participant 13 women were paraplegic and 4 women were tetraplegic. The study represents those 17 women gave birth to 23 children after their SCI and two of the women had one child before their SCI. But it is not clear about those 17 women whether they gave birth to twin babies or conceive twice after SCI (Bertschy et al., 2015). A retrospective observational study in France described the specificities of pregnancy in women with SCI. The result of this study showed that 37 pregnancies occur in 25 women. 15 women had delivered one child, two women delivered three children and eight women delivered two children (Liepvre et al., 2016). Iezzoni et al., (2015) conducted a study based on US national SCI database and found that women with current pregnancy were younger at injury. Women were between 18 to 49 years. Compared with nonpregnant women, those reporting current pregnancy were significantly more likely to be married. Current pregnancy rates among reproductive-aged women with SCI are similar to rates of other US women with chronic mobility impairments. This rate is virtually identical to the current pregnancy rate of women in the same age range with chronic physical disabilities, regardless of cause, found in US

National Health Interview survey. A retrospective chart review included 32 women with SCI in Toronto between 1999-2009. This study finds out the pregnancy outcome with regard to medical, obstetrical and social concerns. Thirty-two women with a total of 37 pregnancies were identified through the study. Five participants had two pregnancies during the study period (Sterling et al., 2013). The literatures suggest that there are more studies available including women with physical disabilities in general rather than SCI. Moreover, the South Asian perspectives also lack in the evidence.

2.2 Knowledge of Pregnancy among Women with SCI

Ghidini et al., (2008) administrated a questionnaire survey included 114 women with SCI in Washington, USA. This study investigates the impact of pregnancy and childbearing on women with SCI and their attitude toward pregnancy. There were 59 paraplegics, 41 were quadriplegic women who were aged between 18 to 40 years. Result that emerged in this study is 20% women received information about pregnancy during rehabilitation but only 9% found it adequate. But the study did not mention what type of information women received during rehabilitation. It also not mentioned why the information was adequate. Rate of adequate information are similar between who became pregnant after SCI and who did not. Women who did not become pregnant after the injury listed about lack of support, too recent injury, infertility for not being pregnant. They also suggest that the adequacy of information available did not influence them to take the decision of having children after injury and how that affected their fears. Among the women who become pregnant from their experience during pregnancy was scared of being pregnant (43%), worried about childcare (46%), did not have adequate family support (19%), had postpartum depression (35%), regrated being pregnant (5%). The women who regrate of being pregnant because of having autistic child, also reported that being parent increased their quality of life and they want having

child again.

2.3 Experience of Women with SCI about Pregnancy

Childbirth is a pleasurable and positive event among women with SCI. This event influences their lives to plan and build hope (Tebbet & Kennedy, 2011; Khazaeipour et al., 2018). Tebbet & Kennedy (2011) explained about the lived experience of women with SCI by administering a qualitative phenomenological study that included eight women in south England. Women with SCI reported that childbirth is an unpredictable event and unique experience to them. Giving childbirth is not only dependent on a SCI mother but it is also a team effort. By the word 'team effort' women meant sharing the responsibility of birthing a child equally between themselves and the professionals. Through this study, participant reflect their experience of control over their own body. In few cases it is mentioned that power and control held by the professionals. But women can feel sensation related to birth. In case, effort from both is important. Moreover, a preparation before childbirth is important among women with SCI. In preparation for childbirth, they tried to learn and research about it and contacted the women with SCI who had given birth. Although the participating women had obviously spent a great deal of effort to prepare for their childbirth and they reported this an event for which you could never feel truly prepared. Some women also reflected on how they would like to have more children and their previous experience did not stop them. Khazaeipour et al., (2018) conducted a qualitative study in Iran to investigate the childbearing experience regarding pregnancy. This study included eight women aged 36 years with SCI. They depict that they were ecstatic for this incredible event. Some of the participants stated that their pregnancy was not planned, as they were not aware that they could become pregnant. However, they all were concern about their motherhood, flawed health care system, keep strong spirituality and religious belief.

There is no history of an abortion or miscarriage among these women in this study.

2.4 Perinatal Experience and Opinion about Clinician Care

Smeltzer et al., (2021) describe a mix-method study about perinatal experience and clinician care. This study included 25 women with physical disabilities who gave birth within the last 10 years and aged between 21 to 55 years. Women with physical disability reported about clinician's lack of knowledge, awareness about the reproductive concern, and pregnancy related needs of women with physical disability. Most women believed that their clinicians had little knowledge about the effect of disability on pregnancy. Women indicated that in some cases clinician viewed them as 'problems' and they were treated as less than normal. Women stated that clinicians treat them as asexual, and they continue receive the message that they cannot become pregnant and have children because of disability. But some participants depict those clinicians who are not knowledgeable about a woman's disability they have willingness to learn about it. Women identified a variety of sources of information that clinician could use to educate themselves about their patients conducting their own literature and internet searches to obtain information about specific disabling condition. The participants suggested that clinician could learn from other women with similar disabilities who have gone through childbirth. Other women with the same disability could be an important source of information. Moreover, participants suggested that review case studies of pregnant women who have specific types of disability. Clinicians often ignored their attempt to share information about own experience. All participants of the study articulated that having lived with a long-term disability, so they knew their body's well. But clinicians often underestimated what they knew about their own disabilities. Participants recommended that clinicians listen to their patients to better understand their disabilities and their effects on pregnancy, and they should treat the

women with physical disability (WWPD) with the same respect and care as other women (Smeltzer et al., 2021). Although this study involved women with physical disabilities, but there is no specific cause of their disability. There is no study have not found that spoke about the perinatal experience about clinician care of women with SCI. However, as SCI also results with a physical disability, Smeltzer et al., (2021)'s findings could also play an argument as to whether it is the same for women with SCI or not. Therefore, future studies on women with SCI must focus on identifying the healthcare services available for them.

2.5 Complication during Pregnancy

Some complication like prenatal urinary tract infection, dysreflexia, spasticity, neurogenic bladder, anemia, postpartum depression is most common among women with SCI during pregnancy & childbearing period (Crane et al., 2019; Ghidini et al., 2008; Sterling et al., 2013; Bertschy et al., 2015). A retrospective cohort study assesses pregnancy outcome among SCI women. This study administrated in Washington with 529 women with SCI. Women adjusted risk of prenatal urinary tract infection. They had longer hospitalizations for postpartum depression. Their infants were more often small, but there was no risk of death (Crane et al., 2019). Ghidini et al., (2008) investigated the impact of pregnancy on women with SCI. Result of this study represents that preterm delivery occurred in 33% of women and 22% were unable to feel preterm labor. Thrombosis, urinary complications, dysreflexia, worsened spasticity and post-partum depression were occurred during pregnancy and childbearing period. Sterling et al., (2013) found out the pregnancy outcome among women with SCI in Toronto. The most common medical conditions were neurogenic bladder, anemia, autonomic hyperreflexia, and elevated BMI. Vaginal birth occurred in 33% and caesarean section 60%. A descriptive study identified medical complications regarding

pregnancy and childbirth in Switzerland. No women reported skin breakdown due to pregnancies. Two women paid special attention to the prevention of decubital ulcers. Ten women performed prophylactic measures against deep vein thrombosis though no incidences of deep vein thrombosis were diagnosed during pregnancy. Bladder/bowel dysfunctions and medication changes occurred frequently in women with SCI during pregnancy. Diarrhea, flatulence and abdominal gas occurred rarely. Pregnancy did not significantly increase bowel dysfunction (Bertschy et al., 2015).

2.6 Family Attitude and Reaction Toward Pregnancy

A qualitative study included 25 women with physical disabilities from across the United State. This study describes about family member's attitude and reaction to affect women with physical disabilities around the time of pregnancy. Although this study involved women with physical disabilities, but there is no specific cause about their disability. Women initially faced negative reaction to their pregnancy and negative perception of disability. They reported that their families were concerned, scared and nervous that the pregnancy would negatively impact the women's mental health and physical health. There were also concerns about parenting capability from their family. These negative reaction result as the chance of their child would inherit their disability. Some of them believe that their families' negative attitudes and reactions were a result of negative perceptions of disability. Despite many women report negative attitude, in the same study some women explain about family support and excitement which indicate the positive experience (Powell et al., 2017). As the study involved women with the physical disabilities only, it is important to identify about the family attitude and reaction towards the pregnant women with SCI.

Key Gap of the Evidence

- Among the published literatures found, eight articles worked on women with SCI and two articles worked on women with physical disability not SCI. However, it is not clearly mentioned about the cause of their disability on those two articles.
- The time of publication shows that the studies regarding experience of pregnancy and childbearing period among women with SCI conducted between 2008 and 2019.
- Although three studies were published recently, the findings of these study cannot be generalised to all women with SCI. Because these three studies followed a qualitative design.
- Two studies were retrospective cohort study, one was retrospective observational study, one was questionnaire survey, and one were mix method study. However, the samples size of these studies was small.
- Eight studies on women with SCI regarding pregnancy conducted in north America, South England and West Asia. But no study on this topic have been conducted in south Asia and/or Bangladesh.

There is no study based on the lived experience of pregnancy and child rearing experience of women with SCI. Therefore, it is important to find out the child rearing experience of this group of population. The current study focuses on the lived experience of women with SCI regarding pregnancy and child rearing.

CHAPTER III: Methodology

3.1 Research questions

How is the lived experience of women with SCI regarding pregnancy and child rearing period?

3.1.1 Aim: The study aimed to explore the lived experience of women with SCI regarding pregnancy and child rearing.

3.1.2 Objective

- To know their experience during pregnancy and child rearing moment after the SCI.
- To investigate the way, they dealt themselves during the pregnancy and child rearing period.
- To identify their physical and psychological challenges during the pregnancy and child rearing time.
- To know how they coped with the challenges.
- To explore their family support system during the time.

3.2 Ethical Consideration

- At first student researcher has taken permission from the Institutional Ethical Review Board of BHPI through the Department of Occupational Therapy, BHPI.
- The participants were informed about the study through the information sheet and the student researcher has recorded the consent of participant through zoom app via online before conducting the interviews.
- Participants were informed about the withdrawal process. Any interviewees could withdraw their participation before starting the data analysis.

- Student researcher ensured and maintained confidentiality of the participants. Only the student researcher and the supervisor had access to the interviews, and this was clearly stated in the information sheet.
- There was no bias in selecting participants, as the study participants was selected based on inclusion and exclusion criteria.
- There was no risk and beneficence of the participants for providing the information.
- The student researcher was available to any study related questions or inquiries from the participant.

3.3 Research Design

To conduct this study, student researcher followed the phenomenological study design of qualitative research. Because phenomenological approach can broaden our understanding of the complex phenomena involved in learning, behavior, and communication. Moreover, it helps us to discern the meaning of person's perception, knowledge, and lived experience (Neubauer et al., 2019). Phenomenological approach offers the opportunity to gain an understanding of the meaning of a phenomenon as it really is for the individual. This approach reveals the hidden meanings of the phenomenon through study. The findings of phenomenological studies can provide a more detailed understanding of the phenomenon, and subsequently provide evidence for improving health care practice (Khazaeipour et al., 2018). As such, the phenomenological design was deemed appropriate for this study, and helped the student researcher to focus on the individual lived experience of women with SCI.

Qualitative research design was used to understand how the women with SCI experience an event, particularly pregnancy and childbearing, of their life. It involves collecting and analysing non-numerical data to understand concepts, opinions, or

experiences. Qualitative research can be used to gather in-depth insights (Bhandari, 2020).

3.4 Study Setting

The participants participated in the study was from their respective community.

3.3.1 Study Period: April 2021- February 2022

3.5 Sampling Strategy

The student researcher had selected purposive sampling process to collect the data. Five participants were selected to conduct this study based on some inclusion and exclusion criteria. Purposive sampling is a non-probability sampling technique. It also known as judgmental, selective, or subjective sampling (Laerdcom, 2019). Purposive sampling is a strategy in which persons or events are selected deliberately in order to provide important information. It is where the researcher includes participants in the sample because they believe that they warrant inclusion (Taherdoost, 2016).

3.5.1 Inclusion Criteria

- Women with spinal cord injury, who completed rehabilitation from CRP, conceived and delivered baby after the SCI.
- Both women with paraplegia and tetraplegia.

3.5.2 Exclusion Criteria

- The participants recently diagnosed with severe physical illness that hamper the ability of the participants to communicate with the researcher in the time of data collection.
- Mother with SCI, who had lost their babies after birth.

3.5.3 Participants Overview

In this study all participants were paraplegic. The participants had not any history of an abortion or miscarriage. Only 1 participant had a child before the injury and after injury delivered another child for the second time. Other 4 participants gave birth to their first child after injury.

Table 1 Participants' overview

Pseudo name	Age	Type of injury	Date of injury	Duration of baby conception after injury
Selina	35	Paraplegic	5-03-2006	13 years
Moly	35	Paraplegic	26-03-1998	2 years
Sophia	45	Paraplegic	01-06-2003	12 years
Helen	29	Paraplegic	02-06-2011	7 years
Lily	28	Paraplegic	2007	9 years

3.6 Participants' Recruitment Process

At first student researcher collected the list of participants from the social welfare department of CRP. Then called the participants to check if they fit with inclusion criteria of this research. After checking, five participants were selected from the list. Then student researcher fixed a date and time with the participant according to her availability to conduct the interview.

3.7 Data Collection Method

To conduct this study, student investigator conducted in-depth semi-structured interview via using online platform namely zoom app. In-depth semi-structured process of interview is also effective method for collecting qualitative open-ended data, to

explore participants thoughts, feelings and belief about a particular topic, to delve deeply into personal and sensitive issue (Jamshed, 2014). The entire interview was conducted in Bengali. The investigator explained all the question in Bengali which was helpful to understand the participant.

Zoom App was used as the participants were living very far from Dhaka where the student researcher was staying. So, it would have been very tough considering the expense of every visit as it was a student researcher. Additionally, during the data collection period, there was an ongoing restriction of movement due to COVID-19. Therefore, with due permission from the ethical review board, the interviews were conducted via Zoom app.

The interview took time with an average of 20 to 25 minutes. Among 5 participants 3 was on video chat and 2 was on audio chat. One of the participant's husband was present with her while doing the video interview to provide her technical assistance. Before starting the interview student researcher informed the participant about information sheet and consent form. Since it was online interview and there was no scope of getting the informed consent signed by them, so the student researcher recorded their consent as evidence of their willing participation. After that investigator collected the demographic information from the participant. Once it had been completed, the student researcher started asking question according to the 'interview guide' through the in-depth semi-structured online interview. Through the zoom app it was easy to observe the participant. Online interview is convenience, time consuming, cost-effective, simplicity, and user-friendly for both participant and researcher. This online communication way supports the qualitative research design for collecting the data. Moreover, saving costs from reduced or eliminated travel expenses as strengths of using zoom for data collection (Archibald et. al, 2019).

3.7.1 Data Collection Instrument

- A self-developed interview guide was used to collect the data by covering pregnancy journey, bringing up child, support system, environment facility, and health care system.
- Zoom app was used to record the conversation of the participant.

3.8 Data Analysis

The student researcher analysed the data according to Braun and Clarke's six steps of thematic analysis (Clarke & Braun, 2016). According to Braun & Clarke's steps, at first the student investigator got familiarised with the data by taking interview, transcription data verbatim and translated them into English. Then, she thoroughly read first to last to understand the meaning and pattern of data. In second step student researcher generate initial codes by highlighting the interesting topic about participant. Next from the initial code student researcher search theme in the third step. This theme was based on the common code among all participants. In fourth step student researcher reviewed the theme. In this step investigator refined and reviewed the theme by justifying enough data. Then the student investigator created subtheme under the main theme. At the fifth step student researcher defined and named the theme. By the name of the theme reader can get an idea what are explained in the theme. At the sixth and last step student researcher produced the result according to the theme. The purpose of thematic analysis is to find out participants views, opinions, knowledge, experience about something (Clarke & Braun, 2016). Since the student researcher explored the experience of pregnancy and childrearing of women with SCI, thematic analysis was the proper way of analysing the data.

3.9 Trustworthiness

Trustworthiness was maintained by following methodological rigour and interpretive rigour (Fossey et. al, 2002). The steps are mentioned in the bullet points:

- As the aim of this study was to identify lived experience, phenomenological approach of qualitative design was a perfect fit to achieve the aim and objectives.
- Student researcher become familiar with the context by verbal communication with the participants.
- There were only eight patients listed on the CRP database who had histories of pregnancy. Among them, five participants responded to this study. Although, sample size was small, it was explained in limitation part of the research.
- Participants of this research are selected according to the criteria of the research topic.
- Participants views and voice are presented in verbatim quotation which represented the originality of data
- Data are analysed by Braun and Clarke's six step.
- The supervisor was involved in every step of data analysis process which provided a multiple view in the data and there was no chance of biasness.

CHAPTER IV: Results

Eight main themes emerged from the data analysis, which are: reaction to pregnancy news, physical condition, pregnancy concerns, health care service, baby delivery related experience, child rearing experience, support system, and resiliency. Each theme has sub-theme except pregnancy concern, health care service and increased resiliency.

Table 2: Overview of results

Themes	Sub-themes
Reaction to Pregnancy News	Respondent's Reaction
	Partner's Reaction
	Family Reaction
	Stigma and Prejudice
Physical Condition	Physical condition due to pregnancy and SCI
	Complications
Pregnancy Concern	
Health Care Service	
Delivery Related Experience	Labor Pain
	Child Delivery
	Post-Delivery Barrier and Complication
Child rearing Experience	Neonatal Physical Condition
	Breastfeeding
	Baby's Care
Support System	Partner
	Family
	Workplace
Increased resiliency	

4.1 Theme One: Reaction to Pregnancy News

For the women with SCI their pregnancy news was an incredible joy to them. They expressed their feeling of fear, happiness and said how their partner and family react after hearing this news. Accordingly, the related sub-themes are described as follows:

4.1.1 Sub-theme one: Respondent's Reaction

Some participants reported that they were very happy with little fear after knowing the pregnancy result. They thought it was a mercy from God to them. Some of them could not believe for the first time that they were pregnant. Sophia expressed that she thought she could never be a mother due to disability. Sophia stated that “We were all really happy, and I thought before getting married that I would never be able to conceive or have a baby”. Other participants also shared the same feeling.

4.1.2 Sub-theme two: Partner's Reaction

The women with SCI reported about the happiness and surprise of their partner. Helen said that “My husband was very happy and said, did this really happen? He was a place between surprise and disbelief”. The partner was also afraid of losing his wife due to disability if something happened to his wife while giving birth to the child. Selina reported that “My husband was very happy, but he was very afraid of losing me (client shared it with a big laughter)”.

4.1.3 Sub-theme three: Family Reaction

It was an unexpected event to the family members. So, the participants reported that they were very happy with the news. Moly stated that “They (her parents) could not have imagined that their daughter would conceive baby in this condition, so their happiness was so different”. Moreover, their family members were worried because they were not aware about the concerning issue related to be pregnant with a disability. Lily said that “Everyone was a little worried that everything would go well because we

had never seen anyone of being pregnant with SCI before, just heard”.

4.1.4 Sub-theme four: Stigma and Prejudice

One woman with SCI in this study reported that there were some misconceptions about her pregnancy due to disability. Helen stated that “some relatives suspected that my baby would be disabled after birth, the baby's legs would bend because I was always sitting. They had such a thought”.

4.2 Theme Two: Physical Condition

During pregnancy women with SCI faced some positive and negative experience regarding their physical health in this research. Some women reported about their physical changes in this time such as weight gain, swollen limbs. Moreover, they had physical complication in the period of pregnancy.

4.2.1 Sub-theme one: Physical condition due to pregnancy and SCI

Women with SCI reported that their physical condition was good. They did not face any problem during pregnancy period. From their opinion they were much better on those pregnancy days. But some of them stated that they faced some problem due to disability and experienced morning sickness like little dizzy, distaste for food, smell of vomit on mouth etc. Helen stated that-

“I had a lot of trouble adjusting, because if I went to bed alone, I would have trouble getting up, I could not lie down. But I had to change my position every two hours, but I was having a hard time changing my position. As my stomach got bigger, it was difficult to sit down. Maybe sitting in a wheelchair would put pressure on my stomach. Towards the end the hands and feet, limbs were swollen. Then it was becoming more and more difficult to sit”.

4.2.2 Sub-theme two: Complications

Women of this study reported about physical complication at pregnancy period. Since

they used catheter, so at a time woman noticed that blood was coming through the catheter. One participant also shared about physical sickness such as both high and low blood pressure, diabetes, and fever during pregnancy. Moreover, she had ovary tumor in the period of pregnancy. Selina stated that-

“I had gestational diabetes, but I can’t say for sure if it was during pregnancy or before. Moreover, if there is baby in the womb then there was imbalance BP up down. At that moment I had a little fever and then I went to the hospital. Seven days after I got after, I recovered. I was given an ultra-sonogram again before going home. And they found a tumor of one KG in my ovary which I informed after the operation”.

4.3 Theme Three: Pregnancy Concern

During pregnancy period all women with SCI in this study reported that they were little tense and felt scared since it was new experience to them in a wheelchair. They always felt worried for the baby as a huge physical change occurred in this time and they were wheelchair user. Lily reported that- “A normal person may vomit but how can I do that because leaning down is too much pressure, and I was worried if the baby would be lost. There was a little fear”. They were always concerned about their baby’s health and towards cleanliness. Helen said that- “Besides, I couldn't eat much, but I had to eat those foods for the baby. I was forced to eat those foods”.

4.4 Theme Four: Health Care Service

In this study three women reported that they got adequate health care service during pregnancy. But two women among five encountered some barrier to get proper treatment. They stated that their environment was not accessible for them. There was great lacking in hospital facility like no lift, no air bed specialised for women with SCI. They also faced transportation barrier due to disability. Moreover, in the local area

health care facility was not available. That is why they resorted to the hospitals of the town or city. Sophia stated that-

“We have long journey of four hundred and fifty kilometers from here to Dhaka. We were on a long journey by ambulance. We went there and did the ultra-sonogram again. They gave two types of reports on the ultra-sonogram twice. Once said that the baby’s heartbeat was not found, and another time said that one of the baby’s legs could not be seen. At night when the baby’s heartbeat was not found again the doctors were a little tense, but they did not inform me. After the baby was born, they reported that they were very tense, and the baby’s heartbeat could not be found. They thought it happened due to long journey. Later they put up a new board and decided that I needed a rest then maybe the baby’s heartbeat could be found. So, they give me a rest with a sleeping injection, and they get the baby’s heartbeat in the morning”.

4.5 Theme Five: Delivery Related Experience

Each woman faces a different experience in the delivery time. In this research women with SCI reported their labor pain and delivery time experience with post-delivery physical condition.

4.5.1 Sub-theme one: Labor Pain

All participant in this study experienced caesarean delivery except one in hospital. They stated that they had no labor pain. Two of them said their child was born before the expected delivery date. Only two participant experienced labor pain. The time of their labor pain was 6 to 7 hours. Sophia stated that- “I didn’t have any labor pains; I had a caesarean section before the labor pains started”.

4.5.2 Sub-theme two: Child Delivery

Women with SCI in this study shared feeling of their delivery time. They were little

nervous, anxious, and afraid. As they were wheelchair user due to disability, so they were pre-conscious about their delivery. They did not want to take risk in normal delivery. Also stated that at the time of delivery they just pray to almighty. Sophia said that- “So I was reciting a lot of Ayatul Kursi at that time, reciting Doa (a way to seeking help to the god for people in Muslim religion in times of danger)”.

4.5.3 Sub-theme three: Post-Delivery Barrier and Complication

After delivery women with SCI faced few problems in this research. Anemia was occurred after delivery stated by one participant. Others reported that they had pain after caesarean section. It was difficult to move due to pain. Helen said that- “For these three days of pain I could not move, I could not lean, so I could not breastfeed my baby properly”.

4.6 Theme Six: Child rearing Experience

Childbearing period was so much challenging for the participant in this study. Women shared their baby’s physical condition, breastfeeding experience and how they take care of their child with disability through this research.

4.6.1 Sub-theme one: Neonatal Physical Condition

All women reported that their baby’s physical condition was good after birth except one. One participant said her baby was in NICU after birth. Sophia stated that- “baby was good. Baby was diagnosed with jaundice when he was one or two days old and was kept in NICU for three days”.

4.6.2 Sub-theme two: Breastfeeding

Women feed their baby breast milk and powder milk due to having problems with breastfeeding. Those who fed powder milk they reported that their baby did not get breast milk properly after birth. Because breast milk was dried due to antibiotics. Lily

said that- “I was given antibiotics and the milk dried up because of the antibiotics so the baby did not get milk for three or four days”. They also shared, after delivery it was difficult to breastfeed the baby alone. They always needed help of others. They maintained proper positioning during feeding time. Selina stated that-

“I was on bed. Leaving a pillow or something hard in my back, I leaned into it and breastfed my baby. If I was sitting in a wheelchair, I would first take off my belt, then I would put pillows on my lap, I would put the baby on it and breastfeed him and at that time baby’s grandmother would be by my side most of the time”.

4.6.3 Sub-theme three: Baby’s Care

All women of this study passed a very difficult time during this period. They were concern about baby’s hygiene. Women reported that in the cooking time they put their baby on lap and cooked which was so tough for them. During the bathing time of baby, they needed someone’s help. They also expressed their struggle and emotion of raising the baby specially when baby learn to walk. Sophia stated that-

“This is extremely difficult for a mother who is a wheelchair user, especially when the baby learns to walk. Until then, it is quiet in someone’s lap, but when a child learns to walk, learns to run, and learns to move from one place to another, it is hard for a mother who is a wheelchair user which is tough to describe in words. It is very difficult to raise a child and it is very important to have a helping hand”.

4.7 Theme Seven: Support System

Support is the most essential aspect during pregnancy and childbearing period for women with a SCI. While speaking about the support system, participants mentioned about their partner, family, and workplace in this study.

4.7.1 Sub-theme one: Partner

All participant mentioned that their partner supported them a lot. From the beginning

of pregnancy, during delivery, and child rearing period they got enough support from their partner. Selina said that- “Everyone has a good relationship with me from the beginning. The biggest help was my husband. I don’t want to compare anyone with my husband”.

4.7.2 Sub-theme two: Family

They got enough family support in every stage of their pregnancy journey, mentioned by the women in this study. One participant said that she got not only physical support but also mental support. Even after that it was necessary to having a helping hand. Another woman reported that she didn’t get the adequate treatment at the beginning of pregnancy just because no family member was available to take her. These statements indicate lack of family support. Sophia stated that-

“There is no end to what people want. People want as much as they can get. It would have been better to get help and cooperation that is why I said there is no end to what people want”.

4.7.3 Sub-theme three: Workplace

All participant in this study were working women. They mentioned about getting of enough support from their workplace. Everyone helped them a lot. But only one said that she encountered a lot of problem in her job sector. That time was so difficult for her to continue her duty with pregnancy. Sophia told that-

“I encountered a lot of barriers and there were two reasons for that. One is that the person who was the head of my school died at that time due to which the condition of the school was very vulnerable. Then it takes time to have an understanding with a new head. It took time to develop the rapport. Towards the end when I was 9 months, I had classes in this condition, and I had a lot of trouble. It was very difficult to take classes in that environment, but I did. At

that time my colleagues wanted to help me, but the head of my school did not cooperate in that way. Maybe he was in a new environment, and we were new to him so he could not accept it. Now he is slowly adapting and now I take my son to school, and he is quite helpful. But then I had trouble and I took whole class in that condition till one day before I went to Caesar”.

4.8 Theme Eight: Increased resiliency

Despite so many barriers and struggles each participant in this study were so much mentally strong. They present their disability in a positive way. From their statement of the data, it is obvious that this journey has helped them to be more mentally strong. They think themselves as enlightened people. Selina stated that- “I think I am an enlightened person. I keep myself good and try to keep other people happier”. Moreover, woman was mentally strong to do the best in sitting a wheelchair. Moly said that-

“I had a difficult time as a wheelchair person. When I had an accident, I could not accept it. Later when I accepted, I tried to do everything like other people, and I will do my own thing and do my best. Now I can do anything as sitting on a wheelchair than a well person. I cannot walk or, but I can do my best in sitting a wheelchair”.

CHAPTER V: Discussion

The study presented here the lived experience of women with SCI regarding pregnancy and child rearing period. Five women with SCI participated in this study. The study identified eight theme which emerged from the transcript of the participant.

The study finds out the participants and their partners, family's reaction toward pregnancy news. The findings indicate a lot of happiness and joy about pregnancy. The literature in other country published the same findings of incredible joy among women with SCI and their partner, family about pregnancy (Khazaeipour et al., 2018). The current study found a misconception toward pregnancy due to disability from one participant. But there was no negative attitude or reaction of their family. The previous literature found that women initially faced some negative attitude toward pregnancy and negative perception of disability. Women of this study reported families' negative attitudes and reactions were a result of negative perceptions of disability. Despite few women reported negative attitude, in the same study some women also shared experience of excitement and happiness about pregnancy news (Powell et al., 2017). Women with disability was included in this study. This group of women with disability was not SCI. The cause of their disability was not clear.

Women with SCI shared their positive experience such as physically well and negative experience such as (distaste, vomit, dizziness) about physical health during pregnancy period in the result section of this study. But no previous study has reported any result on physical health during pregnancy of women with SCI. The current study finds physical sickness and complication of women with SCI during pregnancy like diabetes, fever, BP up down, ovary tumor. But the result of the previous study showed that thrombosis, urinary complications, dysreflexia, worsened spasticity and post-partum

depression were occurred during pregnancy and childbearing period (Ghidini et al., 2008).

All women with SCI in this study was concern about their pregnancy reported by the women in the result of this study. They were always conscious of their movement due to disability and concern about baby's health. No study has previously portrayed about pregnancy concern of women with SCI. Proper treatment and specialized health care service is most important during pregnancy period specially for women with SCI. In this study finds lack of health care facility and inaccessible environment for women with SCI in Bangladesh. No special health care facility and treatment are available in local area of our country. From the previous literature one article reported about the inappropriate environment facility like hospital toilet condition was not appropriate (Khazaeipour et al., 2018). Therefore, further research is needed on the necessity of health care, treatment, and environmental facility for women with SCI.

This research finds out the experience of labor pain and delivery period with post-delivery physical condition of women with SCI. Women shared how they feel in the delivery time and their consciousness about delivery. As post-delivery complication anemia was occurred in woman with SCI in this study. There is no study about labor pain and delivery experience of women with SCI. But prior study finds out the only pregnancy outcome or pregnancy related complication. The study showed that women adjusted with the risk of prenatal urinary tract infection. They had longer hospitalizations for postpartum depression (Crane et al., 2019). In other study findings deep vein thrombosis was diagnosed during pregnancy. Bladder/bowel dysfunctions and medication changes occurred frequently in women with SCI during pregnancy. Pregnancy did not significantly increase bowel dysfunction (Bertschy et al., 2015).

This study result showed the childbearing experience of women with SCI about

neonatal physical condition, breastfeeding positioning and how the mother with SCI raise their child. They shared their journey of struggle and emotion of that time. Women with SCI shared their support system from partner, family, and workplace through this study. Women in this study got enough support in every stage of their pregnancy journey. They reported they got not only physical support but also mental and family support. But no previous literature has provided such information.

Previous article has also highlighted the ratio of the number of children born by women with disability. Since this study is a qualitative study so, result of the study does not reflect this kind of information. Each woman of this study had one child and this information is obtained from demographic data.

The overall findings of this study help us to understand the importance of being conscious during pregnancy, importance of adequate treatment, positioning of breastfeeding, importance of surrounding support and the importance of accessible environment facility for women with SCI in Bangladesh. This finding has important implications for developing environment accessible and increase the hospital facility for women with SCI. Further research should be undertaken to investigate the environmental barrier faced by the women with SCI. Moreover, research can be done on the rate of pregnancy in women with SCI.

CHAPTER VI: Conclusion

6.1 Strength

- This is the first attempt in this topic in Bangladesh. There has been no research on this phenomenon in Bangladesh before.
- This study followed the qualitative methods to achieve the aim and objective which was a perfect fit to this.
- This study will help in further research on this phenomenon in future.

6.1.2 Limitation

There are some limitations which the student researcher has considered during the time of study.

- The limitation of this study is sample size were relatively small. Five sample was taken to conduct this study which was not enough to generalise the study findings.
- There was limited information because enough article and literature were not available about women with SCI regarding pregnancy and childbearing experience in Bangladesh and in other country.
- Another limitation is collecting data via zoom app. Because through online interview it is tough to find out the actual information from the participant. Since it was not possible to conduct face-to-face interview there were a lacking in data collection via zoom app.

6.2 Practice implication

In health professions sector this thesis can bring a change in system of health sector. Doctor, nurse, physician, counselor, therapist can play a role as an advisor for the mother with SCI. Counselor can gain more knowledge in area of pregnancy and child rearing period of women with SCI. Therefore, they can provide proper education based

on this topic during the rehabilitation period of women with SCI. Role can be created for occupational therapist (OTs) so that they can involve patient and family member to motivate them about the importance of support system and pregnancy related queries. Moreover, in medical sector hospital authority should focus on improving their facility for women with SCI. Specialized health care services should be ensured for these women in local areas.

6.2.1 Recommendation for further research

- Further research should be undertaken to investigate the environmental barrier faced by the women with SCI.
- Future research is recommended to investigate the rate of pregnancy in women with SCI.
- Further research is needed on the necessity of health care, treatment, and environmental facility for women with SCI.

6.3 Conclusion

The number of pregnancies is low among women with SCI in Bangladesh.

Women with SCI need proper treatment regarding pregnancy. No special pregnancy related treatment is available in medical sector for women with SCI. Specialized pregnancy care most important for this particular group of women. Hospital facility should be increased for women with SCI. In addition, accessible environment facility should be improved. Because environment is not also accessible for women with SCI. Moreover, family should be more supportive during pregnancy and child rearing period of women with SCI. At rehabilitation period knowledge about pregnancy, pregnancy concerns, breastfeed positioning can be trained among women with SCI. Then it would be easier to understand everything for them. They will not fear being pregnant and raising children.

List of Reference

- Adalia, E. G., Hernandez-Luengo, M., Bartolome-Gutierrez, R., Rodriguez-Martin, B., Jimenez-Lopez, E., & Martinez-Andres, M. (2021). Expectation and experiences of women in pregnancy, childbirth and infant feeding: A qualitative research protocol *International Journal of Qualitative Method*, 20, 1-8. <https://doi.org/DOI: 10.1177/16094069211011901>
- Archibald, M. M., Ambagtsheer, R. C., Casey, M. G., & Lawless, M. (2019). Using Zoom Videoconferencing for Qualitative Data Collection: Perceptions and Experiences of Researchers and Participants. *journals.sagepub.com/home/ijq*, 18, 1-8. <https://doi.org/DOI: 10.1177/1609406919874596>
- Atkinson, S., Maran, A., Dempsey, K., Perreault, M., Vanniyasingam, T., & Phillips, S. et al. (2022). Be Healthy in Pregnancy (BHIP): A Randomized Controlled Trial of Nutrition and Exercise Intervention from Early Pregnancy to Achieve Recommended Gestational Weight Gain. *Nutrients*, 14(4), 810. <https://doi.org/10.3390/nu14040810>
- Bertschy, S., Bostan, C., Meyer, T., & Pannek, J. (2015). Medical complications during pregnancy and childbirth in women with SCI in Switzerland. *International Spinal Cord Society*, 1-5. <https://doi.org/10.1038/sc.2015.205>
- Bhandari, P. (2022, February 10). *An introduction to qualitative research*. Scribbr. <https://www.scribbr.com/methodology/qualitative-research/>
- Celik, E., Akman, Y., Kose, P., Arioglu, P., Karatas, M., & Erhan, B. (2014). Sexual problems of women with spinal cord injury in Turkey. *International Spinal Cord Society*, 52, 313-315. <https://doi.org/doi:10.1038/sc.2013.161>
- Clarke, V., & Braun, V. (2016). Thematic analysis. *The Journal of Positive Psychology*, 12, 297-298. <https://doi.org/DOI: 10.1080/17439760.2016.1262613>

- Crane, D. A., Doody, D. R., Schiff, M. A., & Mueller, B. A. (2019). Pregnancy Outcomes in Women with Spinal Cord Injuries: A Population-Based Study. *American Academy of Physical Medicine and Rehabilitation*, 795-806. <https://doi.org/org/10.1002/pmrj.12122>
- Feyi-Waboso, P. A. (1992). An audit of five years' experience of pregnancy in spinal cord damaged women. A regional unit's experience and a review of the literature *International Medical Society of Paraplegia*, 30, 631-635.
- Fossey, E., Harvey, C., McDermott, F., & Davidson, L. Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry* 2002, 36, 717-732.
- Ghidini, A., Healey, A., Andreani, M., & Simonson, M. R. (2008). Pregnancy and women with spinal cord injuries. *informa healthcare*, 87, 1006-1010. <https://doi.org/10.1080/00016340802356909>
- Iezzoni, L., Chen, Y., & McLain, A. (2015). Current pregnancy among women with spinal cord injury: findings from the US national spinal cord injury database. *International Spinal Cord Society*, 1-6. <https://doi.org/10.1038/sc.2015.88>
- Jamshed, S. (2014). Qualitative research method-interviewing and observation. *Journal of Basic and Clinical Pharmacy*, 5(4), 87-88. <https://doi.org/DOI:10.4103/0976-0105.141942>
- Khazaeipour, Z., Nikbakht-Nasrabadi, A., Mohammad, N., Salehi-Nejad, A., & Shabany, M. (2018). The childbearing experience of women with spinal cord injury in Iran: a phenomenological study. *International Spinal Cord Society*. <https://doi.org/org/10.1038/s41393-018-0162-3>
- Laerdcom. (2019). Laerdcom. Retrieved 7 September 2019, from <http://dissertation.laerd.com/purposive-sampling.php>

- Lee, S., & Kim, J. (2020). A Grounded Theory Study on the Child-Rearing Experiences of Mothers of School-Aged Children with Disabilities. *Korean Journal Of Early Childhood Special Education*, 20(4), 51-81. <https://doi.org/10.21214/kecse.2020.20.4.51>
- Liepvre, H. L., Dinh, A., Idiard-Chamois, B., Chartier-Kastler, E., V Phé5, A. E., Robain, G., & Denys, P. (2016). Pregnancy in spinal cord-injured women, a cohort study of 37 pregnancies in 25 women. *International Spinal Cord Society*, 1-5. <https://doi.org/10.1038/sc.2016.138>
- Mayo clinic, 2014. Overview of spinal cord injury: definition
- Nasr, E. H., Alshehri, N., Almutairi, M. A., & AbdElmenim, F. M. (2020). Fear from Childbirth among Pregnant Women. *Open Access Library Journal*, 7. <https://doi.org/DOI:10.4236/oalib.1106427>
- Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspect Med Educ*. <https://doi.org/https://doi.org/10.1007/s40037-019-0509-2>
- Powell, R. M., Mitra, M., Smeltzer, S. C., Long-Bellil, L. M., Smith, L. D., & Iezzoni, L. I. (2017). Family Attitudes and Reactions toward Pregnancy among Women with Physical Disabilities. *Women's Health Issues*, 1-6. <https://doi.org/org/10.1016/j.whi.2017.01.003>
- Smeltzer, S. C., Mitra, M., Iezzoni, L. I., Long-Bellil, L., & Smith, L. D. (2016). Perinatal Experiences of Women with Physical Disabilities and Their Recommendations for Clinicians. *Association of Women's Health, Obstetric and Neonatal Nurses*. <https://doi.org/org/10.1016/j.jogn.2016.07.007>
- Sterling, L., Keunen, J., Wigdor, E., Sermer, M., & Maxwell, C. (2014). Pregnancy Outcomes in Women with Spinal Cord Lesions. *Journal of Obstetrics and*

Gynaecology Canada, 35(1), 39-43.

Taherdoost, H. (2016). Sampling Methods in Research Methodology; How to Choose a Sampling Technique for Research. *International Journal of Academic Research in Management* 5, 18-27.

Tebbet, M., & Kennedy, P. (2012). The experience of childbirth for women with spinal cord injuries: an interpretative phenomenology analysis study. *informa healthcare*, 34(9), 762-769. <https://doi.org/10.3109/09638288.2011.619619>

APPENDICES

Appendix A

Ethical Approval Letter



বাংলাদেশ হেল্থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref:

CRP/BHPI/IRB/11/2021/518

Date:

14/11/2021

To
 Sadia Bente Hamid
 4th Year B.Sc. in Occupational Therapy
 Session: 2016-17 Student ID: 122160230
 BHPI, CRP, Savar, Dhaka- 1343, Bangladesh

Subject: Approval of the research project proposal “Lived experience of women with spinal cord injury regarding pregnancy and child-rearing” by ethics committee.

Dear Sadia Bente Hamid,
 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 Arifa Jahan Ema as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation Proposal
2	Questionnaire (English and Bengali version)
3	Information sheet & consent form.

The purpose of the study is to determine the lived experience of women with spinal cord injury regarding pregnancy and child-rearing. The study involves use of self-developed interview question to explore the lived experience of women with the spinal cord injury regarding their pregnancy and child rearing that may take 20 to 30 minutes to collect data answer and there will be no risk and beneficence for the participation of the participant in the study. The members of the Ethics Committee approved the study to be conducted in the presented form at the meeting held at 9:15 AM on 15th September, 2021 at BHPI 29th 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, Dept. of Rehabilitation Science
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

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

E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd, www.crp-bangladesh.org

Appendix: B

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy
CRP-Chapain, Savar, Dhaka-1343, Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Code no-

Participants Information and Consent sheet

Research topic: Lived experience of women with spinal cord injury regarding pregnancy and child rearing.

Researcher: Sadia Bente Hamid, B.Sc. in Occupational Therapy (4th year), Session: 2016-2017, Bangladesh Health Professions Institute.

Supervisor: Arifa Jahan Ema, Lecturer in Occupational Therapy, Department of Occupational Therapy, Bangladesh Health Professions Institute.

Place of Research: The study will be conducted in Savar & Dhaka.

Information sheet:

Introduction:

I am Sadia Bente Hamid, student of 4th year, B.Sc. in Occupational Therapy, session (2016-2017) studying in Bangladesh Health Professions Institute, CRP. To complete B.Sc in Occupational Therapy from BHPI, it is mandatory to conduct a research project in 4th year. This research project will be done under the supervision of Arifa Jahan Ema, Lecturer in Occupational Therapy. The purpose of the research project is to explore the lived experience of pregnancy and child rearing period among SCI women. Therefore, I am inviting you to participate in this research. Your valuable participation would strengthen this research project. The detail of the research is written in this information sheet. If you find it difficult to understand the content or if you need to know more about something, you can freely ask.

Research Background and Objectives:

The general purpose of the study is to explore the lived experience of pregnancy and child rearing period among women with SCI. You are being invited to be a part of this research because in Bangladesh, there are no research on lived experience of pregnancy and child rearing period among women with SCI. Therefore, I am interested to know more about this area. Your information will be helpful to reveal the experience of pregnancy and child rearing period through your voluntary participation in this study.

Let's know about the topic related to participation in this research work:

Before signing the consent form, the details of managing the research project will be presented to you in detail through this participation note. If you want to participate in this study, you will have to sign the consent. If you ensure the participation, a copy of your consent will be given to you. Your participation in this research project is voluntary.

The benefits and risks of participation:

There will be no risk and beneficence for your participation in this research project.

Confidentialities of information:

By signing this consent, you are allowing the research staff to study this research project to collect and use your personal information, such as name, address, contact number. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be mentioned in a symbolic way. Only the concerned researcher and supervisor will be able to access this information directly. Symbolic ways identified data will be used for the next data analysis. Information sheets will be kept into a locked drawer. Electronics version of data will be collected in BHPI's Occupational Therapy department and researcher's personal laptop. In any publication and presentation, the information will be provided in such a way that it will remain confidential.

Information about promotional result:

It is expected that the results of this research project will be published and presented in different forums like various social media, websites, conference, discussion, and reviewed journals.

Source of funding to manage research:

The cost of this research will be spent entirely by researchers own funds.

Information about withdrawal from participation:

Despite your consent, you can withdraw your participation before the data analysis. We encourage you to inform the reason. But if you do not wish to let us know, please mention it on the withdrawal paper.

Contact address with the researcher:

If you have any question about the research, you can ask me now or later. If you wish to ask question later, you may contact any of following: Sadia Bente Hamid, B.Sc in Occupational Therapy, Department of Occupational Therapy and Contact number: 01627233091.

Complaints:

If there is any complaint regarding the conduct of this research project, contact with the Association of Ethics (CRP/BHPI/IRB/11/2021/518). This proposal has been reviewed by institutional Review Board (IRB), Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh, whose task is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

Participant's Withdrawal Form
(Applicable only for voluntary withdrawal)

Reason for withdrawal (optional):

.....
.....
.....
.....
.....
.....
.....

Whether permission to previous information is used?

Yes/No

Participant's Name:

Date:

Consent form

NOTE: Student researcher filled up the CF since it is online interview.

For Participants who are taking part in interviews:

Please read the following statements and put tik (✓) on yes or no to say that you understand the content of the information sheet, your involvement, and that you agree to take part in the above-named study.

1. I confirm that I have understood the information Sheet for the study or that it has been explained to me and I have had the opportunity to ask questions. -----Yes / No
2. I have satisfactory answers to my questions regarding with this study. -----Yes / No
3. I understand that participation in the study is voluntary and that I am free to end my involvement before the data analysis, or request that the data collected in the study be destroyed before data analysis. -----Yes / No
4. Information from interview might be examined by research supervisor. However, all personal details will be treated as highly confidential. I have permitted the investigator and supervisor to access my recorded information. -----Yes / No
5. I have sufficient time to come to my decision about participation-----Yes / No
6. I agree for quotations from my interviews to be used in the above study-----Yes / No
7. I agree to take part in the above study-----Yes / No

Participant's name:

Date:

Investigator

I have explained the study to the above participant precisely and she has indicated a willingness to take part.

Investigator's signature:

Date:

বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই) অকুপেশনাল থেরাপি বিভাগ

সিআরপি- চাপাইন, সাভার, ঢাকা- ১৩৪৩ টেলি: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪,
ফ্যাক্স: ০২-৭৭৪৫০৬

কোড নং:.....

অংশগ্রহণকারীদের তথ্য এবং সম্মতি পত্র

গবেষণার বিষয়: গর্ভাবস্থা এবং সন্তান লালন-পালনের সময়কাল সম্পর্কিত মেরুদণ্ডের আঘাতে আক্রান্ত মহিলাদের অভিজ্ঞতা।

গবেষক: সাদিয়া বিনতে হামিদ, বি.এসসি. অকুপেশনাল থেরাপিতে (৪র্থ বছর), সেশন: 2016-2017, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট।

সুপারভাইজার: আরিফা জাহান ইমা, অকুপেশনাল থেরাপির প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট।

গবেষণার স্থান: গবেষণাটি সাভার ও ঢাকায় পরিচালিত হবে।

তথ্য শীট:

ভূমিকা:

আমি সাদিয়া বিনতে হামিদ, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট, সিআরপি-তে অকুপেশনাল থেরাপি সেশনের (2016-2017) বিএসসি চতুর্থ বর্ষের ছাত্রী। বিএইচপিআই থেকে অকুপেশনাল থেরাপিতে বিএসসি সম্পন্ন করতে, চতুর্থ বছরে একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। অকুপেশনাল থেরাপির প্রভাষক আরিফা জাহান ইমার তত্ত্বাবধানে এই গবেষণা প্রকল্পটি করা হবে। গবেষণা প্রকল্পের উদ্দেশ্য হল এস.সি.আই মহিলাদের মধ্যে গর্ভাবস্থা এবং সন্তান লালন-পালনের সময়কালের অভিজ্ঞতা অন্বেষণ করা। আমি আপনাকে এই গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানাচ্ছি। আপনার মূল্যবান অংশগ্রহণ এই গবেষণা প্রকল্পকে শক্তিশালী করবে। এই তথ্য পত্রে গবেষণার বিস্তারিত লেখা রয়েছে। আপনার যদি বিষয়বস্তু বুঝতে অসুবিধা হয় বা আপনার যদি কিছু সম্পর্কে আরও জানার প্রয়োজন হয় তবে আপনি নির্দিধায় জিজ্ঞাসা করতে পারেন।

গবেষণার পটভূমি এবং উদ্দেশ্য:

গবেষণার সাধারণ উদ্দেশ্য হল এস.সি.আই সহ মহিলাদের মধ্যে গর্ভাবস্থা এবং সন্তান লালন-পালন করার সময়কালের অভিজ্ঞতা অন্বেষণ করা। আপনাকে এই গবেষণার অংশ হওয়ার জন্য আমন্ত্রণ জানানো হচ্ছে কারণ বাংলাদেশে, এস.সি.আই সহ মহিলাদের মধ্যে গর্ভাবস্থা এবং সন্তান ধারণের সময়কালের অভিজ্ঞতা নিয়ে কোনও গবেষণা নেই। তাই আমি এই বিষয় সম্পর্কে আরো জানতে আগ্রহী। আপনার তথ্য এই গবেষণায় আপনার স্বেচ্ছায় অংশগ্রহণের মাধ্যমে গর্ভাবস্থা এবং প্রসবকালীন সময়ের অভিজ্ঞতা প্রকাশ করতে সহায়ক হবে।

চলুন জেনে নিই এই গবেষণা কাজে অংশগ্রহণ সংক্রান্ত বিষয় সম্পর্কে:

সম্মতি পত্রে স্বাক্ষর করার আগে, গবেষণা প্রকল্প পরিচালনার বিশদ বিবরণ এই অংশগ্রহণ নোটের মাধ্যমে আপনাকে বিস্তারিতভাবে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান তবে আপনাকে সম্মতি পত্রে স্বাক্ষর করতে হবে। আপনি যদি অংশগ্রহণ নিশ্চিত করেন, সম্মতির একটি অনুলিপি আপনাকে দেওয়া হবে। এই গবেষণা প্রকল্পে আপনার অংশগ্রহণ স্বেচ্ছাসেবী।

অংশগ্রহণের সুবিধা এবং ঝুঁকি:

এই গবেষণা প্রকল্পে অংশগ্রহণের জন্য আপনার কোন ঝুঁকি এবং উপকার হবে না।

তথ্যের গোপনীয়তা:

এই সম্মতিতে স্বাক্ষর করার মাধ্যমে, আপনি গবেষণা কর্মীদের এই গবেষণা প্রকল্পটি পরিচালনা করতে আপনার ব্যক্তিগত তথ্য যেমন নাম, ঠিকানা, যোগাযোগ নম্বর সংগ্রহ এবং ব্যবহার করার অনুমতি দিচ্ছেন। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোন তথ্য, যা আপনাকে শনাক্ত করতে পারে, তা গোপন থাকবে। আপনার সম্পর্কে সংগৃহীত তথ্য প্রতীকীভাবে উল্লেখ করা হবে। শুধুমাত্র সংশ্লিষ্ট গবেষক এবং সুপারভাইজার সরাসরি এই তথ্য জানতে সক্ষম হবেন। প্রতীকী উপায়ে চিহ্নিত তথ্য পরবর্তী তথ্য বিশ্লেষণের জন্য ব্যবহার করা হবে। তথ্য শীট একটি লক ড্রয়ারে রাখা হবে। তথ্যের ইলেকট্রনিক্স সংস্করণ বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগ এবং গবেষকের ব্যক্তিগত ল্যাপটপে সংগ্রহ করা হবে। যেকোনো প্রকাশনা ও উপস্থাপনায় তথ্য এমনভাবে প্রদান করা হবে যাতে তা গোপন থাকে।

প্রচারমূলক ফলাফল সম্পর্কে তথ্য:

আশা করা হচ্ছে যে এই গবেষণা প্রকল্পের ফলাফলগুলি বিভিন্ন সোশ্যাল মিডিয়া, ওয়েবসাইট, সম্মেলন, আলোচনা এবং পর্যালোচনা করে জার্নালের মতো বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপন করা হবে।

গবেষণা পরিচালনার জন্য অর্থের উৎস:

এই গবেষণার ব্যয় সম্পূর্ণভাবে গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কে তথ্য:

আপনার সম্মতি সত্ত্বেও, আপনি তথ্য বিশ্লেষণের আগে আপনার অংশগ্রহণ প্রত্যাহার করতে পারেন। আমরা আপনাকে কারণটি জানাতে উত্সাহিত করি। কিন্তু আপনি যদি আমাদের জানাতে না চান, তাহলে প্রত্যাহার কাগজে এটি উল্লেখ করুন।

গবেষকের সাথে যোগাযোগের ঠিকানা:

গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আপনি এখন বা পরে আমাকে জিজ্ঞাসা করতে পারেন। আপনি যদি পরে প্রশ্ন জিজ্ঞাসা করতে চান তবে আপনি নিম্নলিখিত যেকোনও মাধ্যমে যোগাযোগ করতে পারেন: সাদিয়া বিনতে হামিদ, বিএসসি ইন অকুপেশনাল থেরাপি, ডিপার্টমেন্ট অফ অকুপেশনাল থেরাপি এবং যোগাযোগ নম্বর: ০১৬২৭২৩৩০৯১

অভিযোগ:

এই গবেষণা প্রকল্প পরিচালনার বিষয়ে কোনো অভিযোগ থাকলে, অ্যাসোসিয়েশন অফ এথিক্স(সি আর পি/বিএইচপিআই/আই আর বি/১১/২০২১/৫১৮) এর সাথে যোগাযোগ করুন। এই প্রস্তাবটি প্রাতিষ্ঠানিক পর্যালোচনা বোর্ড(আই আর বি),বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সি আর পি, সান্তার, ঢাকা-১৩৪৩, বাংলাদেশ দ্বারা পর্যালোচনা করা হয়েছে, যার কাজ হল গবেষণায় অংশগ্রহণকারীদের ক্ষতি থেকে সুরক্ষা নিশ্চিত করা। আপনি যদি আই আর বি সম্পর্কে আরও জানতে চান, তাহলে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)সিআরপি, সান্তার, ঢাকা- ১৩৪৩ - এ যোগাযোগ করুন।

অংশগ্রহণকারীর প্রত্যাহার ফর্ম
(শুধুমাত্র স্বেচ্ছায় প্রত্যাহারের জন্য প্রযোজ্য)

প্রত্যাহারের কারণ (ঐচ্ছিক):

.....

.....

.....

.....

.....

.....

পূর্ববর্তী তথ্যের অনুমতি ব্যবহার করা হয় কিনা?
হ্যাঁ/না

অংশগ্রহণকারীর নাম:
তারিখ:

অনুমতি পত্র

দ্রষ্টব্য: অংশগ্রহন কারীর তথ্য সমূহ অনলাইন নেয়া হয়েছে; তাই, গবেষক অংশগ্রহন কারীর সম্মতি নিয়ে এই অনুমতি পত্রটি পূরণ করেছেন।

যারা ইন্টারভিউতে অংশ নিচ্ছেন তাদের জন্য:

অনুগ্রহ করে নিম্নলিখিত বিবৃতিগুলি পড়ুন এবং হ্যাঁ বা না-তে টিক (✓) দিন যাতে আপনি তথ্য পত্রের বিষয়বস্তু, আপনার সম্পৃক্ততা বুঝতে পারেন এবং আপনি উপরের নামকৃত গবেষণায় অংশ নিতে সম্মত হন।

1. আমি নিশ্চিত করি যে গবেষণার জন্য তথ্য পত্রটি আমাকে ব্যাখ্যা করা হয়েছে-----
---হ্যাঁ/না
2. গবেষণার বিষয় বুঝার জন্য আমাকে অংশগ্রহন কারীর প্রশ্ন জিজ্ঞাসা করার সুযোগ দেয়া হয়েছে। ----হ্যাঁ/না
3. এই গবেষণার সাথে সম্পর্কিত আমার প্রশ্নের সন্তোষজনক উত্তর আছে। -----হ্যাঁ/না
3. আমি বুঝতে পারি যে গবেষণাতে অংশগ্রহণ স্বেচ্ছাসেবী এবং আমি তথ্য বিশ্লেষণের আগে আমার সম্পৃক্ততা বাতিল করতে পারব। -----হ্যাঁ/না
4. ইন্টারভিউ থেকে তথ্য গবেষণার সুপারভাইজার দ্বারা পরীক্ষা করা হতে পারে। তাছাড়া, সমস্ত ব্যক্তিগত বিবরণ অত্যন্ত গোপনীয় হিসাবে বিবেচিত হবে। আমি তদন্তকারী এবং সুপারভাইজারকে আমার রেকর্ড করা তথ্য ব্যবহার করার অনুমতি দিয়েছি। -----হ্যাঁ/না
5. অংশগ্রহণের বিষয়ে আমার সিদ্ধান্তে আসার জন্য আমার পর্যাপ্ত সময় আছে-----হ্যাঁ/না
6. আমি আমার সাক্ষাত্কারের উদ্ধৃতিগুলি উপরোক্ত গবেষণায় ব্যবহার করার জন্য সম্মতি জানাচ্ছি ----- হ্যাঁ / না।
7. আমি উপরোক্ত গবেষণায় অংশ নিতে সম্মতি জানাচ্ছি -----হ্যাঁ/না

অংশগ্রহনকারীর নাম:

তারিখ:

আমি উপরের অংশগ্রহনকারীকে তথ্যপত্রটি সুনির্দিষ্টভাবে ব্যাখ্যা করেছি এবং তিনি অংশ নিতে সম্মতি প্রকাশ করেছেন।

গবেষণাকারীর স্বাক্ষর:

তারিখ:

Appendix: C

Interview Guide (English and Bangla version)

Name:

Age:

Type of disability:

ASIA (If possible):

Date of injury:

Duration of being pregnant after injury:

History of miscarriage:

History of abortion:

Name of assistive device:

Area: Urban or Rural

Pregnancy

- How was your physical condition during pregnancy?
- How did you adapt with physical changes during pregnancy after SCI?
- Did you face any problem during pregnancy considering your physical condition?
If yes, what kind of problem was?
- How was your mental state during pregnancy?
- How you took care of yourself during pregnancy?
- Did you take any special steps to keep your baby healthy? If yes, what kind of step was?
- Did you consult a doctor for physical health during pregnancy?
- Did you face any problem to seek medical help? If yes, what kind of problem was?

Delivery

- Where your child was born?
- By whom delivery was managed? Doctor or midwife?
- Is the delivery being normal or cesarean section?
- How was your experience about labor pain?
- Did you face any problem during delivery time? If yes, what kind of problem was?
- How did you adapt yourself with that problem?
- How was your mental condition during pregnancy?
- How was your physical condition after delivery?
- Was any physical complication occurred after delivery? If yes, what kind of complication was?

Child raising

- How was the physical condition of the baby after birth?
- What was your experience about breastfeeding of baby?
- Did you encounter any problem in breastfeeding? If yes, what kind of problem was?
- Tell me about your experience of raising baby in sitting a wheelchair.

Family support

- How did you feel when you found out you were pregnant after the injury?
- To whom you gave this news first?
- How was your husband reaction to you after hearing the news?
- How was your family reaction?
- How much support your family had to you during this time?
- What is your opinion about your family support?
- How was your relationship with the family member during pregnancy?

- Did you get the proper treatment at the right time? Tell your experience about this.
- Did you face any problem in work place during this time? If yes, what kind of problem was?
- Do you have any plan for 2nd baby?

"সাক্ষাৎকার প্রশ্ন"

নাম:

বয়স:

প্রতিবন্ধতার ধরণ:

ASIA (If possible):

আঘাতের তারিখ:

আঘাতের কত দিন পর আপনি গর্ভধারণ করেছেন:

গর্ভস্রাবের ইতিহাস: হ্যাঁ না

গর্ভপাতের ইতিহাস: হ্যাঁ না

অ্যাসিটিভ ডিভাইসের নাম:

বসবাসের এলাকা: গ্রামীণ বা শহুরে

গর্ভধারণ

- গর্ভাবস্থায় আপনার শারীরিক অবস্থা কেমন ছিল?
- গর্ভাবস্থায় অনেক শারীরিক পরিবর্তন হয়, মেরুদন্ডের আঘাতের পরে গর্ভাবস্থায় আপনি কীভাবে এই শারীরিক পরিবর্তনগুলির সাথে খাপ খাইয়েছিলেন তা বিস্তারিত বলুন।
- শারীরিক অবস্থা বিবেচনা করে গর্ভাবস্থায় আপনি কোন ধরনের বাধার সম্মুখীন হয়েছেন? যদি হ্যাঁ হয়, বিস্তারিত বলুন।
- এই সময় আপনার মানসিক অবস্থা কেমন ছিল?
- গর্ভধারণের সময়কালীন সময় আপনি কীভাবে নিজের যত্ন নিয়েছেন?
- আপনি কি তখন আপনার সন্তানকে সুস্থ রাখতে বিশেষ কিছু করেছেন? যদি হ্যাঁ হয়, বিস্তারিত বলুন।
- গর্ভধারণ কালীন সময়ে শারীরিক সুস্থতার জন্য চিকিৎসক এর পরামর্শ নিয়েছিলেন কি?
- চিকিৎসক এর শরণাপন্ন হতে কোন ধরনের বাধার সম্মুখীন হয়েছেন কিনা? যদি হ্যাঁ হয় বিস্তারিত বলুন

সন্তান প্রসব

- আপনার সন্তান প্রসব কোথায় হয়েছে?
- কার সাহায্যে প্রসব হয়েছে?
- কোন পদ্ধতিতে প্রসব হয়েছে? সিজার নাকি নরমাল?
- প্রসব ব্যথা নিয়ে আপনার অভিজ্ঞতা কেমন ছিল?
- আপনি কি প্রসবের সময় কোন বাধার সম্মুখীন হয়েছেন? যদি থাকে, তাহলে কি ধরনের বাধা ছিল?
- আপনি কিভাবে সেই বাধার সাথে নিজেকে মানিয়ে নিয়েছেন?
- প্রসবের সময় আপনার মানসিক অবস্থা কেমন ছিল?
- প্রসবের পর আপনার শারীরিক অবস্থা কেমন ছিল?
- প্রসবের পর কি শারীরিক কোন জটিলতা দেখা দিয়েছিল? যদি থাকে, তাহলে কি ধরনের জটিলতা ছিল?

সন্তান লালনপালন

- জন্মের পর শিশুটির শারীরিক অবস্থা কেমন ছিল?
- শিশুকে বুকের দুধ খাওয়ানোর বিষয় এ আপনার অভিজ্ঞতা কেমন ছিল?
- বাচ্চাকে বুকের দুধ খাওয়ানো নিয়ে আপনি কি কোন বাধার সম্মুখীন হয়েছেন? যদি থাকে, তাহলে কি ধরনের বাধা ছিল?
- হুইলচেয়ারে বসে বাচ্চা লালনপালন করার বিষয়ে আপনার অভিজ্ঞতা সম্পর্কে বলুন।

পরিবারের সমর্থন

- আঘাতের পরে আপনি যখন প্রথম জানতে পারলেন যে আপনি গর্ভবতী ছিলেন তখন আপনার কেমন লেগেছিল?
- আপনি প্রথমে কাকে সংবাদটি দিয়েছিলেন?
- সংবাদটি শোনার পর আপনার প্রতি আপনার স্বামীর কেমন প্রতিক্রিয়া ছিল?
- আপনার পরিবারের কেমন প্রতিক্রিয়া ছিল?
- এই সময়ে আপনার পরিবারের কতটা সমর্থন ছিল?
- পরিবারের সমর্থন সম্পর্কে আপনার মতামত কি?
- গর্ভাবস্থায় আপনার পরিবারের সকল সদস্যের সাথে আপনার সম্পর্ক কেমন ছিল?
- সঠিক সময়ে প্রয়োজনীয় চিকিৎসা সেবা পেয়েছেন কি? এ বিষয়ে আপনার অভিজ্ঞতা বলুন।
- গর্ভকালীন সময়ে কর্মস্থল এ কোন ধরনের বাধার সম্মুখীন হয়েছেন কি? যদি হ্যাঁ হয় বিস্তারিত বলুন।
- দ্বিতীয় শিশুর জন্য আপনার কোন পরিকল্পনা আছে?