Body image and Self-esteem Dynamics in the Context of Performing Self-care Activities among People with Stroke: A Qualitative Study

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Statement of Authorship

To assert the thesis entitled "Body image and Self-esteem Dynamics in the Context of Performing Self-care Activities among People with Stroke: A Qualitative Study has been completed by Afsana Afrin, DU Roll No. 440 in the Department of B.Sc. in Occupational Therapy, Bangladesh Health Professions Institute, Savar, Dhaka, Bangladesh. 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 acknowledgment in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

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I'm delighted to have reached the end of my thesis journey. Allah consistently grants me strength and patience during my research period & always been by my side when I asked for assistance and direction, could have helped me accomplish these goals and get this far as it is said in verse one of Surah Al- Baqarah (2:186): “And when My servants ask you, [O Muhammad], concerning Me – indeed I am near. I respond to the invocation of the supplicant when he calls upon Me. So let them respond to Me [by obedience] and believe in Me that they may be [rightly] guided.”

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Dedication

I want to dedicate my thesis to my mother, a person with stroke & my father, who supported me through every peak and valley of my journey.

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List of Abbreviations

BHPI	Bangladesh Health Professions Institute
BI	Body Image
COREQ	Consolidated Criteria for Reporting Qualitative Research
CRP	Centre for the Rehabilitation of the Paralysed
CSCI	Cervical Spinal Cord Injury
IRB	Institutional Review Board
NHMRC	National Statement on Ethical Conduct in Human Research
OT	Occupational Therapy
SE	Self Esteem
SCA	Self-Care Activities
SRQR	Standards for Reporting Qualitative Research

Abstract

Background: Stroke ranks third globally in terms of both death and disability, and it is the second most common cause of death worldwide. Stroke is a leading cause of death in Asia, accounting for about two-thirds of all stroke-related deaths globally. In Bangladesh, cerebrovascular disease ranks third. After enduring a stroke, most people become dependent on others in some way, which affects their day-to-day lives; adapting to this new reality takes time and effort that can significantly impact their body image. These changes may lead to negative feelings about their appearance, resulting in low self-esteem, diminished quality of life and even mental health challenges like depression.

Aim: The aim of this study was to explore the interrelation between body image perception, self-esteem, and their influence on performing self-care activities among stroke survivors.

Methods: This study followed a qualitative study using narrative enquiry approach. A semi-structured in depth interviews were conducted in a sample of 13 stroke survivors including eight women and five men. In order to get this specific number of participants, the data saturation process was used. Data were analyzed following thematic analysis. The study was conducted at the Centre for the Rehabilitation of the Paralysed (CRP), specifically within the outpatient unit focused on adult neurology.

Result: The study highlighted the challenges that people with stroke face in relation to their body image and self-esteem while performing self-care activities. The perceptions regarding bodily changes in people with stroke emerged of six themes i) Perception of self, ii) Body image, iii) Psychological wellbeing, iv) Body image & Self-esteem in relation to perform self- care activities, v) Post stroke adjustment to body image & self-

esteem, vi) Factors affecting self-care performance in relation to body image and self-esteem. The amount of time since the injury, family support and attitudes, and some others factors considered facilitators for coping with body changes after stroke.

Conclusion: Experiencing a stroke suggests a shift in body awareness, self- perception, self-esteem and body image issues, which affects their capacity to engage in self-care. Healthcare providers have more positive attitudes and actively assist patients in adjusting to their new body schema when they are aware of the changes that occur in the body following a stroke.

Keywords: Stroke, Body image, Self-esteem, Self- care activities.

CHAPTER I: INTRODUCTION

1.1 Background

Stroke is a 'rapidly developed clinical sign of focal (or global) disturbance of cerebral function, lasting more than 24 hours or leading to death, with no apparent cause other than of vascular origin' (Farooq et al., 2008). Stroke ranks third globally in terms of both death and disability, and with an annual mortality rate of almost 5.5 million, it is the second most common cause of death worldwide (Donkor, 2018a). Furthermore, the global burden of stroke, in terms of absolute number of cases, fell disproportionately on lower- and middle-income countries between 1990 and 2019, witnessing a 70 percent increase in incident strokes, a 43 percent increase in deaths from stroke, a 102.0 percent increase in prevalent strokes, and a 143.0 percent increase in disability-adjusted life years (WHO, 2022). It is a major health problem because of its high mortality rate and high morbidity rate, which leaves up to half of stroke survivors with long-term disabilities (Donkor, 2018b).

The European Union in 2017, 9.53 million people surviving strokes, 0.46 million dying from strokes, and 7.06 million years of life lost owing to disability; additionally, the study predicts a 27 percent rise in instances to 2.58 million by 2047, along with an additional 40,000 incident strokes, a 3 percent increase (A. et al., 2020).

Stroke is a leading cause of death in Asia, accounting for about two-thirds of all stroke-related deaths globally (Dewi & Pinzon, 2017). Asian nations contribute to approximately 66% of global stroke-related deaths, with the region exhibiting a greater stroke mortality rate than others. (M.M. et al., 2014). Unless include Japan, the rate of stroke mortality in Asia is far greater than in Western Europe, the Americas, or Australasia (Venketasubramanian et al., 2018).

According to the data sheet, the burden of stroke in South Asia has been steadily rising from 1990 to 2019, making it a significant health concern in the region. Increases of 102.0 percent were seen in the total number of cases, 43.1 percent in the number of fatalities caused by stroke, 143.1 percent in the frequency of strokes, and 70.0 percent in disability-adjusted life years lost ("Stroke in South Asia," n.d.).

In Bangladesh, cerebrovascular disease ranks third (World Health Organization, 2020). Stroke was the cause of death for 134,166 people in Bangladesh in 2020, making up 18.74% of the total mortality toll, according to the latest data given by the World Health Organization (*Emerging Burden of CVD IBD*, n.d.).

Stroke has emerged as one of Bangladesh's most pressing public health issues (M.N. et al., 2013). In Bangladesh, the stroke death rate is 54.8 per 100,000 people, adjusted for age and sex & the disability-adjusted life years lost count is 888.1 per 100,000 people (Sarkar et al., 2023). Physical, emotional, and cognitive impairments, both slight and substantial, impact the lives of most stroke survivors (*Stroke and Health Care Fascilities in Bangladesh*, n.d.).Additionally many studies find out body image issues related to stroke which proportionate to self-esteem (Keppel & Crowe, 2000). With the help of all-encompassing rehabilitation programs, they could resume their functional lives. The accessibility of rehabilitation programs is an issue, nevertheless, that not all Bangladeshis are aware of. That's why the journey to the hospital is a killer for almost 50% of stroke sufferers (*Stroke and Health Care Fascilities in Bangladesh*, n.d.).

After enduring a stroke, most people become dependent on others in some way, which affects their day-to-day lives; adapting to this new reality takes time and effort (Pato et al., 2022a).According to a number of studies, stroke is best understood as a disruption to one's regular routine, an ever-present shift, and an entirely new facet of

one's life to which one must adjust. Mood (the underlying mental state), personality, skills, roles, social interactions, and self-identity are all profoundly affected by stroke (Pallesen, 2015). Also literature provides correlation between functional activities and body image issues but there is gap to explore the relation between body-image, self-esteem and self-care activities.

"Body image" is the personal perception of physical self or appearance (Bonavolontà et al., 2021; Leone, 2020). Anxiety and insecurity were found to be more prevalent in individuals who reported lower levels of body satisfaction, suggesting a correlation between the two. There have been reports of strong positive relationships between self-esteem and body image in recent years (Dworkin & Kerr, 1987; Hill & Dworkin, 1992).

Self-esteem is our sense of self-worth and perception of ourselves, and body image, how we view our physical appearance, are fundamental aspects of our psychological well-being; however, they are particularly vulnerable after significant neurological events like stroke. In the aftermath of a stroke, young individuals may find their self-esteem and body image shaken as they grapple with changes in their physical abilities, leading to a reevaluation of their self-identity; consequently, this could potentially hinder their social interactions in various situations, further exacerbating their psychological challenges (Keppel & Crowe, 2000).

To be psychologically well-being (PWB) is to be in a state of mental health and happiness that includes things like contentment with one's life and a sense of having accomplished something. It is an essential component of psychological well-being (Keyes, 2007). Hedonic (pleasure) and eudemonic (meaningful) happiness, together with resilience, are components of psychological well-being (coping, emotion regulation, healthy problem solving) (Keyes, 2007).

In order to maintain good health and wellness, self-care entails attending to one's mental, emotional, spiritual, and bodily health (World Health Organisation, 2020). As per the AOTA Occupational Therapy Practice Framework, these are actions focused on self-care. Engaging in these activities is essential for sustaining one's existence and overall health in the social environment. The following are examples of ADLs: bathing, showering, toileting, personal hygiene, dressing, feeding, swallowing, eating, functional mobility, sexual activity, and personal device care (Boop et al., 2020).

Center for the Rehabilitation of the Paralysed, commonly known as CRP, is a healthcare with rehabilitation facility, aiming to ensure the inclusion of the disabled people into mainstream society, to promote an environment where all disabled people can have equal access to health, education, employment, physical environment and information. Occupational therapists play an important role in adult neurology, supporting individuals whose daily functioning has been affected by disability. They address physical, emotional, social, and psychological aspects of disability to facilitate patient rehabilitation. However, OTs in CRP do not directly address psychosocial aspects, despite their importance in patient recovery.

The impact of one's sense of self-worth and body image on the frequency and intensity of self-care practices will be the primary focus of my dissertation. Self-esteem, body image perception, and self-care practices are some of the significant themes explored in this research.

1.2 Justification of the Research

As a result of both physical and mental difficulties, the quality of life for stroke survivors typically decreases dramatically. In order to create individualized treatments, it is necessary to understand the connection between body image, self-esteem, and self-care. Taking care of these concerns can allow stroke survivors to feel better about themselves and their abilities again, which will improve their quality of life. Depressive symptoms, anxious thoughts, and poor self-esteem are all possible outcomes of a stroke. Stroke survivors can benefit from reduced emotional discomfort and improved psychological well-being if we can find out what's causing their emotional issues so we can help them deal. Performing self-care tasks can be challenging for stroke survivors, which can hinder their rehabilitation and recovery. One way to help people become better at taking care of themselves is to study how factors like body image and self-esteem affect this practice. The result can be less stress on caretakers and more freedom for the individual. When it comes to getting stroke sufferers back on their feet, occupational therapists are crucial. Therapists can better meet the physical needs of their patients by creating individualized therapy programs that take into account the patients' unique body image and self-esteem dynamics. Interventions in occupational therapy can be grounded in empirical findings if this research adds to the expanding body of data in the area. In order to give stroke survivors, the best care possible, occupational therapists can utilize this information to inform their practice. Stroke sufferers in Bangladesh confront the same difficulties as their counterparts in other nations when trying to access adequate rehabilitation services. More thorough and efficient stroke rehabilitation programs can be created with the support of research on body image, self-esteem, and self-care. Medical treatment and long-term rehabilitation after a stroke are heavy loads for healthcare systems. This research has the potential to

make a positive impact on the mental health and self-care skills of stroke patients. By enhancing these abilities, we can help stroke survivors live longer and avoid unnecessary hospital readmissions and long-term care. Society can become more accepting and helpful if more people are made aware of the struggles that stroke survivors endure. A more inclusive society in Bangladesh can be achieved through the elimination of prejudice and social stigma, which in turn can improve the quality of life for those with disabilities. Overall, stroke survivors stand to gain a great deal from this study if it improves their mental health, self-care skills, and overall quality of life. Rehabilitation services can be provided more effectively with the help of occupational therapists' helpful insights. Finally, the results can help lessen the strain on healthcare systems and increase social involvement in Bangladesh by informing the creation of more thorough stroke rehabilitation programs.

1.3 Operational Definitions

Body image : The picture of our own body which we form in our mind, that is to say the way in which the body appears to ourselves or how we perceive it (Schilder, 2013).

Self-esteem: The extent to which individuals like and believe in their own competence is reflected in their self-esteem, which is typically seen as the evaluative component of self-knowledge (André, 2005).

Self-care activities: The American Occupational Therapy Association defines self-care activities as the things individuals do regularly to ensure their own health and safety. Their activities are distinct from their employment in that they do not typically have deep personal significance for clients (Laposha & Smallfield, 2020).

Occupational Therapy: Occupational therapy is a client-centered health profession concerned with promoting health and well-being through occupation. The primary goal of occupational therapy is to enable people to participate in the activities of everyday

life. Occupational therapists achieve this outcome by working with people and communities to enhance their ability to engage in the occupations they want to, need to, or are expected to do, or by modifying the occupation or the environment to better support their occupational engagement (*WFOT*, 2012).

1.4 Aim of the Study

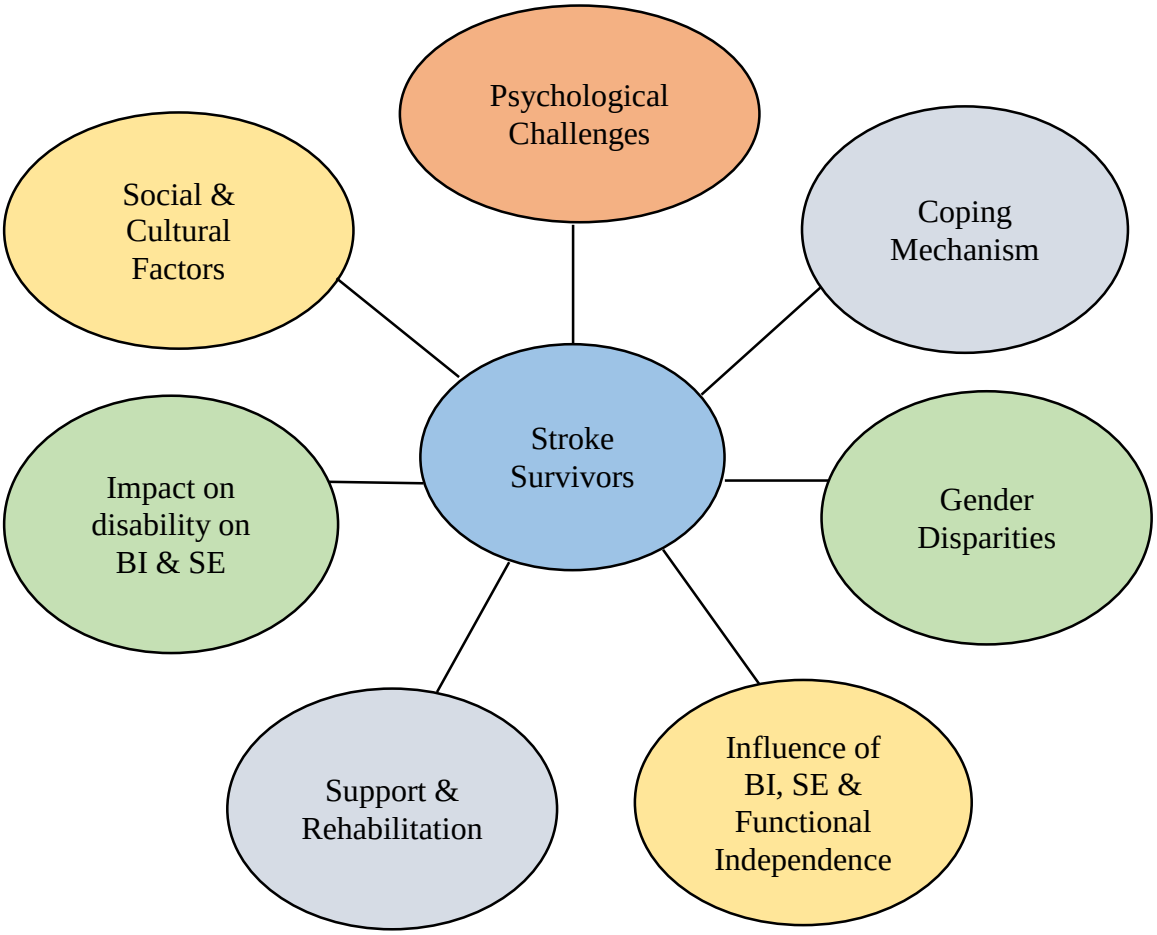
The study aimed to explore the interrelation between body image perception, self-esteem, and their influence on performing self-care activities among people with stroke.

CHAPTER II: LITERATURE REVIEW

This evidence synthesizes people with stroke body image, self- esteem & their psychological wellbeing. The chapter's opening gives us an understanding of how people with stroke are impacted by their body image, self-esteem, and dealing with a disability. It provides a brief overview of the findings of earlier studies on these topics. It highlights the need to consider these concepts in stroke rehabilitation and provides examples of how people with stroke manage a variety of emotional obstacles. For a summary of the literature review, please refer to Figure 2.1

Figure 2.1

Overview of literature review findings



2.1 Impact of Disability on Body image & Self-esteem

A qualitative study was conducted in Canada, using modified constructivist grounded theory & the purpose of this study was to explore body image experiences in people with spinal cord injury. Nine participants (five women, four men) varying in age (21–63 years), type of injury (C3-T7; complete and incomplete), and years post-injury (4–36 years) took part in semi-structured in-depth interviews. Participants discussed the perceptual, cognitive, affective, and behavioral aspects of their body image and described them all as influenced by their injury. In fact, a broad spectrum of body image experiences was reported among the participants (ranging from very negative to very positive) as well as self-presentational experiences.

Generally, it was easier for participants to discuss negative body image experiences. Therefore, for the purposes of this article, findings are focused mainly on negative body image experiences and how self-presentation emerged as an important and related factor. The following main categories were found: appearance, weight concerns, negative functional aspects, body disconnection, body nostalgia, hygiene and incontinence, and self-presentation. The study sought to explore how spinal cord injuries impact individuals' perceptions of their bodies, focusing on various aspects such as how they see, think, feel, and behave regarding their bodies. Participants noted that their injuries affected these dimensions of body image, with those who had been injured longer generally reporting more positive experiences. The study also found that self-presentation played a significant role, with participants prioritizing appearance over function when discussing body image.

Many expressed a desire to appear "normal" by concealing disabilities, similar to the pursuit of societal ideals like thinness or muscularity. Some participants even opted for reconstructive surgery to enhance their appearance, mirroring motivations for

procedures like breast augmentation in women. However, such surgeries pose additional health risks, potentially compounding challenges for women with disabilities who already face societal discrimination. Overall, the research underscores the intricate relationship between body image, self-presentation, societal norms, and gender roles in the lives of individuals with spinal cord injuries (Alysse Bailey et al., 2016).

In Japan, professionals often attribute the limited engagement of individuals with spinal cord injury (SCI) in self-care activities or self-management to their individual circumstances. To explore this further, semi-structured interviews were conducted with 29 participants with cervical spinal cord injury (CSCI) from various municipalities in Osaka, Hyogo, and Ehime prefectures. These interviews covered topics such as rehabilitation, relationships with lay professionals and family members, health promotion, and perceptions of the body. Recorded interviews were transcribed and analyzed using grounded theory, aiming to understand the underlying meanings of participants' perspectives on self-care and long-term health outcomes, as well as the sociocultural factors influencing their attitudes.

Four main themes emerged from the data analysis: rehabilitation focused on activities of daily living (ADLs) and independence, detachment from the body and self, embodiment, and self-management. Participants expressed that rehabilitation programs in Japan primarily target improving body functions for ADL performance but lack emphasis on health education. This focus on physical rehabilitation may contribute to some participants' struggles with developing positive body esteem. Additionally, the active involvement of socially influenced family caregivers in participants' self-care often led to heavy reliance on them for assistance. Through the concept of embodiment, participants recognized that self-care was not only about achieving independence in ADLs but also about managing their health and well-being, necessitating collaborative

relationships with caregivers. This research aims to shed light on the perceptions of individuals with CSCI, not only to enhance rehabilitation practices but also to understand the social and cultural factors influencing their attitudes towards self-care and long-term health outcomes (Ide-Okochi et al., 2013).

This qualitative study, conducted through the lens of grounded theory, involved semi-structured interviews with a diverse sample of 32 individuals who had experienced acquired spinal cord injuries. The analysis employed the constant comparative method and utilized an open, axial, and selective coding approach. The research was conducted at the National Paraplegic Hospital in Toledo, Spain, renowned for its expertise in spinal cord injury treatment. The study aimed to investigate how individuals with acquired spinal cord injuries, regardless of gender or injury severity, perceived changes in their bodies. The findings of the study identified two main categories of perceived bodily changes among individuals with spinal cord injuries: alterations in body schema and heightened bodily awareness.

Changes in body schema encompassed experiences such as feeling fragmented, blurred, burdened by the body, lacking muscle tone, viewing the wheelchair as an extension of the body, and striving for body normalization. Increased bodily awareness included feelings of having an uncontrollable body and undergoing body retraining. Factors such as the length of time since the injury, positive attitudes and behaviors, youthfulness, male gender, and possessing adaptable beliefs, values, and habits were identified as facilitating coping mechanisms for individuals adjusting to bodily changes following a spinal cord injury. Overall, the experience of suffering a spinal cord injury entails the development of a new body schema and a shift in body awareness (Vázquez-Fariñas & Rodríguez-Martin, 2021).

2.2 Social & Cultural Factors

A narrative research delves into the lived experience of Rebecca, a young lady who had treatment for a spinal cord injury and experienced a shift in her body image. One semi-structured in-depth interview provided the data. Prior to her injury, Rebecca's perception of her body adhered to societal norms of Western beauty, placing importance on attractiveness, femininity within a male-dominated environment, and seeking validation, particularly from men. Critics argue that such standards perpetuate oppression, particularly for women and individuals with disabilities, by reducing them to objects of sexual scrutiny. Rebecca's perception of beauty and self-worth was intricately linked to her able-bodiedness, which was abruptly disrupted by her spinal cord injury. Rebecca's story highlights the intricate psychological challenges that accompany the experience of acquiring and being treated for a spinal cord injury. Her sense of feeling objectified, both by her altered self-perception and by medical interventions, underscores the profound impact on her psychological well-being. Similar experiences have been documented in previous research, where individuals with spinal cord injuries reported feeling dehumanized and solely defined by their injuries, resulting in negative attitudes towards their bodies (Bailey et al., 2017).

A captivating investigation was carried out in Chandigarh, India, involving a group of 100 adolescents, comprising an equal split of 50 males and 50 females, employing the survey method. The primary objective of this study was to delve into the intricate relationship between body image and self-esteem among adolescent boys and girls. Remarkably, the findings unveiled that while girls tended to harbor a higher level of satisfaction with their body image compared to boys, the mean scores didn't show a significant difference between the genders. Furthermore, the study illuminated a remarkably strong and positive correlation between body image and self-esteem among

both male and female adolescents. As a visionary recommendation, the author proposes the initiation of awareness programs meticulously crafted to foster a culture of positive body image and bolstered self-esteem among adolescents. Additionally, advocating for counseling sessions tailored to provide invaluable insights into the physiological changes accompanying puberty could serve as a catalyst for empowerment (KHANNA, 2019).

In another study from Mysuru, Karnataka, India, researchers looked at 120 people using a special way of gathering information called snowball sampling. They used a computer program called SPSS to help analyze the information they collected. The study included 60 people, with an equal number of boys and girls, 30 of each. The main goal of the study was to learn about how adolescents feel about themselves and their bodies. They also wanted to see if there were any differences between boys and girls in how they feel about themselves and their bodies. Remarkably, the study unearthed a significant positive correlation between body image and self-esteem among adolescents, indicating that higher levels of body image satisfaction corresponded to elevated self-esteem, whereas lower levels of body image satisfaction correlated with diminished self-esteem. Moreover, noteworthy gender differences were observed in body image and self-esteem, with the study highlighting a higher prevalence of body image dissatisfaction among females compared to males.

However, males exhibited a greater susceptibility to negative influences from mass media and societal ideals of muscularity (Thomas, 2023). Disability studies and Crip theorists challenge the societal notion of a "normal body" and heteronormativity, urging individuals to critically examine and resist societal norms concerning beauty and disability. Central to this perspective is the rejection of the idea of disability as a form of pathology and questioning the privileging of normalcy (Goodley, 2014).

2.3 Psychological Challenges

Another quantitative case-control study conducted an acute inpatient rehabilitation center in the USA. The control group comprised individuals residing independently in the community, with an average age of 62 years and consisting of 42 females and 39 males. The aim was to examine self-esteem during the initial phases post-stroke by employing a matched-group design with a sizable sample. Additionally, the research aimed to compare the correlation between self-esteem and depressive mood assessments in both stroke survivors and the matched control group to discern potential variations in the strength of this relationship across the two groups. Results revealed that stroke survivors exhibited significantly lower average levels of self-esteem compared to the control group. Furthermore, the correlation between self-esteem and mood ratings was notably higher in the stroke group than in the control group. Importantly, the study indicates that diminished self-esteem among stroke survivors is not solely attributable to depressive mood, suggesting a more nuanced relationship between these constructs (Vickery et al., 2008).

A quantitative cross-sectional study was conducted at community setting, involving 65 participants mean age of 61.58. The aim of the study was to examine change in identity after stroke and to elucidate its relationship with mood and quality of life and to examine the role of self-esteem in mediating the relationship between identity and outcomes. Hypothesis 1 explored differences in self-perception before and after a stroke, finding that individuals tended to rate themselves less positively after a stroke compared to before. They also tended to idealize their pre-stroke identity. Hypothesis 2 looked at the connection between these changes in self-perception and various outcomes, such as self-esteem, quality of life, and anxiety, revealing that greater discrepancies in self-perception were associated with lower self-esteem and quality of

life, and higher levels of anxiety. Hypothesis 3 focused on specific associations between different aspects of self-perception and depression and anxiety, finding stronger correlations with depression. Finally, Hypothesis 4 investigated how self-esteem might mediate the relationship between self-perception and outcomes, showing that self-esteem played a significant role in explaining how these changes in self-perception affected mood and quality of life. Overall, the study highlighted the importance of understanding how stroke can impact people's sense of self and its implications for their well-being (Lapadatu & Morris, 2019).

Another study was conducted in the UK and employed a phenomenological approach, involving sixteen participants with an average age of 59. The sampling method used was purposive sampling, and the study was conducted in the participants' homes. This study explored stroke survivors' experiences of altered body perception, whether these perceptions cause discomfort, and the need for clinical interventions to improve comfort and the results revealed four main themes: (1) a nonexistent body; (2) a body plagued by bizarre feelings and warped perceptions; (3) an unmanageable body; and (4) a body cut off from social and medical help (Stott et al., 2021).

2.4 Coping Mechanism

Another study utilized a quantitative longitudinal approach to examine the connection between state self-esteem and functional independence in stroke recovery patients. It was conducted across both rehabilitation hospital settings and patients' homes, involving a sample of 152 participants aged between 24 and 93 years, selected through convenience sampling. Data was collected directly from participants. The results indicated a positive relationship between functional capability and state self-esteem, supporting previous research that links low self-esteem to physical illness and depressive symptoms to disability. Post-stroke, individuals may experience feelings of

dehumanization, and stroke has been shown to have a detrimental effect on functional outcomes. Moreover, the level of satisfaction with social support significantly affects self-care functional capacity (Chang & Mackenzie, 1998).

In another qualitative investigation employing Grounded Theory, data was gathered from 51 individuals in their residences. While both genders were represented, the majority of participants were men. The selection of participants was deliberate, and in-depth interviews were conducted as the principal method of data collection, aiming to capture a blend of qualitative and quantitative information. The study wanted to understand how stroke survivors use their bodies during recovery. They looked at how people think about and deal with their bodies after a stroke. The researchers found that using tools to help, creating new routines, and learning new feelings can all help manage the body after a stroke. They also learned that these things give meaning to the changes in the body. The study provides a detailed look at how stroke survivors understand and cope with their bodies after the stroke (Faircloth et al., 2004).

A Qualitative study with a Phenomenological approach involved 15 participants, comprising 7 males and 8 females, aged between 20 to 52 years. The study was conducted via the Zoom platform, utilizing purposive sampling. The aim of this research was to comprehend stroke survivors' self-perceptions regarding their body awareness, body image, self-identity, and the significance of exercise after being discharged from rehabilitation. Data collection was facilitated through semi-structured interviews, and content analysis was employed for data analysis. The study findings revealed that stroke survivors experienced changes in their self-perception of their bodies, emotions, and impact on self-esteem and identity, particularly in the initial phase post-rehabilitation discharge. Despite motor sequelae, there was a noted decline in self-esteem and the emergence of identity-related issues. However, as survivors

progressed through rehabilitation stages and gained awareness of their bodies, these issues and changes tended to diminish. In essence, the findings suggest that through rehabilitation and increased body awareness, stroke survivors gradually rebuild their self-identity (Pato et al., 2022b).

2.5 Gender Disparities

In the United Kingdom, a cross-sectional study involving 26 participants was conducted, with an average age of 71.0, including 16 males and 10 females. The study was carried out at The Royal Hampshire County Hospital in Winchester (UK) and participants' homes, utilizing purposive sampling. Its objective was to assess whether individuals experienced changes in their sense of identity following a stroke. The study revealed that post-stroke, participants depicted themselves in more negative terms compared to their pre-stroke self-perception. They expressed feeling less engaged, competent, and independent, with diminished control over their lives, happiness, and activities. Nevertheless, they still identified themselves as friendly, calm, compassionate, optimistic, and sociable. Conversely, the general self-concept of the comparison group remained consistently positive over the same period (Ellis-Hill & Horn, 2000).

An existential-phenomenological study of 14 stroke survivors with a 2-year median length of time since stroke, aim of this existential-phenomenological research was to explore the lived experience of life post-stroke rehabilitation, aiming to offer a comprehensive perspective useful for nurses and other caregivers in their provision of care. Result found that the world of the stroke survivor is grounded in a life of loss and effort. They defined three interconnected concepts: autonomy vs. dependence, agency vs. disempowerment, and interpersonal connection vs. disconnection. There was a

significant impact on the individuals' sense of identity from these changes (Secrest & Thomas, 1999).

2.6 Influence of Body image, Self-esteem & Functional Independence

A quantitative research study was carried out using a randomized controlled trial (RCT) method at a hospital located in Melbourne, Australia, involving 33 participants with an average age of 36.7 years. The sampling method used was convenience sampling. The data collection instruments utilized in the study included the Rosenberg Self-esteem Scale, Tennesse Self-concept Scale, and the Body Cathexis/Self-Cathexis Scale. A person's mental health depends on their self-esteem and body image.

An important focus of this research has been the correlation between an individual's self-esteem and their body image. This ever-changing connection permeates all parts of a person's existence, including their participation in self-care routines. After a stroke, young adults' self-reported body image took a nosedive, and they also saw a marked drop in all indicators of self-esteem. The impact was more pronounced after damages to the left hemisphere. Pre- and post-stroke assessments of self-esteem did not show any statistically significant differences between the sexes. There were no discernible variations in self-esteem or body image scores across stroke types (i.e., infarct, hemorrhage, aneurysm, or subarachnoid hemorrhage). Additional research looked into how the placement of lesions affected self-assessments of body image. There were no significant interaction effects between the location of the lesion (hemispheric or interhemispheric) and body image, according to an analysis of variance. Thus, although it seemed that the side of the lesion affected how a person perceived their body (i.e., left-sided lesions were associated with more impairment), the position of the lesion, whether anterior or posterior, did not have any further bearing on these views (Keppel & Crowe, 2000).

The study utilized a quantitative, cross-sectional design conducted in an inpatient rehabilitation unit within a free-standing rehabilitation hospital. A total of 120 participants, with an average age of 68.7, comprising both male and female genders, were selected through convenience sampling. The primary aim was to investigate changes in self-esteem during inpatient stroke rehabilitation and identify factors influencing these changes. The study employed multilevel modeling to analyze repeated assessments of self-esteem using the Self-Esteem Scale. Results indicated a significant improvement in self-esteem throughout the rehabilitation process. Moreover, improvements were more pronounced in patients with higher initial self-care and mobility scores.

However, older patients demonstrated less substantial improvements compared to younger counterparts. While mood and self-esteem showed a strong correlation, the rate of mood change did not significantly impact self-esteem changes. Stroke survivors reported lower self-esteem compared to a matched control group, particularly rating themselves lower in intelligence and happiness while feeling more 'mixed-up,' 'stuck,' and frustrated. Overall, stroke survivors had notably lower average self-esteem compared to controls, with a stronger association between self-esteem and mood perceptions observed in the stroke group. Importantly, the study suggests that low self-esteem is not solely a result of depression (Vickery et al., 2009).

2.7 Support & Rehabilitation

Another qualitative phenomenological study was conducted with 25 female participants in three rural hospitals in eastern Norway. The age range of the participants was from 37 to 78 years old. The sampling method used was purposive sampling, and data was collected through in-depth interviews. The analysis of the data was carried out using narrative analysis. The aim of the research was to gain a deeper comprehension of how

women who had suffered strokes experienced changes in their bodies post-stroke, aiming to fill a gap in gender-specific knowledge within the nursing and medical fields.

The study result indicated stroke survivors experienced significant and often distressing alterations in their perceptions of their bodies during the onset and recovery stages of the stroke. These alterations were characterized by decreased functional abilities, impacting both healthy and impaired parts of their bodies. The narratives of the participants focused on three main categories: the unpredictable nature of their bodies, the physical demands placed upon them, and the expansion of their bodily experiences. Despite the initial challenges, it was observed that participants gradually became more comfortable with their changed bodies over time (Kvigne & Kirkevold, 2003).

In a study of Texas, a residential post-acute brain injury rehabilitation program, eighteen individuals with acquired brain injury (ABI) participated in group therapy sessions. Among them, thirteen had traumatic brain injury (TBI), four had experienced a stroke, and one had anoxic brain injury. These participants were referred to the group intervention due to identified emotional or adjustment difficulties during their rehabilitation treatment. On average, the group was approximately 31.8 years old (with a standard deviation of 12.1 years) and had been post-injury for around 22.8 months (with a standard deviation of 28.8 months). Among the participants with TBI, eight had suffered severe TBI, while one had experienced a complicated mild TBI with neuroimaging findings. This study sought to evaluate the effectiveness of group therapy intervention targeting changes in self-concept among individuals recovering from acquired brain injury (ABI). The results indicated a notable improvement in self-concept ratings among group members by the conclusion of the therapy intervention (Vickery et al., 2006)

2.8 Key Gaps

- There is little information available about how stroke affects people's sense of identity and self-worth over time.
- Insufficient research examining how cultural variables interact with attitudes toward self-care in people with disabilities.
- Insufficient data exist on how teenagers with disabilities' self-esteem and body image satisfaction relate to one another.
- More research is required to fully understand the psychological obstacles people with stroke confront in terms of their perceptions of their bodies and their self-worth.

2.9 Summaries

The evaluation of the research emphasizes how much stroke affects people's perceptions of their bodies and their sense of self, with a focus on the changes that occur after a stroke, particularly in young adults. The study emphasizes the necessity of more investigation into the subtleties of people with stroke perceptions of their bodies and their self-esteem. Research on people with disabilities such as those with spinal cord injuries shows gaps in knowledge of the long-term consequences on self-esteem and body image. The study highlights how crucial it is to investigate coping strategies and cultural impacts on people acclimating to physical changes following injuries. Studies conducted on adolescents with disabilities that self-esteem and body image satisfaction are positively correlated, with gender differences noted. The study emphasizes the need for additional research on the psychological difficulties teenagers with disabilities encounter when it comes to their opinions of their bodies and their self-worth.

CHAPTER III: METHODS

3.1 Study Question, Aim& Objective

3.1.1 Research Question

How body image and self-esteem influence performing self-care activities among people with stroke?

3.1.2 Aim of the study

The aim of this study was to explore the interrelation between body image perception, self-esteem, and their influence on performing self-care activities among people with stroke.

3.1.3 Objectives

1.To understand the self-perception of body image among people with stroke.

2.To explore the self-esteem in people with stroke, about their overall psychological wellbeing and adjustment to life after stroke.

3.To explore the impact of body image and self-esteem on performing self-care activities of people with stroke.

4.To identify the facilitators and barriers in performing the self-care activities among people with stroke.

3.2 Study Design

3.2.1 Method

The qualitative research approach was used in this study by the student researcher because it allows to understand and depict the world from the subject's point of view (Cresswell, 2013). Its a iterative process in which improved understanding to the scientific community is achieved by making new significant distinctions resulting from getting closer to the phenomenon (Aspers & Corte, 2021). The goal of qualitative

research is to help us understand and make sense of the experiential and meaningful aspects of human life and society (Fossey et al., 2002a) . The social realm is the primary emphasis of qualitative research, as opposed to the physical one (Liamputtong & Rice, 2020). The student researcher did not have a hypothesis before the study began; instead, she gathered data from each participant on her own, which eventually led to the emergence of themes. The qualitative method was the foundation of this study, and the student researcher's goal was to examine people's actual experiences. That is why this study called for qualitative research methods.

3.2.2 Approach

This study utilized the narrative research design, which is a form of qualitative research. The goal of narrative inquiry approach is to uncover significant life stories from people as they relate them in their own words and universes. Narrative research serves as an interpretive or analytical framework in addition to being a data collection method in the fields of education, health, and social sciences. It effectively achieves these two objectives by assisting individuals in understanding their lived health and well-being within their social context, particularly the narratives that are focused on their self-belief-oriented stories & comes under the category of social constructivism, which is the theory that believes people's lived experiences effectively convey the complexity and nuanced understanding of their meaningful experiences. It's a type of inquiry where the stories are told and their veracity is assumed to best capture the teller's reality (Liamputtong, 2019).

The stories themselves serve as the raw data in narrative inquiry. Researchers analyze these narratives to uncover underlying themes and patterns. The approach involves studying narratives of human experience, whether through interviews, oral histories, or written autobiographies and biographies (Butina, 2015).

3.3 Study Setting and Period

3.3.1 Study Setting

The study was conducted at the Centre for the Rehabilitation of the Paralysed (CRP), specifically within the outpatient unit focused on adult neurology, where several advantage was known for it offered for the research on body image, self-esteem, and self-care among stroke survivors. CRP is expertise in neurological rehabilitation and is likely to serve a significant number of people with stroke. This area of expertise would be ideal for the study since it would guarantee that the participants would receive the care and support they need. The site of CRP was also likely to be easily accessible, minimizing travel difficulties for people with stroke and their caretakers. The research was conducted in a clinical context, which means that healthcare professionals who work with people with stroke on a regular basis can validate the findings based on their experiences and observations. This adds credibility to the research. Occupational therapists and other healthcare professionals working in neuro rehabilitation can also gain from CRP's study by gaining a deeper understanding of people with stroke needs and how to better meet those needs through improved treatment. Overall, the research took place at CRP's neurology outpatient unit, which was a great choice because it was conducive to the study's aims, had a diverse pool of participants, prioritized ethical practices and cultural sensitivity, encouraged teamwork, and provided a specialized clinical setting that bolstered the research's credibility.

3.3.2 Study Period

The period of the study was from May 2023 to February 2024 and data collection period was between 1 December, 2023 to 31 December, 2024.

3.4 Study Participants

3.4.1 Study Population

The population was composed of people with stroke in Bangladesh who will be currently receiving services from the CRP, specifically within the outpatient unit focused on adult neurology. The study population was eight women & five men who were the people with stroke.

3.4.2 Sampling Techniques

In order to gather information, the student researcher had gone with a purposive sampling technique referred as judggemental sampling, sometimes called subjective sampling, is a form of non-probability sampling. Using purposeful sampling, a student investigator can find a sample that is both representative of the population of interest and adequately representative of the study's needs and aims (Mweshi & Sakyi, 2020; Nikolopoulou, 2022). It was appropriate to use purposive sampling in this study because of the inclusion and exclusion criteria that were followed (C Ashley, 2018; Mweshi & Sakyi, 2020). The inclusion and exclusion criteria are given below.

3.4.3 Inclusion Criteria

- Participants who had a documented history of stroke.
- Participants who were currently receiving services from the Centre for the Rehabilitation of the Paralysed (CRP), particularly within the outpatient unit specializing in neurology.
- Both male and female people with stroke.

3.4.5 Exclusion Criteria

- Individuals with cognitive impairments would hinder their ability to participate in interviews or provide meaningful responses.

- Participants with communication difficulties that would impede their ability to engage in interviews.

3.4.6 Participants Overview

For my study, I enlisted thirteen individuals. Of the thirteen participants, who took part, five were men and eight were women who had survived a stroke. Each participant's identity was encrypted using a pseudonym in order to protect their privacy. In table 3.1, you can see a summary of the individuals that were identified.

Table 3.1

Participants overview

Name	Age (year)	Side affected	Time since stroke	Occupation
Sajeda	45y	LSH	1.5 year	**Housewife**
Emily	35y	RSH	3 month	**Housewife**
Marium	59y	LSH	7 month	**Housewife**
Faria	45y	LSH	9 month	**School teacher**
Mahmudul	43y	RSH	1 year	**Banker**
Sajib	37y	LSH	4 month	**Media worker**
Sabbir	45y	LSH	6 month	**Businessman**
Mahfuz	60y	RSH	8 month	**Expatriate**
Emdad	43y	LSH	7 month	**Businessman**
Jolly	37y	LSH	11 month	**Housewife**
Bithi	38y	RSH	5month	**Housewife**
Labonno	40y	LSH	11 month	**School teacher**
Tasnim	36y	RSH	6 month	**Job holder**

3.5 Ethical Consideration

The World Medical Association (WMA) drafted the Declaration of Helsinki to

articulate the fundamental principles of responsible medical research (Association, 2013).This declaration applies to data and research involving identifiable human subjects. The entire declaration should be read, and each of its specific paragraphs should be applied while keeping in mind all other pertinent sections.

3.5.1 Ethical approval from IRB

The ethical clearance of the study sought from the Institutional Review Board (IRB) by explaining the study purpose, through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). IRB clearance number CRP-BHPI/IRB/10/2023/751 (See Appendix A). Before gathering participant's information from outpatient unit, permission was sought from Outpatient unit (Neuro rehabilitation unit).

3.5.2 Informed Consent

The WMA states that in order for research involvement to be voluntary, participants must be fully informed about the goals, methods, potential dangers, and rewards of the study. The data, as well as the purpose, the methods, the specifications, the demands, the danger, and the possible advantage, were all sufficiently explained by the student researcher. The information sheet (see Appendix B) was provided to participants in compliance with the requirements. It included detailed instructions on how to provide consent to participate in the study. The student researcher translated the form into Bengali for the participants' benefit. Participants were given a detailed explanation of the study by the student researcher, who also read them the Participant Explanatory explanation. The participants got an opportunity to ask questions prior to the interview starting. After that, a formal consent form was employed to get the subject's consent if they choose to participate in the study (see Appendix B) (Fallis, 2013).

Withdrawal form

Participants have the right and can voluntarily withdraw to participate in the study before starting the data analysis. For this withdrawal form has been attached with information sheet and informed the participant about this (see appendix B).

3.5.3 Unequal Relationship

The student researcher did not have any unequal relationship with the participants.

3.5.4 Risk and Beneficence

The study's risk and benefits are among the most important considerations when doing research on human subjects. The risk comprises both the possibility of injury and its consequences (Barke, 2009). There was no bias in the selection procedure because the study's participants were picked based on inclusion and exclusion criteria. The participants' provision of the information was voluntary and came with no risk.

3.5.5 Confidentiality

All data pertaining to the participant was securely stored. Although it was noted on the information page, no one other than the supervisor knew their name or identity. Furthermore, the student researcher had the participants sign a confidentiality agreement stating that they would not share the material during transcribing (See Appendix C for details). All participants were assured that their identities would be kept strictly confidential for future uses, such as reports, publications, conferences, or any other type of written or spoken communication.

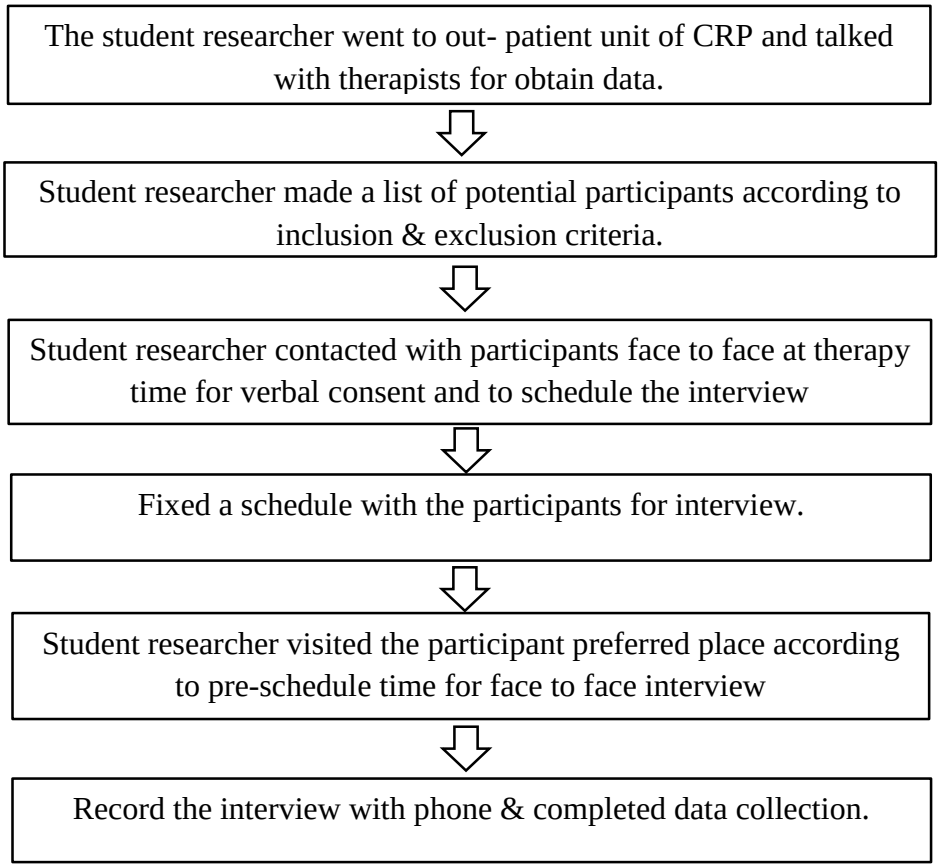
3.6 Data Collection process

3.6.1 Participant Recruitment Process

Participant recruitment diagram is given below in figure 3.1

Figure 3.1

Over view of participant recruitment process



3.6.2 Data Collection Method

Student researchers conducted in-depth semi-structured interviews with study participants in person to gather data. Student researcher followed self-developed interview guide to performed the interview. Data collection method was followed by COREQ checklist (Tong A, Sainsbury P, 2007) & SRQR checklist (*SRQR_Checklist-1*, n.d.). Data was gathered using a cell phone. The recorder was set to flight mode to ensure that no calls or messages could interrupt the recording. Interviews typically lasted between twenty to sixty minutes.

3.6.2.1 Semi- Structured Interview

A process that allows the researcher to examine the interviewee's viewpoints, experiences, and meanings while gathering detailed information and supporting documentation from them (Ruslin et al., 2021). The student researcher may confirm the respondent status of the target, establish rapport with the subject to elicit detailed information, and pick up on extra behavioral and emotional cues when the subject answered the question in a face-to-face interview. In order to get in-depth information from participants and give them room to elaborate on their answers, a student researcher conducting an in-depth semi-structured interview could use questions that are both wide and open-ended (Liamputtong, n.d.). The student researcher using an interview guide that was self-developed (See appendix D). Reason being, it served to keep the interview on topic and prompted participants to provide more detailed responses. Student researcher also take field notes as well.

3.6.3 Field Test

Student researcher ran a field test with four people. The researcher did a field test to fine tune the data collection plan prior to gathering the final data. The participant's purpose and the study's objectives were discussed by the researcher during the interview. Three questions were revised in the interview guide following the field test to gain a better understanding of the participants' experiences. The following topics are covered in the questions: participant’s perception of body image evolved over time, motivation to do self- care, specific aspects of body image (See appendix D).

3.6.4 Field Notes

Furthermore, field notes were maintained. Following every interview, field notes are beneficial (Byrne, 2022; Cresswell, 2013). In qualitative research, field notes are often recommended as a means of documenting pertinent contextual information. Field notes

guarantee that rich context endures beyond the original study team, especially with the increasing use of data sharing, secondary analysis, and meeting synthesis (Phillippi & Lauderdale, 2018). Participants can share their experiences during a semi-structured interview while the researcher follows up on the data from a pre-planned question (Liamputtong, n.d.). The entire interview was conducted in Bengali. The student researcher provided explanations in Bengali for each question, which aided in participant comprehension. Apart from the audio recording, field notes were another source of data. Nonverbal clues from the participants, the field notes contained information about any family members that might be found as well as the physical features of their house.

3.6.5 Non Participants

Together with the three participants, there were three non-participants. Because the interview was held outside of the CRP outpatient unit and they planned to take them home after therapy, the participants granted permission even though there was not enough room for them. In front of non-participants, participants were reluctant to disclose anything candidly. In order to encourage candid communication, the researcher then adjusts the timetable to the participants' convenience.

One of the female participants left the interview midway because she did not want to discuss personal matters pertaining to her family. She was initially providing the researcher with hints, and based on what she said, she declined the interview when the researcher asked her further questions

3.7 Data Management and Analysis

As a means of data analysis, the student researcher opted for thematic analysis. Because it is a simple, theoretically flexible interpretative method for analyzing qualitative data that makes it easier to find and examine patterns or themes in a given set of data (Braun

& Clarke, 2021; Byrne, 2022). Six steps were followed according to Braun & Clarke which are described below.

Step 1: Familiarising with the data

An interview was conducted to familiarize the student researcher with the data. The data was transcribed verbatim in Bangla and then translated into English. A volunteer translated one transcription. Rechecking and retranslating the translation was done by the student researcher. The revered supervisor double-checked every translation and transcription. The student researcher then reads the entire document, beginning with the introduction, to fully grasp the data's meaning and pattern, and to highlight its most crucial points.

Step 2: Generating the initial codes

This part of the process involves the student researcher identifying key points in the data and underlining those sentences. After that, the student researcher used the highlighted points to construct some early code, which they then labeled. The supervisor reviewed the first codes.

Step 3: Searching for tentative themes

The student researcher meticulously recorded each interview's code in a separate paper, serially. They then identified codes that were similar by reading the translation and consulting with their supervisor. Then, using separate sticky notes, the student researchers arranged the codes according to possible themes. Sticky notes were affixed to the wall in order to facilitate the grouping of related notions in order to discern possible themes.

Step 4: Reviewing themes

The student researcher collaborated with their supervisor to develop an initial theme map. The research yielded six overarching themes and a number of subthemes with the

assistance of the supervisor.

Step 5: Defining and naming themes

The student researcher made several edits to the overarching topic and its subthemes before finalizing them for the results. Then, to help the reader comprehend, I gave each subject and subtheme a distinct name and provided a definition. Any and all themes or subthemes were reviewed by the esteemed supervisor.

Step 6: Producing the report

By include participant quotes word for word in the findings chapter of their dissertation, the student researcher was able to compile a report that adhered to the subject. Finding out what people think, feel, know, and have experienced in relation to a given topic is what thematic analysis is all about (Braun et al., 2017) . The student researcher used theme analysis to properly examine the data as they investigated the dynamics of body image and self-esteem in relation to self-care activities for stroke survivors.

3.8 Trustworthiness

Reliability was preserved by meticulousness in both methodology and interpretation (Curtin & Fossey, 2007; Fossey et al., 2002a).

3.8.1 Methodological rigour

Congruence: This describes how the selected study design fits within the theoretical framework (Fossey et al., 2002b). The narrative approach of qualitative design was chosen because it was a good match for the aims and objectives of the study & to uncover significant life stories (see section 3.2: Study Design).

Responsiveness to social context: The term "responsiveness to social context" refers to the emergent study design that was used to examine the real-life problem (Fossey et al., 2002b). The interview took place in a convenient location and was conducted face-to-face. Student researchers familiarize themselves with the situation through verbal

communication with the participant (see section 3.3.1: Study setting).

Appropriateness and adequacy: The study's 13 participants were chosen using a purposeful selection technique that took into account a number of inclusion and exclusion criteria. Information was gathered through in-person interviews (see section 3.4.2 and 3.6.1: Sampling techniques and participant recruitment process).

Transparency:

To be transparent, the data collection and analysis were done by the student researcher (Fossey et al., 2002a). The supervisor's hands-on involvement in the data analysis process ensured objectivity by providing many perspectives on the same set of facts (see section 3.6 and 3.7: Data collection process and data management and analysis).

3.8.2 Interpretive rigor

Authenticity: Providing participants' exact words allowed us to keep the presentation of our findings and interpretations consistent. The student researcher would then vocally verify that the participants had grasped the information after each participant had spoken (See chapter IV: Result section).

Coherence: We adapted the data to meet our goals and objectives. With Bengali as their first language, the student researcher listened to the audio and transcribed it word for word before translating it into English. Prior to beginning data analysis, the esteemed supervisor listened to the audio recording and double-checked all transcriptions (see section 3.7: Data management and analysis).

Reciprocity: The original data was left unmodified as the student researcher translated the data exactly. No one involved in the study had any input into the data analysis (See section 3.7: Data management and analysis).

Typicality: The term "typicality" describes how well the results can be applied to different contexts (Fossey et al., 2002a). For readers clear understanding student

researcher described the context of the study in depth (see section 3.4.6 and 3.7: Participant overview and Data management and analysis).

Permeability of the researcher's: Following all ethical guidelines to the letter allowed the student researcher to keep their original goals, assumptions, ideals, and ideas intact. The student researcher ensured the study remained objective by checking and discussing all research strategies with their supervisor after they were finished (see section 3.7: Data management and analysis).

CHAPTER IV: RESULT

This chapter discussed the experience of people with stroke body image and self-esteem dynamics in the context of performing self-care activities. Thirteen people with stroke (eight women & five men) shared their experience of body image and self-esteem perception to perform self- care activities. Six themes that emerged from the data analysis included: i) Perception of self, ii) Body image, iii) Psychological wellbeing, iv) Body image & Self-esteem in relation to perform self- care activities, v) Post stroke adjustment to body image & self-esteem, vi) Factors affecting self-care performance in relation to body image and self-esteem.

Table 4.1
Overview of results

Theme	Sub-theme
Perception of self	Defining self before stroke
	Defining self after stroke
	Physical changes on self-perception
Body image	Body evolution
	Perception of body image
	Challenges regarding body image
Psychological well-being	Emotional impact of post-stroke body changes
	Family role in psychological well-being
	Social impact
	Financial concerns & work habit challenge
Body image & self-esteem in relation to perform self-care activities	challenges in daily self-care
	Struggling self-esteem
Post-stroke adjustment to body image & self-esteem	Religious coping
	Music
	Family member support
	Learned adaptive techniques
	Evolution of self-esteem
Factors affecting self-care performance in relation to body image & self-esteem	No significant coping
	Family support
	Social support
	Personal motivation
	Perception of body image & self-esteem

4.1 Theme one: Perception of self

The study found that the participants expressed their perception of self as the process of identifying themselves by using their own perceptions and observations of their own thoughts, feelings, and behaviors. They shared how they see themselves is influenced by many different things, including the relationships they have with important people. It affects their motivations, attitudes, and actions. Perception of self has three sub categories, those are defining self before stroke, defining self after stroke & Physical changes on self- perception.

4.1.1 Defining self before stroke

Out of thirteen participants, most of the participants had positive self-concept before a stroke. They stated that they had healthy bodies, they were physically fit, and they interacted well with others before the stroke, overall, they had a positive perception of themselves but they had a history of high cholesterol, hypertension & diabetes. Few female participants stated that, because of diabetes, they perceive themselves slower to do their household chores before stroke.

4.1.2 Defining self after stroke

After stroke, most of the participants had negative perception of their physical appearance. Complained of either healthy body or fitness. They noticed their bodily changes with physical weakness and their level of interaction with others decreased over time. Two female participants stated positive self-concept despite of stroke.

4.1.3 Physical changes on self- perception

Physical changes have significant effect on self- perception after stroke. Most of the participant complained their body evolution over time changes their feelings, motivation to perceive themselves well. They had negative thoughts about their self.

Marium stated,

> "Before stroke, nobody would not understand that I'm about to turn 60, but I noticed after stroke, the impression of age was well on me. Now it seems, the stroke has weakened me a lot, both physically and emotionally."

Jolly shared "the inability to move freely and the looks I got from people made me rethink who I was. Simple things turned into a never-ending battle."

4.2 Theme two: Body image

Participants identify body image is how they sees their body & their thoughts and feelings with that perception. As illustrated in the table, body image divided into further subcategories of body evolution, perception of body image, challenges regarding body image.

4.2.1 Body evolution

Participants claimed that, the more time passes after stroke, the more they realize the changes of body over time. Since stroke, body structure changes and deteriorate over time. Out of eight female participants, five female participants pride on being beautiful and tidy & they were satisfied of their physical structure before stroke. They thought they had perfect body shape and pride on being tall. Emily stated that "my look was good before. My husband married me after looking my skin color & hair. I thought myself more beautiful than others."

Rest of three female participants didn't think their image were very beautiful but they satisfied of their skin color and body shape. Out of five male participants, four males had not any headache about their body image. They thought they were perfect whatever their appearance was. Rest of one male participant, who had pride on his look. Sajib reported that "my appearance was good since childhood. My friends used to call

me hero."

Physical changes after stroke lead negative body image, poor self- esteem and depression. All the participants shared that they had negative thought about their post stroke body. They found it challenging and struggled to accept post stroke body image. Mahmudul said,

> "If someone asked me to compare the body after 1 year of my stroke, then to say the feelings are not good. My right arm become stiff over time, could not raise my shoulder. Huge changes happen."

4.2.2 Perception of body image

Two of female participants shared that they had positive perception of their body image after stroke. They had not seen the significant changes of body except paralysis. But they both take it positively because over time they accepted the bitter truth. Bithi stated that "after stroke my appearance did not change much and my family members all are very supportive & always gives me courage." Both of the two female's family background, educational status & financial status is good. So they did not face as much problem, that the other faced. But it's not mean their perception are fully positive, they developed positivity's over time.

Except two, almost all participants mentioned that they had negative perception of body image after stroke because there are lot of changes took place into their body. Emily shared,

> "Skin of my face becoming loose. My weight used to be 65 kg, but now look, how skinny I am! Look the hand of mine doesn't raise, even I can't hold anything by using this hand with which I used to do everything alone (crying). Now I don't like the face I have. Also shared that when I looked into the mirror after so many days, for the first time after stroke, I was afraid to see myself. I

felt like, it's not my body!"

Emdad stated

> "My own body feels uncomfortable; it seems to me like there are two people in the same body. half alive, half dead. I don't understand any feeling on the left side. It's an unfamiliar body to me."

Similarly, Jolly narrated that "my body feels like a prison to me, where I can't do anything of my own accord."

All the participants reported that neighbor's criticism forcing them to think about their current image and to feel inferior. Shajeda shared that "the worst thing is when neighbors, relatives say, Allah! Why has your face become like this? How did you get so thin?"

4.2.3 Challenges regarding body image

Most of the participants suffer from self- esteem issue in relation to body image. As body image decreases, self-esteem also decreases, and it decreases in a proportional way.

Sajeda shared, "when my neighbor criticizes my appearance, it seems that my self-esteem has decreased. When my husband comments about my body shape and misbehaves, it seems like there is no point in my living in the world."

Emily shared, my husband told me "you look like a dog now. Then I feel like I have no value, no self- respect."

Faria shared,

> "When I smile, my left side face bends. A few days ago, my sister in law came to see me. I laugh at some words. My sister in law say to me- oh my God! Your face bends! How terrible it looks! She told her younger son to get away from me, otherwise he cries out in his sleep, when he saw my crooked face."

Sabbir shared, “when I walk down to street, I feel awe to myself, I can’t walk properly. People look at me on careless eyes. Its seems self-deprecating.”

Poor body image & decrease of self- esteem creates emotional distress to most of the participants.

Marium shared

> “My grandson is my love. I can’t able to cares him, I can’t hold him with my arms because of my paralysis hand. My chest is bursting with sorrow. I don’t like my present image, my present structure where my hand and feet are immovable.”

All the participants explained that because of evolution of body, along with body image issues, they perceived their physical weakness as a result of poor body image. They though that because of their body image issues, their interest, level of thinking decrease, increase negative thought thus arises physical weakness more in a broader way.

4.3 Theme three: Psychological well-being

Study participants identify psychological well-being as the process or state of their emotions and general functioning. It is when feeling well and performing well go hand in hand. Self-esteem is the belief in their own value or potential. It is participant’s individual's subjective assessment of oneself that has the power to affect motivation, mental health, and general quality of life. They ascertain healthy self-esteem is a positive attitude on oneself and one's talents. In contrast, low self-esteem can lead to feelings of insecurity, comparison to others, self-criticism, and doubt. Most of the individuals struggle with their self-esteem following a stroke. They stated that several aspects of their self-esteem decline following a stroke. The theme psychological well-being divided into subcategories of emotional impact of post stroke body changes, family role in psychological wellbeing, financial concern & work habit challenge,

social impact.

4.3.1 Emotional impact of post stroke body changes

All participants described seeing their bodies change after the stroke left them emotionally broken. They were shocked and disbelieved, blaming God for their condition. The initial thoughts that came to their brains were mobility concern and fear of recovery.

Sajib reported that after stroke, “I got my pressure sores from lying in bed for a long time. I thought my body was rotting. My mental condition became very bad.”

Sabbir shared,

> “I found myself emotionally distress after stroke. I became a wheelchair patient. I was the only earning member in the family. Now I have no income, this is a big challenge, there are family expenses, but no income(sigh).”

Among all participants, females shared their initial thoughts were parental concern along with mobility concern & fear of recovery. But in case of males, shared financial concern as well as mobility concern.

4.3.2 Family role in psychological well-being

Every participant believes that, having a stroke has changed their previous role. Nobody in the family values them as much as they formerly did. They were experiencing a crisis of roles.

Sajeda shared,

> “My words are worthless now. I am not the same to my husband. My son and daughters sometimes don't listen my words. When I want to say something about my son or daughters matter, or when making a decision in the family, my husband says, I have mental issue.”

Sajib reported,

> “I need to call my family member again and again for any need. Sometimes my family member creeps up on me. Then I feel angry with myself. Of course, my dignity is hurt when I see my younger brother and wife misbehaving with me. Then it comes to mind, I used to see everyone when I was healthy. I have fulfilled all the expenses of my brother and all the needs of my wife. Today they rolled my eyes at me because I was sick. I have no longer the role that I have before.”

Faria shared

> "I was a schoolteacher before the stroke. I was a self-reliant earning woman and had no one to speak for my words. After the stroke, I gave all my earnings to my eldest son. Now if I ask my son to take me to the hospital or the doctor's chamber, he refuses and shows anger. My words have no value as before.”

Most of the participants stated that family member’s negative comments affect their self-worth.

Maryam said,

> “While eating rice, it falls through the left side of the mouth. I feel so bad, helpless. My daughter told me that you eat before we eat, food comes out of your mouth, it's disgusting. The child in my womb, whom I raised, tells me so! There is no value for my-self anymore.”

Mahfuz narrated, “my daughter in law told to my son, your father will not recover, so what’s the point of spending money on him!”

Five female participants narrated their husband’s perspective on themselves. All the five females shared their self-depreciating feelings when their husband behave badly towards them. Jolly shared, my husband told to me “you are no longer the same

beautiful like before. do you ever see your face in mirror? He kept saying - you're no longer be fine as before! Stroke patients don't live long!"

Emily remarked,

> "My legs are bowed when I walk, even though I am learning to walk on crutches. My husband believes I have a dull gait. My interest in and faith in my ability to walk have vanished after listening to him. I have to think before taking step."

Every participant stated that they were unable to perform their daily tasks following their stroke. Their complete reliance on others diminishes their sense of value. Most of the participants complained that they do not get help immediately when they call someone in time of need.

Emily shared,

> "When I call for toilet, no one comes immediately. That's why many times, before I go to the toilet, my defecation happens. I can't go to the bathroom quickly; my husband gets angry when I urinate before go to the toilet. It decreases my sense of self. I think, if I could able to walk alone, would I take the help of another person?"

Sajeda stated,

> "I had to call my daughter to tie my hair. Sometimes she is at work, response late. I need help going to the bathroom, needs help taking a shower. It's sad when they're late, even if I know, they're at work. I just wish I could do my job without anyone's help!"

Marium shared,

> "My paid career delay in assistance when my family members are not at home. That moment, I burst out in anger but could not be able to do my own work. It

> takes my self-esteem to approach others. I am Masters graduated & I have too much ego."

Among the thirteen participants four women and two men reported that their marital life is not good after stroke.

Shajeda revealed,

> "My husband wants to be close to me like previously, but I can't take anything near me right now. I can't even tolerate having anyone touch on my body. Because of my unstable mental and physical health, I don't even want to be close to him, he doesn't understand me. He shows anger on me. He sleeps with his face turned. I feel very bad, humiliated."

Emily shared,

> "My husband wants to make intimate relations with me but I don't have these feelings since the stroke. Then he gets very angry and sometimes abuses me a lot. I thought that as long as I was healthy, I had good physical shape, was this my value?"

Most of the participants perceives that their honor has been compromised from their own perspective. Marium shared, "I don't like other people use to clean me after toileting. My own honor was scattered."

Some participants reported that their family members exhibited abusive behavior with them. Most of the women disclosed how abusively their husbands had treated them.

Mahfuz stated,

> "Many times, I had done toilet on the bed. My Mrs. used to clean everything but my son & daughter in law was very displeased. I heard with my own ears, my daughter in saying law my son to separate us. I was urinating, defecating on

> the bed, they did not want to be under the same roof with me. Because I fell in bed today, my son & daughter in law treated me like this. My dignity was hurt."

Jolly narrated,

> "My mother-in-law once told my husband in front of me, you better think about yourself because your wife won't be as healthy as before. The words hurt so much after hearing them. I then responded to my mother-in-law's remarks. I believed my husband would stand behind me. But instead of helping, he beats me. All he said was why did I fight with his mom? That day, I saw his horrible face. That particular night, I sobbed nonstop and nearly passed out. If I had died that night, there was no one to see me."

4.3.3 Financial concern & Work habit challenge

Men tend to be more concerned about financial issues than women are.

Mahmudul described,

> "I still receive an income from the bank, so I don't struggle to pay for household expenditures or therapy. However, I'm not getting better. How much longer till I get paid at home by the bank? What would I do, I wonder, if one day my pay was abruptly stopped? And some of my close relatives tell my wife this. As my lone child is three years old, a lot of people ask my Mrs. to make decisions about the future. I hear the words, and I immediately feel really inadequate. My self-worth is slightly damaged."

Sajib shared that "I have been in Savar for a long time, my expenses, my care taker's expenses, I am struggling with everything. Now my situation is like, there are not a single penny in my hand."

Mahfuz narrated,

> "My eldest son refused to pay for my therapy purposes. My wife is pursuing

> my therapeutic treatment with a loan from the bank. When I was abroad, I could take care of everyone. Everyone was there for me when I could pay."

Emdad revealed,

> "Money is at the center of the self-esteem problem. My earnings have decreased. I owe too much money. People are discussing about debt with my family members when they go home. On the other hand, eating and drinking are rather problematic these days. My spouse ensures that I eat healthily, but it appears that she is eating less, and I can no longer stand it."

People who have always been employed but are currently unable to work exhibit a strong work habit & thus related to their self- esteem. Mahmudul narrated that I don't lead a sedentary life. Although I'm a pretty active person, I was cut off from work altogether at this point. I was completely devoured by loneliness. Similarly, Faria mentioned that "I took care of my own housework in addition to my schoolwork. As it is, I sit all day. I'm unemployed, and I don't enjoy being alone. I dislike taking time off from work."

4.3.4 Social impact

Every participant stated that they had negative social effects on their lives.

According to Sajeda,

> "when a wife is ill for an extended period of time in our society, her husband's stop taking care of her. I am still a member of my husband's family, though. Since of this, even when he misbehaves with me, he is still admirable since, as many in the community have pointed out, he is the only one taking care of the family."

Mahmudul described,

> "I didn't feel respected in the community since I felt uninspired interacting with

all these different people. Sajib reported that when someone calls me, crippled sajib, I get angry on my paralyzed side or the one who said it. It destroys my self- esteem."

Sabbir narrated,

"After the stroke, I spent a lot of time at home. When I first started learning to walk, I walked to the intersection one day and noticed that everyone was staring at me and making no room for me in their conversation. I was told to return home. That day I suffered greatly."

4.4 Theme four: Body image & Self-esteem in relation to perform self-care activities

The study found that the participants expressed their body image & self-esteem relation to perform self-care activities as the process of identifying the impression of their bodies and the emotions connected to them make up their body image and self-esteem is how they value themselves. A stroke can change a person's self-perception, which might impact their self-esteem. Because of this, it may be challenging for them to engage in self-care. Sub theme included challenges in daily self-care, struggling in self-esteem are under of theme body image and self- esteem in relation to perform self -care activities.

4.4.1 Challenges in daily self- care

The majority of individuals disclosed that they disliked engaging in self-care activities because of their present body image.

Sajeda stated,

"My appearance has changed from before." Sometimes my daughter encourages me to come look at myself in the mirror & wear nice clothes. I don't like to stare in big mirrors. I experience myself like a stranger."

Faria shared,

> “I can’t wear bangles in paralysed hand. I always had a ring on my hand. Now bangles & rings do not fit in my hands. My hands and throat are empty. I could not able to look myself in the mirror.”

Jolly said, “I don't like myself, so it's been a long time since I did not tie my hair properly.”

Owing to low self-esteem and body image following their stroke, the majority of participants struggle with basic self-care tasks including bathing and showering, toileting & toilet hygiene, personal hygiene & grooming, menstrual management, dressing & eating.

Sajeda stated,

> “I currently use a urinal pot to urinate in bed. I use wet towels to clean myself after urinating in bed because I am unable to go to the toilet. My kids get upset with me and give me irritated looks when I ask them to tidy up the clothes. I therefore occasionally find it impossible to clean up properly.”

Labonno shared, “I find it difficult to clean appropriately when I'm menstruating. When my husband cleans me up after my period, he becomes irate and disgusted.”

Mahmudul stated,

> “On Friday, my wife wants me to wear Panjabi. But I don't like wearing Panjabi’s as much as I used to, because it is difficult to wear clothes with the affected hand because I can't lift my hand. And I don't look as handsome as I used to.”

4.4.2 Struggling self esteem

One’s self-esteem related to one’s body image. Most of the participants describe that unable to do own work, dependency, delay in assistance, financial issues, reduced

family role, social impact, personal perspective, everything has an effect on their self-esteem.

Most of the participant's unfavorable beliefs about their body image cause them to become irritable with themselves after a stroke due to body evolution.

Faria reported,

> "I feel like I have no one to look after me now. I don't know why I'm alive, I don't like my physical condition, my bodily changes anymore. Seeking help from others repeatedly scattered down my self- esteem."

Emdad shared, "because of my present body structure, sometimes I felt disgusted with myself."

Mahfuz revealed,

> "When I ask my wife to give me an ablution, she becomes bored with me. That's the reason I didn't say "make me ablution" for a few days. I was irritated with myself, so I said nothing and am currently performing tawammum with Clay."

The majority of participants express that they no longer have the willpower to look for oneself. Sabbir mentioned that following a stroke, he lost interest in looking after himself.

4.5 Theme five: Post stroke adjustment to body image & self-esteem

The study Participants experience difficulties to adjust to their body image and self-esteem after a stroke. Physical changes brought on by a stroke may result in a negative body image, which may then exacerbate mental health issues including depression and lower self-esteem as well as a poor quality of life. A few subthemes on how participants are readjusting to life after stroke have been identified.

4 . 5.1 Religious coping

Out of thirteen participants, most of them shared, they use religious coping to adjust

body image & self- esteem issues after stroke.

Marium narrated that “I pray salat, recite Al-Quran. I seek refuge from Allah. I say to Allah – please make me the same person I was before so that I don’t need to seek help from others.” Similarly, Emdad shared, “I pray salat, my mind seems to be calmed by prayer. I turn to Allah for assistance.”

4 . 5.2 Music

One participants stated that through music, he tries to forget the pain he has in his life. Sajib shared when I feel bad I used to listen music and sing song. I am also a musician. Music is my passion. Even when I come for therapy I usually sing at therapy time. When I sing, I forget my emotions and pains.

4 . 5.3 Family members support

Four men and three women said they had support from their families, even though family members sometimes delayed in assistance but still offered emotional support.

Labonno stated, “I surrounded myself with family members, friends and relatives who were encouraging. Even on difficult days, I was able to find strength in their support.”

4 . 5.4 Support from healthcare professionals

Two men and two women said they had consulted therapists for help. said that since talking to the therapist about their pain and feelings, their brains had become considerably calmer. Bithi shared, “I look to health care professionals for support. Even on difficult days, their support gave me courage.”

4 . 5.5 Learned adaptive techniques

Of the thirteen, three said that they had to learn some adapted techniques to perform some self-care tasks as they came to terms with reality.

Sabbir mentioned, “I’m better than before. I can now use an elbow crutch to walk by myself. I still require assistance using the toilet, but I can use a grab bar to get up from

the commode."

4.5.6 Evolution of self esteem

Two participants mentioned that right after their stroke, they had low self-esteem. However, over time, picking up some helpful coping mechanisms from therapists might help them feel more valuable and functional.

4 . 5.7 No significant coping strategy

Six participants don't have any coping mechanisms except from blaming and praying to God. They used to isolate themselves and harbor their sorrows.

4.6 Theme six: Factors affecting self-care performance in relation to body-image & self-esteem

There is ample evidence to support the link between self-esteem and body image. While having a negative body image can result in low self-esteem, having a positive body image can lead to high levels of self-esteem. Body weight, functioning, ability and engagement are some of the variables that might influence how well one perceive self-care in relation to one's body image and self-esteem. Factors that affecting the participant's self-care abilities are divided into some sub themes.

4.6.1 Family support

Due to a lack of supportive family, the majority of participants reported feeling less confident in their ability to take care of their own bodies and participate in self-care activities. They had grown resentful of themselves for witnessing their family members' carelessness.

4.6.2 Social Support

In our society, those who have had a stroke are not given help; rather, they are made fun of for their shortcomings and incapacity. When a member of the public or a family member mistreats a stroke patient, the society as a whole rewards this misbehavior,

which encourages more provocative behavior rather than better behavior.

Jolly claimed,

> "I was immobile after my stroke and could no longer meet my husband's needs, people in the community pushed husband to get married again. I eventually came to the conclusion that there was no longer any purpose to my life, even if I was taking care of myself."

4.6.3 Personal Motivation

Most of the participants narrated that, due to their negative body image, they believe they lack competence. Family members also frequently criticize their appearance because of the changes in their body shape and appearance. Over time they feel extremely demotivated to carry out their self-care routines.

4.6.4 Perception of body-image & self-esteem

Compared to male participants, female participants are more concerned with their physical image, whereas male participants are more concerned with their self-worth.

Women claim that they lost motivation to look in the mirror after seeing their post-stroke bodies. They give up hope that they will recover fully. They also develop self-annoyance to take care of themselves. Men experience financial hardships, which causes them to engage in fewer self-care and self-esteem activities.

CHAPTER V: DISCUSSION

The study presented the experiences of people with stroke in relation to their body image and self-esteem while performing self-care activities. The study involved thirteen participants, eight women, and five men. The study aimed to explore the interrelation between body image perception, self-esteem, and their influence on performing self-care activities among people with stroke.

The study identified six themes that arose from the data analysis. These themes include Perception of self, Body image, Psychological wellbeing, Body image & Self-esteem in relation to perform self-care activities, Post-stroke adjustment to body image & self-esteem, and Factors affecting self-care performance in relation to body image and self-esteem. Each theme had multiple sub-themes that were identified in the study.

The first theme, Perception of self, explored how people with stroke defined themselves before and after the stroke. The study found that people with stroke experienced a significant change in their self-perception after the stroke. They struggled with their physical changes, which affected their self-esteem and emotional burden. The study also found that people with stroke faced challenges in their role in family, financial concerns & work habit challenges. Various studies have demonstrated that prior to an injury or disease, patients appear self-assured, joyful, and define their bodies as temples where they have self-control over their physical appearance and drastically lower their level of social interaction, psychosocial morbidity, and role from their prior life (Bailey et al., 2017; Ellis-Hill & Horn, 2000).

The second theme, Body image, explored how people with stroke perceived their body image after the stroke. The study found that people with stroke experienced a significant change in their body image after the stroke. Some people with stroke had

a positive perception of their body image, while others had a negative perception. The study also found that external perspectives, such as family member comments and husband's perspective, affected stroke survivors' body image and self-esteem. Various studies found that there was positive sense of self, positive body image but after a stroke, young adults' self-reported body image took a nosedive, and they also saw a marked drop in all indicators of self-esteem. Another study finding that individuals tended to rate themselves less positively after a stroke compared to before. They also tended to idealize their pre-stroke identity (Keppel & Crowe, 2000; Stott et al., 2021).

The third theme, Psychological wellbeing, explored how people with stroke perceived their psychological wellbeing after the stroke. The study found that people with stroke struggled with their self-esteem, perception of their role in the family, financial concerns, work habit challenges, and social impact. People with stroke also faced challenges in performing self-care activities, which affected their psychological wellbeing. According to Pato et al, people with stroke experienced changes in their self-perception of their bodies, emotions, and impact on self-esteem and identity, particularly in the initial phase post-rehabilitation discharge. The majority of people with stroke have some level of reliance as a result of their stroke, which has an immediate impact on their everyday lives & psychological issues that affect the long-term quality of life of stroke patients, such as those related to cognition, mood, and exhaustion (Kusec et al., 2023; Pato et al., 2022b). In another study found that after spinal cord injury, body image and self- esteem deteriorate over time thus profound impact on psychological well-being (Bailey et al., 2017). Another study found different aspects of self-perception and depression and anxiety, finding stronger correlations with depression thus impact quality of life (Lapadatu & Morris, 2019).

The fourth theme, Body image & Self-esteem in relation to perform self-care

activities, explored how people with stroke body image and self-esteem affected their ability to perform self-care activities. The study found that people with stroke struggled with their body image and self-esteem, which affected their ability to perform self-care activities. People with stroke experienced self-annoyance, challenges in daily self-care, and loss of interest specifically grooming, personal hygiene care, bathing & showering, to maintenance toileting & toilet hygiene. Keppel C found the correlation between an individual's self-esteem and their body image. This ever-changing connection permeates all parts of a person's existence, including their participation in self-care routineness (Keppel & Crowe, 2000).

The fifth theme, Post-stroke adjustment to body image & self-esteem, explored how people with stroke adjusted to their body image and self-esteem after the stroke. The study found that people with stroke had to learn adaptive techniques to perform some self-care tasks, some motivated by family support as they came to terms with reality. Some people with stroke also evolved their self-esteem over time, picking up some helpful coping mechanisms from therapists that helped them feel more valuable and functional. Faircloth looked at her study of how people think about and deal with their bodies after a stroke. The researchers found that using tools to help, creating new routines, and learning new feelings can all help manage the body after a stroke (Faircloth et al., 2004).

The sixth theme, Factors affecting self-care performance in relation to body image and self-esteem, explored the factors that affected people with stroke' self-care performance in relation to their body image and self-esteem. The study found that people with stroke faced financial concerns, work habit challenges, family member comments, and husband's perspective, which affected their self-care performance.

The study also identified coping strategies that people with stroke used to deal

with their body image and self-esteem. Some people with stroke looked to healthcare professionals for support, while others learned adaptive techniques to perform self-care tasks, some motivated by family support. However, some people with stroke did not have any coping mechanisms except for blaming and praying to God.

In conclusion, the study highlights the challenges that people with strokes face in relation to their body image and self-esteem while performing self-care activities. The study identifies the factors that affect people with strokes self-care performance and the coping strategies that they use to deal with their challenges. The study provides valuable insights into the experiences of people with stroke and can help healthcare professionals develop effective interventions to support people with stroke in their recovery.

CHAPTER VI: CONCLUSION

6.1 Strength & limitation

6.1.1 Strength

- The study allowed a deep exploration of research question through utilizing qualitative research methods, narrative inquiry approach, and thematic analysis.
- The study demonstrates a strong commitment to ethical principles, including obtaining IRB clearance, informed consent from participants, ensuring confidentiality, data security and addressing risks and benefits appropriately.
- The study enhances credibility and trustworthiness of findings using semi-structured interviews, field notes, and thematic analysis.
- The validity of the study was enhanced by involving supervisors throughout the research process, from data collection to analysis.
- A substantial strength of the study is its adherence to the Consolidated Criteria for Reporting Qualitative Research guidelines & Standards for Reporting Qualitative Research ensuring comprehensive and transparent reporting of the qualitative research process.

6.1.2 Limitation

The student researcher considered several limitations when conducting the study.

- The generalizability of the findings to a broader population of people with stroke was limited as this is a qualitative study with limited sample.
- The study was conducted at a single rehabilitation center in Bangladesh, which may limit the transferability of the findings to other settings or cultural contexts.
- Translating data from Bengali to English may cause loss of meaning, potentially affecting the accuracy of interpretation.

- Some male participants may have been hesitant to fully disclose their personal life experiences due to the researcher being female. This gender dynamic could have influenced the depth and openness of the discussions, potentially leading to underrepresentation or bias in the data collected.
- In Bangladesh, discussions around body image and self-esteem are often considered taboo subjects, making it challenging to establish rapport with participants and elicit candid responses during interviews.

6.2 Practice implication

6.2.1 Recommendation for future practice

- The findings highlight the importance of addressing body image perception and self-esteem issues in stroke rehabilitation programs to promote better adjustment and quality of life among people with stroke.
- Incorporating education and training on body image perception, self-esteem, and self-care activities into healthcare professional curricula could enhance their competencies in addressing the psychosocial needs of people with stroke.
- Raising awareness and reducing stigma surrounding stroke and its psychosocial consequences in the community could foster a supportive environment for stroke survivors and their families.
- Occupational therapists can significantly contribute to addressing the body image and self-esteem issues that these individuals face by offering specialized interventions that mark on improving people with stroke ability for self-care.

6.2.2 Recommendation for future research

- Future study could be exploring cultural variability and its influences on body image perception and self-esteem among people with stroke.
- Future study is needed to examine the use of psychosocial interventions in

preventing the threat to self from stroke and the effect on functional outcome.

- Examining the effectiveness of technology-based interventions, such as tele-rehabilitation or mobile health applications, in supporting people with stroke self-care activities and psychosocial well-being could be a promising possibility for future research.

6.3 Conclusion

People with stroke experience various difficulties with their self-esteem and body image issues, which affects their capacity to engage in self-care. Perception of self, body image, psychological well-being and self-esteem in relation to engaging in self-care activities, post-stroke adjustment to body image and self-esteem, and factors affecting self-care performance in relation to body image and self-esteem are among the six main themes that the study identified. After a stroke, people feel mental distress and a drop in their sense of self, which can make them less interested in self-care practices. The study also shed light on the value of social and familial support in encouraging self-care behaviors and enhancing people with stroke perceptions of their bodies and sense of self. The study offers significant insights into the obstacles that people with stroke encounter concerning their self-esteem and body image, as well as the variables that influence their capacity to engage in self-care practices. The results of this study can help shape interventions and support systems meant to enhance the well-being and quality of life for people with stroke.

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APPENDICES

Appendix A: Approval Letter

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

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/10/2023/751 Date: 18-10-2023

To
Afsana Afrin
4th Year B.Sc. in Occupational Therapy
Session: 2018-2019; Student ID: 122180318
Department of Occupational Therapy
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **"Body image and self-esteem dynamic in the context of performing self-care activities among stroke survivors"** by ethics committee.

Dear Afsana Afrin,
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 Shamima Akter as thesis supervisor. The Following documents have been reviewed and approved:

Sr. No.	Name of the Documents
1	Dissertation/thesis/research Proposal
2	Interview guide (English & / or Bengali version)
3	Information sheet & consent form.

The purpose of the study is to explore the interrelation between body image perception, self-esteem, and their influence on performing self-care activities among stroke survivors. The study involves use of Standardized questionnaire to understand the self-perception of body image & self-esteem in stroke survivors, their impact on performing self-care activities & the facilitators and barriers in performing the self-care activities that may take about 25 to 30 minutes to fill in the questionnaire for collection of specimens and there is no likelihood of any harm to the participants and no economic benefits for 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 23rd September 2023 at BHPI 38th IRB Meeting.

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring during 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 & Course Coordinator
Dept. of Rehabilitation Science
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

.....
Member Secretary
Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ। ফোন: +৮৮ ০২ ২২৪৪৪৫৪৬৪-৫, +৮৮ ০২ ২২৪৪৪১৪০৪, মোবাইল: +৮৮ ০১৭৩০ ০৫৯৬৪৭
CRP-Chapain, Savar, Dhaka-1343, Bangladesh. Tel: +88 02 224445464-5, +88 02 224441404, Mobile: +88 01730059647
E-mail : principal-bhpi@crp-bangladesh.org, Web: bhpi.edu.bd

Appendix B: Information sheet, Consent form, Withdrawal form (English version)

Information Sheet

Title: Body image and self- esteem dynamics in the context of performing self-care activities among people with stroke.

Investigator:

Afsana Afrin

Student of 4th Year, B.Sc. in Occupational Therapy

Session: 2018-2019

Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343

Place: Centre for the Rehabilitation of the Paralysed, CRP, Savar, Dhaka.

Introduction

I am Afsana Afrin, B.Sc. in Occupational Therapy student at Bangladesh Health Professions Institute (BHPI), have to conduct a thesis as a part of this Bachelor course, under thesis supervisor Shamima Akter. You are going to have detailed information about the study purpose, data collection process and ethical issues. You do not have to decide today whether you will participate in the research. Before you decide, you can talk to anyone you feel comfortable with about the research. If this consent form contains some words that you do not understand, please ask me to stop. I will take the time to explain.

Background and Purpose of the study

You are being invited to be a part of this research because as a people with stroke you have a better understanding of body image and self- esteem related issues after stroke. The purpose of my study is to explore the interrelation between body image perception, self-esteem, and their influence on performing self-care activities among people with stroke. This study will be helpful to have a better understanding to address physical, emotional, social, and psychological, psychosocial aspects of disability to facilitate

patient rehabilitation.

Research related information

The research-related information will be discussed with you throughout the information sheet before taking your signature on the consent form. After that participants will be asked to complete a standard questionnaire which may need 40-45 minutes. In this questionnaire, there will be questions on demographic factors (for example- age, gender, occupation, affected side and an interview guide that contains semi structured questionnaire. The information remains confidential and your identity will not be disclosed.

Risks and benefits

We are asking you to share some personal information if you feel uncomfortable giving information. You do not need to take part in the discussion interview if you don't wish to do so, and that is also okay. On the other hand, you may not have any direct benefit by participating in this research, but your valuable participation is likely to help us to find out some valuable information about interrelation between body image perception, self-esteem, and their influence on performing self-care activities among stroke survivors. It is expected that there is no additional risk, inconvenience, or discomfort in participating in the relevant research.

Confidentiality

Information about you will not be shared with anyone outside of the research team. The information that we collect from this research project will be kept private. Only the researchers will know about your information, and we will lock that information up with a lock and key. It will not be shared with or given to anyone except Shamima Akter, the study supervisor.

Sharing the Results

Nothing that you tell us today will be shared with anybody outside the research team and nothing will be attributed to you by name. The knowledge that we get from this research will be shared and widely available to the public.

Information withdrawal

You can cancel any information collected for this research project in a fixed time. After publishing the research, you can't withdraw any information. After the cancellation, we expect permission from the information whether it can be used or not.

Whom to Contact

If you have any questions, you can ask me now or later. If you wish to ask questions later, you may contact any of the following: Afsana Afrin, Bachelor of Science in Occupational Therapy, Department of Occupational Therapy, cell phone- 01537253127; Shamima Akter, Associate Professor, Bangladesh Health Professions Institute (BHPI) Savar, Dhaka, cell phone - 01716806864. This proposal is reviewed and approved by Institutional Review Board (IRB), Bangladesh Health Professions Institute (BHP), CRP-Savar, Dhaka-1343, Bangladesh, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find out more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343, Bangladesh. You can ask me any more questions about any part of the research study if you wish to. Do you have any questions?

We are grateful for your thoughtfulness and eagerly anticipate your valuable contribution to this research endeavor.

Thank you.

Consent Form (English Version)

I am Afsana Afrin, studying B.Sc. in occupational therapy at Bangladesh Health Professions Institute (BHPI) which is under the Medicine faculty of Dhaka University, an academic institute of Centre for the Rehabilitation of Paralysed. As a part of B.Sc. course curriculum, I am going to conduct a research under an Associate Professor of Occupational Therapy, Shamima Akter. The title of the research is "Body image and self esteem dynamics in the context of performing self care activities among people with stroke:A Qualitative study ". The aim of this study is to explore the interrelation between body image perception, self-esteem, and their influence on performing self-care activities among people with stroke.

Please read the following statement and put check mark (√)

➢ I confirm that I have read and understood the participant information sheet for the study or that it has been explained to me and I have had the opportunity to ask questions.	
➢ I have satisfactory answers to my questions regarding with this study.	
➢ I understand that participation in the study is voluntary and that I am free end my involvement till October, or request that the data collected in the study be destroyed without giving a reason.	
➢ However, all personal details will be treated as highly confidential. I have permitted the investigator and supervisor to access my recorded information.	
➢ I have sufficient time to come to my decision about participation.	
➢ I agree to take part in the above study.	

Participant's signature _____ Date _____

Researcher signature _____ Date _____

Withdraw Form

(Applicable only for voluntary withdrawal)

Reason for withdrawal:

……

……

……

……

Wheather permission to previous information is used?

Yes/No

Participant's Name: …….

Day/ Month/ Year: ……

Witness Signature : …….

Date: ……

Appendix B: Information Sheet, Consent Form, Withdrawal Form (Bangla)

তথ্যপত্র

গবেষণার শিরোনাম: স্ট্রোক এ আক্রান্ত ব্যাক্তিদের মধ্যে স্ব-যত্ন ক্রিয়াকলাপ সম্পাদনের প্রেক্ষাপটে শারীরিক প্রতিচ্ছবি এবং আত্মসম্মান এর গতিশীলতা অনুসন্ধান করা।

গবেষক:

আফসানা আফরিন, বিএসসি ইন অকুপেশনাল থেরাপি (চতুর্থ বর্ষ), সেশনঃ২০১৮-২০১৯, বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি-সাভার, ঢাকা- ১৩৪৩

স্থানঃ পক্ষাঘাত গ্রস্থ দের পুনর্বাসন কেন্দ্র, সিআরপি-সাভার, ঢাকা- ১৩৪৩

ভূমিকা

আমি, আফসানা আফরিন ,বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) এ বিএসসি ইন অকুপেশনাল থেরাপির শিক্ষার্থী, এই ব্যাচেলর কোর্সের অংশ হিসেবে একটি গবেষণা সম্পন্ন করতে হয়,এই গবেষণাটি অধ্যাপিকা শামিমা আক্তার এর অধীনে সম্পন্ন করা হবে। এই তথ্যপত্রের মাধ্যমে আপনি গবেষণার উদ্দেশ্য, উপাত্ত সংগ্রহের প্রক্রিয়া এবং নৈতিক বিষয়াবলি সম্পর্কে বিশদ তথ্য জানতে পারবেন। আপনি গবেষণায় অংশগ্রহণ করবেন কিনা তা আজকে সিদ্ধান্ত নিতে হবে না। আপনি সিদ্ধান্ত নেওয়ার আগে, গবেষণা সম্পর্কে আপনি যার সাথে স্বাচ্ছন্দ্য বোধ করেন তার সাথে আলোচনা করতে পারেন। যদি এই সম্মতি পত্রের কোন শব্দ বুঝতে না পারেন বা কোন কিছু জানার থাকে , দয়া করে আমাকে থামতে বলুন। আমি সময় নিয়ে আপনাকে ব্যাখ্যা করবো।

গবেষণার প্রেক্ষাপট এবং উদ্দেশ্য

আপনাকে এই গবেষণার অংশ হওয়ার জন্য আমন্ত্রণ জানানো হচ্ছে কারণ একজন স্ট্রোক সারভাইভার হিসেবে, স্ট্রোকের পরে আপনার শরীরের প্রতিচ্ছবি এবং আত্ম-সম্মান সম্পর্কিত বিষয়গুলি সম্পর্কে আপনার ভাল ধারণা রয়েছে । আমার গবেষণার উদ্দেশ্য হল শরীরের প্রতিচ্ছবি উপলব্ধি, আত্ম-সম্মান, এবং স্ট্রোক এ আক্রান্ত ব্যাক্তিদের মধ্যে স্ব-যত্ন কার্যক্রম সম্পাদনের উপর তাদের প্রভাবের মধ্যে আন্তঃসম্পর্ক অন্বেষণ করা । এই গবেষণাটি রোগীর পুনর্বাসনের সুবিধার্থে শারীরিক, মানসিক, সামাজিক ও মনোসামাজিক দিকগুলি মোকাবেলার জন্য সহায়ক হবে।

গবেষণা সম্পর্কিত তথ্য

আপনার থেকে সম্মতিপত্রে স্বাক্ষর নেবার আগে, এই তথ্যপত্রের মাধ্যমে গবেষনা পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষনায় অংশগ্রহন করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। এর পরে অংশগ্রহণকারীদের একটি স্যান্ডার্ড প্রশ্নাবলী সম্পূর্ণ করতে বলা হবে যার জন্য ৪০-৪৫ মিনিট সময় লাগতে পারে। এই প্রশ্নাবলীতে কিছু সোশিওডেমোগ্রাফিক প্রশ্ন থাকবে (উদাহরণস্বরূপ: বয়স, লিঙ্গ, আক্রান্ত দিক ইত্যাদি)। রেকর্ড করা তথ্য গোপনীয় থাকবে এবং আপনার পরিচয় প্রকাশ করা হবে না।

ঝুঁকি এবং সুবিধা

আমরা আপনাকে কিছু ব্যক্তিগত তথ্য শেয়ার করতে বলছি , আপনি তথ্য দিতে অস্বস্তি বোধ করলে এবং আপনি যদি তথ্য দিতে না চান তাহলে আপনাকে জরিপে অংশগ্রহণ করতে হবে না। অন্যদিকে, এই গবেষণায় অংশগ্রহণ করে আপনার সরাসরি কোনো লাভ নাও হতে পারে, কিন্তু আপনার মূল্যবান অংশগ্রহণ আমাদেরকে উদ্দেশ্য হল শরীরের প্রতিচ্ছবি উপলব্ধি, আত্ম-সম্মান, এবং স্ট্রোক থেকে বেঁচে যাওয়া ব্যক্তিদের

মধ্যে স্ব-যত্ন কার্যক্রম সম্পাদনের উপর তাদের প্রভাবের মধ্যে আন্তঃসম্পর্ক অন্বেষণ করা । এটি প্রত্যাশিত যে প্রাসঙ্গিক গবেষণায় অংশগ্রহণের জন্য আপনার কোন ক্ষতি হওয়ার ঝুঁকি নেই।

গোপনীয়তা

আপনার সম্পর্কে তথ্য গবেষণা দলের বাইরে কারো সাথে শেয়ার করা হবে না। এই গবেষণা প্রকল্প থেকে আমরা যে তথ্য সংগ্রহ করি তা গোপন রাখা হবে। শুধুমাত্র গবেষকরা আপনার তথ্য সম্পর্কে জানতে পারবেন এবং আমরা সেই তথ্যটি লুকিয়ে রাখবো। এটি গবেষক তত্ত্বাবধায়ক অধ্যাপিকা শামিমা আক্তার ছাড়া কারো সাথে শেয়ার করা হবে না।

ফলাফল শেয়ার করা

আপনি আজ আমাদের যা বলবেন তার কিছুই গবেষণা দলের বাইরের কারো সাথে শেয়ার করা হবে না এবং আপনার নামে কিছু দায়ী করা হবে না। এই গবেষণা থেকে আমরা যা জানতে পারবো তা জনসাধারণকে জানানো হবে যাতে তারা ব্যাপকভাবে উপলব্ধি করতে পারে এবং জানতে পারে ।

তথ্য প্রত্যাহার

আপনি একটি নির্দিষ্ট সময়ের মধ্যে এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোনো তথ্য বাতিল করতে পারেন। গবেষণা প্রকাশ করার পরে, আপনি কোনো তথ্য প্রত্যাহার করতে পারবেন না। আপনি প্রত্যাহার করার পরে , অনুমতি দিবেন পরবর্তীতে আমরা আপনার দেওয়া তথ্য ব্যবহার করতে পারবো কি না।

যোগাযোগ এর ঠিকানা

যদি আপনার কোন প্রশ্ন থাকে, আপনি এখন বা পরে আমাকে জিজ্ঞাসা করতে পারেন। আপনি যদি পরে প্রশ্ন জিজ্ঞাসা করতে চান, তাহলে আপনি যোগাযোগ করতে পারেন-

বিএসসি ইন অকুপেশনাল থেরাপি, অকুপেশনাল থেরাপি বিভাগ, সেল ফোন- ০১৫৩৭২৫৩১২৭। এই প্রস্তাবটি প্রাতিষ্ঠানিক পর্যালোচনা বোর্ড (আই আর বি) দ্বারা পর্যালোচনা এবং অনুমোদিত হয়েছে। বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি-সাভার, ঢাকা- ১৩৪৩, যেটি একটি কমিটি যার কাজ হল গবেষণায় অংশগ্রহণকারীরা যাতে ক্ষতির হাত থেকে সুরক্ষিত থাকে তা নিশ্চিত করা। আপনি যদি আই আর বি সম্পর্কে আরও জানতে চান, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি-সাভার, ঢাকা- ১৩৪৩-এ যোগাযোগ করুন। আপনি যদি চান তবে গবেষণা অধ্যয়নের যেকোনো অংশ সম্পর্কে আমাকে আরও প্রশ্ন করতে পারেন। আপনি কি কিছু জানতে চান?

আমরা আপনার বিবেচনা কে সম্মান জানাই এবং এই অধ্যয়নে আপনার মূল্যবান অংশগ্রহণ এর অপেক্ষায় রয়েছি।

ধন্যবাদ

সম্মতিপত্র

আমি আফসানা আফরিন, ঢাকা বিশ্ববিদ্যালয়ের চিকিৎসা অনুষদের অন্তর্ভুক্ত পক্ষাঘাতগ্রস্তদের পুনর্বাসনকেন্দ্র (সিআরপি), সাভার, ঢাকা, এর একাডেমিক ইনস্টিটিউট বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই) এ অধ্যয়নরত ৪র্থ বর্ষের ছাত্রী। বি.এস.সি ইন অকুপেশনাল থেরাপি কোর্স কারিকুলামের একটি অংশ হিসেবে আমি অকুপেশনাল থেরাপির একজন সহযোগী অধ্যাপক শামিমা আক্তার ম্যাডাম এর অধীনে একটি গবেষনা পরিচালনা করতে যাচ্ছি। গবেষনার বিষয়- স্ট্রোক এ আক্রান্ত ব্যাক্তিদের মধ্যে স্ব-যত্ন ক্রিয়াকলাপ সম্পাদনের প্রেক্ষাপটে শারীরিক প্রতিচ্ছবি এবং আত্মসম্মান গতিশীলতা। গবেষনার উদ্দেশ্য হলো- শরীরের প্রতিচ্ছবি উপলব্ধি, আত্ম-সম্মান, এবং স্ট্রোক এ আক্রান্ত ব্যক্তিদের মধ্যে স্ব-যত্ন কার্যক্রম সম্পাদনের উপর তাদের প্রভাবের মধ্যে আন্তঃসম্পর্ক অন্বেষণ করা ।

অনুগ্রহ করে নিম্নলিখিত বিবৃতিগুলো পড়ুন এবং টিক দিন।

➢ আমি নিশ্চিত করছি যে, আমি গবেষণায় অংশগ্রহণকারীদের তথ্য পত্রটি পড়েছি এবং এর লক্ষ্য ও উদ্দেশ্য সম্পর্কে স্পষ্টভাবে অবগত। এটি আমাকে ব্যাখ্যা করা হয়েছে এবং আমি প্রশ্ন করার সুযোগ পেয়েছি।	
➢ এই গবেষণার সাথে সম্পর্কিত প্রশ্নের আমার সন্তোষজনক উত্তর আছে।	
➢ আমি বুঝতে পেরেছি যে, গবেষণায় অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাকৃত এবং আমি ডিসেম্বর পর্যন্ত আমার সম্পৃক্ততা বাতিল করতে পারব, অথবা অনুরোধ করছি যে অধ্যয়নে সংগৃহীত ডেটা কোনো কারণ না জানিয়ে	

বাতিল করা যাবে।	
➢ তবে, সমস্ত ব্যক্তিগত বিবরণ অত্যন্ত গোপনীয় হিসাবে বিবেচিত হবে। আমি গবেষক এবং সুপারভাইজারকে আমার তথ্য ব্যবহার করার অনুমতি দিচ্ছি।	
➢ অংশগ্রহণের বিষয়ে আমার সিদ্ধান্তে আসার জন্য যথেষ্ট সময় পেয়েছি।	
➢ আমি উপরোক্ত গবেষণায় অংশ নিতে সম্মত।	

অংশগ্রহণকারীর নামঃ.....

অংশগ্রহণকারীর স্বাক্ষর ..... তারিখ.....

গবেষকের স্বাক্ষর ..... তারিখ.....

Appendix C:Interview Guide (English version)

Interview Guide (EnglishVersion)

1. Can you please share some basic information about yourself, including your name, age, gender, and current occupation?

2. Can you please provide some background information about your experience as a stroke survivor, including when it occurred and the initial challenges you faced?

3. How would you describe your body image before the stroke? What were your thoughts and feelings about your physical appearance at that time?

4. Could you share your initial thoughts and emotions about your body image immediately after experiencing the stroke?

5. How have your perceptions of your body image evolved over time since the stroke? Can you describe any changes you've noticed?

6. Are there specific aspects of your body or physical appearance that you've found challenging or that have influenced your self-esteem as a stroke survivor?

7. Can you provide examples of situations or interactions with others that have impacted your body image and self-esteem?

8. In your daily life, have you developed strategies or coping mechanisms to address challenges related to your body image and self-esteem?

9. How have these challenges affected your self-esteem and confidence in various aspects of your life?

10. Do you find particular self-care activities particularly challenging due to your body image or self-esteem? Can you describe these experiences in more detail?

11. Have you sought support, whether from healthcare professionals, support groups, or loved ones, to help you cope with body image and self-esteem issues following your stroke? How has this support influenced your experiences?

12. In your own words, what advice or insights would you offer to other stroke survivors who may be facing similar challenges with their body image and self-esteem?

13. Is there anything else you would like to share about your lived experience as a stroke survivor, particularly in relation to your body image and self-esteem?

14. Do you have any concerns or questions regarding the research study?

Appendix C:Interview Guide (Bangla version)

ইন্টারভিউ গাইড(বাংলা)

১. আপনি কি আপনার বয়স, লিঙ্গ এবং বর্তমান পেশা সহ আপনার সম্পর্কে কিছু প্রাথমিক তথ্য শেয়ার করতে পারেন?

২. আপনি কি অনুগ্রহ করে একজন স্ট্রোক এ আক্রান্ত ব্যাক্তি হিসাবে আপনার অভিজ্ঞতা সম্পর্কে কিছু তথ্য প্রদান করতে পারেন, যার মধ্যে এটি কখন ঘটেছে এবং আপনি যে প্রাথমিক চ্যালেঞ্জগুলির মুখোমুখি হয়েছেন?

৩. স্ট্রোকের আগে আপনি কীভাবে আপনার শারীরিক প্রতিচ্ছবি বর্ণনা করবেন? সেই সময়ে আপনার শারীরিক প্রতিচ্ছবি সম্পর্কে আপনার চিন্তাভাবনা এবং অনুভূতি কী ছিল?

৪. স্ট্রোক হওয়ার পরপরই আপনি কি আপনার শারীরিক প্রতিচ্ছবি সম্পর্কে আপনার প্রাথমিক চিন্তাভাবনা এবং আবেগ শেয়ার করতে পারেন?

৫. স্ট্রোকের পর থেকে, সময়ের সাথে সাথে আপনার শারীরিক প্রতিচ্ছবি সম্পর্কে আপনার ধারণাগুলি কীভাবে বিকশিত হয়েছে? আপনি কি এমন কোন পরিবর্তন লক্ষ্য করেছেন এবং সেটি কি বর্ণনা করতে পারবেন?

৬. আপনার শরীরের বা শারীরিক প্রতিচ্ছবি এমন কিছু নির্দিষ্ট দিক আছে যা আপনি চ্যালেঞ্জিং খুঁজে পেয়েছেন বা যেগুলি একজন স্ট্রোক এ আক্রান্ত ব্যাক্তি হিসাবে আপনার আত্মসম্মানকে প্রভাবিত করেছে?

৭. আপনি কি এমন পরিস্থিতি বা অন্যদের সাথে মিথস্ক্রিয়াগুলির উদাহরণ দিতে পারেন যা আপনার শরীরের প্রতিচ্ছবি এবং আত্মসম্মানকে প্রভাবিত করেছে?

৮. আপনার দৈনন্দিন জীবনে, আপনি কি আপনার শারীরিক প্রতিচ্ছবি এবং আত্মসম্মান সম্পর্কিত চ্যালেঞ্জগুলি মোকাবেলা করার জন্য কৌশল বা মোকাবেলা

করার পদ্ধতি তৈরি করেছেন?

৯. এই চ্যালেঞ্জগুলি কীভাবে আপনার জীবনের বিভিন্ন দিকগুলিতে আপনার আত্মসম্মান এবং আত্মবিশ্বাসকে প্রভাবিত করেছে?

১০. আপনার শরীরের প্রতিচ্ছবি বা আত্মসম্মানের কারণে আপনি কি নিজের যত্ন ক্রিয়াকলাপগুলিকে বিশেষভাবে চ্যালেঞ্জিং মনে করেন? আপনি কি আরো বিস্তারিতভাবে এই অভিজ্ঞতা বর্ণনা করতে পারবেন?

১১. আপনি কি আপনার স্ট্রোকের পরে শারীরিক প্রতিচ্ছবি এবং আত্ম-সম্মানের সমস্যাগুলির সাথে মোকাবিলা করতে সহায়তা করার জন্য স্বাস্থ্যসেবা পেশাদার, সহায়তা গোষ্ঠী বা প্রিয়জনের কাছ থেকে সহায়তা চেয়েছেন? কিভাবে এই সমর্থন আপনার অভিজ্ঞতাকে প্রভাবিত করেছে ?

১২. আপনার নিজের কথায়, আপনি অন্যান্য স্ট্রোক থেকে বেঁচে যাওয়া ব্যক্তিদের কী পরামর্শ বা অন্তর্দৃষ্টি দেবেন যারা তাদের শরীরের প্রতিচ্ছবি এবং আত্মসম্মান নিয়ে একই রকম চ্যালেঞ্জের সম্মুখীন হতে পারেন?

১৩. স্ট্রোক এ আক্রান্ত ব্যাক্তি হিসাবে আপনার জীবনযাপনের অভিজ্ঞতা সম্পর্কে আপনি কি অন্য কিছু শেয়ার করতে চান, বিশেষ করে আপনার শরীরের প্রতিচ্ছবি এবং আত্মসম্মান সম্পর্কিত?

১৪. গবেষণা অধ্যয়ন সম্পর্কিত আপনার কোন উদ্বেগ বা প্রশ্ন আছে?

Appendix D:Translation Contract Form (English version)

Translation Contract Form

This is to inform that Afsana Afrin, a student of 4th year, B.Sc. in Occupational Therapy Department of Bangladesh Health Professions Institute (BHPI), the academic institute of Centre for the Rehabilitation of the Paralysed (CRP), is doing a research project which is part of course curriculum. The research title is "Body image and self esteem dynamics in the context of performing self care activities among people with stroke - A Qualitative study ". The aim of this study is to explore the interrelation between body image perception, self-esteem, and their influence on performing self-care activities among people with stroke.

All the information from the participation will be keep confidential and use safety. Here only the researcher and supervisor permitted to access in the information. I am a translator informed about the aim, objective and confidentiality of this study. I will maintain all the confidentiality during translation and will not discuss the information of participants with others.

Translator signature:

Date:

Researcher signature

Appendix D:Translation Contract Form (Bangla version)

অনুবাদ চুক্তিপত্র

অকুপেশনাল থেরাপি কোর্সের পাঠ্যক্রমের একটি অংশ হিসেবে, আমি আফসানা আফরিন , বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউটের (বিএইচপিআই) এর বি.এসসি ইন অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের একজন ছাত্রী একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি। গবেষণাটি হল স্ট্রোক এ আক্রান্ত ব্যাক্তিদের মধ্যে স্ব-যত্ন ক্রিয়াকলাপ সম্পাদনের প্রেক্ষাপটে শারীরিক প্রতিচ্ছবি এবং আত্মসম্মান এর গতিশীলতা। গবেষনার উদ্দেশ্য হলো- শরীরের প্রতিচ্ছবি উপলব্ধি, আত্ম-সম্মান, এবং স্ট্রোক এ আক্রান্ত ব্যক্তিদের মধ্যে স্ব-যত্ন কার্যক্রম সম্পাদনের উপর তাদের প্রভাবের মধ্যে আন্তঃসম্পর্ক অন্বেষণ করা ।

গবেষণা পরিচালনার নিয়মানুসারে, গবেষণার গবেষক এবং তত্ত্বাবধায়ক শুধুমাত্র তথ্য অ্যাক্সেস করবেন এবং ব্যক্তিগত তথ্য ছাড়াও সাক্ষাৎকারের তথ্য অন্যকোথাও উল্লেখ করা যাবেনা।

এই গবেষণায় আমি একজন অনুবাদক হিসেবে কাজ করার ক্ষেত্রে গবেষণার লক্ষ্য, উদ্দেশ্য এবং তথ্য সংগ্রহের গোপনীয়তা সম্পর্কে স্পষ্টভাবে অবগত। আমি সর্বোচ্চ গোপনীয়তা রক্ষা করে এই গবেষণার তথ্য ইংরেজি অনুবাদ করবো। এই বিষয় সংশ্লিষ্ট কোন তথ্য কারো সাথে আলোচনা করবো না।

অনুবাদকের স্বাক্ষর:

তারিখ……

গবেষকের স্বাক্ষর:

তারিখ……

Appendix E: 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: Body image and Self-esteem Dynamics in the Context of Performing Self-care Activities among People with Stroke : A Qualitative Study

Name of student: Afsana Afrin

Name and designation of thesis supervisor: Shamima Akter
Associate professor, Department of Occupational Therapy.
Bangladesh Health Professions Institute (BHPI), CRP.

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	08.08.23	BHPI	Discuss about title, aim, objective of the study	30 min	understanding about research topic, aim, objective	Afsana	
2	11.08.23	BHPI	Literature Matrix	30min	Learned how to develop literature matrix	Afsana	
3	14.08.23	BHPI	Continue the discuss about literature matrix	25 min	learn to rearrange the literature matrix	Afsana	
4	17.08.23	BHPI	discuss about study design of my research	30min.	Get an idea of in which study design I should go.	Afsana	
5	09.09.23	BHPI	Discuss about methods of study	30min	Discussion went smoothly finished	Afsana	

6	10.09.23	BHPI	Discussed about qualitative & mixed method.	25 min	Discussion was not finished	Afsana	
7	13.09.23	BHPI	Discuss about methods of study	30 min	Get appropriate guideline for research methodology	Afsana	
8	14.09.23	BHPI	Discuss about literature matrix	15 min	Get an idea about of searching literature.	Afsana	
9	19.09.23	BHPI	Discuss about proposal presentation	15 min	Get an idea of how to write proposal	Afsana	
10	23.09.23	BHPI	Discuss about research proposal presentation & correction	30 min	need to correct some issue.	Afsana	
11	16.10.23	BHPI	Disuss about interview guide	30 min	need to correct some questions	Afsana	
12	25.10.23	BHPI	Discuss about field test result	15 min	Get an idea of how to conduct interview to sensitive topics.	Afsana	
13	2.12.23	BHPI	Discuss about data collection	15 min	Continue data collection.	Afsana	
14	6.12.23	BHPI	Discuss number of About research participant.	15 min	Get an idea about number of research participants	Afsana	
15	17.12.23	BHPI	Discuss about how to write transcription	15 min	Get an idea about how to write transcription	Afsana	
16	7.01.24	BHPI	Disauss about translation, coding.	30 min	need to complete translation & coding.	Afsana	

.ote:

17	17.01.24	BHPI	Discussed about coding, theme.	30min	need to correct theme.	Afsana	Afsana
18	3.04.24	BHPI	Discussed about thesis feedback	1 hour	need to correct introduction, methodology, result, discussion.	Afsana	Afsana
19	12.04.24	BHPI	Discussed about thesis draft & got feedback.	30min	need to correct thesis according to feedback	Afsana	Online.
20	15.04.24	BHPI	Got thesis feedback	15min	need to correct thesis draft and add key gaps	Afsana	Online
21							
22							
23							
24							
25							

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.