

Lived Experience of Primary Caregivers of Individual with Drug Abuser



By

Meherun Nahar Maria Shifa

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Faculty of Medicine
University of Dhaka

Thesis completed by:

Meherun Nahar Maria Shifa

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

Supervisor’s Name, Designation, and Signature

Kaniz Fatema

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

Head of the Department’s Name, Designation, and Signature

Sk. Moniruzzaman

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

Board of Examiners

Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due 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.

Meherun Nahar Maria Shifa

4th year, B.Sc. in Occupational Therapy

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Peralysed (CRP)

Chapain, Savar, Dhaka: 1343

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Signature

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Dedication

To my beloved parents whose beliefs, loves, sacrifices, unconditional supports fostering my strength, enhance my capability.

Table of Contents

Board of Examiners	ii
Statement of Authorship	iii
Acknowledgment	iv
Dedication	v
Table of Contents	vi
List of Tables	ix
List of Figures	x
List of Abbreviations	xi
Abstract	xii
CHAPTER I: INTRODUCTION	1
1.1 Background	1
1.2 Justification of the study	4
1.3 Operational Definition	5
1.4 Aim of the study	6
CHAPTER II: LITERATURE REVIEW	7
Overview of lived experience of primary caregiver:.....	8
2.1 Parents perception:	8
2.2 Partner perception:.....	9
2.3 Impact of drug abuse on primary caregivers:	10
2.4 Abuse:	12
2.5 A key gap of the evidence	14
CHAPTER III: METHODS	15
3.1 Study Question, Aim, Objective(s)	15
3.1.1 Study Question:.....	15
3.1.2 Aim:	15
3.1.3 Objective:	15
3.2 Study Design (Method, Approach)	15
3.2.1 Study Method	15

3.2.2 Study Approach.....	16
3.3 Study Setting and Period	16
3.3.1 Study Setting.....	16
3.3.2 Study Period.....	16
3.3.3 Data Collection Period	16
3.4 Study Participants	16
3.4.1 Study Population.....	16
3.4.2 Sampling Techniques	17
3.4.3 Inclusion Criteria	17
3.4.4 Exclusion Criteria.....	17
3.4.5 Sample Size	18
3.4.6 Participants Overview	18
3.5 Ethical Considerations	19
3.5.1 Ethical Approval from IRB	19
3.5.2 Informed Consent	20
3.5.3 Right of Refusal to Participate or Withdraw.....	20
3.5.4 Confidentiality.....	20
3.5.5 Unequal Relationship.....	20
3.5.6 Risk and Beneficence	20
3.6 Data Collection Process	21
3.6.1 Participant Recruitment Process	21
3.6.2 Data Collection Method.....	21
3.6.3 Data Collection Instrument.....	23
3.6.4 Field test.....	23
3.6.5 Non-Participant.....	24
3.7 Data Management and Analysis	24
3.8 Trustworthiness	25
CHAPTER IV: RESULTS.....	29
Theme One: Interaction among primary caregiver and individual with drug abuser	31
Sub-theme one: Lack of intimacy.....	31
Sub-theme two: Victimized physically, verbally, and emotionally	32
Theme two: Challenges of primary caregivers	33
Sub-theme one: Cannot maintain daily life activity.....	34

Sub-theme two: Unstable financial circumstance	35
Sub-theme three: Stress, frustration and unwell	36
Theme three: Social attitudes.....	36
Sub-theme one: Stigmatize behavior.....	37
Sub-theme two: Helpful circumstance	38
Theme four: Overcoming the challenges.....	38
Sub-theme one: Separation from family	39
Sub-theme two: Admission to hospital & rehabilitation center	39
Sub-theme three: Praying for a creature	39
Sub theme four: Optimistic.....	40
CHAPTER V: DISCUSSION	41
CHAPTER VI: CONCLUSION.....	45
6.1 Strength and Limitation of the study.....	45
6.1.1 Strength of the study	45
6.1.2 Limitation of the study.....	46
6.2 Practice implication	46
6.2.1 Recommendation for future practice	47
6.2.2 Recommendation for future research	48
6.3 Conclusion.....	48
LIST OF REFERENCES.....	49
APPENDICES.....	56
Appendix A: Approval / Permission Letter	56
Ethical Approval Letter	56
Permission Letter for data collection from NIMH	57
Appendix B: Information Sheet & Consent Form	58
Withdrawal Form	66
Appendix C: Interview Guide	68

List of Tables

Serial number of the Table	Name of the Table	Page no
Table 3.4.6	Participant's overview	20

List of Figures

Serial number of the Figure	Name of the figure	Page no
Figure 2.1	Literature Review	08
Figure 3.6.1	Participant Recruitment Process	22
Figure 4	Overview of Result	31

List of Abbreviations

CRP	Centre for the Rehabilitation of the Paralysed
IRB	Institutional Review Board
NIMH	National Institute of Mental Health & Hospital
PCGs	Primary Caregivers
WHO	World Health Organization

Abstract

Background: Drug abuse is a major concern and is increasing rapidly in Bangladesh. The effects of addiction extend beyond the individual using a substance. Particularly the primary caregivers and other family members suffer many problems. Caring for someone with an addiction can cause significant stress and result in emotional and behavioral issues within primary caregivers' lives. The physical & mental health of caregivers can be impacted by the stress associated with caring for individuals with drug abuse. Healthcare providers can develop more effective strategies for engaging and collaborating with primary caregivers by understanding their contextualized perceptions and challenges. While several studies have examined the experiences of primary caregivers living with drug abusers worldwide, no related literature is available, particularly in the context of Bangladesh.

Aim: This study aimed to explore the lived experience of primary caregivers of individuals with drug abuse.

Methods: The study design was qualitative with a Phenomenological approach. Participants were required through the registry of the National Institute of Mental Health & Hospital. Ten participants were selected purposively and interviewed face-to-face by using a semi-structured interview guide. The participants chose the interview site according to their preferences. All interviews were conducted for 30-40 minutes. Descriptive notes were taken during the interview. Data collection continued until saturation. The interview was audio recorded in Bangla, then transcribed and translated into English. Braun. and

Clark's six-step thematic analysis framework was used to identify, analyze, and present the data. Member checking was ensured to improve trustworthiness.

Results: Four over-reaching themes were found that summarize the lived experience of primary caregivers: "The Interaction among primary caregivers and individuals with drug abuse", "Challenges of primary caregivers", "Social attitudes", and "Overcoming the challenges". Sub-themes were also identified with the varied responses and experiences of primary caregivers.

Conclusion: The study used qualitative techniques and phenomenology to examine the perspectives, challenges, and methods of overcoming experienced by primary caregivers. The study identified several themes, including the effects of drug addiction, behaviors, relationships, feelings, challenges, social responses, financial difficulties, overcoming abilities, and the impact of the work environment and daily life. These findings demonstrate the complexity of the experiences of primary caregivers. The study recommended that healthcare professionals should organize awareness programs and provide specialized services that include counseling to support primary caregivers.

Keywords: Drug abuse, Primary caregiver, Lived experience, Relationship.

CHAPTER I: INTRODUCTION

1.1 Background

The term "Mental health" defines a person's state of emotional and psychological well-being, and their ability to cope with life's challenges, perform the social roles that are typical in their culture, manage change, recognize and communicate positive actions and thoughts, and cope with emotions such as sadness. A person who enjoys good mental health feels a sense of worth, control, and understanding of their internal and external functioning. Mental health is a crucial component of one's overall well-being and it is influenced by biological, psychological, social, and environmental factors, both in health and illness (Bhugra et al., 2013).

The issue of mental illness is a significant and challenging disturbance that affects an individual's cognition, emotional regulation, or behavior and is linked to distress or impairment in emergent areas of functioning. According to the World Health Organization (WHO), in 2019, Approximately 970 million human beings worldwide, or 1 in 8, live with a mental disorder. A study finds that 14,436 people in Bangladesh have taken their lives due to poor mental health. The effect of a mental illness person in a family is huge and it hampered their quality of life.

Worldwide drug abuse is a major concern and is increasing rapidly in Bangladesh. Substance or drug abuse among adolescents is an actual public health issue throughout the world. Recently, the World Health Organization (WHO) expected that more than 275 million human beings use illicit drugs, which accounts for 5.6% of the global population, and 31 million drug users have an addiction. Substance use has harmful effects on

individuals, economic, biological, pharmacological, social, and psychological consequences (Solati & Hasanpour-Dehkordi, 2017,). Adolescent drug abuse can lead to a range of problems, such as depression, sleep disorders, anxiety, low self-esteem, aggressive behavior, anti-social behavior, neglectfulness, illegal acts, and rebelliousness. In Bangladesh, around 2.5 million human beings are struggling with drug addiction, and sadly, 80% of these individuals are young generation between the ages of 15 and 30 (Moonajilin et al., 2021). Drug use can be influenced by the smoking, drinking, and drug-taking behavior of family members, making the family environment a crucial factor. Adolescents may become addicted due to their parents' separation. Their perception is when parents fight, they try to manage this situation and drugs give them a solution (Jesuraj, 2012).

Alcohol or drug abuse can have a significant impact on the whole family, including parents, children, brothers, sisters, partners, or other family members. Regardless of the irrevocability of the “loner” alcoholic or drug addict, most drug abusers (male and female) live with their families. Family members may experience feelings of desertion, anxiety, fear, irritation, concern, discomfort, or guilt (Shamsaei et al., 2019). Whilst parents take drugs, this can result in children and adolescents having an increased risk for internalizing problems which include depression, anxiety, opposition, conduct problems (stealing, lying, and truancy), anger outbursts, aggressivity, impulsivity, and substance abuse (Lander, L., Howsare, J., & Byrne, 2013). Additionally, In the childhood grow-up phase increased risk of abusing alcohol to staying with alcoholic parents. Most of the offspring lived with at least one or both parents of weekly contact under the age of 35 (Butler & Bauld, 2005). Young adolescents ages 14-18 use drugs, such as alcohol, nicotine, or inhalants. Older

adolescents tend to use alcohol, nicotine, and marijuana and less commonly, amphetamines, ecstasy, and opioids (Bonomo & Bowes, 2001).

The multitude of substance and abuse partner violence are major problems in the lives of many women (Bennett & O'Brien, 2007; Massa & Testa, 2004; Tang et al., 2023). Nowadays, a significant global issue is intimate partner violence which disproportionately affects women. Recently, (WHO) enumerated that 30% of ever-partnered women have experienced mental, emotional, sexual, and physical violence from an intimate partner in their lifetime (Momtazi & Rawson, 2010). Addiction to drugs or alcohol can increase a person's chances of being assaulted. This is because addiction can affect a person's ability to make good decisions, making them more likely to find themselves in dangerous situations (Simonelli et al., 2014). There is evidence to suggest that experiencing partner violence can lead to substance use and vice versa (Against et al., 2002; El-Bassel et al., 2005).

The effects of addiction extend beyond the individual using a substance. Particularly primary caregivers and other family members suffer many difficulties. When Caring for an individual who is struggling with addiction can be a challenging task and may lead to significant distress and result in emotional and behavioral issues within primary caregivers' lives. The physical & mental health of caregivers can be impacted by the stress associated with caring for individuals with drug abuse (Maina et al., 2021). Parents have a crucial role in helping their adolescent children overcome addiction problems. They often experience feelings of hopelessness, guilt, and helplessness, and sometimes they blame themselves for their child's delinquent behavior (Swartbooi, 2013).

In general, there has been limited qualitative research to explore primary caregiver experiences, particularly in the context of Bangladesh, regarding their knowledge of the impact of drug abuse, caregiving abilities, coping strategies, and stress-reduction strategies related to people's physical, emotional, and mental status. The study aimed to understand better how primary caregivers experience individuals with drug abuse. This information will aid in creating an evidence-based intervention for effective mental health practice that identifies the needs of primary caregivers. The mental health status of primary caregivers can be more sensitive due to caring for drug abusers; therefore, supportive counseling is crucial for them.

1.2 Justification of the study

Drug abuse affects not only the individual using drugs but also their family member, especially primary caregivers and they also suffer a lot in their personal and social life. In Bangladesh, individuals with drug abuse and their primary caregivers do not get much help from healthcare professionals to improve their productive lives and quality of life.

This study helps the primary caregivers of individuals with drug abuse to identify the specific challenges that help them to find out the flaws in their coping. This will help them to plan proper coping strategies and understand the need for professional care.

Additionally, this study also creates an awareness in society about drug abuse that will help to reduce the abuse of drugs.

With this study, the researcher wants to explore the lived experience of primary caregivers of individuals with drug abuse. This study helps occupational therapists to identify problems and plan proper interventions. Occupational therapists can play a vital role in supporting these caregivers, helping them maintain their well-being while providing

care to individuals with drug abuse.

Moreover, the collected data help to provide evidence-based information on the mental health-related experience of the primary caregiver of individuals with drug abuse which beneficial for mental healthcare professionals to plan proper mitigation strategies for the challenges faced by the primary caregiver of individuals with drug abuse.

Future researchers can gain knowledge or ideas about the lived experience of primary caregivers of individuals with drug abuse.

1.3Operational Definition

1.3.1 Lived Experience

The term "lived experience" refers to the direct knowledge and comprehension of the world an individual has acquired through personal encounters. The term pertains to compiling an individual's experiences, viewpoints, and insights constituting their distinct approach to understanding and engaging with their surroundings.(Kamal, 2014; Shimange et al., 2022)

The term "lived experience" can refer to diverse personal encounters, such as one's cultural heritage, familial upbringing, educational background, social interactions, relationships, occupational experiences, health status, and other related factors. In general, the concept of lived experience acknowledges the significance of personal accounts and the unique viewpoint of individuals in shaping their understanding of the world. It emphasizes the importance of attentively considering and gaining knowledge from diverse perspectives (Kamal, 2014; Shimange et al., 2022).

1.3.2 Primary caregiver

Primary caregivers are individuals who provide care to someone who cannot care for themselves. The term "primary" is used because this person is the one who is most

responsible for their loved one or friend. Many people become primary caregivers at some point in their lives. One of the most common roles of a primary caregiver is that of a parent. Another common role is an adult child caring for an elderly parent. However, family members are often not adequately prepared to be primary caregivers for their relatives. This can lead to stress, psychological and emotional distress, reduction in social contact, and financial difficulties. Caregivers may report lower life satisfaction and experience poor physical and mental health as a result of their caregiving responsibilities.

The National Alliance for Caregiving defines the role of Primary Caregiver (PCG). It is defined as someone who is the only caregiver or provides the most unpaid (informal) care among a group of other unpaid caregivers. PCGs are of greater concern in caregiving due to the higher levels of caregiving burden and greater access to care recipients that they experience. Caregiving involves performing a wide range of tasks and roles, including providing hands-on assistance, helping with finances, coordinating services, and making care decisions for the care recipients (Jeyagurunathan et al., 2017).

1.3.3 Drug abuse

Drug abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. One of the key impacts of illicit drug use on society is the negative health consequences experienced by its members. Drug use also puts a heavy financial burden on individuals, families, and society. However, drug abuse inevitably becomes a societal problem (Group, 2007).

1.4 Aim of the study

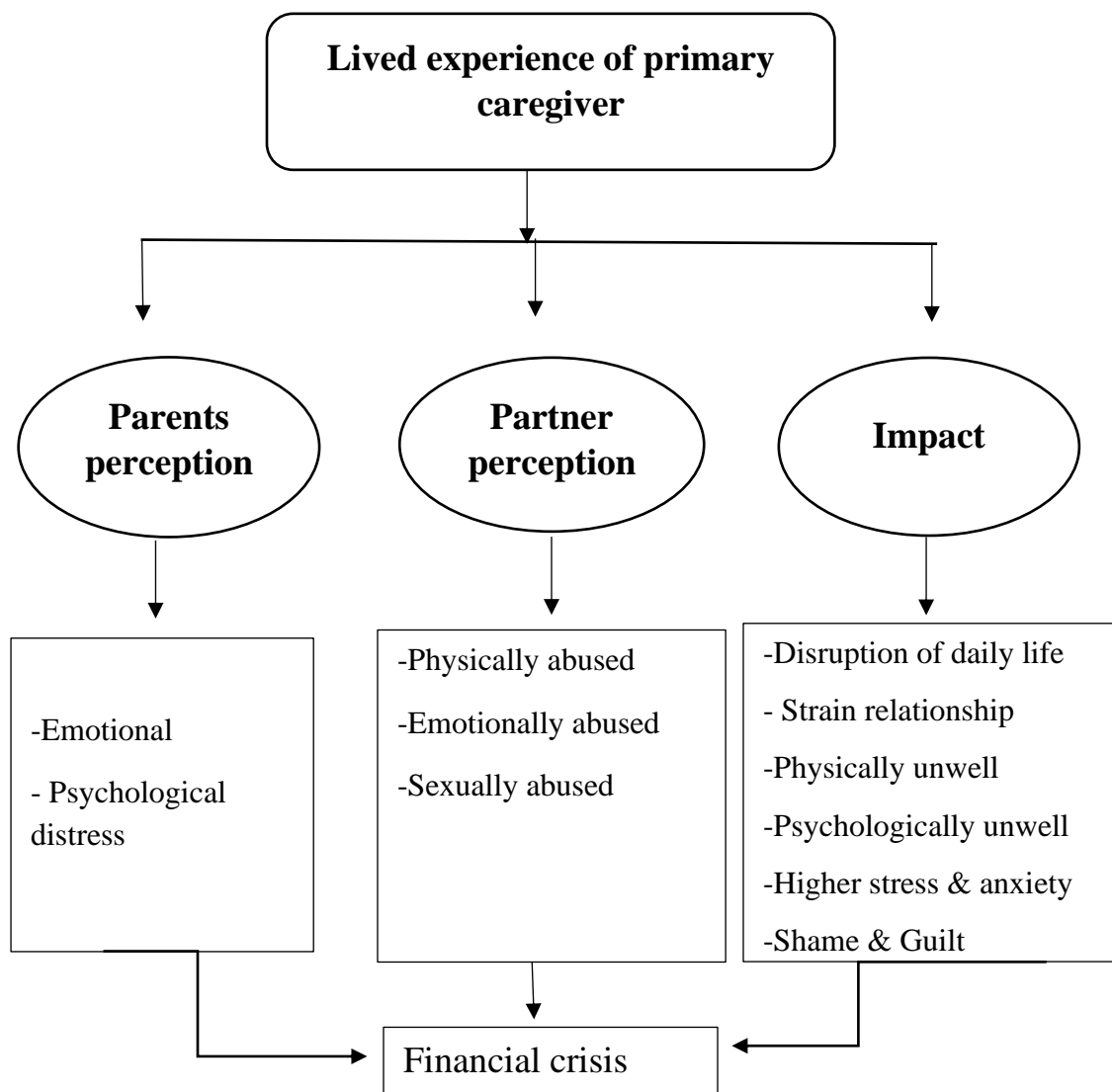
The aim of this study is to explore the lived experience of primary caregivers of individuals with drug abuser.

CHAPTER II: LITERATURE REVIEW

In the chapter on literature review, some findings demonstrated the life experience of primary caregivers of individuals with drug abuse. There is little literature in Bangladesh about primary caregiver experiences of individuals with drug abuse. Little is known about the topic from Bangladesh's perspective. Other countries like the United Kingdom, the US, Australia, etc., have many kinds of literature and in-depth information about the experience of a primary caregiver of an individual with drug abuse.

Figure 2.1

Overview of literature review Findings



Overview of lived experience of primary caregiver:

2.1 Parents perception:

A qualitative study was conducted in the United Kingdom (UK). The aim is to highlight the impact on parents when they discover that their children are using heroin. This study required 21 participants in which six interviews were carried out with agency staff and four with professionals from partner organizations (the local Drug Action Team, a local treatment agency, and an arrest referral service). Eleven interviews were conducted with parents. All the participants interviewed had at least one child who used to be a heroin user. The findings of this study revealed that an improved support network for the drug user, but parents faced many barriers to accessing help, not least a lack of information about their desires amongst suitable agencies (Butler & Bauld, 2005). Another qualitative study was conducted in South Africa with the aim of this study was to explore parents' lived experience of adolescent drug abuse. More expressly the observation goals to analyze parents' perceptions of the potent and functioning of the relationship among family members. The total number of participants was 06 and the data was collected from two low socioeconomic communities in the Western Cape. The result of the study showed that Parents endure devastating emotional, psychological, physical, familial, and monetary implications whilst seeking to deal with an adolescent substance abuse problem (Swartbooi, 2013). A longitudinal study was conducted in the US. This study aimed to examine the impact of adult monitoring, perceived adult alcohol and drug use, and cultural values on adolescent substance use. 193 participants were recruited between the ages of 14 to 18 years. The findings of this study showed that adolescents who mentioned that adult persons of their life used marijuana had been much more likely to have extended days of ingesting, heavy consuming, and marijuana use at observe-up. Moreover, poor family

management was associated with increased alcohol use and heavy drinking (Ewing et al., 2015).

2.2 Partner perception:

A qualitative study was conducted with 15 participants (women) in USA. Data was gathered from a university-affiliated substance abuse treatment agency in the southeastern United States, age 18 years or older. The aim of this study was to Investigate the relationship between associate violence and substance abuse with the target of understanding how the connections among substance abuse and partner violence occur in women's lives. The findings of this study showed that the co-occurrence of substance abuse and partner violence may additionally have origins early in women's lives and that these co-happening problems may additionally start for some with substance abuse. Additionally, they also highlight the long-standing call to better combine domestic violence safety offerings with substance abuse treatment (Macy et al., 2013). Another study was conducted in the same location with the aim of this study was compared pregnant, drug dependent women, with or without violent abuse by a current partner, on psychosocial functioning and psychiatric features. The twenty-six abused women and seventy-six non-abused women participated in this study and aged between 18 years and older. The research found that abused women outline that their partners had greater rates of alcohol and illicit drug use, relative to the partners of the no abused women. Moreover, treatment should address women's relationships with their partners, especially when drug abuse and violence issues are present (Tuten et al., 2004).

Another qualitative study was conducted in Australia. 18 participants were recruited from the community in Victoria, Australia, aged of 18-52 years. This study aimed

to explore the dynamics of drinking and IPV (intimate partner violence) from the perspectives of women with lived experience of alcohol related IPV. The findings of this study showed that most of the participants reported that their partner experienced mental health issues and/or experienced childhood trauma. Also experienced severe physical abuse, and over two-thirds experienced emotional abuse. Sexual pressure, and economic abuse when their partner was drunk (Wilson et al., 2017). Another study was conducted in Europe and the aim of this study was to highlight the intertwining of harmful alcohol or substance consumption and intimate partner violence. Drug addiction plays a vital role, leading addicts to be more vulnerable to assault. They showed that 70% of women are victims of murder each day in Europe by way of their intimate partner who has been addicted and around 3,500 deaths seem to arise in terms of intimate partner violence in 27 of the European Union countries every year (Simonelli et al., 2014).

2.3 Impact of drug abuse on primary caregivers:

Alcohol and drug abuse can have devastating physical, intellectual, and socio-economic effects on individuals and their families. It is a crucial public health concern globally, considering that over 250 million people use drugs, and 2 billion people consume alcohol worldwide. The illness not only affects the quality of life of the sufferers but also has a significant effect on their family members' financial security, intellectual health, social networks, and productivity (Minnelli, 2013).

A systematic randomized cross-sectional study was conducted with 83 participants in the village in Punjab. This study aimed to evaluate the effect of substance dependence on primary caregivers (PCGs) in rural areas of Punjab, as well as the factors that affect it. The findings suggest that the majority of PCGs (77.5%) experienced a slight burden,

particularly in financial matters, disruption of daily activities, family entertainment, and interaction with their own family. Furthermore, a higher level of burden was observed among PCGs of illiterate patients of reproductive age group, those with lower socioeconomic condition, those with more than one and longer duration of substance dependence, and those who had relapsed at any time (Malik et al., 2012). A qualitative study was conducted in Canada. The purpose of this study was to examine caregivers' experiences and self-care strategies when caring for a family member with a substance use disorder (SUD). Data was gathered from 21 participants with the age between 27-72 years. The findings of this study showed that having a close relative with drug abuse additionally creates stressful lifestyles instances that could increase family member's risk of experience strain which could result in physical and physiological ill health. Having a partner or dependent with drug abuse causes persistent stress, leading to worry, aggressiveness, depression, shame, guilt, anxiety, and behavioral issues within the family (Maina et al., 2021).

A Comprehensive narrative review was conducted in the UK. The aim of this study was to review existing literature on how parental drug use affects children and to identify effective interventions that can minimize the negative impact of drug use on children. The findings of the study indicate that children of drug-dependent parents are at an increased risk of developing behavioral problems (Barnard & Mc Keganey, 2004). A study was conducted in Iran with the aim of comparing the mental health status of families with and without substance abusers. The study used a cross-sectional design and included 114 family members with substance abusers (case group) and 114 family members without substance abusers (control group) from Hamadan city in Iran. The mean age of participants was

33±4.7 and 35±5.2 years in the case and control groups, respectively. The study found that 29.4% of family members in the case group and 16% in the control group were suspected of having mental disorders (Shamsaei et al., 2019).

A qualitative study was carried out with 18 participants in Australia to develop an understanding of the effects of adolescent drug use on family life. The study aimed to explore how having a drug-abusing adolescent family member affected other family members. The findings revealed that this experience had a significant impact on other family members. Family relationships were fractured and split because of the ongoing destructive and damaging behavior of the drug-abusing person. This study also revealed that the negative effects of drug abuse can be seen in all areas of young people's lives, including education and health, as well as peer, social, and family relationships (Jackson et al., 2006).

2.4Abuse:

A retrospective study was conducted with 8629 participants in Kaiser Health Plan's Health Appraisal Center in San Diego, California, USA. Data was gathered from California adult offspring aged between 55 and 57 years. The aim of this study was to investigate the correlation between parental alcohol abuse (mother, father, or both) and adverse childhood experiences (ACEs) such as abuse, neglect, and household dysfunction. The findings of this study showed that participants who were experienced verbally, physically, sexually, and emotionally abused by other family members while their age was under 18. The study also showed that Overall, 22% of participants reported that at least one of their parents was an alcoholic (Dube et al., 2001). Another similar study with a survey was conducted among 9,346 participants who visited a large health maintenance organization that provides

primary care. The survey aimed to identify nine adverse childhood experiences that the participants briefly explained their own experiences. These experiences include physical, domestic violence, emotional, and sexual abuse during childhood, growing up with household members who abused drugs, suffered from mental illness, parental separation, or divorce, were suicidal, or had a criminal background. the aim of this study was to examine the relationship between adverse childhood experiences, growing up with alcoholic parents, and the risk of involving alcoholism and frustration in adulthood. The findings of this study showed that overall 20 percent of adults reported parental alcohol abuse. Most of the participants reported increased depression in adulthood and multiple abuse by other family members and the community (Vittone et al., 1983).

2.5 A key gap of the evidence

- The main time frame of the research publication spans from 1983 to 2021. As of 2021, only a few research have been identified for review.
- Lack of research conducted in the broader community. Most of the research is conducted in hospital setting with a small sample size.
- Several studies have been conducted in the United Kingdom, the United States, Australia, Panjab, Iran, and Canada. However, there is a lack of research conducted in South Asia specifically in Bangladesh on this topic.
- Certain studies have neglected significant factors such as coping mechanisms and the individual's physical, psychological, and financial state.

The research suggests that further investigation is required in this particular field.

CHAPTER III: METHODS

3.1 Study Question, Aim, Objective(s)

3.1.1 Study Question: How is the lived experience of primary caregivers of individual with drug abuser?

3.1.2 Aim: The aim of this study is to explore the lived experience of primary caregivers of individual with drug abuser.

3.1.3 Objective:

- A. To know primary caregivers perception about individual with drug abuser.
- B. To explore the interaction among primary caregiver and individual with drug abuser.
- C. To explore the challenges faced by primary caregivers while providing caregiving.

3.2 Study Design (Method, Approach)

3.2.1 Study Method

This study followed a qualitative research design because it aimed to gather participants' perceptions and experiences to gain a deeper understanding of externally observable behavior and internal states. It was used to address questions that are associated with the 'how's and whys' of people's actions (Peterson, 2019). The study aims to provide a detailed account of participants' lived experiences with individuals with drug abuse. Qualitative research is a methodology that entails gathering and examining non-numerical data to comprehend concepts and opinions. This approach can facilitate a comprehensive understanding of a given issue or stimulate novel avenues for scholarly investigation.

3.2.2 Study Approach

This study followed the phenomenological approach. A phenomenological approach used in this study as the student researcher explored primary caregivers lived experiences of individuals with drug abuse. Phenomenological research is a qualitative research approach that seeks to understand and describe the universal essence of a phenomenon. The approach investigates the everyday experiences of human beings while suspending the researchers' preconceived assumptions about the phenomenon. Through this design approach, researchers can get in-depth knowledge about the experience of the participants.

3.3 Study Setting and Period

3.3.1 Study Setting

The National Institute of Mental Health & Hospital (NIMH) served as the principal source of participants for the study. The National Institute of Mental Health is a primary governmental organization committed to addressing mental health concerns through the development of mental health policies, research initiatives, and the provision of training opportunities for mental health practitioners.

3.3.2 Study Period

The study was conducted from May 2023 to February 2024

3.3.3 Data Collection Period

The period of data collection spanned from November 2023 to December 2023.

3.4 Study Participants

3.4.1 Study Population

The study's population consisted of primary caregivers of individuals with drug abuse. The immediate primary caregivers of an individual may include parents, siblings, partners, or

children. Furthermore, it is pertinent to identify the individuals who satisfy the established inclusion and exclusion criteria.

3.4.2 Sampling Techniques

Purposive sampling is a method of selecting participants from a particular population based on specific criteria. The selection process is intentional and deliberate, with the aim of gaining insight into a particular theme, concept, or phenomenon. This method involves carefully choosing individuals who meet the inclusion and exclusion criteria (Robinson, R.S.2014). The purposive sampling technique is a type of non-probability sampling where the researcher chooses individuals to be included in the sample. This approach is commonly used by researchers to select informants based on their knowledge and/or experience with the focus of the research (Team, 2023). By utilizing purposive sampling, the student researcher was able to collect qualitative research, resulting in more precise research outcomes.

3.4.3 Inclusion Criteria

- Individuals with drug abuse who are admitted to National Institute of Mental Health (NIMH).
- Primary caregivers must have experience living with individuals with drug abusers.
- Both male and female primary caregivers should be included to share their experiences.

3.4.4 Exclusion Criteria

- Primary caregivers with cognitive impairments and communication difficulties are not included in this study.

- Paid caregiver (Because they did not give correct information about the individual with drug abuser).

3.4.5 Sample Size

Ten primary caregivers participated in this study. The saturation of the data determined the sample size. Throughout the study, the researchers compared new data with previously collected data to identify any emerging information or recurring findings. This iterative process allowed them to gauge if additional data contributed new insights or if it repeated existing information. The data collection and analysis continued until a point was reached where no new or relevant information emerged from the analysis. At this stage, the researchers concluded that data saturation had been achieved. This ensured that the research findings were comprehensive, reliable, and representative of the participants' experiences, as the researchers had thoroughly explored and captured the relevant aspects of the lived experiences of primary caregivers of individuals with drug abusers.

3.4.6 Participants Overview

Ten participants are included in this study. The participants have no history of cognitive impairments. Nine participants were female; one participant was male. The participant's overview is shown in Table 3.4.6

Table 3.4.6 Participant Overview

Pseudo name of participants	Age (years)	Sex	Relation with Drug Abuser	Occupation of Primary Caregivers	Marital Status	District
Rakib	67	Male	Father	Businessman	Married	Gopalganj
Lubna	42	Female	Mother	Housewife	Married	Rajbari
Ruksana	39	Female	Mother	Housewife	Married	Narayanganj
Sipra	37	Female	Wife	Housewife	Married	Dinajpur
Samia	28	Female	Wife	Job holder	Married	Rangpur
Nipa	40	Female	Mother	Housewife	Married	Rajshahi
Jesmin	41	Female	Mother	Housewife	Married	Narail
Akhi	52	Female	Mother	Housewife	Married	Narayanganj
Halima	44	Female	Mother	Housewife	Married	Puran Dhaka
Masuma	53	Female	Mother	Housewife	Married	Narsingdi

3.5 Ethical Considerations

The ethics was maintained by the World Medical Association Declaration of Helsinki Ethical Principles for Medical Research Involving Human Subjects (World Medical Association Declaration of Helsinki, 1964-2013).

3.5.1 Ethical Approval from IRB

The ethical clearance has been approved by the Institutional Review Board of BHPI explaining the purpose of the research, through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), The IRB number CRP- BHPI/IRB 10/2023/759 (See Appendix A for details). Permission from the National Institute of Mental Health (NIMH).

3.5.2 Informed Consent

The participants were informed about the purpose and other details of the study through the information sheet and for those who felt willing to participate, their data was collected. Written consent was taken from the participants.

3.5.3 Right of Refusal to Participate or Withdraw

In this study, participation was fully voluntary, and they had the right to withdraw consent within one month from the time of interview for the limited time of completing this study.

3.5.4 Confidentiality

Student researcher ensured and maintained the confidentiality of the participants. Only the student researcher and the supervisor had access to the interviews, and this was clearly stated in the information sheet. Their name and identity were not disclosed to anyone except for the supervisor, and it was stated on the information sheet. Student researcher also took signatures in transcription contract form from the volunteers for not to reveal the information. The participants were also informed that their identities would remain confidential for future uses, such as report writing, publication, conference, or any other written materials and verbal discussion.

3.5.5 Unequal Relationship

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

3.5.6 Risk and Beneficence

The participants did not have any risk from this research. The student researcher did not provide any monetary benefit to the participants.

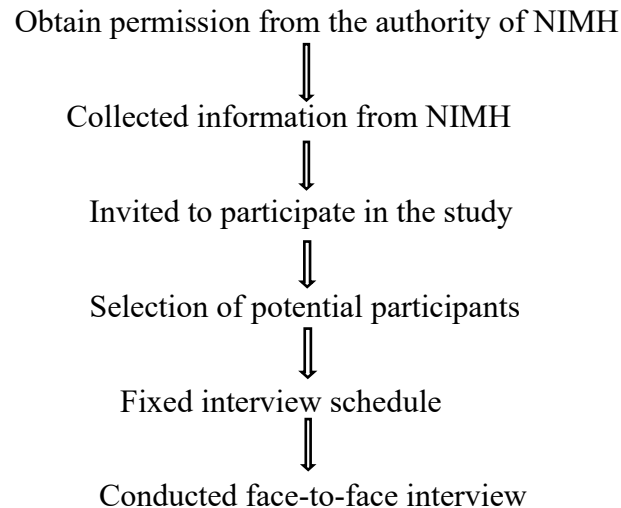
3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Figure 3.6.1 shows the participant recruitment process

Figure 3.6.1

Overview of participant recruitment process



The student researcher obtained the ethical consideration letter and subsequently proceeded to the National Institute of Mental Health to gather data from the NIMH database, having obtained permission from the relevant authority. After collecting population data, primary caregivers of individuals with drug abuse were invited to participate in the study. Interested participants received an information sheet, consent form, and withdrawal form. The study utilized purposive sampling to select ten participants from whom data were collected.

3.6.2 Data Collection Method

The study employed semi-structured face-to-face interviews with open-ended questions, conducted within a single session lasting 30-40 minutes, with a mean duration. The

interviews are characterized by their individual and semi-structured nature. They are conducted thoroughly and comprehensively, allowing participants to elaborate on sensitive information while preserving anonymity and confidentiality.

Semi-structured interviews are a useful tool for many tasks. The interview guide is essential to ensure the quality and reliability of qualitative research (Kallio et al., 2016). It is a standardized, personalized, and adaptable set of open-ended questions. The interview enables the interviewer to ask open-ended questions to extract more information and promote a productive exchange of ideas between the interviewer and the interviewee (Naz et al., 2022). This type of interview can gather comprehensive information. The interview was carried out utilizing an interview guide in the Bengali language of the participants during the period spanning from November 2023 to December 2023. The interview guide comprised open-ended semi-structured questions accompanied by probing inquiries.

Initially, the student researcher engaged in rapport-building activities with the participants. During the interview, it is essential to allow sufficient time for the participant to respond to each question. The entire interview was conducted in the Bengali language. The researcher provided the participants with a comprehensive explanation of all the questions to ensure their comprehension of the inquiry. The investigator verifies each response's accuracy to ensure the information's validity. Before conducting the interview, the interviewer obtains the consent form for each participant. Participants' safety and emotional well-being were carefully upheld during the interview process, and no coercion was employed to elicit responses to any inquiries. The interviewer recorded all the information. All of the data was adequately saturated during the interview. The duration of the interview was 20 and

25 minutes. In conclusion, the interviewer thanked the participants for generously contributing their time.

3.6.3 Data Collection Instrument

Self-developed interview guide

A self-developed interview guide was used by the student researcher to collect data from the participants. A semi-structured interview guide was developed by a student researcher. Because it encouraged a more in-depth response from research participants and helped to keep the interview and the subject focused. The student researcher developed an interview guide by reviewing literature related to this study and according to the research aim and objectives (Macy et al., 2013; Shamsaei et al., 2019; Simonelli et al., 2014; Swartbooi, 2013; Tuten et al., 2004) and in discussion with the supervisor. There are 11 open-ended questions in the interview guide. There were questions about primary caregivers' feelings, relationships with drug abusers, challenges, and financial stress.

3.6.4 Field test

Before starting the collection of data, the student researcher accomplished the field test with one participant. This test was performed to find out the difficulties that existed in the questionnaires to achieve the aim and objective of this study or not and whether there was no change after the field test in this study. It helps the researcher to develop a final question and to collect data from participants easily. It also helps the researcher to clarify the data collection plan. After conducting the field test, the student researcher found that way how the participant understood the question easily.

3.6.5 Non-Participant

During the interview, one non-participant was present and interrupted the participant at times. However, the participant allowed her to stay.

3.7 Data Management and Analysis

The student researcher used thematic analysis according to Braun and Clarke's six steps of thematic analysis to analyze the data (Braun & Clarke, 2021). The six steps are given below:

- 1. Familiarizing with data:** At first the student researcher transcribed data verbatim in Bengali as their first language and translated them into English. She took help from volunteers in translating four interviews and refined the translation. She translated another four interviews by herself. After that, the respected supervisor re-checked all the transcription and translation. Then the student researcher read the data two times thoroughly to understand the meaning of data and noted down initial ideas.
- 2. Generating initial codes:** In this step, the student researcher generated interesting features of the data by highlighting interesting sentences and generated some initial codes from the interesting sentences and named them. The initial codes were checked by the supervisor.
- 3. Searching for themes:** The student researcher wrote down all the codes on paper and highlighted the similar codes by reading the translation and discussing them with supervisor. Then the student researcher collated codes into potential themes wrote them on different sticky notes and hung them on the wall. Through this gathered all data relevant to each potential theme.

4. **Reviewing themes:** In this fourth step the student researcher re-checked if the themes worked about the coded extracts and the entire data set, generated a thematic 'map' of the analysis, and discussed it with supervisor. Ten themes emerged from the study with the help of the supervisor.
5. **Defining and naming themes:** Here student researcher refined the specifics of each theme, and the overall story the analysis tells, generated clear definitions, and named each theme. The respected supervisor re-checked all the themes.
6. **Producing the report:** Finally, the student researcher produced a scholarly report in the dissertation by writing the results chapter with verbatim quotes from participants.

3.8 Trustworthiness

Trustworthiness was maintained by following methodological and interpretive rigor (Barnett-Vanes et al., 2017)

3.8.1 Methodological rigor

Congruence

The following steps-maintained congruence:

- This study followed the phenomenological approach (see section 3.1.2 for details) of qualitative study design which perfectly fit to achieve the aim and objectives to explore the lived experience of primary caregiver of an individual with drug abuser.

Responsiveness to Social Context

The following steps-maintained responsiveness:

- Face-to-face interview was conducted in a suitable place manually convenient. By verbal communication with the participants.

- Student researchers become familiar with the context.

Appropriateness

The following steps-maintained appropriateness:

- To include the best participant for the research problem this purposive sampling is most fitted (see section 3.4 for details).
- Ten participants were selected in this study based on some inclusion and exclusion criteria (see sections 3.4.1 and 3.4.2 for details).

Adequacy

The following steps-maintained adequacy:

- An interview guide was used in face-to-face interviews which was in Bangla.
- The interview was recorded by mobile recorder.
- Participant's opinions and voices are presented in verbatim quotations which represent the originality of the data.
- The description of the methods was detailed enough to enable the reader to understand the context of the study.

Transparency

The following steps-maintained transparency:

- All the data was transcribed verbatim in Bengali as a first language and transcribed in English for academic view.
- Data were analyzed by Braun and Clarke's six steps (see section 3.8 for details).

- The respected supervisor rechecked all the transcription and data analysis which A provided multiple views on the data.

3.8.2 Interpretive rigor

Authenticity

The following steps-maintained authenticity:

- Participants' views were presented in verbatim quotes in the study.
- After the participants' statement student researcher rechecked the explanation verbally with the participants.
- Participants were not involved in documenting, checking, analysing data, or reviewing the analysis because of the short study period.

Coherence

The following steps-maintained coherence:

- The student researcher transcribed data verbatim listening to the audio in Bengali their first language and translated them into English.
- The respected supervisor listened to the audio record and rechecked all the transcription and refined data analysis, providing multiple views of the data.

Reciprocity

The following steps-maintained reciprocity:

- The student researcher wrote down different codes from similar data and the supervisor checked them for multiple involvement.

- After data analysis, the student researcher collated all the similar codes and made potential themes to discuss with the supervisor.

Typicality

The following steps-maintained typicality:

- In South Asia, those countries that have similar infrastructure will find relatable findings of this study.

Permeability of the Researcher's

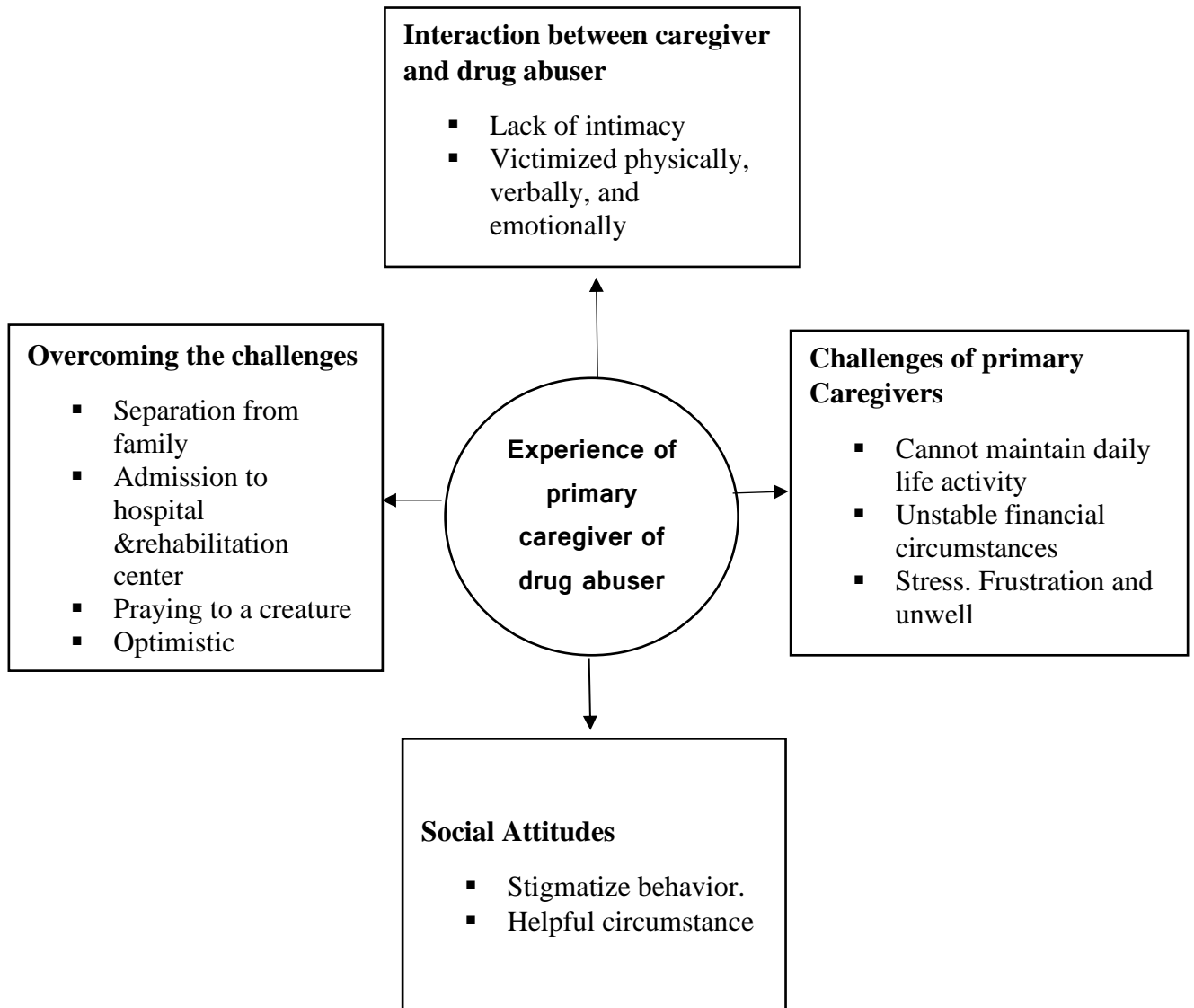
The following steps-maintained permeability of the researcher's:

- The student researcher's intentions, preconceptions, values, or preferred.
- The student researcher and the supervisor reviewed and there was no chance of biasness in this study.

CHAPTER IV: RESULTS

This result describes the lived experience of the primary caregivers of an individual with drug abuser. Seven mothers, two wives, and one father participated in the study to share their experiences. Four themes were emerged through thematic analysis. The theme was divided into several subthemes. The themes are the interaction among primary caregivers and individuals with drug abuse, social attitudes, challenges of primary caregivers, and overcoming the challenges.

Figure 4: Overview of result



Theme One: Interaction among primary caregiver and individual with drug abuser

Nearly all primary caregivers describe their insight into the interaction among individuals with drug abuse. All participants stated that their interactions with individuals with drug abusers were not good. The relationship with the primary caregiver has deteriorated due to drug addiction. The primary caregiver also experienced challenging life circumstances alongside their loved ones impacted by addiction. Individual may experience emotional breakdowns that are beyond their control. Most individuals are characterized as shameful, irritating, frustrating, and anxious.

Sub-theme one: Lack of intimacy

This section covers the relationship status. The study's participants provided their relationship status among individuals with drug abusers. All the participants narrated that the relationship was good before but after the addiction, the relationship deteriorated.

Drug addicts are abusive towards their family members but most of the time they are abusive towards the primary caregiver. They also make trouble in the house. Nipa said, "The relationship is not good now, he wants money all the time, he beats me and vandalizes the house. My son gets angry when he sees me in front of him and wants to kill me".

Sipra said,

"My relationship with my husband was not good since he started consuming cigarettes', heroin, and marijuana. He has been addicted to drugs for 12 years. He is always angry with me and does not want to understand me".

Sub-theme two: Victimized physically, verbally, and emotionally

Most of the participants of the study claimed that individual with drug abusers most of the time show misbehaves with all family members. Always beats the primary caregivers and tries to ransack the house. When they don't get enough money from family, then they verbally and physically abuse all family members. Out of ten participants, nine participants reported aggressive behavior exhibited by individuals with drug abuse. The rest of the participants stated that an individual with a drug abuser only behaves well with his wife and loves her very much. Three participants claimed that individuals with drug abuser show a killing tendency toward others.

Masuma said,

“He treats me very badly all the time. When he is angry, he beats me and verbally abuses me. He says I put poison in his food. For the last five months, he has stopped eating homemade food. He always doubts me. Before coming to the hospital, he hit me on the head with a large brick”.

Lubna said,

“He treated me well when he was in town and had money. After returning home he needs money all day for drug addiction. If I didn't give him money, he beat me and strangled me. I left the house in fear of him. If he didn't get me, he used to break the windows and doors of the house”.

Akhi added,

“He treats me badly when he needs money. if I don't give him money. He even agreed to blow my head off. "When he sits down to eat, he throws away all the food if he doesn't like it. He beats his father and brother all the time and often tells his brother that he doesn't want to see him. He creates various types of disturbances at home and misbehaves frequently”.

Theme two: Challenges of primary caregivers

All parents stated that they face many difficulties in their lives for individuals with drug abuse. Most of the participants claimed that they feel lots of stress and have no peace in their lives. A drug addict always creates trouble in the house and does not allow anyone in the family to live a proper life. Individuals with drug abusers verbally and physically abuse their family members. Ruksana stated,

“I have faced many problems for my son. I have exhausted all the money for him and now I have no money to support my family. The mental and emotional pressure is overwhelming, and it has affected me physically to the point where I have lost my appetite. I only eat a little to survive”.

Nipa added,

“I feel like he has taken away all the happiness in my life. I can't remember the last time I felt truly happy. Even when I sit down to eat, I can't enjoy my food and end up leaving it. I have no peace of mind. I have a young son who goes to my madrasa, but I had to leave him with his grandmother's house because I couldn't take care of him properly”.

Sub-theme one: Cannot maintain daily life activity.

The disruption of the Quality of life of the primary caregiver of an individual with drug abuse can be attributed to many factors. The individuals exhibited infrequent adherence to their self-care routines. All participants reported experiencing high levels of frustration and leading stressful and busy lifestyles. They have limited time for recreational activities.

The majority of the participants exhibited poor physical and psychological well-being. They are physically ill due to taking care of individuals with drug abuse. They also reported that they experienced physical fatigue and psychological stress. Lubna said,

“Many times, I cannot eat on time, cannot sleep on time. Sometimes I cry to Allah and say that if my son is not as good as before, then take him away. There is so much trouble in my house because of him. Sometimes I go to someone and express my emotion then feel better. Some people also say that silence will make you sick”.

Nipa added,

“I can't take care of myself. There is a lot of pressure on the head, I think I am going to die thinking about my son. Earlier my weight was 65 kg, now it has reduced a lot because I cannot do any work on time for my son. I can't eat on time and can't take a shower on time.”

The study's participants shared strategies for maintaining physical and mental well-being. Most individuals asserted they could not maintain their self-care on time. Only one participant in the study stated that there was no trouble in her daily life activities and that she had no mental stress. Rakib said,

“I can't take care of myself, I live in fear all day, I can't eat on time, I can't sleep on time because of my son. We have also become old. Sometimes I want to die because of his pain. I did not get a little peace in my life just for my son. I pray to Allah, my mind calm down (crying)”.

Samia stated.

“I have no mental stress for him, and I can do my daily tasks properly”.

Sub-theme two: Unstable financial circumstance

All the participants discussed the financial crisis resulting from the presence of individuals with drug abusers in their families. The individual conveyed that they have experienced various difficulties due to the ongoing financial crisis. Most of the time to borrow money from others. Lubna said,

“Since he always needs to be given money, otherwise he creates trouble at home. I borrowed a lot of money from people for my son. It is difficult to run the family with the money that his father earns. Financially, there is a lot of stress in our life”.

Rakib added,

“There is a lot of financial stress like he must need 100 Tk every day to get drunk. Sometimes he says give me 200 Tk, sometimes he says give me 1000 Tk, then I have to borrow money from my neighbor's house. If I don't give money, he starts beating everyone, where will I get so much money? He beats his brothers and sisters. He beat me and his mother, and now I don't care anymore, I want to die

because of his pain, sometimes I want to leave my son, where I want to go, but later I feel pain that I raised my son with so much pain”.

Sub-theme three: Stress, frustration and unwell

Each participant described some mental stress caused by emotional changes. Some claimed that the individual with a drug abuser was aggressive and irritating. Out of ten participants, nine participants feel frustration and express sadness for individuals with drug abuse. They are hopeful about their loved ones and want to be back to normal. The rest of the participants stated that she has no feelings about the individual with the drug abuser.

Shipra said,

“My husband was good before, and I want to go back to that previous life. I am trying very hard for him to be good, but I can't in any way. I feel very sad. Why can't I make my husband like before? I want to give my husband a beautiful life so that my married life becomes blessed. I want my husband to have a beautiful life”.

Jesmin said,

“I want my son to be as good as before. He was good before and didn't give me any trouble. He used to do all the work in my house, like carrying water, cleaning the house, and taking care of my hen when I was not at home. Now I just want my son will be as better as before”.

Theme three: Social attitudes

Primary caregivers report experiencing significant social reactions directed towards them.

The majority of instances exhibited unfavorable conduct by society.

Sub-theme one: Stigmatize behavior

The majority of the participants discussed the stigmatizing behavior exhibited by members of society. The people use insulting talk and exhibit inappropriate behavior towards the primary caregiver of an individual with a drug abuser. Instances have been reported where surroundings try to abuse physically the individual with a drug abuser. Ruksana said,

“They put a lot of pressure on me from all sides, neighbors say your son is bad, our environment is ruining for your son. You should leave the area. They take justice here and there for my son. If there is any theft in the area, everyone always blames my son. Even though my son has done nothing wrong, everyone blames him. Neighbors say your son has been robbed and you must pay a fine for this. I am helpless because my husband does not live with me. I have no one to talk to on my side. For these reasons, I have brought my son to the hospital.”

Rakib added,

“Surrounding verbally abuse me and my family and say your son takes drugs, scream at home. So, we have a lot of problems for him. Your son scared us, so lock him in the house. They want to torture us all the time”.

Another family shared mixed reactions from society. They experience various reactions from society. Ruksana said,

“Everyone speaks differently. Some shopkeepers say tie your son and keep him inside the house and some say admit your son to a rehabilitation center. His father wanted to give him a rehabilitation center, but I didn't let him. Someone expresses

regret and says Mitul was not like this before, how did your son go down a bad path? Everyone talks differently”.

Sub-theme two: Helpful circumstance

Some individuals within the society uses helpful circumstances to the primary caregivers of individuals with drug abusers and sympathize with them. Surroundings suggest how to overcome this problem. Samia stated,

“They also look like they feel sorrow for me and always treat me well. They told me you have 3 children, what else to do, keep struggling. Neighbors always understand me”.

Shipra added,

“They feel sorrow for me all the time. The neighbors treat me very well because not everyone is a good person like me. Even after enduring so much abuse from my husband, I am still with him. Neighbors always tell me, to kill my husband by mixing poison with rice. They tell me that your husband will never be good. You are suffering a lot. I tell them that my husband is still alive, and no one dares to say anything to me. If my husband is not there, I will have no value. I try to make my husband better”.

Theme four: Overcoming the challenges

Approximately 80% of participants reported that they could not overcome these challenges.

When they are depressed, they pray and cry to Allah and express their emotions to others.

Sub-theme one: Separation from family

Masuma said,

“He treats everyone badly. If someone from outside wanted to come to the house, he was not allowed to enter the house and then verbally abused everyone. Because of which we have separated his room. He was locked in a room most of the time. Keep him confined at home for 4-5 months”.

Akhi said,

“I am struggling to deal with these issues. Whenever he causes trouble in the house, I either close the door or go to my neighbor's house to avoid him. When he gets angry, he tends to become violent and harm anyone in his way. That's why none of us go in front of him at that time”.

Sub-theme two: Admission to hospital & rehabilitation center

Masuma said,

“When I saw that it was not possible to keep him in the house, I took him to the hospital, because if he stays in the hospital then his aggressive behavior decreases little bit”.

Sub-theme three: Praying for a creature

Jesmin added,

“I pray and cry to Allah all the time. It hurts me a lot when he misbehaves with me. As a mother, such behavior is unacceptable”. Samia said,

“I left him to Allah. I don't want to anything from him”.

Sub theme four: Optimistic

Ruksana said,

“I am confident that my son will be fine, he will be like before, I have no one else in the world except my child, my husband left me many years ago, he married another, and he does not keep any news about us. I am suffering so much trouble for my children so that my children are well, now I want Allah to bring my son back from the path of addiction, I do not want anything else”.

CHAPTER V: DISCUSSION

The present research was commenced to explore the lived experiences of primary caregivers of individuals with drug abuse. The study involved the participation of ten individuals. Based on the data provided by participants, the findings were classified into five distinct themes.

The study investigated the relationship among primary caregivers and drug abusers. Also, investigate the stress factor of primary caregivers due to behavioral changes exhibited by individuals with drug abuse. Individuals with drug abusers verbally and physically abuse their primary caregivers. The primary caregiver exhibits fear, sadness, and irritation towards this particular form of conduct. A study conducted in Canada revealed that drug abuse and addiction can impact families in different ways. Families living with a close member with substance abuse often experience unmet needs, impaired attention, emotional distress, and can even experience violence. A remarkable impact of drug addiction was the loss of relationships with individuals with drug abusers and its effects on family existence and public sphere. The participants were unable to have a meaningful relationship with their relatives (Family Mental Health Alliance, 2006). Another study conducted in South Africa stated that Stress associated with individual substance abuse can have negative effects on family relationships. Some participants decided to keep a physical distance between themselves and their families (Groenewald & Bhana, 2016). Furthermore, caring for a partner or a dependent with drug abuse raises persistent stressful circumstances that may create depression, anxiety, shame, guilt, worry, and more behavioral problems within

the family (Orford et al., 2013). The stress and disaster associated with caring for a relative with drug abuse can obstruct the circle of relatives functionality (Coyle et al., 2009). Substance abusers show conflict with their primary caregiver. Conflicts cause chaos in the family, damaging parent-child relationships, sibling relationships, or co-parenting (Choate, 2015). According to (Shamsaei et al., 2019). Drug abuse can create anxiety, depression, miscommunication, and more often arguments within the family, and most of the time it affects the primary caregivers. Increase their stress level and face many difficulties in their existence. The present study investigation has revealed that primary caregivers exhibit diverse emotional reactions. The individual is experiencing negative emotions such as frustration, sadness, and stress, due to which most of the participants feel isolated(Choate, 2015). Other studies also support this fact of emotional exhaustion. some participants feel hope for their loved ones and constantly trying to help the addict get back to their previous life. This research has yielded a remarkable discovery. There is a relative lack of literature on this particular aspect. Primary caregivers face many kinds of difficulties due to drug addiction. Participants also felt stigmatized, humiliated, and ashamed because of the criminality of their loved ones. Criminality was associated with stealing for drug abuse. when an individual with drug abuse is unable to consume drugs at sufficient time, then different kinds of disturbances begin in the house, such as beating, trying to kill others, and showing tantrums in the residence.

The primary discovery of this research pertains to the phenomenon of social response. This study has identified several social attitudes. Primary caregivers experienced significant discrimination, and stigmatization, from relatives, neighbors, and the community. Conversely, some individuals received positive responses from the

community, neighbors, and surroundings. Social support is crucial during stressful experiences, as positive support can lessen stress and its aspect outcomes even as increasing resilience (Family Mental Health Alliance, 2006). Most of the participants examined in the studies experienced feelings of shame, guilt, and embarrassment due to the unusual behaviors exhibited by substance abusers. Carers often experience a sense of isolation and loneliness and apologies to society for their loved ones.

When a person in a family is addicted to drugs, the primary caregiver of the family faces many challenges. They are always worried and distressed about drug abuser. Their distress includes family conflict, financial burden, destructive behaviors, misbehavior, disruptive relationship. Jackson and Mannix (2003) Found their study that primary caregivers are verbally and physically abused by drug addicts. These experiences caused participants to fear drug addiction and leave their homes.

The present study examined financial stress; financial stress was high for all participants. The majority of the households belong to low- and middle-class socioeconomic groups. Most of the time participants spend all the money on drug addicts, which affects their daily lives. A family's financial resources, including income, proceeds, earnings, and profits, are utilized to cover the cost of providing care for all family members.

Similarly, Mulyaningrat et al, (2019) discovered that participants of an individual with a drug abuser face a significant financial burden. The study revealed that most of the participants had a middle or low-income household. Due to peer influence, drug addicts become more addicted to drugs and most of the time steal from home. Needs to take loans from neighbors because of drug addicts. It can be difficult to ascertain the financial impact of a loved one's substance abuse on the family. Although some direct costs, such as theft

and unemployment, can be identified, It can be challenging to measure the costs that are not easily quantifiable, such as the emotional distress, pain, and suffering experienced by individuals. When a family member is a substance abuser, most of the financial burden falls on the caregiver. They have to pay for the individual's rehabilitation, medical visits, and general living expenses (Copello et al., 2010; Jackson & Mannix, 2003; Usher et al., 2007; Velleman, 2010).

According to recent research, when discussing the daily experience of primary caregivers, it was discovered that they do not allocate sufficient time to uphold their daily self-care and personal maintenance routines. The phenomenon under consideration involves both physical and psychological stressors. According to (Lander, L., Howsare, J., & Byrne, 2013), research was conducted in foreign countries, with primary caregivers experiencing feelings of stress, sadness, and distress with the management of day-to-day care. The study found that carers experienced a decreased quality of life across various domains, such as physical, emotional, and psychological roles. Recognizing caregiver distress supports self-care for families affected by addiction and enhances their ability to support their loved one's recovery (Family Mental Health Alliance, 2006). It can be very difficult for a primary caregiver to cope with the emotional burden that comes with having a loved one who struggles with substance abuse. This situation can cause individuals to experience emotions of helplessness and hopelessness, especially when faced with external problems such as work-related issues. Caregivers often experience disrupted sleep patterns due to constant worry about their loved one's well-being. Studies revealed that stress, strain, and anxiety may lead to insomnia and other sleep disorders (Mulyaningrat et al., 2019).

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation of the study

6.1.1 Strength of the study

- The qualitative phenomenological approach adopted in this study enables a thorough exploration of the lived experiences of primary caregivers of individuals with drug abuse. It allows for a deep understanding of the complexities, emotions, and challenges faced by the primary caregiver, providing a holistic view of their experiences.
- The study's qualitative nature acknowledges that the impact of drug addiction on primary caregivers is shaped by cultural, social, and familial dynamics. By considering these contextual elements, the study can provide a detailed understanding of how these factors intersect with the lived experiences of primary caregivers.
- The use of rigorous data collection methods, such as in-depth interviews and face-to-face interviews allows for a comprehensive exploration of participants' experiences.
- Additionally, employing thematic analysis helps identify recurring patterns and themes, contributing to the study's credibility and trustworthiness, for example: member checking, and peer debriefing.
- The findings of this study have the potential to inform support services and know about social stigma, and policies related to mental health care.

- This study maintained an ethical framework, including informed consent, and confidentiality measures, which would enhance credibility and trustworthiness.

6.1.2 Limitation of the study

- The study's findings may be limited by the sample's characteristics and the specific context in which the research is conducted. While efforts will be made to recruit a diverse range of participants, including individuals from different backgrounds and cultural contexts, the sample may not fully represent the entire population of primary caregivers of individuals with drug abuse.
- Due to the qualitative nature of the study, the findings may not be easily generalized to other contexts or populations.
- Participants may have difficulty recalling and accurately representing past experiences or emotions related to their loved one's drug addiction. Memories can be influenced by time, personal biases, and the impact of ongoing experiences.
- The study contributed to collecting data from hospitals. Community-based data gathering is not possible due to time constraints and issues with permission.
- It is the first time for student researcher to conduct a study so there would be some mistakes that could impact on quality of the data.

6.2 Practice implication

This study emphasizes the importance of mental health providers and policymakers considering the perspective and needs of primary caregivers when developing care. By understanding the unique challenges faced by primary caregivers, appropriate support can be developed.

By acknowledging their needs, promoting understanding, and involving them in the care process, mental health providers can foster a collaborative and supportive environment that positively impacts the well-being of both individuals with drug abuser and their primary caregivers.

6.2.1 Recommendation for future practice

- It is recommended that future research should focus on conducting longitudinal studies as these are suggested to explore the dynamic nature of primary caregiver experiences over time. Such studies would provide a deeper understanding of how their experiences evolve and the long-term impact of mental illness on primary caregivers, as well as the effectiveness of interventions and support systems.
- The future research should take into account factors such as gender, race, ethnicity, socioeconomic status, and cultural background. Investigating how these intersecting identities influence their experiences and support needs would contribute to a comprehensive understanding of the diverse challenges within this population.
- Future research should consider a broader range of relationships with substance abusers including spouses, siblings, children, and other family members. Understanding the unique experiences and support needs of individuals in different relationships would provide insights into the varying dynamics within them.
- The role of technology in supporting primary caregivers should be investigated. Particularly in terms of accessibility, information sharing, and emotional support, understanding the benefits and limitations of technology-based interventions.

6.2.2 Recommendation for future research

- Implement long-term follow-up programs to assess the ongoing needs and challenges faced by primary caregivers. This can inform the development of sustained support systems.
- Implement a campaign to reduce the stigma surrounding substance abuse and caregiving. This can help create a more supportive environment for both the individuals with drug abuse issues and their primary caregivers.
- Future research will recommend conducting the study with large sample. As it is an undergraduate research student researcher could not include large sample size because of time limitation.

6.3 Conclusion

Primary caregivers often endure significant pain and sadness in their life experiences. They face numerous challenges in their daily lives, including physical, psychological, emotional, and financial stress, which can make them neglect their own health. Additionally, they may lack self-concern and not prioritize their well-being. To address these issues, healthcare professionals should organize awareness programs and provide specialized services that include counseling. It is important for professionals to work towards reducing stigmatized attitudes that may further exacerbate the struggles of primary caregivers.

LIST OF REFERENCES

- Against, V., Violence, I. P., Salomon, A. M. Y., Bassuk, S. S., & Huntington, N. (2002). *Partner Violence and the Use and Homeless Single Mothers*. 8(7), 785–815.
- Barnard, M., & McKeganey, N. (2004). The impact of parental problem drug use on children:
What is the problem and what can be done to help? *Addiction*, 99(5), 552–559.
<https://doi.org/10.1111/j.1360-0443.2003.00664.x>
- Butler, R., & Bauld, L. (2005). The parents' experience: Coping with drug use in the family.
Drugs: Education, Prevention and Policy, 12(1), 35–45.
<https://doi.org/10.1080/0968763042000275308>
- Bennett, L., & O'Brien, P. (2007). Effects of coordinated services for drug-abusing women who are victims of intimate partner violence. *Violence Against Women*, 13(4), 395–411. <https://doi.org/10.1177/1077801207299189>
- Bhugra, D., Till, A., & Sartorius, N. (2013). What is mental health? *International Journal of Social Psychiatry*, 59(1), 3–4. <https://doi.org/10.1177/0020764012463315>
- Braun, V., & Clarke, V. (2021). Can I use TA? Should I use TA? Should I not use TA? Comparing reflexive thematic analysis and other pattern-based qualitative analytic approaches. *Counselling and Psychotherapy Research*, 21(1), 37–47.
<https://doi.org/10.1002/capr.12360>
- Bonomo, Y. A., & Bowes, G. (2001). Putting harm reduction into an adolescent context. *Journal of Paediatrics and Child Health*, 37(1), 5–8.
<https://doi.org/10.1046/j.14401754.2001.00623.x>
- Barnett-Vanes, A., De'Ath, H. D. I., McMurrin, C., & Wan, J. C. M. (2017). Research. *Making the Most of Medical School: The Alternative Guide First Edition*, 5–27.
<https://doi.org/10.1201/9781315103631-2>

- Choate, P. W. (2015). Adolescent alcoholism and drug addiction: The experience of parents. *Behavioral Sciences*, 5(4), 461–476. <https://doi.org/10.3390/bs5040461>
- Copello, A., Templeton, L., & Powell, J. (2010). The impact of addiction on the family: Estimates of prevalence and costs. *Drugs: Education, Prevention and Policy*, 17(SUPPL. 1), 63–74. <https://doi.org/10.3109/09687637.2010.514798>
- Coyle, J. P., Nochajski, T., Maguin, E., Safyer, A., DeWit, D., & Macdonald, S. (2009). An exploratory study of the nature of family resilience in families affected by parental alcohol abuse. *Journal of Family Issues*, 30(12), 1606–1623. <https://doi.org/10.1177/0192513X09339478>
- Dube, S. R., Anda, R. F., Felitti, V. J., Croft, J. B., Edwards, V. J., & Giles, W. H. (2001). Growing up with parental alcohol abuse: Exposure to childhood abuse, neglect, and household dysfunction. *Child Abuse and Neglect*, 25(12), 1627–1640. [https://doi.org/10.1016/S0145-2134\(01\)00293-9](https://doi.org/10.1016/S0145-2134(01)00293-9)
- El-Bassel, N., Gilbert, L., Wu, E., Go, H., & Hill, J. (2005). Relationship between drug abuse and intimate partner violence: A longitudinal study among women receiving methadone. *American Journal of Public Health*, 95(3), 465–470. <https://doi.org/10.2105/AJPH.2003.023200>
- Ewing, B. A., Osilla, K. C., Pedersen, E. R., Hunter, S. B., Miles, J. N. V., & D’Amico, E. J. (2015). Longitudinal family effects on substance use among an at-risk adolescent sample. *Addictive Behaviors*, 41, 185–191. <https://doi.org/10.1016/j.addbeh.2014.10.017>
- Family Mental Health Alliance. (2006). *Caring Together: Families as Partners in the Mental Health and Addiction System*. 3(1), 1–36.
- Groenewald, C., & Bhana, A. (2016). “It was Bad to See My [Child] Doing this”: Mothers’

Experiences of Living with Adolescents with Substance Abuse Problems. *International Journal of Mental Health and Addiction*, 14(5), 646–661.
<https://doi.org/10.1007/s11469-015-9605-7>

Group, F. (2007). Drug Abuse Drug Abuse. *Consultant*, 53(2), 2019.

Jackson, D., & Mannix, J. (2003). Then suddenly he went right off the rails: mothers' stories of adolescent cannabis use. *Contemporary Nurse : A Journal for the Australian Nursing Profession*, 14(2), 169–179. <https://doi.org/10.5172/conu.14.2.169>

Jackson, D., Usher, K., & O'Brien, L. (2006). Fractured families: Parental perspectives of the effects of adolescent drug abuse on family life. *Contemporary Nurse*, 23(2), 321–330.

<https://doi.org/10.5172/conu.2006.23.2.321>

Jesuraj, M. J. (2012). Impact of Substance Abuse on Families. *Rajagiri Journal of Social Development*, 4(2), 33–44. https://www.lib.uwo.ca/cgi-bin/ezpauthn.cgi?url=http://search.proquest.com/docview/1547935944?accountid=15115%5Cnhttp://vr2pk9sx9w.search.serialssolutions.com/?ctx_ver=Z39.88-2004&ctx_enc=info:ofi/enc:UTF-8&rft_id=info:sid/ProQ%3Asociology&rft_val_fmt=inf

Jeyagurunathan, A., Sagayadevan, V., Abdin, E., Zhang, Y. J., Chang, S., Shafie, S., Rahman, R. F. A., Vaingankar, J. A., Chong, S. A., & Subramaniam, M. (2017). Psychological status and quality of life among primary caregivers of individuals with mental illness: A hospital based study. *Health and Quality of Life Outcomes*, 15(1), 1–14. <https://doi.org/10.1186/s12955-017-0676-y>

Kamal, R. (2014). a Narrative Study of the Lived Experiences of Family Caregivers Through Different Stages of. *Dissertation*.
https://digitalrepository.unm.edu/educ_ifce_etds/12/

- Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, 72(12), 2954–2965. <https://doi.org/10.1111/jan.13031>
- Lander, L., Howsare, J., & Byrne, M. (2013). 基因的改变 NIH Public Access. *Social Work and Public Health*, 28(0), 194–205. <https://doi.org/10.1080/19371918.2013.759005>.
- Mulyaningrat, W., Hamid, A. Y. S., & Daulima, N. H. C. (2019). Mothers' experience in caregiving for stimulant and hallucinogen drug-abusing adolescent. *Enfermeria Clinica*, 29, 850–854. <https://doi.org/10.1016/j.enfcli.2019.04.128>
- Macy, R. J., Renz, C., & Pelino, E. (2013). Partner Violence and Substance Abuse Are Intertwined: Women's Perceptions of Violence-Substance Connections. *Violence Against Women*, 19(7), 881–902. <https://doi.org/10.1177/1077801213498208>
- Maina, G., Ogenchuk, M., Phaneuf, T., & Kwame, A. (2021). “ I can ' t live like that ” : the experience of caregiver stress of caring for a relative with substance use disorder. 3, 1–9.
- Malik, P., Kumar, N., Sidhu, B. S., Sharma, K. C., & Gulia, A. D. (2012). Impact of Substance Dependence on Primary Caretaker in Rural Punjab. *Delhi Psychiatry Journal*, 15(1). <https://citeseerx.ist.psu.edu/viewdoc/download?doi=10.1.1.898.1006&rep=rep1&type=pdf>
- Mannelli, P. (2013). The burden of caring: Drug users & their families. *Indian Journal of Medical Research*, 137(4), 636–638.
- Massa, S., & Testa, S. (2004). Innovation or imitation?: Benchmarking: A knowledge-management process to innovate services. *Benchmarking*, 11(6), 610–620. <https://doi.org/10.1108/14635770410566519>

- Momtazi, S., & Rawson, R. (2010). Substance abuse among Iranian high school students. *Current Opinion in Psychiatry*, 23(3), 221–226. <https://doi.org/10.1097/YCO.0b013e328338630d>
- Moonajilin, M. S., Kamal, M. K. I., al Mamun, F., Safiq, M. B., Hosen, I., Manzar, M. D., & Mamun, M. A. (2021). Substance use behavior and its lifestyle-related risk factors in Bangladeshi high school-going adolescents: An exploratory study. *PLoS ONE*, 16(7 July). <https://doi.org/10.1371/journal.pone.0254926>
- Naz, N., Gulab, F., & Aslam, N. (2022). Development of Qualitative Semi-Structured Interview Guide for Case Study Research. *Competitive Social Sciences Research Journal (CSSRJ)*, 3(2), 42–52. www.cssrjournal.com
- Orford, J., Velleman, R., Natera, G., Templeton, L., & Copello, A. (2013). Addiction in the family is a major but neglected contributor to the global burden of adult ill-health. *Social Science and Medicine*, 78(1), 70–77. <https://doi.org/10.1016/j.socscimed.2012.11.036>
- Peterson, J. S. (2019). Presenting a Qualitative Study: A Reviewer's Perspective. *Gifted Child Quarterly*, 63(3), 147–158. <https://doi.org/10.1177/0016986219844789>
- Shamsaei, F., Baanavi, M., Hassanian, Z. M., & Cheraghi, F. (2019). The Impact of Addiction on Family Members Mental Health Status. *Current Drug Research Reviews*, 11(2), 129–134. <https://doi.org/10.2174/2589977511666190319162901>
- Simonelli, A., Pasquali, C. E., & De Palo, F. (2014). Intimate partner violence and drug-addicted women: From explicative models to gender-oriented treatments. *European Journal of Psychotraumatology*, 5. <https://doi.org/10.3402/ejpt.v5.24496>
- Swartbooi, C. M. (2013). *A phenomenological study on parents' experiences of their adolescent's substance abuse*. August. <http://hdl.handle.net/11394/3863>
- Solati, K., & Hasanpour-Dehkordi, A. (2017). Study of association of substance use disorders with family members' psychological disorders. *Journal of Clinical and*


- Diagnostic Research*, 11(6), VC06–VC09.
<https://doi.org/10.7860/JCDR/2017/24547.10021>
- Swartbooi, C. M. (2013). *A phenomenological study on parents' experiences of their adolescent's substance abuse*. *August*. <http://hdl.handle.net/11394/3863>
- Shimange, M. E., Poggenpoel, M., Myburgh, C. P. H., & Ntshingila, N. (2022). Lived experiences of family members caring for a relative with mental illness. *International Journal of Africa Nursing Sciences*, 16(March), 100408.
<https://doi.org/10.1016/j.ijans.2022.100408>
- S., R., & Robinson. (2014). Purposive Sampling. In A. C. Michalos (Ed.), *Encyclopedia of Quality of Life and Well-Being Research* (pp. 5243-5245). Springer Dordrecht.
https://doi.org/https://doi.org/10.1007/978-94-007-0753-5_2337
- Tuten, M., Jones, H. E., Tran, G., & Svikis, D. S. (2004). Partner violence impacts the psychosocial and psychiatric status of pregnant, drug-dependent women. *Addictive Behaviors*, 29(5), 1029–1034. <https://doi.org/10.1016/j.addbeh.2004.02.055>
- Tang, Y., Yan, Y., Mao, J., Ni, J., & Qing, H. (2023). Jo l P re of. *Ageing Research Reviews*, 101865. <https://doi.org/10.1016/j.nsa.2024.104064>
- Usher, K., Jackson, D., & O'Brien, L. (2007). Shattered dreams: Parental experiences of adolescent substance abuse: Feature Article. *International Journal of Mental Health Nursing*, 16(6), 422–430. <https://doi.org/10.1111/j.1447-0349.2007.00497.x>
- Velleman, R. (2010). The policy context: Reversing a state of neglect. *Drugs: Education, Prevention and Policy*, 17(SUPPL. 1), 8–35.
<https://doi.org/10.3109/09687637.2010.514796>
- Vittone, P., Traverso, C., Zingirian, M., & Bertagno, R. (1983). Tapioca melanoma of the iris: A contribution to the fine structure and its significance. *Ophthalmologica*, 186(3), 125–135. <https://doi.org/10.1159/000309273>

Wilson, I. M., Graham, K., & Taft, A. (2017). Living the cycle of drinking and violence: A qualitative study of women's experience of alcohol-related intimate partner violence. *Drug and Alcohol Review*, 36(1), 115–124. <https://doi.org/10.1111/dar.12405>

APPENDICES

Appendix A: Approval / Permission Letter

Ethical Approval Letter



**BANGLADESH HEALTH
PROFESSIONS INSTITUTE**

বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

Ref: *CRP-BHPI/IRB/10/2023/759* Date: *18.10.2023*

To
 Meherun Nahar Maria Shifa
 4th Year B.Sc. in Occupational Therapy
 Session: 2018-2019; Student ID: 122180321
 Department of Occupational Therapy
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal “Lived experience of primary caregiver of individual with drug abuser” by ethics committee.

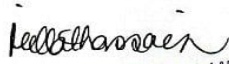
Dear Meherun Nahar Maria Shifa, Congratulations.
 The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Kaniz Fatema as thesis supervisor. The Following documents have been 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 measure the lived experience of primary caregiver of individual with drug abuser. The study involves use of Standardized questionnaire to know the primary caregiver perception about individual with drug abuser that may take about 30-40 minutes to fill in the questionnaire for collection of specimens and there is no likelihood of any harm to the participants and no economical 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
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh.

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

Permission Letter for data collection from NIMH

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
পরিচালক ও অধ্যাপকের কার্যালয়
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট ও হাসপাতাল
শেরে বাংলা নগর, ঢাকা- ১২০৭

স্মারকনং-এনআইএমএইচ/প্রশাঃ/২০২২/ ২৬৬৮

তারিখঃ ২৫/০০/২৬

বরাবর


এস. কে মনিরুজ্জামান
সহযোগী অধ্যাপক ও বিভাগীয় প্রধান
অকুপেশনাল থেরাপি বিভাগ
বিএইচপিআই, সিআরপি
সাভার, ঢাকা।

বিষয়ঃ গবেষণা সংক্রান্ত তথ্য সংগ্রহের অনুমতি প্রদান প্রসঙ্গে।

উপরোক্ত বিষয়ের আলোকে পঞ্চাধাত্মসুন্দের পুনর্বাসন কেন্দ্র-সিআরপির শিক্ষা প্রতিষ্ঠান বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) ঢাকা এর বিএইচপিআই'র ৪র্থ বর্ষ বিএসসি ইন অকুপেশনাল থেরাপির ০১(এক) জন শিক্ষার্থীকে জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, শেরে বাংলা নগর, ঢাকায় ২৬/১০/২০২৩ ইং হতে ৩০/১২/২০২৩ ইং পর্যন্ত গবেষণা সংক্রান্ত তথ্য সংগ্রহের জন্য অনুমতি প্রদান করা হলো।

শিক্ষার্থীদের নামঃ

১। মেহেরুন নাহার মারিয়া শিফা


(অধ্যাপক ডাঃ অত্র দাশ ভৌমিক)
পরিচালক
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
তারিখঃ

স্মারক নং-এনআইএমএইচ/প্রশাঃ/২০২২/

অনুলিপি অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য প্রেরণ করা হইল :-

- ১। বিভাগীয় প্রধান (সকল), এনআইএমএইচ, ঢাকা।
- ২। উপ-পরিচালক, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৩। জনাব মোঃ জহির উদ্দিন, সহকারী অধ্যাপক, ক্লিনিক্যাল সাইকোলজি, এনআইএমএইচ, ঢাকা।
- ৪। রেসিডেন্ট সাইকিয়াট্রিস্ট, এনআইএমএইচ, ঢাকা।
- ৫। মোঃ জামাল হোসেন, সাইকিয়াট্রিক সোসাল ওয়ার্কার, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৬। প্রশাসনিক কর্মকর্তা, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৭। অকুপেশনাল থেরাপিস্ট, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৮। পরিচালক মহোদয়ের ব্যক্তিগত সহকারী, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৯। অফিস নথি।

শ্রী.
(অধ্যাপক ডাঃ অত্র দাশ ভৌমিক)
পরিচালক
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।

Appendix B: Information Sheet & Consent Form

Consent Form

Respected Participants

Assalamualikum/Greetings,

The researcher Meherun Nahar Maria Shifa is a 4th year B.Sc. student in Occupational Therapy department of Bangladesh Health Professions Institute (BHPI), want to conduct research about lived experience of primary caregiver of individual with drug abuser. The aim of the study is to explore the lived experience of primary caregivers of individuals with drug abuser. The maximum data collection time on this study will be 30- 40 minutes.

I want to inform you that this research will not be used for any other purpose. The information will not be shared with others. Participants' names and other information will not be published. Participants of the study will not financially benefit from this study. They are free to decline to answer any question during the interview. All the information that is collected from the interview would be kept safely and maintained confidentiality. Participant can withdraw information from the study at any time.

In this study I am a participant and I have been clearly informed about the purpose of the study. I am willing to participate in this study and I will have the right to refuse to take part at any time at any stage of the study. For this reason, I will not be bound to answer anybody. The researcher will be able available to answer any study related question or inquiry to the participant. So, with my best knowledge I agree to participate willingly with my full satisfaction in this study.

Participant Name and Date

Participants Signature

Researcher Signature

সম্মতি পত্র

সম্মানিত অংশগ্রহণকারী

আসসালামুয়ালাইকুম/শুভেচ্ছা,

গবেষক মেহেরুন নাহার মারিয়া শিফা ৪র্থ বর্ষের বি.এসসি. বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের (বিএইচপিআই) পেশাগত থেরাপি বিভাগের ছাত্রি, মাদক সেবনকারী ব্যক্তির প্রাথমিক পরিচর্যাকারীর জীবিত অভিজ্ঞতা নিয়ে গবেষণা করতে চান। অধ্যয়নের লক্ষ্য হল মাদক সেবনকারী ব্যক্তিদের প্রাথমিক পরিচর্যাকারীদের জীবিত অভিজ্ঞতা অন্বেষণ করা। এই গবেষণায় সর্বাধিক ডেটা সংগ্রহের সময় হবে 30-40 মিনিট।

আমি আপনাকে জানাতে চাই যে এই গবেষণাটি অন্য কোন উদ্দেশ্যে ব্যবহার করা হবে না। তথ্য অন্যদের সাথে শেয়ার করা হবে না। অংশগ্রহণকারীদের নাম এবং অন্যান্য তথ্য প্রকাশ করা হবে না। অধ্যয়নের অংশগ্রহণকারীরা এই গবেষণা থেকে আর্থিকভাবে উপকৃত হবে না। তারা সাক্ষাত্কারের সময় কোন প্রশ্নের উত্তর দিতে অস্বীকার করতে পারবেন। সাক্ষাৎকার থেকে সংগৃহীত সমস্ত তথ্য নিরাপদে রাখা হবে এবং গোপনীয়তা বজায় রাখা হবে। অংশগ্রহণকারী যেকোনো সময় গবেষণা থেকে প্রত্যাহার করতে পারেন।

এই গবেষণায় আমি একজন অংশগ্রহণকারী এবং আমাকে অধ্যয়নের উদ্দেশ্য সম্পর্কে স্পষ্টভাবে অবহিত করা হয়েছে। আমি এই অধ্যয়নে অংশগ্রহণ করতে ইচ্ছুক এবং অধ্যয়নের যে কোন পর্যায়ে যে কোন সময় অংশ নিতে অস্বীকার করার অধিকার আমার থাকবে। এই কারণে, আমি কাউকে উত্তর দিতে বাধ্য হব না। গবেষক অংশগ্রহণকারীর কাছে অধ্যয়ন সম্পর্কিত যেকোনো প্রশ্ন বা অনুসন্ধানের উত্তর দিতে সক্ষম হবেন। তাই, আমার সর্বোত্তম জ্ঞানের সাথে আমি এই গবেষণায় আমার সম্পূর্ণ সন্তুষ্টির সাথে স্বেচ্ছায় অংশগ্রহণ করতে সম্মত।

অংশগ্রহণকারীর নাম এবং তারিখ

অংশগ্রহণকারীর স্বাক্ষর

গবেষকের স্বাক্ষর

Information Sheet

Title of the study: Lived experience of primary caregiver of individual with drug abuser.

I would like to invite you to take part in a research study. Before you decide you need to understand why the research is being done and what it would involve you. Please take time to read the following information carefully. Ask questions if anything you read is not clear or if you would like more information. Take time to decide whether to take part.

BACKGROUND AND AIM OF THIS RESEARCH.

I am Meherun Nahar Maria Shifa, studying B.Sc. in Occupational Therapy in 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 the B.Sc. course curriculum, I am going to conduct a research activity under the lecture of occupational therapy Kaniz Fatema. The topic of the research is lived experience of primary caregivers of individual with drug abuser. The aim of this study is to explore the lived experience of primary caregivers of individual with drug abuser.

WHAT TO DO PARTICIPATE IN THE STUDY?

I will conduct a 30–40-minute interview with you. The interview is about your life experience, your personal challenges, relationship, and coping strategies. I will record the interview with your permission.

WHY HAVE YOU BEEN INVITED TO TAKE PART?

As you are a primary caregiver of an individual with drug abuser you have been invited to take part in the study. You have met the inclusion and exclusion criteria. I added the inclusion and exclusion criteria below.

Inclusion Criteria:

- Individual with drug abuser who are admitted in National Institute of Mental Health (NIMH).
- Primary caregivers must have experienced living with individuals with drug abuse.
- Both male and female primary caregiver should be included to share their experiences.

Exclusion Criteria:

- Primary caregivers with cognitive impairments and communication difficulties are not included in this study.
- Paid caregiver (Because they did not give correct information.

DO YOU HAVE TO TAKE PART?

It is up to you to decide whether to take part. If you do decide to take part, you will be able to keep a copy of this information sheet and you must give consent through a consent form. You can still withdraw your information at any time through the withdrawal form. You do not have to give a reason.

WHAT ARE THE POSSIBLE RISKS AND BENEFITS OF TAKING PART?

Participating in the research is not anticipated to cause you any disturbance or discomfort. There is no financial benefit for you for taking part in the study.

WILL TAKING PART BE CONFIDENTIAL?

The information will not be shared with others. Your name and other information will not come out during the study. All the information that is collected from the interview would be kept safely and maintained confidentiality.

HOW WILL THE INFORMATION YOU PROVIDE BE RECORDED, STORED AND PROTECTED?

The interview will be recorded through a smart phone. Signed consent forms and original audio recordings will be retained in my phone which has a lock and only I have access to, until after my degree has been conferred. A transcript of interviews in which all identifying information has been removed will be retained for a further two years after this. Under freedom of information legalization, you are entitled to access the information you have provided at any time.

WHO SHOULD YOU CONTACT FOR FURTHER INFORMATION?

You can contact me for further information.

Meherun Nahar Maria Shifa

4th year student, Occupational therapy, BHPI, CRP

Phone: 01683572355

Email: meherunnahar99@gmail.com

You can also contact my supervisor.

Kaniz Fatema

Lecturer, Occupational Therapy, BHPI, CRP

Phone: 01855611776

Email: kanizot993@gmail.com

Thank you

অনুমতি পত্র

শিরোনাম: মাদকাসক্ত ব্যক্তির সাথে প্রাথমিক পরিচর্যাকারীর জীবিত অভিজ্ঞতা।

গবেষকের নাম: মেহেরুন নাহার মারিয়া শিফা, ৪র্থ বর্ষ, অকুপেশনাল থেরাপি বিভাগ, রোল -৩৭

তত্ত্বাবধায়ক: কানিজ ফাতেমা, প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেল্থ প্রফেশিনস ইনস্টিটিউট (বএএইচপিআই)

আমি মেহেরুন নাহার মারিয়া শিফা, আপনাকে একটি গবেষণায় অংশ নিতে আমন্ত্রণ জানাতে চাই। আপনি সিদ্ধান্ত নেওয়ার আগে আপনাকে বুঝতে হবে কেন গবেষণাটি করা হচ্ছে এবং এটি আপনার সাথে কিভাবে জড়িত। নিম্নলিখিত তথ্য পড়ার জন্য দয়া করে সময় নিন। আপনার পড়ার পর বুঝতে কোন প্রকার সমস্যা হলে বা আপনি আরও তথ্য জানতে চাইলে প্রশ্ন করতে পারেন।

আমার পরিচয় এবং গবেসনার উদ্দেশ্য:

আমি মেহেরুন নাহার মারিয়া শিফা, বাংলাদেশ হেল্থ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই) বি.এস.সি. অকুপেশনাল থেরাপিতে অধ্যয়নরত যা ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে, পক্ষাঘাতগ্রস্থদের পুনর্বাসন কেন্দ্রের (সিআরপি) একটি একাডেমিক ইনস্টিটিউট। বি.স. সি. কোর্স কারিকুলামের অধীনে একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি। গবেষণার বিষয় হলো মাদকাসক্ত ব্যক্তির প্রাথমিক পরিচর্যাকারীর জীবনযাপনের অভিজ্ঞতা। এই অধ্যয়নের লক্ষ্য হল মাদকদ্রব্য সেবনকারী ব্যক্তির প্রাথমিক পরিচর্যাকারীর জীবিত অভিজ্ঞতা অন্বেষণ করা।

গবেষণায় অংশ নিলে কি কি করতে হবে?

আমি আপনার সাথে ৩০-৪০ মিনিটের একটি সাক্ষাৎকার নিবো। সাক্ষাৎকারটি আপনার জীবনের অভিজ্ঞতা, আপনার ব্যক্তিগত চ্যালেঞ্জ এবং মোকাবেলার কৌশল সম্পর্কে। আমি আপনার অনুমতি নিয়ে সাক্ষাৎকার রেকর্ড করব।

কেন আপনাকে অংশ নিতে আমন্ত্রণ জানানো হয়েছে?

যেহেতু আপনি একজন মাদকাসক্ত ব্যক্তির প্রাথমিক পরিচর্যাকারী, আপনাকে এই গবেষণায় অংশ নিতে আমন্ত্রণ জানানো হয়েছে। আপনাকে অন্তর্ভুক্তি এবং বর্জনের মানদণ্ড সম্পর্কে অব্যাহত হতে হবে। আমি নীচে অন্তর্ভুক্তি এবং বর্জনের মানদণ্ড যোগ করেছি।

অন্তর্ভুক্তির মানদণ্ড:

- মাদক সেবনকারী ব্যক্তি যারা জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউটে (NIMH) ভর্তি হয়েছেন।
- প্রাথমিক তত্ত্বাবধায়কদের অবশ্যই মাদকাসক্ত ব্যক্তিদের সাথে বসবাসের অভিজ্ঞতা থাকতে হবে।
- পুরুষ এবং মহিলা উভয় প্রাথমিক পরিচর্যাকারী তাদের জীবনের অভিজ্ঞতা বলায় অংশ গ্রহন করবে।

বর্জনের মানদণ্ড:

- প্রাথমিক পরিচর্যাকারীর জ্ঞানীয় প্রতিবন্ধকতা এবং যোগাযোগে অসুবিধা থাকলে তিনি গবেষণায় অংশ গ্রহন করতে পারবেনা।
- বেতনভুক্ত কর্মচারী (কারণ তারা সঠিক তথ্য দিতে পারেনা)।

আপনাকে কি অংশ গ্রহন করতে হবে?

অংশ নেবেন কিনা তা আপনার উপর নির্ভর করে। আপনি যদি অংশ নেওয়ার সিদ্ধান্ত নেন, আপনাকে অবশ্যই একটি সম্মতি ফর্মের মাধ্যমে সম্মতি দিতে হবে। আপনি প্রত্যাহার ফর্মের মাধ্যমে যেকোনো সময় আপনার তথ্য প্রত্যাহার করতে পারেন। আপনাকে কারণ দিতে হবে না।

অংশ গ্রহণের সম্ভাব্য ঝুঁকি এবং সুবিধাগুলি কী কী?

গবেষণায় অংশগ্রহণের ফলে আপনার কোনো প্রকার সমস্যা বা অস্বস্তি হবে না। অধ্যয়নে অংশ নেওয়ার জন্য আপনার জন্য কোন আর্থিক সুবিধা নেই।

অংশ নেয়ার পর তথ্য কি গোপনীয় রাখা হবে?

তথ্য অন্যদের সাথে শেয়ার করা হবে না. অধ্যয়নের সময় আপনার নাম এবং অন্যান্য তথ্য বেরিয়ে আসবে না। সাক্ষাৎকার থেকে সংগৃহীত সমস্ত তথ্য নিরাপদে রাখা হবে এবং গোপনীয়তা বজায় রাখা হবে।

আপনি যে তথ্য প্রদান করবেন তা কীভাবে রেকর্ড করা, সংরক্ষণ করা এবং সুরক্ষিত করা হবে?

একটি স্মার্ট ফোনের মাধ্যমে সাক্ষাৎকার রেকর্ড করা হবে। স্বাক্ষরিত সম্মতি ফর্ম এবং আসল অডিও রেকর্ডিংগুলি আমার ফোনে সংরক্ষিত থাকবে এবং আমার ফোন এর মধ্যে একটি লক আছে যা একমাত্র আমি ই জানি। এবং আমার ডিগ্রী প্রদান না হওয়া পর্যন্ত শুধুমাত্র আমার অ্যাক্সেস থাকবে। সাক্ষাৎকারের একটি প্রতিলিপি যাতে সমস্ত সনাক্তকারী তথ্য মুছে ফেলা হয়েছে এর পরে আরও দুই বছর ধরে রাখা হবে। তথ্য আইনীকরণের স্বাধীনতার অধীনে, আপনি যে কোনো সময় আপনার দেয়া তথ্য অ্যাক্সেস করতে পারবেন।

আরও তথ্যের জন্য আপনার কার সাথে যোগাযোগ করা উচিত?

আপনি আরও তথ্যের জন্য আমার সাথে যোগাযোগ করতে পারেন।

গবেষক:

মেহেরুন নাহার মারিয়া শিফা

৪র্থ বর্ষের ছাত্রী, পেশাগত থেরাপি, বিএইচপিআই, সিআরপি

ফোন: ০১৬৮৩৫৭২৩৫৫

ইমেইল: meherunnahar99@gmail.com

আপনি আমার সুপারভাইজার এর সাথেও যোগাযোগ করতে পারেন।

তত্ত্বাবধায়ক:

কানিজ ফাতেমা

লেকচারার, অকুপেশনাল থেরাপি, বিএইচপিআই, সিআরপি

ফোন: +৮৮০১৮৫৫৬১১৭৭৬

ইমেইল: kanizot1993@gmail.com

ধন্যবাদ,

Withdrawal Form

Title of research: Lived experience of primary caregiver of individual with drug abuser.

Name of the researcher: Meherun Nahar Maria Shifa

Participant to complete this section. Please initial one of the following boxes:

1. I confirm that I wish to withdraw from the study before data collection has been completed and that none of my data will be included in the study.
2. I confirm that I wish to withdraw all my data from the study before data analysis has been completed and that none of my data will be included in the study.

Cause of withdrawal:

Signature of participant:	Date:
Signature of researcher:	Date:

প্রত্যাহার পত্র

গবেষণার শিরোনাম: মাদক সেবনকারী ব্যক্তির প্রাথমিক পরিচর্যাকারীর জীবিত অভিজ্ঞতা।

গবেষকের নাম: মেহেরুন নাহার মারিয়া শিফা

অংশগ্রহণকারী এই বিভাগটি সম্পূর্ণ করতে। অনুগ্রহ করে নিম্নলিখিত বাক্সগুলির মধ্যে একটি শুরু করুন:

1. আমি নিশ্চিত করছি যে ডেটা সংগ্রহ শেষ হওয়ার আগে আমি অধ্যয়ন থেকে প্রত্যাহার করতে চাই এবং আমার কোনও ডেটা অধ্যয়নে অন্তর্ভুক্ত করা হবে না।
2. আমি নিশ্চিত করছি যে ডেটা বিশ্লেষণ সম্পূর্ণ হওয়ার আগে আমি অধ্যয়ন থেকে আমার সমস্ত ডেটা প্রত্যাহার করতে চাই এবং আমার কোনও ডেটা অধ্যয়নে অন্তর্ভুক্ত করা হবে না।

প্রত্যাহারের কারণ:

অংশগ্রহণকারীর স্বাক্ষর:	তারিখঃ
গবেষকের স্বাক্ষর:	তারিখঃ

ইন্টারভিউ গাইড

জনতাত্ত্বিক তথ্য

অংশগ্রহণকারীদের তথ্য

নামঃ

বয়সঃ

লিঙ্গঃ

পেশাঃ

ঠিকানাঃ

মাদক সেবনকারী ব্যক্তির সাথে সম্পর্কঃ

1. অনুগ্রহ করে আপনার বাবা/ভাই/ছেলে/জীবন সঙ্গীর (মাদক সেবনকারীর ব্যক্তি) সাথে আপনার সম্পর্ক সম্পর্কে আমাকে বলুন?
2. সে আপনার সাথে কি ধরনের আচরণ করে?
3. সে (মাদক সেবনকারী ব্যক্তি) পরিবারের অন্যান্য সদস্যদের সাথে কি ধরনের আচরণ করে?
4. আপনার বাবা/ভাই/সন্তান/সঙ্গী (মাদক সেবনকারী ব্যক্তি) সম্পর্কে আপনি কী অনুভব করেন?
5. আপনার আশেপাশের সবাই আপনার প্রতি কেমন প্রতিক্রিয়া দেখায় যখন তারা যানে যে আপনি মাদক সেবনকারী ব্যক্তির পরিবারের সদস্য?
6. আপনি কি বলতে পারেন তার সাথে বসবাস করার সময় আপনি কি কি চ্যালেঞ্জ বা সমস্যার সম্মুখীন হয়েছেন?
7. এই বিষয় কি সমাজের মানুষের সাথে আপনার সম্পর্ককে প্রভাবিত করছে?

8. 8. আপনার বাবা/ভাই/জীবন সঙ্গী (মাদক সেবনকারী ব্যক্তি) এদের দেখাশুনা করার কারণে কি আপনার কাজের পরিবেশ এবং দৈনন্দিন জীবন প্রভাবিত হচ্ছে?
9. আপনি কি আপনার বাবা/ভাই/জীবন সঙ্গী/সন্তানের (মাদক সেবনকারী ব্যক্তি) কারণে আর্থিকভাবে চাপ অনুভব করছেন?
10. আপনি কীভাবে এই চ্যালেঞ্জগুলি অতিক্রম করেন?
11. আপনি কীভাবে শারীরিক এবং মানসিকভাবে নিজের যত্ন নেন?

Supervisor contact list:

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: Level Experience of primary caregiver of Individual with drug abuser

Name of student: Meknun Nahar Maria Shifa

Name and designation of thesis supervisor: Kaviz Fakma

Lehura
 Department of Occupational Therapy

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	08.09.23	Zoom meeting	• Overview research firm objective, methodology, supervisor guidance	30 minutes	Helpful Introduction to work ahead	Meknun	
2	09.09.23	Zoom meeting	Overall guidance about research proposal	3 hour	get structured guideline about proposal	Meknun	
3	12.09.23	BHPI Library	Title, construction, aim & objective	30 minutes	Guideline about research proposal	Meknun	

4	17.09.23	Zoom meeting	Research proposal according to feedback.	20 minutes	Prepare research proposal	Muburu	
5	21.09.23	Zoom meeting	guideline about research proposal presentation.	40 minutes	prepare research proposal presentation	Muburu	
6	10.10.23	BHP Library	guideline for data collection & interview guide	2.35 min	Data collection preparation	Muburu	
7	29.10.23	Zoom meeting	Information sheet & consent form, withdrawal form and ethics application about interview guide.	4.30 hour	Field test & data collection	Muburu	
8	20.12.23	OT department meeting room	guideline about background and literature review	30 minutes	prepare for research	Muburu	
9	27.12.23	OT Dept meeting room	Discuss about participant and data collection process	15 minutes	Continue data collection	Muburu	
10	02.01.24	OT Dept meeting room	Data transcription and transcription	30 minutes	Translation	Muburu	
11	10.01.24	OT Dept meeting room	Data translation	20 minutes	Translation	Muburu	
12	15.01.24	OT Dept meeting room	coding & data analysis	45 minutes	coding	Muburu	
13	17.01.24	OT Dept meeting room	Result, theme, sub-theme	30 minutes	Result	Muburu	
14	19.02.24	OT Dept meeting room	Discussion & abstract	45 minutes	Discussion	Muburu	

15	15-02-24	OT Dept waiting room	Thesis submission, sending	3 hour	result	Midwren	W.D.
16	19-01-24	OT Dept waiting room	Methodology feedback	3 hour	Methodology	Midwren	W.D.
17	22-02-24	OT Dept waiting room	Literature review feedback	2.30 hr	Literature review	Midwren	W.D.
18	26-02-24	OT Dept waiting room	Abstract, Thesis Discussion, conclusion	4 hour	Feedback about Discussion, Abstract	Midwren	W.D.
19	12-03-24	OT Dept waiting room	Result	3 hour	result correction	Midwren	W.D.
20	19-03-24	OT Dept waiting room	Overall feedback	4 hour	provide overall feedback	Midwren	W.D.

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.