

Psychosocial Well-Being among Beneficiaries Mothers Residing in a Residential Facility: A Cross- Sectional Study



By

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Statement of Authorship

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Dedication

To my parents and late grandparents for their advice, patience and faith in me.

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List of Abbreviations

CRP	Centre for the Rehabilitation of the Paralysed
GHQ	General Health Questionnaire
IRB	Institutional review boards
MSPSS	Multidimensional Scale of Perceived Social Support
NGO	Non-Governmental Organization
PANAS	Positive and Negative Affect Schedule
SPP	Shishu Polli Plus
SPSS	Statistical Package for the Social Sciences
SSC	Secondary School Certificate

Abstract

Background: The literature suggests a significant interplay between emotional wellbeing, perceived social support, and general health status, particularly among beneficiaries mothers residing in residential facilities at Shishu Polli Plus (SPP). Understanding these dynamics in different contexts is crucial for developing targeted interventions to improve the overall health and wellbeing of this vulnerable population. Thus, this study aimed to identify the psychosocial well-being of beneficiary mothers living in residential facilities in Bangladesh and determine the correlation among emotional, psychological, and social health.

Aim: To identify the psychosocial well-being of beneficiaries mothers living in residential facilities in Bangladesh and to determine the factors influencing their emotional, psychological, and social health.

Methods: Employing a quantitative cross-sectional design, the study investigated the psychosocial well-being of 80 single mothers residing in a selected residential facility in SPP. Inclusion criteria for this study were participants must be single mothers, defined as individuals with dependent children who are widowed, divorced, or unmarried, currently reside in SPP with residential facilities, adults 18 years or older and exclusion criteria were beneficiaries mothers with severe physical health conditions that may interfere with their ability to participate in interviews or surveys, individuals with severe and acute mental health conditions that may compromise their ability to provide informed consent, understand study procedures, or participate effectively may be excluded. Data collection utilized General Health Questionnaire-12, The Positive and Negative Affect Schedule, Multidimensional Scale of Perceived Social Support to assess psychological, emotional, and social support. Descriptive and

inferential statistical analyses, particularly correlations, were conducted to examine relationships between variables and identify factors influencing the emotional, psychological, and general health of beneficiaries mothers.

Results: Results indicated a significant positive correlation between general health and emotional wellbeing ($r= 0.413$, $p < 0.001$), suggesting that improved general health corresponds to enhanced emotional wellbeing among beneficiaries mothers. However, no significant correlation was found between general health status and perceived social support ($r= -0.103$, $p = 0.364$), indicating a lack of association between perceived social support and perceived health. Fisher exact and spearman's tests was used in this study.

Conclusion: These findings underscore the importance of addressing emotional wellbeing alongside general health in interventions for beneficiaries mothers. Additionally, they highlight the need for further exploration into the dynamics of social support among this demographic to develop more effective support systems.

Keywords: Beneficiaries Mother, Psychological wellbeing, Residential facilities, Emotional Well-being, Perceived Social Support, General Health.

CHAPTER I: INTRODUCTION

1.1 Background

In the context of single motherhood, psychosocial wellbeing carries significant weight, as it encompasses a myriad of interconnected factors that can profoundly influence the lives of these resilient individuals. Single mothers, by definition, are women who bear the sole responsibility for their dependent children, either due to widowhood, divorce, or being unmarried (Klemm et al., 2022b, Jun & Jang, 2018). This unique family structure often exposes them to a plethora of challenges and pressures that can impact their mental, emotional, and social health. Despite their admirable strength and determination, single mothers may also experience severe burnout and exhaustion as they strive to fulfill their multifaceted roles (Hadjistavropoulos et al., 2011, Campbell et al., 2020, Manning & Kunkel, 2014).

Psychosocial wellbeing, a comprehensive construct, extends beyond the mere absence of mental health disorders (Betancourt et al., 2013, Gone, 2009). It delves into the intricate interplay between psychological and social facets of life, encompassing mental, emotional, and social health. Mental health involves cognitive processes, emotional stability, and coping mechanisms in the face of stress (Rombaoa, & Heshmati, 2023). Emotional health encompasses the capacity to understand, manage, and express emotions effectively (Duncan et al., 2009, Treadwell et al., 2010). Social health centers around interactions, relationships, and integration within the broader social environment, encompassing support systems, a sense of belonging, and community engagement. These three dimensions of well-being—emotional, psychological, and social—are interrelated and collectively contribute to an individual's psychosocial well-being (Lundquist & Gurung, 2019). A person's

emotional health influences their psychological and social interactions, while their psychological state can impact how they engage with their social environment. Together, these dimensions provide a holistic understanding of an individual's overall wellbeing and their ability to navigate life's challenges while experiencing a sense of fulfillment and contentment (Richardson et al., 2012, Hülshager et al., 2013).

The prevalence of single motherhood has been on the rise globally, driven by various factors such as divorce, spousal deaths, and the migration of partners for work (Pooley & Qureshi, 2016). Bangladesh, in particular, has witnessed an increase in the percentage of widowed, divorced, and separated women, rising from 9.1 percent in 2014 to 10.8 percent in 2018, as reported by the Bangladesh Bureau of Statistics. This trend underscores the urgency of addressing the unique challenges faced by single mothers in the country (Sovacool, 2012).

Single mothers, irrespective of their geographical location, often grapple with feelings of loneliness, depression, and isolation. They face a heightened sense of insecurity and economic uncertainty, which can profoundly affect their mental and emotional wellbeing. Consequently, many single mothers withdraw from social activities, exacerbating their isolation and potentially undermining their emotional health (Thompson, 2015).

In Bangladesh, single mothers encounter similar challenges, including a complex interplay of traditional values, economic constraints, and personal resilience (Beresford et al., 2021). Single mothers in this South Asian country find themselves in diverse circumstances, primarily due to widowhood, divorce, or being unmarried and their experiences are profoundly shaped by both cultural norms and contemporary realities (Pooley & Qureshi, 2016c).

Bangladesh is a society deeply rooted in traditional family values and

community ties (Barone & Mocetti, 2015). While it has made strides in women's empowerment and gender equality, some segments of society still hold conservative views on single motherhood. This can lead to stigmatization and social exclusion for single mothers, particularly in rural areas where adherence to traditional norms remains strong (Roy & Thompson, 2019).

Economic stability is a pressing concern for many single mothers in Bangladesh (Durrani & Dunne, 2010). Limited access to education and economic opportunities can leave them with few options for employment, making it challenging to provide for their children's basic needs (Jenkins et al., 2010). Financial difficulties often compound the stress and anxiety they experience (Bhugra et al., 2011). Emotional and psychological wellbeing is another facet of the single mother's experience in Bangladesh. The burden of being the sole caregiver and provider can lead to feelings of loneliness, stress, and mental health challenges. Fear of social stigma and isolation can exacerbate these emotional struggles (Tm., 2017).

Childcare responsibilities weigh heavily on single mothers in Bangladesh. In a culture where extended families often play a significant role in child-rearing, single mothers carry the primary responsibility for their children's upbringing (Twum-Danso, 2009). Balancing household chores, parenting, and potential employment can be overwhelming. While there are support organizations and initiatives in Bangladesh aimed at assisting single mothers, their reach and effectiveness can vary widely, especially in rural areas. Access to social services and support networks may be limited (Liu et al., 2011).

Efforts to address the unique needs of single mothers in Bangladesh include ongoing advocacy for women's rights, economic empowerment initiatives, and awareness campaigns aimed at reducing social stigma. Recognizing the diversity of

experiences among single mothers in Bangladesh is essential, as their situations can vary widely based on factors such as location, socioeconomic status, and access to resources (Jun & Jang, 2018b). This study aims to address this research gap by conducting a cross-sectional investigation into the psychosocial wellbeing of single mothers residing in a residential facility within the context of Bangladesh. By examining their emotional and psychological health, quality of life, and the unique challenges they face, this research endeavors to provide valuable insights into the experiences of single mothers in this specific context and contribute to a better understanding of their distinct needs and support requirements.

1.2 Justification of the study

The justification for conducting a study on the psychosocial wellbeing of beneficiaries mothers residing in a residential facility in Bangladesh is rooted in several compelling reasons, for instance, there is a notable scarcity of research specifically focused on the emotional, psychological, and social wellbeing of beneficiaries mothers in the context of residential facilities in Bangladesh. This study aims to fill this gap by providing valuable insights into the experiences of this unique demographic, shedding light on their needs, challenges, and resilience.

Understanding the psychosocial wellbeing of beneficiaries mothers is crucial for both academics and policymakers. By gaining insights into their mental and emotional health, quality of life, and overall life satisfaction, we can develop a deeper comprehension of their experiences, which can inform evidence-based policies and support programs.

Research findings can serve as a foundation for designing targeted support programs and interventions to address the specific needs of beneficiaries mothers in residential facilities. Empowering these women with resources and tailored assistance

can contribute to their improved psychosocial wellbeing.

Exploring the psychosocial wellbeing of beneficiaries mothers aligns with the broader goals of gender equality and women's empowerment. It highlights the challenges and strengths of women who bear the responsibility of raising their children alone and can contribute to advocacy efforts aimed at addressing gender disparities. Recognizing the challenges faced by beneficiaries mothers and identifying factors that contribute to their wellbeing can help create an environment that fosters resilience and positive mental health outcomes. This can have a ripple effect, benefiting not only the mothers but also their children and communities.

While the study focuses on Bangladesh, its findings may have broader relevance for other countries grappling with similar issues related to single motherhood. Sharing insights and best practices can contribute to a global body of knowledge on this important topic.

Policymakers and organizations working with beneficiaries mothers can benefit from evidence-based insights. The study's findings can inform the development of policies, programs, and services tailored to the needs of single mothers, ultimately improving their psychosocial wellbeing.

1.3 Operational Definition

Operational definitions are clear, specific, and measurable descriptions of key variables or concepts in a research study. They serve as the foundation for how researchers will measure, observe, or manipulate these variables during the research process. In the context of a study on the psychosocial wellbeing of beneficiaries mothers in residential facilities in Bangladesh, here are some operational definitions for key concepts.

Emotional Wellbeing

Emotional well-being refers to an individual's overall state of emotional health and their ability to understand, manage, and express their emotions effectively. It encompasses a range of emotional experiences, from positive feelings like joy, contentment, and love to negative emotions such as sadness, anger, and stress. A person with strong emotional well-being is generally able to navigate these emotions in a balanced and adaptive manner. This includes having the resilience to cope with life's challenges and setbacks, as well as the capacity to experience and express emotions in a way that enhances their overall quality of life. Emotional wellbeing will be assessed using a standardized self-report questionnaire, such as the Positive and Negative Affect Schedule (PANAS), which measures the frequency and intensity of positive and negative emotions experienced by participants over a specified time frame.

Psychological Wellbeing

Psychological well-being encompasses an individual's overall mental health and psychological state. It includes cognitive and emotional dimensions, such as self-esteem, self-acceptance, autonomy, and the ability to pursue personal goals and fulfill one's potential. Someone with high psychological well-being typically experiences a

sense of purpose, meaning, and accomplishment in life. They have the capacity to manage stress effectively, make sound decisions, and maintain a positive outlook. Psychological well-being goes beyond the absence of mental health disorders; it reflects a person's ability to thrive and flourish mentally and emotionally. Psychological wellbeing will be measured using a validated psychological distress scale, such as the General Health Questionnaire (GHQ-12), which assesses participants' psychological distress and mental health challenges.

Social Wellbeing

Social well-being relates to an individual's interactions, relationships, and integration within their social environment. It encompasses the quality of one's social connections, support networks, and sense of belonging. A person with strong social well-being experiences meaningful and positive relationships with family, friends, and the broader community. They have effective communication skills, empathy, and the ability to adapt to various social contexts. Social well-being also includes a sense of community involvement and contribution to the welfare of others. It is a fundamental component of an individual's overall sense of connectedness and fulfillment in their social sphere. Social wellbeing will be assessed through a combination of quantitative and qualitative methods. Quantitatively, it will be measured using a social support scale, such as the Multidimensional Scale of Perceived Social Support (MSPSS).

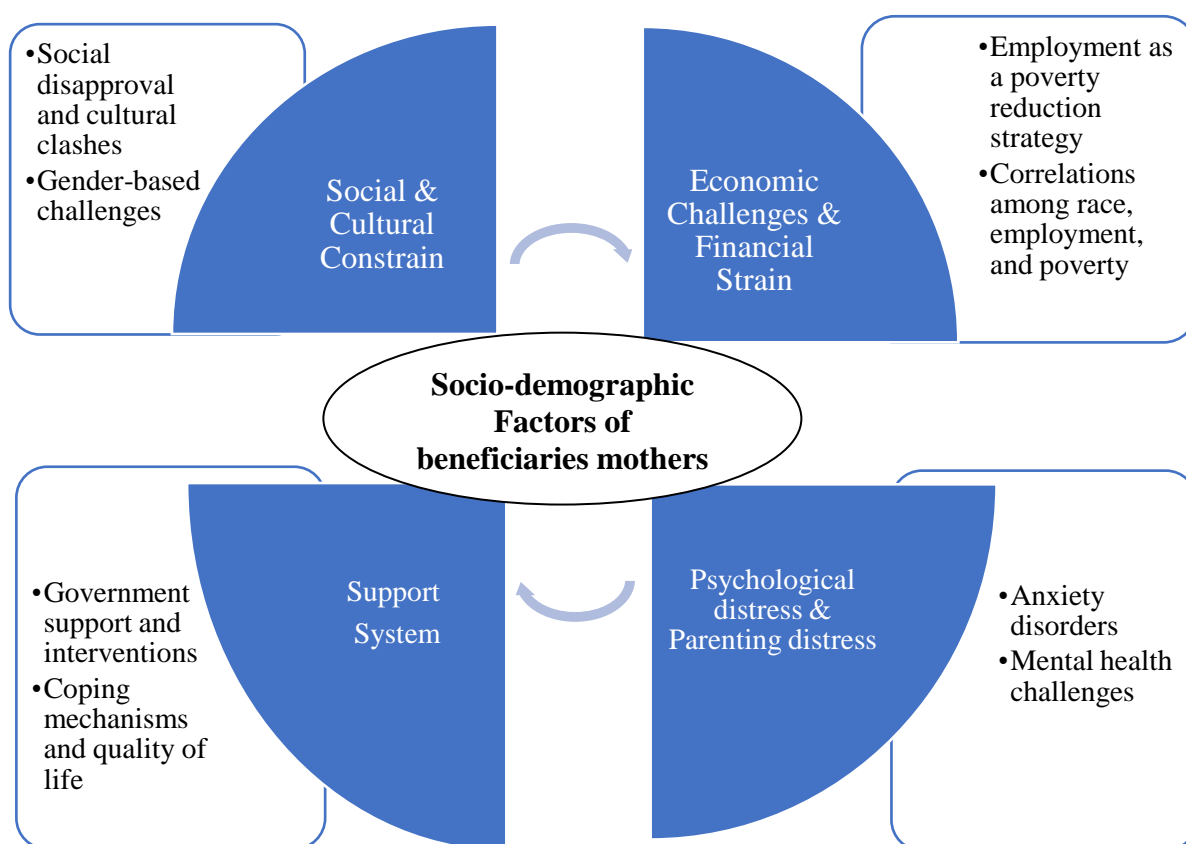
1.4 Aim of the study

To identify the psychosocial well-being of beneficiaries mothers living in residential facilities in Bangladesh and to determine the factors influencing their emotional, psychological, and social health.

CHAPTER II: LITERATURE REVIEW

In this chapter on literature review, some findings about psychological wellbeing of single mother and factors influencing their emotional, psychological, and social health tried to be demonstrated.

Figure 2: Overview of Literature review Findings



2.1 Demographic factors

A single mother is the parent of one or more children with the absence of the spouse generally due to separation, divorce, or death (Biblarz & Gottainer, 2000). In Weldegabreal's (2014) research, single mothers were found to grapple with financial strain in meeting their children's basic needs, alongside feelings of helplessness, hopelessness, and loneliness. Psychological challenges such as anxiety and stress

stemmed from limited resources and strained relationships with their children due to unmet needs.

In accordance with the findings of a research in Malaysia, the respondents are comprised of a greater number of divorcees than widows, with 67% of them being divorcees and 33% being widows. On average, the age of the respondents is below 40 years (Zarina M.N, 2012).

By analyzing the personal data of the respondents' mothers in another study in Malaysia, it was found that the majority of single mothers were widows, accounting for 45 respondents (54.9%). This was followed by divorcees, with 33 respondents who had been divorced by their husbands. The bulk of single mothers, or 45.1% of the total, falls within the age range of 51 to 60 years. This group consists of 37 women. Regarding their educational background, the data indicates that the majorities of single mothers, specifically 40 respondents (48.8%), has completed just elementary education up to the sixth grade, and possess only a UPSR certificate (Ghani et al., 2014).

2.2 Economic challenges and financial strain

A study shows that poverty has an inverse relationship with maternal age, having children above the age of six, and residing in a multigenerational household. Mothers who are single, separated, widowed, or married (with husband absent) are more likely to face higher poverty risks compared to divorced mothers. The employment of single mothers can effectively decrease poverty rates, especially during periods of economic growth. However, the correlations among race, employment, single-parent births, low education levels, and limited work experience may restrict the effectiveness of employment as a poverty reduction strategy for some demographic groups (Damaske et al., 2017). Aw & Sabri revealed the relationship between financial strain and

subjective well-being is influenced by age (2020).

2.3 Psychosocial distress & parenting stress of single mothers

Being a single mother is challenging. Many single mothers developed depression, anxiety but some managed to survive by overcome their challenges and make adaptation with situation (Theng et al., 2022).

Dr ASM Amanullah, Professor of Sociology Department at Dhaka University, told *The Business Standard*, "Single mothers in our country suffer from social, mental, economic and cultural problems." (2019). According to a study, growing children on one's own, dealing with financial challenges, overcoming social biases, and insufficient emotional support are the main obstacles faced by single mothers. Single mothers indicated a strong bond with their children and family, although frequently experienced societal discrimination. The study revealed that single mothers encounter significant obstacles such as the burden of child-rearing, financial hardship, societal prejudices, and a shortage of emotional assistance. Single mothers expressed a robust bond with their children and family, although frequently experienced societal mistreatment. Single mothers especially those having boys, encounter challenges in effectively guiding their behavior and compensating for the absence of a father figure, thus addressing the child's fatherlessness. The study highlighted the significance of tackling these obstacles and offering assistance to enhance the mental health of single mothers and their children. (Karunanayake, D., Aysha, M. and Vimukthi, N.2021).

Single women who are mothers face a greater likelihood of experiencing various challenges, such as financial difficulties and negative mental well-being. These hazards increase the likelihood of their children having maladjustment. An effective approach to promoting children's adjustment is to analyze the elements that influence the well-being of single mothers and their parenting. Two key aspects, namely

perceived social support and particular internal resources that significantly contribute to the well-being of single mothers. These factors are also associated with effective parenting behaviors and may be modified or improved (Taylor & Conger, 2017).

Qian et al.(2021) conducted a study to investigate the stress that women experience as a result of parenting and to investigate the relationship between that stress and the demographic variables that are related with it in two-child families that include preschool-aged children. The study included a sample of 621 households with two children and a comparison group of 319 families with only one child from China. The findings indicated that mothers with two children experienced greater parenting stress compared to those with only one child. Among the two-child families, various demographic factors such as birth order, gender combination, and age gap significantly influenced maternal stress levels.

A study revealed that the average age of the single mothers was 34.8 ± 8.9 years. Out of all single mothers, 48.8% experienced either depressed and/or anxiety disorders. Specifically, 17.3% had depressive disorder, 21.2% had anxiety disorders, and 10.3% had both conditions simultaneously. The most prevalent specific diagnoses were major depressive disorder and generalized anxiety disorder (Nahar et al., 2020). Another study found that the overall prevalence of psychiatric disorders among single mothers in Dhaka city was 54.5%. Specifically, 17.3% of the single mothers had depressive disorders, 21.2% had anxiety disorders, and 10.3% had dual disorders. The most common specific diagnoses were major depressive disorder (11%) and generalized anxiety disorder (9%). The study also revealed that the majority of the single mothers were widowed (44.2%) and between the ages of 31 and 40 (57.7%). In terms of support, the participants reported receiving more support from their in-laws' family and expressed higher satisfaction with them (T.T. and Tajmim, T.2019.)

A significant number of single mothers experienced depression, while a few were able to overcome it. A study sought to ascertain the prevalence of depression among unmarried moms residing in a neighborhood, as well as the factors linked to it. This study utilized a cross-sectional design and included a sample of 213 Malay single moms residing in the community in Perak, Malaysia. The participants were selected using a simple sampling method. Findings: The prevalence of depression among Malay single moms in this study was 20.2%. A history of depression 95% and coping through self-blame were found to elevate the likelihood of experiencing depression. The utilization of active coping and the application of emotional support have a protective effect against depression (Theng et al., 2022).

2.4 Social and cultural constraints

According to Thomas, Young, and Ellingen (2011), women in countries such as Mozambique, Zimbabwe, and Somalia are subjected to gender-based violence, denial of education, poverty, and restrictive religious and cultural practices. These are things that they face. The primary obstacles that lead to the vulnerability of single mothers are gender discrimination, insufficient economic support, and a lack of essential social, human, physical, and natural resources necessary for enhancing sustainable lifestyles.

The role of being a single mother presents a major challenge for these women to maintain a lifestyle they never expected. Mothers have numerous challenges in everyday life, such as social disapproval, cultural clashes, internal concerns regarding their identity or role, and issues concerning their children and families. Single mothers generally demonstrate greater levels of responsibility compared to single fathers following a divorce or separation from their spouses. This phenomenon results in single mothers assuming dual duties and might consequently exacerbate the level of

stress they experience (Siti Rafiah & Sakinah 2013, Zakaria et al., 2019).

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2.5 Support system

A study identifies self-esteem, quality of life, and financial well-being as key psychological health aspects that impact single mothers. The study suggests that self-esteem functions as a mediator variable in the correlation between financial well-being and quality of life for single mothers. Women who are raising their children alone and have higher levels of self-esteem, optimism, and self-efficacy are less likely to have symptoms of internalizing disorders and demonstrate good parenting behaviors (Azer et al., 2022).

The methods of coping used did not act as a mediator in the connection

between either work status or exposure to stress and the presence of depressive symptoms. Coping exhibited a different and distinct moderating impact on the correlation between employment status and depression symptoms among single mothers who were employed and those who received social assistance. To effectively improve the mental health of single mothers, initiatives must address both the high intensity of depression symptoms experienced by single mothers and the social-system factors that pose a threat to their psychological well-being. The practical and policy-related consequences are examined (Samuels-Dennis, 2007).

In order to improve the lives of single mothers, findings recommend that the government should provide help in the form of chances for self-employment, assistance in the education of children, and awareness programmes. (Karunanayake et al., 2021b).

2.6 Summary of Key gaps

- Despite numerous studies highlighting the challenges faced by single mothers, there is a lack of comprehensive understanding regarding the cross-cutting nature of these challenges, particularly in different cultural contexts outside of Malaysia and Bangladesh.
- Limited research addresses the long-term effects of the various stressors single mothers face on both their mental health and the well-being of their children, particularly in regions where social support systems are lacking.
- There is a paucity of studies focusing on effective interventions specifically tailored to alleviate the multifaceted burdens experienced by single mothers, including but not limited to financial burdens, social stigma, and mental health issues.
- The role of government policies and support systems in alleviating the

challenges faced by single mothers remains under-researched, particularly in terms of their effectiveness and accessibility.

- Further research is needed to understand the different experiences of single mothers from different socio-economic backgrounds, ethnic groups and geographical areas in order to develop more targeted and inclusive support mechanisms.

CHAPTER III:METHODS

3.1 Study Question, Aim, Objectives

3.1.1 *Study Question*

How are the psychosocial well-being among beneficiaries mothers residing in a residential facility?

3.1.2 *Aim*

To identify the psychosocial well-being of beneficiaries mothers living in residential facilities in Bangladesh and to determine the factors influencing their emotional, psychological, and social health.

3.1.3 *Objectives*

- To investigate the demographic factors of beneficiaries mothers residing in residential facilities.
- To measure the level of general health status among beneficiaries mothers residing in residential facilities.
- To measure the positive and negative effect of emotion among beneficiaries mothers residing in residential facilities.
- To measure the level of perceived social support among beneficiaries mothers residing in residential facilities.
- To ascertain the association between demographic factors with emotional wellbeing of beneficiaries mothers residing in residential facilities.
- To ascertain the association between demographic factors with general health status of beneficiaries mothers residing in residential facilities.
- To ascertain the correlation among general health status, emotional well-being

and social support.

3.2 Study Design

3.2.1 Study Method

A quantitative research design is appropriate for a study on the psychosocial wellbeing of beneficiaries mothers residing in a residential facility in Bangladesh. Quantitative research is well-suited for studying phenomena that can be quantified and measured. In this study, psychosocial well-being can be operationalized through standardized scales and questionnaires, allowing for the precise measurement of emotional, psychological, and social factors. Quantitative methods are known for their objectivity. By using structured surveys and scales, researchers can gather data in a standardized manner, minimizing bias in data collection and analysis. This objectivity is particularly important when dealing with sensitive topics such as mental and emotional health. Quantitative data allows for robust statistical analysis. Researchers can use statistical techniques to identify patterns, correlations, and associations between variables. This analytical approach is valuable for examining the complex interplay of factors that contribute to psychosocial well-being among beneficiaries mothers.

3.2.2 Study Approach

A cross-sectional study design is well-suited for a study on the psychosocial well-being of beneficiaries mothers residing in a residential facility in Bangladesh for several reasons. First of all, cross-sectional studies provide a "snapshot" of a population's well-being at a specific point in time. This design allows researchers to capture a broad view of the psychosocial well-being of beneficiaries mothers in the facility, which is particularly useful for gaining insights into their current status. Cross-sectional studies are efficient and practical for examining multiple variables

within a diverse population. Researchers can collect data from a large sample of beneficiaries mothers in the facility within a relatively short time frame, making it feasible to explore various aspects of their psychosocial well-being comprehensively. Cross-sectional studies are suitable for testing specific hypotheses about the relationships between variables. Researchers can investigate various factors (e.g., demographic, socioeconomic, and facility-related variables) and their associations with psychosocial well-being.

3.3 Study setting and Period

3.3.1 Study Setting

Shishu Polli Plus (SPP) is a non-government organization in Sreepur, Gazipur. SPP works to provide opportunities and a safe environment where mothers and their children can develop their skills and knowledge, so families are strengthened and able to function independently in the community. Residential facilities, in the context of this study on the psychosocial well-being of beneficiaries mothers in Bangladesh, refer to specialized accommodations or housing arrangements designed to provide shelter and support to beneficiaries mothers and their dependent children. These facilities are intended to address the unique needs and challenges faced by beneficiaries mothers who may be widowed, divorced, or unmarried and may lack adequate housing or support systems. Residential facilities typically offer a range of services and resources to assist beneficiaries mothers in achieving stability and improving their overall well-being. Some key characteristics of residential facilities include: Safe and Supportive Housing, Basic Needs Provision, Childcare and Education Support, Counseling and Mental Health Services, Life Skills Training, Supportive Community, Access to Legal and Social Services. For this study, understanding the role of residential facilities in the psychosocial well-being of

beneficiaries mothers in Bangladesh is essential for providing a comprehensive view of the support structures available to this population.

3.3.2 Study Period

The total study period was between May 2023 to February 2024 and data collection period was 1st December 2023 to 31st December 2023.

3.4 Study participants

3.4.1 Study Population

The population for this study comprises beneficiaries mothers residing in residential facilities in Bangladesh. These beneficiaries mothers are defined as individuals who have dependent children and are widowed, divorced, or unmarried. They have chosen to live in these residential facilities, which are designed to provide housing and support services to address their unique needs and challenges.

3.4.2 Target Population

The target population is a subset of the broader population and consists of beneficiaries mothers residing in specific residential facilities in Bangladesh that have agreed to participate in the study. These facilities are willing to collaborate with the researchers and facilitate data collection from their residents.

3.4.3 Study Sample

The study sample was the group of participants selected from the target population to be included in the research. In this study, the sample were consist of beneficiaries mothers who meet the inclusion criteria and agree to participate voluntarily. The sample size would be determined based on statistical considerations and the research objectives. The inclusion and exclusion criteria are essential for defining the characteristics of the study sample and ensuring that participants meet the criteria

necessary for the research objectives.

3.4.4 Inclusion and Exclusion Criteria

Inclusion Criteria

- Participants must be single mothers, defined as individuals with dependent children who are widowed, divorced, or unmarried.
- Participants must currently reside in SPP with residential facilities.
- Participants are adults 18 years or older.

Exclusion Criteria

- Beneficiaries mothers with severe physical health conditions that may interfere with their ability to participate in interviews or surveys (e.g., severe mobility impairments) may be excluded, unless accommodations can be made to facilitate their participation.
- Individuals with severe and acute mental health conditions that may compromise their ability to provide informed consent, understand study procedures, or participate effectively may be excluded.

3.4.5 Sample Size

The determination of the sample size should consider factors such as the level of confidence desired, the margin of error tolerated, and the anticipated effect size. A larger sample size is generally preferred to increase the statistical power of the study and enhance the representativeness of the findings. The sample size should be adequate to detect meaningful differences and relationships among variables.

Here,

n = sample size

z = the standard normal deviated usually set as 1.96 which correspondent to 95%

$p = 10.8\%$ as prevalence of single mother in Bangladesh

$$= 0.108$$

$$q = 1 - p = 1 - 0.108 = 0.892$$

$d = 0.05$ degree of accuracy required

$$n = \frac{z^2 pq}{d^2} = \frac{(1.96)^2 \times 0.11 \times 0.89}{(0.05)^2} = 150$$

Considering a 10% non-response rate, the adjusted sample size is:

$$\text{Adjusted Sample Size} = n + (10\% \text{ of } n) = 150 + (150 \times 10\%) = 165$$

Total 165 participant was selected. Data was collected from 80 mothers of SPP.

3.4.6 Sampling method

In conducting a study on the psychosocial well-being of beneficiaries mothers residing in residential facilities in Bangladesh, a purposive sampling method employed due to the unique circumstances of this population. The first step involves the careful selection of residential facilities that cater to beneficiaries mothers, ensuring their willingness to participate in the research project. Collaborative consent sought from the facility authorities, clarifying the study's objectives and scope. Subsequently, with the assistance of facility staff, single mothers who voluntarily agree to participate recruited. Prioritizing convenience and accessibility, the data collection process scheduled at times that accommodate both the participants and the research team. While convenient sampling may introduce some bias, as it relies on the availability of participants, it serves as a practical approach to gain valuable insights into the psychosocial well-being of this specific group, with findings contributing to a deeper understanding of their experiences. Researchers transparently acknowledge the sampling method's limitations when presenting study results.

3.4.7 Participants recruitment strategy

To effectively recruit participants for the study on the psychosocial well-being of beneficiaries mothers residing in residential facilities in Bangladesh, a multifaceted recruitment strategy employed. Initially, collaborative partnerships established with the management of selected residential facilities, emphasizing the significance of the research and its potential benefits for both the participating beneficiaries mothers and the facilities themselves. Facility staff, who has direct interactions with the residents, played a pivotal role in participant recruitment. They engaged as intermediaries, introducing the study to potential participants, addressing any concerns, and facilitating informed consent. To foster trust and cooperation, informational sessions or meetings organized within the facilities, allowing beneficiaries mothers to learn about the study and ask questions. Additionally, personalized invitations to participate, along with assurances of confidentiality and voluntary participation, extended. This multifaceted approach ensures that recruitment efforts are culturally sensitive, informed, and respectful of the single mothers' unique circumstances and needs.

3.5 Ethical considerations

3.5.1 Ethical Clearance

The ethical clearance has been sought from Institutional Review Board (IRB) by explain the purpose of the research through the department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). Then, the IRB approved its ethical approval. IRB form number is CRP-BHPI/IRB/10/23/738. Additionally, permission was taken from SPP before collecting data from participants.

3.5.2 Informed consent

The student researcher provided an information sheet provided to all population where have detailed information about study aim, objective and purpose of the study. After reading this form those who willingly wanted to participate, only their data was collected. Verbal and written consent was taken on consent form from all participant.

3.5.3 Right to refusal to participate or withdraw

Participants has complete freedom to choose whether to participate or not this study. The withdrawal form was attached with the consent form, so that the participants could withdraw from the study within two weeks from the time of collecting data.

3.5.4 Unequal relationship

The student researcher ensured no unequal relationship between participants and the researcher. Therefore, the power relationship has been strictly prohibited.

3.5.5 Risk and Beneficence

The participation in this study did not involve any risk and beneficence in participating in this study but his or her information would help in the research. There was no monetary and other benefit involved in this study.

3.5.6 Confidentiality

The student researcher was highly concerned about the confidentiality of the participants information. The student researcher did not include any personal information such as name, address, contact number with questionnaire about their identity. Their information was not disclosed with anyone expect from the supervisor which was clearly stated in the information sheet. Besides any identical information of participants will not be revealed for future use, such as report writing, publication,

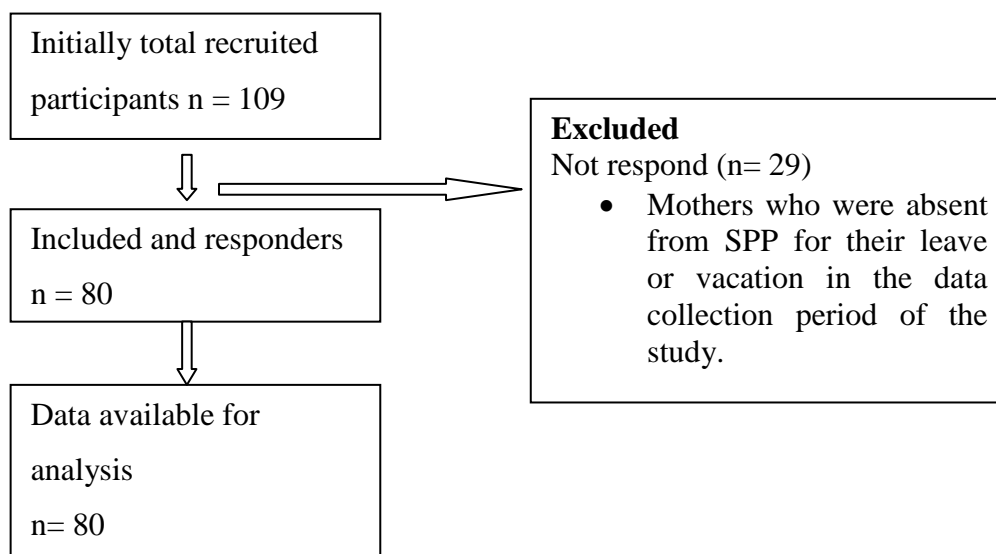
conference, media or any written or verbal discussion. The participants were clearly informed about the confidentiality by information sheet.

3.6 Data Collection Process

3.6.1 Participants Recruitment Process

Figure 3.6.1

The participants of the present study were recruited from SPP, located in Sreepur, Gazipur, Bangladesh.



3.6.2 Data collection method

Student researcher collected data by face-to-face survey through standardized questionnaire and self-developed socio-demographic questionnaire including age, education, marital status and number of children. These surveys designed to measure emotional, psychological, and social well-being. The surveys conducted in a culturally sensitive manner, taking into account the linguistic and cultural diversity of the participants.

3.6.3 Data Collection Instruments

Table 3.6.3

Data Collection Instruments

Data collection tools	Types of tools	Items	Scoring	Interpretation
General Health Questionnaire-12 (GHQ-12)		12 items	4 point Likert scale	Total scores range from 0 to 36 with a score of 11-15 consider typical, scores >15 suggesting evidence of distress, scores > 20 are considered severe problems with psychological distress. (Liang et al., 2016)
The Positive and Negative Affect Schedule (PANAS)	Self-administered	20 items	5 point Likert scale	<p>Positive Affect Score: Add the scores on items 1, 3, 5, 9, 10, 12, 14, 16, 17, and 19. Scores can range from 10 – 50, with higher scores representing higher levels of positive affect. Mean Scores: 33.3 (SD±7.2)</p> <p>Negative Affect Score: Add the scores on items 2, 4, 6, 7, 8, 11, 13, 15, 18, and 20. Scores can range from 10 – 50, with lower scores representing lower levels of negative affect. Mean Score: 17.4 (SD ± 6.2) (Watson, Clark, & Tellegen, 1988)</p>
Multidimensional Scale of Perceived Social Support (MSPSS)		12 items	7-point Likert scale	It measure of perceived adequacy of social support from three sources: family, friends, & significant other. Mean score ranging from 1-2.9 could be considered low support, 3-5 could be considered moderate support, 5.1-7 could be considered high support. (Zimet, Gregory, 2016)

3.6.3 Field test

In preparation for the study on the psychosocial well-being of beneficiaries mothers residing in residential facilities in Bangladesh, a comprehensive approach was taken, beginning with a field test of the questionnaires followed by a meticulous translation process. The researcher conducted a pilot test with 2 participants before starting the collection of data. Pilot test is the preparation for initiating final data collection. The researcher had informed the participant about the aim and objectives of the study during the data collection. It is important to carry out a pilot test before collecting the final data because it helped the researcher to purify the plan of data collection procedure, sorting out the challenges of questioning, identifying strategies about how to establish rapport to bring out actual response. Researcher may also use these tests to analyze trends, and draw conclusions about the factors that impact psychological and social well-being. As a student researcher translated standardized questionnaires into Bangla. So, the researcher conducted pilot test to identify the appropriateness of the questionnaire. Participants understood most of the translated questionnaire. Some minor modification was needed in Bangla translated questionnaire before collection of data. This meticulous process aims to enhance the reliability and validity of the data collected, ensuring that the research accurately captures the psychosocial well-being of single mothers in residential facilities in Bangladesh, while also respecting their cultural context and linguistic diversity.

3.7 Data Management and Analysis

Data analysis involved quantitative methods to provide an understanding of the psychosocial well-being of beneficiaries mothers in residential facilities in Bangladesh. Descriptive statistics, including means, standard deviations, and frequencies were used to summarize quantitative survey data. Inferential statistics,

such as correlations, t-tests, and regression analysis, may be employed to examine relationships between variables and identify predictors of psychosocial well-being. Data analysis software like Statistical Package for the Social Sciences (SPSS) used for quantitative analysis.

3.8 Quality Control and Quality Assurance

In this study on the psychosocial well-being of beneficiaries mothers residing in residential facilities in Bangladesh, data collected directly by the researcher. This approach allows for close oversight and control over the data collection process, ensuring that it aligns precisely with the research objectives. The researcher, along with any involved research team members received comprehensive training and familiarization with the research protocol, data collection instruments, and ethical guidelines. Standardization maintained to ensure consistency in data collection procedures, including informed consent processes and cultural sensitivity. Prior to full-scale data collection, pilot testing conducted to refine data collection instruments. Ethical principles strictly adhered to, with a focus on securing informed consent, respecting participants' rights, and safeguarding their privacy and confidentiality. Robust data entry and management procedures established and ongoing supervision, monitoring, and documentation ensure the integrity of the data collected. The researcher's flexibility and adaptability also crucial in responding to unforeseen circumstances or participant needs, ultimately contributing to the reliability and validity of the study's findings.

CHAPTER IV: RESULTS

4.1 Socio-demographic Information of Participants

Table 4.1

Characteristics of the participants

Variables		Frequency (n)	Percent (%)
Age of participants	18-22 Years	6	7.5
	23-27 Years	39	48.7
	28-32 Years	20	25.0
	33-37 Years	10	12.5
	38-42 Years	5	6.3
Education of Mother	Signature	20	25.0
	Below SSC	45	56.3
	SSC	9	11.3
Marital Status	HSC	6	7.5
	Divorce	17	21.3
	Widow	29	36.3
Number of Children	Separated	34	42.5
	≤2 Children	40	50.0
	>2Children	40	50.1

The data presented in Table 4.1 presents several key socio-demographic variables related to the sample of 80 individuals. In terms of age the majority of respondents (46.3%) of 24-27 years, while a smaller percentage (6.3%) belongs to 38-42 years. Looking at educational qualification of mother show 25% mother was illiterate, 56.3% were below SSC and which is the highest percentage of respondents. The

lowest percentage is 2.5% which indicate 2 respondent's educational qualification is degree level.

Marital status of the participants were divorced, widow and separated. Table shows that the highest number of 42.3% participants marital status is separates and lowest number is divorced participants which is 23.3% , 36.3% participants were widow. Number of children reveals individual participant's child number. Table shows 50% of participants have 1-2 children, 48.8% participants have 3-4 children and 1.3% participants have 5-6 children.

4.2 Emotional Wellbeing of Beneficiaries Mother.

Table 4.2

Frequency distribution of Emotional Wellbeing of beneficiaries Mothers

Scale	Frequency (n)	Percent (%)
Positive>33.3	44	55.0
Negative<17.4	3	3.8
Positive and Negative	33	41.3
Total	80	100.0

The data presented in Table 4.2 provides insights into the positive and negative effects of participants which indicate the extent participant have felt over the past week. Table shows that 55% participants have positive effect, 3.8% have negative effect and 41.3% have both positive and negative effect. Positive effect shows the highest percentage and negative effect reflect the lowest percentage.

4.3 The Perceived Social Support of Beneficiaries Mother.

Table 4.3

Frequency distribution of the Perceived Support of beneficiaries Mother

Scale	Frequency (n)	Percent (%)
Low support (1-2.9)	28	35.0
Moderate support (3-5)	22	27.5
High support (5.1-7)	30	37.5
Total	80	100.0

The table 4.3 presents the perceived social support that is provided for the participants. The findings reveals that 35% participants have low support, 27.5% have moderate support and 37.5% have high support. Table shows that highest number of participants has high support and having low support participants are also a big number of participants that is closest to high support group.

4.4 The General Health Status of the Beneficiaries Mother

Table 4.4

Frequency distribution of the General Health Status of beneficiaries Mother (n= 80)

Scale	Frequency (n)	Percent (%)
Typical(11-12)	12	15.0
Distress(>15)	27	33.8
Severe problem with psychological distress(>20)	41	51.2
Total	80	100.0

Table 4.4 presents the general health status of the participants. It shows that 15% participants have typical general health status, 33.8% participants have distress condition and 51.2% have severe problem with psychological distress.

4.5 The Association between Demographic Characteristics and Emotional wellbeing of Single Mothers

Table 4.5

The Association between Demographic Characteristics and Emotional Wellbeing of Single Mothers

Variable	Category	Emotional wellbeing of Mother			Fisher Exact Significant value	P value
		Positive>33.3	Negative<17.4	Positive and Negative		
Age of the Participants	18-23 Years	4(9.1%)	0	4(12.1%)	.776	0.000
	24-27 Years	17(38.6%)	2(66.7%)	18(54.5%)		
	28-32 Years	14(31.8%)	1(33.3%)	5(15.2%)		
	33-37 Years	6(13.6%)	0	4(12.1%)		
	38-42 Years	3(6.8%)	0	2(6.1%)		
Education of Mother	Signature	13(29.5%)	3(100%)	4 (12.1%)	.013	0.000
	Below SSC	27(61.4%)	0	18 (54.5%)		
	SSC	2(4.5%)	0	7(21.2%)		
	HSC	1(2.3%)	0	3(9.1%)		
	Degree	1(2.3%)	0	1(3.0%)		
Marital Status	Divorce	12(27.3%)	1(33.3%)	4(12.1%)	.209	0.000
	Widow	12(27.3%)	1(33.3%)	16(48.5%)		
	Separated	20(45.5%)	1(33.3%)	13(39.4%)		
Number of Children	1-2 Children	18(40.9%)	0	22(66.7%)	.028	0.000
	3-4 Children	25(56.8%)	3(100%)	11(33.3%)		
	5-6 Children	1(2.3%)	0	0		

The table 4.5 presents data on various demographic variables and their emotional effects on mothers, specifically focusing on positive and negative impacts. The participants are divided into different age groups ranging from 18 to 42 years. For

each age group, the table indicates the number of mothers experiencing positive effects, negative effects, and both positive and negative effects. The significant value (.776) and p-value (0.000) suggest a significant relationship between age and the effects on mothers.

Mothers are categorized based on their educational attainment, ranging from "Below SSC" (Secondary School Certificate) to "Degree." Similar to age, the table provides counts for positive, negative, and both effects on mothers within each educational category. The significant value (.013) and p-value (0.000) indicate a statistically significant association between maternal education and its effects.

Marital status is categorized into "Divorce," "Widow," and "Separated." Counts are provided for each marital status category regarding the effects on mothers. The significant value (.209) and p-value (0.000) imply a significant relationship between marital status and the effects experienced by mothers.

This variable divides mothers based on the number of children they have, ranging from "1-2 Children" to "5-6 Children." Counts are given for each category regarding the positive, negative, and both effects on mothers. The significant value (.028) and p-value (0.000) suggest a significant correlation between the number of children and the emotional wellbeing of mothers.

Overall, the table provides detailed insights into how demographic factors such as age, education, marital status, and number of children can impact mothers positively, negatively, or both.

4.6 The Association between Demographic Characteristics and General Health Status of Beneficiaries Mothers.

Table 4.6

The Association between Demographic Characteristics and General Health Status of Beneficiaries Mothers (n=80)

Variable	Category	General Health Score			Fisher Exact Significant value	P value
		Typical (11-12)	Distress (>15)	Severe problem with psychological distress (>20)		
Age of the participants	18-23 Years	1(3.7%)	4(9.8%)	3(7.3%)	.165	0.000
	24-27 Years	6(50.0%)	7(25.9%)	24(58.5%)		
	28-32 Years	3(25.0%)	10(37.0%)	7(17.1%)		
	33-37 Years	2(16.7%)	5(18.5%)	3(7.3%)		
	38-42 Years	0(0.0%)	1(3.7%)	4(9.8%)		
Education of Mother	Signature	2(16.7%)	7(25.9%)	11(26.8%)	.893	0.000
	Below SSC	9(75.0%)	14(51.9%)	22(53.7%)		
	SSC	0(0.0%)	4(14.8%)	5(12.2%)		
	HSC	1(8.3%)	1(3.7%)	2(4.9%)		
	Degree	0(0.0%)	1(3.7%)	1(2.4%)		
Marital Status	Divorce	2(16.7%)	7(25.9%)	8(19.5%)	.870	0.000
	Widow	4(33.3%)	8(29.6%)	17(41.5%)		
	Separated	6(50.0%)	12(44.4%)	16(39.0%)		
Number of Children	1-2 Children	5(41.7%)	11(40.7%)	24(58.5%)	.368	0.000
	3-4 Children	7(58.3%)	16(59.3%)	16(39.0%)		
	5-6 Children	0	0	1(2.4%)		

This table illustrates the relationship between demographic factors and general health scores, with a specific emphasis on psychological distress levels categorized as typical, distress, and severe problems.

The table shows that participants aged between 24-27 years had the highest proportion of severe problems with psychological distress, followed by the 28-32 years age group. As the age increased, the proportion of severe distress decreased.

Participants whose mothers had education below SSC (Secondary School Certificate) showed a higher prevalence of severe distress compared to those with higher education levels.

The data indicates that individuals who were separated or divorced exhibited a higher prevalence of severe psychological distress compared to widows or those currently married.

Participants with 1-2 children had the highest proportion of severe psychological distress compared to those with 3-4 children or no children.

The Fisher Exact test and corresponding p-values indicate significant associations between demographic variables and general health scores, particularly psychological distress levels.

4.7. Correlations between General Health Status, Emotional Wellbeing and Perceived Social Support on Beneficiaries Mothers.

Table 4.7

Correlations between General Health Status, Emotional Wellbeing and Perceived Social Support on Beneficiaries Mothers

Spearman's rho	General Health Score	Effect on Mother	Perceived Social support
General Health Score	1.000		
Effect on Mother	.413**	1.000	
Perceived Social support	-.103	.364	1.000

p value > 0.05

The correlation analysis between general health status and emotional wellbeing among single mothers reveals a significant positive correlation between the two variables. The correlation coefficient is 0.413, which indicates a moderate to strong relationship between general health and emotional wellbeing among single mothers. Additionally, the p-value (0.000) is less than the typical significance level of 0.05, indicating that the result is statistically significant.

This means that based on the data analyzed, there is a meaningful connection between how healthy single mothers perceive themselves to be and their emotional wellbeing. Specifically, as general health status improves, emotional wellbeing tends to improve as well among single mothers

The correlation analysis between general health status and perceived social support shows that there is no significant correlation between the two variables. The correlation coefficient, which measures the strength and direction of the relationship between the variables, is very close to zero (-0.103). Additionally, the p-value (0.364)

is greater than the typical significance level of 0.05, indicating that the result is not statistically significant.

This means that based on the data analyzed, there isn't a meaningful connection between how healthy someone perceives themselves to be and how much social support they believe they receive from others.

CHAPTER V: DISCUSSION

The present research conducted on a sample of 80 beneficiaries mothers who are residing in a residential facility in SPP. The study aim to comprehensively assess the psychosocial well-being of beneficiaries mothers living in residential facilities in Bangladesh and to gain insights into the factors influencing their emotional, psychological, and social health. The research gathered information via the administration of PANAS, MSPSS and GHQ-12 as well as the collection of socio-demographic data.

The findings of this study reflect on the emotional effects experienced by beneficiaries mothers across various demographic variables, including age, educational attainment, marital status, number of children, perceived social support, and general health status.

The study reveals a significant socio-demographic feature indicating that, the majority of respondents 39 persons are belongs in early adulthood (23-27 years), while a smaller group of 5 participants belongs to 38-42 years which mean early middle age . There was no mother in late middle age and late adulthood or older. Another 6 participants are belongs in young adulthood 18-23 years. The results indicate a significant relationship between age and the emotional effects experienced by beneficiaries mothers, with younger mothers reporting higher levels of distress. This finding aligns with previous research suggesting that younger single mothers may face more difficulties in coping with the responsibilities of parenting alone (Theng et al., 2022). However, the literature review also highlights that older single mothers may encounter challenges related to financial strain and societal biases (Ghani et al., 2014). Therefore, while younger mothers may struggle with the

immediate demands of parenting, older mothers may face long-term economic and social obstacles.

The findings regarding marital status and the number of children also align with previous research, demonstrating significant correlations between these variables and emotional wellbeing. Single mothers who are divorced or separated and those with fewer children tend to experience higher levels of distress compared to widowed mothers or those with more children (Nahar et al., 2020). These results underscore the complex interplay between family structure, parental responsibilities, and psychological health among single mothers.

The study also presents the present marital status of the participants. There is 34 mother was separated from their husband that is a leading factor of being single mother with one or more children. There are also 29 mother's marital status was widow, death of husband lead to vulnerability of mothers due to sudden responsibilities of financial or economical supplies for living of their children. In accordance with the findings of a research in Malaysia, the respondents are comprised of a greater number of divorcees than widows, with 67% of them being divorcees and 33% being widows. On average, the age of the respondents is below 40 years. Which is similar with this study (Zarina M.N., 2012).). This is also a leading factor of lower psychological wellbeing and develops stress to the single mothers. Several studies have found a connection between parental divorce and father absence, and decreased self-esteem and feelings of competence in children and adolescents. This effect is particularly noticeable in the near term, but tends to diminish as time passes (Barber & Eccles, 1992). Another study of Damaske et al. (2017) shows that poverty has an inverse relationship with maternal age, having children above the age of six, and residing in a multigenerational household. Mothers who are single, separated,

widowed, or married (with husband absent) are more likely to face higher poverty risks compared to divorced mothers.

The study also shows that 40 mothers have 1-2 children and 39 mothers have 3-4 children. More children is a factor of being stress for a mother. A research present that mothers with two or more children experienced greater parenting stress compared to those with only one child. (Qian et al., 2021). In this study more children's mother have severe psychological distress where 1-2 children mother also have psychological distress.

There is a number of illiterate mother lead their life with their children with vulnerability, also a large number (45) of single mother's educational qualification is below SSC. There are also 4 mothers whose educational qualification is HSC and 2 mother's educational qualification is degree level. Similarly, the study reveals a significant association between maternal education and emotional wellbeing, with mothers with lower educational levels reporting higher levels of distress. This corroborates previous research indicating that education serves as a protective factor against psychological distress among single mothers (Azer et al., 2022). However, the literature review also emphasizes that educational attainment alone may not be sufficient to alleviate the challenges faced by single mothers, particularly those related to financial strain and employment opportunities (Damaske et al., 2017).

The demographic profile of single mothers, as highlighted in the literature review, reveals a diverse range of experiences. Factors such as age, educational attainment, marital status, and number of children play significant roles in shaping the emotional well-being of single mothers. For instance, older single mothers, those with lower levels of education, and those with fewer children tend to experience higher levels of psychological distress. This underscores the importance of considering these

demographic factors when designing interventions to support single mothers.

The aim of the study is to assess the psychosocial wellbeing of those single mothers. Positive and negative affect schedules (PANAS) indicate positive and negative effects on participants of their emotion and feelings. This study shows that most of the participants have positive effects, lowest is the negative effect and another participants have the both positive and negative effects on their emotion or feeling that they had felt in last seven days. The primary purpose of developing the PANAS was to create a concise measurement tool that assesses positive and negative affect as distinct and mostly unrelated concepts. This allows individuals to experience both positive and negative emotions at the same time.

Researcher also use multidimensional scale for social support to assess the family, friends or other specific support provided for the single mothers. From 80 participants 30 of them have high perceived social support, 28 participants have low perceived social support and other 22 participants have moderate support. Support from family members, friends or others has a vital role for a single mother's mental health. As those mother of this study lead their life in a residential facility they have chance to improve their living with their similar group.

The study highlights the importance of perceived social support in mitigating emotional distress among single mothers, with those reporting higher levels of support experiencing better overall wellbeing. This finding is consistent with existing literature emphasizing the protective role of social support networks in buffering the stressors associated with single parenthood (Taylor & Conger, 2017). However, it is important to note that while social support may alleviate some challenges, single mothers may still face systemic barriers and societal prejudices that impact their wellbeing (Karunanayake et al., 2021).

By using general health questionnaire in this study researcher assess psychological status of the participants. It shows that 12 participants gave typical health status, 27 participants have distress psychological condition and 41 participants have severe problem with psychological distress from total 80 participants. Most of the participants have severe psychological problem. They lead their life with those stressed condition that effect negatively on their psychological wellbeing.

Finally, the study reveals a significant correlation between general health status and emotional wellbeing among single mothers, indicating that those with better perceived health tend to have lower levels of distress. This finding corroborates previous research suggesting that physical and mental health are intertwined and can influence one another among single mothers (Samuels-Dennis, 2007). However, it is essential to recognize that addressing mental health issues among single mothers requires comprehensive interventions that address both individual wellbeing and systemic inequalities.

The findings of this study provide valuable insights into the emotional effects experienced by single mothers across various demographic variables. While there are similarities between the results and existing literature, such as the impact of age, education, marital status, and social support on maternal wellbeing, there are also nuances and complexities that warrant further exploration. By understanding the multifaceted challenges faced by single mothers, policymakers, healthcare providers, and community organizations can develop targeted interventions to support these women and promote their overall wellbeing.

CHAPTER VI: CONCLUSION

6.1 Strength and Limitations

6.1.1 Strengths

- The study targets a unique and specific population. This allows for a more targeted analysis of physical, mental health and various factors that influence life of those participants potentially leading to more accurate and relevant findings.
- The study included a sample size of 80 single mothers from SPP. While the sample size may not be large, it is still reasonable for a cross-sectional study and can provide valuable insights about the psychosocial wellbeing of beneficiaries mothers.
- The cross-sectional design allows for the collection of data at a single point in time, providing a snapshot of the current level of psychosocial wellbeing of this population. It can be useful for identifying psychological, social wellbeing status and support systems of single mothers from a residential area.
- Translating the questionnaires to the participants' mother language and conducting a field test strengthen the study by ensuring comprehension, cultural relevance, and inclusivity. These steps contribute to the accuracy, validity, and applicability of the collected data.

6.1.2 Limitations

- As a cross-sectional study, this research only captures data at a single point in time. Longitudinal data collected over an extended period would offer a

more comprehensive understanding of the changes in psychosocial wellbeing of the mothers.

- Bangladesh has only few organizations that provide shelter and facility for vulnerable single mothers. From them a large population takes service from SPP. All data for this study were taken from SPP though there is another service providing Non Governmental Organization (NGO) in this country. But it was not possible to collect data from various areas within short period of time.
- These uncontrolled variables could affect the results and limit the study's ability to draw conclusive findings

6.2 Practice Implications

- In this study on single mothers, implications can be multifaceted. Firstly, findings can inform specific challenges, such as affordable childcare, access to education, and employment opportunities. To meet the distinct needs of beneficiaries mothers can contribute to economic stability and overall well-being.
- Moreover, research focus on the psychosocial wellbeing of beneficiaries mother, this assessment find unique stressors faced by beneficiaries mothers. Identifying effective coping mechanisms and support structures can enhance mental health outcomes and resilience. This, in turn, may contribute to better parenting practices and positive child outcomes.
- Community support systems can also benefit from research implications. Understanding the social networks that positively impact single mothers can inform the creation of support programs, peer mentoring, and community resources. Building a more empathetic and understanding community can

mitigate the isolation often experienced by beneficiaries mothers and promote a sense of belonging. Changing societal perceptions can foster a more inclusive environment, reducing societal judgments and increasing overall support for beneficiaries mothers.

6.2.1 Recommendation for Future Practice

- Implement interventions aimed at identifying and promoting effective coping mechanisms and support structures to improve the psychosocial well-being of single mothers, thereby enhancing mental health outcomes and resilience.
- Establish support programs, peer mentoring initiatives, and community resources based on an understanding of the social networks that positively impact single mothers to foster a more empathetic and understanding community.
- Work towards changing societal perceptions through education and advocacy to create a more inclusive environment, reducing societal judgments and increasing overall support for single mothers.

6.2.2 Recommendation for Future Research

Some future research recommendations are include in the following:

- Assessing psychological wellbeing of the single mothers from various residential areas in Bangladesh.
- Comparison between psychological wellbeing of single mothers from residential facilities and from the community.
- Parenting style of the single mothers in different areas of Bangladesh.

6.3 Conclusion

The present study represents the emotional stability and mental resilience of single mothers in residential facilities in Shishu Polli Plus. These findings underscore the importance of addressing emotional wellbeing alongside general health in interventions for single mothers. The study presents the quality and extent of social support networks available to single mothers and the impact of social interactions and relationships on their overall well-being. Additionally, they highlight the need for further exploration into the dynamics of social support among this demographic to develop more effective support systems.

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APPENDICES

Appendix A: Approval Letter and Permission Letter

IRB Approval Letter



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

Ref: CRP-BHPI/IRB/10/2023/738 Date: 11.10.2023

To
 Sajeda Akter Moon
 4th Year, B.Sc. in Occupational Therapy
 Session: 2018-2019, Student ID: 122180305
 Department of Occupational Therapy
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal "Psychosocial Well-being Among Beneficiaries Mothers Residing in a Residential Facility: A Cross-sectional Study" by ethics committee.


Dear Sajeda Akter Moon,
 Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Shamima Akter as thesis supervisor. The Following documents have been reviewed and approved:

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

To comprehensively assess the psychosocial well-being of beneficiaries mothers living in residential facilities in Bangladesh and to gain insights into the factors influencing their emotional, psychological, and social health. The study involves use of standardized scale Positive and Negative Affect Schedule (PANAS) for emotional well-being, the General Health Questionnaire (GHQ-12) for psychological well-being, and the Multidimensional Scale of Perceived Social Support (MSPSS) for social well-being that may take about 25 to 30 minutes to fill in the questionnaire. 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 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 in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964-2013 and other applicable regulation.

Best regards,

 M.V. HAMMAD MILLAT HOSSAIN

Associate Professor, Project & Course Coordinator, MRS
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

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

Permission Letter(Shishu Polli Plus)

Date:12.10.2023

To
Oversees Director,
Shishu Polli Plus (SPP)
Sreepur, Gazipur

Subject: Application for seeking permission for data collection.

Sir,

With due respect, I state that I am a student pursuing a B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute. I am writing to formally request your approval for data collection for the study titled "*Assessing Psychosocial Well-being Among Single Mothers Residing in a Residential Facility: A Cross-sectional Study.*" I have designed this research to comprehensively examine the psychosocial well-being of single mothers living in residential facilities in Bangladesh. The primary goal of this study is to gain valuable insights into the various factors that influence their emotional, psychological, and social health. Your approval of Shishu Polli Plus as a data collection site is pivotal in initiating the research and commencing data collection.

I am pleased to inform you that the research proposal has already received approval during the 38th meeting of the Institutional Review Board, with reference number IRB/10/09/2023/738, held on 23rd September 2023.

I am committed to adhering to all the necessary requirements and protocols as stipulated by the Institutional Review Board and our academic institution. I understand the importance of conducting this research ethically and responsibly, and I will ensure that all participants' rights and privacy are respected throughout the data collection process.

I am looking forward to your positive response, and I am enthusiastic about embarking on this important research journey.

Sincerely,

Sajeda

Sajeda Akter Moon
Session: 2018-2019
Student ID: 122180305
B.Sc. in Occupational Therapy Student
Bangladesh Health Professions Institute (BHPI)

Appendix B: Information Sheet & Consent Form

Information Sheet (English)

Bangladesh Health Professions Institute (BHPI)

Department of Occupational Therapy

CRP, Chapain, Savar, Dhaka- 1343

This is to inform that Sajeda Akter Moon is a 4 year student of Bangladesh Health Professions Institute of Occupational Therapy Department, the academic institute of CRP. She is conducting research which is part of course curriculum. The researcher would like to invite you to participate in the study. The research title is " Psychosocial Wellbeing of the Beneficiaries Mothers: A Cross Sectional Study". By conducting the research will know about the psychosocial wellbeing of the single mothers living in SPP.

Your participant in the study is voluntary. You can withdraw your information anytime. No fee will be paid to the participant. You will not be harmed by participating in this research. You will gain knowledge and be aware about your rights.

All your information will be kept confidential. If you have any query regarding the study, please

feel free to ask the contact information given below.

Sajeda Akter Moon

4th year, B.Sc in Occupational Therapy

Bangladesh Health Professions Institute.

Gmail: khandokarmoon5678@gmail.com

Consent form (English)**Consent Form**

The researcher, Sajeda Akter Moon is a final year student of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI). This study is a part of course curriculum of B.Sc. in Occupational Therapy. The study is about psychosocial wellbeing of beneficiaries mothers in SPP and the aim of the study is to investigate the emotional or psychological well-being as well as social well-being of beneficiaries mothers. In this research project, participants are informed about its aim and objectives. Participants name will not be addressed in any part of the research project. Transcription and the field notes will not be shared or discussed with others. The recorded data, written data, transcript will be destroyed at least after six months of the study. This study or participation will not harm full to the participants. Participants are free to refuse answering any questions during interview. This study will not cause any benefit directly but in the future people may get benefit from the study. All the information is used in the study would be kept by maintaining safety and confidentiality. The participants have right to withdraw their consent 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 will have the right to refuse to take part any time at any stage of in the study and I am not bounded to answer all types of questions. The researcher will bounded to me to answer any question or inquiry related to this study.

So I agree to participate in this study willingly.

Signature:

Person	Signature	Date
Participant		
Researcher		

Withdrawal form (English)**Withdrawal Form**

Research Title: Psychosocial Well-Being among Beneficiaries Mothers Residing in a Residential Facility: A Cross-Sectional Study

Name of researcher: Sajeda Akter Moon, 4th year, B.Sc in Occupational Therapy, session: 2018-19

I _____ hereby formally withdraw my participation from the research. I am providing this notice to confirm my decision to withdraw from the research without any consequences.

By signing this form, I confirm my withdrawal from the research study and request that my data and any associated information collected up to this point be removed from any further analysis or use in the study.

Name of the participant: _____

Signature: _____

Signature of the researcher: _____

Date: _____

Appendix Bb

Information sheet (Bangla)

তথ্যপত্র

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি, চাঁপাইন, সাভার, ঢাকা- 1343

এটি জানানো যাচ্ছে যে সাজেদা আক্তার মুন সিআরপির একাডেমিক ইনস্টিটিউট বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট অফ অকুপেশনাল থেরাপি বিভাগের 4 বছরের ছাত্রী। তিনি গবেষণা পরিচালনা করছেন যা অবশ্যই পাঠ্যক্রমের অংশ। গবেষক আপনাকে গবেষণায় অংশগ্রহণের জন্য আমন্ত্রণ জানাতে চান। গবেষণার শিরোনাম "একক মায়েদের মনোসামাজিক সুস্থতা: একটি ক্রস সেকশনাল অধ্যয়ন"। গবেষণা পরিচালনার মাধ্যমে এস.পি.পি. তে বসবাসকারী একক মায়েদের মনোসামাজিক সুস্থতা সম্পর্কে জানা যাবে।

অধ্যয়নে আপনার অংশগ্রহণকারী স্বৈচ্ছাসেবী। আপনি যে কোনো সময় আপনার তথ্য প্রত্যাহার করতে পারেন। অংশগ্রহণকারীকে কোন ফি প্রদান করা হবে না। এই গবেষণায় অংশগ্রহণ করে আপনার কোনো ক্ষতি হবে না। আপনি জ্ঞান অর্জন করবেন এবং আপনার অধিকার সম্পর্কে সচেতন হবেন।

আপনার সকল তথ্য গোপন রাখা হবে। অধ্যয়ন সম্পর্কে আপনার কোন প্রশ্ন থাকলে, অনুগ্রহ করে নিচে দেওয়া যোগাযোগের তথ্য জিজ্ঞাসা করতে দ্বিধা বোধ করুন।

সাজেদা আক্তার মুন

৪র্থ বর্ষ, বিএসসি ইন অকুপেশনাল থেরাপি

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট।

জিমেইল: khandokarmoon5678@gmail.com

Consent form (Bangla)

সম্মতিপত্র

গবেষক সাজেদা আক্তার মুন বিএসসি শেষ বর্ষের ছাত্রী। বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটে (বিএইচপিআই) অকুপেশনাল থেরাপিতে। এই অধ্যয়নটি বি.এস.সি. এর পাঠ্যক্রমের একটি অংশ। অধ্যয়নটি SPP-এ একক মায়েদের মনোসামাজিক সুস্থতা সম্পর্কে এবং অধ্যয়নের লক্ষ্য হল একক মায়েদের মানসিক বা মানসিক সুস্থতার পাশাপাশি সামাজিক সুস্থতার তদন্ত করা।

এই গবেষণা প্রকল্পে, অংশগ্রহণকারীদের এর লক্ষ্য এবং উদ্দেশ্য সম্পর্কে অবহিত করা হয়। গবেষণা প্রকল্পের কোনো অংশে অংশগ্রহণকারীদের নাম উল্লেখ করা হবে না। ট্রান্সক্রিপশন এবং ফিল্ড নোট অন্যদের সাথে শেয়ার করা বা আলোচনা করা হবে না। রেকর্ড করা তথ্য, লিখিত তথ্য, প্রতিলিপি অন্তত ছয় মাস অধ্যয়নের পরে ধ্বংস করা হবে। এই অধ্যয়ন বা অংশগ্রহণ অংশগ্রহণকারীদের সম্পূর্ণ ক্ষতি করবে না। অংশগ্রহণকারীরা সাক্ষাত্কারের সময় কোনও প্রশ্নের উত্তর দিতে অস্বীকার করতে মুক্ত। এই অধ্যয়নের ফলে সরাসরি কোন লাভ হবে না কিন্তু ভবিষ্যতে মানুষ অধ্যয়ন থেকে উপকৃত হতে পারে। গবেষণায় ব্যবহৃত সমস্ত তথ্য নিরাপত্তা এবং গোপনীয়তা বজায় রেখে রাখা হবে। অংশগ্রহণকারীদের যে কোনো সময় অধ্যয়ন থেকে তাদের সম্মতি প্রত্যাহার করার অধিকার রয়েছে।

এই গবেষণায়, আমি..... একজন অংশগ্রহণকারী এবং আমাকে অধ্যয়নের উদ্দেশ্য সম্পর্কে স্পষ্টভাবে অবহিত করা হয়েছে। আমার অধ্যয়নের যেকোনো পর্যায়ে অংশ নিতে অস্বীকার করার অধিকার থাকবে এবং আমি সব ধরনের প্রশ্নের উত্তর দিতে বাধ্য নই। গবেষক এই গবেষণার সাথে সম্পর্কিত যেকোন প্রশ্ন বা অনুসন্ধানের উত্তর দিতে আমার কাছে আবদ্ধ থাকবেন।

তাই আমি এই গবেষণায় স্বেচ্ছায় অংশগ্রহণ করতে রাজি।

স্বাক্ষর:

স্বাক্ষর:

অংশগ্রহণকারী

গবেষক

Withdrawal form (Bangla)**সম্মতি প্রত্যাহার পত্র**

গবেষণার শিরোনাম: "একক মায়েদের মনোসামাজিক সুস্থতা: একটি ক্রস সেকশনাল অধ্যয়ন"

গবেষকের নাম: সাজেদা আক্তার মুন, বি এস সি ইন অকুপেশনাল থেরাপি, সেশনঃ ২০১৮-১৯

আমি _____ আনুষ্ঠানিকভাবে গবেষণা থেকে আমার অংশগ্রহণ প্রত্যাহার করছি। আমি কোনও পরিণতি ছাড়াই গবেষণা থেকে সরে আসার সিদ্ধান্তটি নিশ্চিত করার জন্য এই নোটিশটি সরবরাহ করছি।

এই ফর্মটিতে স্বাক্ষর করার মাধ্যমে, আমি এই গবেষণা থেকে আমার প্রত্যাহার নিশ্চিত করি এবং অনুরোধ করি যে, সংগৃহীত তথ্য কোনো বিশ্লেষণ বা ব্যবহার থেকে সরানো হোক।

অংশগ্রহণকারীর নাম: _____ **স্বাক্ষর:** _____

গবেষকের স্বাক্ষর: _____ **তারিখ** _____/_____/_____

Appendix Ca Questionnaire (English)***Socio demographic Questionnaire (English version)***

Participant age:

Education:

Marital status:

Number of Children:

Positive and Negative Affect Schedule (PANAS-SF)

Indicate the extent you have felt this way over the past week		Very slightly or not at all	A little	Moderately	Quite a bit	Extremely
1	Interested	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
2	Distressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
3	Excited	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
4	Upset	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
5	Strong	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
6	Guilty	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
7	Scared	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
8	Hostile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
9	Enthusiastic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
10	Proud	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
11	Irritable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
12	Alert	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
13	Ashamed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
14	Inspired	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
16	Nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
17	Determined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
18	Attentive	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
19	Jittery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
20	Active	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
21	Afraid	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Multidimensional Scale of Perceived Social Support

Questionnaire	Very Strongly Disagree	Strongly Disagree	Mildly Disagree	Neutral	Mildly Agree	Strongly Agree	Very Strongly Agree
There is a special person who is around when I am in need.	1	2	3	4	5	6	7
There is a special person with whom I can share joys and sorrows	1	2	3	4	5	6	7
My family really tries to help me	1	2	3	4	5	6	7
I get the emotional help & support I need from my family	1	2	3	4	5	6	7
I have a special person who is real source of comfort to me	1	2	3	4	5	6	7
My friends really try to help me	1	2	3	4	5	6	7
I can count on my friends when things go wrong	1	2	3	4	5	6	7
I can talk about my problems with my family	1	2	3	4	5	6	7
I have friends with whom I can share my joys & sorrows	1	2	3	4	5	6	7
There is a special person in my life who cares about my feelings	1	2	3	4	5	6	7
My family is willing to help me make decisions	1	2	3	4	5	6	7
I can talk about my problems with my friends	1	2	3	4	5	6	7

General health Questionnaire (GHQ-12)

Questions	Score: 1	Score: 2	Score: 3	Score: 4
1. Been able to concentrate on what you're doing?	<input type="radio"/> Better than usual	<input type="radio"/> Same as usual	<input type="radio"/> Less than usual	<input type="radio"/> Much less than usual
2. Lost much sleep over worry?	<input type="radio"/> Not at all	<input type="radio"/> No more than usual	<input type="radio"/> Rather more than usual	<input type="radio"/> Much more than usual
3. Felt you were playing a useful part in things?	<input type="radio"/> More so than usual	<input type="radio"/> Same as usual	<input type="radio"/> Less useful than usual	<input type="radio"/> Much less usefull
4. Felt capable of making decisions about things?	<input type="radio"/> More so than usual	<input type="radio"/> Same as usual	<input type="radio"/> Less so than usual	<input type="radio"/> Much less capable
5. Felt constantly under strain?	<input type="radio"/> Not at all	<input type="radio"/> No more than usual	<input type="radio"/> Rather more than usual	<input type="radio"/> Much more than usual
6. Felt you couldn't overcome your difficulties?	<input type="radio"/> Not at all	<input type="radio"/> No more than usual	<input type="radio"/> Rather more than usual	<input type="radio"/> Much more than usual
7. Been able to enjoy your normal day-to-day activities?	<input type="radio"/> More so than usual	<input type="radio"/> Same as usual	<input type="radio"/> Less so than usual	<input type="radio"/> Much less than usual
8. Been able to face up to your problems?	<input type="radio"/> More so than usual	<input type="radio"/> Same as usual	<input type="radio"/> Less so than usual	<input type="radio"/> Much less able
9. Been feeling unhappy and depressed?	<input type="radio"/> Not at all	<input type="radio"/> No more than usual	<input type="radio"/> Rather more than usual	<input type="radio"/> Much more than usual
10. Been losing confidence in yourself?	<input type="radio"/> Not at all	<input type="radio"/> No more than usual	<input type="radio"/> Rather more than usual	<input type="radio"/> Much more than usual
11. Been thinking of yourself as a worthless person?	<input type="radio"/> Not at all	<input type="radio"/> No more than usual	<input type="radio"/> Rather more than usual	<input type="radio"/> Much more than usual
12. Been feeling reasonably happy, all things considered	<input type="radio"/> More so than usual	<input type="radio"/> Same as usual	<input type="radio"/> Less so than usual	<input type="radio"/> Much less than usual

Appendix Cb Questionnaire (Bangla)

আর্থ-সামাজিক তথ্য

অংশগ্রহণকারীর বয়স:

শিক্ষা:

বৈবাহিক অবস্থা:

সন্তান সংখ্যা:

Positive and Negative Affect Schedule (PANAS-SF) (আবেগ ও অনুভূতি পরিমাপক)

গত সপ্তাহে আপনি এইভাবে কতটা অনুভব করেছেন তা নির্দেশ করুন	খুব সামান্য বা একেবারেই না	একটু	মাঝারিভাবে	বেশ কিছুটা	চরমভাবে
১. আগ্রহী	○ ১	○ ২	○ ৩	○ ৪	○ ৫
২. ব্যাখিত	○ ১	○ ২	○ ৩	○ ৪	○ ৫
৩. উত্তেজিত	○ ১	○ ২	○ ৩	○ ৪	○ ৫
৪. মন খারাপ	○ ১	○ ২	○ ৩	○ ৪	○ ৫
৫. শক্তিশালী	○ ১	○ ২	○ ৩	○ ৪	○ ৫
৬. দোষী	○ ১	○ ২	○ ৩	○ ৪	○ ৫
৭. ভীত	○ ১	○ ২	○ ৩	○ ৪	○ ৫
৮. প্রতিকূল	○ ১	○ ২	○ ৩	○ ৪	○ ৫
৯. উত্সাহী	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১০. গর্বিত	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১১. খিটখিটে	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১২. সতর্কতা	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১৩. লজ্জিত	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১৪. অনুপ্রাণিত	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১৫. স্নায়ুবিক	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১৬. নির্ধারিত	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১৭. মনোযোগী	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১৮. জটলা	○ ১	○ ২	○ ৩	○ ৪	○ ৫
১৯. সক্রিয়	○ ১	○ ২	○ ৩	○ ৪	○ ৫
২০. ভয়	○ ১	○ ২	○ ৩	○ ৪	○ ৫

**Multi dimensional Scale of Perceived Social Support (পরিচয়, নিজ ধারণা ,স্ব
কার্যকারিতার বহুমাত্রিক স্কেল)**

প্রশ্নাবলী	খুব দৃঢ়ভাবে একমত না	দৃঢ়ভাবে একমত না	হালকাভাবে একমত না	নিরপেক্ষ	হালকাভাবে একমত	দৃঢ়ভাবে একমত	খুব দৃঢ়ভাবে একমত
একজনবিশেষ ব্যক্তি আছেন যিনি আমার প্রয়োজনের সময় পাশে থাকেন।	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
একজন বিশেষ মানুষ আছে যার সাথে আমি সুখ-দুঃখ ভাগাভাগি করতে পারি	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমার পরিবার সত্যিই আমাকে সাহায্য করার চেষ্টা করে	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমি পরিবারের কাছ থেকে প্রয়োজনীয় মানসিক সাহায্য এবং সমর্থন পাই	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমার একজন বিশেষ ব্যক্তি আছে যিনি আমার কাছে সান্ত্বনার প্রকৃত উৎস	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমার বন্ধুরা সত্যিই আমাকে সাহায্য করার চেষ্টা করে	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
যখন কিছু ভুল হয় তখন আমি আমার বন্ধুদের উপর নির্ভর করতে পারি	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমি আমার পরিবারের সাথে আমার সমস্যার কথা বলতে পারি	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমার বন্ধু আছে যাদের সাথে আমার সুখ-দুঃখ ভাগাভাগি করতে পারি	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমার জীবনে একজন বিশেষ ব্যক্তি আছেন যিনি আমার অনুভূতির যত্ন নেন	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমার পরিবার আমাকে সিদ্ধান্ত নিতে সাহায্য করতে ইচ্ছুক	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭
আমি আমার বন্ধুদের সাথে আমার সমস্যার কথা বলতে পারি	০ ১	০ ২	০ ৩	০ ৪	০ ৫	০ ৬	০ ৭

General health Questionnaire (GHQ-12) সাধারণ স্বাস্থ্য প্রশ্নাবলী (GHQ-12)

প্রশ্নাবলী	স্কের: ১	স্কের: ২	স্কের: ৩	স্কের: ৪
১. আপনি যা করছেন তাতে মনোনিবেশ করতে পেরেছেন?	স্বাভাবিকের চেয়ে ভালো	যথারীতি একই	স্বাভাবিকের চেয়ে কম	স্বাভাবিকের তুলনায় অনেক কম
২. চিন্তার জন্য অনেক ঘুম হারিয়েছেন?	একদমই না	স্বাভাবিকের চেয়ে বেশি নয়	স্বাভাবিকের চেয়ে বেশি	স্বাভাবিকের চেয়ে অনেক বেশি
৩. অনুভব করেছেন যে আপনি জিনিসগুলিতে একটি দরকারী ভূমিকা পালন করছেন?	স্বাভাবিকের চেয়ে বেশি	যথারীতি একই	স্বাভাবিকের চেয়ে কম	অনেক কম দরকারী
৪. জিনিস সম্পর্কে সিদ্ধান্ত নিতে সক্ষম মনে করেন?	স্বাভাবিকের চেয়ে বেশি	যথারীতি একই	স্বাভাবিকের চেয়ে কম	অনেক কম সক্ষম
৫. ক্রমাগত চাপের মধ্যে অনুভব করেন?	একদমই না	স্বাভাবিকের চেয়ে বেশি নয়	স্বাভাবিকের চেয়ে বেশি	স্বাভাবিকের চেয়ে অনেক বেশি
৬. অনুভব করেছেন যে আপনি আপনার অসুবিধাগুলি কাটিয়ে উঠতে পারেননি?	একদমই না	স্বাভাবিকের চেয়ে বেশি নয়	স্বাভাবিকের চেয়ে বেশি	স্বাভাবিকের চেয়ে অনেক বেশি
৭. আপনার স্বাভাবিক দৈনন্দিন কার্যক্রম উপভোগ করতে পেরেছেন?	স্বাভাবিকের চেয়ে বেশি	যথারীতি একই	স্বাভাবিকের চেয়ে কম	স্বাভাবিকের তুলনায় অনেক কম
৮. আপনার সমস্যার মুখোমুখি হতে পেরেছেন?	স্বাভাবিকের চেয়ে বেশি	যথারীতি একই	স্বাভাবিকের চেয়ে কম	স্বাভাবিকের তুলনায় অনেক কম
৯. অসুখী এবং বিষণ্ণ বোধ করা হয়েছে?	একদমই না	স্বাভাবিকের চেয়ে বেশি নয়	স্বাভাবিকের চেয়ে বেশি	স্বাভাবিকের চেয়ে অনেক বেশি
১০. নিজের উপর আস্থা হারাচ্ছেন?	একদমই না	স্বাভাবিকের চেয়ে বেশি নয়	স্বাভাবিকের চেয়ে বেশি	স্বাভাবিকের চেয়ে অনেক বেশি
১১. নিজেকে একজন মূল্যহীন ব্যক্তি হিসেবে ভাবছেন?	একদমই না	স্বাভাবিকের চেয়ে বেশি নয়	স্বাভাবিকের চেয়ে বেশি	স্বাভাবিকের চেয়ে অনেক বেশি
১২. যুক্তিসঙ্গতভাবে খুশি বোধ করা হয়েছে, সব বিষয় বিবেচনা করা হয়েছে	স্বাভাবিকের চেয়ে বেশি	যথারীতি একই	স্বাভাবিকের চেয়ে কম	স্বাভাবিকের তুলনায় অনেক কম

Appendix D: Supervision Record Sheet






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












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





Title of thesis: Psychosocial Well-Being among Single Mothers Residing in a Residential Facility: A Cross-Sectional Study

Name of student: Sajeda Akter Moon

Name and designation of thesis supervisor: Shamima Akter, Associate Professor
 Department of Occupational Therapy, BHPI

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	08.08.23	OTD(2), BHPI	Overview of research supervision guideline	30 min	Helpful introduction	Sajeda	
2	10.08.23	OTD(2), BHPI	Methodology, design, Approach	1 hour	got a clear concept	Sajeda	
3	16.9.23	OTD(2), BHPI	Scale and Questionnaire	30 minutes	got a clear concept	Sajeda	
4	20.9.23	OTD(2), BHPI	Guideline for research proposal	3 hour	got a structured guideline	Sajeda	
5	25.09.23	OTD, BHPI	Scale feedback	30 min	got clear idea	Sajeda	

6	31.09.23	OTD (2), BHPI	Research Proposal feedback	3 hr	Helpful for thesis writing	Sajeda	
7	7.10.23	OTD (2), BHPI	How to write literature reviews	3 hr	got clear ideas on how to write	Sajeda	
8	19.10.23	OTD (2), BHPI	Information sheet; Consent form, withdrawal form	30 min	learnt my mistakes	Sajeda	
9	10.12.23	OTD (2), BHPI	Guideline on how to collect data	30 min	Got proper guidelines	Sajeda	
10	19.12.23	OTD (2), BHPI	Guideline on participants number & permission issue	30 min	Helpful to research some issues	Sajeda	
11	20.12.23	OTD (2), BHPI	Data input in SPSS (20)	3 hour	learnt about how to input data	Sajeda	
12	25.12.23	OTD (2), BHPI	feedback on data input	30 min	learnt and got clears concept	Sajeda	
13	30.12.23	OTD (2)	feedback on data analysis and tables	3 hour	Working on result part	Sajeda	
14	28.02.24	OTD (2)	feedback on first draft	30 min	Reading my result section	Sajeda	
15	15.03.24	OTD (2)	Discussion and conclusion of the research	2 hour	Got proper guideline	Sajeda	
16	21.05.24	OTD (2)	feedback on the correction of the draft	2 hour		Sajeda	

17	18.03.24	OTD (1), BHPI	feedback on result & discussion part	1 hour	Updating my discussion session	Sajeda	
18	23.03.24	OTD (1), BHPI	feedback on next draft	2 hour	Mistakes are identified	Sajeda	
19	01.04.24	OTD (1), BHPI	feedback on reference, literature review	2 hour	Added some more points to literature	Sajeda	
20	15.04.24	OTD (1), BHPI	feedback on final draft and presentation	3 hour	got clear guideline	Sajeda	

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.