Perception about empowerment among women with spinal cord injury

By

Nishat Tasnim

DU reg. No. 1777

Submitted in Partial Fulfillment of the Requirements for the Degree of

M.Sc. in Rehabilitation Science

May 2024

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Faculty of Medicine

University of Dhaka

Thesis Supervisor's Statement

As supervisors of NISHAT TASNIM's M.Sc. Thesis work, we clarify that we consider her thesis **"PERCEPTION ABOUT EMPOWERMENT AMONG WOMEN WITH SPINAL CORD INJURY"** to be suitable for the examination.

Professor Dr. Mohammad Anwar Hossain
Professor, Bangladesh Health Professions Institute (BHPI).
Senior Consultant & Head, Department of Physiotherapy,
Centre for the Rehabilitation of the Paralysed (CRP).

Date: 24.06.24

We the undersigned clarify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for acceptance of this thesis entitled, **"PERCEPTION ABOUT EMPOWERMENT AMONG WOMEN WITH SPINAL CORD INJURY"**.

Submitted by **Nishat Tasnim**, for the partial fulfillment of the requirements for the degree of M.Sc. in Rehabilitation Science.

Professor Dr. Mohammad Anwar Hossain
Professor, Bangladesh Health Professions Institute (BHPI).
Senior Consultant & Head, Department of Physiotherapy,
Centre for the Rehabilitation of the Paralysed (CRP).

Professor Dr. Sharker Md. Numan
Dean, School of Science and Technology,
Bangladesh Open University (BOU), Gazipur-1705.

Muhammad Millat Hossain
Associate Professor & Course Coordinator,
Department of Rehabilitation Science,
Bangladesh Health Professions Institute (BHPI).

Punam D Costa
Lecturer,
Department of Rehabilitation Science,
Bangladesh Health Professions Institute (BHPI).

Date of Approval: 24th June, 2024

Declaration

This work has not previously been accepted in substance for any degree and is not concurrently submitted in candidature for any degree.

This dissertation is being submitted in partial fulfillment of the requirements for the degree of M.Sc. in Rehabilitation Science.

This dissertation is the result of my own independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A Bibliography is appended.

I confirm that if anything identified in my work that I have done plagiarism or any form of cheating that will directly awarded me fail and I am subject to disciplinary actions of authority.

I confirm that the electronic copy is identical to the bound copy of the Thesis.

Signature: ………………………………….

Name: ………………………………………

Data: ……………………………………….

Acknowledgement

At first, I want to pay my gratitude to almighty Allah who gave me the passion to complete the study.

I am very much grateful to my honourable teacher and supervisor **Mohammad Anwar Hossain**, Professor Bangladesh Health Professions Institute (BHPI) and Head of Physiotherapy Department CRP, Savar, Dhaka, for giving me his valuable time, his thoughtful supervision and excellent guidance, without which I could not able to complete this research project.

I would also like to mention the names of **Muhammad Millat Hossain**, Associate Professor and Course Co-ordinator, Department of M.Sc. in Rehabilitation Science, BHPI, **Punam D Costa**, Lecturer, Department of M.Sc. in Rehabilitation Science, BHPI and **Kamrunnaher Koly**, Department of M.Sc. in Rehabilitation Science, BHPI guide me to overcome the limitations.

I am glad to acknowledge **Arifa Jahan Ema**, Assistant Professor, BHPI, who dedicatedly taught us Qualitative Research Methodology subject and help us to accomplish the thesis project from the very beginning.

I would like to thank **Mosammat Mohesana**, Librarian of Bangladesh Health Professions Institute (BHPI) and her associates for their kind support to provide access to HINARI and find out related books, reports and journals

I would like to thank to all the Spinal Cord Injury participants for their enormous co-operation.

My special thanks to the data collectors, translator and friends for their continuous suggestions and supports to take challenges and that have inspired me throughout the project.

Table of Contents

Annexure

List Of Tables

List of figures

Acronyms

BHPI	Bangladesh Health Professions Institute
CRP	Centre for the Rehabilitation of the Paralysed
IRB	Institutional Review Board
WHO	World Health Organisation
SCI	Spinal Cord Injury
TSCI	Traumatic Spinal Cord Injury
NTSCI	Non-Traumatic Spinal Cord Injury
SDGs	Sustainable Development Goals
UNDESA	United Nations Department of Economic and Social Affairs

Abstract

Purpose: Spinal cord injured women are just a small portion of the overall disability population. As they are minority group of people, they often negatively influenced on the path of their empowerment in male domain society. They faced different obstacles related to health, decision making, finance and also stigmatization in community participation. So, it is important to find out their perception about empowerment among women with Spinal cord injury.

Objectives: To explore their different experiences, needs and perception about empowerment of various aspect of lives and potential support that can help them participation in community with dignity among women with SCI in rural and urban area.

Methodology: Phenomenological approach of qualitative research method has been employed in this study. Through purposive sampling technique, ten women with Spinal Cord Injury have been selected for the study. Face-to-face unstructured interviews were conducted following a self-developed interview guide. Interviews were recorded, transcribed, and translated before being analysed thematically according to Braun and Clark's six steps analysis.

Result: Five themes were arisen from the finding: 5) Enhance knowledge about empowerment, ii) Effectively managing and adapting with disability, iii) Valuing their decision in inclusive family participation, iv) Inhibitors of financial empowerment of women, v) Self-determination in community participation.

Conclusion: In this research participants express their emotion of being isolation in family and community, capacity of activity, understanding about their empowerment and experience of participating in society. Where everyone's life challenges are different in rural and urban area according to economical involvement and their knowledge. On the other hand, participants acquire skills to coping with disability that helps them successful community reintegration also have positive health behavior.

Key word: Empowerment, Women, Perception, Spinal Cord Injury

CHAPTER- I INTRODUCTION

1.1 Background

Spinal cord injury (SCI) has deleterious effects on a person's life in many different areas (Simpson et al., 2012). It is an unexpected event that significantly impact a person's capacity of participating in daily life which results of a major limitation on motor and sensory function, urinary tract infection, pressure ulcers, respiratory complication also in sexual function (Tate et al., 2016). Following their release from the hospital and integration into the community, individuals with acquired SCI may face a number of challenges (Aujoulat et al., 2007). Some examples of these manifestations include less capacity to direct an individual's time and space, diminished feeling of integrated security, loss of autonomy, diminished capacity to regulate one's own body, diminished social and personal identities (Rohatinsky et al., 2017). These severe physical limitations have effects on the degree of activity and involvement, present a significant burden to the individuals, and have the potential to reduce their level of overall life satisfaction (Peter et al., 2014).

Spinal cord injury is determined by conducting thorough neurological examination and comparatively incomplete injuries have less potential recovery than complete injuries. It can lead to various adjustments in daily activities, encompassing physical, social, psychological, and environmental changes (Abu-Baker et al., 2021). According to Kumar, precisely 768,473 new cases of traumatic spinal cord injuries (TSIs) were reported yearly, with a 95% confidence interval of 597,213-939,732.

In Worldwide, there were average frequency 10.5 occurrences of traumatic spinal cord injury (TSCI) for every 100,000 people (Kumar et al., 2018). Spinal Cord Injury (SCI) estimations for the Canadian population is 85,556, with 51% having traumatic Spinal Cord Injury (TSCI) and 49% having non-traumatic Spinal Cord Injury (NTSCI) (Noonan et al., 2012).According to US statistical report, the vast majority of people in the United States who have had spinal cord injuries are male (79%) and female (21%).

According to Bangladesh's "Persons with disabilities Rights and Protection Act 2013," 2.80% of the population has a disability. This breaks down as follows: 3.28% of men and 2.34% of females; 2.89 % in rural regions and 2.45 % in urban areas. According to UNESCO and other organizations report shown that, in worldwide 1% literacy rate for impaired women and 3% rate for disabled persons.

In the past few decades, the quality of life for those who have suffered a spinal cord injury (SCI) has greatly improved as a result of advancements in healthcare and innovation in rehabilitation sector (Devivo, 2012). But they carry broad spectrum of implications after Spinal Cord Injury (SCI) which is long lasting. Perhaps impact on quality of life they experience following SCI varies considerably from country to country depends on their socio-economic status (Geyh et al., 2013).

According to The World Health Organization (WHO) Quality of Life Assessment has been generally described a person's quality of life is best measured by how they see their current situation in relation to their objectives, hopes, expectations, norms and issues, as well as their cultural background and set of values. Quality of life also depends on some central factors such as relationship between family members, psychological status, life satisfaction and social support.

The number of women in our community who are physically disabled is substantial. Because of their body changes that might accompany impairment, women who are disabled are at a higher risk for a number of health issues that can be avoided with preventative measures (Coyle et al., 2000). Compared to men, women and girls with disabilities had three times lower the illiteracy rate, indicating a poorer level of education. They are more likely to be victims of violence, starvation, poverty, and malnutrition. To ensure their physical and mental wellbeing of those women who have suffered from spinal cord injury (SCI) must be need some specific health requirements (Tate & Forchheimer, 2001). Becoming the increases of the probability of having a disability as a women and experiences quality of life leading with disabilities at a higher rate than males. Few researchers show an essential indicator of diversity in social systems is the social sexual conduct, sometimes known as gender.

According to World Health Organization (WHO), the Sustainable Development Goals (SDGs) which were approved by the United Nations in 2015 as an international appeal for participation that was integrated by 17 goals and 169 targets, its purpose is to put an end to poverty, safeguard the planet, and make certain that by the year 2030. This goal is known as a global goal which contributes a sustainable development in social, economic and environmental also all people in the world are able to enjoy peace and prosperity. One of the goals is gender equality (Goal 5). Individuals with disabilities frequently encounter not just health issues, but also continuous disparities in society, including diminished opportunities for housing, job, and economic security. The United Nations Department of Economic and Social Affairs (UNDESA) provides enough funding and works to build capacity to ensure that no one lags behind in the pursuit of the Sustainable Development Goals (SDGs).

Numerous studies have been shown that the Sustainable Development Goals (SDGs) cannot be accomplished until gender equality and the empowerment of women have been completely realized. As a result, it is argued that gender equality is an issue that belongs to human rights, therefore sustainable development cannot take place without it. (Bayeh et al., 2016). There is a significant relationship between discrimination, gender inequity, and disability. On the other hand, women's empowerment and gender equality are interconnected concepts. Achievement towards gender equality demands women's empowerment, and in contrast, women's empowerment helps in establishing gender equality (Wei et al., 2021).

Gorzkowski et al., 2010 described that when it comes to gaining access to sufficient housing, health care, education, training, and career opportunities, women with disabilities face huge obstacles. Additionally, they are subjected to discrimination in the workplace that is far-reaching, also in employment, continuation, promotion, salary, and access to training, credit, and other available resources that are productive. The accomplishment of sustainable development women empowerment is necessary for our society.

Empowerment of women refers to the process by which women acquire knowledge and skills, conquer over challenges, and implement resources that are beneficial to them (Cornwall, 2016). According to Sobha & Ijmtst, 2021 they define women's empowerment as a process that boosts women's confidence, gives them greater autonomy in decision-making, and increases their chances of changing society for the better. Some researcher described the hallmark of women empowerment is to provide them the resources they need to be strong and independent. The capacity to make decisions, access equal opportunities, and autonomy of their own lives Women are stereotyped as submissive, weak, foolish, and reliant.; however, it is possible that these stereotypes are especially detrimental to women who have disabilities (Foster & Sandel, 2010).

Bangladesh is a developing country and it’s have been two most pressing challenges is lowering the rate of poverty and improving the socioeconomic circumstances of the country's poor people. According to Parveen & Leonhäuser 2005, women constitute more than half of Bangladesh's population, especially in rural areas, they still face significant disadvantages and societal inequality. Rural women face social injustice and economic inequality, with most being underprivileged. Women with disabilities face additional barriers and stigmatizing belief that they are unfit for parenthood. Empowering them is crucial for changing their social status.

1.2 Justification

Spinal cord injury (SCI) is one of the conditions that can severely impair the functioning of the central nervous system and also impact on quality of life. It also changes forms, patterns, and activities of a social and cultural nature of individuals specially the economically productive activities and positively participation. According to researcher women are responsible for around twenty percent of all spinal cord injuries. But women after spinal cord injury (SCI) are comparatively less likely to spend quality of life and socially involved rather than male. These problems negatively impact on their psychological health like depression, anxiety and fear of being isolation etc. (Guest et al., 2015). Both of their daily living activities can be challenging and as well as financially costly because of they all need different kind of assistance for their locomotion. When it comes to providing assistance, men and females depend on different kinds of caregiver. In contrast to the tendency for males to receive assistance from a parent or spouse, females are more likely to be assisted by a paid caregiver or a relative rather than a spouse or parent (Chung et al., 2021). The fact that women are capable of providing better service care to men in naturally is not surprising.

There is a notable variation in the prevalence of disability between genders worldwide (Marella et al., 2016). In Bangladesh, Spinal cord injury (SCI) patients who were admitted in non-government hospitals was found the total number of them is 1035 by the year of 2019 (Uddin et al., 2023). According to World Health Organization (WHO), they show their demographic trends at 2013 that adult male and female ratio are at least 2:1 and occasionally far higher. Among them men are most vulnerable in their younger adult years between 20 to 29 and the adulthood it could be at the age of more than 70 years, and the riskiest times for females are in their teenage 15 to 19 years and the adulthood it could be at the of more than 60 years. Men account for over 80% of spinal cord injuries (SCIs) and rest of 20% are not that much prioritized significantly who are women (Pentland et al., 2002). Women with Spinal Cord Injury seem as a burden in society. Because they are more marginalized and vulnerable.

Spinal Cord injury (SCI) also impact on women by changing their self-concept and struggling to coping strategies with daily living activities. They often feel discomfort and uneasy about their participation as a result of the changes that occur in their bodies after an injury (Chau et al., 2008). Since it is a long-lasting event they face negligence by their partner, financial insecurity, denied and burden at their older age. They have a significant risk of abuse from careers, family members, friends, and others (Foster & Sandel, 2010). Some of them are getting divorce from their husband because there is a false myth that disable women are not being capable of mother. So, there is no other way to get rid from those problems except to empower them.

Empowerment has recently become a popular term. It leads to self-management of disease, which reinforces self-efficacy, control over health-related behaviors and purposeful decision making. It also eliminates unnecessary reliance on others. Many researchers explain empowerment is a self-motivation that involves individuals, organizations, and community persons to achieve goals such as enhanced control own life, political efficacy, improved quality of life, and social participation. But when it's comes to disable women empowerment, this process is easy to understand but hard to achieve. In these circumstances, family plays a vital role to enhance the process of empowerment. But most of the family members face difficulties because Spinal Cord Injury (SCI) is a complex and time-consuming condition. As they are a minority group, they often treated as having lower intelligence, less life experience, less ability to make good decisions, and less control over their own destinies compared to their male partner.

So, it is important to explore their current situation, raising awareness about their potentiality and involve them country's economic development. As well as, it may help the Employer, Stakeholders and Policy makers to understand their needs and interests and also contribute to their growth.

1.3 Research Question

What is the perception of empowerment among women with Spinal Cord Injury?

1.4 Objectives

General Objective

- To explore their different experiences, needs and perception about empowerment of various aspect of lives and potential support that can help them participation in community with dignity among women with SCI in rural and urban area.

Specific Objectives

1. To understand their perception about empowerment experienced inhibitor of empowerment in livelihood.
2. To find out their role in shared family decision making.
3. To explore their economic impact after SCI.
4. To find out facilitator of empowerment in their livelihood.

1.5 Operational Definition

Empowerment:

The word “empowerment” is first appeared in the year of 1920. But it is not that much use until the year of 1970 (Haddad & Toney-Butler, 2024). The concept of empowerment and its specific interpretations vary among individuals, contexts, objectives, and other factors (Foster & Sandel, 2010). It is a method that gives people the ability to get what they want out of life by helping them see how their actions affect their outcomes. According to Lean et al. encouraging people to establish and achieve their own personal objectives is the essence of empowerment. This may be achieved via creating an atmosphere that is conducive to growth and development as well as by giving sufficient resources. The process of empowerment has been extensively researched in a variety of fields, including education, philosophy, social work, business, and nursing, among others (Bodolica & Spraggon, 2019). Basically, there has been a unique passion for empowerment in the social work field due to the fact that this area seeks to assist the world's most marginalized individuals (Joseph, 2020).

Right:

The term "human rights" refers to the protections afforded to people by virtue of their humanity, the inherent frailty of the human condition, or the imperative need for social justice. According to Australian human rights commission the universal values of respect, equality, and dignity upon which they are built are applicable to all cultures, faiths, and way of life. In our everyday lives, they revolve on being treated properly, treating others fairly, and having the freedom to make true choices.

Dignity:

In current culture, the idea of dignity is employed often, especially when discussing bioethics and human rights laws (Michael, 2014). There are two forms of dignity, absolute and relative, which stem from different foundations of worth. Among these principles are sanctity, independence, obligation, responsibility, and service to others (Lindwall & Lohne, 2021). According to The World Health Organization has emphasized rights to health, autonomy, equality, justice, and involvement in public health endeavors. In the field of healthcare, the concept of dignity is often open to a variety of interpretations, despite the fact that it is synonymous with the concepts of "status" and "respect" (Banerjee et al., 2021).

Perception:

Perception is a mental process whereby people interpret stimuli from their five senses and form opinions based on those evaluations, which may be favorable or negative. It is via the steps of selection, interpretation, and reaction that reactions are elicited. Goals, incidents, or associations are perceived when we get this knowledge via inference and message interpretation. Perceptual aspects significantly influenced learners' behavior, with affection and efficacy influencing lower-level e-moderation supports and cognition, affection, and skill influencing higher supports (Ghadirian et al., 2018).

CHAPTER-II LITERATURE REVIEW

This chapter presents an analysis of the synthesis of evidence on the empowerment of women with disabilities. The main topics included in this analysis are the education, employment rate, health, and labor engagement of women with disabilities, as discussed in available research. This chapter will present the research findings from different nations regarding the empowerment experiences of women with disabilities.

There are numerous buzzwords in international development, but "empowerment" has grown among the most pliable (Cornwall & Edwards, 2014). Women's empowerment is a concept that has its origins in the beginning feminist movements of the 19th century. A review of global history reveals that women have endured more hardship than any other marginalized group. No boundaries of culture, ethnicity, geography, or religion could contain their anguish. Many forms of deprivation have befallen them, including abuse, molestation, assault, rape, poverty, starvation, and poor treatment. However, topics pertaining to women's empowerment did not receive sufficient scholarly attention until lately. The first wave of feminism focused on women's political rights, such as the right to vote. The second wave of feminism in the 1960s and 1970s focused on women’s social and economic rights, such as equal pay for equal work and access to education. The third wave of feminism in the 1990s focused on the diversity of women's experiences and the intersectionality of gender, race, and class. The fourth wave, which started in 2012 and is still going strong today, is all about women's empowerment. The fourth wave of feminism aims to eradicate gender inequality by challenging societal conventions that perpetuate gender inequality and the marginalization of women (Mahbub, 2021).

Women with disabilities are subjected to a variety of types of discrimination, including those based on their disability, gender, and other distinguishing characteristics such as race, ethnicity, and socioeconomic position (Naples et al., 2018). Empowerment initiatives should include the particular experiences and needs of disable women. One way to empower disable women is education and training programs. These programs provide them with the skills and knowledge to find jobs and fully engage in society (M.

Al-Taii, 2024). There was an improvement in the economic condition and social engagement of disable women in Bangladesh as a result of a vocational training program (Kabeer & Natali, 2013). As a result of their gender and disability, disabled women frequently experience prejudice on different levels. Recognizing and addressing this intersectionality is vital in order to guarantee that efforts to empower people properly meet the specific demands and obstacles that they face. In order to change regulations that discriminate against disable women or do not adequately meet their requirements, empowerment initiatives might be used. Finally, when it comes to empowering them, peer support groups may also be a beneficial tool. These can offer a secure environment in which they may support one another and share their experiences. Women's empowerment is directly related to economic development, which is one of the most convincing reasons for empowering women. The economic well-being of whole economies is enhanced when women are provided with chances for work, equitable access to funds, and educational empowerment.

Disabled women's health and wellness can be enhanced via empowerment initiatives that increase their access to healthcare, rehabilitation programs, and support networks. A woman's ability to speak out for her own health and get the help she needs depends on her level of empowerment. The UN and its agencies, among other international organizations, are vital in promoting handicapped women's rights through their numerous treaties and programs. When the United Nations General Assembly ratified the Convention on the Rights of Persons with Disabilities (CRPD) in 2006, it made it clear that disabled women and girls have rights and that they should be empowered in every aspect of life. Policy and program development for the empowerment of impaired women must prioritize the improvement of disability and gender research and data gathering. We are working on gathering gender-and disability-specific data in an effort to better understand the intersectional experiences of women with disabilities and to disseminate this information on a worldwide scale.

Global efforts are being made to address the multiple types of discrimination that handicapped women encounter and to empower, include, and promote their rights in order to build a society that is more equal and inclusive for everyone. The 2030 Agenda for Sustainable Development presents the international community with a tremendous opportunity as well as a moral obligation to work towards the achievement of the Sustainable Development Goals (SDGs) for all women and girls, and to address the rights and demands of women with disabilities as a matter of particular importance. There are eight development targets that make up the United Nations' (UN) Millennium Development Goals (MDGs), which were set in 2000/1 and are meant to be accomplished by 2015. However, once the Millennium Development Goals (MDGs) end in 2015, a new framework will be required. In developing the Millennium Development Goals (MDGs), the OECD was instrumental. With its many areas of competence, the OECD is well-positioned to contribute to the development of this agenda and framework beyond 2015 (Kumar Pathania, 2017). In order to ensure a better future, sustainable development is essential, as are goals such as achieving gender equality (Goal 5), ending poverty (Goal 1) by 2030, ensuring health infrastructure (Goal 3), and reducing inequalities (Goals 8 and 10).

Gender equality is essential for sustainable development. Additionally, resource allocation must be fair. Empowerment of women is crucial for attaining sustainable economic, social, and environmental goals. Based on ideas, it fosters generational unity. Most nations have women sharing major responsibilities for feeding, child care, and home management. Most underdeveloped nations rely on women for animal tendering, farming, and water/fuel collection. For the purpose of bringing about positive political change that is suitable for sustainable development, the government needs to devote a significant amount of effort and resources to increasing the participation of women in political affairs. This can be accomplished by providing women with the necessary trainings to enhance their skills and competitiveness (Gebru & D., 2014).

There are some reasons where women empowerment and sustainable development goals are deeply related. According to Hawley, n.d. Firstly, Cultures, businesses, governments, and social organizations all around the globe still have discrimination against women. An intolerable amount of bias and abuse against women and girls keeps them from fully participating in society and decision-making. Secondly, Women hold significant influence as change agents and vital in the management of our natural resources. They are responsible for the unpaid job of ensuring that their household has access to food, water, fuel, and shelter. Not only that they play a sustainable role in environment, climate change and green transformation. The inclusion of women in decision-making positions brings a fresh viewpoint that may have gone ignored before. More importantly, young girls and women who are still influenced by a male-dominated culture should see these women in leadership positions and be inspired that what they want to accomplish can be achieved.

Achieving universal gender equality and girl's empowerment will need special attention to the unique challenges faced by disabled women and girls, which must be integrated into the SDG framework as a whole and taken into account in all SDG 5 objectives. There are some indicators. Women and girls with disabilities endure discrimination and lack legal competence, resulting in lower power and position in relationships, homes, and communities (Target 5.1). Women and girls with disabilities more often experience violence because of systemic discrimination and stigma (Target 5.2). Disabled women and girls face higher rates of child marriage, early pregnancy as well as harmful practices such as virgin testing, neglect, extreme dietary restrictions, forced sterilization, and abortion. (Target 5.3). They are disproportionately harmed by the absence of acknowledgment and social support for unpaid care and household work. Stereotyping women with impairments as unfit mothers can result in loss of parental rights by social service organizations or in child custody and protection processes after divorce (Target 5.4). Women with disabilities encounter environmental and attitudinal hurdles to political engagement, resulting in minimal involvement in decision-making and advocating for their lives. Accessible surroundings foster political involvement, leading to disability-inclusive public policies (Target 5.5). Women with disabilities have significant challenges in accessing sexual and reproductive health and rights, hindering their ability to make educated decisions about sexual encounters, contraceptive usage, and reproductive health care (Target 5.6).

According to united spinal association, In the United States, there are about 294,000 people living with spinal cord injuries or disabilities, and each year, there are an average of 17,810 new spinal cord injuries. Among them 78% were men and 22% were female. The frequency of traumatic spinal cord injuries (tSCI) among children in the United States has ranged from 14 to 25 per million on an annual basis (Piatt & Imperato, 2018).

According to Reeves & Martin, they found that when compared to a child who sustains tetraplegia, a youngster who suffers from paraplegia is more likely to encounter fewer medical difficulties, which means that it should be simpler to reintegrate them into the school environment. Another researcher Kolakowsky-Hayner et al., 2012 conduct research on education, employment and community independence for individuals can be achieved by mentoring them. At the end of the program, they found that, out of the total number of participants, 57% weren't interested in continuing their schooling or seeking a career through the mentorship program. 40% were removed from the program for various reason. Despite the program's effectiveness, the results demonstrate that this demographic might be difficult to reach with educational and vocational programs.

Therefore, Literacy rates among females who have had spinal cord injuries (SCI) throughout the world are not specifically researched and available. Men and women who have spinal cord injuries are distinct from one another in terms of the factors that led to their injuries, the prevalence of the condition, the medications they take, the personal attendants they utilize, and the types of health insurance coverage they have. There are several gaps in our understanding of the health-related treatment of women with SCI. These include the following: interventions for neurogenic lower urinary tract dysfunction, sexual dysfunction, pelvic organ prolapses etc. (Teplitsky et al., 2019). According to Babamohamadi, it is believed that a lack of understanding is a barrier to coping with spinal cord injuries. Education reduced anxieties, anxiety, and concerns and made participants more comfortable. Thus, building confidence, autonomy, and reducing bad experiences in daily life. Adequate information helps participants manage with SCI and its complications (Babamohamadi et al., 2011).

In order for persons with impairments, such as spinal cord injuries (SCIs), to successfully recover and integrate into their communities, employment is an essential requirement. Having a job not only guarantees financial independence and security, but it also boosts confidence, helps one make companions, increases happiness, and lengthens one's life expectancy (Meade et al., 2015). There is a significant amount of variance between nations, which shows that differences in system-level, infrastructure, and policy may play a role in influencing the employment result (Trenaman et al., 2015). On the other hand, the average employment rate throughout the world for those who have spinal cord injuries is no more than between 35% to 37% (Leiulfsrud et al., 2016). According to Bloom, Europe had the greatest employment rate per continent at 51%, while North America had the lowest at 30%. In Australia, after a spinal cord injury (SCI), the employment rate is often 30–40%, which is much lower than the 65–75% work rate for the general population.

The employment rate is considered the "gold standard" in SCI research. However, there are several definitional issues that make it difficult to compare studies using this outcome measure, such as employment intensity, job retention, job satisfaction and time taken to return to work (Bloom et al., 2019). In UK, compared to the previous year, the employment rate of impaired individuals was 54.2%, which is an increase from 52.7%. A total of 3.13 million women with disabilities were employed. A jobless rate of 54.5% from October to December 2023. In Poland, individuals with disabilities represented 29.4% of the labor force and 14.7% of the female workforce. When comparing the employment rates of men and women with impairments in Italy, the former had a substantially greater percentage (67.20% vs. 56.22%). During the year 2007, Finland was the only country in which the employment rate for women was greater than the employment rate for males (53.74% and 51.34%, respectively). In Hungary, the lowest employment rate for women with impairments at 26.12%. According to report on National Survey on Persons with Disabilities, between the ages of 15 and 64 (the working age population), one-third of people with disabilities are employed; this number is higher in rural areas (35.55 percent) than in urban areas (25.95 percent). Among these people, 47.59 percent are male and 12.80 percent are female.

The ability of a woman to be responsible for her own health care requirements, as well as her access to and control over resources that impact the availability of food, are factors that influence the health condition of a woman (Mabsout, 2011). According to a substantial amount of research, women outlive males all around the world (Barford et al., 2006). Women are more likely than males to indicate that they have a worse self-rated health status, as well as a higher prevalence and incidence of disability and chronic morbidity (Singh et al., 2013). While demographic shifts have raised the average lifespan, they have also raised the proportion of the elderly who are at increased risk of disability. As a result of the epidemiologic shift, non-communicable diseases are more common and carry a greater risk of disability. According to Chamberlain, there are large regional and income-based disparities in the current literature on survival and disability following spinal cord injury (SCI). In 2001, 2.4% of the entire Korean population was recorded as having a disability by 2016, that number had risen to 4.9% Over 40% of Korea's disable population is 65 and up as of 2013 (Kim et al., 2022). Depression affects over 30% of people with spinal cord injuries during therapy, and an additional 27% when living in the community (Craig et al., 2009). In contrast to data from a number of industrialized nations, where an estimated 80% of afflicted individuals made it through the first decade, just 16.4% of the study group did so. Some of study indicated that over 80% of SCI patients passed away in the familiar environment of their own homes.

CHAPTER- III METHODOLOGY

3.1 Study Design

The Qualitative study design was selected because this study design helps to get an understanding of the impact of experience within a research sample (Grossoehme, 2014). The phrase "qualitative research" is an umbrella word that encompasses a broad variety of analytical approaches and philosophical perspectives. The benefit of qualitative research is that it enables to identify problems from the point of view of the people who are participating in the study and to comprehend the meanings and interpretations that they assign to things like behavior, events, or objectives (Hennink et al., 2020). Qualitative methods had used to reveal the perception of the participants in specific issues so data might be vocal, visual, or textual and then systematically analyzed, described, and interpreted (Hammarberg et al., 2016). It is descriptive in nature with some characteristics. Some researchers show characteristics of descriptive qualitative research. Firstly, researchers often used a naturalistic viewpoint and analyze a phenomenon in its unchanged situation. Secondly, compared to other qualitative methodologies, qualitative descriptive is less theory-driven, allowing more flexibility in research design and execution.

The researcher utilised the phenomenological approach of qualitative design for conducting the study. Qualitative phenomenological research design aims to discover what a particular experience means to a group of people and how they experienced it. Phenomenological philosophy's originator, Edmund Husserl, directly influences ‘descriptive’ phenomenological approaches that strive to characterize experiences. Phenomenology refers to "a new descriptive method, which made a breakthrough in philosophy at the turn of the century, and an a priori science derived from it” (Gill, 2020).

3.2 Study Setting and Duration

3.2.1 Study Site

Women with SCI, living in the community after completing their full rehabilitation at the Centre for the Rehabilitation of the Paralysed (CRP), Dhaka, Bangladesh. The researcher also practically observed for own home environment of the participation.

3.2.2 Study Period

The study period was from October 2023 to April 2024 and data collection period was from October 01, 2023 to December 31, 2023.

3.3 Study Participants

3.3.1 Study Population

Ten participants respond this study. The study population were the women with Spinal Cord Injury who had completed their full rehabilitation from CRP

3.3.2 Sample size

Ten participants have been taken as a sample. The investigator selected this small number of participant and investigated their perspectives deeply. Usually, the qualitative method supports small number of participants. Once similar data were repeated from the participants then the researcher had stopped taking similar from the participants so reportedly the data saturation was happened. So due to have data saturation the researcher finally concluded with 10 participants.

3.3.3 Participant selection procedure

Participants were enrolled from the population by using the purposive sampling technique. Purposive sampling technique is a type of non- probability sampling where the researcher consciously selects particular elements or subjects for addition in a study so as to make sure that the elements had certain characteristics pertinent to the study. It normally targets a particular group of people. Purposive sampling was done based on some preset inclusion criteria. First, the investigator chooses those patients who had meet the selection criteria, from the Community Based Rehabilitation (CBR) unit of CRP.

Then collected the addresses of persons. After that, the investigator took permission to go to the participant’s home in the community by mobile phone contact with them. Participants who gave the permission to go to their home investigator only selected them as s participants.

3.3.4 Inclusion criteria

- ✓ SCI female patients with age group 18-45 years. (Shabany et al., 2019)
- ✓ Both complete and incomplete traumatic SCI patients.
- ✓ Willing to participate in the study and share information and experiences (Shabany et al., 2019)
- ✓ Minimum One years living with SCI (Rohatinsky et al., 2017)

3.3.5 Exclusion criteria

- ✓ Unwilling to give information.
- ✓ Person with mental or cognitive impairment were excluded.

3.4 Participant's overview

Table 3.1 shows the overview of the participants:

Table 3.1 *Patient's overview*

Name	**Age**	**Marital Status**	**Type of Disability**	**Assistive Device**	**Area of residence**
P1	35	Widow	Paraplegic	Wheel Chair	Urban
P2	45	Married	Paraplegic	Low trolly	Rural
P3	40	Married	Paraplegic	Wheel Chair	Rural
P4	50	Widow	Tetraplegic	Wheel Chair	Urban
P5	50	Unmarried	Paraplegic	Wheel Chair	Urban
P6	20	Unmarried	Tetraplegic	Wheel Chair	Rural
P7	45	Married	Tetraplegic	Wheel Chair	Urban
P8	50	Married	Tetraplegic	Wheel Chair	Rural
P9	45	Married	Paraplegic	Wheel Chair	Urban
P10	40	Married	Paraplegic	Wheel Chair	Urban

Here 'P' is resembled for participants.

3.5 Data collection tools and materials

An unstructured question sheet prepared by researchers to conduct the interview. A smart phone recorder will be used to record the interview of the participants. Besides Pen, paper and clip board will be needed to write down observation notes. The pre-testing questionnaire had used before conducting the interview. Every participant being informed about the study purpose and its benefits and written consent also served to participants and took under signed by participants.

3.6 Method of data collection

The researcher will conduct a face-to-face interview with unstructured questions for data collection. Before starting, the data collector will explain the purpose of the study. Then the researcher will use an information sheet and consent form to get the permission of the participants. Next researcher will ask questions. All questions and information sheets will be translated into Bangla. Interview will be conducted in Bangla and recorded by the recorder of a mobile phone. The interview conducting duration will be approximately 20-30 minutes for each participant. If patients are unable to give answers, information will be collected from the career of the patients.

Prior to interview data collector will deliberately describe the topic and only after prior approval data will be collected. Data will be collected by a female interviewer as it is more align with local context.

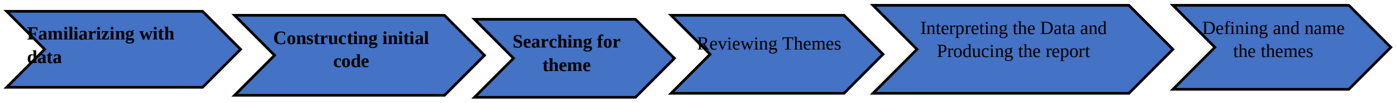
3.7 Field Note

The investigator observed the participants' facial expressions throughout the interview and noted them down. Some participants provided some information after the interview that was significant for the study. Since the information were short in length, instead of recording, the student researcher noted them in diaries.

3.8 Data analysis

Braun and Clarke’s six steps of thematic analysis were used to analyse this study. Researchers maintained the six steps from data familiarizing to writing up the result section (Braun & Clarke, 2019). Each step is given below with detailed procedure marinating description:

Figure 1: Braun and Clark’s six step of data analysis



Step 1: Making familiar with the Data

The researcher conducted the interview, completed in transcripts verbatim, and translated the interviews into English. At this stage, the researcher made some notes and discussed them with the supervisor. The supervisor provided instructions on the process of identifying the highlighted information from each transcript. Then the researcher read and re-read the information and noted down the initial ideas.

Step 2: Generating the Initial Codes

In the second step, the investigator took some instructions for developing codes. The student investigator highlighted the interesting codes with colour. To keep the track of code, the lemon-yellow colour was used to highlight it. The student investigator updated and modified the code after the discussion with the supervisor.

Step 3: Searching for Tentative Themes

In this step, the researcher listed down the codes of different transcripts on different pages for developing a tentative theme. Then the student investigator marked similar codes with the same colour.

Step 4: Reviewing Themes

In this phase, the student researcher made a group by separating those with the same colour code. The student researcher found some themes that did not function well as meaningful interpretations of the data. The supervisor read the data associated with each theme and considered whether the data did support it. After that, the student researcher made sure that similar codes were assured from each transcript.

Step 5: Defining and Naming Themes

In the fifth step, the student researcher analysed data by presenting a detailed analysis of the thematic framework. After checking and re-checking the codes the student researcher identified and listed the major findings and sub-findings. Then the student researcher finalised seven themes by discussing them with the supervisor. Each theme and sub-theme were expressed concerning both the dataset and the research question.

Step 6: Producing the Report

In the final step, the researcher produced the report with verbatim quotes in the result section (see Chapter IV: Result for details report).

3.9 Trustworthiness

Trustworthiness or rigor of a study refers to the degree of confidence in data, interpretation, and methods used to ensure the quality of the study. Trustworthiness was maintained according to each step of methodological rigour and interpretive rigour. The details of each step have given below

3.10 Methodological rigour

- **Responsiveness to social context:** Responsiveness to social context is too close to the proximity of the participants to recognise the real situation Researchers meet the participant's real state of research conduction experience at the participant's homeplace, CRP, or in a quiet place through the face-to-face interview.
- **Transparency:** Transparency is the process of data gathering and analysis by giving the privilege to the participant knowledge. After completing data collection, Researcher analysed data by following Braun and Clarke's six steps with the close supervision of the supervisor. The supervisor simplified each step of analysis from coding to developing theme sub-theme with practical examples and regular inquiry of interviewed data
- **Appropriateness and adequacy:** Appropriateness and adequacy are the frameworks of the suitable data-gathering method through sampling and data collection process according to the study. In this study, a convenience sampling strategy was used to select the most suitable participants. A face-to-face interview was conducted among nine participants during the data collection period. Participants were recruited conveniently by the student researcher considering easily fulfilment of the study's aim and objectives.

- **Authenticity:** The authenticity was maintained by using verbatim quotes of participants' statements among themes and sub-themes. The demographic data and participants' range of voices and views were gathered by the student researcher. Though member checking was a very important segment for maintaining authenticity
- **Coherence:** The findings of the study has conducted by following Braun and Clark six step data analysis. The supervisor facilitated the student researcher to select the proportion from the overall findings. Finally, researcher completed a written result with several feedbacks from the supervisor.
- **Reciprocity:** All participant's voices and views were recorded to maintain reciprocity. After recording the interview, Researcher transcribed in the first language Bangla. Then all data were translated by some volunteers ensuring confidentiality through a translation contract form. Then the academic final report was developed in English.
- **Typicality:** As the study was conducted by following a qualitative research design, the findings cannot be generalised with another context. But researcher described the findings for easily understand (see section 3.8 Data analysis).
- **Permeability of researcher:** The student researcher conducted every step of the thesis by discussing and following supervisors' guidelines for each step.

3.11 Ethical Considerations

The researcher got ethical approval from the Institutional Ethical Review Board through BHPI. IRB clearance number: CRP-**BHPI/IRB/11/2023/828.** The whole process of this research project has been done by following the Bangladesh Medical Research Council (BMRC) guidelines and World Health Organization (WHO) Research guidelines

3.12 Informed consent

The researcher got permission from Community Based Rehabilitation (CBR) unit for collecting data. The Researcher provided adequate information to the participants through an information sheet and confirmed the written consent for research participation. The participants were informed that they have the right to meet with their supervisor any time.

Participants were informed about withdrawal consent by which they could withdraw their participation within two weeks from the data collection date. The researcher and the supervisor had access to the recorded data. The identities of the participants were not revealed to anyone except the supervisor which was also mentioned in the information sheet. The participants were assured that their identities would be kept private for future uses such as report writing, publication, conferences, or any additional written content, discussions, and presentation. All data were stored in a locked folder on the student researcher’s computer. There were no risks and monetary or any other benefits for participating in this research and it was clearly stated in the information sheet.

CHAPTER- IV RESULTS

Table 4.1 shows the theme and sub-theme

Table 4.1 *Overview of results*

Themes	Sub-themes
1. Enhance knowledge about empowerment	Lack of understanding
	Freedom of expression
	Making self-identity
2.Effectively managing and adapting with disability	Unknown to known
	Embrace with associated problem
	Coping with disability
	Positive health behavior
3.Valuing their decision in inclusive family participation	Involvement in major decision making
	Independent vs Dependent in decision making
	Lack of recognition in family decision making
4.Inhibitors of financial empowerment of women	Ignorance about their potential
	Lack of confidence
	Exclusion from funding opportunities
5.Self Determination in community participation	Positive life reflection
	Being a role model
	Reaffirming spirituality
6.Barrier in path of women empowerment	limited support and services
	Humiliating reaction
	Lack of available resources

Detailed explanations of the study's conclusions are given in the results chapter. Everyone who took part in the study acknowledged that the same steps were required of them: coming up with a research concept, actually doing the study in the field, and then writing the report. Some six overarching themes and a few of subthemes have emerged from the participants' focus on various elements when recounting these experiences. The themes are i) Enhance knowledge about empowerment, ii) Effectively managing and adapting with disability, iii) Valuing their decision in inclusive family participation, iv) Inhibitors of financial empowerment of women, v) Self Determination in community participation, vi) Barrier in path of women empowerment.

4.1 Theme one: Enhance knowledge about empowerment

Knowledge is the essential to find appropriate information. There is a close relationship between empowerment and knowledge, particularly when discussing individual and community growth. Access to information empowers. Education, knowledge, and tools help people understand themselves, their rights, and the world. Knowledge helps people make decisions and take charge. Women with disability shared about their perception about empowerment, how they feel in their daily life. They shared their actual understanding about empowerment. They also shared some factors that hinders their way of empowerment. The related sub-themes are given below:

4.1.1 Sub-theme one: Lack of understanding

Understanding others' experiences and insights is part of empowerment. One participant shared that she has completely no idea about women empowerment. They think that women who are trained enough, learn enough only they can say about empowerment.

“You can say that because you are trained but I can't say that. I don't understand” (P-3)

Two participants share that training or training according their qualification can enhance empowerment. Training themselves or their family members can help financially.

“What do I think……… did not take any training in this place, but I can't get any training. If you do train the boys or do something then it will and be beneficial” (P-2) (P-5)

One of the participants think that financial independency can make her empowered. Because she can’t support her family due to money, that can be solved everything.

“I am unable to support my child financially. My husband is no more. I am unable to provide education for my child or give them any money, so I feel very helpless and it makes me feel bad. In my marital life, I try to give my best, but I cannot support as much as I used to do before.” (P-1)

Another participant shared that freedom is empowerment. Freedom to do somethings she wants, support from family members. But she didn’t get any support, she even doesn’t think that she can do anything. She said that,

“women’s empowerment entails having the freedom to pursue one’s desires regardless of circumstances. It emphasizes the power of the mind, believing in one’s capabilities even when support is lacking. Despite personal experiences of never attempting certain endeavors or receiving encouragement, familial support can instill belief in one’s potential.”

Freedom refers to the ability of individuals to make choices and act upon them without undue constraints or coercion. It encompasses both personal freedoms, such as freedom of speech, religion, and association, as well as broader societal freedoms like political participation and economic autonomy. Freedom is essential for fostering creativity, innovation, and personal fulfillment. It allows individuals to pursue their aspirations, express their identities, and contribute to society in meaningful ways.

4.1.2 Freedom of expression

Disabled women need freedom of expression to fully participate in society. Anyone can communicate their views, beliefs, and experiences without prejudice or obstacles, even disabled women. One of the participants shared that

“As I understand about empowerment is, my freedom of expression is empowerment. When women have freedom of voice, they can feel that” (P-10)

Another participant shared that before her injury people has valued, prioritize her thinking, listening her carefully. After that everything is changed. No one hear her or valued her opinion. Through she is a working woman but her family member never recognizes her work because they think as a spinal cord injury female, she earns a little. They think doing any work with her disable it’s better not to do anything.

“In essence, what I’m expressing about women’s empowerment is that in the past, despite being on disability, people would value my input and prioritize hearing my thoughts. However, that’s changed, and now decisions are made without consulting me. My in-laws don’t acknowledge my job and suggest me quit because of my illness.” (P-7)

4.1.3 Making self-identity

A person's self-perception, which encompasses their values, beliefs, and life goals, is known as their self-identity. Strong sense of self-identity is the result of building on one's abilities, accepting one's individuality, and letting go of restrictive prejudices and preconceptions. For a spinal cord injury female when their family members come forward and give them equal benefit, then they can make their own identity. One of the participants shared that if they can earn money by education or any training, then they can make their own identity on society.

“It is a little better if you give me a job or cook and cook for the boys, but I can't get any training. If you do train the boys or do something then it will and be beneficial.” (P-2)

Another participant shared that

“Indeed, within the Bangladeshi context, my understanding and my identity as a human being dictate that the family comes first when it comes to women's empowerment” (P-4)

She explained that if her family basically her father didn’t inspire her to study further more she can’t make her identity in society. Education and her family members motivation make her a earning person.

Another participant who works for disable women for a long she shared that only training can’t empower her, to become an empowered women she needs to know and understand a lots of things, she needs to work for another disable women, inspiring them, motivate them to work.

“I think that those who have the training. according to their qualifications, empowerment is not just like that, in order to empower her, he needs to know and understand a lot of things. It is possible for those who work with disable numbers that provide this information. From there, if they can create this empowerment within themselves” (P-5)

4.2 Effectively managing and adapting with disability

This theme was revealed in the data set and strategies most frequently used by the participants about their understanding of present condition, relevant health condition that hinder their daily life and also their coping strategies to overcome that.

4.2.1 Unknown to known

Most individuals with Spinal cord injury and their family members specially the acute or sub-acute phase of injury, they don’t have sufficient information about injury. They even don’t know about the consequences of injury. They went many hospitals and diagnostic centre for their treatment accuracy but they didn’t find enough information. They obtain knowledge about injury after admitted in CRP or taken vocational training from CRP. These things are common for most of the participants. Now they came to know about their injury. Some of them can exactly explain about the level of injury. Two participants think that they have paralysis after an accident. One participant shared that

“In 2011, during my initial year of honors studies, I experienced an accident resulting in injuries. Despite receiving treatment in various locations, I never received a clear diagnosis. It wasn’t until 2015, upon visiting the CRP, that I discovered the lower part of my body was paralyzed due to the accident. Subsequently, I learned that I would be confined to a wheelchair for the remainder of my life” (P-7) (P-1) (P-2) (P-3)

Another participant shared that after knowing about her injury her life became devasted because before that she holds a position in a government office who work for youth generation. In same accident she lost her husband. After receiving treatment from CRP she understood that it’s impossible to go back work like before.

“My head injury was at c 5–6 level. I came to the realization that things won't get any worse if I continue to work in my current employment on a regular basis after receiving treatment from CR following the accident. When I learned this, I was devastated because, before to the disaster, I worked for the government, my husband passed away instantly, and my two sons and daughter were enrolled in school. My son and daughter are dependent on me because I don't have a husband” (P-4)

4.2.2 Embrace with associated problem

Within this sub-theme participants were expressed their associated problem arise after SCI. They passed their daily life embrace with secondary complication after SCI. pressure sore is very common among them. Most of the participant shared that they have sore in a life, some of them have thrice or more than that. Second complication they face urinary incontinency or urine infection. Along with headache, dizziness, hypothyroidism and gout they mentioned. Two participants shared they are sensitive with taking specific food, they have allergic problem and constipation. Due to allergic reaction and itchiness, she faces pressure sore.

"After my accident, it is very difficult to have food. I have various problems like gastric and allergic reaction while taking blood. Due to the allergic reaction, I caught a sore. Because of the sore, I got admitted to CRP thrice" (P-1) (P-2)

Two participants shared that due to frequent dizziness they can't sitting long, if they lying whole day, they also feel headache.

"I experience frequent dizziness and discomfort when sitting or lying down for extended periods, often resulting in headaches. Occasionally, I even faint while seated. Additionally, I have difficulty controlling my bladder, which restricts my ability to go out without access to water or restroom facilities. This condition limits my mobility and prevents me from leaving my home" (P-6)

Another participant shared that

"In addition to that, I also have hyperthyroidism and gout resulting from elevated uric acid levels. Prolonged sitting causes swelling in the lower legs, and even minor exposure to heat leads to bloating." (P-7)

4.2.3 Coping with disability

All participants are taken rehabilitation treatment from CRP, they learned about strategies to prevent secondary complication after SCI, they all are well informed about managing pressure sore, urine infection and what to do if they face sore. Despite of knowing that some faulty home environmental structure, restricted mobility, working position causes of their pressure ulcer. Most of the participant shared that their biggest afraid is pressure sore, they need to concern always because they lost their sensation from lower part of the body. They lift their body every two hours. They think that if any sore is formed in the body, rather than CRP they can’t find any good treatment nearby. Two participants shared that

“Repeated sore needs to be avoided. According to me, sore is the biggest problem. I have to stay very careful to avoid sore. The place I used to sit it should be dry, because of friction in sore area, while showering or sitting on tube I must be careful to avoid friction. After urinating, the private place should be dry. Lift is to be given after certain intervals, if it is not given, there is possibility of having sore again. If I catch sore again, I have to get admitted to CRP as there is no other option for this treatment” (P-1) (P-2) (P-5)

Two participants shared that during winter season sore are more likely to develop due to use of heavy matters, sometimes they forget to turn over while sleeping.

“After the injury of the spinal cord, the complication that is lost, the wound, we call it secondary complication. These problems are created after the injury. I give myself that shift from one side to another and then pass the night. Then, it is often seen due to sleep in winter days, the sores are done.” (P-2)

Other participants shared that

“In such circumstances, those of us who assist individuals with spinal cord injuries ensure they are lifted every 20 minutes, turn them around every two hours during nighttime sleep, are cautious with hot water usage, avoid excessive cold, wear warm clothing, and take care to avoid falling into bed.” (P-3) (P-6) (P-7)

4.2.4 Positive health behavior

Within this sub-theme some participant shared their motivation and hope for coping with disability and stay stronger, accept their fate and battle against this society. They shared that

“I follow the physicians' instructions for my daily diet, drink a lot of water, and occasionally let go of the catheter bags.” (P-4)

Three participants shared they are concern about balanced diet and sufficient water intake. They think if they drink water properly, they can minimize urinary infection. Another think that when they feel something like that, they start to drink water. Because it’s difficult to consult a doctor every time when they face any health issues. They also think that they can minimize half of their health problem by their own concerns and can lead a normal life.

“Now that I have to be on bed test, I have to deal with more social problems. If I want to keep that power alive, so I will say again that the proper balanced methods are the management of life. I have to do it. because now I'm not in a normal life, I'm in another life, the I'll be fine if I do things that way.” (P-5)

“I consistently reposition myself to prevent bedsores, maintain proper hydration to avoid urinary issues, and prioritize a balanced diet for overall health.” (P-6)

“If there is any problem with my urine, then how can I overcome it? I have done that. I have drunk a lot of water. I have done many catheters. I have done catheters for 3 hours. I have taken water 2 times before that. I have taken 3 liters of water from 2nd to 3rd. I have taken 4 liters of water from 3rd to 4th. I have done it myself.” (P-8)

support women with disabilities in achieving their self-efficacy, which is defined as having confidence that one can manage one's own health and make constructive decisions. This may be encouraged by making plans, practicing those plans, and supporting their peers no matter how minor their contribution is.

4.3 Theme 3: Valuing their decision in inclusive family participation

Such studies explored women's decision-making autonomy and discussed the resources needed to get around or remove restrictions on this autonomy at various institutional and cultural levels. Under this theme 3 sub-theme are created such as involvement in major decision making, Independent and dependent on major decisions, lack of participation in shared decision making.

4.3.1 Involvement in major decision making

Women with disabilities frequently face many barriers, including various types of discrimination and limited access to decision-making processes, as a result of their disability. They fell powerlessness because of their disability. They think decision making process can’t working out because they are valueless. If they can do something for their family or earn money for them, support them to overcome any obstacle’s then they husband or others prioritize their decision. Now they depend on others decision. Two participants shared that

“After my accident I stayed at my sister's place along with my children. In the family my sister, nephew, niece and my children are looking after me. It has been 18 years since my accident and steel they have been looking after me. My family is suffering for me too. Now what can I do! human life is made of pain and sorrow. There's nothing to do about my accident.” (P-1)

Another participant shared that

“In the family, madam, I can no longer work on else or owe money and the debt has not been paid. I can't help the children due to the unemployed” (P-2)

Two participants expressed their positive involvement in decision making, their perception is they earn by doing their job or get money from pension, they also can contribute in their family as equal as their male partner, so they participate major decisions in their family.

“My family and my place of employment provided me with a lot of support following his death. Although there are many officers in my department, the Department of Youth Development, who are similar to me, family will do. However, I might be in a good mood when they listen me. For example, they came to my house with salary each month” (P-4)

One participant shared that woman with disability needs to participant more in shared decision making, because they need special care. If their family member doesn’t listen them, they face more difficulties in daily leaving. Not only decision making for their health and well being but also barrier free society. One participant shared that

“My family does everything for me. they give me water, it hurts me, they lift me when the car turns sideways. From places where I can't go, they push my wheel chair and bring to the yard. Let the clothes dry, bring them up. My daughters, my husband help me. I am now physically disabled and cannot walk without their help.” (P-3)

4.3.2 Independent vs Dependent in decision making

In this sub-theme some of the participant shows their dependency on their family member, but some of the participant can make their own decision. Participants who were live in rural area mostly dependent on others in decision making context, but who are live in urban area and also doing job they can make independent decision. They point out that the major barrier in their decision making is their disability. Sometimes they feel shy and frustrated because they think it is unexpected in their society that a disable women can make any decision independently. One participant who is doing job as well as a wheel chair basket ball player, if she wants to move one city to another for participating in playing, she just consults with her husband but can't say this to her in-laws.

"I am unable to make decisions for my family independently, so I always consult with my husband or in-laws. If they approve of a decision, then I proceed with it; otherwise, I refrain from taking action." (P-7)

One participant who lived in a village said that she had no role in her family instead of decision making. (P-2)

Three participants shared that major decision are taken by their family members or they talk to valuable members in their family. If they agree with her than any activities can be done.

"Now I am unable to take big decisions. I feel very weak to take any big decisions as for now I am in a wheelchair. I cannot walk or do anything why my own, that's why I cannot take any big decision and it hurts me. I feel like if I was physically well enough to take the decisions, then surely, I would participate." (P-1) (P-3)

"I discuss important family decisions with my grown children first. For instance, before making choices about my daughter's wedding, I talked to her in detail. Then, I consulted with other relatives. They trust my judgment and support my final decisions." (P4)

One participant shared she can give opinion independently and her family member accept her decision. They think that she can't move around, spend her life in one room, she feels down all the time, if they care her word that will defiantly make her feel good.

"For instance, when constructing our home, my mother sought my input on the living arrangements. She's overseeing the construction herself, and previously, residing in my grandfather's house that was challenging for my movement." (P-6)

4.3.3 Lack of recognition in family decision making

Four participants shared that they face difficulties in family decision making due to lack of money. They think that money is everything. If they have money, they can play a vital role in family decision making. If they have enough money everyone can values their decision. But everyone specially wants to be a valuable person, they all want to be liked by others. Now only way to be liked others is agree with what they say. It’s really affected their self-image. Some of them can’t find proper treatment due money. They have to wait a long if they need to readmitted in hospital. One of the participants shared that

“Yes, of course, I feel difficulties as we don't have enough money. If we had, we would have received better treatment, again if by staying here I go to Dhaka or CRP, a lot of money spent after transportation. My son works in someone's shop. I also don't have any parents or husband. I am staying with my sister. For the purpose of various health issues, I need to go to the hospital, but I have to wait for days because of money” (P-1)

“Talk to my husband and he give me the decision. There are many difficulties. As I asked to do a job, this thing is needed, If I was doing job, I would listen to him” (P-2)

Another participant shared that

“It's a problem. A man who can walk is valued, valued by all. But who passed their days in sitting? Does she have any value? No one pays for that. I have a lot of trouble then. Such as I can't get up straight with both hands, I have to bend over and get up with my hands. Slowly, less and less, the rest is done before my husband goes to work. But I take a bath and wash my clothes myself.” (P-3)

One participant shared that her family members react dishearten if she doing something without their approval. Because they think that if she faces any problem she can’t solve it along, she need assistance.

“my husband accommodates their wishes without informing me. Additionally, having a young child, any issues they face are often attributed to my absence, leading to blame from my family. This is disheartening to hear. It’s evident that I typically make decisions after seeking advice or approval from everyone involved, and if I disagree, I stand my ground. My family is always there for me during difficult times. They offer unwavering support, understanding that as a wheelchair user, I may need assistance with problem-solving.” (P-7)

4.4 Theme four: Inhibitors of financial empowerment of women

These were significant, particularly those without paid employment. Participants were indicating that they face many troubles managing extra expenses associated living with spinal cord injury like medical, rehabilitation and assistive devices. They wonder that how will they manage when their abilities and need changes with injury. In before someone can earn by household actives or tutoring now, they are fully dependent on their family member. They have lower level of savings rather than their male partner. They also point that they got disable pension allowance from government which is not enough. In this theme there are sub-theme associated their barrier in financial contribution like ignorance about their potential, lack of confidence, and exclusion from funding opportunity.

4.4.1: Ignorance about their potential

Almost all participant agree that no one talk about their potentialities, what they can be done by their abilities. During rehabilitation treatment they are assigned to vocational training program which was not matches with their interest. Support a startup business and promote for this is lacking. Those who looked for a job mentioned that it was difficult to find a suitable job because of skills didn’t match with the available job. One of them mentioned that she was written a lot of articles about disable women in social media or blog, but these skills didn’t bring money for her. One of participant wants to start up online business which need to comminate a lot via mobile phone that’s make ger headache, sleepless night.

“I tried an online job selling products for about a month, but I stopped because managing it from home was challenging, despite pressure to continue. My mom encouraged me to quit, seeing it as unnecessary stress. I found it hard to focus, often losing sleep due to frequent calls, and being unwell most of the time didn’t help. Eventually, I decided to quit on my own because I realized it’s tough to be accountable for someone else’s work.” (P-6)

One participant shared her experience is I took vocational training to make paper bottle, bags and materials that suitable for hand therapy of disable children and adults. Those things are not demandable in the local market of my area.

“From CRP after injury, I took training about paper craft, after 15 days I was telling them that I will make paper bag with the whole family and sell it where? They said you will sell in the market, I was telling you to bring it to CRP, you sell and give me money. They say it will not work like this. I said so I won't. These stores take them. Moreover, the mouth of the bottle is handicapped by flour made for kids who can't hold hands. Where will I make them and sell them?” (P-4)

Another participant shared that by doing work also gave satisfaction through earning one’s own and reducing financial dependency on the family. Before injury she was teaching children who were live in slum area.

“I have a lot of work to do. They don't understand many things that time, such as the reason father can't take care of everything, my sisters also live in the in-law’s house, then there is a financial crisis. I can feel it. Even if it is a big financial is due, it can be seen that we all try together, how to solve it. If I can earn a little that also help my family I think.” (P-5)

Women are most particularly involved in household work, cooking and take care of their child according to their abilities and most of them was unpaid. Before their injury they involved in domestic work, some of them was student. So, they don’t have any idea bout outgoing work. They always think that if any organization give them money or provide free training among their family members, they could earn a lot. They have no idea about their potential. Because in our socio economical culture are mostly depend on male members. Three participants who lives in rural area they can’t work outside and contribute their family because of some environmental and infrastructural barrier.

“Of course, there is a difference. After few days of my accident my husband died. My son could not study further because of our financial condition. Now he works in someone's shop. I told my son to learn how to work. For working properly, shop, machineries, adequate equipment are required. But I am unable to provide it for my son." (P-2)

4.4.2: Lack of confidence

Most of participants have lack of confidence due to economic crisis as well as their body change. Confidence is something that is harder for some group of people particularly marginalized people such as disable women. They also feel fear of rejection by their family member.

"Sister, now it's very difficult for me to even walk, how can I contribute financially? Before completing my son's education, he involved himself in work, now he works full time. But the problem is, due to lack of money we cannot have a shop of our own. We are unable to buy the equipment or machinery which is required for his work. Because of this stress I am not well. If my son could earn more than we could get more financial support." (P-1)

Another participant expressed that,

"I will not say anything else. (Cries). Even after the injury, I am trying to work on my own, but I will not. There is no strength in the legs, what else can I do while sitting? I have a lot of sores while sitting, even I do what I can, like I go to cook, do the cutting, when someone gives me water, I do the washing. I can go to the bathroom alone, shower alone" (P-2)

According to participants in their society they are distributed not only gender but also, their disability. They have limited opportunity of employment outside household or control over the major purchases. Their society think that as a disable woman she can't buy property or can't involve any financial decision. Their husband or other member took financial decision upon them. If their circumstances didn't define them as equal as them, how can they find their inner confidence.

4.4.3 Exclusion from funding opportunities

Participants shared that there are less organization or NGOs to support them financially. Healthcare managers and policymakers have mostly disregarded the requirements of patients with SCIs and failed to implement any effective measures to help them, according to patients' accounts. Patients said that no one had made an effort to meet their requirements, and that even basic activities like crossing the street or taking public transportation were challenging. three participant asked money during this interview, they think if they get money from CRP, they can be financially stable rather then current situation. They want economical help because their perception is only money can overcome their situation. All of the participants agreed that having sufficient funds is crucial in order to facilitate community engagement. Although not everyone was happy with the level of care they received or the tools they had at their disposal, the majority were satisfied to a certain extent. It is difficult to manage their wheel chair or low trolly if any parts break down due to enough money.

"Indeed, there's been a noticeable change as I haven't been receiving my full salary since retiring, making the past six months challenging. Fortunately, my family has been supporting me by covering my daily and monthly expenses." (P-4)

Other participants shared that

"I don't have any income anymore. I want help from CRP. I am benefited if CRP helps." (P-2) (P-10)

4.5 Theme Five: Self Determination in community participation

Under this theme almost all of the participants shared positive thinking about their life. Through their body change but their idea about a good life is same. They think that health is a meaning of good life, if someone is healthy their life is beautiful. There are three sub-themes under this such as positive refection, reaffirming spirituality and being a role model

4.5.1 Positive life reflection

All most everyone have positive refection about life, three participants share that

“I think if a person is healthy and fit, he has a beautiful life. A healthy body is the main element of a beautiful life according to me. If I was healthy, I could do any type of work. I could live as I wished.” (P-1) (P-4)

One participant shared that patience is most important for a wheel chair person. Because in their family everyone has their own work, so if they need any help from others, they need to understand this thing. She also indicates that value the personal relationship with that contribute their health and wellbeing.

“A good life, in my opinion, revolves around the concept of family being paramount in a woman's life. The values instilled at home shape a child's actions in the outside world. With proper upbringing and education, despite societal challenges, one can define their own path and achieve their goals, thus leading to a fulfilling life.” (P-4)

This indicate that family education is important for them, that reduce their anxiety, most of the participant are aware of their extra stress their disability places on their spouse. Another participant expressed that beautiful life meaning being a supportive and valued member in a family.

4.5.2 Being a role model

Most of the participants do not concern about rights, they are restricted by their family members. Women are mostly likes to be follower not to be creature. They always concern what society think about them. One participant who works after injury she shared that she wants to involve more females in training program, but their family members think that it is difficult for a female participant to stay away from family, they have also a negative myth that if they send their girl for training, they used her for bagging.

“I’m acquainted with a girl who is unable to walk due to the absence of a leg. Despite my persistent efforts to convince her parents to allow her to attend a training program where she could acquire valuable skills, they were unwilling. Eventually, the girl’s grandmother intervened and facilitated her training. As a result, she has become entirely self-reliant.” (P-7)

4.5.3 Reaffirming spirituality

This sub-theme emerged from their trust in God. During interview most participants used the term that they have trust in God. They think that their disability as the will of God. They belief that God driven them test by makes their life challenging. One participant shared that

“Understand that what Allah does is good for us. Many people are worse than me, some of them has no legs. So, I forgot my life. I have seen many patients in CRP, their condition was than me. I'm fine by the grace of Allah.” (P-2)

Other participants who work in CRP in a long time, she mentioned that God gives her a second life because here everything is accessible for her. When she needs any medical help or rehabilitation management, she finds immediately but this not same for everyone.

4.6 Theme six Barrier in path of women empowerment

There are number of barriers in the path of women empowerment but during this interview participants mostly indicate social barrier such as limited support and services, Humiliating reaction, lack of available resources.

4.6.1 limited support and services

Participants highlighted the government's insufficient prioritization of individuals with disabilities. None of them were eligible for a regular disability pension from the government. Additionally, there was a noticeable absence of assistance in finding employment or building a foundation for success. Maintain a successful business venture. Accessing government services was often a challenge.

“There are lots of people like me in this country. If the government increases facilities for us, then it would help a lot of people like me. We have to stay at other people's homes, pay rent, having food outside etc. becomes very difficult for us. If only we could have a place for people like me, then it would help us a lot. My family would love me more, support me more. If other people like me would get the slightest amount of financial support, it would help them a lot.” (P-1)

“Being on the social side, I have to be involved. For example, those who are in Various offices according to us or others, we are going to contact with them. Many governmental buildings in the area lacked accessibility for individuals with disabilities. But if I don't go then I can't help the society.” (P-4)

4.6.2 Humiliating reaction

Most of the participant shared that the reaction of theirs felt discouraged them from going outside. Some of them mention pitiful reaction toward them. They feel uneasy in public place and demotivate when others asked them about their injury and feel sorry for them. One of the participants shared that

“While they may physically acknowledge my presence, their perception feels distant or critical. If they do approach me, their inquiries are often delivered in a manner that unsettles me. Attending events like weddings seems to surprise them, as if it’s unconventional. Their gossiping or texting about me only adds to the complexities of navigating social interactions. It’s disheartening because I feel like my very existence and right to engage in society as a woman are being questioned. I’m uncertain how to change this dynamic, as no one has ever offered advice on overcoming these obstacles as a woman.” (P-3)

Other participants shared that

“It is very difficult to move around the streets in a wheelchair. I face various problems when I go out of the house, traffic jams etc.” (P-5)

One of the participants feels frustrated because of their verbal calling, she mentioned that when people around her called disable it lower her self-esteem. From her view this situation is not by born, it’s just an accident, anyone can face this. At the same time, they think that they becoming an increased burden to their family. They mentioned a profound sense of vulnerability and uncertainty about the future.

“My life hasn’t been pleasant, making it difficult for me to imagine it differently. Since I was young, I’ve felt the expectation to grow up and provide for my parents, especially since I’m their only son. While it’s something I could do now, it’s a burden I carry. A fulfilling life, in my view, revolves around bringing joy to my parents. If given the opportunity, I would work towards improving my circumstances” (P-6)

From some women with spinal cord injury humiliating reaction is a sense of powerlessness. It’s hampering their social participation.

4.6.3 Lack of available resources

One of the most concerning issue arise from this sub-theme was lack of funding and low economic status of many patients. They said that inadequate financial allocation for disable women like them in our country significantly affected legislation, adaptation and also focused on disability related services. They also include job opportunity related their ability and also failure to comply with employment laws for disabled people. Some participants mentioned that organization just follow up their condition that didn’t change their position in society.

“My own life experiences have reinforced this belief. I've managed to achieve the goals I've set for myself without depending on others. Despite not having a husband, I'm financially independent. True empowerment comes from having both a source of income and skills.” (P-5)

Another participant expressed that

“I endeavor to provide training opportunities for individuals with spinal cord injuries in our community, offering affordable options for both boys and girls. My aim is to help them acquire skills and secure employment. However, some parents are hesitant to allow their children to participate, fearing they may be exploited or treated like beggars. Despite changing social dynamics, many young people with disabilities are successfully pursuing education and employment independently.” (P-7)

CHAPTER- V DISCUSSION

In this chapter qualitative study was used to an exploration of spinal cord injury women's perception about their empowerment individuals with traumatic or non-traumatic living in community. While most studies on spinal cord injuries and women have focus on quantitative measures of their health and priorities such as pregnancy outcome, reproductive system as well as experiences of urinary incontinency. Because of this, it is not possible to give an exhaustive overview of the individual perspectives and background story that contribute to long-term social well-being.

In this study the experiences of ten women helped to create several themes for adjusting them in community after a spinal cord injury such as enhance knowledge about empowerment, effectively managing and adapting with disability, decision making power influence women empowerment, inhibitors of financial empowerment of women and self-determination. Following discussion is organized around these key themes of this study.

The study was brought to everyone's attention that there is a pressing requirement of training for injured individuals and their families. Because they don't have enough knowledge about prevention of recurrent pressure ulcer. In this research most participants said main cause of frequent hospitalization is their recurrent pressure ulcer and urinary incontinency. Lack of patient and family centered education acts a barrier of their self-empowerment, because knowledge and sufficient training program have a greater impact on women empowerment. (Shabany et al., 2019). There is a lack of communication between healthcare providers and patients and their loved ones, which can exacerbate the difficulties families already have in caring for a loved one with a disability. It follows that education can benefit them. Both of these investigations reached conclusions that are consistent with the current study (Davidson, 2009). On the other hand, the purpose of making self-identity is to help individuals with disabilities make decisions about how to live their lives, prioritize their values, and respond to different situations where their impairment is a prominent feature (Dunn & Burcaw, 2013). In Canada, compared to male and women with disabilities who are 15 years old or older are more likely to say they require assistance with certain daily tasks such as household activities, preparing meals and getting appointment (Government of Canada, 2017). In Australia, over 2 million women and girls with disabilities in Australia, comprising 20% of the female population, including 100,000 girls aged 0-14 and 2 million women aged 15 and older.

Achieving equality requires equal opportunity to participate in decision-making, hold public office, and have their opinion. In spite of this, disabled women and girls in Australia are still disproportionately left out of advocacy, decision-making, and community-and national-level processes that impact their lives and the lives of their families and communities (Alliances & Australia, 2019).

This study reported effectively managing and adapting with disability after spinal cord injury. Under this theme there are sub categories such as unknown to known, embrace associated problem with disability and also coping strategy. Most of them explain their life experience before and after injury. The existing literature on persons with SCI supports similar findings. Adjustment to life after spinal cord injury (SCI) may involve adaptive coping mechanisms that include problem solving and injury acceptance, while social dependency may represent increase suffering (Kennedy et al., 2010). Many researchers explain coping strategies as an ongoing process, different coping mechanisms may be employed at different points in response to a stressful situation such as decisions making, rejection, reaching out for help, responding with empathy, showing emotions (Stephenson et al., 2020). In spite of the fact that several variables influence psychosocial adjustment after SCI, some coping mechanisms seem to be associated with effective results (Dorsett et al., 2017).

In this study also found that participants have a positive health behavior to adjustment with secondary health complication after suffering a spinal cord injury (SCI), which is a result that can be related to the high adaptive coping mechanisms or accept this as their fate. There is an interrelationship between positive health behavior and management of secondary complication. Furthermore, sub-theme of positive health behavior in this present finding was similar to Chevalier et al.'s result. Education on long-term health behavior for community people may be necessary for rehabilitation professionals to identify populations risk for particular secondary illnesses and educate them the required skills to prevent them, rather than necessarily teaching all individuals about preventative health behaviors (Bloemen-Vrencken et al., 2007).

This study also showed about involvement in major decision-making lack of recognition was the sub-category in the core category of decision-making power influence women empowerment. From this research found that participants in urban area mostly involved in work related activity were more independent in decision making rather than participants in rural area. Decision making can be described as a negotiation between partners. Similar this finding several studies have shown that women's autonomy in making decisions about their health care is influenced by characteristics such as age, education, and money. Women's autonomy and the freedom to make decisions on many elements of their own life are frequently restricted in many communities, particularly in developing or low-income countries. This is particularly relevant in countries where the female population is underrepresented. (Osamor & Grady, 2016). In Australia, women comprise 20.1% of the total population and are home to 2 million people with disabilities. Disabled women in Australia face significant human rights violations and are often separated from society. They face social exclusion, including financial disadvantage, isolation, discrimination, limited access to services, housing, and health care, and limited opportunities to participate in society (Meekosha & Frohmader, n.d.)

This study also found that another theme about inhibitor of financial empowerment of women. Inhibitors to empowerment were ignorance about of their potentials, lack of confidence and also exclusion from funding opportunity. Hossain et al. noted that 74% of the primary income earners were male for their households after the accident this result decline in income 91% of households fell into the category of severe poverty. Researcher also added that while CRP offers vocational training several obstacles to employment remain. This includes wheelchair-inaccessible surroundings and poor literacy and competence levels among wounded individuals. In South Africa providing meaningful vocations among community-dwelling people with spinal cord injuries, taking into consideration the lack of willingness of employers to hire individuals with SCI and the absence of reinforcement of employment equality relative to persons with disabilities (Bezuidenhout et al., 2023). Another research found that, participants insufficient support from charities, government departments, and healthcare organizations, high treatment costs, disregard for their rights, and lack of special facilities in city and office buildings, public transport and academic infrastructure are the main issues affecting effective financial support (Mohammadi et al., 2022). The rehabilitation programs that have helped to empower the afflicted individuals have been funded by NGOs and charities, which are crucial (Khan et al., 2015). These were similar to financial inhibitors in the present study.

Another sub-category under inhibitors of financial empowerment is lack of confidence. Budd et al. reported that loss of femininity is a real possibility for female-identified SCI survivors but there is less research on this. Federici et al. found that women with SCI state that not feeling physically beautiful to themselves due to societal attitude and stereotype and also think will never be able to meet their partners' sexual needs. Hunt et al. found that when compared to the experiences of non-SCI females and longtime suffering with SCI females, the challenges faced by femininity are different. Because of, some people may negatively judge women with spinal cord injuries (SCI) for their disability and their gender, also recognised them so weaker. This finding is similar to present study. They also ignored by their potentials due to sufficient education both peers and partners to enhance their capacity.

This study also found that positive refection, reaffirming spirituality and being a role model under the main theme of self-determination. Participants from this study thinks good health is the root cause of goof life but the do not concern about their social rights. They trust in myth that their disability comes from God, they don’t have much to change their fate. Self-development may be hindered by a loss of self-esteem, which can result in emotions of dread, worry, despair, and a lack of empowerment at the same time (Ahn & Choi, 2015). Furthermore, long-term dependents may suffer from increasing anxiety, shame, poor self-esteem, and a lack of autonomy. People may be able to hold on to their authority if they can keep their self-esteem strong (Wang et al., 2013). There is evidence that suggests a correlation between more independent and happier, healthier lives. The self-determination concept is defined and reviewed the context of a strengths-based perspective on disability (Wehmeyer & Shogren, 2016). In Canada, employment status demonstrates that 32% of respondents were working, which is lower than the 62% of able-bodied individuals age range in general 18-65 years. All working-aged Canadians, including SCI patients, are affected by employment. Earning money helps achieve financial and housing freedom. It helps people earn money, get health and social advantages, socialize, arrange their days, and find their identity (Jetha et al., 2014).

This study also found that barriers in the path of women empowerment as a final theme. Limited scope, humiliating reaction, lack of available resources is the sub-category in this study. The main reason regarding the obstacles to the labor market will never be explored is that these women are not given a voice. Since people with physical disabilities often make up the biggest share of the disable population, these women will become a financial burden if they are unable to find meaningful job (Bualar, 2014). A significant number of women who have SCI face stigma and discrimination in a variety of ways from society as a whole and even from within their own families (Devkota et al., 2019). In Nepal rural people think that disabled individuals may be represented as facing God's punishment for family sins or previous actions (Simkhada et al., 2013). Furthermore, in this study rural women also think that. Another survey also found that engaging SCI patients in self-care and interdisciplinary and comprehensive rehabilitation may boost their self-efficacy, helping them avoid additional physical injuries and enhance their mental health. The patients may feel more autonomous and self-sufficient and participate more in their personal and social lives (Amann et al., 2020). This finding was similar to the sentiments expressed in the present study.

LIMITATION OF THE STUDY

- One of the limitations of the current study was variability and diversity in the sample population at different level of their injury and as well as gender.
- Some of the results may not apply to a broader SCI population due to the fact that various SCI may be linked with different difficulties and experiences according to their culture, religious and also demographic area.
- Only female participants were selected from specific area for this study.
- So, this study was not highlighting the perception of individual’s population from different division in Bangladesh.

CHAPTER- VI CONCLUSION AND RECOMMENDATIONS

CONCLUSION

Our investigation of perception about women empowerment in individuals with Spinal Cord Injury found the empowerment process varied based on participant's different age and duration of injury. Through this research participants express their emotion of being isolation in family and community, capacity of activity, understanding about their empowerment and experience of participating in society. As a result of our research explore the better grasp on what it means for individuals with longtime Spinal Cord Injury to feel empowered, and how that empowerment could develop from a place of helplessness. While each situation and life-world is unique, this analysis identified knowledge about empowerment, limited scope, family decision making process and humiliating attitude as common factors that act as a barrier in their empowerment of across all participants. On the other hand, participants acquire skills to coping with disability that helps them successful community reintegration also have positive health behavior. It is essential for professionals and others to actively include patients in determining their own needs, objectives, program design, and the environments in which these techniques will be implemented. This was achieved by slowly progressing from thematic categories in individual interview transcripts to conceptual categories across reconstituted narratives and comparing them to literature findings.

RECOMMENDATIONS

1.1 Practice recommendation

For service provider, using affordable and easily available technology, the initiative allowed service providers to improve the health, quality of life, and overall well-being of underprivileged groups.

Raising awareness of benefit of regular exercise and concern of health may aid women with SCI in maintaining dignity and self-acceptance. Offering time for reflection on therapy might help patients evaluate their perception of themselves.

It is essential for healthcare providers to be knowledgeable and conscious of patient and caregiver empowerment procedures that are founded on mutual respect, trust, and equality in order to prevent patronizing and judgmental attitudes.

1.2 Policy recommendation

The government of Bangladesh ensures the involvement of women in local government by implementing an act, which empowers women from the grassroots level. On the other hand, policy makes can ensure that male and female delegates are treated equally in terms of authority, funding, and decision-making at all levels.

It is recommended that both rural and urban regions form non-governmental organizations (NGOs) that support women. These centers would assist women in making decisions, investing, and improving their household's livelihood.

Awareness of oppression may be increased by listening to the concerns, stories, emotions, experiences, and hopes of those who feel helpless. To promote mutuality and kindness, discussion should replace professionalism, which promotes reliance and control.

Policy makers may participate in community organizations and activities, addressing personal concerns, and interacting with people with similar experiences. Promote community involvement by providing opportunities for residents to serve in positions such as employment, volunteering, mentoring and advocacy.

Policymakers in developing nations may be able to use the findings to accommodate people with spinal cord injuries and their families by expanding access to social opportunities, raising fund and support services.

1.3 Recommendation for future research

Along with exploring how program participants integrated new identities and viewpoints into their daily lives, three overarching areas might be explored for potential future research:

- Outcomes of long-term peer support programs for Spinal Cord Injury people on the health and well-being of persons living in remote and rural areas.
- Experiences of coping strategies and psychological adaptation women with long time SCI
- Explore the difficulties associated with employment individual with SCI
- Find out to self-determination challenges from the perspective of families and individuals living with spinal cord injuries.

BIBLIOGRAPHY

Ahn, Y.-H., & Choi, J. (2015). Factors affecting Korean nursing student empowerment in clinical practice. Nurse Education Today, 1301–1306. https://doi.org/10.1016/j.nedt.2015.08.007

Alliances, N. W., & Australia), D. P. O. A. (DPO. (2019). The Status of Women and Girls with Disability in Australia [Report]. National Women’s Alliances National Women’s Alliances. https://anrows.intersearch.com.au/anrowsjspui/handle/1/20618

Amann, J., Fiordelli, M., Scheel-Sailer, A., Brach, M., & Rubinelli, S. (2020). Opportunities and Challenges of a Self-Management App to Support People With Spinal Cord Injury in the Prevention of Pressure Injuries: Qualitative Study. JMIR mHealth and uHealth, 8(12), e22452. https://doi.org/10.2196/22452

Aujoulat, I., Luminet, O., & Deccache, A. (2007). The Perspective of Patients on Their Experience of Powerlessness. Qualitative Health Research, 17(6), 772–785. https://doi.org/10.1177/1049732307302665

Babamohamadi, H., Negarandeh, R., & Dehghan-Nayeri, N. (2011). Barriers to and facilitators of coping with spinal cord injury for Iranian patients: A qualitative study. Nursing & Health Sciences, 13(2), 207–215. https://doi.org/10.1111/j.1442-2018.2011.00602.x

Banerjee, D., Rabheru, K., de Mendonca Lima, C. A., & Ivbijaro, G. (2021). Role of Dignity in Mental Healthcare: Impact on Ageism and Human Rights of Older Persons. The American journal of Geriatric Psychiatry, 29(10), 1000–1008. https://doi.org/10.1016/j.jagp.2021.05.011

Barford, A., Dorling, D., Davey Smith, G., & Shaw, M. (2006). Life expectancy: Women now on top everywhere. BMJ (Clinical Research Ed.), 332(7545), 808. https://doi.org/10.1136/bmj.332.7545.808

Bayeh, E. (2016). The role of empowering women and achieving gender equality to the sustainable development of Ethiopia. Pacific Science Review B: Humanities and Social Sciences, 2(1), 37–42. https://doi.org/10.1016/j.psrb.2016.09.013

Bezuidenhout, L., Rhoda, A., Conradsson, D. M., Theron, F., & Joseph, C. (2023). Factors influencing employment among people with spinal cord injury in South Africa. Disability and Rehabilitation. https://www.tandfonline.com/doi/abs/10.1080/09638288.2022.2151651

Bloemen-Vrencken, J. H. A., de Witte, L. P., Post, M. W. M., & van den Heuvel, W. J. A. (2007). Health behaviour of persons with spinal cord injury. Spinal Cord, 45(3), 243–249. https://doi.org/10.1038/sj.sc.3101967

Bloom, J., Dorsett, P., & McLennan, V. (2019a). Investigating employment following spinal cord injury: Outcomes, methods, and population demographics. Disability and Rehabilitation, 41(20), 2359–2368. https://doi.org/10.1080/09638288.2018.1467968

Bodolica, V., & Spraggon, M. (2019). Toward patient-centered care and inclusive health-care governance: A review of patient empowerment in the UAE. Public Health, 169, 114–124. https://doi.org/10.1016/j.puhe.2019.01.017

Breaking Barriers: A Comprehensive Review of Literature on Empowering Women with Disabilities. (2023). Information Sciences Letters, 12(12), 2479–2490. https://doi.org/10.18576/isl/121209

Bualar, T. (2014). Barriers to employment: Voices of physically disabled rural women in Thailand. Community, Work & Family, 17(2), 181–199. https://doi.org/10.1080/13668803.2013.806125

Budd, M. A., Gater, D. R., & Channell, I. (2022). Psychosocial Consequences of Spinal Cord Injury: A Narrative Review. Journal of Personalized Medicine, 12(7), 1178. https://doi.org/10.3390/jpm12071178

Chamberlain, J. D., Meier, S., Mader, L., von Groote, P. M., & Brinkhof, M. W. G. (2015). Mortality and longevity after a spinal cord injury: Systematic review and meta-analysis. Neuroepidemiology, 44(3), 182–198. https://doi.org/10.1159/000382079

Chau, L., Hegedus, L., Praamsma, M., Smith, K., Tsukada, M., Yoshida, K., & Renwick, R. (2008). Women living with a spinal cord injury: Perceptions about their changed bodies. Qualitative Health Research, 18(2), 209–221. https://doi.org/10.1177/1049732307312391

Chevalier, Z., Kennedy, P., & Sherlock, O. (2009). Spinal cord injury, coping and psychological adjustment: A literature review. Spinal Cord, 47, 778–782. https://doi.org/10.1038/sc.2009.60

Chung, J., Jaross, M., Liu, K., & Harris, O. (2021). Comparison of Spinal Cord Injury Patient Characteristics in Male and Female Veterans. Archives of Physical Medicine and Rehabilitation, 102(10), e27–e28. https://doi.org/10.1016/j.apmr.2021.07.538

Cornwall, A., & Edwards, J. (2014). Feminisms, Empowerment and Development. 1–346.

Coyle, C. P., Santiago, M. C., Shank, J. W., Ma, G. X., & Boyd, R. (2000). Secondary conditions and women with physical disabilities: A descriptive study. Archives of Physical Medicine and Rehabilitation, 81(10), 1380–1387. https://doi.org/10.1053/apmr.2000.9169

Craig, A., Tran, Y., & Middleton, J. (2009). Psychological morbidity and spinal cord injury: A systematic review. Spinal Cord, 47(2), 108–114. https://doi.org/10.1038/sc.2008.115

Crispo, J. A. G., Liu, L. J. W., Noonan, V. K., Thorogood, N. P., Kwon, B. K., Dvorak, M. F., Thibault, D., Willis, A., & Cragg, J. J. (2022). Pediatric Traumatic Spinal Cord Injury in the United States: A National Inpatient Analysis. Topics in Spinal Cord Injury Rehabilitation, 28(1), 1–12. https://doi.org/10.46292/sci21-00047

Davidson, J. (2009). Family-Centered Care: Meeting the Needs of Patients' Families and Helping Families Adapt to Critical Illness. Critical Care Nurse, 29, 28–34; quiz 35. https://doi.org/10.4037/ccn2009611

Devivo, M. J. (2012). Epidemiology of traumatic spinal cord injury: Trends and future implications. Spinal Cord, 50(5), 365–372. https://doi.org/10.1038/sc.2011.178

Devkota, H. R., Kett, M., & Groce, N. (2019). Societal attitude and behaviours towards women with disabilities in rural Nepal: Pregnancy, childbirth and motherhood. BMC Pregnancy and Childbirth, 19(1), 20. https://doi.org/10.1186/s12884-019-2171-4

Dorsett, P., Geraghty, T., Sinnott, A., & Acland, R. (2017). Hope, coping and psychosocial adjustment after spinal cord injury. Spinal Cord Series and Cases, 3, 17046. https://doi.org/10.1038/scsandc.2017.46

Dunn, D. S., & Burcaw, S. (2013). Disability identity: Exploring narrative accounts of disability. Rehabilitation Psychology, 58(2), 148–157. https://doi.org/10.1037/a0031691

Federici, S., Artegiani, F., Pigliautile, M., Antonelli, P., Diotallevi, D., Ritacco, I., & Maschke, R. (2019). Enhancing Psychological Sexual Health of People With Spinal Cord Injury and Their Partners in an Italian Unipolar Spinal Unit: A Pilot Data Study. Frontiers in Psychology, 10. https://doi.org/10.3389/fpsyg.2019.00754

Foster, K., & Sandel, M. (2010). Abuse of Women with Disabilities: Toward an Empowerment Perspective. Sexuality and Disability, 28, 177–186. https://doi.org/10.1007/s11195-010-9156-6

From Unheard Screams To Powerful Voices A Case Study of Women's Political Empowerment in The Philippines | PDF | Gender Equality | Gender Studies. (n.d.). Scribd. Retrieved May 9, 2024, from https://www.scribd.com/document/394343985/From-Unheard-Screams-to-Powerful-Voices-a-Case-Study-of-Women-s-Political-Empowerment-in-the-Philippines

Gebru, S. G., & D., M. A. (2014). The Millennium Development Goals and the Status of Gender Disparity in Ethiopia: Achievements and Challenges.

Geyh, S., Ballert, C., Sinnott, A., Charlifue, S., Catz, A., D'Andrea Greve, J. M., & Post, M. W. M. (2013). Quality of life after spinal cord injury: A comparison across six countries. Spinal Cord, 51(4), 322–326. https://doi.org/10.1038/sc.2012.128

Ghadirian, H., Fauzi Mohd Ayub, A., & Salehi, K. (2018). Students' perceptions of online discussions, participation and e-moderation behaviours in peer-moderated asynchronous online discussions. Technology, Pedagogy and Education, 27(1), 85–100. https://doi.org/10.1080/1475939X.2017.1380695

Gill, M. (2020). Phenomenology as qualitative methodology (pp. 73–94).

Gorzkowski, J. A., Kelly, E. H., Klaas, S. J., & Vogel, L. C. (2010). Girls with spinal cord injury: Social and job-related participation and psychosocial outcomes. Rehabilitation Psychology, 55(1), 58–67. https://doi.org/10.1037/a0018275

Government of Canada, S. C. (2017, May 26). Women with Disabilities. https://www150.statcan.gc.ca/n1/pub/89-503-x/2015001/article/14695-eng.htm

Grossoehme, D. H. (2014). Overview of Qualitative Research. Journal of Health Care Chaplaincy, 20(3), 109–122. https://doi.org/10.1080/08854726.2014.925660

Guest, R., Craig, A., Tran, Y., & Middleton, J. (2015). Factors predicting resilience in people with spinal cord injury during transition from inpatient rehabilitation to the community. Spinal Cord, 53(9), 682–686. https://doi.org/10.1038/sc.2015.32

Haddad, L. M., & Toney-Butler, T. J. (2024). Empowerment. In StatPearls. StatPearls Publishing. http://www.ncbi.nlm.nih.gov/books/NBK430929/

Hammarberg, K., Kirkman, M., & De Lacey, S. (2016). Qualitative research methods: When to use them and how to judge them. Human Reproduction, 31(3), 498–501. https://doi.org/10.1093/humrep/dev334

Hawley, J. (n.d.). Why women’s empowerment is essential for sustainable development. Retrieved May 9, 2024, from https://www.iied.org/why-womens-empowerment-essential-for-sustainable-development

Hennink, M., Hutter, I., & Bailey, A. (2020). Qualitative Research Methods. SAGE.

Hossain, M. S., Harvey, L. A., Islam, M. S., Rahman, M. A., Liu, H., Herbert, R. D., & CIVIC Trial Collaboration. (2020). Loss of work-related income impoverishes people with SCI and their families in Bangladesh. Spinal Cord, 58(4), 423–429. https://doi.org/10.1038/s41393-019-0382-1

Hunt, X., Braathen, S. H., & Rohleder, P. (2021). Physical Disability and Femininity: An Intersection of Identities. In X. Hunt, S. H. Braathen, M. Chiwaula, M. T. Carew, P. Rohleder, & L. Swartz (Eds.), Physical Disability and Sexuality: Stories from South Africa (pp. 61–77). Springer International Publishing. https://doi.org/10.1007/978-3-030-55567-2_4

Issue 7: Women Empowerment | United Nations Population Fund. (n.d.). Retrieved January 31, 2024, from https://www.unfpa.org/resources/issue-7-women-empowerment

Jetha, A., Dumont, F., Noreau, L., & Leblond, J. (2014). A Life Course Perspective to Spinal Cord Injury and Employment Participation in Canada. Topics in Spinal Cord Injury Rehabilitation, 20, 310–320. https://doi.org/10.1310/sci2003-310

Joseph, R. (2020). The theory of empowerment: A critical analysis with the theory evaluation scale. Journal of Human Behavior in the Social Environment, 30(2), 138–157. https://doi.org/10.1080/10911359.2019.1660294

Kabeer, N., & Natali, L. (2013). Gender Equality and Economic Growth: Is there a Win-Win? IDS Working Papers, 2013. https://doi.org/10.1111/j.2040-0209.2013.00417.x

Kennedy, P., Lude, P., Elfström, M., & Smithson, E. (2010). Cognitive appraisals, coping and quality of life outcomes: A multi-centre study of spinal cord injury rehabilitation. Spinal Cord, 48, 762–769. https://doi.org/10.1038/sc.2010.20

Khan, F., Amatya, B., Mannan, H., & Rathore, F. (2015). Neurorehabilitation in Developing Countries: Challenges and the Way Forward. Phys Med Rehabil Int, 2, 1070.

Kim, H., Sefcik, J. S., & Bradway, C. (2017). Characteristics of Qualitative Descriptive Studies: A Systematic Review. Research in Nursing & Health, 40(1), 23–42. https://doi.org/10.1002/nur.21768

Kim, T., Park, S.-Y., & Oh, I.-H. (2022). Health-related factors leading to disabilities in Korea: Survival analysis. Frontiers in Public Health, 10. https://doi.org/10.3389/fpubh.2022.1048044

Kolakowsky-Hayner, S. A., Wright, J., Shem, K., Medel, R., & Duong, T. (2012). An effective community-based mentoring program for return to work and school after brain and spinal cord injury. NeuroRehabilitation, 31(1), 63–73. https://doi.org/10.3233/NRE-2012-0775

Kumar Pathania, S. (2017). SUSTAINABLE DEVELOPMENT GOAL: GENDER EQUALITY FOR WOMEN’S EMPOWERMENT AND HUMAN RIGHTS. International Journal of Research -GRANTHAALAYAH, 5(4), 72–82. https://doi.org/10.29121/granthaalayah.v5.i4.2017.1797

Kumar, R., Lim, J., Mekary, R. A., Rattani, A., Dewan, M. C., Sharif, S. Y., Osorio-Fonseca, E., & Park, K. B. (2018). Traumatic Spinal Injury: Global Epidemiology and Worldwide Volume. World Neurosurgery, 113, e345–e363. https://doi.org/10.1016/j.wneu.2018.02.033

Lean, M., Fornells-Ambrojo, M., Milton, A., Lloyd-Evans, B., Harrison-Stewart, B., Yesufu-Udechuku, A., Kendall, T., & Johnson, S. (2019). Self-management interventions for people with severe mental illness: Systematic review and meta-analysis. The British Journal of Psychiatry: The Journal of Mental Science, 214(5), 260–268. https://doi.org/10.1192/bjp.2019.54

Leiulfsrud, A. S., Ruoranen, K., Ostermann, A., & Reinhardt, J. D. (2016). The meaning of employment from the perspective of persons with spinal cord injuries in six European countries. Work (Reading, Mass.), 55(1), 133–144. https://doi.org/10.3233/WOR-162381

Lindwall, L., & Lohne, V. (2021). Human dignity research in clinical practice – a systematic literature review. Scandinavian Journal of Caring Sciences, 35(4), 1038–1049. https://doi.org/10.1111/scs.12922

M. Al-Taii, A. (2024). Breaking Barriers: A Comprehensive Review of Literature on Empowering Women with Disabilities. Information Sciences Letters, 12(12). https://digitalcommons.aaru.edu.jo/isl/vol12/iss12/9

Mabsout, R. (2011). Capability and Health Functioning in Ethiopian Households. Social Indicators Research, 101(3), 359–389. https://doi.org/10.1007/s11205-010-9661-0

Mahbub, M. (2021). Women Empowerment; theory, practice, process and importance.

Marella, M., Devine, A., Armecin, G. F., Zayas, J., Marco, M. J., & Vaughan, C. (2016). Rapid assessment of disability in the Philippines: Understanding prevalence, well-being, and access to the community for people with disabilities to inform the W-DARE project. Population Health Metrics, 14(1), Article 1. https://doi.org/10.1186/s12963-016-0096-y

Meade, M. A., Reed, K. S., Saunders, L. L., & Krause, J. S. (2015). It's All of the Above: Benefits of Working for Individuals with Spinal Cord Injury. Topics in Spinal Cord Injury Rehabilitation, 21(1), 1–9. https://doi.org/10.1310/sci2101-1

Meekosha, H., & Frohmader, C. (n.d.). Recognition, respect and rights: Disabled women in a globalised world.

Michael, L. (2014). Defining dignity and its place in human rights. The New Bioethics: A Multidisciplinary Journal of Biotechnology and the Body, 20(1), 12–34. https://doi.org/10.1179/2050287714z.00000000041

Mohammadi, F., Oshvandi, K., Bijani, M., Borzou, S. R., khodaveisi, M., & Masoumi, S. Z. (2022). Perception of facing life's challenges in patients with spinal cord injury in Iran: A qualitative study. BMC Psychology, 10(1), 202. https://doi.org/10.1186/s40359-022-00909-2

Naples, N., Mauldin, L., & Dillaway, H. (2018). From the Guest Editors: Gender, Disability, and Intersectionality. Gender & Society, 33, 089124321881330. https://doi.org/10.1177/0891243218813309

Narratives of long-term resilience: Two cases of women aging with spinal cord injury—PMC. (n.d.). Retrieved January 10, 2024, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7165166/

Noonan, V. K., Fingas, M., Farry, A., Baxter, D., Singh, A., Fehlings, M. G., & Dvorak, M. F. (2012). Incidence and Prevalence of Spinal Cord Injury in Canada: A National Perspective. Neuroepidemiology, 38(4), 219–226. https://doi.org/10.1159/000336014

Osamor, P. E., & Grady, C. (2016). Women's autonomy in health care decision-making in developing countries: A synthesis of the literature. International Journal of Women's Health, 8, 191–202. https://doi.org/10.2147/IJWH.S105483

Pentland, W., Walker, J., Minnes, P., Tremblay, M., Brouwer, B., & Gould, M. (2002). Women with spinal cord injury and the impact of aging. Spinal Cord, 40, 374–387. https://doi.org/10.1038/sj.sc.3101295

Peter, C., Müller, R., Cieza, A., Post, M. W. M., van Leeuwen, C. M. C., Werner, C. S., & Geyh, S. (2014). Modeling life satisfaction in spinal cord injury: The role of psychological resources. Quality of Life Research: An International Journal of Quality of Life Aspects of Treatment, Care and Rehabilitation, 23(10), 2693–2705. https://doi.org/10.1007/s11136-014-0721-9

Physical Disability and Femininity: An Intersection of Identities | SpringerLink. (n.d.). Retrieved June 5, 2024, from https://link.springer.com/chapter/10.1007/978-3-030-55567-2_4

Piatt, J., & Imperato, N. (2018). Epidemiology of spinal injury in childhood and adolescence in the United States: 1997–2012. Journal of Neurosurgery: Pediatrics, 21(5), 441–448. https://doi.org/10.3171/2017.10.PEDS17530

Position paper: The Status of Women and Girls with Disability in Australia—Women With Disabilities Australia. (n.d.). Retrieved June 4, 2024, from https://wwda.org.au/2019/12/position-paper-the-status-of-women-and-girls-with-disability-in-australia/

Powell, A. (2024). Disabled people in employment. https://commonslibrary.parliament.uk/research-briefings/cbp-7540/

Prause, M., Schulz, H. -J, & Wagler, D. (1984). Rechnergestützte Führung von Fermentationsprozessen, Teil 2. Acta Biotechnologica, 4(2), 143–151. https://doi.org/10.1002/abio.370040210

Rahman, A., Ahmed, M., Sultana, M., Taoheed, F., Andalib, A., & Arafat, S. M. Y. (2017). Epidemiology of Spinal Cord Injury in Bangladesh: A Five Year Observation from a Rehabilitation Center. Journal of Spine, 6, 1000367. https://doi.org/10.4172/2165-7939.1000367

Reeves, B., & Martin, R. (2022). Exploring problems for school reintegration following spinal cord injury: Perspectives on the kindergarten through fifth-grade population. Frontiers in Rehabilitation Sciences, 3. https://doi.org/10.3389/fresc.2022.962682

Rohatinsky, N., Goodridge, D., Rogers, M. R., Nickel, D., & Linassi, G. (2017). Shifting the balance: Conceptualising empowerment in individuals with spinal cord injury. Health & Social Care in the Community, 25(2), 769–779. https://doi.org/10.1111/hsc.12370

Rahman, A., Ahmed, M., Sultana, M., Taoheed, F., Andalib, A., & Arafat, S. M. Y. (2017). Epidemiology of Spinal Cord Injury in Bangladesh: A Five Year Observation from a Rehabilitation Center. Journal of Spine, 6, 1000367. https://doi.org/10.4172/2165-7939.1000367

Scott, T. (2022, July 14). Spinal Cord Injury Facts and Stats. United Spinal Association. https://unitedspinal.org/spinal-cord-injury-facts-and-stats/SDG Indicators. (n.d.). Retrieved May 9, 2024, from https://unstats.un.org/sdgs/report/2016/

Shabany, M., NikbakhtNasrabadi, A., Mohammadi, N., & Pruitt, S. (2019). Family-centered empowerment process in individuals with spinal cord injury living in Iran: A grounded theory study. Spinal Cord, 58. https://doi.org/10.1038/s41393-019-0348-3

Simkhada, P. P., Shyangdan, D., van Teijlingen, E. R., Kadel, S., Stephen, J., & Gurung, T. (2013). Women's knowledge of and attitude towards disability in rural Nepal. Disability and Rehabilitation, 35(7), 606–613. https://doi.org/10.3109/09638288.2012.702847

Simpson, L. A., Eng, J. J., Hsieh, J. T. C., & Wolfe And The Spinal Cord Injury Re, D. L. (2012). The Health and Life Priorities of Individuals with Spinal Cord Injury: A Systematic Review. Journal of Neurotrauma, 29(8), 1548–1555. https://doi.org/10.1089/neu.2011.2226

Singh, L., Arokiasamy, P., Singh, P. K., & Rai, R. K. (2013). Determinants of Gender Differences in Self-Rated Health Among Older Population: Evidence From India. Sage Open, 3(2), 2158244013487914. https://doi.org/10.1177/2158244013487914

Sobha, K., & Ijmtst, E. (2021). A Study on Women Empowerment in India. International Journal for Modern Trends in Science and Technology, 7, 120–124. https://doi.org/10.46501/IJMTST0711021

Statistics, c=AU; o=Commonwealth of A. ou=Australian B. of. (2013, November 20). Main Features—Homepage. c=AU; o=Commonwealth of Australia; ou=Australian Bureau of Statistics. https://www.abs.gov.au/AUSSTATS/abs@.nsf/allprimarymainfeatures/5849F483A2C5646ECA257C9E00177D59?opendocument

Stephenson, E., DeLongis, A., Sweeny, K., Robbins, M., & Cohen, L. (2020). Coping Strategies. 55–60. https://doi.org/10.1002/9781119057840.ch50

Tate, D. G., Forchheimer, M., Rodriguez, G., Chiodo, A., Cameron, A. P., Meade, M., & Krassioukov, A. (2016). Risk Factors Associated With Neurogenic Bowel Complications and Dysfunction in Spinal Cord Injury. Archives of Physical Medicine and Rehabilitation, 97(10), 1679–1686. https://doi.org/10.1016/j.apmr.2016.03.019

Tate, D., & Forchheimer, M. (2001). Health-Related Quality of Life and Life Satisfaction for Women with Spinal Cord Injury. Topics in Spinal Cord Injury Rehabilitation, 7(1), 1–15. https://doi.org/10.1310/9JHX-AVUL-89VL-RCQN

Teplitsky, S., Murphy, A., & Shenot, P. J. (2019). Knowledge Gaps in Urologic Care of Female Spinal Cord Injury Patients. Current Urology Reports, 20(5), 21. https://doi.org/10.1007/s11934-019-0884-6

The World Health Organization Quality of Life Assessment (WHOQOL): Development and general psychometric properties. (1998). Social Science & Medicine (1982), 46(12), 1569–1585. https://doi.org/10.1016/s0277-9536(98)00009-4

The World Survey on the role of women in development 2014: Gender equality and sustainable development. (2024, March 31). UN Women – Headquarters. https://www.unwomen.org/en/digital-library/publications/2014/10/world-survey-2014

Trenaman, L., Miller, W. C., Querée, M., Escorpizo, R., & SCIRE Research Team. (2015). Modifiable and non-modifiable factors associated with employment outcomes following spinal cord injury: A systematic review. The Journal of Spinal Cord Medicine, 38(4), 422–431. https://doi.org/10.1179/2045772315Y.0000000031

Uddin, T., Islam, M. T., Hossain, M., Hossain, M. S., Salek, A. K. M., Islam, M. J., Haque, S., Rahim, H. R., Hossain, Md. S., Hassanuzzaman, Md., Islam, M., Khan, M. U. H., Ahmed, S., Mahmud, K., Hasan, Md. R., Tasnim, A., & Haque, M. A. (2023). Demographic and Clinical Characteristics of Persons With Spinal Cord Injury in Bangladesh: Database for the International Spinal Cord Injury Community Survey 2023. Neurotrauma Reports, 4(1), 598–604. https://doi.org/10.1089/neur.2023.0040 van den Berg, M. E. L., Castellote, J. M., Mahillo-Fernandez, I., & de Pedro-Cuesta, J. (2010). Incidence of Spinal Cord Injury Worldwide: A Systematic Review. Neuroepidemiology, 34(3), 184–192. https://doi.org/10.1159/000279335

Wang, J., Zhang, D., & Jackson, L. A. (2013). Influence of self-esteem, locus of control, and organizational climate on psychological empowerment in a sample of Chinese teachers. Journal of Applied Social Psychology, 43(7), 1428–1435. https://doi.org/10.1111/jasp.12099

Wehmeyer, M. L., & Shogren, K. A. (2016). Self-Determination and Choice. In N. N. Singh (Ed.), Handbook of Evidence-Based Practices in Intellectual and Developmental Disabilities (pp. 561–584). Springer International Publishing. https://doi.org/10.1007/978-3-319-26583-4_21

Women’s rights movement | Definition, Leaders, Overview, History, & Facts | Britannica. (2024, April 19). https://www.britannica.com/event/womens-movement

Consent Form

Assalamu Alaikum, I am Nishat Tasnim, Part-II, student of M. Sc. in Rehabilitation, BHPI, CRP, Savar, Dhaka-1343. I am asking you to participate in a research study. This form is designed to give you information about this study. I want to describe this study to you and answer any of your questions. My project title is "**Perception about women's empowerment individual living with spinal cord injury**". The purpose of the study is to identify the perception about women's empowerment individual living with spinal cord injury. This will take approximately 10 - 15 minutes. During fill up the questionnaire period if you fell any emotional disturbance, social and any other discomfort, you can refuse to take participate in the study. I am committed that the study will not harmful or risk for you. There is no payment for taking part in the study. All information provided by you will be treated as confidential and in the event of any report or publication it will be ensured that the source of information remains anonymous. Your participation in this study is voluntary and you may withdraw yourself at any time during this study without any negative consequences. You also have the right not to answer a particular question that you don't like or do not want to answer during interview. If you have any query about the study or your right as a participant, you may contact with me or my supervisor Prof. Dr. Mohammad Anwer Hossain, PhD, Professor, BHPI, Senior consultant and Head of Physiotherapy Department, CRP, Savar, Dhaka.

Do you have any questions before I start?

So, may if you agreed then express your opinion through yes/no? (Make tik √mark)

YES ☐ NO ☐

Signature of the Investigator & Date: …………………………………………………...

Signature of the Participant & Date: ……………………………………………………….

Signature of the Witness & Date: ……………………………………………………….

সম্মতি পত্র

আসসালামু আলাইকুম, আমি নিশাত তাসনিম, পার্ট ২, মাস্টার অফ রিহ্যাবিলিটেশন সাইন্স এর ছাত্রী, বিএইচ পি আই, সি আর পি, সাভার, ঢাকা-১৩৪৩। আমার গবেষনার শিরনাম হলো “মেরুদন্ডে আঘাত প্রাপ্ত নারীদের নারী ক্ষমতায়ন সম্পর্কে ধারনা” । এই গবেষনার উদ্দেশ্য হলো নারী ক্ষমতায়ন সম্পর্কে মেরুদন্ডে আঘাত প্রাপ্ত নারীদের কি ধারনা সেটা বের করা।এখানে কিছু প্রশ্ন আছে যা উত্তর দিতে ১০-১৫ মিনিট সময় লাগবে।

সাক্ষাৎকারের সময় যদি আপনি কোন মানসিক বিপর্যয়, সামাজিক ও অর্থনৈতিক ঝুঁকি এবং অন্য কোন অস্বস্তিকর শারীরিক ঝুঁকিতে পড়েন বা মনে হয় আপনি অংশগ্রহন করতে চাচ্ছেন না তবে আপনি যেকোনো সময় না করার অধিকার রাখেন। আমি প্রতিশ্রুতি বদ্ধ যে গবেষনাটি আপনার জন্য ক্ষতিকর বা ঝুঁকিপূর্ণ হবে না। গবেষনায় অংশগ্রহনের জন্য কোনও পেমেন্ট নেই। আপনার দ্বারা প্রদত্ত সমস্ত তথ্য গোপনীয় হিসেবে গণ্য হবে।

এই গবেষনায় আপনার অংশগ্রহন হবে স্বেচ্ছাকৃত এবং আপনি কোন নেতিবাচক ফলাফল ছাড়া এই গবেষনা যেকোন সময় প্রত্যাহার করতে পারবেন, এছাড়া আপনি পছন্দ করেন না এমন নির্দিষ্ট প্রশ্নের উত্তর না দেওয়ার অধিকার আপনার আছে। যদি আপনার আর কিছু জানার আগ্রহ থাকে তবে আপনি আমার সাথে অথবা আমার সুপারভাইজার অধ্যাপক ডঃ মোঃ আনোয়ার হোসেন (পি এইচ ডি), অধ্যক্ষ, বিএইচপিআই, সিনিয়র কনসালট্যান্ট এবং হেড অফ ফিজিওথেরাপি ডিপার্টমেন্ট, সিআরপি, সাভার ঢাকায় যোগাযোগ করতে পারেন। শুরু করার পূর্বে আপনার কোন প্রশ্ন থাকলে আপনি করতে পারেন?

আপনি সম্মতি থাকলে নিচের হ্যা/না এর মাধ্যমে প্রকাশ করুন? (খালি ঘরে টিক √ দিন)

হ্যা ☐ ☐ না

তদন্তকারীর স্বাক্ষর ও তারিখঃ...

অংশগ্রহন কারীর স্বাক্ষর এবং তারিখঃ..

সাক্ষীর স্বাক্ষর ও তারিখঃ..

Questionnaire (English)

1. What do you know about women empowerment? Please explain it.
2. A) What do you know about your health condition?

   b) Do you have any other health condition that will stop you from doing some everyday things?

   c) (If yes) How can you aware yourself from causing secondary complication after spinal cord injury?

3. a) What is your role in your family? Please explain it.

b) How do you make decision in major of your household activities?

c) Do you face any difficulties in decision making in your family? How can you overcome these difficulties?

d) Do you find any support from your family to solve a problem together/

4. a) What is your financial contribution in your family? Do you have any job before SCI?

b) (If yes) How do you self-employed by yourself before SCI?

c) Do you find any financial differences before and after SCI? How can you overcome this situation?

5. a) What is your perception about having a good life?

b) How do social and cultural factors influence your quality of life?

c) Do you face any difficulties in social participation or to accomplish goals?

প্রশ্নাবলী (বাংলা)

১। নারী ক্ষমতায়ন সম্পর্কে আপনার ধারনা কি? এটা ব্যাখ্যা করুন.

২। ক) আপনার স্বাস্থ্যের অবস্থা সম্পর্কে আপনি কি জানেন?

খ)আপনার কি অন্য কোন স্বাস্থ্যগত অবস্থা আছে যা আপনাকে দৈনন্দিন কিছু কাজ করা থেকে বিরত রাখবে?

গ) (যদি হ্যাঁ) মেরুদন্ডের আঘাতের পরে সেকেন্ডারি জটিলতা সৃষ্টি করা থেকে আপনি কীভাবে নিজেকে সচেতন করবেন?

৩। ক)আপনার পরিবারে আপনার ভূমিকা কি? ব্যাখ্যা করুন।

খ) আপনার পরিবারের প্রধান ক্রিয়াকলাপের ক্ষেত্রে আপনি কীভাবে সিদ্ধান্ত নেন?

গ) আপনি কি আপনার পরিবারে সিদ্ধান্ত নেওয়ার ক্ষেত্রে কোন অসুবিধার সম্মুখীন হন? ঘ) কিভাবে আপনি এই অসুবিধাগুলো অতিক্রম করতে পারেন বলে মনে করেন ?

৪। ক) আপনার পরিবারে আপনার আর্থিক অবদান কি? আপনার কি SCI হওয়ার আগে কোন কাজ করেছেন?

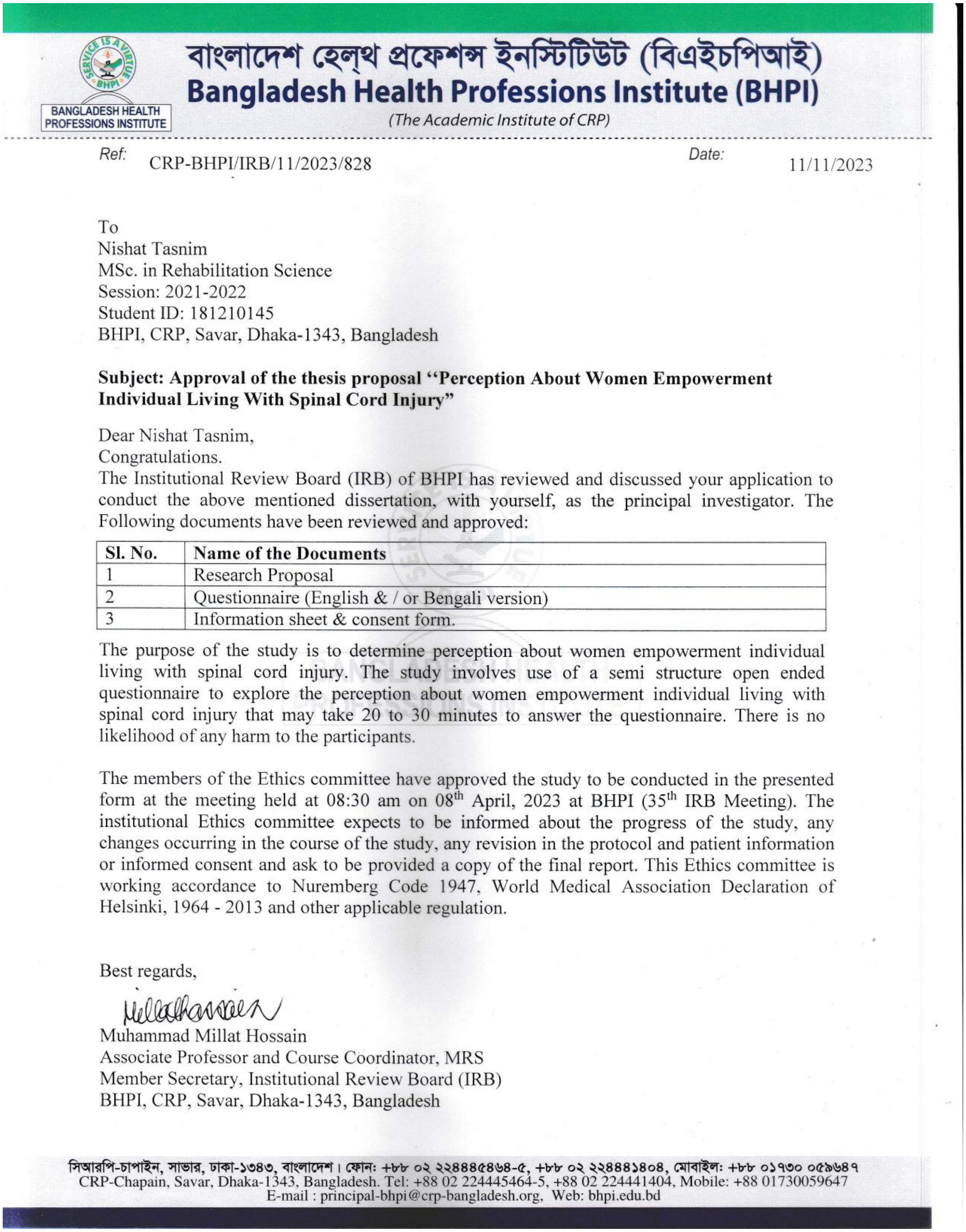
খ) (যদি হ্যাঁ) SCI-এর আগে আপনি কীভাবে নিজের দ্বারা স্ব-নিযুক্ত হন?

গ) আপনি SCI এর আগে এবং পরে কোন আর্থিক পার্থক্য খুঁজে পান? কিভাবে আপনি এই পরিস্থিতি অতিক্রম করতে পারেন?

৫। ক) একটি সুন্দর জীবন সম্পর্কে আপনার উপলব্ধি কি?

খ) সামাজিক এবং সাংস্কৃতিক কারণগুলি কীভাবে আপনার জীবনযাত্রার মানকে প্রভাবিত করে?

গ) আপনি কি সামাজিক অংশগ্রহণ বা লক্ষ্য অর্জনে কোন অসুবিধার সম্মুখীন হন?



BANGLADESH HEALTH
PROFESSIONS INSTITUTE

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

Ref: CRP-BHPI/IRB/11/2023/828 Date: 11/11/2023

To
Nishat Tasnim
MSc. in Rehabilitation Science
Session: 2021-2022
Student ID: 181210145
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal "Perception About Women Empowerment Individual Living With Spinal Cord Injury"

Dear Nishat Tasnim,
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. The Following documents have been reviewed and approved:

Sl. No.	Name of the Documents
1	Research Proposal
2	Questionnaire (English & / or Bengali version)
3	Information sheet & consent form.

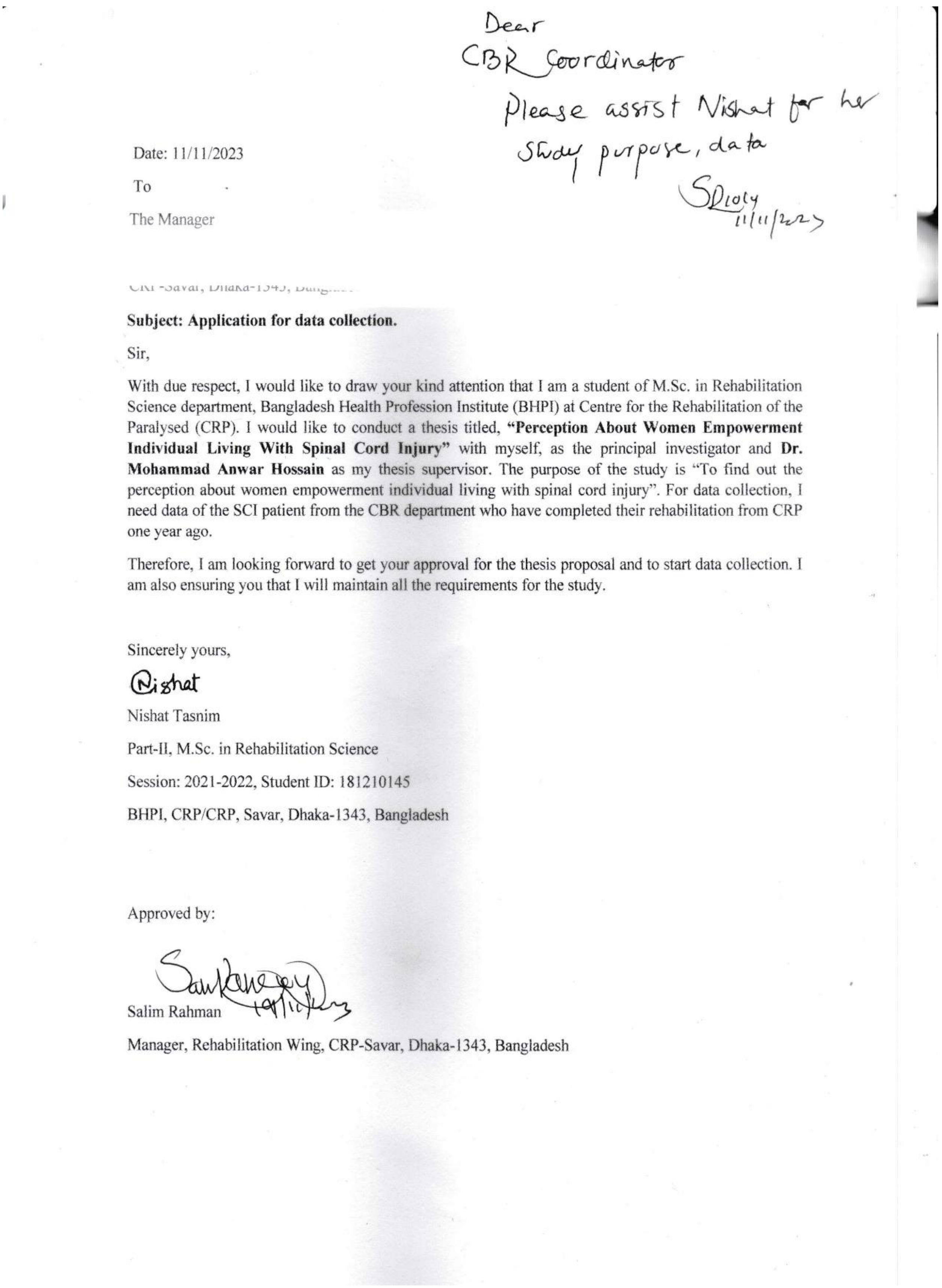
The purpose of the study is to determine perception about women empowerment individual living with spinal cord injury. The study involves use of a semi structure open ended questionnaire to explore the perception about women empowerment individual living with spinal cord injury that may take 20 to 30 minutes to answer the questionnaire. There is no likelihood of any harm to the participants.

The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 08:30 am on 08th April, 2023 at BHPI (35th IRB Meeting). The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
Associate Professor and Course Coordinator, MRS
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

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



Dear
CBR Coordinator
Please assist Nishat for her
study purpose, data

11/11/2023

Date: 11/11/2023

To

The Manager

CRP -Savar, Dhaka-1343, Bang

Subject: Application for data collection.

Sir,

With due respect, I would like to draw your kind attention that I am a student of M.Sc. in Rehabilitation Science department, Bangladesh Health Profession Institute (BHPI) at Centre for the Rehabilitation of the Paralysed (CRP). I would like to conduct a thesis titled, **"Perception About Women Empowerment Individual Living With Spinal Cord Injury"** with myself, as the principal investigator and **Dr. Mohammad Anwar Hossain** as my thesis supervisor. The purpose of the study is "To find out the perception about women empowerment individual living with spinal cord injury". For data collection, I need data of the SCI patient from the CBR department who have completed their rehabilitation from CRP one year ago.

Therefore, I am looking forward to get your approval for the thesis proposal and to start data collection. I am also ensuring you that I will maintain all the requirements for the study.

Sincerely yours,

Nishat

Nishat Tasnim

Part-II, M.Sc. in Rehabilitation Science

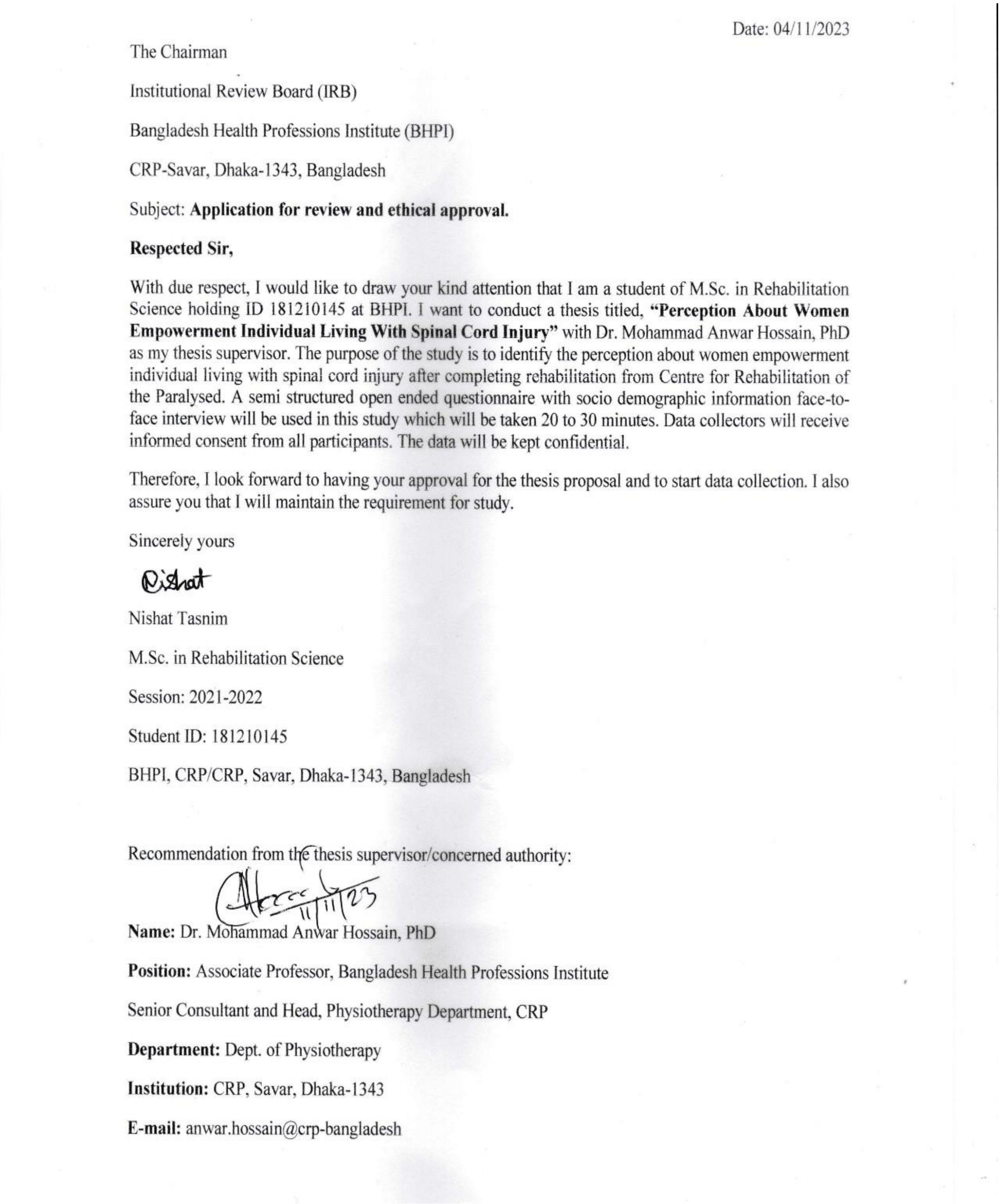
Session: 2021-2022, Student ID: 181210145

BHPI, CRP/CRP, Savar, Dhaka-1343, Bangladesh

Approved by:

Salim Rahman

Manager, Rehabilitation Wing, CRP-Savar, Dhaka-1343, Bangladesh



Date: 04/11/2023

The Chairman

Institutional Review Board (IRB)

Bangladesh Health Professions Institute (BHPI)

CRP-Savar, Dhaka-1343, Bangladesh

Subject: **Application for review and ethical approval.**

Respected Sir,

With due respect, I would like to draw your kind attention that I am a student of M.Sc. in Rehabilitation Science holding ID 181210145 at BHPI. I want to conduct a thesis titled, **"Perception About Women Empowerment Individual Living With Spinal Cord Injury"** with Dr. Mohammad Anwar Hossain, PhD as my thesis supervisor. The purpose of the study is to identify the perception about women empowerment individual living with spinal cord injury after completing rehabilitation from Centre for Rehabilitation of the Paralysed. A semi structured open ended questionnaire with socio demographic information face-to-face interview will be used in this study which will be taken 20 to 30 minutes. Data collectors will receive informed consent from all participants. The data will be kept confidential.

Therefore, I look forward to having your approval for the thesis proposal and to start data collection. I also assure you that I will maintain the requirement for study.

Sincerely yours

Nishat

Nishat Tasnim

M.Sc. in Rehabilitation Science

Session: 2021-2022

Student ID: 181210145

BHPI, CRP/CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the thesis supervisor/concerned authority:

11/11/23

Name: Dr. Mohammad Anwar Hossain, PhD

Position: Associate Professor, Bangladesh Health Professions Institute

Senior Consultant and Head, Physiotherapy Department, CRP

Department: Dept. of Physiotherapy

Institution: CRP, Savar, Dhaka-1343

E-mail: anwar.hossain@crp-bangladesh

Bangladesh Health Professions Institute (BHPI)
(An academic institute of CRP)
M.Sc. in Rehabilitation Science
Paper XII (Thesis)

Thesis Supervisor-student Contact (face to face & online) and guidance record

Name of student: Nishat Tasnim

Name & designation of the Thesis Supervisor: Prof Dr. Md Anwar Hossain

Appointment no.	Date	Place / online	Duration (hours; minutes)	Guidance provided, progress record, Comment etc.	Student's signature	Thesis Supervisor's Signature
1	19/10/23	PT department		questionnaire Research support	Nishat	
2	03.02.24	PT department		Data submission + Introduction	Nishat	
3	24.02.24	PT department		Introduction correction	Nishat	
4	16.03.24	PT department		Methodology submission	Nishat	
5	23.03.24	PT department		Justification	Nishat	
6	30.03.24	PT department		Data transcription	Nishat	
7	06.04.24	PT department		Feed back of Introduction	Nishat	
8	07.04.24	PT department		Feedback of methodology	Nishat	
9	13.04.24	PT department		Guidance of data collection	Nishat	
10	14.04.24	PT department		Feedback of interview	Nishat	
11	20.04.24	PT department		Feedback of data transcript	Nishat	

Bangladesh Health Professions Institute (BHPI)

Department of Rehabilitation Science

(M.Sc. in Rehabilitation Science)

Paper XII (Thesis)

Sl. No. 1-Thesis Supervisor-student Contact and guidance record

Marks = 10

Name of student: Nishat Tasnim

Marks obtained =

Name & designation of the Thesis Supervisor: Prof Dr. Md Anwar Hossain

Appointment no.	Date	Place	Duration (hours; minutes)	Comment	Student's signature	Thesis Supervisor's Signature
1	21.10.23			Guidance for data analysis	Nishat	
2	22.10.23			Feedback on data analysis	Nishat	
3	28.10.23			Submitted data analysis	Nishat	
4	29.10.23			Correction and feedback	Nishat	
5	04.11.23			Feedback on coding, Theme	Nishat	
6	05.11.23			Guidance on generating theme	Nishat	
7	18.11.23			Result submission	Nishat	
8	26.11.23			Correction result & feedback	Nishat	
9	02.12.23			Guidance on discussion	Nishat	
0	09.12.23			Discussion submission	Nishat	

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Bangladesh Health Professions Institute (BHPI)

Department of Rehabilitation Science

(M.Sc. in Rehabilitation Science)

Paper XII (Thesis)

Sl. No. 1-Thesis Supervisor-student Contact and guidance record

Marks = 10

Name of student:

Marks obtained =

Name & designation of the Thesis Supervisor:

Appointment no.	Date	Place	Duration (hours; minutes)	Comment	Student's signature	Thesis Supervisor's Signature
1	29.04.24	PT department		Feedback on discussion	Rishat	
2	27.04.24	PT department		Guidance on limitation & recommendation	Rishat	
3	28.04.24	PT department		Correction & Feedback on discussion & limitation	Rishat	
4	04.05.24	PT department		Discussion about methodology	Rishat	
5	05.05.24	PT department		Feedback discussion on result	Rishat	
6	11.05.24	PT department		Feedback on introduction, Literature review	Rishat	
7	12.05.24	PT department		Guidance on Abstract	Rishat	
8	18.05.24	PT department		Correction & feedback on abstract	Rishat	
9	19.05.24	PT department		Checked abstract of thesis	Rishat	
10	25.05.24	PT department		Guidance on Referencing	Rishat	