Level of Psychological Well-being and Life Satisfaction among the Athletes with Physical Disabilities

By

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Student's 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 MSc in Occupational Therapy.

- This dissertation results from my independent work/investigation, except where otherwise stated. Other sources are acknowledged by giving explicit references. A Bibliography is appended.

- I confirm that if anything is identified in my work that I have done is plagiarism or any form of cheating, that will be directly awarded me a failure. I am subject to disciplinary actions of the authority.

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List of Abbreviations

Abbreviation	Full Form
APA	American Psychological Association
BHPI	Bangladesh Health Professions Institute
BDT	Bangladeshi Taka
CDD	Centre for Disability in Development
CRP	Centre for the Rehabilitation of the Paralysed
IRB	Institutional Review Board
IPC	International Paralympic Committee
IQR	Interquartile Range
LS	Life Satisfaction
MOT	Master of Occupational Therapy
NGO	Non-Governmental Organization
PWB	Psychological Well-being
RPWB	Ryff Psychological Well-Being Scale
SCI	Spinal Cord Injury
SD	Standard Deviation
SPSS	Statistical Package for the Social Sciences
SWB	Subjective Well-being
SWLS	Satisfaction with Life Scale
WHO	World Health Organization
WMA	World Medical Association

Abstract

Background: Psychological well-being and life satisfaction are key indicators of quality of life, particularly for individuals with physical disabilities who frequently encounter stigma, limited accessibility, and emotional challenges. Participation in adaptive or competitive sports has been associated with enhanced autonomy, self-esteem, and social inclusion. Although such benefits are globally recognized, research in the Bangladeshi context remains limited.

Aim: This study aimed to find out the level of life satisfaction and Psychological Well-being among the athletes with physical disabilities.

Methods: A descriptive cross-sectional study was conducted with 72 athletes aged 15 –50 years, selected purposively from the Centre for the Rehabilitation of the Paralysed (CRP), Savar, and community sports groups. Data was collected using the 42-item Ryff Psychological Well-Being Scale and the Satisfaction with Life Scale (SWLS). Descriptive and inferential analyses, including t-test, chi-square test, and ANOVA, correlation were performed using SPSS (26). Ethical clearance was obtained from the BHPI Institutional Review Board.

Results: Participants demonstrated moderate to high psychological well-being (mean = 4.15 ± 0.67). "Purpose in Life" showed the highest mean score (4.53 ± 0.61), followed by "Autonomy" and "Positive Relations with Others." More than half (56.9%) reported good life satisfaction. Higher levels of sports participation, especially at the international level, were significantly associated with greater life satisfaction, suggesting that increased engagement in sports contribute positively to both well-being and satisfaction.

Conclusion: Adaptive sports participation plays a significant role in enhancing psychological well-being and life satisfaction among athletes with physical disabilities in Bangladesh. Expanding inclusive and accessible sports programs can serve as an effective psychosocial strategy to improve quality of life and promote empowerment among persons with disabilities.

Keywords: Psychological Well-Being, Life Satisfaction, Physical Disabilities, Athletes, Adaptive Sports, Bangladesh

CHAPTER I: INTRODUCTION

1.1 Background of Study

The pursuit of psychological well-being and life satisfaction has become a central theme in the field of positive psychology and health sciences, as scholars and practitioners increasingly recognize that quality of life extends beyond the absence of illness to encompass mental and emotional flourishing. For individuals with physical disabilities, these dimensions are particularly salient due to the unique challenges they face in navigating daily life, social identity, and opportunities for participation. Physical disability often intersects with barriers such as stigma, reduced social inclusion, and limited access to resources, which can contribute to lower levels of life satisfaction and psychological well-being compared to the general population (Groff et al., 2009; Martin Ginis et al., 2017). However, participation in adaptive sports provides an avenue through which these individuals can experience enhanced psychosocial outcomes.

Athletic participation is widely acknowledged as a contributor to physical health, but for people with disabilities, it also plays a significant role in fostering resilience, self-esteem, and a sense of belonging (Brittain, 2016). Through competitive and recreational sports, athletes with physical disabilities can reconstruct their identities, counteract stereotypes, and cultivate psychological strengths that enhance life satisfaction. Yet, despite growing recognition of the transformative power of sport, research exploring the intersection of psychological well-being, life satisfaction, and disability sport remains relatively limited. This gap necessitates systematic inquiry into how athletic participation shapes subjective well-being in populations with physical disabilities, offering both

theoretical contributions and practical implications for rehabilitation, inclusive sports programming, and social policy.

Psychological well-being is a multifaceted construct that extends beyond the mere absence of psychopathology to encompass positive functioning and personal growth. Rooted in humanistic and positive psychology traditions, it emphasizes how individuals perceive the quality of their lives, their sense of purpose, and their ability to realize personal potential (Ryff, 1989; Keyes, 2005). Carol Ryff's influential model defines psychological well-being through six core dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. These dimensions highlight that well-being is not static but a dynamic process of adaptation and fulfillment across multiple life domains (Ryff & Singer, 2008).

Within the context of sports, psychological well-being acquires additional relevance. Athletes often experience unique pressures, such as performance demands and identity concerns, but also reap psychological benefits from their participation. For athletes with physical disabilities, involvement in sports may enhance autonomy, strengthen social relationships, and provide meaningful goals, thereby aligning closely with Ryff's dimensions (Pensgaard & Sorensen, 2002). Furthermore, the self-determination theory posits that well-being is strongly influenced by the satisfaction of three basic psychological needs autonomy, competence, and relatedness (Deci & Ryan, 2000). Sports settings, particularly adaptive sports, can provide environments that fulfill these needs, fostering resilience, motivation, and greater psychological well-being among participants.

Understanding psychological well-being in athletes with physical disabilities thus requires acknowledging the interaction of individual factors, social contexts, and structural supports. It is not merely a personal attribute, but an outcome shaped by broader experiences of empowerment, inclusion, and identity development.

Life satisfaction is a central component of subjective well-being, defined as an individual's cognitive evaluation of their overall quality of life according to personal standards and values (Diener et al., 1985). Unlike momentary emotions or affective states, life satisfaction reflects a more stable and global judgment of one's circumstances, encompassing domains such as family, work, social relationships, and leisure. In the context of disability studies, life satisfaction has been widely used as a measure of quality of life, offering insights into how individuals appraise their existence amidst varying challenges and opportunities (Cummins, 2010).

For athletes with physical disabilities, life satisfaction is often shaped by both personal and contextual factors. Research indicates that participation in sport contributes positively to life satisfaction by promoting social integration, enhancing physical health, and fostering a sense of achievement and self-worth (Lundberg et al., 2011). Sport provides individuals with meaningful goals, a supportive peer network, and opportunities to redefine identity beyond disability, all of which are critical determinants of life satisfaction. Conversely, barriers such as lack of accessibility, limited opportunities, and societal stigma can undermine these benefits and contribute to lower satisfaction levels (Martin Ginis & Hicks, 2007).

Life satisfaction is particularly relevant in disability research because it reflects not only personal well-being but also broader social inclusion. By investigating life satisfaction among athletes with physical disabilities, scholars can gain insight into the effectiveness of adaptive sports as mechanisms for empowerment, social equity, and holistic health.

Physical disability encompasses a wide range of impairments that limit movement, coordination, or strength, and can result from congenital conditions, injuries, or illnesses. Beyond the physical limitations themselves, people with disabilities often face societal barriers such as discrimination, inaccessibility, and reduced opportunities for participation in education, work, and leisure (World Health Organization [WHO], 2011). These barriers contribute to social exclusion and can negatively affect psychological well-being and life satisfaction. However, research has increasingly highlighted the role of sport as a transformative context for individuals with physical disabilities, offering opportunities not only for physical health but also for psychosocial development and social integration (Shapiro & Martin, 2014).

Participation in adaptive sports provides individuals with a platform to challenge stereotypes, cultivate athletic identity, and develop a sense of competence (Evans et al., 2018). Sports engagement has been linked to improvements in self-esteem, social connectedness, and perceptions of control over life circumstances, all of which are critical for psychological well-being. Moreover, participation in disability sport often extends beyond individual benefits, fostering collective identity and advocacy within the broader disability rights movement (Brittain, 2016).

Nevertheless, athletes with physical disabilities also encounter structural and attitudinal challenges within sport contexts, such as unequal funding, limited access to facilities, and underrepresentation in mainstream sporting events (Purdue & Howe, 2012). These barriers underscore the importance of examining not only the potential benefits of sport but also the conditions necessary to ensure equitable and empowering participation.

The relationship between psychological well-being, life satisfaction, and sport participation among individuals with physical disabilities is complex and multidimensional. Psychological well-being focuses on individuals' positive functioning and fulfillment, while life satisfaction reflects a more global judgment of life quality. Both constructs are deeply influenced by sport participation, which has been shown to provide opportunities for goal attainment, resilience development, and meaningful social connections (Groff et al., 2009; Lundberg et al., 2011). For athletes with disabilities, sport often represents more than physical activity; it becomes a medium through which they redefine self-concept, overcome stigma, and integrate into supportive communities.

Empirical studies have consistently linked participation in adaptive sports with higher levels of both psychological well-being and life satisfaction. For instance, Shapiro and Martin (2014) found that athletes with disabilities who engaged in regular sports activities reported stronger social ties and higher overall well-being compared to non-participants. Similarly, Martin Ginis et al. (2017) emphasized that physical activity enhances autonomy, competence, and relatedness three core psychological needs that contribute to sustained well-being.

At the same time, the interplay is influenced by contextual factors such as accessibility of programs, quality of coaching, and societal perceptions of disability sport. While sport has the potential to enhance both psychological well-being and life satisfaction, inequities in opportunities can moderate these outcomes (Purdue & Howe, 2012). Thus, examining this interplay is not only a matter of individual psychology but also of broader social justice and inclusion.

Although psychological well-being and life satisfaction have been widely studied in the general population and among able-bodied athletes, research focusing specifically on athletes with physical disabilities remains limited. Existing studies are largely concentrated in Western contexts, with a noticeable lack of evidence from low- and middle-income countries such as Bangladesh. Moreover, previous research often examines psychological well-being or life satisfaction independently, rather than exploring both constructs simultaneously within the context of sports participation. There is also limited empirical evidence examining how sociodemographic and sports-related factors influence psychological well-being and life satisfaction among athletes with physical disabilities. Therefore, this study aims to address these gaps by assessing the level of psychological well-being and life satisfaction among athletes with physical disabilities in Bangladesh.

1.2 Rationale for the Study

While the benefits of physical activity for physical health are well established, the psychological and subjective outcomes for athletes with physical disabilities have not received equal scholarly attention. Much of the existing literature in sports psychology has focused on able-bodied athletes, emphasizing performance, resilience, and mental skills training. In contrast, studies exploring psychological well-being and life satisfaction in disability sport remain comparatively limited and often fragmented, with most research emphasizing either clinical rehabilitation outcomes or physical health rather than broader psychosocial flourishing (Evans et al., 2018; Shapiro & Martin, 2014).

Moreover, psychological well-being and life satisfaction, though related, represent distinct yet complementary dimensions of positive functioning. While well-being captures elements such as autonomy, purpose in life, and personal growth, life satisfaction reflects an individual's evaluative judgment about overall quality of life (Ryff, 1989; Diener et al., 1985). Examining these constructs together provides a richer picture of how sport participation influences the lived experiences of athletes with physical disabilities. Research that isolates one construct risks overlooking important interconnections that may reveal how sport fosters resilience, identity reconstruction, and long-term fulfillment.

The rationale for this study also stems from the broader social context. Athletes with physical disabilities continue to face barriers to participation, such as unequal funding, inadequate accessibility, and persistent stereotypes within mainstream sport (Purdue & Howe, 2012). These constraints may limit the extent to which sport can fully deliver its psychological benefits. Thus, investigating how participation in adaptive sports contributes to psychological well-being and life satisfaction has both academic and practical value.

By addressing this gap, the present study aims to generate evidence that can inform inclusive policies, guide coaching practices, and support community-based programs that not only encourage physical activity but also promote holistic health and quality of life among athletes with disabilities.

1.3 Operational Definition

1.3.1 Psychological Well-being

In this study, *psychological well-being* refers to the individual's perceived level of positive functioning and mental health, reflecting aspects such as self-acceptance, autonomy, personal growth, environmental mastery, purpose in life, and positive relations with others. It will be measured using the Ryff Psychological Well-Being Scale (RPWB; Ryff, 1989), which assesses the six dimensions of well-being on a Likert-type scale. Higher scores indicate greater psychological well-being. This construct focuses on the participants' internal sense of fulfillment and positive adaptation through sports participation.

1.3.2 Life Satisfaction

Life satisfaction denotes the participant's overall evaluative judgment of their quality of life according to their chosen standards and values. It will be assessed using the Satisfaction with Life Scale (SWLS; Diener et al., 1985), which measures global life satisfaction on a five-item Likert scale. Higher scores indicate greater satisfaction with life. In this study, life satisfaction represents a cognitive aspect of subjective well-being, particularly in relation to the athletes' engagement in adaptive or competitive sports.

1.3.3 Athletes with Physical Disabilities

This term refers to individuals who have a permanent or long-term physical impairment, such as limb loss, spinal cord injury, cerebral palsy, or other mobility-related disabilities,

and who participate in organized sport activities at recreational, competitive, or elite levels. In the context of this study, *athletes with physical disabilities* are defined according to the International Paralympic Committee (IPC) classification system and include both male and female participants engaged in adaptive sports programs in Bangladesh.

1.4 Aim of the study

To find out the level of psychosocial well-being and life satisfaction among the athletes with physical disabilities.

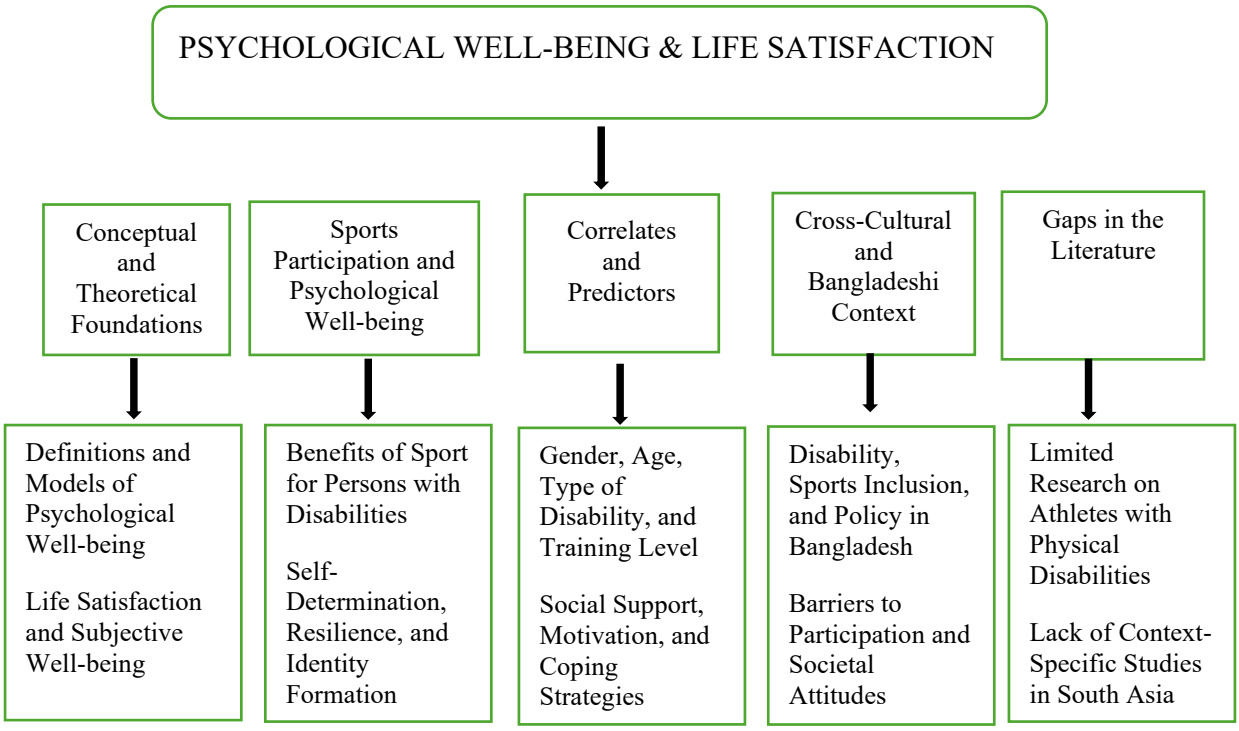
CHAPTER II: LITERATURE REVIEW

This chapter reviews theoretical and empirical literature related to psychological well-being and life satisfaction among athletes with physical disabilities. It highlights the conceptual frameworks underpinning the constructs, summarizes prior research findings globally and within South Asia (particularly Bangladesh), and identifies key gaps in the literature that justify the present study. The review draws from scholarly databases such as *Google Scholar, PubMed, Scopus,* and *ResearchGate.* Figure 2.1 provides an overview of the major themes explored in this chapter.

2.1: Summary of Findings from the Literature

Figure: 2.1

Overview of Literature Review



2.1 Definitions and Models of Psychological Well-being, Life Satisfaction, and Subjective Well-being

The concept of well-being encompasses multiple dimensions of human experience, including emotional balance, life satisfaction, and self-realization. Researchers generally distinguish between subjective well-being (SWB), which focuses on happiness and emotional satisfaction, and psychological well-being (PWB), which emphasizes personal growth and purpose in life (Diener, 1984; Ryff, 1989). Life satisfaction (LS), meanwhile, is viewed as a cognitive evaluation of one's overall quality of life (Diener et al., 1985).

While these constructs overlap, they differ in theoretical emphasis: PWB stems from the eudaimonic tradition of realizing one's potential, whereas SWB arises from hedonic perspectives that prioritize pleasure and happiness (Ryan & Deci, 2001). Understanding these differences is critical to evaluating the holistic mental health of athletes with physical disabilities, for whom sport can serve as both a source of happiness and a vehicle for personal growth.

2.2 Psychological Well-being (PWB)

Ryff (1989) proposed a multidimensional model of psychological well-being grounded in eudaimonic philosophy, humanistic psychology, and life-span developmental theory. She defined PWB as "positive psychological functioning," composed of six core dimensions: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, and self-acceptance.

Autonomy refers to an individual's capacity for self-determination and independence in thought and action, allowing people to regulate their behavior according

to personal values and beliefs. Environmental mastery reflects the ability to manage everyday life effectively, including controlling or shaping one's surroundings to meet personal needs. Personal growth represents a sense of continued development, characterized by openness to new experiences and the realization of one's potential over time. Positive relations with others emphasize the importance of having warm, trusting, and meaningful interpersonal connections. Purpose in life captures the extent to which individuals feel their lives have direction, meaning, and clearly defined goals. Finally, self-acceptance involves holding a positive attitude toward oneself, including acknowledgment and acceptance of both past life experiences and personal strengths and limitations (Ryff & Keyes, 1995).

Ryff's eudaimonic approach contrasts with hedonic models that equate well-being with pleasure or satisfaction. Instead, it focuses on realizing one's potential and engaging meaningfully with life. For athletes with physical disabilities, this framework resonates deeply: their sporting experiences often embody mastery, growth, and self-acceptance despite physical limitations (Martin, 2013). Empirical studies demonstrate that higher PWB correlates with resilience, better coping strategies, and greater motivation in adaptive sports (Shapiro & Martin, 2014).

2.3 Subjective Well-being (SWB)

Subjective well-being, rooted in the hedonic tradition, emphasizes the balance between positive and negative emotions and overall satisfaction with life (Diener, 1984). Diener's tripartite model includes three components: frequent positive affect, infrequent negative

affect, and high life satisfaction**.** SWB thus integrates both affective (emotional) and cognitive (evaluative) elements (Diener et al., 1999).

SWB provides a broader measure of happiness, encompassing both transient moods and enduring life satisfaction judgments. For athletes with physical disabilities, subjective well-being reflects how they feel about their lives and experiences in sport, whether participation brings joy, reduces distress, and promotes belonging. Studies suggest that adaptive sport participation enhances positive effects and reduces anxiety, fostering a more favorable balance of emotions (Lundqvist & Raglin, 2015).

2.4 Life Satisfaction

Life satisfaction represents the cognitive dimension of subjective well-being. Diener (1984) described LS as a judgmental process in which individuals evaluate the quality of their lives relative to personal expectations and standards. It provides a global assessment of happiness and fulfillment, rather than focusing on specific domains.

The Satisfaction with Life Scale (SWLS), developed by Diener et al. (1985), remains the most widely used measure of LS. For athletes with physical disabilities, life satisfaction often reflects how effectively they have adapted to their circumstances, achieved independence, and found meaning through sport. Sport participation not only improves physical capacity but also contributes to a sense of achievement and self-worth (Campbell & Jones, 2002).

2.5 Interrelationships and Distinctions

Although PWB, SWB, and LS are interrelated, their distinctions are conceptually and empirically important. PWB emphasizes eudaimonic growth**,** achieving one's potential and living meaningfully, whereas SWB emphasizes hedonic pleasure and emotional balance (Ryan & Deci, 2001). LS serves as the cognitive evaluation linking these two domains.

For instance, an athlete may experience high LS due to external recognition yet still report low PWB if lacking purpose or personal growth. Conversely, an athlete deeply committed to sport and personal development (high PWB) may feel temporary dissatisfaction due to injury or competitive stress (low SWB). Understanding these nuances allows researchers to capture the multidimensional nature of well-being among athletes with disabilities.

2.6 Sports Participation and Psychological Well-being

Engagement in sport provides unique opportunities for physical, social, and psychological development. For individuals with physical disabilities, sports participation enhances confidence, identity reconstruction, and self-efficacy (Howe, 2008). Adaptive sports shift perceptions from "being disabled" to "being an athlete," enabling participants to focus on ability and achievement rather than limitation (Blinde & Taub, 1999).

Empirical evidence consistently supports these benefits. Groff et al. (2009) found that Paralympic athletes reported significantly higher self-esteem and well-being than non-athletes with similar impairments. Martin Ginis and Hicks (2007) further demonstrated that exercise participation reduced depressive symptoms and increased sense of purpose among wheelchair users. Thus, sports participation acts as a catalyst for both hedonic and eudaimonic aspects of well-being enhancing pleasure, achievement, and meaning.

2.7 Life Satisfaction Among Athletes with Physical Disabilities

Life satisfaction in athletes with disabilities is influenced by factors such as social support, recognition, accessibility, and personal achievement (Lundqvist & Raglin, 2015). Participation in adaptive sports contributes to autonomy, self-expression, and emotional release (Evans et al., 2018). For many, sport becomes a means of independence and social validation, leading to greater satisfaction with life beyond physical activity.

Comparative studies reveal that athletes with disabilities often report equal or higher LS than their non-disabled peers (Campbell & Jones, 2002). This finding underscores the transformative potential of sport, which offers both social inclusion and psychological empowerment. Moreover, perceived fairness, team belonging, and supportive coaching relationships further enhance satisfaction and motivation (Martin, 2013).

2.8 Factors Influencing Psychological Well-being and Life Satisfaction

2.8.1 Gender

Gender shapes experiences within sport. Female athletes with disabilities often face double marginalization due to gender bias and disability stigma (DePauw & Gavron, 2005). Despite limited resources, research shows that women who engage in adaptive sports report enhanced confidence, self-esteem, and social belonging (Goodwin et al., 2009). Male athletes, in contrast, may derive greater satisfaction from competition and public recognition (Purdue & Howe, 2012).

2.8.2 Age and Type of Disability

Younger athletes typically report higher optimism and motivation, while older participants emphasize mastery and social connection (Lundberg et al., 2011). The type and severity of disability also play a role. Athletes with spinal cord injuries, for example, often report strong psychological adaptation through sport involvement (Hutzler & Bar-Eli, 1993).

2.8.3 Level of Sport Participation

Competitive athletes usually exhibit higher PWB and LS than recreational participants, reflecting goal orientation and identity reinforcement (Pensgaard & Sorensen, 2002). However, overemphasis on competition can lead to stress and burnout when performance expectations exceed capability (Gould & Whitley, 2009).

2.8.4 Social Support and Coping Strategies

Social support from teammates, coaches, and families significantly predicts psychological outcomes (Evans et al., 2018). Inclusive environments reduce anxiety and foster belonging, while effective coping strategies, such as emotional regulation and problem-solving, enhance resilience and well-being (Pensgaard & Sorensen, 2002).

2.9 Cross Cultural and Bangladeshi Context

2.9.1 Disability and Sports Inclusion in Bangladesh

In Bangladesh, persons with disabilities constitute about 2.8% of the population (Bangladesh Bureau of Statistics, 2022). Despite policy advances, including the *Persons with Disabilities Rights and Protection Act* (2013), social stigma, infrastructural barriers, and limited funding persist (Ahsan & Anwar, 2020).

Organizations such as the Bangladesh Paralympic Committee and the Centre for Disability in Development (CDD) have pioneered adaptive sports initiatives, yet psychological aspects of participation remain under-researched (CDD, 2023). Most existing studies focus on rehabilitation or inclusion rather than subjective or psychological well-being (Rahman et al., 2021).

2.9.2 Socio-cultural and Policy Influence

Cultural attitudes in Bangladesh often associate disability with dependence or pity, negatively impacting self-esteem and LS (Ahsan & Anwar, 2020). However, sport participation offers a counter-narrative, fostering empowerment, skill development, and public visibility (Islam & Hossain, 2019). Despite governmental efforts, limited facilities and funding constraints restrict participation, especially among women and rural populations.

Athletes involved in adaptive sports programs report enhanced self-worth, optimism, and social recognition (Islam & Hossain, 2019). However, systemic challenges such as a lack of awareness, media representation, and accessibility continue to affect the psychological well-being of disabled athletes in Bangladesh.

2.10 Interrelationship Between Psychological Well-being and Life Satisfaction

Psychological well-being and life satisfaction are strongly correlated in both general and athletic populations (Lundqvist & Sandin, 2014). PWB dimensions such as autonomy, mastery, and purpose contribute to LS by enhancing self-perception and goal attainment. Conversely, individuals with high LS often display greater resilience and motivation, reinforcing their psychological well-being (Shapiro & Martin, 2014).

Among athletes with disabilities, this relationship is mediated by factors like social support, sense of purpose, and achievement (Evans et al., 2018). Groff et al. (2009) found that team-sport athletes exhibited stronger PWB LS correlations than individual athletes, highlighting the social and communal dimensions of sport.

2.11 Gap in the literature

Literature consistently supports the positive effects of adaptive sports participation on psychological well-being and life satisfaction among people with physical disabilities. Sports foster autonomy, mastery, and belonging, key elements of both hedonic and eudaimonic well-being. However, several research gaps persist:

1. **Limited contextual research:** Most studies are based in Western countries; South Asian perspectives, particularly from Bangladesh, are underrepresented.
2. **Neglect of psychological dimensions:** Existing Bangladeshi research primarily addresses physical rehabilitation, not mental health or subjective well-being.
3. **Gender and rural disparities:** Female and rural athletes remain understudied, despite differing barriers and experiences.
4. **Lack of integrated models:** Few studies assess PWB and LS simultaneously using standardized tools such as Ryff's Scales of PWB and Diener's SWLS.

Addressing these gaps is crucial to developing culturally relevant interventions and inclusive sports programs that enhance the psychological well-being and life satisfaction of Bangladeshi athletes with physical disabilities.

CHAPTER III: METHODS AND MATERIALS

3.1 Study Questions, Aim, Objectives

3.1.1 Study Questions

What is the level of life satisfaction and psychological well-being among the athletes with physical disabilities?

3.1.2 Aim

To find out the level of life satisfaction and Psychological Well-being among the athletes with physical disabilities

3.1.3 Objectives

- To assess the psychological well-being among the athletes with physical disabilities
- To find out the life satisfaction among the athletes with physical disabilities
- To assess the associated factors that influence psychological well-being and life satisfaction among athletes with physical disabilities.

3.2 Study Design

3.2.1 Method

This study followed a quantitative research method to objectively measure and analyze numerical data related to life satisfaction and psychological well-being among athletes with physical disabilities. By utilizing structured questionnaires and standardized assessment tools, this approach allowed for the systematic collection of data on variables such as emotional well-being, social support, self-esteem, and overall life satisfaction. Quantitative methods are particularly effective for identifying patterns, testing hypotheses, and determining correlations between athletic participation and psychosocial outcomes. This methodological framework ensures that the findings are both statistically significant and

generalizable to a broader population of individuals with disabilities who are engaged in sports (Khan & Rahman, 2020).

3.2.2 Approach

A cross-sectional survey design is used to collect data at a single point in time from athletes with physical disabilities. This approach enables the examination of relationships between demographic characteristics, psychological well-being, and life satisfaction. Data are collected using a structured questionnaire comprising a socio-demographic information form (age, sex, type and duration of disability, level of sports participation, etc.), Ryff's Psychological Well-Being Scale (PWB) to assess psychological well-being, and the Satisfaction with Life Scale (SWLS) to measure life satisfaction. The use of standardized and validated instruments ensures the reliability and validity of the measurements. Cross-sectional studies are observational in nature and analyze data from a population at a single point in time (Wang & Cheng, 2021).

3.3 Study Setting and Period

3.3.1 Study Setting

The study was conducted by collecting participant data from the CRP Savar sports and recreation unit rather than conduct in the community.

3.3.2 Study Period

The study period will be from January 2025 to November 2025

3.4 Study Participants

3.4.1 Study Population

Athletes with physical disabilities aged 15–50 years.

3.4.2 Sampling Technique

The purposive sampling technique was used to ensure representativeness and feasibility. Purposive sampling was used to conduct the study by following the inclusion and exclusion criteria. This technique ensures that participants meet specific inclusion criteria. Purposive sampling allows for selecting participants who are most likely to benefit from and respond to the intervention, improving the study's internal validity (Creswell, 2018).

3.4.3 Inclusion Criteria

1. Athletes aged 15–50 years with a physical disability.
2. History of participation in national and international sports
3. Ability to complete self-report questionnaires independently or with assistance.

3.4.4 Exclusion Criteria

1. Athletes with cognitive impairments that prevent completing the assessment tools.
2. Athletes who have not participated in competitive or organized disability sports.
3. Those with medical conditions that could interfere with participation.

3.4.5 Sample Size

The sample size for this study was calculated using the formula for estimating a population proportion:

$$n = \frac{Z^2 \times p \times q}{d^2}$$

Where:

- n = required sample size
- Z = standard normal deviation corresponding to the desired confidence level (1.96 for 95% confidence)
- p = estimated proportion of the population with the attribute of interest (0.5)
- q = 1 – p (0.5)

- d = degree of accuracy or margin of error (0.05)

Substituting the values:

$$n = \frac{(1.96)^2 \times 0.5 \times 0.5}{(0.05)^2} = 384.16$$

Therefore, the minimum required sample size was 384 participants**.**

As the number of athletes with physical disabilities is very low. As a researcher, I had only 1 month for data collection, it was quite difficult to reach this large sample size (n=384) sample size. That's why the investigator collected 72 participants.

3.4.6 Variables

Independent Variables:

- Type of disability
- Duration of sports participation
- Level of competition (local, national, or international)

Dependent Variables:

- Perceived occupational identity.
- Social role participation.
- Self-identity in the context of disability sports.

3.4.7 Data Sources / Measurement

First, the researcher created an initial list of potential participants, taking into account the inclusion and exclusion criteria from the sports and recreation unit of CRP. Then, information was collected about potential participants who had returned to the community, and all potential participants were listed. After that, the researcher contacted them by telephone to provide basic information about the research and the research's purpose verbally. When the participant showed interest in participating in the study, the investigator

called the participants. If the participant was eligible for the study, data was collected from them using standardized tools.

Data were collected with valid questionnaires such as the Psychological Well-Being and Satisfaction with life Questionnaire. Data was entered into SPSS software for analysis, with participant confidentiality maintained.

3.5 Ethical Considerations

As a statement of ethical principles for medical research, the World Medical Association (WMA) created the Declaration of Helsinki (World Medical Association Declaration of Helsinki, 2022).

3.5.1 Ethical approval from IRB

The ethical clearance for the study was obtained from the Institutional Review Board (IRB) of the Bangladesh Health Professions Institute (BHPI). The approval was granted through the Department of Occupational Therapy after submission of the study protocol and a detailed explanation of the study purpose. The IRB approval reference number for this study is CRP-BHPI/IRB/02/2024/840.

3.5.2 Informed Consent

Information sheet

Every participant received an information sheet from the researcher that covered all the details about the study and made it obvious to them what its purpose and goals are.

Consent form: The Researcher explained the purpose of the study; the participant chose to voluntarily participate in the study. The consent was taken by a written consent form.

Withdrawal form: Participants have the right to voluntarily withdraw from participating in the study before starting the data analysis. For this, a withdrawal form was attached to the information sheet and informed the participant about this.

3.5.3 Unequal Relationship

The researcher didn't have any unequal relationship with the participants. The researcher gathered data using a standardized questionnaire, and the participants completed it independently. This approach eliminated potential bias, ensuring a balanced power relationship.

3.5.4 Risk and Beneficence

Participation in this study did not involve risk and beneficence. There was no monetary or any other benefit involved in this study.

3.5.5 Confidentiality

The participant's information is kept private. Their name and identity didn't not disclose to anyone except for the supervisor, and it is stated on the information sheet. Additionally, the researcher obtains the participant's parent's signatures on a transcription contract form, asking them not to disclose the information. The participants were informed that their identity would remain confidential for any upcoming uses, including report writing, publication, conferences, or any other written materials and vocal discussions.

3.5.6 Volunteer recruitment

The research study recruited three volunteers. The researcher circulated information to recruit volunteers and found three interested individuals. The volunteers were not provided with a salary but received a small honorarium and volunteer certificates after collecting data. Following the recruitment, the researcher provided training to the volunteers on the

data collection process. After the training, each volunteer conducted field tests by collecting data from two participants. Finally, the volunteers collected data from the participants.

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Step 1: The Researcher contacted the sports and recreation unit from CRP, Savar.

Step 2: The Researcher collected approximately 180 participants' lists and made a list of potential participants according to inclusion and exclusion criteria.

Step 3: The Researcher contacted 72 participants over the phone to conduct the study and kept a record of the phone calls.

3.6.2 Data Collection Method

To conduct this study researcher collected data through survey administration by engaging the participants over the phone call in complete the questionnaire session, which took 20-25 minutes.

3.6.3 Data Collection Instruments

Data was collected by using a shortened version of Ryff's (28,29) psychological well-being scale. This version includes 18 items that assess six dimensions of well-being: autonomy, environmental mastery, personal growth, positive relations with others, purpose in life, self-acceptance, and overall psychological well-being. Participants rated statements, for example: "I am good at managing the responsibilities of daily life," using a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree), where a higher score reflects a greater sense of psychological well-being. The sum of all item ratings represents the total

score. The overall scale demonstrated good reliability, as indicated by an internal consistency coefficient (Cronbach α=0.81).

Life satisfaction was measured utilising the Satisfaction with Life scale. The scale consists of five items (e.g. In most ways, my life is close to my ideal) and asses overall judgment of life satisfaction. On a seven-point Likert scale ranging from 1 (“strongly disagree”) to 7 (“strongly agree”), respondents indicated the extent to which they agree with each item based on their overall perception of life satisfaction. The total score is the sum of all the ratings for each item. The internal consistency (Cronbach α=0.88) of the scale suggested high reliability.

3.7 Data Management and Analysis

The data were analyzed using the latest software, Statistical Package for Social Science (SPSS, version 26).

- Descriptive data were analyzed by simple distribution (mean, standard deviation, percentage).
- An inferential statistical test was performed to find out the association (such as independent t-test, chi-square, and ANOVA test, and correlation between psychological well-being and life satisfaction scale.
- Cross-tabulation was used to determine the difference between the dependent and independent variables. The statistically significant difference was set at a 95% confidence interval (CI).

CHAPTER IV: RESULTS

A cross-sectional study was conducted on the level of psychological well-being & life satisfaction among athletes with physical disabilities. This chapter presents the study's findings in tables and figures, with an emphasis on the socio-demographic information, level of psychological well-being, level of life satisfaction, and association of sociodemographic information related to psychological well-being level and life satisfaction level among athletes with physical disabilities.

4.1: Personal Information of the Respondents

Table 4.1

Section 1: Distribution of sociodemographic characteristics of the respondents

Variable	Category	Frequencies (n=72)	Percentage (%)
Age	≤ 30 years	48	66.7
	> 30 years	24	33.3
	Median= 28 Years, IQR = 25-33 Years, Minimum= 17 Years, Maximum= 50 Years		
Sex	Male	55	76.4
	Female	17	23.6
Education	Primary	9	12.5
	Secondary	22	30.6
	Higher secondary	23	31.9
	Bachelor's/above	18	25.0
Occupation	Job	19	26.4

	Business	28	38.9
	Unemployed/Others	25	34.7
Dependable on the patient	≤ 4 Person	55	76.4
	> 4 persons	17	23.6
	Median= 3 Person, IQ = 0-4 Person, Minimum= 0 Person, Maximum= 13 Person		
Marital Status	Single	31	43.1
	Married	41	56.9
Monthly Income	≤ 25 thousand	52	72.2
	> 25 thousand	20	27.8
	Median= 20000.0 BDT, IQR= 15000-30000 BDT, Minimum= 2000 BDT, Maximum= 150000 BDT.		

Note: Performed descriptive statistics test

A total of 72 participants were included in the study. The median age of the participants was 28 years (IQR = 25–33 years), with ages ranging from 17 to 50 years. The majority of participants (66.7%) were aged 30 years or below, while 33.3% were above 30 years, indicating that most respondents were relatively young adults. In terms of sex distribution, male participants predominated (76.4%), whereas females constituted 23.6% of the sample. Regarding educational background, 12.5% had completed primary education, 30.6% secondary, 31.9% higher secondary, and 25.0% possessed a bachelor's degree or higher qualification. This reflects a fairly well-educated sample overall. For occupation, 38.9% of participants were engaged in business, 26.4% were employed in jobs, and 34.7% were unemployed or involved in other activities. Concerning family dependency, most participants (76.4%) reported that four or fewer individuals depended on them financially,

while 23.6% supported more than four people. The median number of dependents was 3 persons (IQR = 0–4), with a range from 0 to 13. In terms of marital status, 56.9% of respondents were married and 43.1% were single, suggesting that more than half of the participants were living with a partner or spouse. The monthly income of participants varied widely, with a median income of 20,000 BDT (IQR = 15,000–30,000 BDT), ranging from 2,000 BDT to 150,000 BDT. The majority (72.2%) earned 25,000 BDT or less per month, while 27.8% reported an income above 25,000 BDT.

4.2: Disability Related Information

Table: 4.2

Section 2: Disability Related Information of the participants

Variable	Category	Frequencies (n=72)	Percentage (%)
Type of Disability	Amputation	13	18.1
	Spinal cord injury	43	59.7
	Others (Polio)	16	22.2
Cause of Disability	Congenital	5	6.9
	Acquired (accident, illness, etc.)	67	93.1
Used an assistive device	Crutch	29	40.3
	Prosthesis	5	6.9
	Wheelchair	26	36.1
	Others (orthosis)	11	15.3

Note: Performed descriptive statistics test

Among the 72 participants, the majority (59.7%) were diagnosed with spinal cord injury (SCI), while 18.1% had undergone amputation and 22.2% were affected by other disabilities, primarily poliomyelitis. This distribution indicates that spinal cord injury was the most prevalent condition within the study population. Regarding the cause of disability, most participants (93.1%) reported that their disability was acquired, typically resulting from accidents or illnesses, whereas only 6.9% had congenital disabilities. This finding highlights that disability in this cohort was predominantly due to traumatic or acquired causes rather than being present from birth. In terms of assistive device usage, 40.3% of participants used crutches, 36.1% used wheelchairs, 6.9% used prostheses, and 15.3% relied on other assistive devices such as orthoses. These results suggest that mobility aids, particularly crutches and wheelchairs, were the most used assistive devices among participants, reflecting the nature of physical impairments within this group.

4.3: Sports and Training Related Information

Table: 4.3

Section 3: Sports and Training information of the participants

Variable	Category	Frequencies (n=72)	Percentage (%)
Participation in Sports	< 12 months	17	23.6
	12-60 months	26	36.1
	> 60 months	29	40.3
	Median= 54 Months, IQR = 24-84 Months, Minimum= 6 Months, Maximum= 132 Months.		
Frequency of Training	Daily	18	25.0
	Weekly	4	5.6

	Sometimes	50	69.4
Average daily duration of training	**≤ 5** hours	55	76.4
	> 5 hours	17	23.6
Affiliation with a sports club/organization	Yes	33	45.8
	No	39	54.2
Financial support for sports	Yes	33	45.8
	No	39	54.2
Barriers faced in sports participation	Yes	14	19.4
	No	58	80.6

Note: Performed descriptive statistics test

The analysis of sports participation and training characteristics among the 72 participants revealed that the median duration of sports involvement was 54 months (IQR = 24–84 months), with a range from 6 to 132 months. Most participants (40.3%) had been involved in sports for more than 60 months, 36.1% for 12–60 months, and 23.6% for less than 12 months, indicating a relatively experienced group with long-term engagement in sports activities. Regarding the frequency of training, the majority of participants (69.4%) reported training sometimes, while 25.0% trained daily and only 5.6% trained weekly. This suggests that while most participants were active in sports, regular or structured training routines were less common. In terms of average daily duration of training, 76.4% of participants reported training for five hours or less per day, whereas 23.6% trained for more than five hours daily, reflecting variations in training intensity among participants. When asked about affiliation with sports clubs or organizations, 45.8% of participants reported being affiliated, while 54.2% were not. A similar pattern was observed in terms of financial

support for sports participation, where 45.8% received financial assistance and 54.2% did not. These findings highlight that over half of the participants were self-supported and not formally connected to sports institutions. Concerning barriers to sports participation, 19.4% of participants reported facing challenges, whereas 80.6% indicated no significant barriers. This suggests that while most participants experienced relatively few obstacles to participation, a notable minority still encountered difficulties, possibly related to accessibility, financial constraints, or physical limitations.

4.4: Frequencies of Sports Participation among the respondents

Table: 4.4

Frequencies of Sports Participation

		Responses		
	Level	n	Percent	Percent of Cases
Sports participation	Level of sports participation regional	36	31.9%	50.0%
	Level of sports participation national	36	31.9%	50.0%
	Level of sports participation international	41	36.3%	56.9%
Total		113	100.0%	156.9%

Note: Performed multiple response analysis

Analysis of the level of sports participation among the 72 participants showed that engagement occurred across regional, national, and international levels. Specifically, 31.9% of responses represented participation at the regional level, 31.9% at the national level, and 36.3% at the international level. When considering the percentage of cases, 50.0% of participants reported involvement at both the regional and national levels, while 56.9% had participated in international events. This indicates that more than half of the

participants had experience competing at the international level, reflecting a relatively high level of athletic exposure among individuals with disabilities in the study.

4.5: Life Satisfaction among the Participants

Table: 4.5

Participants' satisfaction table

Level of sports participation	Poor life satisfaction n (%)	Good life satisfaction n (%)
Level of sports participation, regional	14 (19.4)	22 (30.6)
Level of sports participation, national	15 (20.8)	21 (29.2)
Level of sports participation, international	15 (20.8)	26 (36.1)

Note: Performed descriptive statistics test

The analysis of participants' life satisfaction in relation to their level of sports participation revealed that overall, 56.9% (n = 41) of participants reported good life satisfaction, while 43.1% (n = 31) reported poor life satisfaction. When examined by the level of sports participation, findings showed that among those participating at the regional level, 30.6% reported good life satisfaction and 19.4% reported poor life satisfaction. For participants at the national level, 29.2% reported good life satisfaction compared to 20.8% with poor satisfaction. Similarly, among those competing at the international level, 36.1% reported good life satisfaction, while 20.8% indicated poor life satisfaction. These results suggest a positive association between higher levels of sports participation and greater life satisfaction. Participants engaged in international-level sports reported the highest proportion of good life satisfaction, indicating that greater exposure and achievement in

sports may contribute to enhanced well-being, self-esteem, and overall satisfaction with life among individuals with disabilities.

4.6: Frequency status of Autonomy as per PWB

Table: 4.6

Frequency distribution of Autonomy

Questions	Strongly disagree n (%)	Disagree somewhat n (%)	Disagree slightly n (%)	Agree slightly n (%)	Agree somewhat n (%)	Strongly agree n (%)
Q1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.	3 (4.2)	2 (2.8)	5 (6.9)	8 (11.1)	27 (37.5)	27 (37.5)
Q7. My decisions are not usually influenced by what everyone else is doing.	1 (1.4)	13 (18.1)	7 (9.7)	10 (13.9)	33 (45.8)	8 (11.1)
Q13. I tend to worry about what other people think of me.	18 (25.0)	34 (47.2)	3 (4.2)	9 (12.5)	5 (6.9)	3 (4.2)
Q19. I tend to be influenced by people with strong opinions.	7 (9.7)	27 (37.5)	6 (8.3)	16 (22.2)	14 (19.4)	2 (2.8)
Q25. I have confidence in my opinions, even if they are contrary to the general consensus.	1(1.4)	8 (11.1)	7 (9.7)	13 (18.1)	34 (47.2)	9 (12.5)
Q31. It's difficult for me to voice my own opinions on controversial matters.	3 (4.2)	21 (29.2)	6 (8.3)	16(22.2)	24 (33.3)	2 (2.8)
Q37. I judge myself by what I think is important, not by the values of what others think is important.	1 (1.4)	8 (11.1)	5 (6.9)	9 (12.5)	42 (58.3)	7 (9.7)

Note: Performed descriptive statistics test

Participants' responses to the autonomy questionnaire indicate varying levels of self-confidence, independence in decision-making, and susceptibility to social influence. For Q1 ("I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people"), the majority of participants reported agreement, with 37.5% (n = 27) agreeing somewhat and 37.5% (n = 27) strongly agreeing. Only a small proportion expressed disagreement (4.2–6.9%). This suggests that most participants feel confident expressing their opinions even when they differ from others. In Q7 ("My decisions are not usually influenced by what everyone else is doing"), 45.8% (n = 33) agreed somewhat and 11.1% (n = 8) strongly agreed, while 18.1% (n = 13) disagreed somewhat. This indicates that although a majority perceive themselves as independent decision-makers, a notable minority remains influenced by others. For Q13 ("I tend to worry about what other people think of me"), nearly three-quarters of participants (72.2%, n = 52) reported some level of disagreement, indicating low levels of social anxiety in general. However, 12.5% (n = 9) agreed slightly, and 11.1% (n = 8) agreed somewhat or strongly, suggesting that a subset of participants remain sensitive to social evaluation. Regarding Q19 ("I tend to be influenced by people with strong opinions"), responses were mixed: 47.2% (n = 34) disagreed to some degree, while 44.4% (n = 32) agreed slightly to strongly, indicating that susceptibility to persuasive opinions varies among participants. For Q25 ("I have confidence in my opinions, even if they are contrary to the general consensus"), the majority of participants reported confidence, with 47.2% (n = 34) agreeing somewhat and 12.5% (n = 9) strongly agreeing, reflecting a high level of personal conviction among respondents. In Q31 ("It's difficult for me to voice my own opinions on controversial

matters"), 33.3% (n = 24) agreed slightly and 22.2% (n = 16) agreed somewhat, while 37.5% (n = 27) disagreed at varying levels, suggesting that some participants experience hesitation in expressing opinions on sensitive topics. Finally, for Q37 ("I judge myself by what I think is important, not by the values of what others think is important"), a majority demonstrated strong internal value orientation, with 58.3% (n = 42) agreeing somewhat and 9.7% (n = 7) strongly agreeing, while only 14.4% (n = 14) disagreed.

4.7: Frequency Status of Environmental Mastery as per PWB

Table: 4.7

Frequency Distribution of Environmental Mastery

Questions	Strongly disagree n (%)	Disagree somewhat n (%)	Disagree slightly n (%)	Agree slightly n (%)	Agree somewhat n (%)	Strongly agree n (%)
Q2. In general, I feel I am in charge of the situation in which I live.	1 (1.4)	9 (12.5)	3 (4.2)	9 (12.5)	27 (37.5)	23 (31.9)
Q8. The demands of everyday life often get me down.	4 (5.6)	18 (25.0)	8 (11.1)	17 (23.6)	16 (22.2)	9 (12.5)
Q14. I do not fit very well with the people and the community around me.	14 (19.4)	30 (41.7)	7 (9.7)	12 (16.7)	7 (9.7)	2 (2.8)
Q20. I am quite good at managing the many responsibilities of my daily life.	1 (1.4)	5 (6.9)	4 (5.6)	13 (18.1)	39 (54.2)	10 (13.9)
Q26. I often feel overwhelmed by my responsibilities.	0.00	8 (11.1)	2 (2.8)	12 (16.7)	39 (54.2)	11 (15.3)
Q32. I have difficulty arranging my life in a way that is satisfying to me.	3 (4.2)	21 (29.2)	3 (4.2)	15 (20.8)	27 (37.5)	3 (4.2)
Q38. I have been able to build a home and a lifestyle for myself that is much to my liking.	3 (4.2)	24 (33.3)	5 (6.9)	13 (18.1)	22 (30.6)	5 (6.9)

Note: Performed descriptive statistics test

For Q2 (“In general, I feel I am in charge of the situation in which I live”), a majority of participants reported positive mastery, with 37.5% (n = 27) agreeing somewhat and 31.9% (n = 23) strongly agreeing. Only a small proportion expressed disagreement (1.4–12.5%), suggesting that most participants feel capable of controlling their living situations. Regarding Q8 (“The demands of everyday life often get me down”), responses were mixed. While 22.2% (n = 16) agreed slightly and 12.5% (n = 9) strongly agreed, indicating some experience of stress, a significant portion disagreed to varying degrees (42.5%, n = 30), suggesting that many participants feel resilient in managing daily demands. For Q14 (“I do not fit very well with the people and the community around me”), nearly 61.1% (n = 44) disagreed at different levels, indicating that most participants feel integrated into their communities. However, 19.4% (n = 14) strongly disagreed, reflecting some social adjustment challenges. In Q20 (“I am quite good at managing the many responsibilities of my daily life), a majority of participants reported high competence, with 54.2% (n = 39) agreeing somewhat and 13.9% (n = 10) strongly agreeing. Only a few participants disagreed (1.4–6.9%), demonstrating a strong sense of capability in handling responsibilities. For Q26 (“I often feel overwhelmed by my responsibilities”), most participants disagreed, with 54.2% (n = 39) agreeing somewhat and 15.3% (n = 11) strongly agreeing, indicating that participants generally do not feel overwhelmed and are able to manage their responsibilities effectively. Regarding Q32 (“I have difficulty arranging my life in a way that is satisfying to me”), responses were varied. A combined 41.7% (n = 30) disagreed slightly to somewhat, while 20.8% (n = 15) agreed slightly and 4.2% (n = 3) strongly agreed, suggesting that some participants experience challenges in structuring their lives to achieve personal satisfaction. Finally, for Q38 (“I have been able to build a

home and a lifestyle for myself that is much to my liking"), a majority reported moderate to high satisfaction, with 30.6% (n = 22) agreeing somewhat and 6.9% (n = 5) strongly agreeing, while 33.3% (n = 24) disagreed somewhat, indicating that environmental mastery varies, with some participants still facing challenges in fully achieving their preferred lifestyle.

4.8: Frequency Status of Personal Growth as per PWB

Table: 4.8

Frequency Distribution of Personal Growth

Questions	Strongly disagree n (%)	Disagree somewhat n (%)	Disagree slightly n (%)	Agree slightly n (%)	Agree somewhat n (%)	Strongly agree n (%)
Q3. I am not interested in activities that will expand my horizons.	0.(00)	10 (13.9)	5 (6.9)	10 (13.9)	34 (47.2)	13 (18.1)
Q9. I think it is important to have new experiences that challenge how you think about yourself and the world.	0.(00)	2 (2.8)	0.(00)	4 (5.6)	45 (62.5)	21 (29.2)
Q15. When I think about it, I haven't really improved much as a person over the years.	6 (8.3)	17 (23.6)	10 (13.9)	9 (12.5)	23 (31.9)	7 (9.7)
Q21. I have a sense that I have developed a lot as a person over time.	3 (4.2)	12 (16.7)	7 (9.7)	18 (25.0)	26 (36.1)	6 (8.3)
Q27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.	3 (4.2)	18 (25.0)	4 (5.6)	17 (23.6)	27 (37.5)	3 (4.2)
Q33. For me, life has been a continuous process of learning, changing, and growth.	0.(00)	1 (1.4)	1 (1.4)	7 (9.7)	53 (73.6)	10 (13.9)
Q39. I gave up trying to make big improvements or changes in my life a long time ago.	22 (30.6)	36 (50.0)	5 (6.9)	4 (5.6)	5 (6.9)	0.(00)

Note: Performed descriptive statistics test

For Q3 (“I am not interested in activities that will expand my horizons”), most participants indicated high interest in growth, with 47.2% (n = 34) agreeing somewhat and 18.1% (n = 13) strongly agreeing that they are interested in activities that broaden their horizons. Only a small proportion disagreed (6.9-13.9%), suggesting a generally positive orientation toward personal development. Regarding Q9 (“I think it is important to have new experiences that challenge how you think about yourself and the world”), the majority of participants expressed strong agreement, with 62.5% (n = 45) agreeing somewhat and 29.2% (n = 21) strongly agreeing, indicating a high value placed on novel and challenging experiences. Minimal disagreement (0–2.8%) was observed. For Q15 (“When I think about it, I haven’t really improved much as a person over the years”), responses were more varied. While 31.9% (n = 23) agreed somewhat and 9.7% (n = 7) strongly agreed, indicating some participants perceive limited personal growth, 45.0% (n = 36) disagreed to varying degrees, suggesting that a substantial proportion recognize meaningful personal development over time. In Q21 (“I have a sense that I have developed a lot as a person over time”), a majority reported moderate to high personal growth, with 36.1% (n = 26) agreeing somewhat and 8.3% (n = 6) strongly agreeing. A smaller proportion disagreed (4.2–16.7%), reflecting some variation in self-perceived development. For Q27 (“I do not enjoy being in new situations that require me to change my old familiar ways of doing things”), most participants reported openness to new experiences, with 37.5% (n = 27) agreeing somewhat and 4.2% (n = 3) strongly agreeing, while 29.8% (n = 22) disagreed, suggesting that participants are generally willing to adapt and grow. Regarding Q33 (“For me, life has been

a continuous process of learning, changing, and growth"), the majority strongly endorsed ongoing growth, with 73.6% (n = 53) agreeing somewhat and 13.9% (n = 10) strongly agreeing. Only 2 participants (2.8%) disagreed, highlighting a strong perception of life-long development. Finally, for Q39 ("I gave up trying to make big improvements or changes in my life a long time ago"), a notable proportion disagreed, with 50.0% (n = 36) disagreeing somewhat and 30.6% (n = 22) strongly disagreeing, indicating that most participants continue to pursue self-improvement. A small percentage (5.6–6.9%) agreed with giving up, reflecting a minority with lower growth motivation.

4.9: Frequency Status of Positive Relationships with others as per PWB

Table: 4.9

Frequency Distribution of Positive Relationships with Others

Questions	Strongly disagree n (%)	Disagree somewhat n (%)	Disagree slightly n (%)	Agree slightly n (%)	Agree somewhat n (%)	Strongly agree n (%)
Q4. Most people see me as loving and affectionate.	2 (2.8)	3 (4.2)	8 (11.1)	12 (16.7)	34 (47.2)	13 (18.1)
Q10. Maintaining close relationships has been difficult and frustrating for me.	6 (8.3)	36 (50.0)	3 (4.2)	11 (15.3)	15 (20.8)	1 (1.4)
Q16. I often feel lonely because I have few close friends with whom to share my concerns.	6 (8.3)	23 (31.9)	5 (6.9)	11 (15.3)	24 (33.3)	3 (4.2)
Q22. I enjoy personal and mutual conversations with family members or friends.	2 (2.8)	7 (9.7)	0.(00)	9 (12.5)	46 (63.9)	8 (11.1)
Q28. People would describe me as a giving person, willing to share my time with others.	0.(00)	19 (26.4)	2 (2.8)	11 (15.3)	33 (45.8)	7 (9.7)
Q34. I have not experienced many warm and trusting relationships with others.	10 (13.9)	31 (43.1)	8 (11.1)	14 (19.4)	9 (12.5)	0.(00)
Q40. I know that I can trust my friends, and they know they can trust me.	1 (1.4)	12 (16.7)	4 (5.6)	8 (11.1)	35 (48.6)	12 (16.7)

Note: Performed descriptive statistics test

For Q4 (“Most people see me as loving and affectionate”), the majority of participants reported positive self-perception, with 47.2% (n = 34) agreeing somewhat and 18.1% (n = 13) strongly agreeing. Only a small proportion disagreed (2.8–11.1%), indicating generally positive self-evaluation of social warmth and affection. Regarding Q10 (“Maintaining close relationships has been difficult and frustrating for me”), responses suggest that while a minority experienced difficulty, most participants did not perceive significant challenges in maintaining relationships. Specifically, 50.0% (n = 36) disagreed somewhat, and only 1.4% (n = 1) strongly agreed that maintaining relationships was difficult. For Q16 (“I often feel lonely because I have few close friends with whom to share my concerns”), a moderate proportion of participants experienced loneliness, with 31.9% (n = 23) disagreeing somewhat and 15.3% (n = 11) agreeing slightly, while 33.3% (n = 24) agreed somewhat. This indicates that although loneliness is reported by some, many participants maintain social connections that mitigate isolation. In Q22 (“I enjoy personal and mutual conversations with family members or friends”), most participants reported high engagement in close relationships, with 63.9% (n = 46) agreeing somewhat and 11.1% (n = 8) strongly agreeing. Minimal disagreement (2.8–9.7%) suggests that participants generally enjoy interpersonal interactions. Regarding Q28 (“People would describe me as a giving person, willing to share my time with others”), responses were largely positive, with 45.8% (n = 33) agreeing somewhat and 9.7% (n = 7) strongly agreeing. Around a quarter (26.4%, n = 19) disagreed somewhat, indicating variability in self-perceived generosity or community engagement. For Q34 (“I have not experienced many warm and

trusting relationships with others"), a smaller proportion disagreed, with 43.1% (n = 31) disagreeing somewhat and 13.9% (n = 10) strongly disagreeing, suggesting that most participants have experienced some warm and trusting relationships, though 19.4% (n = 14) agreed slightly, indicating that a minority have limited relational warmth. Finally, for Q40 ("I know that I can trust my friends, and they know they can trust me"), participants generally reported high trust in their relationships. 48.6% (n = 35) agreed somewhat and 16.7% (n = 12) strongly agreed, while only 1.4–16.7% disagreed to varying extents.

4.10: Frequency Status of Purpose in Life as per PWB

Table: 4.10

Frequency Distribution of Purpose in Life

Questions	Strongly disagree n (%)	Disagree somewhat n (%)	Disagree slightly n (%)	Agree slightly n (%)	Agree somewhat n (%)	Strongly agree n (%)
Q5. I live life one day at a time and don't really think about the future.	17 (23.6)	26 (36.1)	9 (12.5)	8 (11.1)	10 (13.9)	2 (2.8)
Q11. I have a sense of direction and purpose in life.	1 (1.4)	3 (4.2)	0.00	1 (1.4)	47 (65.3)	20 (27.8)
Q17. My daily activities often seem trivial and unimportant to me.	12 (16.7)	34 (47.2)	8 (11.1)	10 (13.9)	7 (9.7)	1 (1.4)
Q23. I don't have a good sense of what it is I'm trying to accomplish in life.	5 (6.9)	35 (48.6)	3 (4.2)	10 (13.9)	18 (25.0)	1 (1.4)
Q29. I enjoy making plans for the future and working to make them a reality.	0.00	1 (1.4)	0.00	8 (11.1)	42 (58.3)	21 (29.2)
Q35. Some people wander aimlessly through life, but I am not one of them.	3 (4.2)	19 (26.4)	4 (5.6)	2 (2.8)	33 (45.8)	11 (15.3)
Q41. I sometimes feel as if I've done all there is to do in life.	10 (13.9)	43 (59.7)	11 (15.3)	3 (4.2)	3 (4.2)	1 (1.4)

Note: Performed descriptive statistics test

For Q5 (“I live life one day at a time and don’t really think about the future”), a substantial proportion of participants reported agreement with a present-focused perspective, with 36.1% (n = 26) disagreeing somewhat and 23.6% (n = 17) strongly disagreeing, while 11.1–13.9% agreed slightly or somewhat, indicating that some participants may not consistently plan for the future. In Q11 (“I have a sense of direction and purpose in life”), the majority of participants reported a strong sense of purpose. Specifically, 65.3% (n = 47) agreed somewhat and 27.8% (n = 20) strongly agreed, while only a small minority (1.4–4.2%) disagreed, demonstrating that most participants perceive clear life goals and direction. For Q17 (“My daily activities often seem trivial and unimportant to me”), a notable proportion disagreed, with 47.2% (n = 34) disagreeing somewhat and 16.7% (n = 12) strongly disagreeing, suggesting that participants generally perceive their daily activities as meaningful. Nonetheless, 13.9% (n = 10) agreed slightly, indicating that a subset may occasionally view daily tasks as trivial. Regarding Q23 (“I don’t have a good sense of what it is I’m trying to accomplish in life”), responses showed that most participants have a clear sense of purpose, with 25.0% (n = 18) agreeing somewhat and 48.6% (n = 35) disagreeing somewhat. Only a small number of participants strongly agreed (1.4%) that they lack life direction. For Q29 (“I enjoy making plans for the future and working to make them a reality”), participants generally expressed high engagement with goal setting, with 58.3% (n = 42) agreeing somewhat and 29.2% (n = 21) strongly agreeing, while very few (≤1.4%) disagreed. In Q35 (“Some people wander aimlessly through life, but I am not one of them”), the majority agreed that they have intentionality in life, with 45.8% (n = 33) agreeing somewhat and 15.3% (n = 11) strongly agreeing. A smaller portion disagreed, suggesting

occasional feelings of aimlessness among some participants. Finally, for Q41 (“I sometimes feel as if I’ve done all there is to do in life”), most participants disagreed, with 59.7% (n = 43) disagreeing somewhat and 13.9% (n = 10) strongly disagreeing, indicating that most participants feel ongoing opportunities for growth and achievement.

4.11: Frequency Status of Self-Acceptance as per PWB

Table: 4.11

Frequency Distribution of Self-Acceptance

Questions	Strongly disagree n (%)	Disagree somewhat n (%)	Disagree slightly n (%)	Agree slightly n (%)	Agree somewhat n (%)	Strongly agree n (%)
Q6. When I look at the story of my life, I am pleased with how things have turned out.	6 (8.3)	2 (2.8)	4 (5.6)	10 (13.9)	38 (52.8)	12 (16.7)
Q12. In general, I feel confident and positive about myself.	1 (1.4)	4 (5.6)	0.00	7 (9.7)	41 (56.9)	19 (26.4)
Q18. I feel like many of the people I know have gotten more out of life than I have.	7 (9.7)	24 (33.3)	7 (9.7)	6 (8.3)	25 (34.7)	3 (4.2)
Q24. I like most aspects of my personality.	0.(00)	4 (5.6)	4 (5.6)	6 (8.3)	50 (69.4)	8 (11.1)
Q30. In many ways, I feel disappointed about my achievements in life.	7 (9.7)	21 (29.2)	7 (9.7)	11 (15.3)	24 (33.3)	2 (2.8)
Q36. My attitude about myself is probably not as positive as most people feel about themselves.	4 (5.6)	29 (40.3)	7 (9.7)	11 (15.3)	20 (27.8)	1 (1.4)
Q42. When I compare myself to friends and acquaintances, it makes me feel good about who I am.	4 (5.6)	10 (13.9)	9 (12.5)	10 (13.9)	33 (45.8)	6 (8.3)

Note: Performed descriptive statistics test

For Q6 (“When I look at the story of my life, I am pleased with how things have turned out”), most participants reported positive self-assessment, with 52.8% (n = 38) agreeing somewhat and 16.7% (n = 12) strongly agreeing. A smaller proportion (≤13.9%) disagreed to varying degrees, indicating that a majority of participants are satisfied with their life narrative. Regarding Q12 (“In general, I feel confident and positive about myself”), participants exhibited high confidence, with 56.9% (n = 41) agreeing somewhat and 26.4% (n = 19) strongly agreeing, while very few participants disagreed (≤5.6%), suggesting an overall positive self-perception. For Q18 (“I feel like many of the people I know have gotten more out of life than I have”), responses were mixed: 33.3% (n = 24) disagreed somewhat and 34.7% (n = 25) agreed somewhat, indicating that a subset of participants perceive themselves as less accomplished than peers, which may reflect occasional social comparison concerns. In Q24 (“I like most aspects of my personality”), the majority of participants expressed positive self-regard, with 69.4% (n = 50) agreeing somewhat and 11.1% (n = 8) strongly agreeing, while only a small minority disagreed. Regarding Q30 (“In many ways, I feel disappointed about my achievements in life”), responses were somewhat balanced: 33.3% (n = 24) agreed somewhat and 29.2% (n = 21) disagreed somewhat, suggesting that while some participants experience occasional dissatisfaction, many maintain a positive outlook on their accomplishments. For Q36 (“My attitude about myself is probably not as positive as most people feel about themselves”), 40.3% (n = 29) disagreed somewhat and 27.8% (n = 20) agreed somewhat, indicating variability in self-perception, with the majority maintaining positive self-attitudes. Finally, in Q42 (“When I compare myself to friends and acquaintances, it makes me feel good about who I am”),

45.8% (n = 33) agreed somewhat, and 8.3% (n = 6) strongly agreed, showing that most participants have a favorable view of themselves relative to peers.

4.12: Psychological Well-Being Status of Athletes with Physical Disabilities

Table: 4.12

Level of psychological well-being among athletes with physical disabilities

Items	Mean	SD	Range
Autonomy	4.25	.706	1-6
Environmental mastery	3.74	.711	1-6
Personal growth	4.01	.568	1-6
Positive relations with others	4.21	.664	1-6
Purpose in life	4.53	.615	1-6
Self-acceptance	4.17	.768	1-6
Total Psychological Well-being	4.15	.6721	1-6

Note: Performed descriptive statistics test

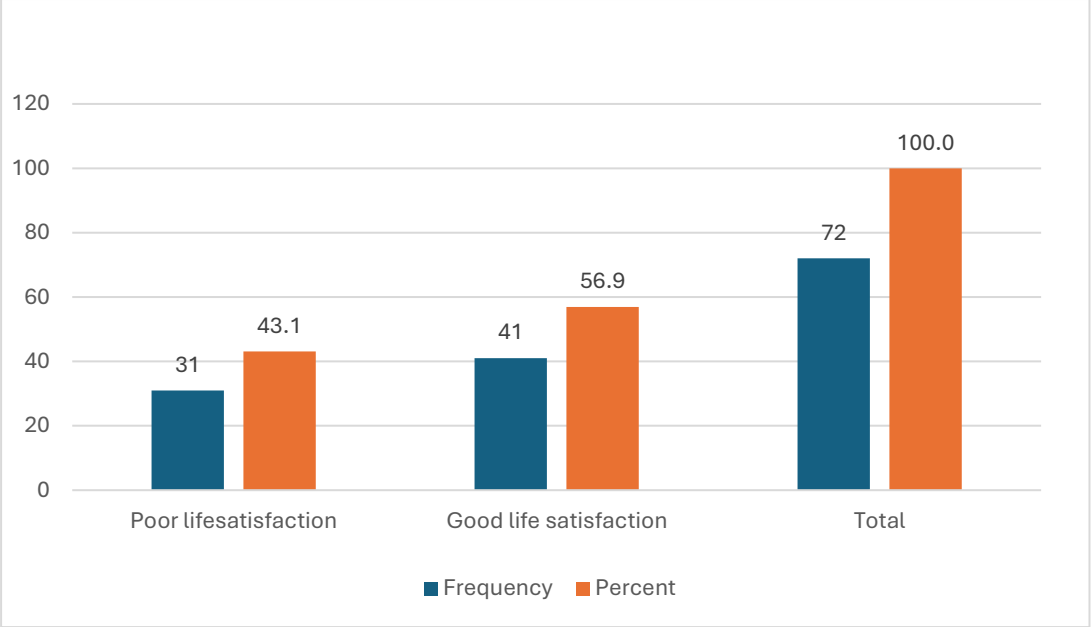
The results indicated that participants reported a moderate to high level of psychological well-being across all dimensions. The highest mean score was observed in Purpose in Life (M = 4.53, SD = ± 0.615, range 1–6), suggesting that athletes generally have a clear sense of direction and motivation in life. Autonomy (M = 4.25, SD = ± 0.706) and Positive Relations with Others (M = 4.21, SD = ± 0.664) also scored relatively high, indicating that participants feel confident expressing their opinions and maintaining meaningful interpersonal relationships. Personal Growth (M = 4.01, SD = ±0.568) and Self-Acceptance (M = 4.17, SD = ±0.768) reflect that athletes perceive moderate progress in personal development and generally maintain positive attitudes toward themselves. Environmental

Mastery (M = 3.74, SD = ± 0.711) was the lowest among the dimensions, suggesting that participants experience some challenges in managing daily responsibilities and effectively controlling their environment. The overall psychological well-being score was 4.15 (SD = ± 0.6721, range 1–6), indicating a generally moderate to high level of well-being among the athletes. These findings suggest that engagement in sports may contribute positively to psychological health, including autonomy, purpose, and social relationships, even in the presence of physical disabilities.

4.1: Life Satisfaction Status of the Participants

Figure: 4.1

Level of life satisfaction among the participants



The life satisfaction of the participants was assessed in relation to their level of sports participation. Overall, a majority of participants reported good life satisfaction (56.9%, n = 41), while 43.1% (n = 31) reported poor life satisfaction. Among those participating at the regional level, 22 participants (30.6%) reported good life satisfaction, while 14 participants (19.4%) reported poor life satisfaction. At the national level, 21 participants (29.2%) reported good life satisfaction, compared to 15 participants (20.8%) who reported poor life satisfaction. For participants engaged at the international level, 26 participants (36.1%) reported good life satisfaction, whereas 15 participants (20.8%) reported poor life satisfaction.

4.13: Relationship between Psychological Well-Being, Life Satisfaction, and Selected Demographic Variables

Table: 4.13

Correlation between psychological well-being and Life satisfaction, Age, Income, Duration of participation in sports, and training duration

	Life satisfaction	Psychological well-being	Age	Income	Duration of participation in sports	Training duration
Life satisfaction	1	-	-	-	-	-
Psychological well-being	**.686****	1	-	-	-	-
Age	.110	-.012	1	-	-	-
Income	**.260***	**.239***	.179	1	-	-
Duration of participation in sports	.009	.091	.214	.172	1	-
Training duration	.073	-.022	.131	.180	**.347****	1

Note: Pearson correlation test

Life satisfaction was found to have a strong positive correlation with psychological well-being ($r = 0.686$, $p < 0.01$), indicating that participants with higher psychological well-being tended to report higher life satisfaction. Life satisfaction also showed a weak positive correlation with income ($r = 0.260$, $p < 0.05$), suggesting that higher household income may be modestly associated with greater life satisfaction. There were no significant correlations between life satisfaction and age ($r = 0.110$), duration of participation in sports ($r = 0.009$), or training duration ($r = 0.073$), indicating these factors were not directly associated with life satisfaction in this cohort. Psychological well-being showed a weak positive correlation with income ($r = 0.239$, $p < 0.05$), but was not significantly associated with age ($r = -0.012$), duration of sports participation

(r = 0.091), or training duration (r = -0.022).Training duration had a moderate positive correlation with the duration of sports participation (r = 0.347, p < 0.01), reflecting that participants who trained longer daily also tended to have been engaged in sports for a longer overall period. Age did not show significant correlations with any of the variables.

4.14: Regression Analysis of Psychological Well-being

Table: 4.14

Regression analysis of factors associated with psychological well-being

Predictor	**Psychological Well-being**			
	Unadjusted		**Adjusted**	
	B (95% CI)	*P*-value	B (95% CI)	*P*-value
Life satisfaction	.049 (.037-.061)	.001	.048 (.035-.061)	.001
Income	3.9 (3.8-4.1)	.043	1.41(2.8-3.3)	.001

Note: Performed simple linear test; B = unstandardized coefficient

According to the regression analysis, psychological well-being was significantly predicted by both income and life satisfaction. Even after adjusting for other variables, life satisfaction showed a strong positive correlation with psychological well-being in both the unadjusted model (B =.049, 95% CI [.037,.061], *P* =.001) and the adjusted model (B =.048, 95% CI [.035,.061], *P* =.001). In the unadjusted model, income was also positively correlated with psychological well-being (B = 5.2, 95% CI [3.8, 4.1], p =.043); however, in the adjusted model, the coefficient dropped (B = 1.41, 95% CI [2.8, 3.3], *P* =.001), indicating that covariates may account for some of the initial effects. Overall, the findings show a connection between increased income and life satisfaction and greater income are both linked to higher psychological well-being, with life satisfaction showing the most consistent predictive strength.

4.15: Association between Training Duration and Sports Participation

Table: 4.15

Regression analysis of training duration and sports participation

Predictor	**Duration of participation in sports**	
	Unadjusted	
	B (95% CI)	P-value
Training duration	6.1(2.2-10.1)	.003

Note: Performed simple linear test; B = unstandardized coefficient

Average training duration was a significant predictor of duration of sports participation, according to the unadjusted regression analysis. A greater chance of participating in sports was linked to longer training sessions (B = 6.1, 95% CI [2.2, 10.1], *P*=.003). This statistically significant and positive correlation implies that people who train more are more likely to participate in sports.

CHAPTER V: DISCUSSION

The study aimed to find out the level of psychosocial well-being and life satisfaction among athletes with physical disabilities. Data was collected through telephone interviews, and collecting data was challenging due to some participants having inactive phone numbers, which hindered the study's data collection efforts.

The present study included 72 participants, providing insight into the sociodemographic profile of athletes with physical disabilities engaged in sports in Bangladesh. The median age of participants was 28 years (IQR = 25–33), with the majority (66.7%) aged 30 years or below, indicating a relatively young cohort. This is consistent with findings that younger individuals are overrepresented among persons with acquired physical disabilities in low- and middle-income countries, often due to trauma or accident-related causes (Rahman et al., 2023). The sample showed a marked male predominance (76.4%), reflecting gender disparities commonly observed in disability and sports participation in Bangladesh. Male predominance among persons with disability is attributed to gendered labour market patterns, social norms favoring male engagement in employment and public life, and differential exposure to injury-related disabilities (CSID–Bangladesh, 2002). Such a distribution highlights the need for targeted strategies to increase female participation in sports and rehabilitation programs. Regarding educational attainment, the sample was relatively well-educated: 31.9% completed higher secondary education and 25.0% had obtained a bachelor’s degree or higher. Only 12.5% had primary-level education. This aligns with evidence that engagement in sport and rehabilitation programs often correlates with higher educational attainment, as individuals with more education may have increased access

to opportunities and awareness of health and social programs (Mahmud et al., 2017). However, national data indicate that persons with disability in Bangladesh continue to face educational barriers, including school dropout and exclusion (Titumir, 2005). Occupationally, 38.9% of participants were engaged in business, 26.4% held formal employment, and 34.7% were unemployed or involved in other activities. The mixed occupational profile reflects the economic challenges faced by persons with disability, where self-employment or informal work is often a necessity due to limited formal employment opportunities (CSID–Bangladesh, 2002). Similarly, the number of dependents supported by participants ranged from 0 to 13, with a median of 3, indicating substantial familial responsibilities. The economic burden of dependents, in combination with disability-related challenges, may influence rehabilitation engagement, sports participation, and overall psychosocial well-being. More than half of the participants (56.9%) were married, suggesting that a considerable proportion had established family roles, which can serve as a protective factor for psychosocial adjustment (Alfonzetti et al., 2025). Monthly income ranged from 2,000 to 150,000 BDT, with a median of 20,000 BDT, and most participants (72.2%) earning ≤25,000 BDT per month. Low household income among persons with disability is associated with limited access to rehabilitation services, assistive devices, and sports participation opportunities, which may negatively impact psychosocial outcomes (Alfonzetti et al., 2025; Rahman et al., 2023). In the current study, the majority of participants were diagnosed with spinal cord injury (SCI) (59.7%), followed by poliomyelitis (22.2%) and amputation (18.1%). This distribution indicates that SCI was the most prevalent disability among athletes in this cohort. Previous research has similarly identified SCI as a leading cause of physical disability among adults, particularly in low- and middle-income countries, often due to road traffic accidents, falls, or occupational injuries

(Rahman et al., 2023; Alam et al., 2022). The relatively lower representation of individuals with amputations may reflect demographic differences, access to surgical interventions, or lower engagement of amputees in competitive sports in the region. Additionally, polio-related disability, while less common today due to widespread vaccination, continues to be present in older adults, which is consistent with historical epidemiological data from Bangladesh (Haque et al., 2019). Most participants (93.1%) reported acquired disabilities, with only 6.9% having congenital causes. This finding is consistent with prior studies showing that acquired disabilities, especially those resulting from trauma or illness, are more prevalent among physically active populations involved in adaptive sports (Lundberg et al., 2021). Acquired disabilities may influence psychosocial wellbeing differently compared to congenital conditions, as sudden functional loss often requires adjustment to new physical limitations, impacting self-perception, autonomy, and life satisfaction (Shields et al., 2012). Regarding assistive device use, crutches were the most used (40.3%), followed by wheelchairs (36.1%), orthoses (15.3%), and prostheses (6.9%). These patterns reflect the functional needs associated with SCI, polio, and amputation. The reliance on mobility aids is consistent with evidence suggesting that the type and extent of physical support significantly influence athletes' participation, independence, and psychosocial outcomes, including self-esteem, social integration, and life satisfaction (Martin, 2017; Molik et al., 2015). For instance, wheelchair users in competitive sports have reported enhanced self-confidence and autonomy through structured training and adaptive physical activity programs (Martin, 2017).

Overall, the observed distribution of disability types, causes, and assistive device use in this cohort underscores the heterogeneity of physical impairments among athletes with disabilities. These factors are critical determinants of psychosocial

wellbeing and life satisfaction, as they shape both functional capacity and opportunities for social participation in sports and recreational activities (Molik et al., 2015; Shields et al., 2012). Understanding these disability-related characteristics provides an essential context for interpreting the psychosocial and life satisfaction outcomes assessed in this study.

The majority of athletes with disabilities had been engaged in sports for an extended duration, with a median participation time of 54 months. Notably, 40.3% of participants participated for more than five years, indicating a strong commitment to long-term athletic involvement. This aligns with prior evidence that sustained engagement in adaptive sports significantly enhances psychosocial wellbeing and life satisfaction by fostering a sense of identity, autonomy, and social connectedness (Martin, 2017; Côté-Leclerc et al., 2017). Extended participation in sports has also been associated with improved self-efficacy and positive mood states among individuals with physical disabilities (Tasiemski & Brewer, 2011). Although a majority of participants (69.4%) reported training "sometimes," only a quarter (25.0%) engaged in daily training. This irregular training pattern may reflect contextual barriers such as limited access to sports facilities, equipment, or organized training opportunities challenges frequently cited in research on adaptive sports participation in developing countries (Rimmer et al., 2016). Nonetheless, even intermittent participation can contribute to psychological resilience, improved self-esteem, and social inclusion, particularly when sports activities are perceived as meaningful and empowering (Jaarsma et al., 2014). Regarding training intensity, most participants (76.4%) trained for five hours or less per day, while 23.6% trained for longer durations. Previous research suggests that moderate to high-intensity training positively correlates with life satisfaction and psychological wellbeing among athletes with disabilities, as it enhances physical competence and

perceived mastery (Pérez-Tejero et al., 2012). However, excessive training without proper support may lead to fatigue or emotional strain, emphasizing the importance of balanced training regimes within rehabilitation and adaptive sports programs (Campbell & Jones, 2002). Nearly half of the participants (45.8%) reported being affiliated with sports clubs or organizations, and a similar proportion received financial support. These findings are consistent with prior research showing that institutional affiliation and financial assistance are significant facilitators of continued sports engagement, self-confidence, and psychosocial adjustment (Côté-Leclerc et al., 2017; Yazicioglu et al., 2012). Participation through structured organizations also provides athletes with access to social networks and professional coaching, which are critical for maintaining motivation and a positive sense of self. Despite these positive aspects, 19.4% of respondents reported encountering barriers to participation, echoing earlier studies that identified accessibility challenges, financial constraints, and social stigma as major impediments for athletes with disabilities, particularly in low-resource settings (Rimmer et al., 2016; Jaarsma et al., 2014). While most participants in this study reported minimal barriers, the presence of even a small proportion facing such issues highlights ongoing inequalities in inclusive sports access and support systems in Bangladesh. Specifically, 31.9% of participants were involved at the regional level, 31.9% at the national level, and 36.3% at the international level. When analyzing the percentage of individual cases, 50.0% of participants reported involvement in both regional and national competitions, while 56.9% participated in international events. These findings indicate that over half of the participants had experience competing at the international level, reflecting a relatively high degree of athletic exposure and competitive achievement among athletes with disabilities. The high representation of athletes at national and international levels demonstrates growing inclusion and

recognition of para-athletes in competitive sports in recent years. Studies have reported that sustained engagement in adaptive sports contributes not only to improved physical functioning but also to enhanced psychosocial well-being and life satisfaction (Côté-Leclerc et al., 2017; Martin Ginis et al., 2021). Participation in organized or elite-level disability sports has been associated with higher self-efficacy, better emotional regulation, and increased community integration (Martin, 2013; Jaarsma et al., 2014). The analysis revealed that 56.9% of participants reported good life satisfaction, while 43.1% had poor satisfaction. Athletes competing at the international level (36.1%) showed the highest level of life satisfaction compared to those at national (29.2%) and regional (30.6%) levels, suggesting that higher levels of sports participation are associated with greater life satisfaction. This finding aligns with previous research showing that participation in competitive sports enhances self-esteem, autonomy, and social inclusion among individuals with disabilities, contributing to improved life satisfaction (Yazicioglu et al., 2012; Côté-Leclerc et al., 2017). Higher-level athletes often gain greater recognition, confidence, and a sense of purpose, which positively influence their overall well-being (Groff et al., 2009; Kowalski et al., 2021).

The findings from the autonomy subscale reflect that most athletes with disabilities demonstrated a strong sense of independence, confidence in self-expression, and resilience against external social pressures. A majority reported being comfortable voicing their opinions and maintaining confidence even when opposing popular views. This pattern indicates a high level of self-determination and personal agency, both of which are essential components of psychological well-being (Ryff, 1989; Deci & Ryan, 2000).

The responses also revealed that while many participants exhibited autonomy, a subset showed moderate susceptibility to others' influence and hesitation in expressing

opinions on controversial issues. This variability aligns with findings by Pensgaard and Sorensen (2002), who noted that athletes with disabilities often navigate complex social environments where external validation and perceived stigma can shape self-perception and decision-making. Similarly, Martin (2013) emphasized that autonomy among athletes with disabilities can be strengthened through consistent participation in sports, which fosters self-confidence, self-efficacy, and internal motivation.

Furthermore, research suggests that autonomy is positively associated with life satisfaction and psychological well-being in disabled athletes (Marlow et al., 2022). Participation in sports provides structured opportunities for decision-making, leadership, and personal growth key aspects of self-determination that empower individuals to overcome dependency and external control (Côté-Leclerc et al., 2017; Yazicioglu et al., 2012). The current results revealed a strong positive correlation between psychological well-being and life satisfaction ($r = 0.686$, $p < .01$). This supports the notion that well-being and satisfaction are mutually reinforcing constructs, both shaped by self-acceptance, purpose, and environmental mastery (Ryff & Singer, 2008). These findings align with a study by Lundberg et al. (2011), who reported that athletes with disabilities often demonstrate higher levels of satisfaction and well-being compared to their non-athletic peers due to increased social interaction, goal achievement, and identity development through sport. Similarly, Jaarsma et al. (2014) found that participation in adaptive sports enhances quality of life and promotes psychological resilience through mastery experiences and social inclusion. The regression analysis further confirmed that life satisfaction was a significant predictor of psychological well-being in both unadjusted and adjusted models ($B = 0.048$, 95% CI: 0.035–0.061, $p < .001$), indicating that individuals reporting greater satisfaction with life were more likely to exhibit higher well-being. This relationship is supported by

Diener et al. (2018), who emphasized that satisfaction with one's achievements, relationships, and environment contribute to an enhanced sense of purpose and emotional stability. The positive association between average training duration and sports participation duration (B = 6.193, 95% CI: 2.205–10.181, p = .003) suggests that prolonged engagement in sports reinforces consistency and commitment, leading to enhanced psychosocial benefits. This agrees with Perrier et al. (2015), who observed that extended sports involvement fosters self-efficacy, skill mastery, and identity formation in athletes with disabilities. Although income was weakly correlated with psychological well-being ($r = 0.239$, $p < .05$), it was not a significant predictor in regression analysis. This implies that psychological and social resources derived from sports participation may outweigh economic determinants in promoting well-being. These findings resonate with Groff et al. (2009) and Post et al. (2019), who found that participation in adaptive sports promotes happiness and purpose independent of financial status. he findings suggest that sports participation serves as a powerful psychosocial intervention for enhancing life satisfaction, autonomy, purpose, and overall well-being among individuals with disabilities. Consistent participation appears to provide psychological structure, social recognition, and opportunities for self-expression, which are essential for positive mental health outcomes (Côté-Leclerc et al., 2017; Yazicioglu et al., 2012). These findings support the integration of sports-based rehabilitation and community participation programs in disability support frameworks within Bangladesh to promote long-term well-being and inclusion.

CHAPTER VI: CONCLUSION

6.1 Strengths and Limitations

6.1.1 Strengths

- The study explored an under-researched area in the Bangladeshi context, focusing on the psychological well-being and life satisfaction of athletes with disabilities, a group often overlooked in mainstream sports and disability research.
- Data collection was conducted ethically, ensuring confidentiality and impartiality throughout the process.
- The study included participants from diverse sports disciplines (regional, national, and international levels), offering a broader understanding of athletic engagement among persons with disabilities.
- The use of standardized measurement tools enhanced the reliability and validity of the findings related to psychosocial well-being and life satisfaction.
- Findings contribute valuable insights for rehabilitation professionals, sports organizations, and policymakers to promote inclusive sports participation and mental health support for athletes with disabilities.

6.1.2 Limitations

Despite its contributions, this study had several limitations:

- The sample size was relatively small and limited to selected organizations, which may restrict the generalizability of the findings.
- Cross-sectional design limits the ability to establish causal relationships between variables such as sports participation and psychosocial well-being.
- The study did not explore gender differences or types of disability in detail, which could have provided more nuanced insights into psychosocial variation.
- Multiple invalid phone numbers in the database restricted access to the full target population.

6.2 Practice Implications

6.2.1 Recommendations for Future Practice

- The study highlights that participation in adaptive sports enhances psychological well-being, social connectedness, and life satisfaction among individuals with disabilities. Therefore, occupational therapists and rehabilitation professionals should integrate sports-based interventions as part of holistic psychosocial rehabilitation programs.
- Community-based rehabilitation (CBR) centers and sports federations should work collaboratively to ensure accessibility, equipment availability, and proper training environments for athletes with disabilities.
- Coaches and trainers should receive education on psychosocial aspects of disability to foster inclusion, emotional support, and motivation among athletes.
- Counseling and peer support programs should be introduced for athletes to address anxiety, performance stress, and body image concerns.

6.2.2 Recommendations for Future Research

- Future studies should use larger, more diverse samples to enhance generalizability and explore variations across gender, age, and disability type.
- Longitudinal research designs are recommended to investigate how sustained sports participation impacts long-term psychosocial well-being and life satisfaction.
- Mixed-method approaches combining quantitative and qualitative data could provide deeper insight into personal experiences and perceived challenges of athletes with disabilities.
- Further studies may assess the effectiveness of occupation-based or sports-centered interventions in improving mental health outcomes and self-perception.
- Comparative studies between athletes with disabilities and non-athletes with disabilities could help clarify the protective role of sports participation.

6.3 Conclusion

The present study aimed to assess the level of psychosocial well-being and life satisfaction among athletes with disabilities and to identify associated influencing

factors. The findings indicated that the majority of participants reported moderate to high psychological well-being and good life satisfaction, demonstrating that sports participation plays a crucial role in enhancing mental health and quality of life. Among the key dimensions of well-being, *purpose in life* and *positive relations with others* were most prominent, suggesting that athletic participation fosters a strong sense of meaning, belonging, and social connection.

Life satisfaction was significantly associated with psychological well-being, emphasizing the interdependence between emotional health and perceived quality of life. The study also revealed that extended involvement in sports both in years of experience and competitive level was linked to improved psychosocial outcomes. These findings underscore the transformative potential of adaptive sports in promoting autonomy, resilience, and identity reconstruction among individuals with disabilities.

This study provides meaningful implications for rehabilitation professionals, particularly occupational therapists, in advocating for sports as a therapeutic and empowerment-based approach. Encouraging active engagement in sports can strengthen not only physical capabilities but also self-esteem, social inclusion, and overall well-being.

Sports participation serves as a powerful medium for personal growth, self-determination, and psychosocial adaptation among persons with disabilities. The findings advocate for greater inclusion of sports within rehabilitation frameworks and disability policies to foster a society that values capability, participation, and well-being for all.

CHAPTER VII: REFERENCE

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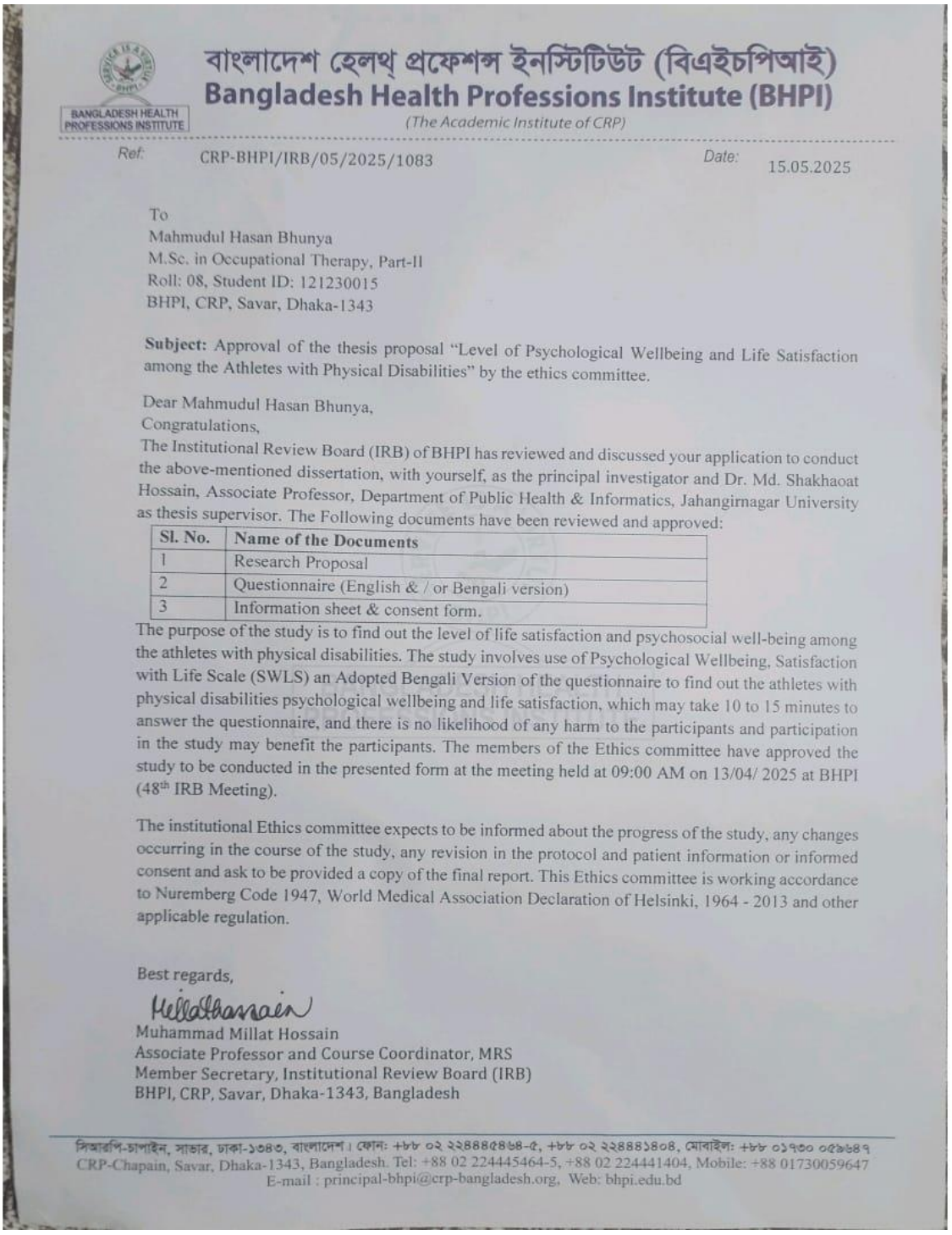
APPENDIX

Appendix A: Ethical Approval Form



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

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/05/2025/1083 Date: 15.05.2025

To
Mahmudul Hasan Bhunya
M.Sc. in Occupational Therapy, Part-II
Roll: 08, Student ID: 121230015
BHPI, CRP, Savar, Dhaka-1343

Subject: Approval of the thesis proposal "Level of Psychological Wellbeing and Life Satisfaction among the Athletes with Physical Disabilities" by the ethics committee.

Dear Mahmudul Hasan Bhunya,
Congratulations,
The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above-mentioned dissertation, with yourself, as the principal investigator and Dr. Md. Shakhaoat Hossain, Associate Professor, Department of Public Health & Informatics, Jahangirnagar University as thesis supervisor. 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 find out the level of life satisfaction and psychosocial well-being among the athletes with physical disabilities. The study involves use of Psychological Wellbeing, Satisfaction with Life Scale (SWLS) an Adopted Bengali Version of the questionnaire to find out the athletes with physical disabilities psychological wellbeing and life satisfaction, which may take 10 to 15 minutes to answer the questionnaire, and there is no likelihood of any harm to the participants and participation in the study may benefit the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 09:00 AM on 13/04/ 2025 at BHPI (48th 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,
Millat Hossain
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

Date: 04-05-2025

The Chairman

Institutional Review Board (IRB)

Bangladesh Health Professions Institute (BHPI)

CRP-Savar, Dhaka-1343, Bangladesh.

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

Sir,

With due respect, I would like to draw your kind attention that I am a student of M. Sc. in Occupational Therapy, Part-II at Bangladesh Health Professions Institute (BHPI), Centre for the Rehabilitation of the Paralysed (CRP). I would like to conduct a research titled **"Level of Psychological Wellbeing and Life Satisfaction among the Athletes with Physical Disabilities"** with myself as the principal investigator and Dr. Md. Shakhaoat Hossain, Associate Professor, Department of Public Health & Informatics, Jahangirnagar University as my thesis supervisor. The purpose of the study is To find out the level of Psychosocial Well-being and life satisfaction among the athletes with physical disabilities.

Adopted Bengali Version of the Psychological Wellbeing (18 items), and Satisfaction with Life Scale (SWLS) Scale will be used in the study which will take about **15** to **20** minutes. Data collectors will receive informed consent from all participants and collected 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 all the requirements for study.

Sincerely yours,

Mahmud

Mahmudul Hasan Bhunya
M.Sc. in Occupational Therapy, Part-II
BHPI, CRP, Savar, Dhaka-1343.
Roll: 08, Student ID:121230015

Recommendation from the thesis supervisor:

04.05.25

Dr. Md. Shakhaoat Hossain, PhD
Associate Professor
Department of Public Health and Informatics
Jahangirnagar University, Savar, Dhaka-1342, Bangladesh.

04 May, 2025
To
Head of the Department
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343.

Subject: Prayer for permission to collect data for the research project

Sir,

With due respect, I would like to draw your kind attention that I am a student of M.Sc. in Occupational Therapy, Part-II at Bangladesh Health Professions Institute (BHPI), Centre for the Rehabilitation of the Paralysed (CRP). In this Master's Program, I have to submit a research project to the University of Dhaka in partial fulfillment of recruitments of the degree of Master of Science in Occupational Therapy. The area of my research title is "Level of Psychological Wellbeing and Life Satisfaction among the Athletes with Physical Disabilities". As it is Quantitative research, I would like to conduct an interview with athletes with physical disabilities who participate in various sports in CRP Sports department.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Mahmudul Hasan Bhunya
M.Sc. in Occupational Therapy, Part-II
Roll: 03, Student ID:121230015
BHPI, CRP, Savar, Dhaka-1343.

Comments and Signature of Head of the department:

Prof. Sk. Moniruzzaman
Professor & Head
Dept. of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343.

the psychological wellbeing (18 items) Inbox

Mahmudul H... 15 Jun

to cryff

Dear Professor Carol D Ryff,

I hope this message finds you well.

I am a student of M.Sc. in Occupational therapy, Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka, Bangladesh. It is an academic institute of the Centre for the Rehabilitation of the Paralysed(CRP), affiliated with the University of Dhaka, under the Faculty of Medicine. As an integral component of my master's program, I am currently conducting research on "Level of psychological wellbeing and life satisfaction among the athletes with physical disabilities". This research aims to find out the level of Psychological Well-being and life satisfaction among the athletes with physical disabilities .

I came across the psychological wellbeing (18 items) and found it highly relevant and valuable for achieving the objectives of my study. I am writing to kindly request your permission to use the psychological wellbeing scale as a data collection tool in this research. I would also like to request access to the official scoring and interpretation manual or any supporting materials that would assist in accurately analyzing and interpreting the results derived from the scale.

Please be assured that the scale will be used strictly for academic and non-commercial purposes. I will ensure full attribution and compliance with any conditions you may set for its use.

Thank you very much for your time and consideration. I truly appreciate your support and contribution to academic research. I look forward to your positive response.

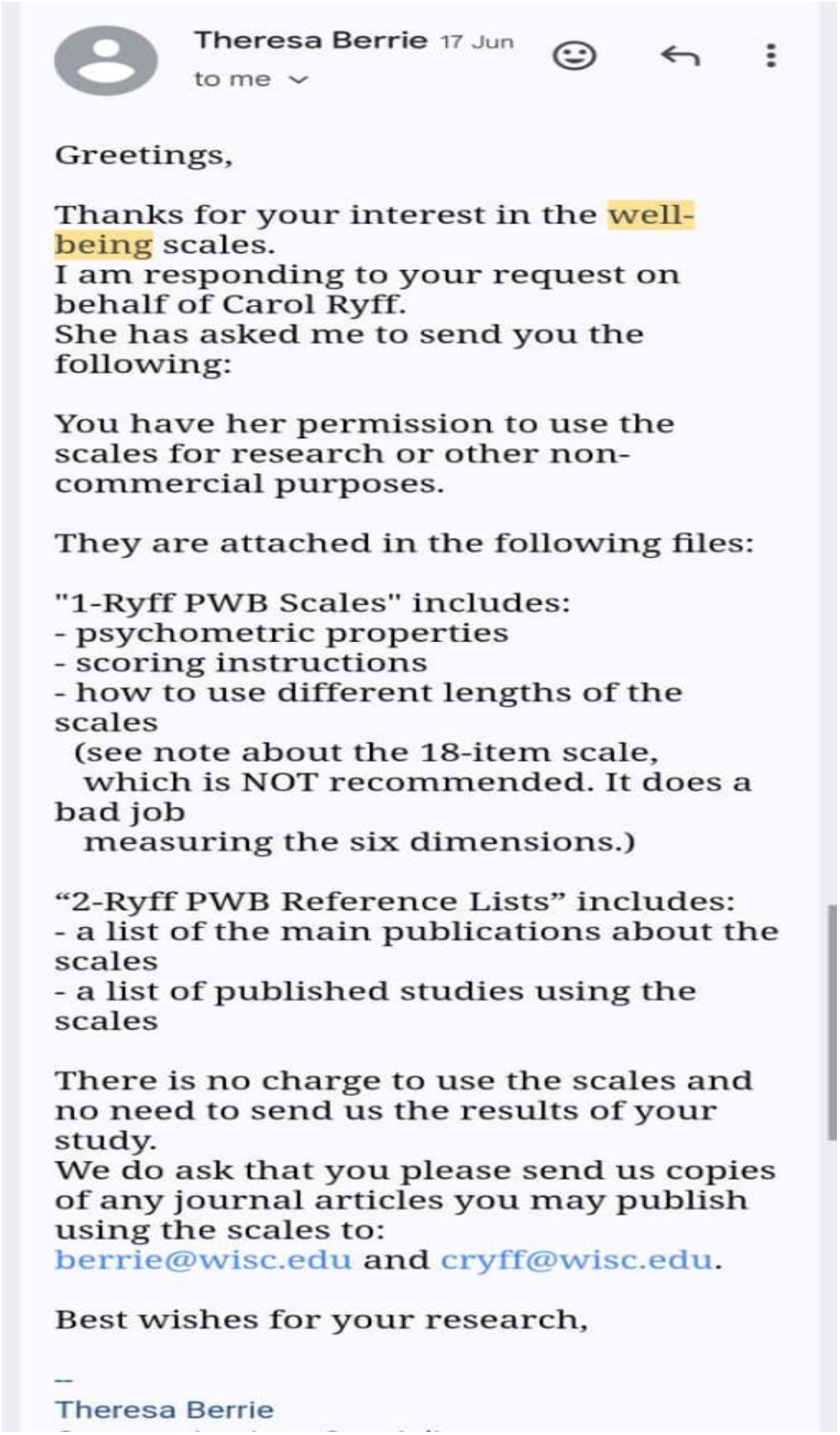
Warm regards,
Mahmudul Hasan Bhuiyan

M.Sc. in Occupational Therapy

Department of Occupational Therapy

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

Email: mahmudot20@gmail.com



Theresa Berrie 17 Jun
to me

Greetings,

Thanks for your interest in the well-being scales.
I am responding to your request on behalf of Carol Ryff.
She has asked me to send you the following:

You have her permission to use the scales for research or other non-commercial purposes.

They are attached in the following files:

"1-Ryff PWB Scales" includes:
- psychometric properties
- scoring instructions
- how to use different lengths of the scales
(see note about the 18-item scale, which is NOT recommended. It does a bad job measuring the six dimensions.)

“2-Ryff PWB Reference Lists” includes:
- a list of the main publications about the scales
- a list of published studies using the scales

There is no charge to use the scales and no need to send us the results of your study.
We do ask that you please send us copies of any journal articles you may publish using the scales to:
berrie@wisc.edu and cryff@wisc.edu.

Best wishes for your research,

--
Theresa Berrie

Appendix B: Information sheet and consent form [English Version]

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343, Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Code no.: ……....

Participants Information sheet

Research Title: Level of Psychological Well-being and Life Satisfaction among the Athletes with Physical Disabilities.

Researcher: Mahmudul Hasan Bhuiyan, Part-2, Student of Master of Science in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP- Savar, Dhaka-1343. The MSc in Occupational Therapy program is affiliated with the University of Dhaka under the Faculty of Medicine and approved by the Ministry of Health and Family Welfare, Government of Bangladesh.

Supervisor: Dr. Md. Shakhaoat Hossain, Associate Professor, Department of Public Health & Informatics, Jahangirnagar University.

Place of research: The study will be conducted over a Phone call all over Bangladesh.

Part -1 Information sheet:

Introduction:

I am Mahmudul Hasan Bhuiyan, a student of Master of Science in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP- Savar, Dhaka-1343. The MSc in Occupational Therapy program is affiliated with the University of Dhaka under the Faculty of Medicine and approved by the Ministry of Health and Family Welfare, Government of Bangladesh. To complete an M.Sc. in Occupational Therapy from BHPI, conducting a research project is mandatory. This research project will be done under the supervision of Dr. Md. Shakhaoat Hossain, Associated Professor, Department of Public Health & Informatics, Jahangirnagar University, Dhaka. The purpose of the research project is the collection of data and how it will be related to the

research, and this will be presented to you in detail through this participant paper. If you are willing to participate in this research, in that case, a clear idea about the research topic will be easier for decision-making. Of course, you do not have to make sure you participate now. Before making any decision, you can discuss it with your relatives, or guardians about this. On the other hand, after reading the information sheet, if you feel a problem understanding the content or if you need to know more about something, you can freely ask.

Research Background and Objectives:

You are invited to be a part of this research because, in Bangladesh, there is no research on psychological well-being and life satisfaction among the Athletes with Physical Disabilities. It will investigate life satisfaction and psychological well-being in athletes with physical disabilities. Your information will be helpful to reveal the life satisfaction and psychological well-being of this population through your voluntary participation in this study.

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

Before signing the consent form from you, the details of managing the research project will be presented to you in detail through this participation note. If you want to participate in this study, you will have to agree to participate in the study. If you ensure participation, a copy of your consent will be given. After a representative of data collection till by the researcher will call you. At any given time taken from you by a question paper information will be collected. Your participation in this research project is optional. If you do not agree then you do not have to participate. Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher.

The Benefits and Risks of Participation:

You will not get any benefit directly from participating in this research project. Participation in this study can lead to many difficulties in your daily work. However, we are hopeful that the benefits directly from the results of this research will remove the disadvantages. Don 't worry about your identity, it 's request. Patient 's name, address will not be included in the data analysis software to reduce the risk of uncovering identity.

Confidentialities of Information:

By signing this agreement, you are allowing the research staff to study this research project to collect and use your resources. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be able to access this information directly. Symbolic ways identified data will be used for the next data analysis. Information sheets will be kept in a locker drawer. The Electronics versions of the data analysis will be collected in BHPI ‘s Occupational Therapy department and on the research‘s laptop. It is expected that the results of this research project will be published and presented in different forums. In any publication and presentation, the information will be provided in such a way that you cannot be identified in any way without your consent. Data will be collected over phone.

Information about Promotional Result:

The results of this study will be published in various social media, websites, conferences, discussions, and reviewed journals.

Participant’s Fees:

There are no stimulus and remuneration for participation in this study.

Source of Funding to Manage Research:

The cost of this research will be spent entirely on the researcher ‘s funds. This study will be done in small areas, and no money comes from an external source.

Information about Withdrawal from Participation:

Despite your consent, you can withdraw your participation within one week after giving information without giving any explanation to the researcher. If the information can be used after the cancellation, its permission will be mentioned in the participant‘s withdrawal letter (application only volunteer withdrawal).

Contact Address with the Researcher:

If you have any questions about the research, you can ask me now or later. If you wish to ask a question later, you may contact any of the following: Mahmudul Hasan Bhuiyan, Part-2, Student of M.Sc. in Occupational Therapy, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka and Cell No: 01852-561777, Gmail: mahmudot20@gmail.com.

Complaints:

If there is any complaints regarding the conduct of this research project, contact with the Association of Ethics (77454645). This proposal has been reviewed by the institutional Reviewed Board (IRB), Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

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

Reason for withdrawal:

……

……

……

……

Whether permission to use the previous information is used?

Yes/No

Participant's Name:

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

CRP-Chapain, Savar, Dhaka-1343, Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Consent form

(Please read out to the participant)

Assalamu Alaikum. I am Mahmudul Hasan Bhuiyan, Part-2, Student of Master of Science in Occupational Therapy, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP-Savar, Dhaka-1343. To fulfill the requirements for a M.Sc. in Occupational Therapy degree, I must complete a research project. My research title is "Level of Psychological Well-being & Life Satisfaction among the Athletes with Physical Disabilities". The purpose of this research is to find out the psychological well-being and life satisfaction among athletes with physical disabilities. Data will be gathered over the phone call. This will take approximately 20-25 minutes.

I am committed that the study will not be harmful or risky 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 confidential. Your participation in this study is voluntary, and you may withdraw 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 the interview.

So, may I have your consent to proceed with the interview?

YES ☐

NO ☐

Signature & Date of Participant Signature & Date of Researcher

Appendix C: Information sheet and consent form [Bengali Version]

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, ফোন: ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪, ফ্যাক্স: ০২-৭৭৪৫০৬৯

কোড নম্বর: ……...

অংশগ্রহণকারীর তথ্যপত্র

গবেষণার শিরোনাম: "শারীরিক প্রতিবন্ধী ক্রীড়াবিদদের মধ্যে মানসিক সুস্থতা এবং জীবন সন্তুষ্টির মাত্রা"।

গবেষক: মাহমুদুল হাসান ভূঁইয়া, পার্ট-২, মাস্টার অব সায়েন্স ইন অকুপেশনাল থেরাপি, বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি-সাভার, ঢাকা-১৩৪৩। উক্ত প্রোগ্রাম ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধিভুক্ত এবং স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয় কর্তৃক অনুমোদিত।

তত্ত্বাবধায়ক: ড. মোঃ শাখাওয়াত হোসেন, সহযোগী অধ্যাপক, জনস্বাস্থ্য ও ইনফরমেটিক্স বিভাগ, জাহাঙ্গীরনগর বিশ্ববিদ্যালয়।
গবেষণার স্থান: বাংলাদেশের বিভিন্ন অঞ্চলে টেলিফোনের মাধ্যমে পরিচালিত হবে।

অংশ-১: তথ্যপত্র

ভূমিকা

আমি মাহমুদুল হাসান ভূঁইয়া, মাস্টার অব সায়েন্স ইন অকুপেশনাল থেরাপি প্রোগ্রামের একজন শিক্ষার্থী। এই গবেষণাটি আমার শিক্ষা কার্যক্রমের অংশ এবং এটি আমার তত্ত্বাবধায়ক ড. মোঃ শাখাওয়াত হোসেনের অধীনে পরিচালিত হবে। আপনি যদি গবেষণায় অংশ নিতে আগ্রহী হন, তবে গবেষণার বিষয়ে বিস্তারিত জানার মাধ্যমে সিদ্ধান্ত নেওয়া সহজ হবে। আপনি চাইলে পরিবার বা অভিভাবকের সাথে আলোচনা করতে পারেন এবং যে কোনো বিষয়ে জিজ্ঞাসা করতে পারেন।

গবেষণার পটভূমি ও উদ্দেশ্য

বাংলাদেশে শারীরিক প্রতিবন্ধী ক্রীড়াবিদদের মানসিক সুস্থতা এবং জীবন সন্তুষ্টি বিষয়ে তেমন কোনো গবেষণা নেই। এই গবেষণার মাধ্যমে তাদের মানসিক সুস্থতা ও জীবন সন্তুষ্টির মাত্রা বিশ্লেষণ করা হবে, যা ভবিষ্যতে নীতি নির্ধারক ও থেরাপিস্টদের সহায়তা করবে।

গবেষণায় অংশগ্রহণ সংক্রান্ত তথ্য

গবেষণায় অংশগ্রহণ করার পূর্বে আপনাকে এই তথ্যপত্র পড়ে শোনানো হবে এবং সম্মতি নেওয়া হবে। আপনি চাইলে অংশগ্রহণ করতে পারেন অথবা না-ও করতে পারেন। আপনার সম্মতির পর গবেষক আপনাকে ফোন করে একটি প্রশ্নপত্রের মাধ্যমে ১০-১৫ মিনিটের মধ্যে তথ্য সংগ্রহ করবেন। আপনি যে কোনো সময় অংশগ্রহণ প্রত্যাহার করতে পারেন, এবং এর জন্য কোনো ব্যাখ্যার প্রয়োজন নেই।

গবেষণায় অংশগ্রহণের সুবিধা ও ঝুঁকি

এই গবেষণায় অংশগ্রহণের মাধ্যমে সরাসরি কোনো ব্যক্তিগত সুবিধা নেই এবং এতে কিছুটা সময় ব্যয় হতে পারে। তবে গবেষণার ফলাফল সমাজে ইতিবাচক প্রভাব ফেলতে পারে। আপনার ব্যক্তিগত তথ্য সর্বোচ্চ গোপনীয়তায় সংরক্ষণ করা হবে।

তথ্যের গোপনীয়তা

আপনার দেয়া তথ্য শুধুমাত্র গবেষণা কাজে ব্যবহৃত হবে। নাম, ঠিকানা প্রকাশ করা হবে না। সংগ্রহকৃত তথ্য একটি নিরাপদ লকারে সংরক্ষণ করা হবে এবং সফট কপি গবেষকের ল্যাপটপ ও বিএইচপিআই এর নির্ধারিত বিভাগে রাখা হবে। রিপোর্ট বা প্রকাশনায় আপনার পরিচয় গোপন রাখা হবে।

গবেষণার ফলাফল প্রকাশ সংক্রান্ত তথ্য

গবেষণার ফলাফল সামাজিক যোগাযোগ মাধ্যম, ওয়েবসাইট, আলোচনা সভা এবং বৈজ্ঞানিক জার্নালে প্রকাশিত হতে পারে।

অংশগ্রহণকারীকে প্রদেয় সম্মানী

এই গবেষণায় অংশগ্রহণের জন্য কোনো অর্থনৈতিক প্রণোদনা বা সম্মানী প্রদান করা হবে না।

গবেষণার ব্যয় ব্যবস্থাপনা

এই গবেষণার সমস্ত খরচ গবেষক নিজে বহন করবেন। কোনো বাহ্যিক উৎস থেকে অর্থ আসবে না।

অংশগ্রহণ প্রত্যাহার সংক্রান্ত তথ্য

আপনি তথ্য প্রদানের এক সপ্তাহের মধ্যে অংশগ্রহণ প্রত্যাহার করতে পারবেন এবং চাইলে পূর্বে প্রদত্ত তথ্য ব্যবহারের অনুমতি দিতে পারেন বা না-ও দিতে পারেন।

গবেষকের সাথে যোগাযোগের ঠিকানা

গবেষণা সংক্রান্ত কোনো প্রশ্ন থাকলে এখন বা পরে জিজ্ঞাসা করতে পারেন। যোগাযোগ: মাহমুদুল হাসান ভূঁইয়া, পার্ট-২, মাস্টার অব সায়েন্স ইন অকুপেশনাল থেরাপি, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সিআরপি, সাভার, ঢাকা। মোবাইল:০১৮৫২-৫৬১৭৭৭ ইমেইল: mahmudot20@gmail.com

অভিযোগ

গবেষণা সংক্রান্ত কোনো অভিযোগ থাকলে বিএইচপিআই এর ইনস্টিটিউশনাল রিভিউ বোর্ড (IRB)-এর সাথে যোগাযোগ করতে পারেন। এই কমিটির কাজ হচ্ছে অংশগ্রহণকারীদের অধিকার ও নিরাপত্তা নিশ্চিত করা। যোগাযোগ: বিএইচপিআই, সিআরপি, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ।

অংশগ্রহণ প্রত্যাহার ফর্ম (শুধুমাত্র ইচ্ছাকৃত প্রত্যাহারের জন্য প্রযোজ্য)

প্রত্যাহারের কারণ:

……

……

……

পূর্বে প্রদত্ত তথ্য ব্যবহারের অনুমতি আছে কি?

হ্যাঁ / না

অংশগ্রহণকারীর নাম: _____

(অনুগ্রহ করে অংশগ্রহণকারীকে পড়ে শুনানো হবে)

কোড নং

আসসালামু আলাইকুম

আমি মাহমুদুল হাসান ভূঁইয়া, মাস্টার অব সায়েন্স ইন অকুপেশনাল থেরাপি প্রোগ্রামের শিক্ষার্থী। আমার গবেষণার শিরোনাম: "শারীরিক প্রতিবন্ধী ক্রীড়াবিদদের মধ্যে মানসিক সুস্থতা এবং জীবন সন্তুষ্টির মাত্রা"। গবেষণার উদ্দেশ্য হলো এই জনগোষ্ঠীর মানসিক ও সামাজিক অবস্থা বোঝা। তথ্য টেলিফোনের মাধ্যমে সংগ্রহ করা হবে, যা ২০-২৫ মিনিট সময় নিবে। এই গবেষণায় কোনো ঝুঁকি বা ক্ষতির সম্ভাবনা নেই। আপনি সম্মতি দিলে, আপনার দেয়া তথ্য গোপনীয়ভাবে সংরক্ষণ করা হবে। আপনি যে কোনো সময় অংশগ্রহণ থেকে সরে দাঁড়াতে পারবেন এবং কোনো প্রশ্নের উত্তর না দেওয়ারও অধিকার রাখেন।

আপনি কি সাক্ষাৎকারে অংশগ্রহণে সম্মতি দিচ্ছেন?

হ্যাঁ

না

অংশগ্রহণকারীর স্বাক্ষর ও তারিখ **গবেষকের স্বাক্ষর ও তারিখ**:

…… ……

Sociodemographic Questions (English Version)

Section 1: Personal Information

SL	Questions	Responses	Code
1	Your Gender	Male Female Others	1 2 3
2	Your Age in Years	……	
3	Marital Status	Single Married Divorced Widowed Others	1 2 3 4 5
4	How many people are dependent on you?	……	
5	Educational Qualification	Illiterate Primary Secondary Higher Secondary Bachelor's or above	1 2 3 4 5
6	Main occupation	…….	
7	Monthly household income	……..	

Section 2: Disability Related Information

SL	Questions and filters	Responses	Code
8	Type of disability	Amputation	1
		Spinal cord injury	2
		Others	3
9	Cause of disability	Congenital (since birth)	1
		Acquired (accident, illness, etc.)	2
10	Type of Assistive Device Used	Crutch	1
		Prosthesis	2
		Wheelchair	3
		Others	4

Section 3: Sports and Training

SL	Questions and filters	Responses	Code
11	Level of Sports Participation	Regional National International	1 2 3
12	How long have you been participating in sports	…….	
13	Training frequency	Daily Weekly Occasionally	1 2 3
14	Average training duration (per session)	……. Hours	
15	Affiliation with a sports club/organization	Yes No If yes, name….	1 2
16	Financial support for sports	Yes No	1 2
17	Barriers faced in sports participation	Yes No If yes, specify…	1 2

Sociodemographic Questions (Bengali Version)

Section 1: ব্যাক্তিগত তথ্য

ক্রমিক	প্রশ্নাবলী ও নির্দেশনা	উত্তর	কোড
১	আপনার লিঙ্গ	পুরুষ মহিলা অন্যান্য	১ ২ ৩
২	আপনার বয়স (বছরে)	……	—
৩	বৈবাহিক অবস্থা	অবিবাহিত বিবাহিত তালাকপ্রাপ্ত বিধবা/বিপত্নীক অন্যান্য	১ ২ ৩ ৪ ৫
৪	আপনার উপর কতজন নির্ভরশীল?	……	—
৫	শিক্ষাগত যোগ্যতা	নিরক্ষর প্রাথমিক মাধ্যমিক উচ্চ মাধ্যমিক স্নাতক বা তার উর্ধ্বে	১ ২ ৩ ৪ ৫
৬	প্রধান পেশা	……	—
৭	মাসিক পারিবারিক আয়	……	—

Section 2: প্রতিবন্ধিতা সংক্রান্ত তথ্য

ক্রমিক	প্রশ্নাবলী ও নির্দেশনা	উত্তর	কোড
৮	প্রতিবন্ধিতার ধরন	অঙ্গহানি মেরুদণ্ডে আঘাত অন্যান্য	১ ২ ৩
৯	প্রতিবন্ধিতার কারণ	জন্মগত জন্মোত্তর (দুর্ঘটনা, রোগ, ইত্যাদি)	১ ২
১০	ব্যবহারকৃত সহায়ক যন্ত্রপাতি	ক্রাচ কৃত্রিম অঙ্গ হুইলচেয়ার অন্যান্য	১ ২ ৩ ৪

Section 3: খেলাধুলা ও প্রশিক্ষণ সংক্রান্ত তথ্য

ক্রমিক	প্রশ্নাবলী ও নির্দেশনা	উত্তর	কোড
১১	আপনি কোন পর্যায়ের খেলাধুলায় অংশগ্রহণ করেছেন?	আঞ্চলিক জাতীয় আন্তর্জাতিক	১ ২ ৩
১২	আপনি কতদিন ধরে খেলাধুলায় অংশ নিচ্ছেন?	……	—
১৩	প্রশিক্ষণের ফ্রিকোয়েন্সি	দৈনিক সাপ্তাহিক মাঝে মাঝে	১ ২

			৩
১৪	প্রতিটি সেশনে গড় প্রশিক্ষণের সময়কাল	…… ঘন্টা	—
১৫	কোন ক্রীড়া ক্লাব/সংস্থার সাথে যুক্ত?	হ্যাঁ না যদি হ্যাঁ হয়, নাম লিখুন: ……	১ ২
১৬	খেলাধুলায় আর্থিক সহায়তা পান কি না?	হ্যাঁ না	১ ২
১৭	খেলাধুলায় অংশগ্রহণে কোনো প্রতিবন্ধকতা অনুভব করেন কি?	হ্যাঁ না যদি হ্যাঁ হয়, অনুগ্রহ করে লিখুন: ……	১ ২

Appendix D: Questionnaire

Ryff's Psychological Well-Being- 42 item (English)

The following set of questions deals with how you feel about yourself and your life. Please remember that there are no right or wrong answers.

Question	Strongly Disagree	Disagree Somewhat	Disagree slightly	Agree Slightly	Agree Some what	Strong ly Agree
1. I am not afraid to voice my opinions, even when they are in opposition to the opinions of most people.						
2. In general, I feel I am in charge of the situation in which I live.						
3. I am not interested in activities that will expand my horizons.						
4. Most people see me as loving and affectionate.						
5. I live life one day at a time and don't really think about the future.						
6. When I look at the story of my life, I am pleased with how things have turned out.						
7. My decisions are not usually influenced by what everyone else is doing.						
8. The demands of everyday life often get me down.						

9. I think it is important to have new experiences that challenge how you think about yourself and the world.						
10. Maintaining close relationships has been difficult and frustrating for me.						
11. I have a sense of direction and purpose in life.						
12. In general, I feel confident and positive about myself.						
13. I tend to worry about what other people think of me.						
14. I do not fit very well with the people and the community around me.						
15. When I think about it, I haven't really improved much as a person over the years.						
16. I often feel lonely because I have few close friends with whom to share my concerns.						
17. My daily activities often seem trivial and unimportant to me.						
18. I feel like many of the people I know have gotten more out of life than I have.						
19. I tend to be influenced by people with strong opinions.						

20. I am quite good at managing the many responsibilities of my daily life.						
21. I have a sense that I have developed a lot as a person over time.						
22. I enjoy personal and mutual conversations with family members or friends.						
23. I don't have a good sense of what it is I'm trying to accomplish in life.						
24. I like most aspects of my personality.						
25. I have confidence in my opinions, even if they are contrary to the general consensus.						
26. I often feel overwhelmed by my responsibilities.						
27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.						
28. People would describe me as a giving person, willing to share my time with others.						
29. I enjoy making plans for the future and working to make them a reality.						
30. In many ways, I feel disappointed about my achievements in life.						

27. I do not enjoy being in new situations that require me to change my old familiar ways of doing things.						
28. People would describe me as a giving person, willing to share my time with others.						
29. I enjoy making plans for the future and working to make them a reality.						
30. In many ways, I feel disappointed about my achievements in life.						
31. It's difficult for me to voice my own opinions on controversial matters.						
32. I have difficulty arranging my life in a way that is satisfying to me.						
33. For me, life has been a continuous process of learning, changing, and growth.						
34. I have not experienced many warm and trusting relationships with others.						
35. Some people wander aimlessly through life, but I am not one of them.						
36. My attitude about myself is probably not as positive as most people feel about themselves.						
37. I judge myself by what I think is important, not by the						

values of what others think is important.						
38. I have been able to build a home and a lifestyle for myself that is much to my liking.						
39. I gave up trying to make big improvements or changes in my life a long time ago.						
40. I know that I can trust my friends, and they know they can trust me.						
41. I sometimes feel as if I've done all there is to do in life.						
42. When I compare myself to friends and acquaintances, it makes me feel good about whoI am.						

মানসিক সুস্থতা মূল্যায়ন প্রশ্নাবলী

নির্দেশনা: নিচের প্রতিটি বিবৃতির জন্য আপনি কতটুকু একমত তা নির্ধারণ করুন। প্রতিটি বিবৃতির পাশে আপনার উত্তর চিহ্ন দিন।

ক্রমিক নং	বিবৃতি	দৃঢ়ভাবে একমত নয়	একমত নয়	কিছুটা একমত নয়	কিছুটা একমত	একমত	দৃঢ়ভাবে একমত
1	যখন বেশিরভাগ মানুষই আমার মতামতের বিরোধিতা করে, তখনও আমি আমার মতামত বলতে ভয় পায় না।						
2	সাধারণত, আমার মনে হয়, আমি যে পরিস্থিতিতে বাস করি তার দায়িত্বে আমি আছি।						
3	আমি এমন কাজগুলো করতে আগ্রহী নই যা আমার চিন্তার গভীরতাকে বৃদ্ধ করবে।						
4	বেশিরভাগ মানুষই আমাকে স্নেহশীল এবং স্নেহ পূর্ণ হিসেবে মনে করে।						
5	আমি একদিন করে বাঁচি এবং ভবিষ্যৎ নিয়ে তেমন ভাবি না।						
6	আমি যখন আমার জীবনের গল্পের দিকে তাকাই, তখন যা কিছু, যেভাবে হয়েছে সেটাতে আমি সন্তুষ্ট হই।						
7	আমার সিদ্ধান্ত সাধারণত অন্য সবাই কি করছে তার দ্বারা প্রভাবিত হয় না।						
8	দৈনন্দিন জীবনের চাহিদাগুলো আমাকে প্রায়শই হতাশ করে।						
9	আমি মনে করি নতুন অভিজ্ঞতা অর্জন করা গুরুত্বপূর্ণ যা নিজের এবং বিশ্ব সম্পর্কে কিভাবে চিন্তা করা হয় তা চ্যালেঞ্জ করে।						

10	ঘনিষ্ঠ সম্পর্ক বজায় রাখা আমার জন্য কঠিন এবং হতাশা জনক ছিল।						
11	আমার জীবনের একটি নির্দিষ্ট দিক এবং উদ্দেশ্য আছে।						
12	সাধারণভাবে, আমি নিজের সম্পর্কে আত্মবিশ্বাসী এবং ইতিবাচকবোধ করি।						
13	অন্য লোকেরা আমার সম্পর্কে কি ভাবে তা নিয়ে আমি চিন্তিত থাকি।						
14	আমি আমার আশেপাশের মানুষ এবং সমাজের সাথে খুব ভালো মানানসই নই।						
15	এই বিষয়ে আমি চিন্তা করে দেখছি, যে আমি বছরের পর বছর ধরে একজন ব্যক্তি হিসেবে সত্যিই খুব বেশি উন্নতি করিনি।						
16	আমার প্রায়ই একা লাগে কারণ আমার খুব কমই কাছের বন্ধু আছে যাদের সাথে আমি আমার চিন্তা গুলো শেয়ার করতে পারি।						
17	আমার দৈনন্দিন কাজকর্ম প্রায়ই আমার কাছে তুচ্ছ এবং গুরুত্বহীন বলে মনে হয়।						
18	আমার মনে হয় যে আমি জীবন থেকে যা পেয়েছি, আমার পরিচিত অনেক মানুষই তার থেকে বেশি পেয়েছে।						
19	আমি দৃঢ় মতামতের লোকদের দ্বারা প্রভাবিত হয়।						
20	আমি আমার দৈনন্দিন জীবনের দায়িত্ব গুলো বেশ ভালোভাবে সামলাতে পারি।						

21	আমার মনে হয় যে সময়ের সাথে সাথে আমি একজন ব্যক্তি হিসেবে অনেক উন্নতি করেছি।						
22	আমার পরিবারের সদস্য বা বন্ধুদের সাথে ব্যক্তিগত এবং পারিবারিক কথা বলা উপভোগ করি।						
23	আমি জীবনে যে কী অর্জন করার চেষ্টা করছি সে সম্পর্কে আমার ভালো ধারণা নেই।						
24	আমি আমার ব্যক্তিত্বের বেশিরভাগ দিকই পছন্দ করি।						
25	সবার মতের বিপরীত হলেও আমি আমার মতামতের উপর আস্থা রাখি।						
26	আমি প্রায়ই আমার দায়িত্ব গুলো দ্বারা অনেক বেশি অভিভূত হয়ে পড়ি।						
27	আমি সাধারণত যেভাবে কাজ করে থাকি, তা পরিবর্তন করতে বাধ্য করে এমন নতুন পরিস্থিতিতে থাকতে পছন্দ করি না।						
28	লোকেরা আমাকে, অন্যকে সময় দেয় এমন ব্যক্তি হিসেবে বর্ণনা করবে, অন্যদের সাথে আমার সময় শেয়ার করতে ইচ্ছুক থাকি।						
29	আমি ভবিষ্যতের জন্য পরিকল্পনা করতে এবং সেগুলিকে বাস্তবে পরিণত করার জন্য কাজ করতে পছন্দ করি।						
30	অনেক দিক থেকেই, আমি আমার জীবনের অর্জন সম্পর্কে হতাশ বোধ করি।						
31	বিতর্কিত বিষয়ে আমার নিজের মতামত প্রকাশ করা কঠিন।						

32	আমার কাছে যা সন্তোষজনক সেভাবে আমার জীবনকে সাজাতে অসুবিধা হয়।						
33	আমার জন্য জীবন, শেখার, পরিবর্তন এবং বৃদ্ধির একটি ধারাবাহিক প্রক্রিয়া ছিল।						
34	আমি অন্যদের সাথে তেমন আন্তরিক এবং বিশ্বাসযোগ্য সম্পর্ক অনুভব করিনি।						
35	কিছু মানুষ জীবনে উদ্দেশ্যহীন ভাবে ঘুরে বেড়ায়, কিন্তু আমি তাদের একজন নই।						
36	নিজের সম্পর্কে আমার মনোভাব সম্ভবত ততটা ইতিবাচক নয় যতটা বেশিরভাগ মানুষ নিজের সম্পর্কে অনুভব করে।						
37	আমি যা গুরুত্বপূর্ণ মনে করি তার দ্বারা আমি নিজেকে বিচার করি, অন্যরা যা গুরুত্বপূর্ণ মনে করে তা দিয়ে নয়।						
38	আমি আমার পছন্দ মত নিজের জন্য একটি আবাস এবং একটি জীবনধারা তৈরি করতে সক্ষম হয়েছি।						
39	আমি অনেক আগে থেকেই আমার জীবনে বড় উন্নতি বা পরিবর্তন আনার চেষ্টা ছেড়ে দিয়েছি।						
40	আমি জানি যে আমার বন্ধুদের বিশ্বাস করতে পারি, এবং তারা জানে যে তারা আমাকে বিশ্বাস করতে পারে।						
41	আমার মাঝে মাঝে মনে হয় জীবনে যা করার ছিল তার সবই আমি করে ফেলেছি।						
42	যখন আমি নিজেকে বন্ধু-বান্ধব এবং পরিচিতদের সাথে তুলনা করি, তখন						

	আমি আমাকে নিয়ে ভালো অনুভব করি।						

Satisfaction with Life Scale (SWLS)

Instructions: Below are five statements that you may agree or disagree with. Indicate your agreement with each item by tapping the appropriate box, from strongly agree, to strongly disagree. Please be open and honest in your responding.

	Strongly agree (7)	Agree (6)	Slightly agree (5)	Neither agree nor disagree (4)	Slightly disagree (3)	Disagree (2)	Strongly disagree (1)
In most ways my life is close to my ideal.	7	6	5	4	3	2	1
The conditions of my life are excellent.	7	6	5	4	3	2	1
I am satisfied with my life.	7	6	5	4	3	2	1
So far I have gotten the important things I want in life.	7	6	5	4	3	2	1
If I could live my life over, I would change almost nothing.	7	6	5	4	3	2	1

জীবন সন্তুষ্টি স্কেল (Satisfaction with Life Scale - SWLS)

নির্দেশনা: নিচে পাঁচটি বক্তব্য দেওয়া হয়েছে যার সাথে আপনি কতটুকু একমত তা জানাতে অনুগ্রহ করে সঠিক ঘরে টিক দিন। আপনার সৎ মতামত প্রদান করুন।

বক্তব্যসমূহ	পূর্ণভাবে একমত (৭)	একমত (৬)	আংশিক একমত (৫)	মধ্যম অবস্থান (৪)	আংশিক দ্বিমত (৩)	দ্বিমত (২)	পূর্ণভাবে দ্বিমত (১)
আমার কাছে যেটা আদর্শ মনে হয় বেশিরভাগ ক্ষেত্রেই আমি সেভাবে জীবন যাপন করছি।	৭	৬	৫	৪	৩	২	১
আমার জীবনের অবস্থা চমৎকার।	৭	৬	৫	৪	৩	২	১
আমি আমার জীবন নিয়ে সন্তুষ্ট।	৭	৬	৫	৪	৩	২	১
জীবন থেকে যে গুরুত্বপূর্ণ জিনিসগুলো আমি চাই তা আমি পেয়েছি।	৭	৬	৫	৪	৩	২	১
যদি আমি দ্বিতীয়বার আমার জীবন কাটাতে পারি আমি প্রায় কিছুই পরিবর্তন করব না।	৭	৬	৫	৪	৩	২	১