# Dyadic Coping and Relationship Satisfaction among Parents of Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross- Sectional Study

By

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# Student 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 fulfilment of the requirements for the M.Sc. 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 directly award me a failure. I am subject to disciplinary actions of authority.

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# Thesis Supervisor's Statement

As supervisor of Manik Biswas's M.Sc. in Occupational Therapy Thesis work, I have certified that his thesis **"Dyadic Coping and Relationship Satisfaction among Parents of Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross- Sectional Study"** is suitable for examination.

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# Table of Content

# List of Tables

# List of Figures

# List of Abbreviation

| | |
|---|---|
| ASD | Autism Spectrum Disorder |
| BHPI | Bangladesh Health Professions Institute |
| CRP | Centre for the Rehabilitation of the Paralysed |
| CI | Confidence Interval |
| DCI | Dyadic Coping Inventory |
| IRB | Institutional Review Board |
| OT | Occupational Therapy |
| RAS | Relationship Assessment Scale |
| SPSS | Statistical Package of Social Science |
| STM | Systemic Transactional Model |
| WHO | World Health Organization |

# Abstract

**Background:** Raising a child with Autism Spectrum Disorder (ASD) exposes parents to persistent caregiving, financial, and social stressors that may undermine couple functioning and marital well-being. Dyadic coping how partners manage stress together has been identified as an important correlate of relationship satisfaction, yet evidence from Bangladesh remains limited.

**Aim:** This study aimed to find out the relationship between dyadic coping and relationship satisfaction among parents raising children diagnosed with ASD in Bangladesh.

**Objectives:** (i) To see sociodemographic characteristics among parents of children diagnosed with ASD.; (ii) To measure the level of dyadic coping among the parents with ASD Child.; (iii) To evaluate the relationship satisfaction levels among parents with ASD Child.; (iv) To identify the correlation between dyadic coping and relationship satisfaction. and (v) To identify the association between dyadic coping, relationship satisfaction and socio demographic information.

**Methods:** A cross-sectional quantitative study was conducted at the Centre for the Rehabilitation of the Paralysed (CRP) and autism rehabilitation centers in Dhaka and Savar from January to November 2025. Data were collected from 358 participants (167 fathers and 191 mothers) using purposive sampling. Dyadic coping and relationship satisfaction were measured using the Dyadic Coping Inventory (DCI) and Relationship Assessment Scale (RAS). Descriptive statistics, Spearman's correlation, and logistic regression analyses were performed using SPSS (version 26).

**Results:** Most fathers (68.3%) and mothers (72.3%) reported good dyadic coping. Dyadic coping demonstrated significant positive correlations with relationship satisfaction for both fathers ($r = 0.718$) and mothers ($r = 0.727$), with statistical significance at $P < .01$. In regression analyses, dyadic coping remained a significant predictor of relationship satisfaction after controlling for sociodemographic variables, with education, income, and shared caregiving responsibilities emerging as key predictors of better coping and higher satisfaction.

**Conclusion:** Dyadic coping plays a central role in strengthening relationship satisfaction among parents raising children with ASD in Bangladesh. Promoting shared coping, supportive communication, and balanced caregiving may enhance marital resilience. These findings support the relevance of the Systemic Transactional Model in the Bangladeshi context and highlight the importance of culturally adapted, family centered interventions within occupational therapy to improve family well-being and child related outcomes.

**Keywords:** Autism Spectrum Disorder (ASD); dyadic coping; relationship satisfaction; occupational therapy; family resilience; Bangladesh.

# CHAPTER I: INTRODUCTION

## 1.1 Background

Autism spectrum disorder (ASD) is a neurodevelopmental disorder characterized by deficits in social communication and the presence of restricted, repetitive behaviors or interests (Hirota & King, 2023). Though estimates are higher in high-income nations, the prevalence of ASD is just under 1% around the globe. Worldwide, the prevalence of ASD is estimated to be 1 in 100 children (Zeidan et al., 2022). Dyadic coping, the way partners manage stress together, has been shown to significantly predict relationship satisfaction. These findings suggest that couples, including those raising a child with ASD, can benefit from engaging in shared coping efforts to strengthen relationship satisfaction (Falconier et al., 2015). Parents of children with autism spectrum disorder (ASD) face higher risks of experiencing unsatisfying and conflict-ridden relationships (Putney et al., 2021).

Dyadic coping strategies are crucial in understanding relationship satisfaction among couples raising a child with ASD (Sim et al., 2017). Relationship satisfaction also helped reduce parenting stress (Young, 2012). In Bangladesh, where cultural norms emphasize collective family responsibility and social stigmas around disabilities persist, these challenges can be further exacerbated. Couples often experience heightened levels of stress, financial strain, and emotional exhaustion, all of which can influence their relationship satisfaction. Both fathers and mothers experienced significant indirect effects of emotion dysregulation on their own parenting behaviors through parenting stress. A study explored the relationship between parenting stress, family support, and family quality of life in couples raising children with ASD (Zeng et al., 2021).

Systemic-Transactional Model explains that stress in couples is interconnected when one partner experiences stress, it affects both partners and the relationship. Dyadic coping refers to the ways partners support each other or work together to manage stress, which strengthens closeness and relationship satisfaction. Effective dyadic coping helps reduce the negative effects of stress, while poor coping can strain the relationship (Bodenmann, 1995).

This study aims to find out the relationship between dyadic coping and relationship satisfaction in couples raising a child with ASD in Bangladesh. By examining how partners collaborate to manage stress and how this collaboration affects their marital satisfaction, this research seeks to fill a critical gap in literature. It also aims to highlight culturally specific dynamics of coping and relationship functioning.

**1.2 Justification of the study**

Families play a crucial role in the development and well-being of children, especially those with Autism Spectrum Disorder (ASD). When a child with ASD experiences challenges in daily activities, parents often need to take on added responsibilities, which can affect their own mental health and relationship dynamics. This is particularly true in Bangladesh, where access to resources and community support is often limited.

While much attention is given to helping children with ASD develop their skills, the emotional and relational health of their parents is often overlooked. Occupational therapy is rooted in a holistic approach (Asbjørnslett et al., 2023). That means we focus not only on the child but also on the family system as a whole. Strong and supportive relationships between parents can enhance the care they provide to their child and improve overall family well-being. Understanding how parents cope together under stress and how

this affects their relationship can guide occupational therapists to create more effective family-centered interventions (Wachspress et al., 2024).

This study is crucial because it will shed light on how Bangladeshi parents of children with ASD manage stress together (dyadic coping) and how this impacts their relationship satisfaction. By identifying specific coping strategies that work well, we can develop practical tools and resources to support these families. From an occupational therapy perspective, this research aligns with the goal of empowering families to build resilience, improve their quality of life, and create a nurturing environment for their child's growth.

Finally, this study will contribute to a better understanding of the unique needs of Bangladeshi families raising children with ASD, helping occupational therapists design culturally sensitive programs that address not just the child's needs, but also the well-being of the entire family.

## 1.3 Operational Definition

### *1.3.1 Autism Spectrum Disorder*

"Autism Spectrum Disorder (ASD) is a neurodevelopmental condition marked by persistent challenges in social communication and interaction, along with restricted, repetitive patterns of behavior, interests, or activities. Early indicators within the first two years of life may include limited response to name, reduced use of gestures for communication, and an absence of pretend or imaginative play" (Hirota & King, 2023).

### *1.3.2 Dyadic Coping*

"Dyadic coping refers to the process through which couples manage stress collaboratively by sharing their perceptions of stressors, jointly planning strategies to address them, and

engaging in supportive or shared coping behaviors to maintain relationship functioning and emotional well-being" (Roth, 2024).

### *1.3.3 Relationship Satisfaction*

"Relationship satisfaction refers to a person's general sense of fulfillment and positivity toward their close relationship, reflecting how well it aligns with their needs, expectations, and emotional investment. It is a concise but comprehensive indicator of the perceived quality and happiness within romantic or interpersonal bonds" (S. S. Hendrick, 1988).

## 1.4 Aim of the study

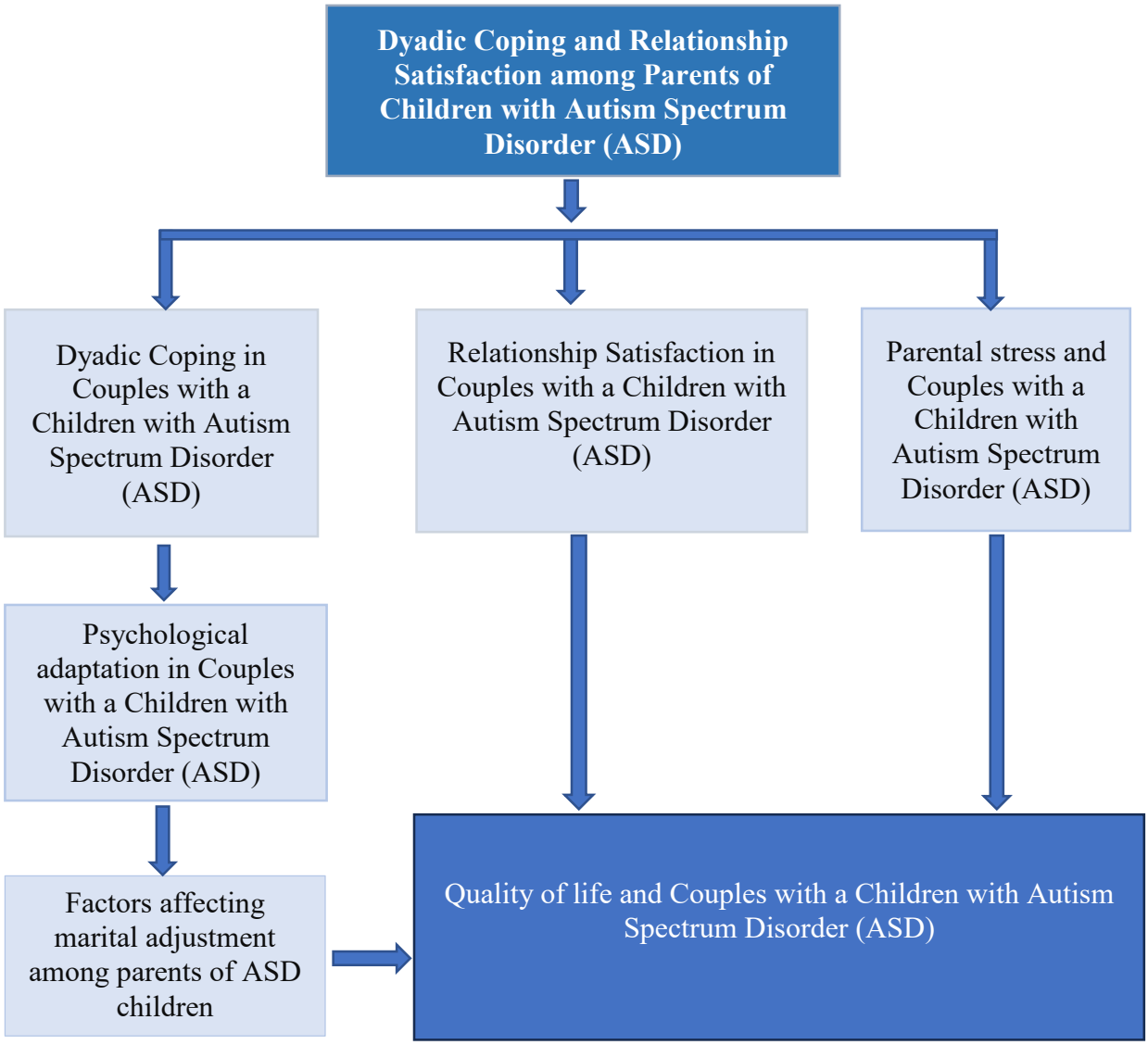
This study aimed to find out the relationship between dyadic coping and relationship satisfaction among parents raising children diagnosed with ASD in Bangladesh.

# CHAPTER II: LITERATURE REVIEW

The researcher reviewed some articles related to this study through searching in various search engines like Google Scholar, PubMed, Embase, Scopus, Google & etc. In this section, information provided from existing literature on Dyadic Coping and Relationship Satisfaction in Couples with a Child with Autism Spectrum Disorder (ASD). A brief discussion was highlighted in the literature review.

**Figure 2.1**

*Overview of literature review findings*



## 2.1 Dyadic Coping and Relationship Satisfaction among Parents of Children with Autism Spectrum Disorder (ASD)

Dyadic coping, the way partners manage stress together, has been shown to significantly predict relationship satisfaction. A meta-analysis of 72 studies, involving over 17,800 participants, found a moderate correlation ($r = .45$) between dyadic coping and relationship satisfaction. The study highlighted that perceptions of dyadic coping by both partners were stronger predictors of satisfaction than individual perceptions. Positive coping strategies, such as collaborative and supportive coping, were more effective than negative strategies like hostile or ambivalent coping. These findings suggest that couples, including those raising a child with ASD, can benefit from engaging in shared coping efforts to strengthen relationship satisfaction (Falconier et al., 2015). Parents of children with autism spectrum disorder (ASD) face higher risks of experiencing unsatisfying and conflict-ridden relationships. A study examined the role of dyadic coping how partners appraise and manage stress together and its impact on relationship satisfaction. It compared 184 couples raising a child with ASD to 183 couples with a child without a neurodevelopmental condition. The results revealed that parents of children with ASD reported less positive and more negative dyadic coping than the comparison group. Moreover, dyadic coping was found to mediate the link between parenting stress and couple relationship satisfaction. These findings highlight the importance of fostering effective dyadic coping in programs aimed at improving relationship satisfaction in families of children with ASD (Putney et al., 2021).

In another study, Dyadic coping strategies are crucial in understanding relationship satisfaction among couples raising a child with ASD. A study of 127 caregivers of children

with ASD explored the factors influencing relationship satisfaction, including socio-demographics, parenting stress, and dyadic coping. The findings revealed that over two-thirds of the participants reported satisfaction, which was linked to lower parenting stress, more frequent use of positive dyadic coping, and less use of negative strategies. Positive dyadic coping had a stronger impact on relationship satisfaction than negative coping, suggesting that interventions focused on promoting positive coping strategies can enhance family resilience (Sim et al., 2017). Another study examined the role of dyadic coping in managing stress and its impact on relationship satisfaction and parenting stress in couples raising a child with Autism Spectrum Disorder (ASD). Data from 38 married couples showed that dyadic coping was positively related to relationship satisfaction and negatively related to parenting stress. Relationship satisfaction also helped reduce parenting stress. Qualitative findings revealed a range of emotions and coping behaviors facilitated through the couple relationship.

These results highlight the importance of promoting dyadic coping strategies to enhance relationship satisfaction and reduce parenting stress in families of children with ASD (Young, 2012).

### *2.1.1 Dyadic Coping in Couples with a Child with Autism Spectrum Disorder (ASD)*

A study examined how dyadic coping and parenting sense of competence influence co-parenting quality in couples raising a child with Autism Spectrum Disorder (ASD). Seventy couples, recruited 1-36 months after their child's diagnosis, completed questionnaires on stress appraisal, dyadic coping, parenting competence, and co-parenting. The results showed that both partners' dyadic coping and sense of competence were linked to their co-parenting quality. Notably, mothers' dyadic coping positively affected fathers' co-

parenting, while fathers' sense of competence influenced mothers' co-parenting. These findings suggest that mutual support and competence in parenting play key roles in effective co-parenting, highlighting the need for further research on how these dynamics evolve as the child grows (Downes et al., 2022).

Another study examined the role of supportive dyadic coping in moderating the link between parental stress and relationship stability among parents of children with Autism Spectrum Disorder (ASD). Surveying 89 couples, the findings showed that higher supportive dyadic coping and lower parental stress were associated with greater relationship stability. Supportive coping helped buffer the negative impact of stress, particularly when one partner exhibited low supportive coping.

The results highlight that supportive dyadic coping can protect relationships from the stresses of raising a child with ASD, suggesting that enhancing these coping skills in parents could improve relationship outcomes (Löw, 2021).

#### 2.1.1.1 Psychological adaptation in Couples with a Child with ASD.

This study explored the role of supportive dyadic coping in the psychological adaptation of couples raising children with Autism Spectrum Disorder (ASD). Seventy-six couples participated, completing self-report questionnaires. The results showed that both mothers' and fathers' supportive dyadic coping were positively linked to their own and their partner's relationship satisfaction and parental adaptation. Relationship satisfaction was found to mediate the association between supportive dyadic coping and parental adaptation. These findings suggest that fostering supportive dyadic coping and relationship satisfaction can enhance psychological adaptation in couples raising children with ASD (García-López et al., 2016).

#### 2.1.1.2 Factors affecting marital adjustment among parents of autistic children.

This systematic review examined factors influencing marital adjustment among parents of children with disabilities, particularly those with autism, and explored the impact of gender. Analyzing 21 articles published between 1992 and 2012, the review found no conclusive evidence on the factors affecting marital adjustment. However, there was consistent evidence, though limited, that gender plays a role, with mothers of children with autism being more affected by marital adjustments than fathers. The study suggests further intervention-based research to address these issues.

### *2.1.2 Relationship Satisfaction in Couples with a Child with ASD*

This review compared relationship satisfaction in couples raising children with and without Autism Spectrum Disorder (ASD) and identified factors influencing satisfaction. A meta-analysis of 26 studies revealed that couples raising a child with ASD reported lower relationship satisfaction than those raising children without disabilities (Hedges's $g = 0.41$, $P < 0.001$). Key risk factors included challenging child behaviors, parental stress, and poor psychological well-being, while positive cognitive appraisal and social support were protective factors. The study suggests that couples raising a child with ASD would benefit from support to maintain relationship satisfaction, though further research is needed to understand these dynamics over time (Sim et al., 2016). Another study examined the links between parental stress, social support, couple interactions, and relationship satisfaction in parents of children with Autism Spectrum Disorder (ASD). Path analysis of 89 couples revealed that parental stress indirectly impacted relationship satisfaction through negative

interactions, co-parenting conflicts, and fewer positive interactions. Social support played a key role in mitigating these effects (Rahayu & Mangunsong, 2020).

### *2.1.3 Parental stress in Couples with a Child with ASD*

A study examined the effects of emotion dysregulation and parenting stress on parenting behaviors in 211 Chinese couples raising children with Autism Spectrum Disorder (ASD). Using an actor–partner interdependence mediation model, the results showed that both fathers and mothers experienced significant indirect effects of emotion dysregulation on their own parenting behaviors through parenting stress, but no significant partner effects were found. This suggests that emotional dynamics in parenting occur primarily at the individual level rather than the dyadic level in these families (Hu et al., 2019).

Another study explored the relationship between parenting stress, family support, and Family Quality of Life (FQOL) in 219 Chinese couples raising children with Autism Spectrum Disorder (ASD). Using the actor-partner interdependence mediation model, the results showed that family support had a strong positive effect on reducing stress and improving FQOL for both mothers and fathers. However, partner effects were contrasting: mothers' perceived support was positively linked to fathers' FQOL, while fathers' perceived support negatively impacted mothers' FQOL. These discrepancies highlight differences in family roles and parenting involvement, with implications for policy and practice (Zeng et al., 2021).

### *2.1.4 Quality of life and Couples with a Child with Autism Spectrum Disorder (ASD)*

A study assessed the impact of mothers' illness perceptions and coping strategies on family quality of life (FQOL) following an autism spectrum disorder diagnosis. The sample of 53 mothers showed moderate FQOL initially, with no significant change after one year.

Coping strategies, such as reduced denial and self-blame, improved over time. Positive reframing was associated with better FQOL, while self-blame correlated with poorer outcomes. Beliefs about the disorder's controllability were linked to improved FQOL one year later. The findings suggest that interventions should focus on enhancing positive coping strategies and addressing maladaptive ones (Papadopoulos et al., 2024).

**2.2 Key Gaps of the Study**

- Most existing studies on parents of children with autism spectrum disorder (ASD) have been conducted in Western countries, focusing mainly on individual stress, burden, or parental mental health rather than examining dyadic coping and relational processes between partners.
- There is a lack of research in South Asian contexts, particularly in Bangladesh, where family structures, gender norms, and social expectations may influence how couples jointly cope with caregiving stress.
- Few studies have explored how dyadic coping predicts relationship satisfaction in collectivist and resource-limited settings, leaving a gap in culturally grounded understanding of relationship dynamics among ASD parents.
- The Systemic Transactional Model (STM) has rarely been tested in non-Western settings; thus, its applicability within Bangladeshi family systems remains empirically unexamined.
- Fathers' perspectives are underrepresented in ASD caregiving literature, even though their involvement plays a crucial role in relationship quality and family adaptation.

- There is a methodological gap in Bangladeshi research due to limited use of standardized and validated dyadic coping instruments that measure both partners' perceptions simultaneously.
- Few studies have attempted to integrate occupational therapy perspectives into family or couple-based interventions, despite OT's emphasis on holistic, family-centered practice.
- There is a clear research to practice gap: although international evidence supports couple based interventions to strengthen family resilience, no structured dyadic coping programs currently exist within Bangladeshi health or rehabilitation systems.

# CHAPTER III: METHODS

## 3.1 Study Questions, Aim and Objectives

### *3.1.1 Research Questions*

How does dyadic coping affect relationship satisfaction among couples raising a child with Autism Spectrum Disorder (ASD) in Bangladesh?

### *3.1.2 Aim*

To find out the relationship between dyadic coping and relationship satisfaction among parents raising children diagnosed with ASD in Bangladesh.

### *3.1.3 Objectives*

- To see sociodemographic characteristics among parents of children diagnosed with ASD.
- To measure the level of dyadic coping among the parents with ASD Child.
- To evaluate the relationship satisfaction levels among parents with ASD Child.
- To identify the correlation between dyadic coping and relationship satisfaction.
- To identify the association between dyadic coping, relationship satisfaction and socio demographic information.

## 3.2 Study Design

### *3.2.1 Study Method*

The study used the quantitative research method, which is an intended, formalized, systematic method using statistics from the study in order to analyze or quantify dyadic coping and relationship satisfaction among parents of children with Autism Spectrum Disorder (ASD) in Bangladesh (Borry, 2012).

Quantitative research focuses on collecting and analyzing numerical data using tools like questionnaires. It relies on statistics, logical reasoning, and an objective approach. The data is usually presented in non-text formats such as tables, charts, or graphs. The main goal is to identify patterns, describe characteristics, and develop statistical models to explain the observations. This research strategy strongly emphasizes these characteristics. To get a deeper knowledge of the dyadic coping and relationship satisfaction among parents of children with Autism Spectrum Disorder (ASD) in Bangladesh, this study focuses on quantitative research to collect numerical insights (Ghanad, 2023).

### *3.2.2 Study Approach*

The Cross-Sectional Study Approach was used in this study to find out the relationship between dyadic coping strategies and relationship satisfaction among parents of children with diagnosed with ASD.

A cross-sectional approach is convenient for analyze data from a population at a single point in time to determine prevalence and explore associated factors. This approach is cost-effective, quick to conduct, and suitable for providing preliminary evidence to guide future research (X. Wang & Cheng, 2020). It was used to capture a snapshot of the population at a specific point in time which was useful for descriptive and analytical purposes, such as comparing measurement tools or exploring relationships between variables (Kesmodel, 2018). In a cross-sectional study, the researcher simultaneously assessed the participants' exposures and outcomes. After choosing the study subjects, the researcher conducts the study in order to evaluate the exposure and results. The association between these variables can be examined by the researcher (Setia, 2016). This approach

was chosen because in the context of the relationship between dyadic coping strategies and relationship satisfaction in couples with a child diagnosed with ASD, a cross-sectional design involved assessing these factors in individuals at a particular moment. This design allowed researchers to examine relationship between exposures and outcomes. So, Cross sectional study was absolutely perfect for this study.

## 3.3 Study Setting and Period

### *3.3.1 Study Setting*

The survey was conducted at Centre for the Rehabilitation of the Paralysed (CRP), Savar and in special schools and autism rehab centers across Dhaka and Savar, Bangladesh.

### *3.3.2 Study Period*

The total study period was between January 2025 to November 2025.

## 3.4 Study Participants

### *3.4.1 Study Population*

The study was focused the parents who raising at least one child with Autism Spectrum Disorder (ASD) in Bangladesh who receive services from special schools, therapy centers and rehabilitation centers.

### *3.4.2 Sampling Techniques*

The researcher established specific inclusion and exclusion criteria to ensure that participants accurately represented the target population. Purposive sampling was used to intentionally recruit eligible fathers and mothers of children with ASD who met the study criteria and could provide relevant information aligned with the study objectives (Robinson, 2014). This sampling technique relies on the researcher's judgment to obtain the most suitable participants for the research purpose and to ensure a better match between

the sample and the study aims (Campbell et al., 2020; Sharma, 2017) . Therefore, purposive sampling was considered the most appropriate method for participant selection in this study.

### *3.4.3 Inclusion Criteria*

- Couples were with at least one child diagnosed with ASD.
- There was must be residents of Bangladesh.
- Mothers or fathers were literate, and able to complete the questionnaire in Bangla, the chosen language.
- The biological mother or father of ASD children were required to participate in the study.
- Participants should have children who were receiving medical interventions from any health care center.

### *3.4.4 Exclusion Criteria*

- Divorced parents, widow and widower.
- Parents with other mental health conditions unrelated to ASD.
- Parents were excluded who have any serious medical condition or any kind of physical problem.

### *3.4.5 Sample Size*

$$\text{Sample size, } n = \frac{Z^2 pq}{d^2}$$

Here,

n = required sample size

Z = Z-score corresponding to the desired confidence level

p = estimated prevalence (proportion)

d = margin of error (expressed as a proportion)

In this study, Prevalence (p) = 2 in 1000 = 0.2% = 0.002 (as a proportion)

Confidence level (C) = 99% (which corresponds to a Z-score of approximately 2.576 for a two-tailed test at this confidence level)

The margin of error (d) = 1% (0.01 as a proportion)

To sum it up, $n = (Z^2 \times p \times (1 - p)) / d^2$

$= ((2.576 \times 2.576) \times 0.002 \times (1 - 0.002)) / (0.01 \times 0.01)$

=132.45

=133

As the data was collected by face-to-face interview so 10% non-response rate was added to it. So, then the actual sample size was = 133+ 10% = 146.3 or 147.

According to this equation, the sample would be 147 participants. After matching the inclusion and exclusion criteria within a short period of time, the researcher reached 358 (both father and mother) from the participants of the study.

## 3.5 Ethical Consideration

### *3.5.1 Ethical Approval from IRB*

The ethical issues were sought from the Institutional Review Board (IRB) with the explanation of aim, objective and purpose of the study through the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). The IRB number **Ref: CRP-BHPI/IRB/05/2025/1079.** Permission from Head of the OT department, BHPI and OT department of Paediatric Unit also taken before taking participant's information (World Medical Association, 2022).

### *3.5.2 Informed Consent*

The researcher explained the aim, objective, and purpose of the study to the participants through an information sheet. The participants, who felt willingly interested to participate in the study, their data was collected. Researcher took signed consent in a consent form from the participants during the face to face survey.

### *3.5.3 Right to Refusal to Participate or Withdraw*

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

### *3.5.4 Confidentiality*

The information provided by the participants was confidential. Their name and identity were not disclosed to anyone except for the supervisor, and it was stated on the information sheet. The participants were informed that their identity will remain confidential for future uses, such as report writing, publication, conference or any other written materials and verbal discussion.

### *3.5.5 Unequal or Power Relationship*

The researcher did not have any unequal relationship or any power relationship that may influence their decision in participation. The researcher collected data following a standardized questionnaire so there was no scope to bias.

### *3.5.6 Risk and Beneficence*

The participation in this study did not involve any kind of risk and beneficence in participating in this study. However, the researcher prioritized their safety and wellbeing.

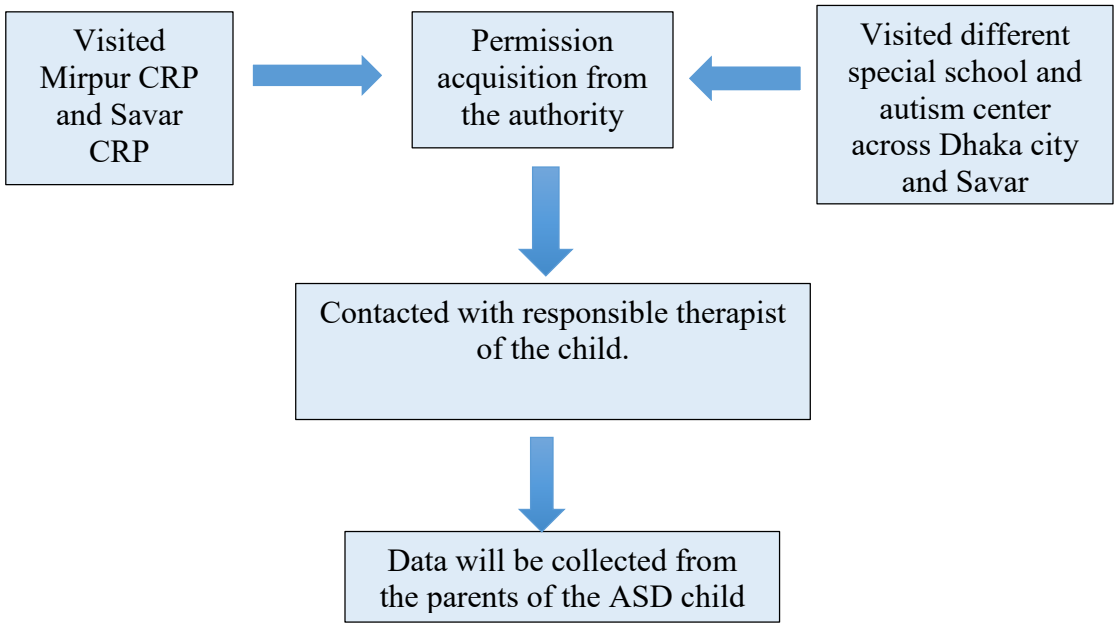
There was no financial or any other benefit involved in this study.

## 3.6 Data Collection Process

### *3.6.1 Participants Recruitment Process*

**Figure 3.6.1**

*Participants Recruitment Process*




The recruitment of participants was carried out through several structured steps. Initially, visits were made to Mirpur CRP and Savar CRP, as well as to different special schools and autism centers across Dhaka city and Savar in order to identify potential participants. Prior to data collection, formal permission was obtained from the respective authorities of these institutions.

Following this, the responsible therapists of the children were contacted to facilitate communication and ensure that the identified participants met the inclusion criteria. Once potential participants were identified, the parents of children with ASD were approached and informed about the purpose and procedure of the study. After obtaining their consent,

data collection was conducted directly from the parents.

### *3.6.2 Data Collection Method*

The data was collected by face-to-face survey. After taking verbal consent from the participants, data was taken by initially sociodemographic questionnaire and also using the standardized tools [Dyadic coping inventory (DCI), Relationship Assessment Scale (RAS)]. The questionnaire was close to ending. Before that the researcher talked about the purpose and consent for the study. The researcher also gathered the socio-demographic data (Age, gender, education level, etc.) The researcher was physically present to ask the survey questions and to help the respondent if they had faced any kind of problem to understand the question with their responses in a face to face survey. Face to face survey maintained the quality of data (Doyle, 2005).

### *3.6.3 Data Collection Instrument*

#### 3.6.3.1 Dyadic Coping Inventory (DCI).

This instrument assesses the quality of communication and the coping strategies used by couples when facing stress. The way partners manage stress can influence the stability and continuity of their marital relationship. This tool is a shortened form of the Dyadic Coping Questionnaire and has been utilized across diverse cultural settings (Nepomuceno et al., 2022). The Dyadic Coping Inventory is a 37-item instrument designed to measure perceived communication and dyadic coping (supportive, delegated, negative, and joint) that occurs in close relationships when one or both partners are stressed. Dyadic coping includes both (a) a persons attempt to reduce the stress of their partner and (b) a common endeavor between couples to deal with external stress that affects the relationship. A briefer version of the 68-item Questionnaire to Assess Dyadic Coping as a Tendency (Gujarati &

Porter, 2010).

#### 3.6.3.2 Relationship Assessment Scale (RAS).

A 7-item scale designed to measure general relationship satisfaction. Respondents answer each item using a 5-point scale ranging from 1 (low satisfaction) to 5 (high satisfaction) (*Relationship Assessment Scale*, 1988). The Relationship Assessment Scale (RAS) is a widely used instrument designed to assess the quality of relationships based on individuals' perceptions. It consists of several items that evaluate various aspects of relationship satisfaction, including communication, emotional support, and the overall sense of fulfillment within the partnership. The scale is validated for both couples and non-couples. This instrument's psychometric properties ensure that it provides consistent and accurate results. It is a valuable tool for understanding relationship quality. The RAS has been used in numerous studies and is recognized for its effectiveness in research related to relationship counseling, marital satisfaction, and other interpersonal dynamics (Hendrick et al., 1998; Vaughn & Matyastik Baier, 1999)

## 3.7 Data Management and Analysis

Data management, which refers to the systematic method of handling, organizing, and guaranteeing the quality and accessibility of data during the study period and its lifecycle, is an essential and integral component of quantitative cross-sectional research, as well as any other type of research. This typically includes various stages from data creation to disposal. Effectively managing data assets, preserving data integrity, conducting analyses, and providing quick, safe access to produced information are the objectives of research data management. In this instance, following careful data management planning, the procedure began with gathering data through face to face surveys using a well-crafted and

structured data collection questionnaire. In order to further the cause, the data was now processed, cleansed, and loaded into Statistical Package for Social Science (SPSS) version 26. This required looking for, locating, and fixing any problems, duplicate entries, inconsistent data, etc. Following that, appropriate data storage on hard disc was made sure of, allowing the data to be conveniently accessible, safe, and structured when needed.

The most important aspect of data management at this point is to conduct data analysis in a way that advances the goals and objectives of the study. Researcher used descriptive statistics analysis to calculate means, standard deviations and frequency distributions for level of dyadic coping, relationship satisfaction among father and mother of ASD child. After the revision of the data set and checking the normality and to determine the relationship and examine correlation between dyadic coping and relationship satisfaction, Pearson correlation matrix was used for analysis. Once this crucial portion is finished, it is crucial to involve appropriate individuals in the data sharing process, such as supervisors in order to ensure data quality and researchers to guarantee data sharing while maintaining privacy and ethical compliance. And it is necessary to disseminate the findings and insights gained from the data analysis and that is why it was written and presented through tables and reports for the purpose of conveying information effectively. The data preservation and archiving stage of data management is now centered on storing the data in a secure and accessible manner because data has evolved into information and is important for future reference. After ten years, data that is no longer needed or relevant will be safely deleted or destroyed to safeguard privacy in accordance with established laws and regulations.

### 3.8 Quality Control and Quality Assurance

The study ensured the highest level of data quality and safety by strictly adhering to the five steps of data cycle management. 358 participants (Father and Mother)) actively participated in this study. The surveys were conducted in a paper document format with areas set aside for answers, along with informed consent and withdrawal forms. Every response of the participants and data was maintained confidentiality. Every document was photocopied for further preservation in order to increase security. Both the data gathering procedure and the ensuing data input were carried out with fairness. All data was originally saved in the SPSS. Furthermore, copies of the data were safely kept in the personal laptop and hard disc which was highly secured. There was a strong focus on making sure the data was used responsibly, and strict precautions were made to avoid any unwanted access. Throughout the investigation, the data were kept in their original condition; neither alteration nor exploitation took place. As they anticipate its significance for future research projects, the supervisor and the researcher both urge for comprehensive preservation. Realizing that the data will only be useful for a short time once the study period is over, the data utilized in this research will be properly disposed of after its assessment is over.

# CHAPTER IV: RESULTS

This section provides a statistical analysis of the findings. The findings of the study have been analyzed and represented by using table in a systematic way.

## 4.1 Sociodemographic information

**Table 4.1**

*Sociodemographic Characteristics of Father and Mother of Children with ASD*

| Variables | | Frequency (n=167) | Percentage (%) | Variables | | Frequency (n=191) | Percentage (%) |
|---|---|---|---|---|---|---|---|
| Father | | | | Mother | | | |
| Age | ≤38 Years | 82 | 49.1 | Age | ≤33 Years | 98 | 51.3 |
| | >38 Years | 85 | 50.9 | | > 33 Years | 93 | 48.7 |
| | Mean ± SD=39.49±5.667, Minimum age= 29 years, Maximum age= 60 years | | | | Mean ± SD=33.64±4.568, Minimum age= 21 years, Maximum age= 48 years | | |
| Educational status | Primary | 13 | 7.7 | Educational status | Primary | 11 | 5.8 |
| | Secondary | 11 | 6.5 | | Secondary | 51 | 26.8 |
| | Tertiary | 144 | 85.7 | | Tertiary | 128 | 67.4 |
| Duration of time spend with child | ≤2 hours | 82 | 49.1 | Duration of time spend with child | ≤9 hours | 99 | 51.8 |
| | >2 hours | 85 | 50.9 | | >9 hours | 92 | 48.2 |
| | Mean ± SD=3.01±1.917, Minimum time spend = 1 hour, Maximum time spend= 12 hours | | | | Mean ± SD=9.05±3.655, Minimum time spend = 1 hour, Maximum time spend= 18 hours | | |

| Other Sociodemographic Characteristics of Father and Mother | | | |
|---|---|---|---|
| Variable | Category | Frequency (n=167) | Percentage (%) |
| Duration of Marital Status | ≤8 Years | 96 | 47.1 |
| | > 8 Years | 108 | 52.9 |
| | Mean ± SD= 9.72± 3.879, Minimum Year= 4 Years., Maximum Year= 20 Years | | |
| Religious Status | Islam | 193 | 94.6 |
| | Hinduism | 11 | 5.4 |
| Father occupation | Service holder | 141 | 69.5 |
| | Business | 62 | 30.5 |
| Mother occupation | Service holder | 33 | 16.2 |
| | Business | 16 | 7.8 |
| | House wife | 155 | 76.0 |
| Monthly income | ≤60000 BDT | 104 | 51.0 |
| | >60000 BDT. | 100 | 49.0 |
| | Mean ± SD=87107.84±51527.367, Minimum income =17000 tk., Maximum income= 275000 tk. | | |
| Number of children | One child | 92 | 45.1 |
| | Two children | 95 | 46.6 |
| | Three children | 17 | 8.3 |
| Living area | Urban | 170 | 83.3 |
| | Semi-urban | 34 | 16.7 |

| | | | |
|---|---|---|---|
| Family types | Nuclear<br>Joint | 134<br>70 | 65.7<br>34.3 |
| Access to health care services near home | Yes<br>No | 192<br>12 | 94.1<br>5.9 |
| Counseling support | Yes<br>No | 117<br>87 | 57.4<br>42.6 |
| Others family members involve in caring | Yes<br>No | 79<br>125 | 38.7<br>61.3 |

**[Note: Perform Descriptive Statistics Test; SD= Standard Deviation]**

Table 4.1 summarizes the sociodemographic characteristics of fathers (n = 167) and mothers (n = 191) of children with ASD. Nearly half of the fathers were aged ≤38 years (49.1%) and 50.9% were >38 years, with a mean age of 39.49 ± 5.67 years (range: 29-60 years). Similarly, 51.3% of mothers were aged ≤33 years and 48.7% were >33 years, with a mean age of 33.64 ± 4.57 years (range: 21-48 years). Educational attainment was predominantly tertiary, reported by 85.7% of fathers and 67.4% of mothers, while a smaller proportion had primary (7.7% fathers; 5.8% mothers) or secondary education (6.5% fathers; 26.8% mothers). With respect to time spent with the child, fathers were almost equally divided between spending ≤2 hours (49.1%) and >2 hours (50.9%) daily, with a mean of 3.01 ± 1.92 hours (range: 1-12 hours). In contrast, mothers reported substantially longer caregiving time, with 51.8% spending ≤9 hours and 48.2% spending >9 hours per day, and a mean duration of 9.05 ± 3.66 hours (range: 1-18 hours). Other background characteristics indicated that 52.9% of respondents had been married for more than 8 years (mean duration: 9.72 ± 3.88 years; range: 4-20 years) and the majority were Muslim (94.6%). Most fathers were service holders (69.5%) and the remainder were involved in business (30.5%), whereas most mothers were housewives (76.0%), with smaller proportions being service holders (16.2%) or engaged in business (7.8%). Approximately half of the families reported a monthly income of ≤60,000 BDT (51.0%) and 49.0% reported >60,000 BDT, with a mean income of 87,107.84 ± 51,527.37 BDT (range: 17,000-

275,000 BDT). Regarding family composition, 46.6% had two children, 45.1% had one child, and 8.3% had three children; most lived in urban areas (83.3%) and belonged to nuclear families (65.7%). Access to nearby healthcare services was reported by 94.1% of respondents, 57.4% received counseling support, and 38.7% indicated involvement of other family members in caring for the child with ASD. Overall, the findings suggest that parents were largely middle-aged and well educated, mothers devoted considerably more daily time to caregiving than fathers, and most families had healthcare access, although caregiving support from other family members was relatively limited.

**Table 4.2**

*Distribution of Children Age, Duration of ASD, Biological Parents, Main Caregiver of children.*

| Variable | Category | Frequency (n=167) | Percentage (%) |
|---|---|---|---|
| Children age | ≤5 Years | 114 | 55.9 |
| | >5 Years | 90 | 44.1 |
| | Mean ± SD=5.94±2.279, Minimum age = 2 year, Maximum age = 3 years | | |
| Duration of ASD | ≤2 Years | 120 | 58.8 |
| | >2 Years | 84 | 41.2 |
| | Mean ± SD=2.82±1.860, Minimum duration= 1 year, Maximum duration = 10 years | | |
| Main caregiver of children | Mother | 99 | 48.5 |
| | Both | 105 | 51.5 |

**[Note: Perform Descriptive Statistics Test; SD= Standard Deviation]**

Table 4.2 summarizes the background characteristics of the children with ASD and their caregiving arrangements. More than half of the children were aged ≤5 years (55.9%), while 44.1% were older than 5 years. The mean age of the children was 5.94 ± 2.28 years, with ages ranging from 2 to 13 years. Regarding the duration of ASD, most children had a

duration of ≤2 years (58.8%), whereas 41.2% had a duration of more than 2 years. The average duration of ASD was 2.82 ± 1.86 years, ranging from 1 to 10 years. In terms of caregiving, slightly more than half of the children were cared for jointly by both parents (51.5%), while 48.5% were primarily cared for by mothers. Overall, these findings indicate that the sample consisted largely of young children with a relatively shorter duration of ASD, and caregiving responsibilities were almost equally shared between mothers and both parents together.

### 4.2 Status of Dyadic Coping of Parents with ASD Child

**Table 4.3**

*Distribution of Dyadic Coping Scores among Fathers and Mothers of Children with ASD*

| Dyadic Coping | | | | | |
|---|---|---|---|---|---|
| Father | | | Mother | | |
| Variable Name | Frequency (n=167) | Percentage (%) | Variable Name | Frequency (n=191) | Percentage (%) |
| Poor dyadic coping | 53 | 31.7 | Poor dyadic coping | 53 | 27.7 |
| Good dyadic coping | 114 | 68.3 | Good dyadic coping | 138 | 72.3 |
| Mean (SD)= ±117.48 (21.09), Maximum= 165, Minimum=75 | | | Mean (SD)= ±117.11 (22.239), Maximum= 169, Minimum=63 | | |

**[Note: Perform Descriptive Statistics Test; SD= Standard Deviation]**

Table 4.3 summarizes the distribution of dyadic coping scores among fathers (n = 167) and mothers (n = 191) of children with ASD. Among fathers, 31.7% demonstrated poor dyadic coping, whereas the majority (68.3%) reported good dyadic coping. The mean dyadic coping score for fathers was 117.48 ± 21.09, with scores ranging from 75 to 165. Similarly, among mothers, 27.7% reported poor dyadic coping and 72.3% reported good dyadic coping. Mothers had a mean dyadic coping score of 117.11 ± 22.24, with a range from 63 to 169. Overall, these findings indicate that most parents exhibited good dyadic coping,

with mothers showing a slightly higher proportion of good dyadic coping than fathers, while the average dyadic coping scores were nearly comparable between the two groups.

### 4.3 Frequency status of Relationship Satisfaction among parents of Children with ASD as per RAS

**Table 4.4**

*Frequency Distribution of Relationship Satisfaction Levels among Fathers and Mothers*

| Questions | Father | | | | | Mother | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Very Dissatisfaction %(n) | Dissatisfaction %(n) | Neutral %(n) | Satisfaction %(n) | Very Satisfaction %(n) | Very dissatisfaction %(n) | Dissatisfaction %(n) | Neutral %(n) | Satisfaction %(n) | Very Satisfaction %(n) |
| 1. How well does your partner meet your needs? | 4.9%(10) | 5.4%(11) | 9.8%(20) | 42.2%(86) | 19.6%(40) | 9.8%(20) | 8.8%(18) | 11.8%(24) | 38.7%(79) | 24.5%(50) |
| 2. In general, how satisfied are you with your relationship? | 0.5% (1) | 6.4%(13) | 13.7%(28) | 35.3%(72) | 26.0%(53) | 2.9%(6) | 10.8%(22) | 17.6%(36) | 32.4%(66) | 29.9%(61) |
| 3. How good is your relationship compared to most? | 2.9% (6 ) | 7.4%(15) | 19.6%(40) | 30.9%(63) | 21.1%(43) | 3.4%(7) | 8.8%(18) | 24.5%(50) | 36.8%(75) | 20.1%(41) |
| 4. How often do you wish you hadn't gotten into this relationship met your original expectations? | 9.3% (19 ) | 23.5%(48) | 26.0%(53) | 6.9%(14) | 16.2%(33) | 12.3%(25) | 22.5%(46) | 34.3%(70) | 8.8%(18) | 15.7%(32) |
| 5. To what extent has your relationship met your original expectations? | 2.9% (6 ) | 7.4%(15) | 15.2%(31) | 37.3%(76) | 19.1%(39) | 5.4%(11) | 10.3%(21) | 22.5%(46) | 35.8%(73) | 19.6%(40) |
| 6. How much do you love your partner? | 3.9% (8 ) | 6.9%(14) | 11.8%(24) | 27.5%(56) | 31.9%(65) | 4.9%(10) | 6.9%(14) | 14.2%(29) | 31.9%(65) | 35.8%(73) |
| 7. How many problems are there in your relationship? | 8.8% (18) | 20.6%(42) | 31.9%(65) | 8.8%(18) | 11.8%(24) | 15.2%(31) | 17.2%(35) | 38.7%(79) | 6.4%(13) | 16.2%(33) |

**[Note: Perform Descriptive Statistics Test]**

Table 4.4 presents item wise distributions of relationship satisfaction responses among fathers and mothers of children with ASD. Overall, for the positively framed items (e.g., partner meets needs, overall relationship satisfaction, relationship compared to most, expectations met, and love for partner), the most frequently reported responses clustered around the “satisfaction” and “very satisfaction” categories in both groups. For example, regarding how well the partner meets needs, the largest proportion reported satisfaction (fathers: 42.2%; mothers: 38.7%), followed by very satisfaction (fathers: 19.6%; mothers: 24.5%). Similarly, in general relationship satisfaction, the highest responses were satisfaction (fathers: 35.3%; mothers: 32.4%) and very satisfaction (fathers: 26.0%; mothers: 29.9%). In terms of perceived love, both fathers and mothers most commonly reported very satisfaction (fathers: 31.9%; mothers: 35.8%), with an additional substantial proportion indicating satisfaction (fathers: 27.5%; mothers: 31.9%). Conversely, for the negatively framed items such as wishing they had not entered the relationship and perceived relationship problems responses tended to shift toward neutral and dissatisfaction categories. Notably, on the item assessing wishing they had not gotten into the relationship, neutral was the most frequent response (fathers: 26.0%; mothers: 34.3%), followed by dissatisfaction (fathers: 23.5%; mothers: 22.5%). Taken together, these findings suggest that while both fathers and mothers generally reported moderate to high relationship satisfaction across positive relationship domains, a meaningful proportion also expressed neutrality or dissatisfaction on items reflecting regret and relationship difficulties, indicating potential areas of relational strain within some families.

## 4.4 Relationship satisfaction comparison status among Parents of children with ASD

**Figure 4.1**

*Comparison of Fathers' and Mothers' Relationship Satisfaction*

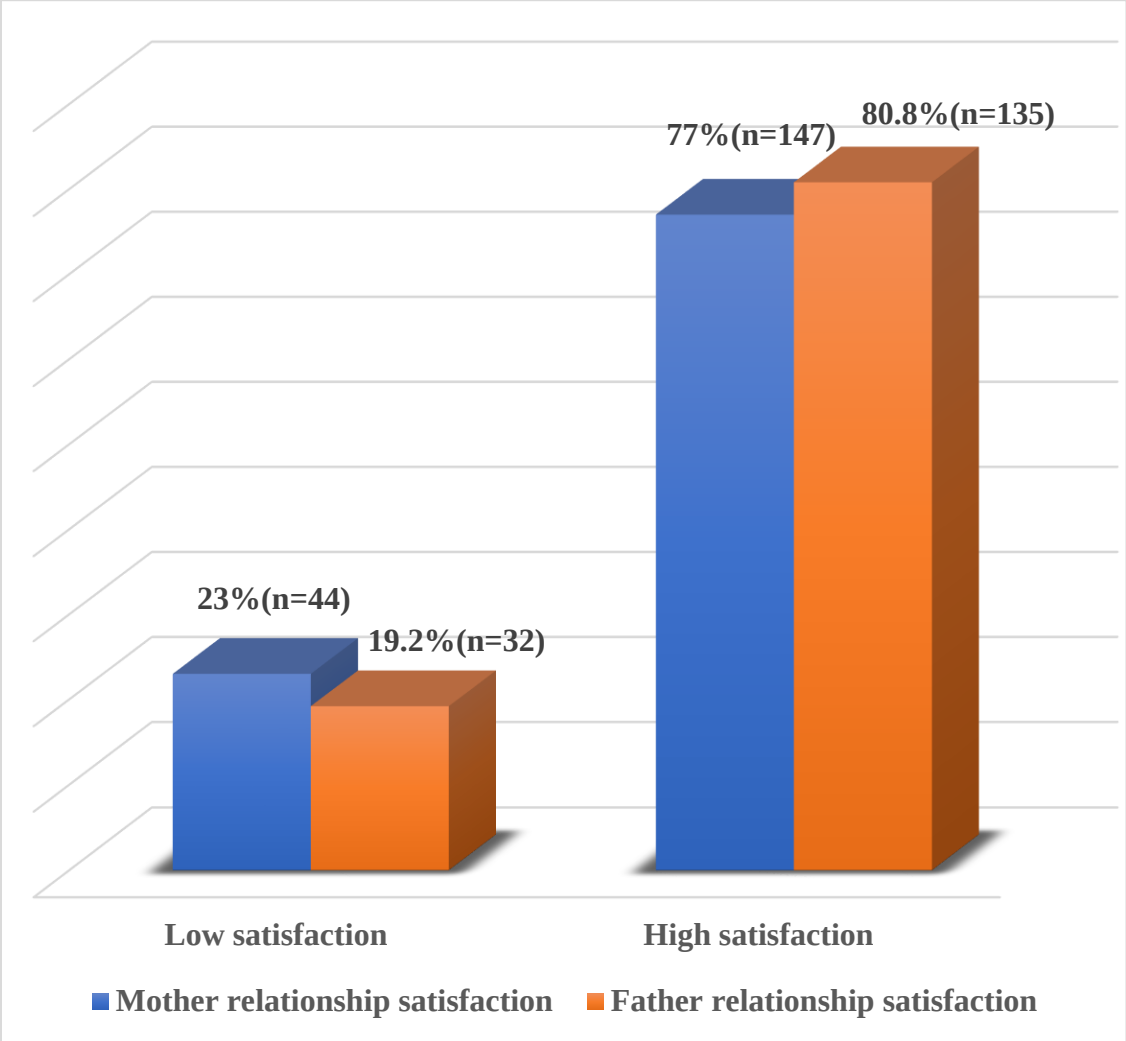



Figure 4.1 presents a comparison of relationship satisfaction levels between fathers and mothers of children with ASD. The figure shows that the majority of both parents reported high relationship satisfaction, with fathers demonstrating a slightly higher proportion than mothers. Specifically, 80.8% of fathers (n = 135) reported high satisfaction compared to 77.0% of mothers (n = 147). In contrast, low relationship satisfaction was reported by

23.0% of mothers (n = 44) and 19.2% of fathers (n = 32). Overall, these findings indicate that although high relationship satisfaction predominated among both groups, mothers reported a comparatively higher proportion of low satisfaction than fathers, suggesting subtle gender differences in perceived relationship quality within families of children with ASD.

### 4.5 Correlation between *Dyadic Coping and Relationship Satisfaction* among parents of children with ASD

**Table 4.5**

*Correlation Matrix Between Dyadic Coping and Relationship Satisfaction among Fathers and Mothers*

| Variable | Relationship satisfaction of father | Relationship satisfaction of mother | Dyadic coping of mother | Dyadic coping of father |
|---|---|---|---|---|
| Relationship satisfaction of father | 1 | .677** | .516** | .718** |
| Relationship satisfaction of mother | .677** | 1 | .727** | .663** |
| Dyadic coping of mother | .516** | .727** | 1 | .778** |
| Dyadic coping of father | .718** | .663** | .778** | 1 |

**[Note: *P*<0.01**; Pearson Correlation Test]**

Table 4.5 presents the correlation matrix examining the relationships between dyadic coping and relationship satisfaction among fathers and mothers of children with ASD. Relationship satisfaction of fathers showed a strong and statistically significant positive correlation with relationship satisfaction of mothers (r = .677, ***P* < .01). Fathers'

relationship satisfaction was also moderately to strongly correlated with dyadic coping of mothers (r = .516, **$P$ < .01) and strongly correlated with fathers' own dyadic coping (r = .718, **$P$ < .01). Similarly, mothers' relationship satisfaction demonstrated strong positive correlations with mothers' dyadic coping (r = .727, **$P$ < .01) as well as with fathers' dyadic coping (r = .663, **$P$ < .01). Additionally, dyadic coping between fathers and mothers was highly correlated (r = .778, **$P$ < .01), indicating substantial interdependence in coping behaviors between partners. Overall, the findings suggest that higher levels of dyadic coping in both parents are strongly associated with greater relationship satisfaction, highlighting the reciprocal and interconnected nature of coping and relational well-being among parents of children with ASD.

**Table 4.6**

*Regression Analysis Showing the Association between Dyadic Coping and Relationship Satisfaction*

| Predictor | Father Dyadic Coping | | | |
|---|---|---|---|---|
| | Unadjusted | | Adjusted | |
| | B (95% confidence) | *P* - Value | B (95% confidence) | *P* - Value |
| Relationship Satisfaction of Mother | 3.142 (2.573 - 3.712) | .001 | 0.108 (-.572 - .788) | .754 |
| Relationship Satisfaction of Father | 3.229 (2.748 - 3.710) | .001 | 1.635 (1.068 - 2.203) | .001 |
| Dyadic Coping of Mother | 0.705 (.614 - .796) | .001 | 0.528 (.417 - .639) | .001 |

**[Note: Perform Linear Regression Analysis Test; B= Regression Coefficient]**

Table 4.6 presents the regression analysis examining the association between dyadic coping and relationship satisfaction, with fathers' dyadic coping as the outcome variable. In the unadjusted model, relationship satisfaction of mothers (B = 3.142, 95% CI: 2.573-3.712; $P$ = .001), relationship satisfaction of fathers (B = 3.229, 95% CI: 2.748 - 3.710; $P$ = .001), and mothers' dyadic coping (B = 0.705, 95% CI: 0.614 - 0.796; $P$ = .001) were all

positively and significantly associated with fathers' dyadic coping. However, in the adjusted model, only fathers' relationship satisfaction (B = 1.635, 95% CI: 1.068 - 2.203; *P* = .001) and mothers' dyadic coping (B = 0.528, 95% CI: 0.417 - 0.639; *P* = .001) remained significant predictors. In contrast, mothers' relationship satisfaction was no longer statistically significant after adjustment (B = 0.108, 95% CI: - 0.572 to 0.788; *P* = .754). Overall, these findings suggest that fathers' dyadic coping is independently associated with their own relationship satisfaction and the dyadic coping of mothers, while the effect of mothers' relationship satisfaction appears to be explained by other factors in the adjusted model.

### 4.6 Association between Dyadic Coping, Relationship Satisfaction and Sociodemographic Characteristics among Parents of children with ASD

**Table 4.7**

*Association between Fathers' and Mothers' Dyadic Coping and Sociodemographic Characteristics*

| Variable | | Poor Dyadic Coping | Good Dyadic Coping | Chi-Square | *P*-Value |
|---|---|---|---|---|---|
| FATHER DYADIC COPING WITH SOCIODEMOGRAPHIC INFORMATION | | | | | |
| Monthly income | ≤60000 tk. | 23(13.8%) | 62(37.1%) | 6.970 | .010 |
| | >60000 tk. | 9(5.4%) | 73(43.7%) | | |
| Main Caregiver | Mother | 20(12.0%) | 57(34.1%) | 4.281 | .049 |
| | Both | 12(7.2%) | 78(46.7%) | | |
| Education | Primary | 9(5.4%) | 4(2.4%) | 31.304 | .001 |
| | Secondary | 5(3.0%) | 5(3.0%) | | |
| | Tertiary | 18(10.8%) | 126(75.4%) | | |
| Occupation | Service Holder | 19(11.4%) | 99(59.3%) | 2.431 | .134 |
| | Business | 13(7.8%) | 36(21.6%) | | |

| MOTHER DYADIC COPING WITH SOCIODEMOGRAPHIC INFORMATION | | | | | |
|---|---|---|---|---|---|
| Monthly income | ≤60000 tk. | 37(19.4%) | 55(28.8%) | 13.764 | .001 |
| | >60000 tk. | 16(8.4%) | 83(43.5%) | | |
| Main Caregiver | Mother | 34(17.8%) | 57(29.8%) | 8.013 | .006 |
| | Both | 19(9.9%) | 81(42.4%) | | |
| Education | Primary | 7(3.7%) | 4(2.1%) | 10.135 | .005 |
| | Secondary | 17(8.9%) | 34(17.9%) | | |
| | Tertiary | 28(14.7%) | 100(52.6%) | | |
| Occupation | Service Holder | 9(4.7%) | 22(11.5%) | 5.650 | .059 |
| | Business | 6(3.1%) | 4(2.1%) | | |
| | Housewife | 38(19.9%) | 112(58.6%) | | |

**[Note: Perform Pearson Chi-Square Test]**

Table 4.7 shows the associations between dyadic coping (poor vs. good) and selected sociodemographic characteristics among fathers and mothers of children with ASD. For fathers, dyadic coping was significantly associated with monthly income ($\chi^2 = 6.970$, $P = .010$), main caregiver status ($\chi^2 = 4.281$, $P = .049$), and educational level ($\chi^2 = 31.304$, $P = .001$). Specifically, a higher proportion of poor dyadic coping was observed among fathers from lower-income households (≤60,000 BDT: 13.8%) compared to higher-income households (>60,000 BDT: 5.4%). Poor dyadic coping was also more common when the mother was the main caregiver (12.0%) than when caregiving was shared by both parents (7.2%). In addition, fathers with primary education showed a comparatively higher proportion of poor dyadic coping (5.4%) than those with tertiary education (10.8% poor vs. 75.4% good overall distribution indicating better coping among tertiary-educated fathers). In contrast, father's occupation was not significantly related to fathers' dyadic coping ($\chi^2 = 2.431$, $P = .134$). For mothers, dyadic coping was significantly associated with monthly income ($\chi^2 = 13.764$, $P = .001$), main caregiver status ($\chi^2 = 8.013$, $P = .006$), and

educational level ($\chi^2$ = 10.135, $P$ = .005). Poor dyadic coping was more frequent among mothers from lower-income families (≤60,000 BDT: 19.4%) compared to those from higher-income families (>60,000 BDT: 8.4%). Similarly, mothers reported higher poor dyadic coping when they were the sole/main caregiver (17.8%) compared to when caregiving was shared (9.9%). Educational status also showed a significant relationship, with relatively higher poor dyadic coping observed among mothers with lower education compared to those with tertiary education (tertiary: 14.7% poor vs. 52.6% good). Mothers' occupation did not show a statistically significant association with dyadic coping, although it was marginal ($\chi^2$ = 5.650, $P$ = .059). Overall, these findings suggest that lower income, caregiving burden (mother as main caregiver), and lower educational attainment are significantly associated with poorer dyadic coping among both fathers and mothers, whereas occupation was not significantly related to dyadic coping in either group.

**Table 4.8**

*Association between Fathers' and Mothers' Relationship Satisfaction and Sociodemographic Characteristics*

| Variable | | Low Satisfaction | High Satisfaction | Chi -Square | *P* -Value |
|---|---|---|---|---|---|
| Father Relationship Satisfaction with Sociodemographic Information | | | | | |
| Education | Primary | 9 (5.4%) | 4 (2.4%) | 31.304 | .001 |
| | Secondary | 5 (3.0%) | 5 (3.0%) | | |
| | Tertiary | 18 (10.8%) | 126 (75.4%) | | |
| Main Caregiver | Mother | 20 (12.0%) | 57 (34.1%) | 4.281 | .049 |
| | Both | 12 (7.2%) | 78 (46.7%) | | |
| Living Place | Urban | 22 (13.2%) | 113 (67.7%) | 3.734 | .078 |
| | Semi-urban | 10 (6.0%) | 22 (13.2%) | | |
| Monthly Income | ≤60000 tk. | 23(13.8%) | 62(37.1%) | 6.970 | .010 |
| | >60000 tk. | 9(5.4%) | 73(43.7%) | | |
| Mother Relationship Satisfaction with Sociodemographic Information | | | | | |
| Monthly income | ≤60000 tk. | 22 (11.5%) | 37 (19.4%) | 9.780 | .002 |
| | >60000 tk. | 22 (11.5%) | 110 (57.6%) | | |
| Main Caregiver | Mother | 30 (15.7%) | 61 (31.9%) | 9.667 | .002 |
| | Both | 14 (7.3%) | 86 (45.0%) | | |

| | | | | | |
|---|---|---|---|---|---|
| Mother Time Spend with Children | ≤9 hours<br>>9 hours | 29(15.2%)<br>15(7.9%) | 70(36.6%)<br>77(40.3%) | 4.537 | .039 |
| Occupation | Service Holder<br>Business<br>Housewife | 7 (3.7%)<br>6 (3.1%)<br>31 (16.2%) | 24 (12.6%)<br>4 (2.1%)<br>119 (62.3%) | 8.185 | .018 |
| Any other family member involves in caring | Yes<br>No | 22 (11.5%)<br>22 (11.5%) | 49 (25.7%)<br>98 (51.3%) | 4.028 | .052 |

**[Note: Perform Pearson Chi-Square Test]**

Table 4.8 presents the associations between relationship satisfaction (low vs. high) and selected sociodemographic characteristics among fathers and mothers of children with ASD. For fathers, relationship satisfaction was significantly associated with educational status ($\chi^2 = 31.304$, $P = .001$), main caregiver status ($\chi^2 = 4.281$, $P = .049$), and monthly income ($\chi^2 = 6.970$, $P = .010$). Specifically, low relationship satisfaction was proportionately higher among fathers with primary education (5.4%) compared to those with tertiary education, where high satisfaction predominated (75.4%). Fathers also reported lower satisfaction more frequently when the mother was the main caregiver (12.0%) compared to when caregiving was shared by both parents (7.2%). In addition, low satisfaction was more common among fathers from lower-income households (≤60,000 BDT: 13.8%) than those from higher-income households (>60,000 BDT: 5.4%). However, living place (urban vs. semi-urban) did not show a statistically significant association with fathers' relationship satisfaction ($\chi^2 = 3.734$, $P = .078$). For mothers, relationship satisfaction was significantly associated with monthly income ($\chi^2 = 9.780$, $P = .002$), main caregiver status ($\chi^2 = 9.667$, $P = .002$), time spent with children ($\chi^2 = 4.537$, $P = .039$), and occupation ($\chi^2 = 8.185$, $P = .018$). Mothers from higher-income families (>60,000 BDT) reported a markedly higher proportion of high relationship satisfaction (57.6%) compared with those earning ≤60,000 BDT (19.4%). Low satisfaction was also more common among mothers who were the primary caregiver (15.7%) compared to those sharing caregiving

with both parents (7.3%). Furthermore, mothers who spent ≤9 hours per day with their child reported relatively higher low satisfaction (15.2%) than those spending >9 hours (7.9%), while high satisfaction remained common in both groups. Occupational status also showed a significant relationship, with most mothers being housewives and reporting predominantly high satisfaction (62.3%). Finally, involvement of other family members in caregiving showed a borderline association with mothers' relationship satisfaction ($\chi^2$ = 4.028, $P$ = .052), indicating a possible trend but not reaching conventional statistical significance. Overall, the findings suggest that income level and caregiving responsibility are consistently linked with relationship satisfaction for both fathers and mothers, while mothers' relationship satisfaction also varies significantly by time spent with children and occupational status.

**Table 4.9**

*Logistic Regression of Father's and Mother's Dyadic Coping with Sociodemographic Variables (Unadjusted and Adjusted Models)*

| Dyadic Coping of Father | | | | Unadjusted Model | | Adjusted Model | |
|---|---|---|---|---|---|---|---|
| Variables | | Poor | Good | COR (95% CI) | *P* - value | AOR (95% CI) | *P* - value |
| Main caregiver | Mother | 32 (19.2%) | 45 (26.9%) | 0.428 (0.220-0.833) | .013 | 0.431 (0.216-0.859) | .017 |
| | Both (Ref.) | 21(12.6%) | 69 (41.3%) | Reference | | Reference | |
| Monthly Income | ≤60000 tk. | 27 (16.2%) | 32 (19.2%) | 0.376 (0.191-0.739) | .005 | 0.400 (0.197-0.812) | .011 |
| | >60000 tk. | 26 (15.6%)) | 82 (49.1%) | Reference | | Reference | |
| Occupation | Service Holder | 32 (19.2%) | 86 (51.5%) | 2.016 (1.005-4.044) | .048 | 1.580 (0.754-3.308) | .225 |
| | Business (Ref.) | 21 (12.6%) | 28 (16.8%) | Reference | | Reference | |
| Dyadic Coping of Mother | | | | Unadjusted Model | | Adjusted Model | |
| Variables | | Poor | Good | COR (95% CI) | *P* - value | AOR (95% CI) | *P* - value |
| Main Caregiver | Mother | 34 (17.8%) | 57 (29.8%) | 0.393 (0.204-0.758) | .005 | 0.378 (0.189-0.758) | .006 |
| | Both (Ref.) | 19 (9.9%) | 81 (42.4%) | Reference | | Reference | |
| Monthly Income | ≤60000 tk. | 29 (15.2%) | 30 (15.7%) | 0.230 (0.117-0.452) | .001 | 0.224 (0.112-0.448) | .001 |
| | >60000 tk. (Ref.) | 24 (12.6%) | 108 (56.5%) | Reference | | Reference | |

**[Note: AOR = Adjusted Odds Ratio; COR = Crude Odds Ratio; Perform Binary Logistic Regression]**

Table 4.9 presents the results of logistic regression analyses examining the associations between selected sociodemographic factors and dyadic coping among fathers and mothers of children with ASD, using both unadjusted (COR) and adjusted (AOR) models. For fathers' dyadic coping, both main caregiver status and monthly income remained significant predictors in the adjusted model. Fathers in families where the mother was the main caregiver had significantly lower odds of good dyadic coping compared to families where caregiving was shared by both parents (AOR = 0.431, 95% CI: 0.216-0.859; *P* = .017). Similarly, fathers from households with monthly income ≤60,000 BDT had significantly lower odds of good dyadic coping than those with income >60,000 BDT (AOR = 0.400, 95% CI: 0.197-0.812; *P* = .011). Although fathers' occupation was significant in the unadjusted model (COR = 2.016, 95% CI: 1.005-4.044; *P* = .048), this association was not retained after adjustment (AOR = 1.580, 95% CI: 0.754-3.308; *P* = .225), indicating that the crude effect of occupation may be explained by other variables included in the model. For mothers' dyadic coping, main caregiver status and monthly income were also significant in both unadjusted and adjusted models. Mothers who were the main caregiver had significantly lower odds of good dyadic coping compared to those in households where caregiving was shared (AOR = 0.378, 95% CI: 0.189-0.758; *P* = .006). Likewise, mothers from lower-income households (≤60,000 BDT) had substantially reduced odds of good dyadic coping compared to those from higher-income households (AOR = 0.224, 95% CI: 0.112-0.448; *P* = .001). Overall, these findings indicate that lower household income and greater caregiving burden on mothers (mother as sole/main caregiver) are consistently associated with reduced odds of good dyadic coping for both fathers and mothers, even after controlling for other factors in the adjusted models.

**Table 4.10**

*Logistic Regression of Father's and Mother's Relationship Satisfaction with Sociodemographic Variables (Unadjusted and Adjusted Models)*

| Relationship Satisfaction of Father | | | | Unadjusted Model | | Adjusted Model | |
|---|---|---|---|---|---|---|---|
| Variables | | Poor | Good | COR (95% CI) | *P*-value | AOR (95% CI) | *P*-value |
| Main Caregiver | Mother | 20 (12.0%) | 57 (34.1%) | 0.439 (0.198-0.969) | .042 | 2.286 (1.012-5.162) | .047 |
| | Both (Ref.) | 12 (7.2%) | 78 (46.7%) | Reference | | Reference | |
| Living Place | Urban | 22 (13.2%) | 113 (67.7%) | . 2.336 (0.972-5.606) | .058 | 0.641 (0.244-1.682) | .366 |
| | Semi -urban (Ref.) | 10 (6.0%) | 22 (13.2%) | Reference | | Reference | |
| Monthly Income | ≤60000 tk. | 18 (10.8%) | 41 (24.6%) | 0.339 (0.154-0.747) | .007 | 2.617 (1.113-6.148) | .027 |
| | >60000 tk. (Ref.) | 14 (8.4%) | 94 (56.3%) | Reference | | Reference | |
| Relationship Satisfaction of mother | | | | Unadjusted Model | | Adjusted Model | |
| Monthly Income | ≤60000 tk. | 22 (11.5%) | 37 (19.4%) | 0.336 (0.167-0.676) | .002 | 3.272 (1.542-6.940) | .002 |
| | >60000 tk. (Ref.) | 22 (11.5%) | 110 (57.6%) | Reference | | Reference | |
| Main Caregiver | Mother | 30 (15.7%) | 61 (31.9%) | 0.331 (0.162-0.676) | .002 | 3.245 (1.521-6.921) | .002 |
| | Both (Ref.) | 14 (7.3%) | 86 (45.0%) | Reference | | Reference | |
| Mother time spend with children | ≤9 hours | 33 (17.3%) | 81 (42.4%) | 0.409 (0.192-0.871) | .020 | 2.594 (1.149-5.851) | .022 |
| | >9 hours (Ref.) | 11 (5.8%) | 66 (34.6%) | Reference | | Reference | |
| Any other family member involves in caring | Yes | 22 (11.5%) | 49 (25.7%) | 0.500 (0.252-0.990) | .047 | 1.875 (0.887-3.954) | .100 |
| | No (Ref.) | 22 (11.5%) | 98 (51.3%) | Reference | | Reference | |

**[Note: Perform Binary Logistic Regression; COR= Crude Odds Ratio; AOR= Adjusted Odds Ratio]**

Table 4.10 presents the results of logistic regression analyses examining the associations between selected sociodemographic factors and relationship satisfaction among fathers and mothers of children with ASD, using both unadjusted (COR) and adjusted (AOR) models. For fathers' relationship satisfaction, main caregiver status and monthly income emerged as significant predictors in the adjusted model. Fathers from families where the mother was the main caregiver had significantly higher odds of good relationship satisfaction compared to those where caregiving was shared by both parents (AOR = 2.286, 95% CI: 1.012-5.162; $P = .047$). Similarly, fathers from households with monthly income ≤60,000 BDT showed significantly higher odds of good relationship satisfaction compared to those with higher income after adjustment (AOR = 2.617, 95% CI: 1.113-6.148; $P = .027$), despite the unadjusted model indicating lower odds. Living place (urban vs. semi-urban) was not significantly associated with fathers' relationship satisfaction in the adjusted model (AOR = 0.641, 95% CI: 0.244-1.682; $P = .366$). For mothers' relationship satisfaction, several factors remained significantly associated in both unadjusted and adjusted models. Mothers from lower-income households (≤60,000 BDT) had significantly higher odds of good relationship satisfaction in the adjusted model (AOR = 3.272, 95% CI: 1.542-6.940; $P = .002$). Likewise, mothers who were the main caregiver had greater odds of good relationship satisfaction compared to those sharing caregiving responsibilities (AOR = 3.245, 95% CI: 1.521-6.921; $P = .002$). Time spent with children was also a significant predictor, as mothers spending ≤9 hours per day with their child had higher odds of good relationship satisfaction compared to those spending more than 9 hours (AOR = 2.594, 95% CI: 1.149-5.851; $P = .022$). Although involvement of other family members in caregiving was significant in the unadjusted model, this association did not remain

significant after adjustment (AOR = 1.875, 95% CI: 0.887-3.954; *P* = .100). Overall, these findings indicate that caregiving roles, household income, and caregiving time burden are important determinants of relationship satisfaction among parents of children with ASD. While some associations changed direction after adjustment, suggesting the influence of confounding factors, caregiving responsibility consistently emerged as a key factor influencing relationship satisfaction for both fathers and mothers.

**Table 4.11**

*Multiple Logistic Regression Model of Fathers' Dyadic Coping by Educational Level and Mothers' Dyadic Coping by Education and Occupation*

| Dyadic Coping of Father | | | | Adjusted Model | |
|---|---|---|---|---|---|
| Variables | | Poor | Good | AOR (95% CI) | *P* -value |
| Education | Primary | 9 (5.4%) | 4 ( 2.4%) | 6.058 (1.764-20.804) | .004 |
| | Secondary | 5 (3.0%) | 5 ( 3.0%) | 2.694 (0.739-9.809) | .133 |
| | Tertiary (Ref.) | 39 (23.4%) | 105 ( 62.9%) | Reference | |
| Dyadic Coping of mother | | | | Adjusted Model | |
| Variables | | Poor | Good | AOR (95% CI) | *P*-value |
| Education | Primary | 7 (3.7%) | 4 (2.1%) | 5.754 (1.524-21.731) | .010 |
| | Secondary | 17 (8.9%) | 34 (17.9%) | 1.744 (0.824-3.689) | .146 |
| | Tertiary (Ref.) | 28 (14.7%) | 100 (52.6%) | Reference | |
| Occupation | Service Holder | 9 (4.7%) | 22 (11.5%) | 1.423 (0.583-3.471) | .439 |
| | Business | 6 (3.1%) | 4 (2.1%) | 2.534 (0.600-10.690) | .206 |
| | Housewife (Ref.) | 38 (19.9%) | 112 (58.6%) | Reference | |

**[Note: Perform Multiple Logistic Regression; AOR= Adjusted Odds Ratio]**

Table 4.11 presents the results of multiple logistic regression analyses examining the association of educational level with fathers' dyadic coping, and educational level and occupation with mothers' dyadic coping, using adjusted models. For fathers' dyadic coping, educational level showed a significant association. Fathers with primary education had significantly higher odds of poor dyadic coping compared to those with tertiary education (AOR = 6.058, 95% CI: 1.764-20.804; *P* = .004). Although fathers with secondary education also showed higher odds of poor dyadic coping than those with tertiary education, this association was not statistically significant (AOR = 2.694, 95% CI: 0.739-9.809; *P* = .133). These findings indicate that lower educational attainment, particularly primary-level education, is an important predictor of poorer dyadic coping among fathers. Similarly, for mothers' dyadic coping, educational level remained a significant factor after adjustment. Mothers with primary education had significantly greater odds of poor dyadic coping compared to mothers with tertiary education (AOR = 5.754, 95% CI: 1.524-21.731; *P* = .010). The association between secondary education and dyadic coping was not statistically significant (AOR = 1.744, 95% CI: 0.824-3.689; *P* = .146). Regarding occupation, none of the occupational categories showed a significant association with mothers' dyadic coping after adjustment. Mothers who were service holders (AOR = 1.423, 95% CI: 0.583-3.471; *P* = .439) or engaged in business (AOR = 2.534, 95% CI: 0.600-10.690; *P* = .206) did not differ significantly from housewives in terms of dyadic coping. Overall, Educational attainment significantly influenced dyadic coping in both fathers and mothers of children with ASD parents with lower education were more likely to have poor dyadic coping. Occupational status did not independently predict mothers' dyadic coping in the adjusted model.

**Table 4.12**

*Multiple Logistic Regression Model of Fathers' Relationship Satisfaction by Education and Mothers' Relationship Satisfaction by Occupation*

| Relationship Satisfaction of Father | | | | Adjusted Model | |
|---|---|---|---|---|---|
| Variables | | Low | High | AOR (95% CI) | *P* - value |
| Education | Primary | 9 (5.4%) | 4 (2.4%) | 15.750 (4.392 - 56.485) | .001 |
| | Secondary | 5 (3.0%) | 5 (3.0%) | 7.000 (1.843 26.583) | .004 |
| | Tertiary | 18 (10.8%) | 126 (75.4%) | Reference | |
| Relationship Satisfaction of Mother | | | | Adjusted Model | |
| Occupation | Service Holder | 7 (3.7%) | 24 (12.6%) | 1.120 (0.442- 2.838) | .812 |
| | Business | 6 (3.1%) | 4 (2.1%) | 5.758 (1.530- 21.673) | .010 |
| | Housewife | 31 (16.2%) | 119 (62.3%) | Reference | |

**[Note: Perform Multiple Logistic Regression; AOR= Adjusted Odds Ratio]**

Table 4.12 presents the multiple logistic regression models assessing predictors of relationship satisfaction among fathers and mothers of children with ASD. In the adjusted model for fathers, educational level showed a statistically significant association with relationship satisfaction. Compared with fathers who had tertiary education (reference category), those with primary education had markedly higher odds of low relationship satisfaction (AOR = 15.750, 95% CI: 4.392-56.485; *P* = .001). Fathers with secondary education also demonstrated significantly higher odds of low relationship satisfaction relative to tertiary educated fathers (AOR = 7.000, 95% CI: 1.843-26.583; *P* = .004). In the adjusted model for mothers, occupation was significantly associated with relationship satisfaction. Compared with housewives (reference group), mothers engaged in business had significantly higher odds of low relationship satisfaction (AOR = 5.758, 95% CI: 1.530-21.673; *P* = .010). However, being a service holder was not significantly associated with mothers' relationship satisfaction (AOR = 1.120, 95% CI: 0.442-2.838; *P* = .812).

Overall, these findings suggest that fathers' relationship satisfaction varies significantly by educational attainment, while mothers' relationship satisfaction is influenced by occupational status, particularly among those involved in business.

# CHAPTER V: DISCUSSION

This study aims to explore and understand the relationship between dyadic coping and relationship satisfaction among parents raising children diagnosed with Autism Spectrum Disorder (ASD) in Bangladesh. Guided by the objectives of the research, this discussion presents the major findings, interprets their meaning in the context of existing literature, and highlights their importance in understanding how Bangladeshi parents manage stress and maintain marital harmony while raising a neurodiversity child. By analyzing how partners support each other emotionally and practically while facing the challenges of ASD, this chapter explains the connections between coping strategies and relationship quality, and discusses the broader implications for families, society, and therapeutic practice.

This study helps us understand how parents in Bangladesh, who are raising a child with Autism Spectrum Disorder (ASD), work together to handle stress and how this affects their relationship. The results showed that when parents support each other and solve problems together (dyadic coping), they feel more satisfied in their relationship. This finding is similar to previous studies from other countries, which also found that good teamwork between partners improves relationship happiness (Sim et al., 2017).

One surprising but positive finding was that most fathers and mothers in this study reported high relationship satisfaction. Even though raising a child with ASD can be stressful and challenging, many couples in Bangladesh still feel close and satisfied in their relationships. This agrees with other research that shows some couples become even stronger when they face difficulties together (Brown, 2012). The results also showed that

what one partner does strongly affects the other partner. For example, when fathers used good coping strategies, mothers were also more satisfied, and the same was true in the other direction. This matches the idea that couples influence each other's stress, coping, and happiness (APIM model).

Culture also played an important role. In Bangladesh, mothers usually take care of the child, while fathers often focus on earning money. This difference affects how each parent copes. The study showed that fathers with higher education and mothers who work outside the home reported better coping and relationship satisfaction. These findings are similar to research from China, where traditional gender roles also influence how parents handle the demands of raising a child with ASD (Wang et al., 2020). The study also mentioned that stigma around disability in Bangladesh can make families feel isolated, which increases stress. Reducing stigma through community awareness could help parents feel more supported and improve their coping as a couple.

The findings also show that this topic is very important for occupational therapy. In Bangladesh, therapy usually focuses on the child only. But the results of this study show that parents' relationship and emotional wellbeing also matter a lot. Occupational therapists can help by teaching couples how to manage stress together, communicate better, plan daily tasks as a team, and share caregiving more equally. The study suggests that including dyadic coping strategies in therapy could improve family harmony and support child development as well.

Although the study has strong findings, it also has some limitations. The time for data collection was short, which means the sample may not represent all families. Some parents felt uncomfortable answering sensitive questions, and some were not very engaged

during data collection. These issues may have affected the results. Future studies should include more families, use interviews to understand deeper experiences, and follow parents over a longer time to see how coping changes as the child grows.

In conclusion, this study shows that working together as a couple is a very important factor for maintaining a happy relationship while raising a child with ASD. Dyadic coping helps couples feel closer, reduces stress, and strengthens the family. These results match international research and also highlight the special cultural and social challenges faced by families in Bangladesh. Improving dyadic coping through therapy and community support can help parents, improve family wellbeing, and support better outcomes for children with ASD.

# CHAPTER VI: CONCLUSION

## 6.1 Strengths and Limitations

### *6.1.1 Strengths*

- To ensure the quality of data, five stages of data life cycle management had been followed.
- Data was collected in a face to face survey method and stored in the personal laptop which was highly secured.
- There was no unauthorized access without the researcher. All data was used as it is. No modification was done.
- Provide valuable insights into the dyadic coping and relationship satisfaction among father and mother of ASD children in a current situation.
- It can be used for future research work in this field.

### *6.1.2 Limitations*

There are some limitations of the study. They are,

- Insufficient time for data collection may have restricted sample representation and depth of understanding.
- As there were some sensitive questions in the questionnaire, the participants were not comfortable to share their information.
- Some participants were very disinterested to participate.

## 6.2 Practice Implication

### *6.2.1 Recommendations for Future Practice*

- Occupational therapy practice should extend beyond child focused rehabilitation to encompass the psychosocial well-being of the family unit.
- OTs should integrate dyadic coping models into family-centered practice, teaching couples to share stress appraisal, emotional regulation, and joint problem-solving as therapeutic goals.
- Therapists should use activity based interventions (such as co-participatory routines, leisure planning, or shared parenting tasks) to enhance cooperation and satisfaction between partners.
- Couple-focused occupational therapy sessions can be designed to address role balance, time use, and occupational engagement, promoting harmony in caregiving and household participation.
- Professional training curricula for occupational therapists in Bangladesh should include modules on family dynamics, stress coping, and marital satisfaction in the context of disability.

### *6.2.2 Recommendations for Future Research*

- Conduct longitudinal studies to track how dyadic coping and relationship satisfaction change over time and to better understand causal relationships.
- Use mixed methods or qualitative approaches (e.g., in-depth interviews, focus groups) to explore parents' lived experiences and contextual challenges in greater depth.
- Include a larger and more diverse sample (e.g., rural/semi-urban participants,

different socioeconomic groups) to improve generalizability and enable subgroup comparisons.

- Examine additional influencing factors such as parental stress, anxiety/depression, social support, coping styles, marital communication, ASD severity, and service accessibility.
- Compare dyadic coping and relationship satisfaction across different stages of the child's development (early childhood, school age, adolescence) to identify stage-specific needs.
- Test the effectiveness of intervention based programs (e.g., couple counseling, family therapy, coping skills training, psychoeducation) to improve dyadic coping and relationship satisfaction.
- Consider exploring health system and policy-related factors (availability of counseling services, affordability, community support resources) that may shape family coping and relationship outcomes.

### 6.3 Conclusion

This study explored the association between dyadic coping and relationship satisfaction among parents raising children with autism spectrum disorder (ASD) in Bangladesh. The findings confirmed that higher levels of dyadic coping were strongly associated with higher levels of relationship satisfaction for both fathers and mothers. This result aligns with the Systemic Transactional Model (Falconier et al., 2015) and demonstrates that effective stress communication, mutual empathy, and shared problem-solving strengthen marital adjustment even under demanding caregiving conditions. The evidence indicates that coping within these families is inherently relational what benefits one partner tends to enhance the other's well-being.

The study also revealed important gendered patterns. Mothers were more involved in daily caregiving, while fathers' coping was more dependent on socioeconomic stability and emotional support. Nevertheless, paternal participation had a positive spill-over effect on maternal satisfaction, reinforcing the interdependence between partners. These findings echo those of Sim et al. (2017), Wang et al. (2020), and Papadopoulos et al. (2023), who similarly noted that collaborative coping between partners enhances relationship quality and family resilience.

Overall, the results underscore that dyadic coping is not only a predictor of marital satisfaction but also a protective factor promoting family adaptation in contexts of chronic stress. In a collectivist society such as Bangladesh, where family interdependence and shared responsibility are culturally valued, dyadic coping provides an effective framework for sustaining emotional connection amid limited institutional resources. The findings thus

extend global knowledge by demonstrating that systemic models of coping are applicable in South-Asian contexts when adapted to local cultural and socioeconomic realities.

For occupational therapy practice, the study emphasizes the necessity of addressing the couple as a therapeutic unit rather than focusing solely on the child. Family-centered occupational therapy can incorporate dyadic coping principles to foster mutual support, communication, and problem-solving skills among parents. By integrating psychosocial education with functional routines, therapists can enhance both parental well-being and child participation outcomes.

Finally, this research contributes to the growing body of evidence that relational and emotional processes within the couple substantially influence child and family outcomes. It highlights the need for integrated, culturally sensitive interventions that strengthen the couple's resilience as a foundation for successful caregiving. Future longitudinal and intervention based studies can build on these results to evaluate how dyadic coping evolves over time and how occupational therapy led programs can further enhance relationship satisfaction and overall family quality of life in Bangladesh.

# CHAPTER VII: LIST OF REFERENCE

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# APPENDICES

## Appendix A: Ethical Approval (IRB) Letter

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

Ref: CRP-BHPI/IRB/05/2025/1079

Date: 15.05.2025

To,
Manik Biswas
M.Sc. in Occupational Therapy, Part-II
Roll: 04, Student ID:121230018
BHPI, CRP, Savar, Dhaka-1343.

**Subject:** Approval of the thesis proposal "**Dyadic Coping and Relationship Satisfaction among Parents of Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study**" by ethics committee.

Dear Manik Biswas
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:

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

The purpose of the study is to explore and identify the overall status of the work-related quality of life and the associated factors for individuals with disabilities in Bangladesh. The study involves use of an Adopted Bengali Version of the Dyadic coping inventory (DCI) Scale and Relationship Assessment Scale (RAS) Scale questionnaire to investigate the relationship between dyadic coping strategies and relationship satisfaction among parents of children diagnosed with ASD that may take 15 to 20 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
Member Secretary, Institutional Review Board (IRB)
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

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

**Appendix B: Information Sheet, Consent form, Withdrawal Form (English version)**

Bangladesh Health Professions Institute (BHPI)

**Department of Occupational Therapy**

**CRP – Chapain, Savar, Dhaka – 1343**

**Tel: 02 – 7745464-5, 7741404; Fax: 02-774506**

**Code No: _____**

# Participant Information Sheet

**Research Topic:**

Dyadic Coping and Relationship Satisfaction among Parents of Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross - Sectional Study.

**Researcher:**

**Manik Biswas**, M.Sc. in Occupational Therapy, 2nd year, session 2023-24, Bangladesh Health Professions Institute (BHPI), CRP – Chapain, Savar, Dhaka-1343.

**Supervisor:**

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

## Part 1: Information Sheet:

I, **Manik Biswas**, am studying M.Sc. in Occupational Therapy, 2nd year (Part 2) session 2023-24 at Bangladesh Health Professions Institute under the Faculty of Medicine, University of Dhaka, which is an academic institute for stroke rehabilitation. As part of the M.Sc. curriculum, I am conducting a research under the supervision of Dr. Md. Sakhawat Hossain, PhD, Associate Professor, Department of Public Health and Informatics, Jahangirnagar University, Savar, Dhaka-1342.

The research title is **"Dyadic Coping and Relationship Satisfaction of Parents of Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross-Sectional Study."** The main goal is to investigate the relationship between dyadic coping strategies

and relationship satisfaction in couples with a child diagnosed with ASD.

To complete the study, I need to collect some information from you. This participant information sheet explains the purpose of the project, data collection methods, and how related matters will be protected. If you wish to participate in this research, having clear information about it will make decision-making easier. Of course, your participation is not compulsory now. You can discuss with your relatives, friends, or trusted persons before deciding. Also, if you find anything unclear or want to know more, you may ask questions without hesitation.

**Background and Purpose of the Research:**

Autism Spectrum Disorder (ASD) is a complex neurodevelopmental condition that causes difficulties in social communication and is characterized by restricted and repetitive behaviors. Globally, about **1%** of children are affected by ASD, and their family members face various mental stresses. Especially in Bangladesh, where there is social stigma and limited support for disabled persons, parents of children with ASD face significant family challenges.

In this context, *dyadic coping* or joint coping that is managing stress together plays a vital role. Studies show that positive dyadic coping strategies increase couple relationship satisfaction and reduce family stress. Therefore, understanding the nature and effectiveness of dyadic coping among Bangladeshi couples and to investigate the relationship between dyadic coping strategies and relationship satisfaction in couples with a child diagnosed with ASD is the primary aim of this research.

Research Objectives:

- To determine socio-demographic characteristics among parents of children diagnosed with ASD.
- To measure the level of dyadic coping among parents of children diagnosed with ASD.
- To evaluate the relationship satisfaction levels among these couples.
- To identify the correlation between dyadic coping and relationship satisfaction.
- To identify the association between dyadic coping, relationship satisfaction and socio-demographic information.

This research will deeply explore the challenges and support needs of families with ASD children in the unique cultural context of Bangladesh. As a result, occupational therapists will be better equipped to provide family-based interventions that are more effective and meaningful, contributing significantly to the welfare of children and their families.

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

Before taking your consent, this participant information sheet presents detailed information about the research project. If you agree to participate, you will be asked to sign a consent form. If you are unable to sign, your fingerprint with a witness will be taken. Upon your confirmation, you will receive a copy of the consent form. Later, a team member will visit you to collect information through a questionnaire at an agreed time. Participation in this study is voluntary. If you do not consent, you are not obligated to participate. Even if you consent, you can withdraw at any time without explanation.

**The Benefits and Risks of Participation:**

You will not receive any direct benefits by participating. Participation may temporarily cause minor inconvenience in your daily routine. However, we hope the benefits from the research findings will outweigh this inconvenience. You are requested not to worry about questions that might reveal your identity. The risk of identity disclosure will be minimized by excluding names and addresses from data analysis software.

**Confidentialities of Information:**

By signing this consent form, you give permission to collect and use your personal information for this research project. Any data that could identify you will remain confidential. Only the researchers directly involved will have access to this data. Data will be coded and used only for analysis. Physical documents will be stored in a locked drawer. Electronic versions will be kept securely on BHPI's Occupational Therapy Department and the researcher's personal laptop. It is expected that results will be published and presented in various forums. In all publications and presentations, data will be anonymized to prevent identification without your consent. Primary data will be collected on paper.

**Information about Promotional Result:**

Research results will be published on social media, websites, conferences, seminars, and peer-reviewed journals.

**Participant Compensation:**

No incentives or compensation will be provided for participation.

**Source of Funding to Manage Research:**

This research is funded entirely by the researcher's own funds. It is a small-scale study with no external funding.

**Information about Withdrawal from Participation:**

You can withdraw your participation anytime within one week of consenting without giving any reason. Permission to use previously collected data after withdrawal will depend on your choice indicated in the withdrawal form.

**Contact Address with the Researcher:**

If you have any questions about the research, you can ask me now or latter. If you wish to ask a question later, you may contact any of the following: **Manik Biswas**, Part-2, Student of M.Sc. in Occupational Therapy, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka – 1343 and phone: 0182-4240819, email: manik.ot.bd@outlook.com

**Complaints:**

If you have any complaints about this research project, contact the **Association of Ethics** (phone: 7745464-5). This proposal has been reviewed by the Institutional Review Board (IRB) of Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh, which protects participants from harm. For more information about the IRB, contact BHPI, CRP, Savar, Dhaka.

## Consent Form

(For those participating in the interview)

Assalamualaikum. I am **Manik Biswas,** studying M.Sc. in Occupational Therapy, 2nd year (Part 2) session 2023-24 at Bangladesh Health Professions Institute under the Faculty of Medicine, University of Dhaka. This institute is an academic center for rehabilitation of stroke patients. As part of the M.Sc. curriculum, I am conducting a research study supervised by **Dr. Md. Sakhawat Hossain**, PhD, Associate Professor, Department of Public Health and Informatics, Jahangirnagar University, Savar, Dhaka-1342.

The research is titled **"Dyadic Coping and Relationship Satisfaction among Parents of Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross-Sectional Study."** The main objective is **to find out the relationship between dyadic coping strategies and relationship satisfaction among parents of children diagnosed ASD.**

To complete my research, I need to collect some information from you. Therefore, I would like to ask you some questions. The discussion will last about **15-20** minutes.

I assure you that this is part of my academic study and will not be used for any other purpose. Your participation in this research will not affect you, your lifestyle, or your child's treatment in any way. The confidentiality of all the information you provide will be maintained, and it will be ensured that the source of this information remains anonymous in the report. You may voluntarily participate in this research and can withdraw at any time without any consequence.

If you have any questions about this research, you may contact the researcher **Manik Biswas** or **Dr. Md. Sakhawat Hossain,** PhD, Associate Professor, Department of Public Health and Informatics, Jahangirnagar University, Savar, Dhaka-1342, Bangladesh.

Do you have any questions before we start?

Yes ☐ No ☐

If not, may I have your consent to conduct the interview?

Yes ☐ No ☐

| | |
|---|---|
| **Participant Name:** | **Participant Signature & Date:** |
| **Contact Address:** | **Mobile / Phone Number:** |
| **Researcher's Signature:** | **Date:** |

## Withdrawal of Consent Form

**(Only for voluntary withdrawal)**

**Participant Name:**

_____

_____

**Reason for Withdrawal:**

_____

_____

_____

**Will permission be given to use previously collected data?**

Yes ☐ No ☐

**Participant Name:** _____

**Participant Signature & Date:** _____

## Appendix C: Information Sheet, Consent form, Withdrawal Form (Bangla Version)


**বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)**

**অকুপেশনাল থেরাপি বিভাগ**

**সিআরপি – চাপাইন, সাভার, ঢাকা – ১৩৪৩ ।**

**টেলিঃ ০২ – ৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪, ফাক্সঃ ০২-৭৭৪৫০৬**

**কোড নংঃ .....**

### অংশগ্রহণকারীদের তথ্যপত্র

**গবেষণার বিষয়:**

**বাংলাদেশে অটিজম স্পেকট্রাম ডিজঅর্ডার (ASD) থাকা শিশুর পিতামাতার ডায়াডিক কপিং এবং সম্পর্কের সন্তুষ্টি: একটি ক্রস-সেকশনাল স্টাডি।**

**গবেষকঃ মানিক বিশ্বাস,** এম.এস.সি. ইন অকুপেশনাল থেরাপী, ২য় বর্ষ, সেশনঃ ২০২৩ – ২০২৪, বাংলাদেশ হেল্‌থ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি – চাপাইন, সাভার, ঢাকা – ১৩৪৩।

**তত্ত্বাবধায়কঃ ড. মোঃ সাখাওয়াত হোসেন**, পিএইচডি সহযোগী অধ্যাপক, জনস্বাস্থ্য ও তথ্যবিজ্ঞান বিভাগ, জাহাঙ্গীরনগর বিশ্ববিদ্যালয়, সাভার, ঢাকা-১৩৪২।

**পর্ব-১ তথ্যপত্রঃ**

আমি **মানিক বিশ্বাস**, এম.এস.সি. ইন অকুপেশনাল থেরাপীতে, ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটটে এম.এস.সি. অকুপেশনাল থেরাপী বিভাগের ২০২৩-২৪ সেশনের ২য় বর্ষে (পার্ট ২) অধ্যয়নরত আছি, যেটি পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রের একটি একাডেমিক ইনস্টিটিউট। এম.এস.সি কোর্স পাঠ্যক্রম এর অংশ হিসেবে, আমি একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি যেটির তত্ত্বাবধানে আছেন **ড. মোঃ সাখাওয়াত হোসেন**, পিএইচডি, সহযোগী অধ্যাপক, জনস্বাস্থ্য ও তথ্যবিজ্ঞান বিভাগ, জাহাঙ্গীরনগর বিশ্ববিদ্যালয়, সাভার, ঢাকা-১৩৪২। গবেষণার শিরোনাম **"বাংলাদেশে অটিজম স্পেকট্রাম ডিজঅর্ডার (ASD) থাকা শিশুর পিতামাতার ডায়াডিক কপিং এবং সম্পর্কের সন্তুষ্টি: একটি ক্রস-সেকশনাল স্টাডি"** এবং **অটিজম স্পেকট্রাম ডিসঅর্ডার (ASD) নির্ণয়প্রাপ্ত শিশুর পিতামাতার মধ্যে সম্পর্ক উন্নয়নে ব্যবহৃত সহমর্মী বা পারস্পরিক সহায়তার কৌশল এবং তাদের সম্পর্কের সন্তুষ্টির মধ্যে সম্পর্ক খুঁজে বের করা এই গবেষণার মুল লক্ষ্য।** আমার গবেষণাটি সম্পূর্ন করার জন্য আপনার থেকে কিছু তথ্য নেওয়া প্রয়োজন। এজন্য আমি আপনাকে কিছু প্রশ্ন করতে চাচ্ছি। এ অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগ্রহের প্রণালী গবেষণাটির সাথে সংশ্লিষ্ট বিষয়ে কিভাবে

রক্ষিত হবে তা বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। যদি এই গবেষণায় অংশগ্রহণ করতে আপনি ইচ্ছুক থাকেন, সে ক্ষেত্রে এ গবেষণার সম্পৃক্ত বিষয় সম্পর্কে স্বচ্ছ ধারণা থাকলে সিদ্ধান্তগ্রহণ সহজতর হবে। অবশ্য এখন আপনার অংশগ্রহণ আমাদের নিশ্চিত করতে হবে না, যেকোনো সিদ্ধান্ত গ্রহণের পূর্বে, যদি চান আপনার আত্মীয়-স্বজন বন্ধু অথবা আস্থাভাজন যে কারো সাথে এই ব্যাপারে আলোচনা করে নিতে পারেন। অপরপক্ষে, অংশগ্রহণকারী তথ্যপত্রটি পড়ে, যদি কোনো বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরও বেশি জানা প্রয়োজন হয় তবে নির্দ্বিধায় প্রশ্ন করতে পারেন।

**গবেষণার পটভূমি ও উদ্দেশ্যঃ**

অটিজম স্পেকট্রাম ডিজঅর্ডার (ASD) হলো এমন একটি জটিল নিউরোডেভেলপমেন্টাল অবস্থা, যা শিশুর সামাজিক যোগাযোগের ক্ষেত্রে প্রতিবন্ধকতা সৃষ্টি করে এবং সীমাবদ্ধ ও পুনরাবৃত্তিমূলক আচরণের মাধ্যমে চিহ্নিত হয়। বিশ্বব্যাপী অটিজম স্পেকট্রাম ডিজঅর্ডার (ASD) আক্রান্ত শিশুদের প্রায় ১ শতাংশের মতো পাওয়া যায়, এবং তাদের পরিবারের সদস্যরা নানা ধরনের মানসিক চাপের সম্মুখীন হন। বিশেষ করে বাংলাদেশে, যেখানে প্রতিবন্ধী ব্যক্তিদের প্রতি সামাজিক অবজ্ঞা এবং সীমিত সহায়তার পরিবেশ বিদ্যমান, সেখানে অটিজম স্পেকট্রাম ডিজঅর্ডার (ASD) আক্রান্ত সন্তানের পিতামাতাদের পারিবারিক জীবন অত্যন্ত চ্যালেঞ্জিং হয়ে ওঠে।

এই পরিস্থিতিতে 'ডায়াডিক কপিং' বা যুগলগত চাপ মোকাবেলা  অর্থাৎ একসঙ্গে চাপ সামলানোর প্রক্রিয়া অত্যন্ত গুরুত্বপূর্ণ ভূমিকা পালন করে। গবেষণাগুলো প্রমাণ করে, যুগলগত ইতিবাচক কৌশল গ্রহণ করলে দম্পতির সম্পর্কের সন্তুষ্টি বৃদ্ধি পায় এবং পারিবারিক চাপ হ্রাস পায়। সুতরাং, **বাংলাদেশি দম্পতিদের মধ্যে এই অটিজম স্পেকট্রাম ডিসঅর্ডার (ASD) নির্ণয়প্রাপ্ত শিশুর পিতামাতার মধ্যে সম্পর্ক উন্নয়নে ব্যবহৃত সহমর্মী বা পারস্পরিক সহায়তার কৌশল এবং তাদের সম্পর্কের সন্তুষ্টির মধ্যে সম্পর্ক খুঁজে বের করা এই গবেষণার মুল লক্ষ্য।**

**গবেষণার উদ্দেশ্যগুলো নিম্নরূপঃ**

- ❖ অটিজম স্পেকট্রাম ডিজঅর্ডার (ASD) আক্রান্ত সন্তানের পিতামাতাদের সামাজিক ও ডেমোগ্রাফিক বৈশিষ্ট্য চিহ্নিত করা।
- ❖ দম্পতির মধ্যে ডায়াডিক কপিংয়ের স্তর নির্ণয় ও বিশ্লেষণ করা।
- ❖ সম্পর্কের সন্তুষ্টির মাত্রা মূল্যায়ন করা।
- ❖ ডায়াডিক কপিং এবং সম্পর্কের সন্তুষ্টির মধ্যে পারস্পরিক সংযোগ নির্ধারণ করা।
- ❖ সামাজিক-ডেমোগ্রাফিক তথ্যের প্রেক্ষাপটে ডায়াডিক কপিং ও সম্পর্কের সন্তুষ্টির প্রভাব বিশ্লেষণ করা।

এই গবেষণা বাংলাদেশের বিশেষ সাংস্কৃতিক প্রেক্ষাপটে অটিজম স্পেকট্রাম ডিজঅর্ডার (ASD) আক্রান্ত শিশুদের পরিবারগুলোর চ্যালেঞ্জ এবং সহায়তার প্রয়োজনীয়তাকে গভীরভাবে উদঘাটন করবে। এর ফলে, আকুপেশনাল থেরাপিস্টরা পরিবারভিত্তিক হস্তক্ষেপগুলো আরও কার্যকর এবং অর্থবহ করতে সক্ষম হবেন, যা শিশু ও পরিবারের সার্বিক মঙ্গল সাধনে গুরুত্বপূর্ণ অবদান রাখবে।

**এই গবেষণা কর্মটিতে অংশগ্রহণের সাথে সম্পৃক্ত বিষয় সমূহ কি সেই সম্পর্কে জানা যাকঃ**

আপনার থেকে অনুমতি পত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। আপনি যদি স্বাক্ষর জ্ঞান সম্পন্ন না হন বা অন্য কোনো কারণে স্বাক্ষর প্রদানের ব্যর্থ হন, সে ক্ষেত্রে আপনার কাছ থেকে একজন সাক্ষীর উপস্থিতিতে বৃদ্ধাঙ্গুলির ছাপ সম্মতি পত্রে নেওয়া হবে। আপনি অংশগ্রহণ নিশ্চিত করলে, আপনার সংরক্ষণের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেওয়া হবে। পরবর্তীতে গবেষক কর্তৃক গঠিত তথ্য-উপাত্ত একটি দলের প্রতিনিধি আপনার কাছে যাবে। আপনার থেকে চেয়ে নেওয়া যে কোন একটি নির্দিষ্ট সময়ে একটি প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে। এই গবেষণার প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহণ করতে হবে না। আপনি সম্মতি প্রদান করা সত্ত্বেও যে কোনো সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন।

**অংশগ্রহণ এর সুবিধা ঝুঁকিসমূহ কি?**

গবেষণা প্রকল্পটিতে অংশগ্রহণের জন্য আপনি সরাসরি কোনো সুবিধা পাবেন না। এই গবেষণায় অংশগ্রহণে আপনার দৈনন্দিন কাজে সাময়িক অসুবিধার কারণ হতে পারে। তবে আমরা আশাবাদী যে, এ গবেষণার ফলাফল থেকে প্রাপ্ত উপকারিতা এই অসুবিধা কে অতিক্রম করবে। যে সমস্ত প্রশ্নের মাধ্যমে আপনার পরিচয় সম্পর্কে অন্যরা জানতে পারে সেই বিষয়ে উদ্বিগ্ন না হবার জন্য অনুরোধ করা হচ্ছে। অংশগ্রহণকারীর নাম, ঠিকানা উপাত্ত বিশ্লেষণের সফট্ওয়ারে উল্লেখ না করে পরিচয় উন্মুক্ত হবার ঝুঁকি কমানো হবে।

**তথ্যের গোপনীয়তা কি নিশ্চিত থাকবে?**

এ সম্মতি পত্রের স্বাক্ষর করার মধ্য দিয়ে, আপনি এই গবেষণা প্রকল্পের অধ্যয়নরত গবেষণা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোনো তথ্য, যা আপনাকে শনাক্ত করতে পারে তা গোপনীয় থাকবে। শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহে প্রবেশাধিকার পাবেন। সাংকেতিক উপায়ে চিহ্নিত উপাত্ত সমূহ পরবর্তী উপাত্ত বিশ্লেষণের কাজে ব্যবহৃত হবে। তথ্য পত্রগুলো তালাবদ্ধ ড্রয়ার এ রাখা হবে। বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্ত সমূহের ইলেকট্রনিক ভার্সন সংগৃহীত থাকবে। প্রত্যাশা করা হচ্ছে যে, এই গবেষণা প্রকল্পের ফলাফল বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপিত হবে। যেকোনো ধরনের প্রকাশনা ও উপস্থাপনার ক্ষেত্রে তথ্যসমূহ এমন ভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোনো ভাবেই সনাক্ত করা না যায়। তথ্য-উপাত্ত প্রাথমিকভাবে কাগজপত্র সংগ্রহ করা হবে।

**ফলাফল প্রচার সম্পর্কিত তথ্যঃ**

এই গবেষণার ফলাফল বিভিন্ন সামাজিক মাধ্যম, ওয়েবসাইট, সম্মেলন, আলোচনা সভায় এবং পর্যালোচিত জার্নালে প্রকাশ করা হবে।

**অংশগ্রহণকারীর পারিশ্রমিকঃ**

এই গবেষণায় অংশগ্রহণের জন্য কোন উদ্দীপনা ও পারিশ্রমিক দেওয়ার ব্যবস্থা নেই।

**গবেষণা পরিচালনার ব্যয়কৃত অর্থের উৎসঃ**

এই গবেষণাটি খরচ সম্পূর্ণ গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে। এই গবেষণাটি ছোট পরিসরে করা হবে এবং এখানে কোন অর্থ বহিরাগত উৎস থেকে আসবে না।

**অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কিত তথ্যসমূহঃ**

আপনি সম্মতি প্রদান করা সত্ত্বেও তথ্য দেওয়ার এক সপ্তাহের মধ্যে যে কোনো সময় গবেষককে কোনো ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন। বাতিল করার পর তথ্যসমূহ কি ব্যবহার করা যাবে কি যাবে না তার অনুমতি অংশগ্রহণকারীর প্রত্যাহারপত্রে (শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য) উল্লেখ করা থাকবে।

**গবেষকের সাথে যোগাযোগের ঠিকানাঃ**

গবেষণা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষণা প্রকল্পটির সম্পর্কে কোন প্রশ্ন থাকলে, এখন অথবা পরবর্তীতে যেকোনো সময়ে তা জিজ্ঞাসা করা যাবে। সেক্ষেত্রে আপনি গবেষকের সাথে উল্লেখিত নাম্বারে **(০১৮২-৪২৪০৮১৯, মানিক বিশ্বাস)** অথবা ইমেইলে ( manik.ot.bd@outlook.com) যোগাযোগ করতে পারেন।

**অভিযোগঃ**

এই গবেষণা প্রকল্প পরিচালনার বিষয়ে কোন অভিযোগ থাকলে, এসোসিয়েশন অফ এথিক্স (৭৭৪৫৪৬৪-৫) এর সাথে যোগাযোগ করুন। এই প্রস্তাবটি ইনস্টিটিউশনাল রিভিউড বোর্ড (আইআরবি), বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ দ্বারা পর্যালোচনা করা হয়েছে, যেটি একটি কমিটি যার কাজ হল গবেষণায় অংশগ্রহণকারীদের ক্ষতি থেকে রক্ষা করা নিশ্চিত করা। আপনি যদি আইআরবি সম্পর্কে আরও জানতে চান, তাহলে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট, সিআরপি, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ-এ যোগাযোগ করুন।

## সম্মতি পত্র

**(যারা ইন্টারভিউতে অংশগ্রহন করেছেন তাদের জন্য)**

আসসালামু আলাইকুম, আমি **মানিক বিশ্বাস**, এম.এস.সি. ইন অকুপেশনাল থেরাপীতে, ঢাকা বিশ্ববিদ্যালয়ের মেডিসিন অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউটটে এম.এস.সি. অকুপেশনাল থেরাপী বিভাগের ২০২৩-২৪ সেশনের ২য় বর্ষে (পার্ট ২) অধ্যয়নরত আছি, যেটি পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্রের একটি একাডেমিক ইনস্টিটিউট। এম.এস.সি কোর্স পাঠ্যক্রম এর অংশ হিসেবে, আমি একটি গবেষণা কার্যক্রম পরিচালনা করতে যাচ্ছি যেটির তত্ত্বাবধানে আছেন **ড. মোঃ সাখাওয়াত হোসেন**, পিএইচডি, সহযোগী অধ্যাপক, জনস্বাস্থ্য ও তথ্যবিজ্ঞান বিভাগ, জাহাঙ্গীরনগর বিশ্ববিদ্যালয়, সাভার, ঢাকা-১৩৪২। গবেষণার শিরোনাম **"বাংলাদেশে অটিজম স্পেকট্রাম ডিজঅর্ডার (ASD) থাকা শিশুর পিতামাতার ডায়াডিক কপিং এবং সম্পর্কের সন্তুষ্টি: একটি ক্রস-সেকশনাল স্টাডি"** এবং **অটিজম স্পেকট্রাম ডিসঅর্ডার (ASD) নির্ণয়প্রাপ্ত শিশুর পিতামাতার মধ্যে সম্পর্ক উন্নয়নে ব্যবহৃত সহমর্মী বা পারস্পরিক সহায়তার কৌশল এবং তাদের সম্পর্কের সন্তুষ্টির মধ্যে সম্পর্ক খুঁজে বের করা এই গবেষণার মুল লক্ষ্য।** আমার গবেষণাটি সম্পূর্ন করার জন্য আপনার থেকে কিছু তথ্য নেওয়া প্রয়োজন। এজন্য আমি আপনাকে কিছু প্রশ্ন করতে চাচ্ছি। এই আলোচনার সময়কাল হবে **১৫-২০** মিনিট।

আমি আপনাকে অনুগত করছি যে, এটা আমার অধ্যয়নের অংশ এবং যা অন্যকোন উদ্দেশ্যে ব্যবহৃত হবে না। এই গবেষনায় **আপনার অংশগ্রহণ আপনার বা আপনার জীবন যাত্রায় এবং আপনার শিশুর চিকিৎসায় কোন প্রকার প্রভাব ফেলবে না।** আপনি যে সব তথ্য প্রদান করবেন তার গোপনীয়তা বজায় থাকবে এবং আপনার প্রতিবেদনের ঘটনা প্রবাহে এটা নিশ্চিত করা হবে যে এই তথ্যের উৎস অপ্রকাশিত থাকবে। এই গবেষণাতে আপনি স্বেচ্ছায় অংশগ্রহণ করতে পারবেন এবং আপনি যে কোন সময় এই অধ্যয়ন থেকে প্রত্যাহার করতে পারবেন।

এই গবেষণা নিয়ে যদি আপনার কোন প্রশ্ন থাকে তাহলে, গবেষক **মানিক বিশ্বাস** এবং **ড. মোঃ সাখাওয়াত হোসেন**, পিএইচডি সহযোগী অধ্যাপক, জনস্বাস্থ্য ও তথ্যবিজ্ঞান বিভাগ, জাহাঙ্গীরনগর বিশ্ববিদ্যালয়, সাভার, ঢাকা-১৩৪২, বাংলাদেশ এর সাথে যোগাযোগ করতে পারেন।

**তথ্য প্রদান শুরু করার আগে আপনার কোনো প্রশ্ন আছে ?**

**হাঁ** ☐ **না** ☐

**তাহলে, ইন্টারভিউ নেওয়ার জন্য আমি কি আপনার সম্মতি পেতে পারি ?**

**হাঁ** ☐ **না** ☐

| | |
|---|---|
| **অংশগ্রহণকারীর নাম:** | **অংশগ্রহণকারীর স্বাক্ষর ও তারিখ:** |
| **যোগাযোগের ঠিকানা:** | **মোবাইল / ফোন নম্বর:** |
| **গবেষকের স্বাক্ষর:** | **তারিখঃ** |

## গবেষণা থেকে সম্মতি প্রত্যাহার পত্র

**(শুধু মাত্র স্বেচ্ছায় প্রত্তাহারকারীর জন্য)**

**অংশগ্রহণকারীর নামঃ**

.....

.....

**প্রত্যাহার করার কারনঃ**

.....

.....

.....

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.....

.....

**পূর্ববর্তি তথ্য ব্যাবহারের অনুমতি থাকবে কিনা ?**

হ্যাঁ ☐ না ☐

**অংশগ্রহণকারীর নামঃ**

**অংশগ্রহণকারীর স্বাক্ষর এবং তারিখঃ .....**

**Appendix D: Sociodemographic questionnaire**

**Demographic Questionnaire** **[English Version]**

| SL. No. | Questions and filters | Responses | Code |
|---|---|---|---|
| **1** | What is your gender? | Male | **1** |
| | | Female | **2** |
| | | Other:_____ | **3** |
| **2** | What is your age? | 20 - 29 years | **1** |
| | | 30 - 39 years | **2** |
| | …… | 40 - 59 years | **3** |
| | | 60 + years | **4** |
| **3** | What is your marital status? | Married | **1** |
| | | Separated | **2** |
| | | Widowed | **3** |
| | | Divorced | **4** |
| **4** | How many years have you been married? | 1 - 5 years | **1** |
| | | 6 - 10 years | **2** |
| | …… | 11 - 15 years | **3** |
| | | 16 years+ | **4** |
| **5** | What is your Religion? | Islam | **1** |
| | | Hinduism | **2** |
| | | Christianity | **3** |
| | | Buddhism | **4** |
| | | Other | **5** |
| **6** | What is your highest level of education? | No formal education | **1** |
| | | Primary Education | **2** |
| | …… | Secondary Education | **3** |
| | | Higher Secondary | **4** |
| | | Bachelor | **5** |
| | | Master's or Above | **6** |
| **7** | What is your occupation? | Service Holder | **1** |
| | | Business | **2** |
| | | Home Maker | **3** |
| | | Unemployed | **4** |
| | …… | Other | **5** |
| **8** | What is your spouse's occupation? | Service Holder | **1** |
| | | Business | **2** |
| | | Home Maker | **3** |
| | | Unemployed | **4** |
| | …… | Other | **5** |

| | | | |
|---|---|---|---|
| **9** | What is your monthly family income? …… | Less than 20 BDT | **1** |
| | | 20 to 40 BDT | **2** |
| | | 41 to 50 BDT | **3** |
| | | 51 to 60 BDT | **4** |
| | | More than 60 BDT | **5** |
| **10** | How many children do you have? …… | 1 | **1** |
| | | 2 | **2** |
| | | 3 | **3** |
| | | 3+ | **4** |
| **11** | What is the age of the child diagnosed with ASD? …… | 2 - 3 Years | **1** |
| | | 3 - 5 Years | **2** |
| | | 5 - 8 Years | **3** |
| | | 8 - 12 Years | **4** |
| | | 12 Years + | **5** |
| **12** | How long ago was your child diagnosed with ASD? …… | < 1 year | **1** |
| | | 1 - 2 years | **2** |
| | | 3 - 5 years | **3** |
| | | 5 years + | **4** |
| **13** | Are you the biological parent of the child with ASD? | Yes | **1** |
| | | No | **2** |
| **14** | Who is the primary caregiver of the child? | Self | **1** |
| | | Spouse | **2** |
| | | Both | **3** |
| | | Others | **4** |
| **15** | How many hours per day do you spend caring for your child? …… | 1 - 3 Hours | **1** |
| | | 4 - 6 Hours | **2** |
| | | 7 - 9 Hours | **3** |
| | | 10+ Hours | **4** |
| **16** | Where is your place of residence | Urban | **1** |
| | | Semi -Urban | **2** |
| | | Rural | **3** |
| **17** | What type of family do you live in? | Nuclear | **1** |
| | | Joint | **2** |
| | | Extended | **3** |
| **18** | Do you have access to healthcare near your home? | Yes | **1** |
| | | No | **2** |
| **19** | Have you or your spouse received counseling or support services? | Yes | **1** |
| | | No | **2** |
| **20** | Is any other family member involved in caregiving? | Yes | **1** |
| | | No | **2** |

## Appendix E: Sociodemographic questionnaire (Bangla Version)

**আর্থ সামাজিক প্রশ্নাবলী** [Bangla Version]

| ক্রমিক নং | প্রশ্ন সমূহ | মতামত সমূহ | কোড |
|---|---|---|---|
| ১ | আপনার লিঙ্গ কী? | পুরুষ | ১ |
| | | মহিলা | ২ |
| | | অন্যান্য: _____ | ৩ |
| ২ | আপনার বয়স কত? ..... | ২০ - ২৯ বছর | ১ |
| | | ৩০ - ৩৯ বছর | ২ |
| | | ৪০ - ৫৯ বছর | ৩ |
| | | ৬০ বছর ও তার বেশি | ৪ |
| ৩ | আপনার বৈবাহিক অবস্থা কী? | বিবাহিত | ১ |
| | | বিচ্ছিন্ন | ২ |
| | | বিধবা/বিধুর | ৩ |
| | | বিবাহবিচ্ছেদ | ৪ |
| ৪ | আপনি কত বছর ধরে বিবাহিত? ..... | ১ - ৫ বছর | ১ |
| | | ৬ - ১০ বছর | ২ |
| | | ১১ - ১৫ বছর | ৩ |
| | | ১৬ বছর বা তার বেশি | ৪ |
| ৫ | আপনার ধর্ম কী? | ইসলাম | ১ |
| | | হিন্দুধর্ম | ২ |
| | | খ্রিষ্টধর্ম | ৩ |
| | | বৌদ্ধধর্ম | ৪ |
| | | অন্যান্য | ৫ |
| ৬ | আপনার সর্বোচ্চ শিক্ষাগত যোগ্যতা কী? ..... | কোন আনুষ্ঠানিক শিক্ষা নেই | ১ |
| | | প্রাথমিক শিক্ষা | ২ |
| | | মাধ্যমিক শিক্ষা | ৩ |
| | | উচ্চ মাধ্যমিক | ৪ |
| | | স্নাতক | ৫ |
| | | স্নাতকোত্তর বা তার উপরে | ৬ |
| ৭ | আপনার পেশা কী? ..... | চাকরিজীবী | ১ |
| | | ব্যবসা | ২ |
| | | গৃহিণী | ৩ |
| | | বেকার | ৪ |
| | | অন্যান্য | ৫ |
| ৮ | আপনার স্বামীর/স্ত্রীর পেশা কী? ..... | চাকরিজীবী | ১ |
| | | ব্যবসা | ২ |
| | | গৃহিণী | ৩ |
| | | বেকার | ৪ |
| | | অন্যান্য | ৫ |

| | | | |
|---|---|---|---|
| ৯ | আপনার মাসিক পরিবারের আয় কত?<br>..... | ২০,০০০ টাকার নিচে | ১ |
| | | ২০,০০০ থেকে ৪০,০০০ টাকা | ২ |
| | | ৪১,০০০ থেকে ৫০,০০০ টাকা | ৩ |
| | | ৫১,০০০ থেকে ৬০,০০০ টাকা | ৪ |
| | | ৬০,০০০ টাকার উপরে | ৫ |
| ১০ | আপনার কয়টি সন্তান আছে?<br>.....<br>..... | ১ | ১ |
| | | ২ | ২ |
| | | ৩ | ৩ |
| | | ৩ এর বেশি | ৪ |
| ১১ | যেটি সন্তানের ASD নির্ণয় হয়েছে, তার বয়স কত?<br>..... | ২ - ৩ বছর | ১ |
| | | ৩ - ৫ বছর | ২ |
| | | ৫ - ৮ বছর | ৩ |
| | | ৮ - ১২ বছর | ৪ |
| | | ১২ বছর ও তার বেশি | ৫ |
| ১২ | কতদিন আগে আপনার সন্তানের ASD নির্ণয় করা হয়েছে?<br>..... | ১ বছরের কম | ১ |
| | | ১ - ২ বছর | ২ |
| | | ৩ - ৫ বছর | ৩ |
| | | ৫ বছর বা তার বেশি | ৪ |
| ১৩ | আপনি কি ASD আক্রান্ত সন্তানের জীববৈজ্ঞানিক পিতা/মাতা? | হ্যাঁ | ১ |
| | | না | ২ |
| ১৪ | সন্তানের প্রধান পরিচর্যাকারী কে? | নিজে | ১ |
| | | স্বামী/স্ত্রী | ২ |
| | | উভয়েই | ৩ |
| | | অন্যান্য | ৪ |
| ১৫ | দিনে কত ঘণ্টা সময় ব্যয় করেন সন্তানের পরিচর্যায়?<br>..... | ১ - ৩ ঘণ্টা | ১ |
| | | ৪ - ৬ ঘণ্টা | ২ |
| | | ৭ - ৯ ঘণ্টা | ৩ |
| | | ১০ ঘণ্টা বা তার বেশি | ৪ |
| ১৬ | আপনার বসবাসের স্থান কোথায়? | শহুরে | ১ |
| | | অর্ধ-শহুরে | ২ |
| | | গ্রামীণ | ৩ |
| ১৭ | আপনি কী ধরনের পরিবারে থাকেন? | পারিবারিক (নিউক্লিয়ার) | ১ |
| | | যৌথ পরিবার | ২ |
| | | সম্প্রসারিত পরিবার | ৩ |
| ১৮ | আপনার বাড়ির কাছে কি স্বাস্থ্যসেবা পাওয়ার সুযোগ আছে? | হ্যাঁ | ১ |
| | | না | ২ |
| ১৯ | আপনি বা আপনার স্বামী/স্ত্রী কি কাউন্সেলিং বা সহায়তা সেবা পেয়েছেন? | হ্যাঁ | ১ |
| | | না | ২ |
| ২০ | আপনার পরিবারের অন্য কেউ কি সন্তানের পরিচর্যায় জড়িত? | হ্যাঁ | ১ |
| | | না | ২ |

**Appendix F: Data collection Permission from Center for The Rehabilitation of the Paralysed (CRP) , Savar**

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

**Date:** 04 May, 2025

To
**Head**
**Paediatric Department**
Centre for the Rehabilitation of the Paralysed (CRP)
CRP, Savar, Dhaka – 1343

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study"**.

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

**Prof. Sk. Moniruzzaman**
Professor & Head
Department of OT, BHPI
CRP-Chapain, Savar, Dhaka – 1343

He will collect data from this Deptment. please help him.
Thanks
15-6-25

Hosneara Perveer
Head of Department
Department of Paediatrics
CRP, Savar, Dhaka

**Appendix G: Data collection Permission from Center for The Rehabilitation of the Paralysed (CRP) , Mirpur**

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The academic institute of CRP)

CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

Date: 01 May, 2025

To

**Head of the Occupational Therapy Department**

Centre for the Rehabilitation of the Paralysed (CRP)

Building Plot-A, Plot A 5, Block A, 5 Block # A, Dhaka 1206

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study"**.

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

Permitted.
Rakib Hussain 1294
25-6-25.
Consultant & In-Charge
Occupational Therapy Dept

**Appendix H: Data collection Permission from SAND – School for Children with Neurodevelopmental Disorder**

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

Date: 04 May, 2025

To
**Chairman**
SAND-School for children with Autism and Neurodevelopmental Disorder
**House 66, Road #1, Sector 12, Uttara**, Dhaka-1213

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study"**.

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

Permission Approved
20/05/2025
Md. Aminul Haque Chowdhury
OPT & ASI Specialist (CLASI)
MOT (DU), CSI (USC, USA)
Founder & Principal, SAND, Dhaka

## Appendix I: Data collection Permission from Therapy Point

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The academic institute of CRP)

CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

Date: 04 May, 2025

To
**Chairman**
Therapy Point: A Centre for Child Neuro- Development.
House: 30, 1230 Road no: 5A, Dhaka 1230

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from**15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study".**

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

You are permitted to collect data from Therapy Point.

THERAPY POINT
House No: 30 (4th Floor), Road No: 5A,
Sector No: 05, Uttara, Dhaka-1230, Bangladesh

## Appendix J: Data collection Permission from Dream Angles Centre for Autistic Children

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

**Date:** 04 May, 2025

To
**Chairman**
**Dream Angels Centre for Autistic Children**
House No. 18 – 19, Avenue Road -04, Section -07, Dhaka – 1216

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study"**.

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

16/07/2025

EST-2011

## Appendix K: Data collection Permission from Smile Autism Care

BANGLADESH HEALTH PROFESSIONS INSTITUTE

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

Date: 04 May, 2025

To
**Chairman**
**SMILE AUTISM CARE**
16 A/5 Ring Road, Mohammadpur, Dhaka – 1207

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study"**.

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

Approved
Md. Anfur Rahman
B.Sc. in Occupational Therapy (DU) (BHPI, CRP)
M.Sc. in Development Studies (DU)
Senior Clinical Occupational Therapist, Dhaka Cantonment
BOT Reg No: 4319/2017

## Appendix L: Data collection Permission from Smile Autism Care

বাংলাদেশ হেলথ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224415464, Website: www.bhpi.edu.bd

Date: 01/05/2025

To
**Chairman**
**SMILE AUTISM CARE**
16/A/5 Ring Road, Mohammadpur, Dhaka-1207

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study".**

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

Approved
Md. Arifur Rahman
B.Sc. in Occupational Therapy, DU (BHPI-CRP)
M.Sc. in Development Studies (DU)
Senior Officer (OT) at Proyash, Dhaka Cantonment
BCP & Reg No: A-19/2017

**Appendix M: Data collection Permission from Prottasha Centre for Autism Care(PCAC)**

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

**Date:** 04 May, 2025

To
**Chairman**
Prottasha Centre for Autism Care (PCAC)
74/20, Dagarmora , Savar, Dhaka

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study"**.

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

Nazmun Nahar Naz
Chief Advisor
Prottasha Centre for Autism Care

## Appendix N: Data collection Permission from Special Care Foundation(SCF)

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

**Date:** 04 May, 2025

To
**Chairman**
Special Care Foundation (SCF)
House-06 Road No 11, Dhaka 1230

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI), I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study".**

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

Approved
06.25
Md. Rofiq Hasan
B.Sc(OT (CRPDU), MHRL (DU),
President
Special Care Foundation

**Appendix O: Data collection Permission from Therapist Point & Shonirvor Special School for Autism & Neurodevelopmental Disorder**

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

**Date:** 04 May, 2025

To

**Managing Director**

Therapist Point & Shonirvor Special School for Autism & Neurodevelopmental Disorder

Opposite of Mac – Tex Garments, 2nd floor, CRP Road, Savar, Dhaka

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI), I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study".**

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

Therapist Point AR Foundation Date: 29/6/25 Shonirvor Special School

Permission Granted
29.06.25

Md. Nayem Nizam Majumder
B.S. OT (CRP, DU), MDS (JU-Incourse)
Senior Occupational Therapist & M...
Therapist Point & Shonirvor Special Schoo...

## Appendix P: Data collection Permission from Tara Special Child Care

বাংলাদেশ হেল্‌থ প্রফেশন্স ইনষ্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The academic institute of CRP)
CRP-Chapain, Savar, Dhaka. Tel: 02224445464, Website: www.bhpi.edu.bd

**Date:** 04 May, 2025

To
**Chairman**
Tara Special Child Care
House:132, (Lift-5) Road:02, Block: A Mirpur 12, Dhaka – 1216

**Subject: Regarding data collection for dissertation.**

Greeting from Bangladesh Health Professions Institute (BHPI). I would like to inform you that BHPI, the academic institute of Centre for the Rehabilitation of the Paralysed (CRP). CRP is running the Master of Science in Occupational Therapy course. Under the Faculty of Medicine, University of Dhaka.

According to the content of Master of Science in Occupational Therapy course curriculum, the students have to do Research in different topic to develop their skills. Considering the situation, your institute/organization will be the most appropriate place to collect data.

Master of Science in Occupational Therapy student **Manik Biswas** would like to collect data in our institute/organization from **15.05.25** to **15.07.25.** The research title is **"Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross – Sectional Study".**

We shall remain grateful to you if you could kindly allow him in conducting data collection.

With Regards,

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

Proposal approved as per request following relevant regulation of Institution and applicable laws of Bangladesh.
25/04/2025
(AMINA KHATOON)

**Appendix Q: Supervision Record Sheet**

# Bangladesh Health Professions Institute (BHPI)

## Department of Occupational Therapy

## Course: Master of Science in Occupational Therapy

### Supervision Contact

**Name of student: Manik Biswas**
**Name and designation of thesis supervisor:**

**Dr. Md. Shakhaoat Hossain**
Associate Professor
Department of Public Health and Informatics
Jahangirnagar University

**Thesis Title:** Dyadic Coping and Relationship Satisfaction in Couples with Children with Autism Spectrum Disorder (ASD) in Bangladesh: A Cross- Sectional Study

| Appointment No. | Date | Place | Topic of discussion | Duration (Minutes/ Hours) | Student's Comments/ Takeaway/ Further Plan | Student's signature | Thesis supervisor's signature |
|---|---|---|---|---|---|---|---|
| 01. | 05/08/24 | CRP | DCI & RAS scale with Habib Sir | 1hour | Got clear idea about study questions | | |
| 02. | 10/08/24 | CRP | Title, Aim , Objectives with Habib Sir | 30 min. | Got clear idea about study | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 03. | 17/08/24 | CRP | Introduction to other parts for research proposal with Habib Sir | 30 min. | Finalize the documents according to guidelines | |
| 04. | 18/08/24 | CRP | Final Checking research proposal with Habib Sir | 30 min. | Finalize the documents for submission | |
| 05. | 15/09/24 | CRP | Title finalization, formatting for research study | 30 min. | Finalize the study title | |
| 06. | 15/12/24 | CRP | Discuss about title , aim objectives and research proposal | 30 min. | Update the research proposal | |
| 07. | 13/04/25 | CRP | IRB presentation sharing | 30 min. | Sharing and update the research | |
| 08. | 20/04/25 | CRP | Aim, Objectives finalization for research study | 30 min. | Got clear idea about the study | |
| 09. | 04/05/25 | CRP | Data collection permission issue for IRB | 30 min. | Prepare letter for IRB permission | |
| 10. | 10/05/25 | CRP | Literature review part | 1 hour | Got clear idea about literature review part | |
| 11. | 11/05/25 | CRP | Methodology part | 1 hour | Got clear idea about methodology part | |
| 12. | 17/05/25 | CRP | Methodology part sample calculation | 1 hour | Got clear idea about sample size calculation | |
| 13. | 18/05/25 | JU | Data collection tool demographic questions with supervisor | 1 hour | Need to update demographic questions | |
| 14. | 24/05/25 | CRP | Title finalization, formatting for research study with Saddam Sir | 30 min. | Need to update the documents | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 15. | 21/04/25 | CRP | Data collection tool, demographic questions with Abu Taleb sir | 30 min. | Need to update the documents | |
| 16. | 22/06/25 | CRP | Data collection tool, demographic questions with Saddam sir | 30 min. | Need to update the documents | |
| 17. | 28/06/25 | CRP | Data collection tool, demographic questions with Habib sir | 30 min. | Need to update the documents | |
| 18. | 29/06/25 | CRP | Discuss with data collection difficulties with Habib sir | 30 min. | Need to find out alternative solution | |
| 19. | 05/07/25 | CRP | Data set final checking and Orientation with Abu Taleb sir | 1.5 hour | Finalize the data set of result part | |
| 20. | 06/07/25 | CRP | Data set final checking and Orientation with Saddam sir | 2.5 hour | Finalize the data set of result part | |
| 21. | 27/07/25 | CRP | Data set final checking and Orientation with Habib sir | 1.5 hour | Finalize the data set of result part | |
| 22. | 24/08/25 | JU | Data set final checking and orientation with supervisor | 1 hour | Finalize the data set of result part | |
| 23. | 25/08/25 | CRP | Crosschecking the data set for final checking and orientation with Saddam sir | 1 hour | Finalize the data set of result part | |
| 24. | 15/08/25 | CRP | Crosschecking the data set for final checking and orientation with Habib sir | 2.5 hour | Finalize the data set of result part | |
| 25. | 12/09/25 | CRP | Discussion about test result for final analysis with Saddam sir | 1 hour | Analysis of the data for result | |

| | | | | | | |
|---|---|---|---|---|---|---|
| 26. | 13/09/25 | CRP | Discussion about test result for final analysis with Habib sir | 1 hour | Analysis of the data for result | |
| 27. | 15/09/25 | JU | Discussion about test result for final analysis with supervisor | 1 hour | Analysis of the data for result | |
| 28. | 20/09/25 | JU | Analysis of the result part | 4 hours | Finalize the analysis of the result part | |
| 29. | 26/09/25 | JU | Write up result part | 4 hours | Finalize the write up result part | |
| 30. | 12/10/25 | JU | Write up discussion part | 4 hours | Finalize the write up discussion part | |
| 31. | 03/11/25 | JU | Analysis part cross check with supervisor | 4 hours | Final cross check the analysis | |
| 32. | 09/11/25 | CRP | Discussion and conclusion part | 2 hour | Finalize the write up discussion and conclusion part | |
| 33. | 16/11/25 | CRP | Research feedback from Saddam sir | 2 hour | Need to update the full study for final checking | |
| 34. | 24/11/25 | CRP | Research feedback from Habib sir | 2 hour | Need to update the full study for final checking | |
| 35. | 13/12/25 | Online | Final checking full research with Ema madam | 1.5 hour | Finalize the full research for print | |
| 36. | 15/12/25 | Online | Final checking full research with Saddam sir | 1.5 hour | Finalize the full research for print | |

**Please note that as a student of the M.Sc. in OT program, it is mandatory for you to receive 35 hours of supervision from your assigned supervisor. Please note that this hour counts does not include the hour you received supervision from the Course Coordinator of M.Sc. in OT during your proposal development period. If required, you may add additional rows to record all the supervision hours. Remember to include all the supervision contacts in the Appendix section of your thesis. Please do not edit or remove this note. Thank you.**