Status of Social Participation among Parents of Children and Adolescents with Autism Spectrum Disorder: A Cross-Sectional Study

By
A.K.M Salekuzzaman Rian

February 2025

This thesis is submitted in total fulfilment of the requirements for the subject RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of

Bachelor of Science in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Faculty of Medicine

University of Dhaka

Thesis completed by:

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

…….
Signature

Supervisor's Name, Designation, and Signature

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

..…….
Signature

Co-supervisor

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

……
Signature

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

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

……
Signature

Board of Examiners

Prof. Sk. Moniruzzaman

Professor and Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343, Bangladesh.

Signature

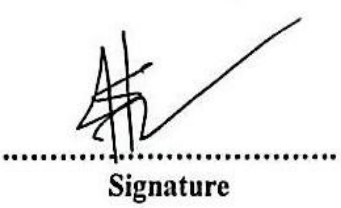
Dr. Md. Shakhaoat Hossain, PhD

Chairman & Associate Professor

Department of Public Health and Informatics

Jahangirnagar University

Savar, Dhaka-1342, Bangladesh.



Signature

Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

A.K.M Salekuzzaman Rian
4th year, B.Sc. in Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
Centre for the Rehabilitation of the Peralysed (CRP)
Chapain, Savar, Dhaka: 1343

…….
Signature

Acknowledgement

Firstly, I am extremely thankful to Allah for giving me the abilities, physical and mental wellness, and courage I needed to successfully finish this project. All of this would not have been possible without His direction. My parents, who have supported me through all of my life's highs and lows, have my sincere thanks. Their unconditional love, constant support, and faith in my ability provided me the strength to keep going and achieve success even in the most difficult times. Additionally, I would want to sincerely thank my beloved one, whose constant understanding, patience, and support have served as a source of inspiration during this journey. Their belief in me allowed me to overcome difficulties and move on. I am extremely thankful to my Co-supervisor Md. Azim Hossain, Lecturer in the Department of Occupational Therapy, for his valuable guidance, insightful suggestions, and support throughout the whole thesis writing process. I truly appreciate Saddam Hossain Sir for patiently teaching data entry and analysis process, which made the process simpler and easier to understand A special thank you to Ema Mam, whose third-year lecture helped me understand research and motivated me to learn more about it. Specially, I would like to express my sincere gratitude to the respected Prof. Sk. Moniruzzaman, Professor & Head Department of Occupational Therapy, for his support and encouragement during this journey. I want to express my sincere gratitude to all the organizations and rehabilitation center officials that allowed me to collect data. Lastly, I want to sincerely thank each and every participant who willingly provided their time and data to make this study possible.

Dedication

This study is dedicated to my parents and my beloved one, whose unconditional love, support, and encouragement have guided me at every step of my life.

Table of Contents

Board of Examiners ..... **III**
Statement of Authorship ..... **IV**
Acknowledgement ..... **V**
Dedication ..... **VI**
Table of Contents ..... **VII**
List of Tables ..... **X**
List of Figures ..... **XI**
List of Abbreviations ..... **XII**
Abstract ..... **XIII**
CHAPTER I: INTRODUCTION **1**
1.1 Background **1**
1.2 Justification of the study **3**
1.3 Operational Definition **4**
1.3.1 Social participation 4
1.3.2 ASD 5
1.3.3 Parents 5
1.4 Aim of the study **5**
CHAPTER II: LITERATURE REVIEW **6**
2.0 Overview of literature review findings **6**
2.1 Social participation **8**
2.1.1 understanding social participation 8
2.1.2 Challenges faced by parents 9
2.1.3 Factor influencing social participation 9
2.1.4 Coping strategies and support systems 9
2.1.5 Previous research on parental experience 10
2.2 Home participation **10**
2.3 School participation **11**
2.4 Community participation **11**
CHAPTER III: METHODS AND MATERIALS **12**
3.1 Study Question(s), Aim, Objective(s) **12**
3.1.1 Study Question(s) 12
3.1.2 Aim 12
3.1.3 Objective(s) 12
3.2 Study Design **12**

3.2.1 Study method 12
3.2.2 Study Approach 13
3.2.3 Conceptual framework 13
3.3 Study setting and period 13
3.3.1 study setting 14
3.3.2 Study period 14
3.4 Study Participant(s) 15
3.4.1 Study population 15
3.4.2 Sampling Techniques 15
3.4.3 Inclusion criteria: **15**
3.4.4 Exclusion criteria: 15
3.4.5 Sample size: 16
3.5 Ethical Consideration 16
3.5.1 Ethical clearance 16
3.5.2 Informed consent 17
3.5.3 Withdrawal From 17
3.5.4 Unequal relationship 17
3.5.5 Risk and Beneficence 17
3.5.6 Power Relationship 17
3.5.7 Confidentiality 17
3.6.1 Data Collection Process 18
3.6.2 Data collection method 18
3.6.3 Data Collection Instrument 19
3.6.3.1 Socio-Demographic Variables 19
3.6.3.2 Measurement Variables of Data Collection Tool 19
3.6.4 Field Note 20
3.7 Data Management and Analysis 20
3.8 Quality Control and Quality Assurance 21
CHAPTER IV: RESULTS 22
4.1 Sociodemographic characteristic 22
4.2 The participants' self-reported responses 24
4.3 Level of Social participation 27
4.4 Test of Normality 28
4.5 Mann-Whitney Test 28
4.6 Kruskal-Wallis Test 30
4.7 Linear regression analysis 32
CHAPTER V: DISCUSSION 33
CHAPTER VI: CONCLUSION 36

6.1 Strength and Limitation **36**
6.1.1 Strength 36
6.1.2 Limitation 36
6.2 Practice Implication **37**
6.3 Conclusion **38**
CHAPTER VII: LIST OF REFERENCE **39**
APPENDICES **45**
Appendix A: Ethical Approval From & Permission letter 45
Appendix B: Information Sheet and Consent Form [English and BanglaVersion] 54
Appendix C: Questionnaire [English and BanglaVersion] 69
Appendix D: Supervision Record Sheet 80

List of Tables

Serial number	Name of the Table	Page no
Table 4.1	Sociodemographic characteristic	22-23
Table 4.2	The participant self-reported responses	24-26
Table 4.3	Level of social participation	27
Table 4.4	Test of normality	28
Table 4.5	Mann-Whitney Test	28-29
Table 4.6	Kruskal-Wallis Test	30-31
Table 4.7	Linear regression analysis	32

List of Figures

Serial number	Name of the figure	Page no
Figure 2.1	Overview of literature review	6
Figure 3.2.3	Conceptual framework	13
Figure 3.6.1	Participant's recruitment process	18

List of Abbreviations

ASD	Autism Spectrum Disorder
ADHD	Attention Deficit Hyperactivity Disorder
AWF	Autism Welfare Foundation
APSRA	Ability to Participate in Social Roles and Activities.
BSc	Bachelor in Science
BHPI	Bangladesh Health Professions Institute
BDT	Bangladeshi Taka
CRP	Centre for the Rehabilitation of the Paralysed
DCD	Developmental Coordination Disorder
HSC	Higher Secondary School Certificate
IRB	Institutional Review Board
ID	Intellectual Disability
NGO	Non-Governmental Organization
OT	Occupational Therapy
PROMIS	Patient-reported outcomes Measurement Information System
SD	Speech Delay
SD	Standard Deviation
SPSS	Statistical Package for Social Science
SSC	Secondary School Certificate

Abstract

Background: Autism Spectrum Disorder (ASD) is a neurodevelopmental condition that affects children's social interaction, communication, and behavior, while also imposing significant emotional, social, and financial burdens on parents. Parents of children and adolescents with ASD frequently experience high stress, reduced social participation, and limited environmental support.

Aim: The aim of this study was to evaluate the level of social participation among parents of children and adolescents with autism spectrum disorder.

Methods: A cross-sectional quantitative study was conducted through face-to-face interviews with 120 parents of children diagnosed with ASD, selected using a purposive sampling technique where children aged 5–18 years receiving service. The Ability to Participate in Social Roles and Activities scale along with a self-developed sociodemographic questionnaire was used. Mann–Whitney U test along with Kruskal–Wallis H test examined associations and significant variables were further analyzed using linear regression.

Result: Most parents (60.0%) had moderate social limitation with mild participation, while 20.0% showed mild limitation with moderate participation and 13.3% had severe limitation with very low participation. Linear regression showed that religion significantly influenced APSRA mean score, with higher scores among Hindu and Christian children than the reference group.

Conclusion: Parents of children and adolescents with ASD experience notable limitations in social participation, often accompanied by stress and reduced social engagement. Enhancing parental social participation through targeted interventions.

Keywords: Social participation, ASD, Parents, Neurodevelopmental condition.

CHAPTER I: INTRODUCTION

1.1 Background

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition characterized by challenges in social interaction, communication, and repetitive behaviors. The impact of ASD extends beyond the affected child, significantly influencing the parents' emotional, social, and financial well-being. Parents often experience heightened stress, anxiety, and feelings of inadequacy, which can lead to marital discord and a decline in overall quality of life.

The introduction of the relevant papers highlights both global and regional prevalence of Autism Spectrum Disorder (ASD). The global burden of ASD is significant, with an estimated 283.25 million prevalent cases reported in 2019, indicating a stable prevalence rate over the past three decades. (Li et al., 2022)

Regionally, disparities exist, as evidenced by a study in Greece that found a nationwide prevalence of 1.16%, with rates varying from 0.49% to 1.57% across different regions. (Kouznetsov et al., 2024). Furthermore, a systematic review indicated a global prevalence of 0.6%, with variations across continents, such as 1% in the Americas and 1.7% in Australia.(Salari et al., 2022). Notably, the prevalence of Autism Spectrum Disorder (ASD) has escalated from an estimated 1 in 2,500 children in 1978 to 1 in 68 children by 2014.(Salari et al., 2022).

This rise is corroborated by data from different regions, such as a prevalence of 17.7 per 1,000 adolescents in a New Jersey metropolitan area. (Zahorodny et al., 2025). Furthermore, in Australia, autism accounts for 45% of National Disability Insurance Scheme participants, indicating a substantial representation among youth.(Ranjan, 2023).

The prevalence of ASD in Bangladesh has been explored through various cross-sectional studies, revealing significant insights into its occurrence among children. Recent findings indicate a prevalence rate of approximately 0.75 per 1,000 children in rural areas, based on a study involving 5,286 children aged 18-36 months. (Akhter et al., 2018). Another nationwide survey reported a higher prevalence of 17 per 10,000 children, with urban areas showing greater rates than rural ones (25 vs. 14 per 10,000).

Parents report intense emotional distress, including anxiety and depression, stemming from their child's behavioural and social challenges. (Barklı & Doğan, 2025) The lack of effective coping strategies and support systems exacerbates their stress levels.(Lord et al., 2020a). A study found a moderate negative correlation between children's social participation and caregiver burden, indicating that increased social engagement for children can alleviate stress for parents.(ERSOY et al., 2024).

Research on parental social participation in autism spectrum disorder (ASD) highlights the critical role parents play in enhancing their children's social skills and overall well-being. Past studies indicate that parental involvement in interventions significantly improves social interactions for children with ASD, reducing behavioral issues and parenting stress (Ali et al., 2022). Additionally, mothers often face unique challenges during family gatherings, experiencing stress and anxiety that can limit their participation despite employing various coping strategies (Moorthy et al., 2023).

Parents play a pivotal role in mediating their children's social engagement, yet they often encounter barriers that hinder participation. (Smith et al., 2023). Promoting social participation not only benefits children but also alleviates stress and enhances the overall well-being of families.(ERSOY et al., 2024). Parents report feeling isolated due to societal expectations and the unique challenges posed by their children's behaviours. (Smith et al., 2023). Parents of children with ASD report fewer environmental supports and more barriers compared to parents of children without ASD, affecting their satisfaction with community participation (Egilson et al., 2017).

Parents face significant financial burdens due to treatment costs and limited access to resources, which further complicates their ability to manage their child's needs. (Rizvi & Batool, 2024). Research on ASD in developing countries, particularly in Arab nations and sub-Saharan Africa, is limited, with most studies focusing on prevalence and diagnosis rather than parental experiences (Alallawi et al., 2020).

Many studies suffer from weak methodologies, including small sample sizes and lack of standardized diagnostic tools, which limit the generalizability of findings.(Franz et al., 2017). There is a need for larger, more rigorous studies that incorporate diverse research methods to capture the complexities of parental experiences (Alkhateeb et al., 2022).

Further exploration is needed to understand how to effectively support parents in enhancing their children's social participation and, consequently, their own mental health and well-being. (Khalifa et al., 2020).

1.2 Justification of the study

According to this study, the Life Participation for Parents can be a helpful tool for evaluating Instrument used in the practice of pediatric occupational therapy:

Parents reported lack of support in multiple services addressing many life domains across the lifespan while continuously fighting for social stigma. (Awadu et al., 2024) The prevalence of MDD among mothers of children with ASD was high and associated with poor QoL. Integrating mental health services and supports for mothers in the ASD care of children is likely to address the high burden of depression they face, and improve their overall quality of life. (Naheed et al., 2020).

Many parents report that their stress and anxiety are compounded by the stigma, avoidance, and disparaging remarks they receive from their own family members and neighbors. (Uddin & Ashrafun, 2023) The findings reveal significant gaps in facilities, communication, curriculum adaptation, and teacher training.

This study offers recommendations for improving special education services in Bangladesh, highlighting the need for a comprehensive approach that includes parental involvement and policy support (Henry Wasosa, 2025).

parents who live in low-resource settings still report exacerbated barriers. This may indicate the need for diversifying intervention delivery models to increase contextual fit and enhance implementation effects for different populations. For example, many parents have reported parent-to-parent (P2P) model to be a source of emotional support, advocacy, and knowledge related to their child's diagnosis, and practical advice (Lee et al., 2024) .

In spite of the clear need for Parent Education and Training programmers, our findings show that the research evidence-base in autism spectrum disorder outside the United States is relatively small, non-representative and in need of methodological quality improvements. (Dawson-Squibb et al., 2020).

As a result, parents of children with autism can have high levels of stress from the symptoms associated with autism compared to parents of typically developing children or parents of children with other disorders. (Alabdulkarim, 2023).

1.3 Operational Definition

1.3.1 Social participation

Social participation refers to the extent to which parents engage in community, family, social, and recreational activities in their daily life. For this study, social participation is operationally defined as the total score obtained from the Ability to Participate in social roles and activities Scale, where higher scores indicate greater involvement in social activities. Social participation is a multifaceted concept that encompasses an individual's involvement in community activities, fostering connections with others. It is recognized as a vital component for enhancing health and well-being, particularly among older adults. While a standardized operational definition remains elusive, social

participation generally refers to engagement in both formal and informal social groups, which can significantly impact mental and physical health outcomes. (Sepúlveda-Loyola et al., 2020).

1.3.2 ASD

Autism Spectrum Disorder (ASD) is a complex, lifelong neurodevelopmental condition characterized by a range of social communication challenges and repetitive behaviours. The disorder manifests early in childhood and varies significantly in severity among individuals. Research highlights the multifaceted nature of ASD, including its impact on social skills, communication, and the potential for co-occurring psychiatric conditions. ASD is defined by impairments in social communication and the presence of restricted, repetitive behaviours. (Frampton et al., 2023). The global prevalence of ASD is approximately 1%, with higher rates reported in high-income countries. (Lord et al., 2020).

1.3.3 Parents

Parents play a crucial role in the development and education of their children, influencing various aspects of their lives. Their involvement is essential not only in providing emotional and academic support but also in shaping the child's social and psychological well-being. Parents are pivotal in guiding their children's educational journeys, particularly during formative years. Programs like the PARENTS project aim to equip parents with the necessary skills to support their adolescents in making informed decisions about education and career paths. (Malmierca, 2010). Effective parenting practices, including recognizing children's rights and responsibilities, are vital for creating a supportive atmosphere conducive to growth.

1.4 Aim of the study

The aim of the study to assess and identify the level of social participation among parents of children and adolescents with ASD.

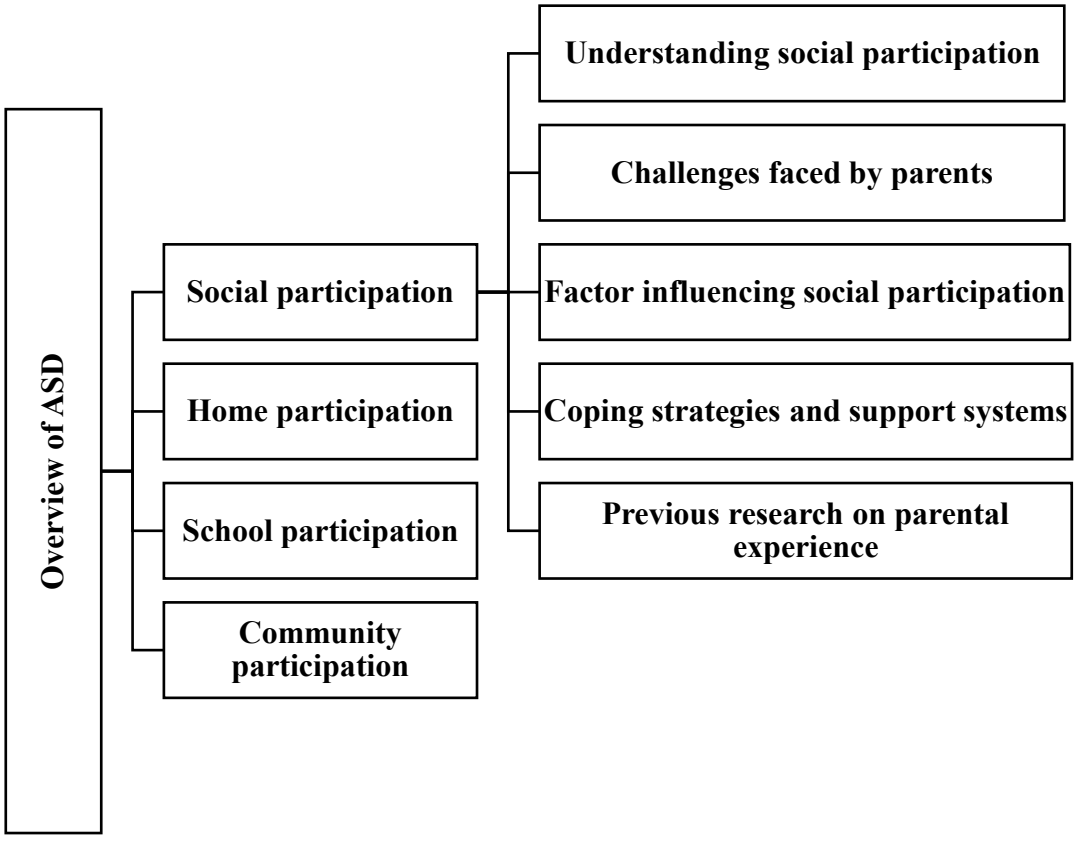
CHAPTER II: LITERATURE REVIEW

This chapter presents information regarding the level of social participation among parents of children and adolescents with autism spectrum disorder (ASD) and the associated factors influencing it. In terms of social participation, this chapter compiles evidence from existing literature on general participation, family- and community-based involvement, and engagement in other social activities. Searches were conducted in electronic databases including PubMed, Google Scholar, Embase, MEDLINE, ScienceDirect, and Google. The search focused primarily on articles published within the last 10–15 years. Additionally, it includes information on potential psychosocial and socio-demographic factors affecting parental social participation, such as age, education, occupation, income, family type, as well as the child's age and duration since ASD diagnosis.

2.0 Overview of literature review findings

Figure 2.1

O*verview of literature review findings*



2.0 Overview of Autism Spectrum Disorder (ASD)

Autism is a neuropsychiatric developmental syndrome that develops before the age of 3 years. The conceptualization process of this syndrome is based on the observations of Kanner, who assessed children with autism in terms of socialization, communication disorder, and repetitive restrictive behaviors. Autism, Asperger syndrome, Rett syndrome, childhood disintegrative disorder, pervasive developmental disorder, and any other condition that is not otherwise specified are examined under the framework of autism spectrum disorder (ASD) by the World Health Organization (WHO). (Kuru & Piyal, 2018). The common features of these disorders are difficulties in acquiring cognitive, linguistic, social, and motor skills. According to the Centers for Disease Control and Prevention, autism affects 1 in 68 children. In different studies, the proportion of children with autism ranged from 1.2% to 4.3% in Canada, from 14.7% to 24.6% in the UK, and this rate is determined to be 26.4% in South Korea and 2.9% in Taiwan. (Kuru & Piyal, 2018). The prevalence of ASDs varies between 1% and 2% in Asia, Europe, and South America. When examining the incidence of autism, children should not be considered independent of their parents, as this collection of disorders also affects the life of their family members.

Having a disabled child affects the relationships with the family and friends, and the social and business life of families. Some studies showed that families of children with disabilities have a high level of depression and anxiety. Most families of children with disabilities never receive social support. (Kuru & Piyal, 2018). Social support has been identified as a critical factor that reduces the negative psychological effects of raising a child with ASD as well as other disabilities. Social support is crucial for the health of parents of children with disabilities, and regardless of the age of children with autism, families may need social support at all times. Effective social support is beneficial both for the health of mothers and for the development of the children with disabilities.(Kuru & Piyal, 2018).

2.1 Social participation

Parental involvement is crucial for the development and education of children with autism spectrum disorder (ASD). (Sharabi & Marom-Golan, 2018). Parents of children with ASD receive both formal social support (from professionals like doctors and teachers) and informal social support (from family, friends, and support groups). Mothers usually report receiving more informal social support than fathers, and are more involved in their child's care and therapy sessions.(Sharabi & Marom-Golan, 2018)

Informal social support is especially effective in reducing mothers' stress. Both mothers and fathers of children with ASD report high levels of stress, but mothers tend to take on more parenting responsibility. Parental involvement leads to positive outcomes for the child, better family relationships, and improved well-being. (Sharabi & Marom-Golan, 2018). Mothers often use online communication and support groups to receive and provide emotional and informational support.

2.1.1 understanding social participation

Social participation at home involves children connecting with family members and developing through leisure, play, and shared responsibilities. Children with autism spectrum disorder (ASD) often participate less in social activities at home and spend more time in solitary activities like watching TV or using the computer compared to peers without ASD. (Egilson et al., 2018).

Barriers to social participation for children with ASD include challenges with social and communication skills, as well as environmental factors such as sensory issues, space, and the social or cognitive demands of activities. (Egilson et al., 2018). Families often adapt routines and environments to support the child's involvement and promote positive family bonding and shared participation in home activities.

2.1.2 Challenges faced by parents

Parents of children and adolescents with autism spectrum disorder (ASD) face significant challenges, including high levels of stress and the need for constant involvement in their child's care and therapy. (Egilson et al., 2018). Mothers often experience more stress than fathers because they usually take on greater caregiving responsibilities and face higher social expectations. (Egilson et al., 2018). Communication difficulties and behavioral challenges of children with ASD create barriers for parents in social participation and maintaining family routines. Environmental and sensory issues related to the child's condition require families to adapt their routines and living spaces, adding to parental challenges.

2.1.3 Factor influencing social participation

Children with autism disorders have difficulty in many capacities in their social situations hence, their constant exclusion from social activities. Discriminatory actions occur not only at the community level but also among the child's immediate family. (Akpeke et al., 2024).

It is very difficult to take care of my child's expenses because I am a single mother who is not working. Children in the older (15–18) ages were more likely to be involved than those in the younger ages (6–14) (Akpeke et al., 2024).

2.1.4 Coping strategies and support systems

Parents used their empathic relationships with their children to motivate them, appraise their efforts, and encourage involvement. Shared participation in the community was described as securing and affirming for children and adolescents with ASD. Parents actively worked to maintain a positive relationship with school personnel to influence school activities and become informed about their children's issues at school. (Krieger et al., 2022). Parents reframed the social environments regarding the needs and behavior of their children…to enhance understanding and empathy (Krieger et al., 2022).

2.1.5 Previous research on parental experience

Having a child with autism does not only affect the child, but also deeply impacts the lives of their family members, including relationships with family and friends, and the family's social and work life. (Kuru & Piyal, 2018). Studies have shown that families of children with disabilities often experience high levels of depression and anxiety, and many do not receive enough social support. Social support is a critical factor that reduces the negative psychological effects of raising a child with autism, and is important for both the parents' health and the child's development. (Kuru & Piyal, 2018).

Research found that social support was the most important predictor of parents' perceived quality of life, and better social support meant a better quality of life for these families.

2.2 Home participation

Children with ASD spend more time in solitary activities at home, such as watching television and using the computer, and less time doing social activities with others. Parents of children with ASD report lower levels of participation, more environmental barriers, and fewer supports for their children's participation in home activities compared to parents of children without ASD. (Egilson et al., 2018). Environmental factors like noise, lighting, space, and the social and cognitive demands of activities can either support or restrict participation at home for children with ASD. Parents use strategies such as creating routines, adapting the home environment, and providing specific support to help their children with ASD participate more successfully in home activities. (Egilson et al., 2018).

2.3 School participation

Children with ASD are usually left out in classroom discussions and are only brought in when the teacher insists. (Akpeke et al., 2024). Highly endorsed 'supports' at school were the 'attitudes' of teachers and staff. Sensory quality was one of the highest-rated barriers to school participation. Teachers' inability to handle special needs children makes some parents keep their wards at home. (Akpeke et al., 2024).

2.4 Community participation

Parents of children with ASD report that their children participate less in community activities, leading to challenges in social engagement and inclusion.

Community participation is strongly influenced by social demands, environmental barriers, and the availability of necessary resources—these factors can either support or hinder participation. Parents use various strategies to increase their child's community participation, such as establishing routines, fostering positive communication, and adapting the environment as needed. The study highlights that removing environmental barriers and providing supportive measures are essential for improving community participation and quality of life for children with ASD.

CHAPTER III: METHODS AND MATERIALS

3.1 Study Question(s), Aim, Objective(s)

3.1.1 Study Question(s)

What is the level of social participation among parents of children and adolescents with autism spectrum disorder (ASD)?

3.1.2 Aim

To assess and identify the level of social participation among parents of children and adolescents with ASD.

3.1.3 Objective(s)

- To identify the sociodemographic characteristics of parents of children and adolescents with ASD.
- To evaluate the level of social participation among parents of children and adolescents with ASD.
- To identify the association between sociodemographic characteristic and level of social participation.

3.2 Study Design

3.2.1 Study method

The student researcher followed a quantitative method in this study. Quantitative research is a method that involves the collection of data in numerical form, allowing the information to be quantified and subjected to statistical analysis to support or refute theoretical claims. (Apuke, 2017). In this study, the researcher collected numerical data from the participants and conducted statistical tests to measure the outcomes. The results were presented as numerical interpretations. Therefore, a quantitative research design was the most appropriate method for this study.

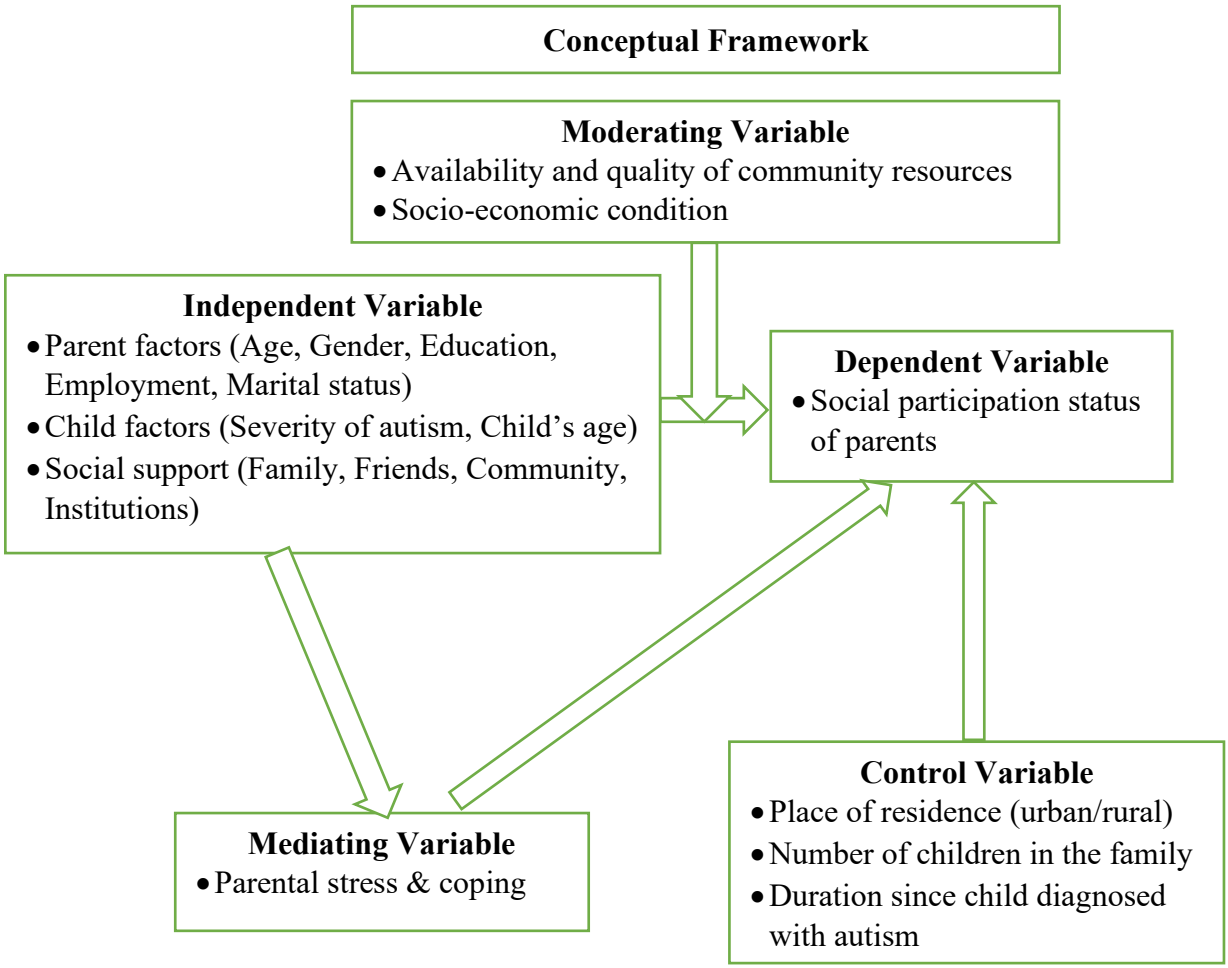
3.2.2 Study Approach

In this study, the student researcher used a cross-sectional approach. The participants were parents who are actively involved in the care of children with autism spectrum disorder (ASD). A cross-sectional study was chosen because the research focused on a specific group within the population and collected data at a single point in time. This approach allowed the researcher to determine the level of social participation among parents and identify the associated factors influencing it. Therefore, the cross-sectional approach was considered the most appropriate for this study. (Wang & Cheng, 2020).

3.2.3 Conceptual framework

Figure 3.2.3

Conceptual framework



3.3 Study setting and period

3.3.1 study setting

Data for this study were collected from various schools, community settings, and rehabilitation centres that work with individuals with autism spectrum disorders. A total of 120 parents participated in the study. Participants were recruited from multiple institutions to ensure diversity in the sample.

These institutions were selected because they regularly provide education, therapy, and support services to children with autism, which allowed access to a representative group of parents. Participants from each centre were selected using a simple random sampling method.

The names of the settings are-

- Therapy point & Shonirvor Special School for Autism & neurodevelopmental Disorder.
- Centre for the Rehabilitation of the paralyzed (CRP), Savar
- Centre for the Rehabilitation of the paralyzed (CRP), Mirpur, Dhaka
- SWAC-Society for the Welfare of Autistic Children.
- Prottasha Centre For Autism Care.
- Autism Welfare Foundation (AWF)

3.3.2 Study period

- The study period was between June 2025 to December 2025
- Data collection period: August 2025 to September 2025

3.4 Study Participant(s)

3.4.1 Study population

The study participants should be parents of children and adolescents diagnosed with ASD, covering diverse backgrounds (e.g., age, gender, socioeconomic status) to ensure varied experiences.

3.4.2 Sampling Techniques

Simple random sampling ensures that every eligible participant has an equal chance of selection, reducing bias and increasing generalizability. This can be done using a random number generator or lottery method from a list of eligible parents. This technique enhances the study's validity by ensuring a representative sample from the target population.

3.4.3 Inclusion criteria:

- Parents of children and adolescents with ASD aged 5 to 25 years who have been diagnosed by a qualified clinician.
- Parents of ASD children and adolescents (both male & female).
- Parents who are mentally stable.

3.4.4 Exclusion criteria:

- Parents of ASD children and adolescents with other medical or psychiatric conditions such as Anxiety disorder, Depression.

3.4.5 Sample size:

Sample Size estimation:

According to the standard formula,

n = number of samples

p= the population size =50%=0.5 d= the margin of error=0.05;

z=1.96 q = (1-p) = 0.5

$$n = \frac{z^2 pq}{d^2}$$

$$n = \frac{(1 \cdot 96)^2 \times 0 \cdot 5 \times 0 \cdot 5}{(0.05)^2}$$

= 0.9604/0.0025

= 384.16

According to the calculation, the required sample size was 384.16, but the researcher was able to collect 120 data points. Obtaining permission from each center where data were collected took approximately 2–3 days. A major challenge during data collection was that many caregivers were reluctant to provide information. Since the data were collected after obtaining permission, no one was forced to participate. Additionally, the researcher faced time and budget limitations.

3.5 Ethical Considerations

3.5.1 Ethical clearance

Ethical clearance was obtained from the Institutional Ethical Review Board (IRB) of Bangladesh Health Professions Institute (BHPI) through the department of Occupational Therapy, BHPI. The IRB form number is CRP-BHPI/IRB/07/2025/1121 (see in details appendix-A). Student researcher took permission from schools, community settings, rehabilitation centers and special school to collect data from their institution. Student researcher also took permission from the author of the scale which used in this study.

3.5.2 Informed consent

Each participant was receiving an information sheet from the student researcher detailing the study's purpose and procedures to ensure they fully understand their participation. (See appendix-B, Part I). After explaining the study's purpose, aim, objective the student researcher made a written consent from the participants before data collection begins (See appendix-B, Part II)

3.5.3 Withdrawal From

Participants had the right to withdraw from the study at any time before data analysis begins, without any consequences (See appendix-B, Part III).

3.5.4 Unequal relationship

The student researcher had not any kind of unequal relationship with the participants.

3.5.5 Risk and Beneficence

- Investigator ensure that She will not occur any risk for the participants.
- There will be no risk and benefit involved in this study.
- The investigator referred to vulnerable participants.

3.5.6 Power Relationship

The student researcher did not have any power relationships with any participants.

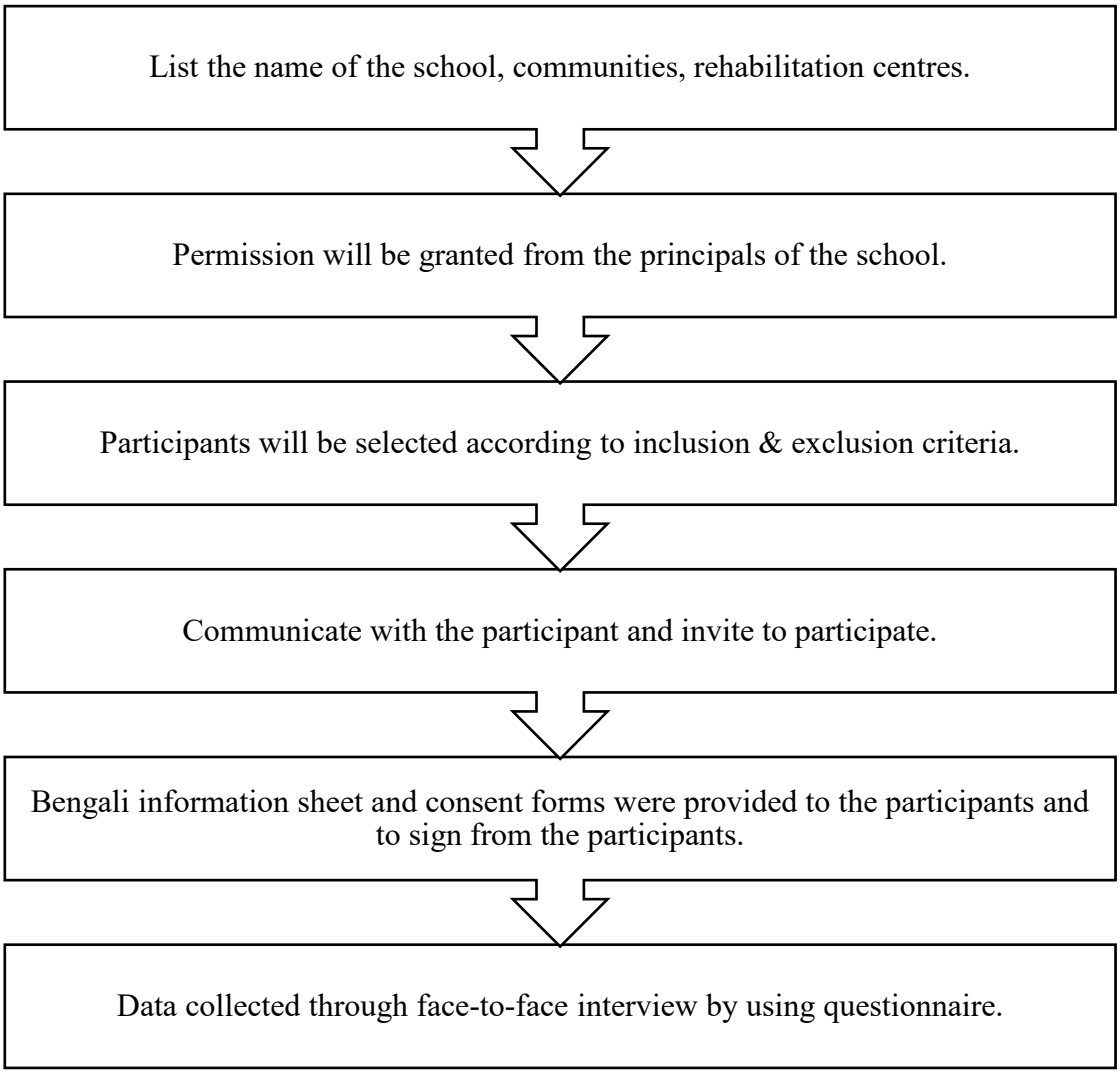
3.5.7 Confidentiality

The study will maintain confidentiality of all participant details, with their name not disclosed in any published documentation. The original interview transcripts, featuring the participant's name, will only be accessible to the researchers, ensuring high privacy and security.

3.6.1 Data Collection Process

Figure 3.6.1

Participant's recruitment process



3.6.2 Data collection method

Data for this cross-sectional study were collected through a structured questionnaire that included the APSRA (Ability to Participate in Social Roles and Activities) scale to assess the social participation levels of parents of children and adolescents with autism spectrum disorder (ASD). The student researcher conducted face-to-face interviews to ensure that participants clearly understood each question and were able to provide accurate responses. Each interview required approximately 25–30 minutes, and full privacy and confidentiality were maintained throughout the process.

Surveys and Questionnaires-Structured tools that allow researchers to collect quantifiable data from a large audience. (Senekane & Senekane, 1 C.E.).

3.6.3 Data Collection Instrument

3.6.3.1 Socio-Demographic Variables

Socio-Demographic information included: age, gender, education, employment, marital status, number of children, and child's ASD diagnosis details.

3.6.3.2 Measurement Variables of Data Collection Tool

- The APSRA (Ability to Participate in Social Roles and Activities) scale was used to assess parents' social participation, including daily roles, community involvement, and social interactions.
- Data were collected using paper, pen/pencil, printed questionnaires, and recorder.

Scale: Ability to Participate in Social Roles and Activities (APSRA)

Ability to Participate in Social Roles and Activities

The validity and reliability of the APSRA (Ability to Participate in Social Roles and Activities) scale have been established in previous studies.

APSRA is a self-report scale consisting of 35 items designed to assess an individual's level of social participation across various roles and activities. Each item is scored on a 5-point Likert scale: Never (1), Rarely (2), Sometimes (3), Usually (4), and Always (5). An overall score is obtained by summing the scores of all 35 items. Higher total scores indicate a higher level of social participation, whereas lower total scores reflect limited social participation. This scale allows for a comprehensive assessment of how parents engage in daily social roles, community activities, and social interactions, as well as the challenges they may face in fulfilling these roles.

3.6.4 Field Note

Student researcher, at first translated the sociodemographic questionnaire and the APSRA questionnaire into Bengali with the help of an expert, so that participants could easily understand them during data collection. Before conducting the pilot test, Student researcher introduced herself to the participants, then took the permission from the participants and build up rapport with the participants. The participants were informed about the aim, objectives, and purpose of the study. The pilot test was conducted with two participants, and they were able to understand the questionnaires easily. Therefore, no major changes were required in the questions.

3.7 Data Management and Analysis

Student researcher uses Descriptive Statistics for data analysis. The data were analyzed using the latest software, Statistical Package for Social Science (SPSS). It is useful to find out the mean, standard deviation, frequencies, and percentages to summaries participant characteristics, evaluate the overall level of social participation. Normality of the data distribution was assessed**,** and the findings showed that the data were not normally distributed**.** Therefore, non-parametric tests were used for inferential analysis. The Mann–Whitney U test was used to compare differences between the two groups this two groups is urban and rural which result is significant. The Kruskal–Wallis H test was used to compare APSRA mean score among three or more groups which is Father education, mother education, and religion. This result also significant. According this Kruskal–Wallis H test significant result than done Linear regression analysis which participate is Hindu, Christian, Muslim. As well as, this results also significant. The paper does not specify the use of IBM SPSS Statistics 20.0 or a p-value threshold of <0.05 for statistical significance. It focuses on various SPSS commands and statistical methods without detailing specific software versions or significance levels. (Anderson et al., 1997).

3.8 Quality Control and Quality Assurance

Before collecting data, the student researcher conducted a pilot test. Permission was obtained from the responsible authority first, followed by consent from two participants. These participants were informed about the study's aim, objectives, purpose, and confidentiality measures. After that, they provided their data. Once the data was collected, the researcher realized there was no need to change the questionnaire because the participants clearly understood the questions in Bengali. The student researcher properly collected the data and then reviewed it with the supervisor. In total, the student researcher collected 120 responses through face-to-face interviews. The data is securely stored on the desks of both the student researcher and the honorable supervisor to prevent unauthorized access. The student researcher also rechecked the data to ensure its accuracy and maintenance. Next, the data was entered into SPSS for analysis. It was checked for any missing values, then recoded, and tested for normality. Since the data was not normally distributed, non-parametric tests were conducted to determine if the results were statistically significant.

CHAPTER IV: RESULTS

A cross-sectional study was conducted on the Status of Social Participation among Parents of Children and adolescents with Autism Spectrum Disorder. This section presents a descriptive analysis of the collected data. The findings have been analyzed and represented through tables and figures in a systematic and organized manner. The analysis focuses on identifying the key social, emotional, and environmental factors that influence parents' level of social participation. Additionally, it explores the relationship between caregiving responsibilities and the extent of parents' engagement in social and community activities.

4.1 Sociodemographic characteristic

Table 4.1

Distribution of sociodemographic characteristics of the respondent.

Variable	Category	Frequency (n=120)	Percentage %
Child Age	2-9 Years	85	70.8%
	10-17 Years	30	25.0%
	18-25 Years	05	4.2%
	Mean =8.35 years, SD (±4.315), Minimum= 2 years, Maximum=23 years		
Children gender	Female	17	14.2%
	Male	103	85.8%
Age at Diagnosis of Autism (years)	1-4 Years	114	95.0%
	5-8 Years	6	5.0%
	Mean =2.71 years, SD (±1.126), Minimum= 1 years, Maximum=8 years		
Associated diseases with ASD	ID	11	6.5%
	ADHD	25	14.7%
	Epilepsy	6	3.5%
	Speech delay	96	56.5%
	Developmental Coordination Disorder	32	18.8%

Father Occupation	Unemployed-Homemaker	1	.8%
	Self-employed	35	29.2%
	Service	70	58.3%
	Others	14	11.7%
Father Education	No Formal		
	Primary	3	2.5%
	Secondary	15	12.5%
	Higher Secondary	18	15.0%
	Graduate+	84	70.0%
Mather Occupation	Unemployed		
	Homemaker	104	86.7%
	Self-employed	4	3.3%
	Service	11	9.2%
	Daily wage labor		
	Others	1	.8%
Mather Education	No Formal		
	Primary	5	4.2%
	Secondary	14	11.7%
	Higher Secondary	27	22.5%
	Graduate+	74	61.7%
Monthly family income	<70000 Taka	56	46.7%
	>70000 Taka	64	53.3%
	Mean = 92616.67 BDT, SD (±51729.449), Minimum= 20000 BDT, Maximum=300000 BDT.		
Residence	Urban	107	89.2%
	Rural	13	10.8%
Religion	Islam	109	90.8%
	Hindu	9	7.5%
	Christian	2	1.7%
Number of Children	2 or below 2	116	96.7%
	2 above	4	3.3%
	Mean =1.49 person, SD (±.661), Minimum= 0-person, Maximum=3 person		
Engaged in Community/Social group	Yes	3	2.5%
	No	117	97.5%
Face barriers in attending social function	Yes	74	61.7%
	No	46	38.3%
Main barrier to social participation	Childs behavior	26	5.5%
	Lack of social opportunity	115	24.5%
	Lack of transportation	120	25.5%
	Lack of time	113	24.0%
	Stigma	96	20.4%
Support from relatives/ friends/ community	Yes	65	54.2%
	No	42	35.0%
	Somewhat	13	10.8%
Receive any formal support (e.g.: therapist, NGO, school, daycare)	Yes	85	70.8%
	No	35	29.2%

Provides an overview of the sociodemographic characteristics of the 120 respondents. The data shows a majority of the children were male 85.8% (103), with an average age of 8.35 years (SD ±4.315). Most of the children 70.8% (85) were in the 2-9 years age group. The mean age at diagnosis of autism was 2.71 years (SD ±1.126), with 95.0% (114) diagnosed between 1-4 years old. The most frequently reported comorbidity was speech delay 56.5% (96), followed by Developmental Coordination Disorder 18.8% (32) and ADHD 14.7% (25).

Most respondents resided in urban areas 89.2% (107) and were of the Islam religion 90.8% (109). Regarding parental education, a majority of both fathers 70.0% (84) and mothers 61.7% (74) had a Graduate+ level education. For occupation, 58.3% (70) of fathers were in Service, while 86.7% (104) of mothers were homemakers. The average monthly family income was 92616.67 BDT (SD ±51729.449), and 47.5% (57) reported an income in the 20000-76000 Taka range. A majority 61.7%, (74) reported facing barriers in attending social functions, with the main barriers cited as lack of transportation 25.5% (120) and lack of social opportunity 24.5% (115). Finally, 70.8% (85) of respondents stated they receive formal support.

4.2 The participants' self-reported responses

Table 4.2

The participants' self-reported responses

Items	Always n (%)	Usually n (%)	Sometimes n (%)	Rarely n (%)	Never n (%)
1.I have trouble doing my regular daily work around the house	29(24.2)	19(15.8)	42(35.0)	18(15.0)	12(10.0)
2.I have trouble meeting the needs of my friends	20(16.7)	44(36.7)	30(25.0)	16(13.3)	10(8.3)
3.I have to limit social activities at home.	24(20.0)	33(27.5)	50(41.7)	8(6.7)	5(4.2)
4.I have trouble meeting the needs of my family	15(12.5)	27(22.5)	26(21.7)	33(27.5)	19(15.8)
5.I am limited in doing my work (include work at home.	14(11.7)	34(28.3)	42(35.0)	21(17.5)	9(7.5)

6.I have to limit social activities outside my home…	30(25.0)	27(22.5)	33(27.5)	23(19.2)	7(5.8)
7.I have trouble participating in recreational activities with others	16(13.3)	33(27.5)	46(38.3)	19(15.8)	6(5.0)
8.I have trouble doing everything for my family that I feel I should do.....	6(5.0)	33(27.5)	52(43.3)	24(20.0)	5(4.2)
9.I have trouble accomplishing my usual work (include work at home).	8(6.7)	30(25.0)	47(39.2)	27(22.5)	8(6.7)
10.I have trouble doing all of the family activities that I feel I should do.....	8(6.7)	43(35.8)	50(41.7)	14(11.7)	5(4.2)
11.I have trouble doing all of the family activities that are really important to me….	10(8.3)	45(37.5)	49(40.8))	10(8.3)	6(5.0)
12.I have trouble doing everything for work that I want to do (include work at home) ……	10(8.3))	42(35.0)	47(39.2)	15(12.5)	6(5.0)
13.I have trouble doing all of my regular leisure activities with others.	7(5.8)	31(25.8)	64(53.3)	13(10.8)	5(4.2)
14.I have to limit social activities with groups of people.....	13(10.8)	39(32.5)	50(41.7)	11(9.2)	7(5.8)
15.I have to limit my regular family activities	9(7.5)	31(25.8)	62(51.7)	13(10.8)	5(4.2)
16.I have to limit the things I do for fun with others.....	7(5.8)	42(35.0)	54(45.0)	11(9.2)	6(5.0)
17.I have to do my work for shorter periods of time than usual (include work at home).	62(51.7)	24(20.0)	12(10.0)	13(10.8)	9(7.5)
18.I feel limited in the amount of time I have for my family...	28(23.3)	29(24.2)	26(21.7)	27(22.5)	10(8.3)
19.I have trouble doing all of the family activities that I want to do....	7(5.8)	38(31.7)	54(45.0)	19(15.8)	2(1.7)
20.I have trouble doing all of the activities with friends that are really important to me.....	10(8.3)	49(40.8)	35(29.2)	19(15.8)	7(5.8)
21.I have trouble doing all the leisure activities with others that I want to do	9(7.5)	34(28.3)	54(45.0)	17(14.2)	6(5.0)
22.I have trouble keeping up with my family responsibilities	13(10.8)	21(17.5)	34(28.3)	36(30.0)	16(13.3)

23.I have trouble doing all of my usual work (include work at home).	15(12.5)	44(36.7)	39(32.5)	18(15.0)	4(3.3)
24.I have trouble doing all of the work that is really important to me (include work at home)	19(15.8)	29(24.2)	55(45.8)	12(10.0)	5(4.2)
25.I have to limit my regular activities with friends	15(12.5)	49(40.8)	35(29.2)	11(9.2)	10(8.3)
26.I have trouble taking care of my regular personal responsibilities....	13(10.8)	47(39.2)	35(29.2)	20(16.7)	5(4.2)
27.I have trouble doing everything for my friends that I want to do	17(14.2)	36(30.0)	43(35.8)	15(12.5)	9(7.5)
28.I have trouble doing all of the activities with friends that I feel I should do	11(9.2)	52(43.3)	36(30.0)	12(10.0)	9(7.5)
29.I have trouble doing all of the work that I feel I should do (include work at home) ...	14(11.7)	44(36.7)	45(37.5)	11(9.2)	6(5.0)
30.I feel limited in my ability to visit friends…….	30(25.0)	27(22.5)	38(31.7)	12(10.0)	13(10.8)
31.I have trouble keeping in touch with others.....	14(11.7)	14(11.7)	29(24.2)	38(31.7)	25(20.8)
32.I have trouble doing all of the activities with friends that I want to do…….	10(8.3)	42(35.0)	44(36.7)	15(12.5)	9(7.5)
33.I have trouble keeping up with my work responsibilities (include work at home)	12(10.0)	41(34.2)	53(44.2)	9(7.5)	5(4.2)
34.I have trouble doing everything for my friends that I feel I should do…….	15(12.5)	38(31.7)	44(36.7)	12(10.0)	11(9.2)
35.I feel limited in the amount of time I have to visit friends.	33(27.5)	24(20.0)	28(23.3)	20(16.7)	15(12.5)

The table displays the participants self-reported responses (Always, Usually, Sometimes, Rarely, Never) to 35 items concerning limitations in their daily work, family responsibilities, and social activities. A significant majority 51.7% (62) reported Always having to do their work for shorter periods than usual (Item 17). Other major limitations reported as Always or Usually include limiting regular activities with friends (Item 25), with 53.3% (n=15 Always, n=49 Usually); trouble doing all usual work (Item 23),

with 49.2% (n=15 Always, n=44 Usually); limiting social activities outside the home (Item 6) and feeling limited in the ability to visit friends (Item 30), both reported at 47.5% (n=30 Always, n=27 Usually); and feeling limited in the amount of time for family (Item 18), also at 47.5% (n=28 Always, n=29 Usually).

Trouble doing all activities with friends one should do (Item 28) was also frequently reported, with 43.3% (52) selecting Usually.

For many other items, sometimes was the most frequent response, indicating a variable impact. This includes trouble doing regular leisure activities with others (Item 13, 53.3%, n=64), limiting regular family activities (Item 15, 51.7%, n=62), and trouble doing all of the work that is really important (Item 24, 45.8%, n=55).Conversely, trouble keeping in touch with others (Item 31) was reported as a less frequent problem, with 31.7% (38) selecting Rarely and 20.8% (25) selecting Never.

4.3 Level of Social participation

Table 4.3

Level of Social participation

Variable	Category	Frequency (n=120)	Percentage (%)
Level of Social participation	Severe level of social limitation & lowest level of social participation	16	13.3(%)
	Moderate level of social limitation & mild level of social participation	72	60.0(%)
	Mild level of social limitation & moderate level of social participation	24	20.0(%)
	Hight level of social participation & doesn't face any limitation or face moderate limitation	8	6.7(%)
	Mean =2.20, SD (±.751), Minimum= 1, Maximum=4		

Based on the total scores of 120 parents, the majority (60.0%) fell within the 71–104 range, indicating moderate social limitation with mild social participation. Another 20.0% scored between 105–140, reflecting mild social limitation and moderate participation.

A smaller proportion (13.3%) reported scores between 35–70, suggesting severe social limitation and very low participation. Only 6.7% of parents scored within the highest range (141–175), representing high social participation with minimal or no limitation. The overall mean score was 2.20 (SD ±0.751), with scores ranging from 1 to 4, indicating that most parents clustered around the moderate limitation category.

4.4 Test of Normality

Table 4.4

Test of Normality

Variable	Tests of Normality			
	Kolmogorov-Smirnov		**Shapiro-Wilk**	
Score final	df	Sig	df	Sig
	120	.003	120	.000
	(Ability to Participate in Social Roles and Activities) APSRA mean Score p < .05 (KS = .003, SW = .000), so data is NOT normally distributed, therefore use non-parametric tests.			

A Test of Normality was conducted for the variable APSRA mean Score using both the Kolmogorov–Smirnov and Shapiro–Wilk tests. Results showed that APSRA mean Score was not normally distributed, as indicated by significant p-values in both tests (Kolmogorov–Smirnov: p = .003; Shapiro–Wilk: p = .000). Since the assumption of normality was violated (p < .05), non-parametric statistical tests were considered appropriate for subsequent analyses.

4.5 Mann-Whitney Test

Table 4.5.1

Mann-Whitney Test

Variable	Residence			
	Residence	**N**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Residence	Urban	107	62.78	**.040**
	Rural	13	41.77	

Table 4.5.2

Variable	Child gender			
	Child gender	**N**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Child gender	Female	17	56.15	.577
	Male	103	61.22	

Table 4.5.3

Variable	Community group			
	Community group	**N**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Community group	Yes	3	79.33	.342
	No	117	60.02	

Table 4.5.4

Variable	Support family			
	Support family	**N**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Support from relatives/ friends/ community	Yes	65	56.95	.220
	No	42	49.43	

Table 4.5.5

Variable	Formal support			
	Formal support	**N**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Receive any formal support (Eg: therapist, NGO, school, daycare)	Yes	85	63.28	.173
	No	35	53.76	

Table 4.5.6

Variable	Comorbidity				
	Comorbidity		**N**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Associated diseases with ASD	ID	Yes	11	41.09	.052
		No	109	62.42	
	ADHD	Yes	25	54.66	.345
		No	95	62.04	
	Epilepsy	Yes	6	67.50	.613
		No	114	60.13	
	Speech delay	Yes	96	58.61	.235
		No	24	68.04	
	Developmental Coordination Disorder	Yes	32	62.77	.667
		No	88	59.68	

Table 4.5.1 shows the Mann–Whitney U test conducted to examine whether Residence (Urban vs. Rural) had any effect on APSRA mean Score.

Results showed a significant difference between the two groups (Asymp. Sig. = .040), indicating that Residence has a meaningful impact on the score. The Urban group (N = 107) had a higher mean rank (62.78) compared to the Rural group (N = 13), which had a mean rank of 41.77. This suggests that participants living in Urban areas tend to have higher APSRA mean Score than those living in rural areas.

4.6 Kruskal-Wallis Test

Table 4.6.1

Kruskal-Wallis Test

Variable	**Father education**			
	Education	**n**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Father education	Primary	3	10.50	**.040**
	Secondary	15	54.43	
	Higher Secondary	18	54.72	
	Graduate+	84	64.61	

Table 4.6.2

Variable	**Mother education**			
	Education	**n**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Mother education	Primary	5	57.90	**.021**
	Secondary	14	38.86	
	Higher Secondary	27	53.00	
	Graduate+	74	67.51	

Table 4.6.3

Variable	**Religion**			
	Religion	**n**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Religion	Islam	109	57.66	**.016**
	Hindu	9	85.94	
	Christian	2	100.75	

Table 4.6.4

Variable	Father occupation			
	Occupation	**n**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Father occupation	Homemaker	1	87.00	.609
	Self-employed	35	65.50	
	Service	70	57.50	
	Others	14	61.11	

Table 4.6.5

Variable	Mother occupation			
	Occupation	**n**	**Mean Rank**	**Asymp.Sig. (2-tailer)**
Mother occupation	Homemaker	104	59.40	.562
	Self-employed	4	50.63	
	Service	11	73.23	
	Others	1	74.00	

Table 4.6.1 shows the Kruskal–Wallis Test was conducted to determine whether Father's education level had an effect on APSRA mean Score. The result was statistically significant (Asymp. Sig. = .040), indicating that APSRA mean Score differed across the four education groups. The mean ranks showed a clear increasing pattern with higher levels of education. Participants whose fathers had Primary education had the lowest mean rank (Mean Rank = 10.50). Those with fathers who completed Secondary (54.43) and Higher Secondary (54.72) education showed higher scores. The highest mean rank was observed among participants whose fathers had Graduate or above level education (Mean Rank = 64.61). These findings suggest that higher paternal education is associated with higher APSRA mean Score, with the Graduate+ group demonstrating the strongest positive association.

Table 4.6.2 shows the Kruskal–Wallis Test was conducted to assess whether Mother's education level influenced APSRA mean Score. Results showed a significant difference among the groups (Asymp. Sig. = .021).

Participants whose mothers had Secondary education had the lowest mean rank (38.86), while those in the Graduate+ group had the highest mean rank (67.51). The Primary (57.90) and Higher Secondary (53.00) groups showed moderate values. Overall, the findings suggest that higher maternal education is associated with higher APSRA mean Score. Table 4.6.3 shows the Kruskal–Wallis Test examining differences in APSRA scores across religious groups. The test revealed a statistically significant difference in scores among the groups (p = .016). Participants identifying as Christian had the highest mean rank (100.75), followed by Hindu (85.94), while Muslims had the lowest mean rank (57.66).

4.7 Linear regression analysis

Table 4.7

Linear regression analysis

Religion					
Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	2.654	.063		41.860	.000
Hindu	.297	.115	.226	2.584	.011
Christian	.430	.157	.239	2.728	.007

Dependent Variable: APSRA mean Score final.

A linear regression analysis showed that religion significantly predicted APSRA mean Score. Compared to the reference group, children from Hindu families had significantly higher scores (B = .297, p = .011), and children from Christian families showed an even stronger positive association (B = .430, p = .007). This indicates that religion plays a significant role in explaining variations in APSRA mean Score.

CHAPTER V: DISCUSSION

The study evaluates the level of social participation among parents of children and adolescents with ASD and to identify the association between sociodemographic characteristic and level of social participation. For this study, participants were recruited through purposive sampling techniques, and it was a face-to-face interview. Overall social participation was measured by APSRA scale. Concerning this study purpose, it was important to investigate sociodemographic factors.

Among 120 participants, 14.2% (n=17) were female and 85.8% (n=103) were male. Thus, the response rate of male participants was 6 times higher than female participants. This indicates that in this study, male parents of children with ASD were more represented than female parents.

This uneven gender representation aligns with global research showing that autism is more prevalent in males than females. Systematic reviews and meta-analyses indicate that the male-to-female ratio in ASD prevalence ranges around 3:1 or higher, meaning males are significantly more likely to be diagnosed with autism compared to females. The observed disparity may result from differences in symptom presentation, diagnostic practices, or under-diagnosis in females. (Loomes et al., 2017).

Regarding the age at diagnosis of autism spectrum disorder (ASD), the majority of children (95%, n=114) were diagnosed between 1–4 years, while a small proportion (5%, n=6) were diagnosed between 5–8 years. The mean age at diagnosis was 2.71 years (SD ±1.126), with a minimum of 1 year and a maximum of 8 years.

Previous research also shows that ASD is typically diagnosed in early childhood. Systematic reviews and population studies indicate that the average age at diagnosis often ranges from about 2.5 to 5 years, with many children being diagnosed between 24 and 36 months of age (mean ~43.18–60.48 months) among large international samples.

Studies further suggest that early signs can appear before age 3, but diagnosis may be delayed due to variability in symptom presentation and access to assessment (e.g., studies reporting mean ages around 3.5–4.5 years). (van ’t Hof et al., 2021).

Among 120 participants, 9.2% (n=11) had Intellectual Disability (ID), 20.8% (n=25) had attention deficit hyperactivity disorder (ADHD), 5.0% (n=6) had Epilepsy, 80.0% (n=96) had Speech Delay, and 26.7% (n=32) had Developmental Coordination Disorder (DCD). This indicates that Speech Delay was the most common comorbidity among the participants, while Epilepsy was the least common.

Previous research has also reported high rates of comorbid conditions among children with ASD, highlighting that co-occurring disorders are frequent and varied. Systematic literature reviews show that ADHD and intellectual disability often co-occur with ASD, and many individuals with autism experience additional neurological or psychiatric comorbidities at varying rates depending on the study sample and methods. For example, large prevalence studies report that a substantial proportion of children and adolescents with ASD have at least one comorbid condition, including ADHD, intellectual disability, and epilepsy, although the exact percentages vary widely across populations and settings. This supports the notion that comorbidities are common in autism, reinforcing the need to screen for and address these conditions during assessment and intervention planning. (Frampton et al., 2023).

Most parents of children and adolescents with ASD had graduate or higher education, with 70% of fathers and 61.7% of mothers falling into this category. A smaller proportion of parents had secondary or higher secondary education, while very few had only primary education. No participants reported having no formal education. Overall, fathers had slightly higher educational attainment compared to mothers.

Among 120 participants, 46.7% (n=56) of families had a monthly income of less than 70,000 BDT, while 53.3% (n=64) had an income of more than 70,000 BDT.

The mean monthly income was 92,616.67 BDT (SD ±51,729.45), ranging from a minimum of 20,000 BDT to a maximum of 300,000 BDT.

The aim of the study to evaluate the level of social participation among parents of children and adolescents with ASD and to identify the association between sociodemographic characteristic and level of social participation. Among the 120 respondents, the current study findings indicate that the total scores of 120 parents, the majority (60.0%) fell within the 71–104 range, indicating moderate social limitation with mild social participation. Another 20.0% scored between 105–140, reflecting mild social limitation and moderate participation. A smaller proportion (13.3%) reported scores between 35–70, suggesting severe social limitation and very low participation. Only 6.7% of parents scored within the highest range (141–175), representing high social participation with minimal or no limitation. The overall mean score was 2.20 (SD ±0.751), with scores ranging from 1 to 4, indicating that most parents clustered around the moderate limitation category.

Previous research similarly highlights that families of children with ASD often experience reduced levels of social participation, primarily due to social, environmental, and caregiving challenges. For example, a recent population-based study found that caregivers of children with autism face multiple environmental barriers that significantly limit their social engagement and participation in community activities. These barriers include increased caregiving demands, social stigma, and lack of supportive resources.

The study also emphasized that parents frequently require structured strategies and environmental accommodations to enhance their social participation. This aligns with the findings of the current study, where the majority of parents fell into the moderate to low participation category, indicating that reduced social participation is a consistent pattern across different populations and contexts. (Krieger et al., 2022).

CHAPTER VI: CONCLUSION

6.1 Strength and Limitation

6.1.1 Strength

- The study design perfectly matched to Quantitative Cross-Sectional study design according to the study aim and objective. Quantitative approaches look at how certain conditions (independent variable) affect a desired result (dependent variable) in ways that can be quantified. (Wang & Cheng, 2020).
- Got Author's permission for using APSRA scale in this study.
- Student researcher conducted a pilot test. Permission was got from the responsible authority smoothly.
- Participants were informed about the study's aim, objectives, purpose, and confidentiality measures.
- The questionnaire was administered through face-to-face interviews, and participants clearly understood each question.
- A good rapport was successfully established with the participants for the face-to-face interviews.
- Diagnosis of the patients was confirmed by the expert professionals.

6.1.2 Limitation

- According to the sample size calculation, the target population for the study was 384, but only 120 participants' data were collected, which limits the generalizability of the findings.
- Many parents were reluctant to provide data due to repeated requests, which affected data collection.
- Some participants were unable or unwilling to fully participate in the interviews or questionnaires, resulting in incomplete information.

- Time and budget constraints impacted the data collection process, and data could not be collected from certain communities or institutions.
- In some urban schools, children were brought to school by drivers or caretakers instead of the actual parents, making it difficult to obtain accurate information directly from the parents.
- The qualitative component was limited, which restricted the comprehensive exploration of parents' social participation and challenges.

6.2 Practice Implication

Occupational therapists, special educators, and other healthcare professionals can play a key role in supporting parents of children and adolescents with ASD to enhance their social participation. They can provide practical strategies and guidance to help parents engage in family, community, and social activities while managing the challenges associated with raising a child and adolescents with ASD.

Future research should focus on understanding the gap between available support and actual social inclusion, aiming to reduce barriers to participation. (Smith et al., 2023) Conversely, while enhancing social participation is vital, it is also important to recognize that not all families may have the same capacity or resources to engage socially, which can lead to varying experiences and outcomes in their mental health and well-being. The paper does not specifically address the level of social participation among parents of children and adolescents with ASD. However, it emphasizes the importance of collaboration among stakeholders to enhance parent engagement, suggesting future research should explore social participation's impact on therapy outcomes. (Mohd Alwi et al., 2023).

6.3 Conclusion

The findings of this study indicate that most parents of children and adolescents with autism spectrum disorder (ASD) experience moderate social limitations with mild social participation. Based on the APSRA total scores of 120 parents: 60% of parents scored between 71–104, indicating moderate social limitation and mild participation.20% scored between 105–140, reflecting mild social limitation and moderate participation. 13.3% scored between 35–70, suggesting severe social limitation and very low participation. Only 6.7% scored within the highest range (141–175), indicating high social participation with minimal or no limitation. The overall mean score was 2.20 (SD ±0.751), with scores ranging from 1 to 4, showing that the majority of parents fall within the moderate limitation category. These results highlight the need for targeted interventions, support systems, and community programs to enhance parental social participation, which can ultimately improve both the well-being of parents and the social and developmental outcomes of children and adolescents with ASD.

CHAPTER VII: LIST OF REFERENCE

Akhter, S., Hussain, A. H. . E., Shefa, J., Kundu, G. K., Rahman, F., & Biswas, A. (2018). Prevalence of Autism Spectrum Disorder (ASD) among the children aged 18-36 months in a rural community of Bangladesh: A cross sectional study. *F1000Research*, *7*, 424. https://doi.org/10.12688/f1000research.13563.1

Akpeke, M., Agbemavi, W., & Adde, K. S. (2024). Factors that inhibit the social involvement of children with autism: perspectives of parents in the Cape Coast metropolis. *BMC Pediatrics 2024 24:1*, *24*(1), 825-. https://doi.org/10.1186/s12887-024-05322-9

Alabdulkarim, A. (2023). Families of Children with Autism and Stress: A Scoping Review. *International Journal of Technology and Inclusive Education*, *12*(1), 1843–1848. https://doi.org/10.20533/ijtie.2047.0533.2023.0229

Alallawi, B., Hastings, R. P., & Gray, G. (2020). A Systematic Scoping Review of Social, Educational, and Psychological Research on Individuals with Autism Spectrum Disorder and their Family Members in Arab Countries and Cultures. *Review Journal of Autism and Developmental Disorders*, *7*(4), 364–382. https://doi.org/10.1007/s40489-020-00198-8

Ali, D. F., Ahmad, A. R., & Omar, M. (2022). Parents Involvement in Social Interaction Intervention for Children with Autism Spectrum Disorder (ASD): A Review. *International Journal of Academic Research in Progressive Education and Development*, *11*(3), 1529–1540. https://doi.org/10.6007/ijarped/v11-i3/15002

Alkhateeb, J. M., Hadidi, M. S., & Mounzer, W. (2022). The Impact of Autism Spectrum Disorder on Parents in Arab Countries: A Systematic Literature Review. *Frontiers in Psychology*, *13*(July), 1–13. https://doi.org/10.3389/fpsyg.2022.955442

Anderson, T. W., Finn, J. D., Gerber, S. B., & Voelkl, K. E. (1997). The SPSS Guide to the New Statistical Analysis of Data. *The SPSS Guide to the New Statistical Analysis of Data*. https://doi.org/10.1007/978-1-4612-2262-0

Apuke, O. D. (2017). Quantitative Research Methods : A Synopsis Approach. *Kuwait Chapter of Arabian Journal of Business and Management Review*, *6*(11), 40–47. https://doi.org/10.12816/0040336

Awadu, J., Lee, G. K., & Curtiss, S. (2024). Caregiving Challenges, Service Needs, Impact and Future Care for Autism in Uganda. *International Journal of Disability, Development and Education*, *71*(4), 503–517. https://doi.org/10.1080/1034912X.2022.2150751

Barklı, A., & Doğan, A. (2025). Raising a Child with Autism Spectrum Disorder: Examining Parental Factors. *Psikiyatride Güncel Yaklaşımlar*, *17*(2), 197–210. https://doi.org/10.18863/pgy.1455122

Ci, D. E. (n.d.). *Versão integral disponível em digitalis.uc.pt*. *I*.

Dawson-Squibb, J. J., Davids, E. L., Harrison, A. J., Molony, M. A., & de Vries, P. J. (2020). Parent Education and Training for autism spectrum disorders: Scoping the evidence. *Autism*, *24*(1), 7–25. https://doi.org/10.1177/1362361319841739

Egilson, S. T., Jakobsdóttir, G., & Ólafsdóttir, L. B. (2018). Parent perspectives on home participation of high-functioning children with autism spectrum disorder compared with a matched group of children without autism spectrum disorder. *Autism*, *22*(5), 560–570. https://doi.org/10.1177/1362361316685555

Egilson, S. T., Jakobsdóttir, G., Ólafsson, K., & Leósdóttir, T. (2017). Community participation and environment of children with and without autism spectrum disorder: parent perspectives. *Scandinavian Journal of Occupational Therapy*, *24*(3), 187–196. https://doi.org/10.1080/11038128.2016.1198419

ERSOY, K., TORPİL, B., KÖSE, B., & PEKÇETİN, S. (2024). Examination of the Relationship Between the Social Participation of Children with Autism and the

Quality of Life and Caregiver Burden of the Parents: Cross-Sectional Study. *Turkiye Klinikleri Journal of Health Sciences*, *9*(1), 84–91. https://doi.org/10.5336/healthsci.2023-98034

Frampton, S. E., Connolly, S. C., Landa, R. K., & Shillingsburg, M. A. (2023). Autism spectrum disorder. *Encyclopedia of Mental Health, Third Edition: Volume 1-3*, *1*, 164–174. https://doi.org/10.1016/B978-0-323-91497-0.00101-6

Franz, L., Carolina, N., Chambers, N., Von Isenburg, M., & De Vries, P. (2017). Comprehensive Scoping Review. *Autism Research*, *10*(5), 723–749. https://doi.org/10.1002/aur.1766.Autism

Henry Wasosa. (2025). Influence of Psychological Well-Being and School Factors on Delinquency , During the Covid-19 Period Among Secondary School Students in Selected Schools in Nakuru County : Kenya. *International Journal of Research and Innovation in Social Science (IJRISS)*, *VII*(2454), 1175–1189. https://doi.org/10.47772/IJRISS

Khalifa, G., Rosenbaum, P., Georgiades, K., Duku, E., & Di Rezze, B. (2020). Exploring the participation patterns and impact of environment in preschool children with asd. *International Journal of Environmental Research and Public Health*, *17*(16), 1–15. https://doi.org/10.3390/ijerph17165677

Kouznetsov, R., Angelopoulos, P., Moulinos, S., Andrianopoulou, A., Dimakos, I., Gourzis, P., & Jelastopulu, E. (2024). Regional Inequalities in Diagnosis and Therapies in Greece regarding Autism Spectrum Disorders. *European Psychiatry*, *67*(S1), S112–S112. https://doi.org/10.1192/j.eurpsy.2024.267

Krieger, B., Moser, A., Morgenthaler, T., Beurskens, A. J. H. M., & Piškur, B. (2022). Parents' Perceptions: Environments and the Contextual Strategies of Parents to Support the Participation of Children and Adolescents with Autism Spectrum Disorder—A Descriptive Population-Based Study from Switzerland.

Journal of Autism and Developmental Disorders 2022 54:3, *54*(3), 871–893. https://doi.org/10.1007/s10803-022-05826-2

Kuru, N., & Piyal, B. (2018). Perceived social support and quality of life of parents of children with Autism. *Nigerian Journal of Clinical Practice*, *21*(9), 1182–1189. https://doi.org/10.4103/njcp.njcp_13_18

Lee, J. D., Terol, A. K., Yoon, C. D., & Meadan, H. (2024). Parent-to-parent support among parents of children with autism: A review of the literature. *Autism*, *28*(2), 263–275. https://doi.org/10.1177/13623613221146444

Li, Z., Yang, L., Chen, H., Fang, Y., Zhang, T., Lu, M., Yin, X., Man, J., & Yang, X. (2022). *Global , regional and national burden of autism spectrum disorder from 1990 to 2019 : results from the Global Burden of Disease Study 2019*.

Loomes, R., Hull, L., & Mandy, W. P. L. (2017). What Is the Male-to-Female Ratio in Autism Spectrum Disorder? A Systematic Review and Meta-Analysis. *Journal of the American Academy of Child and Adolescent Psychiatry*, *56*(6), 466–474. https://doi.org/10.1016/j.jaac.2017.03.013

Lord, C., Brugha, T. S., Charman, T., Cusack, J., Dumas, G., Frazier, T., Jones, E. J. H., Jones, R. M., Pickles, A., State, M. W., Taylor, J. L., & Veenstra-VanderWeele, J. (2020a). Autism spectrum disorder. *Nature Reviews Disease Primers*, *6*(1). https://doi.org/10.1038/s41572-019-0138-4

Malmierca, M. J. R. (2010). B-learning for Parents' Informal Learning: PARENTS project. *Literacy Information and Computer Education Journal*, *1*(1), 28–32. https://doi.org/10.20533/licej.2040.2589.2010.0005

Mohd Alwi, R., Sultan Ibrahim, S. A., & Jasni, S. H. (2023). THE ENGAGEMENT OF PARENTS OF CHILDREN WITH AUTISM SPECTRUM DISORDER IN THE THERAPY SESSION. *Journal of Health and Translational Medicine (JUMMEC)*, *26*(Special Issue 2), 390–398. https://doi.org/10.22452/jummec.sp2023no2.44

Moorthy, S. D., Carlstedt, A. B., & Fischl, C. (2023). Mothers' participation in family gatherings and social events with their children with autism spectrum disorder: A scoping review. *Australian Occupational Therapy Journal*, *70*(4), 500–513. https://doi.org/10.1111/1440-1630.12876

Naheed, A., Islam, M. S., Hossain, S. W., Ahmed, H. U., Uddin, M. M. J., Tofail, F., Hamadani, J. D., Hussain, A. H. M. E., & Munir, K. (2020). Burden of major depressive disorder and quality of life among mothers of children with autism spectrum disorder in urban bangladesh. *Autism Research*, *13*(2), 284–297. https://doi.org/10.1002/aur.2227

Ranjan, M. (2023). Understanding Autism Prevalence. *SSRN Electronic Journal*, *November*. https://doi.org/10.2139/ssrn.4638072

Rizvi, A. Z., & Batool, S. S. (2024). A qualitative study on perspective of parental stress and lower marital quality among parents of children with autism spectrum disorder. *International Journal of Developmental Disabilities*, *0*(0), 1–20. https://doi.org/10.1080/20473869.2024.2341196

Salari, N., Rasoulpoor, S., Rasoulpoor, S., Shohaimi, S., Jafarpour, S., Abdoli, N., Khaledi-Paveh, B., & Mohammadi, M. (2022). The global prevalence of autism spectrum disorder: a comprehensive systematic review and meta-analysis. *Italian Journal of Pediatrics*, *48*(1). https://doi.org/10.1186/s13052-022-01310-w

Senekane, M. F., & Senekane, M. F. (1 C.E.). The Selection of Data Collection Methods: A Learning Curve for Students in Higher Education. *Https://Services.Igi-Global.Com/Resolvedoi/Resolve.Aspx?Doi=10.4018/979-8-3693-1135-6.Ch004*, 75–92. https://doi.org/10.4018/979-8-3693-1135-6.ch004

Sepúlveda-Loyola, W., Dos Santos Lopes, R., Maciel, R. P. T., & Probst, V. S. (2020). Social participation, a factor to consider in the clinical evaluation of the older adult: A narrative review | Participación social, un factor a considerar en la evaluación clínica del adulto mayor: Una revisión narrativa. *Revista Peruana De Medicina*

Experimental Y Salud Publica, *37*(2), 341–349.

Sharabi, A., & Marom-Golan, D. (2018). Social Support, Education Levels, and Parents' Involvement: A Comparison Between Mothers and Fathers of Young Children With Autism Spectrum Disorder. *Topics in Early Childhood Special Education*, *38*(1), 54–64. https://doi.org/10.1177/0271121418762511

Smith, J., Halliwell, N., Laurent, A., Tsotsoros, J., Harris, K., & DeGrace, B. (2023). Social Participation Experiences of Families Raising a Young Child With Autism Spectrum Disorder: Implications for Mental Health and Well-Being. *American Journal of Occupational Therapy*, *77*(2). https://doi.org/10.5014/ajot.2023.050156

Uddin, M. J., & Ashrafun, L. (2023). Parenting in context: parents' experiences of caring for a child with autism in Bangladesh. *International Journal of Anthropology and Ethnology*, *7*(1), 1–23. https://doi.org/10.1186/s41257-023-00089-w

van 't Hof, M., Tisseur, C., van Berckelear-Onnes, I., van Nieuwenhuyzen, A., Daniels, A. M., Deen, M., Hoek, H. W., & Ester, W. A. (2021). Age at autism spectrum disorder diagnosis: A systematic review and meta-analysis from 2012 to 2019. *Autism*, *25*(4), 862–873. https://doi.org/10.1177/1362361320971107

Wang, X., & Cheng, Z. (2020). Cross-Sectional Studies: Strengths, Weaknesses, and Recommendations. *Chest*, *158*(1), S65–S71. https://doi.org/10.1016/j.chest.2020.03.012

Zahorodny, W., Shenouda, J., Sidwell, K., Verile, M. G., Alvarez, C. C., Fusco, A., Mars, A., Waale, M., Gleeson, T., Burack, G., & Zumoff, P. (2025). Prevalence and Characteristics of Adolescents with Autism Spectrum Disorder in the New York-New Jersey Metropolitan Area. *Journal of Autism and Developmental Disorders*, *55*(6), 2043–2049. https://doi.org/10.1007/s10803-023-06058-8

APPENDICES

Appendix A: Ethical Approval From

Part I: IRB Letter

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

BANGLADESH HEALTH PROFESSIONS INSTITUTE

Ref: CRP-BHPI/IRB/07/2025/1121 Date: 21.07.2025

To
A.K.M Salekuzzaman Rian
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200431**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal **"Status of Social Participation among Parents of Children and Adolescents with Autism Spectrum Disorder: A Cross-Sectional Study"** by ethics committee.

Dear A.K.M Salekuzzaman Rian,
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 Prof. Sk. Moniruzzaman, Professor & Head, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

SL.No.	Name of the Documents
1	Research Proposal
2	Ability to Participate in Social Roles and Activities. (English & Bangla)
3	Information sheet & consent form

The purpose of the study is to assess and identify the level of social participation among parents of children and adolescents with ASD. The study involves use of an Ability to Participate in Social Roles and Activities to assess and identify the level of social participation among parents of children and adolescents with ASD that may take 25 to 30 minutes to fill in the questionnaire and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on, 17 June, 2025 at BHPI (50th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

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

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

Part II: Approval Letter

Date: 24/06/25
The Chairman
Institutional Review Board (IRB)
Bangladesh Health Professions Institute (BHPI)
CRP-Savar, Dhaka-1343, Bangladesh

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

Sir,

With due respect I would like to draw your kind attention that I am a student of B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralysed (CRP), affiliated to Faculty of Medicine, University of Dhaka. I would like to conduct a thesis titled, **"Status of Social participation among parents of Children and Adolescents with Autism Spectrum Disorder-A Cross sectional study"** with myself, as the principal investigator and Prof. Sk. Moniruzzaman, Professor & Head, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as my thesis supervisor. The purpose of the study is to assess and identify the level of social participation among parents of children with ASD.

Ability to Participate in Social Roles and Activities will be used in the study that will take about 25 to 30 minutes. Other related information will be collected from the Socio-demographic questions. Data collectors will receive informed consents from all participants. Any data collected will be kept confidential.

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

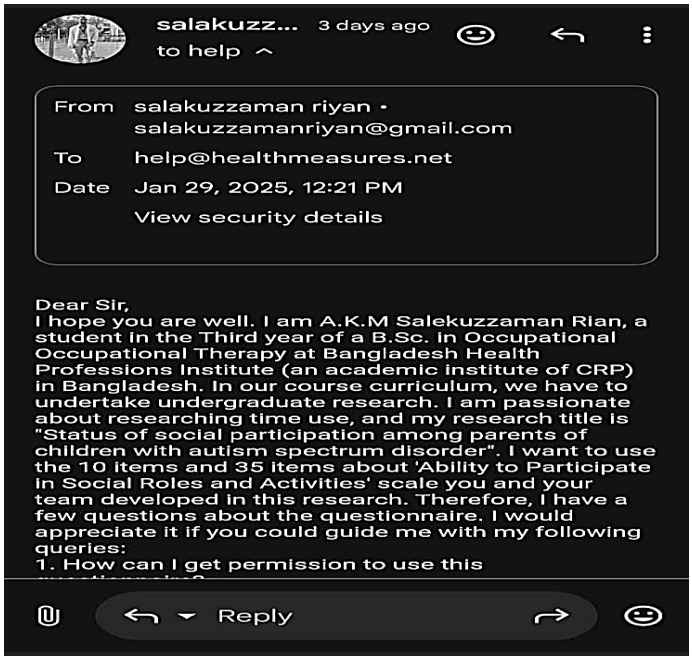
Sincerely yours,

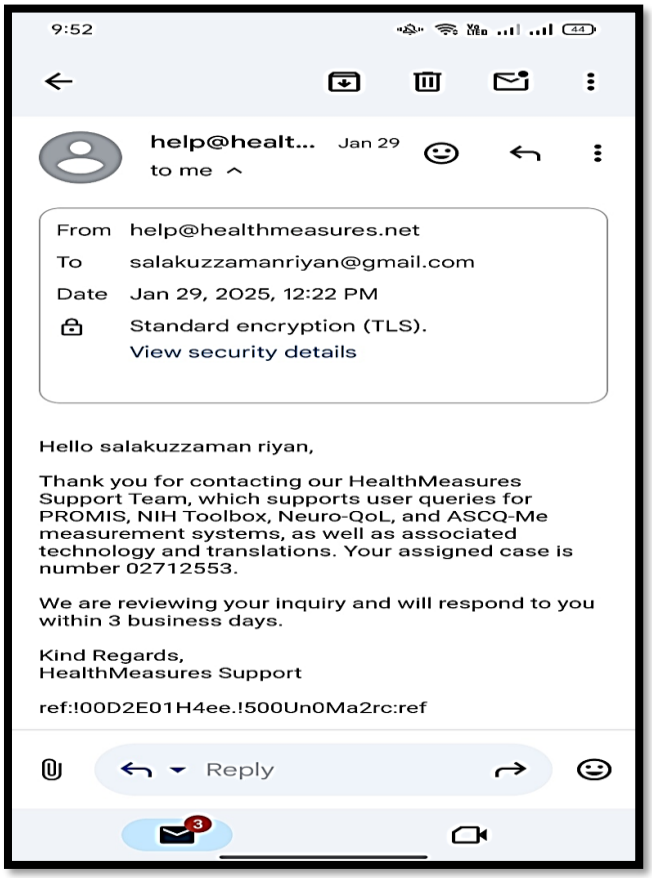
A.K.M Salekuzzaman Rian
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: **122200431**
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

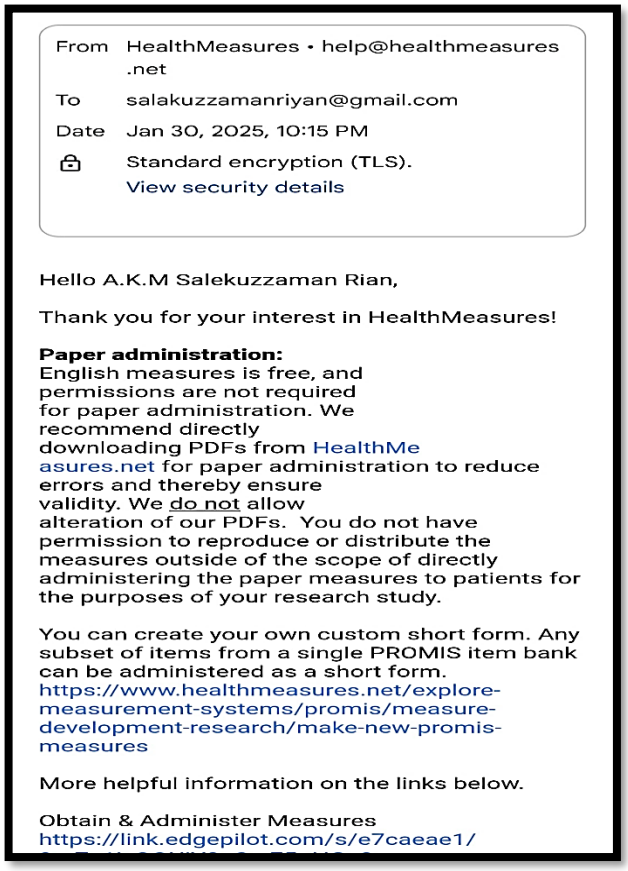
Recommendation from the thesis supervisor/concerned authority:

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

Part III: Permission request for the scale







Part III: Data Collection Permission Letter from Prottasha Centre for Autism Care

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date:02/08/2025
To
The Principle,
Prottasha Centre for Autism Care.
Dogormora, CRP Road, Savar, Dhaka-1343

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of **Centre for the Rehabilitation of the Paralysed (CRP)**, affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Status of Social Participation among Parents of Children with Autism Spectrum Disorder: A cross-sectional study"** with myself, Prof. Sk. Moniruzzaman as my thesis supervisor & Md. Azim Hossain as my thesis co-supervisor. The aim of my study is to assess and identify the level of social participation among parents of children with ASD. In order to fulfill the objectives of this study, I would like to collect data from parents of children with ASD from your organization and the data collection period is from 02/08/2025 to 15/09/2025.I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

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

Sincerely yours,

Rian
A.K.M Salekuzzaman Rian
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200431
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Signature and comments of the Head of the Department

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

Kawsar Ahmed
Vice Principal
Prottasha Centre for Autism Care

Attachments: Copy of IRB Approval Letter.

Part IV: Data Collection Permission Letter from Therapist point and Shanirvor Special School for Autism and Neurodevelopmental Disorder.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date:02/08/2025
To
The Chairperson,
Therapist point and Shanirvor Special School for Autism and Neurodevelopmental Disorder.
Dogormora, CRP Road, Savar, Dhaka-1343

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of **Centre for the Rehabilitation of the Paralysed (CRP)**, affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Status of Social Participation among Parents of Children with Autism Spectrum Disorder: A cross-sectional study"** with myself, Prof. Sk. Moniruzzaman as my thesis supervisor & Md. Azim Hossain as my thesis co-supervisor. The aim of my study is to assess and identify the level of social participation among parents of children with ASD. In order to fulfill the objectives of this study, I would like to collect data from parents of children with ASD from your organization and the data collection period is from 02/08/2025 to 15/09/2025.I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

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

Sincerely yours,

Rian
A.K.M Salekuzzaman Rian
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200431
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Signature and comments of the Head of the Department

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

Therapist Point ★ AR Foundation ★ Shanirvor Special School
Date: 19.08.25
Permission Granted
19/08/25
Md. Nayem Nizam Majumder
B.Sc OT (CRP, DU), MDS (JU-Incourse)
Senior Occupational Therapist & MO
Therapist Point & Shonivor Special School

Attachments: Copy of IRB Approval Letter.

Part V: Data Collection Permission Letter from Mirpur CRP.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date:02/08/2025
To
The head of the Pediatric Department,
Centre for the Rehabilitation of Paralyzed
CRP-Chapain, Savar, Dhaka-1343
Plot A/5; Block A, Mirpur 14,
Dhaka-1206

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of **Centre for the Rehabilitation of the Paralysed (CRP)**, affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Status of Social Participation among Parents of Children with Autism Spectrum Disorder: A cross-sectional study"** with myself, Prof. Sk. Moniruzzaman as my thesis supervisor & Md. Azim Hossain as my thesis co-supervisor. The aim of my study is to assess and identify the level of social participation among parents of children with ASD. In order to fulfill the objectives of this study, I would like to collect data from Pediatric Department -CRP- Mirpur and the data collection period is from 02/08/2025 to 15/09/2025.I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

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

Sincerely yours,

Rian

A.K.M Salekuzzaman Rian
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200431
Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343

Signature and comments of the Head of the Department

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

Attn: In-charge - Paediatric Unit
Please allow the student to collect data from Pediatric & Autism Corner.
Mondal 8.08.25

Attachments: Copy of IRB Approval Letter.

Part VI: Data Collection Permission Letter from Centre for the Rehabilitation of the Paralyzed

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date:02/08/2025
To
The head of the Pediatric Department,
Centre for the Rehabilitation of Paralyzed
CRP-Chapain, Savar, Dhaka-1343

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of **Centre for the Rehabilitation of the Paralysed (CRP)**, affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Status of Social Participation among Parents of Children with Autism Spectrum Disorder: A cross-sectional study"** with myself, Prof. Sk. Moniruzzaman as my thesis supervisor & Md. Azim Hossain as my thesis co-supervisor. The aim of my study is to assess and identify the level of social participation among parents of children with ASD. In order to fulfill the objectives of this study, I would like to collect data from Pediatric Department -CRP- Chapain, Savar and the data collection period is from 02/08/2025 to 15/09/2025.I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

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

Sincerely yours,

Rian
A.K.M Salekuzzaman Rian
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200431
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

He will collect data from this Department. please help him.
Thanks
7-08-25

Hosneara Perveen
Head of Department
Department of Paediatric
CRP, Savar, Dhaka

Signature and comments of the Head of the Department

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

Attachments: Copy of IRB Approval Letter.

Part VII: Data Collection Permission Letter from SWAC-Society for The Welfare of Autistic Children

04.09.25

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Bangladesh Health Professions Institute (BHPI)

(The Academic Institute of CRP)

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

Date:02/08/2025

To

The Chairperson,

SWAC-Society For The Welfare Of Autistic Children.

House- 279, Road-01, Baitul Aman Housing Society, Adabar 1212 Dhaka, Bangladesh.

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of **Centre for the Rehabilitation of the Paralysed (CRP)**, affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Status of Social Participation among Parents of Children with Autism Spectrum Disorder: A cross-sectional study"** with myself, Prof. Sk. Moniruzzaman as my thesis supervisor & Md. Azim Hossain as my thesis co-supervisor. The aim of my study is to assess and identify the level of social participation among parents of children with ASD. In order to fulfill the objectives of this study, I would like to collect data from parents of children with ASD from your organization and the data collection period is from 02/08/2025 to 15/09/2025.I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

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

Sincerely yours,

Rian

A.K.M Salekuzzaman Rian

4th Year, B.Sc. in Occupational Therapy

Session: 2020-21, Student ID: 122200431

Bangladesh Health Professions Institute

BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Signature and comments of the Head of the Department

04.09.25

Chairman

Society for the Welfare of Autistic Children (SWAC)

Prof. Sk. Moniruzzaman

Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343

Attachments: Copy of IRB Approval Letter.

Part VIII: Data Collection Permission Letter from Autism Welfare Foundation.

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
(The Academic Institute of CRP)
CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date:02/08/2025
To
The Chairperson,
Autism Welfare Foundation.
Modder Char, Shamlapur, Keraniganj Model Thana, Dhaka-1312.

Subject: Regarding permission for data collection for undergraduate research.

Dear Sir/Madam,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of **Centre for the Rehabilitation of the Paralysed (CRP)**, affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research tittle is **"Status of Social Participation among Parents of Children with Autism Spectrum Disorder: A cross-sectional study"** with myself, Prof. Sk. Moniruzzaman as my thesis supervisor & Md. Azim Hossain as my thesis co-supervisor. The aim of my study is to assess and identify the level of social participation among parents of children with ASD. In order to fulfill the objectives of this study, I would like to collect data from parents of children with ASD from your organization and the data collection period is from 02/08/2025 to 15/09/2025.I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

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

Sincerely yours,

Rian
A.K.M Salekuzzaman Rian
4th Year, B.Sc. in Occupational Therapy
Session: 2020-21, Student ID: 122200431
Bangladesh Health Professions Institute
BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Permission Granted
Mariyam Monwar
Vice Principal
Autism Welfare Foundation

Signature and comments of the Head of the Department

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

Attachments: Copy of IRB Approval Letter.

Appendix B: Information Sheet and Consent Form [English Version]

BANGLADESH HEALTH PROFESSIONS INSTITUTE (BHPI)

Department of Occupational Therapy

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

Code no.: ……...

Research information

Research title: Status of Social participation among parents of Children and adolescents with Autism Spectrum Disorder.

Researcher:

A.K.M Salekuzzaman Rian,

4th Year, B.Sc. in Occupational Therapy, Session: 2020- 2021,

Bangladesh Health Profession Institute (BHPI), Savar, Dhaka- 1343

Supervisor: Prof. Sk. Moniruzzaman

Professor & Head,

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka -1343

Co-Supervisor: Md. Azim Hossain

Lecturer, Department of Occupational Therapy, Bangladesh Health Profession Institute.

Research place: Bangladesh Health Profession Institute.

Part I: Information Sheet Introduction

Introduction:

I am A.K.M Salekuzzaman Rian, 4th year, B.Sc. in Occupational Therapy student at Bangladesh Health Professions Institute (BHPI), have to conduct a thesis as a part of this Bachelor course, under thesis supervisor Prof. Sk. Moniruzzaman, Professor & Head, Department of Occupational Therapy and co-supervisor Md. Azim Hossain Lecturer, Department of Occupational Therapy, Bangladesh Health Profession Institute. You are going to have details information about the study purpose, data collection process, and ethical issues. Before you decide, you can talk to anyone you feel comfortable with about the research. If this consent form contains some words that you do not understand, please ask me to stop. I will take the time to explain.

What is the purpose of this research?

The purpose of this quantitative study, " Status of Social Participation Among Parents of Children and adolescents with Autism Spectrum Disorder," is to measure and analyze the level of social participation among parents of children and adolescents diagnosed with autism spectrum disorder (ASD). The study aims to identify key factors affecting social participation, assess the frequency and nature of social engagement, and quantify the barriers parents face. By using statistical analysis, this research seeks to provide data-driven insights that can inform policies and interventions to improve the social inclusion and well-being of these parents.

What does the research involve?

Participants will complete a structured survey consisting of standardized questionnaires designed to assess social participation levels, barriers, and influencing factors. The survey will include multiple- choice questions, Likert scale ratings, and demographic data collection. Statistical methods such as descriptive analysis, correlation tests, and regression analysis will be used to evaluate trends and relationships within the data. The study ensures confidentiality and anonymity for all participants.

Why were you chosen for this research?

You have been selected for this study because your responses will contribute to a broader understanding of the challenges parents face and help identify trends that can inform future support programs and policy recommendations.

Source of funding

The research has been carried out on a self-funded basis.

Consenting to participate in the project and withdrawing from the research

The research requires your approval through a consent form, which you must sign and submit during the interview. Your participation is voluntary and there is no obligation to grant consent. If you withdraw before the data analysis phase, there will be no negative consequences. Your decision to refrain from answering specific questions will also have no adverse effects. Your comfort and autonomy are our top priorities throughout the process.

Possible benefits and risks to participants

Participation in this research may not yield direct benefits, but the information gathered will enhance social participation among patients of children and adolescents with ASD. The research is designed with low risk, but potential psychological discomfort may occur due to sharing experiences. If it arises during the interview, the student researcher will minimize it in the following way:

- You will be given a reminder that the participation is voluntary, you can withdraw from it anytime you want.
- The researcher will offer break during interview if the discomforts impact the interview. Additionally, the researcher will discuss about re-scheduling the interview if you prefer to continue later.

Confidentiality

The study will maintain confidentiality of all participant details, with their name not disclosed in any published documentation. A unique code will be used for de-identification after interviews, ensuring anonymous data analysis. The original interview transcripts, featuring the participant's name, will only be accessible to the researchers, ensuring high privacy and security.

Storage of data

The data collected will be stored in a password-protected computer and cloud system, accessible only to the researchers, and physical copies will be kept in locked filing cabinets at the Centre for the Rehabilitation of the Paralyzed (CRP) for strict confidentiality.

Results

This research will combine interviews and data from interviews to create a comprehensive descriptive report. Highlights may be published in scholarly journals or conference proceedings. For a concise summary, contact project investigators using provided contact details. The study's outcomes may also be featured in conference proceedings.

Complaints

If you have any concerns or complaints about the research's conduct, you are welcome to contact the supervisor.

Supervisor

Prof. Sk. Moniruzzaman

Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute, CRP

Savar, Dhaka-1343

Call:+880171635821

Email: skmonirot@gmail.com

Co-supervisor

Md. Azim Hossain

Lecturer

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343

Call:+8801521215034

Email: azim.bhpi_21@yahoo.com

Thank you,

A.K.M Salekuzzaman Rian

4th Year, B.Sc. in Occupational Therapy, Session: 2020- 2021,

Bangladesh Health Profession Institute (BHPI), Savar, Dhaka -1343

Part II: Consent Form

This research is a part of Occupational Therapy course and the name of this researcher is A.K.M Salekuzzaman Rian. He is a student of BHPI in Occupational Therapy in 4th year. The study is entitled as status of social participation among parents of children and adolescents with autism spectrum disorder. In this study I'm agree to participate and participating voluntarily. The purpose and nature of the study have been explained to me clearly. I will not be bound to answer to anybody and I understand that I can withdraw from the study without repercussions at any time whether before it starts or while I am participating. I understand that it will have no influence on my present or future status as a patient in this clinic. I will receive the same care as any other patient seen in this institution. There will be no penalty or loss of benefits to which I am otherwise entitled. I also understand that all the information collected from interview used in the study would be kept safe and confidentiality. Only researcher will be eligible to assess in the information for her publication. I give permission for my interview with the researcher and I agree to quotation/publication of extracts from my interview. My name and address will not publish anywhere in this study. I can consult with researcher and research supervisor about the research process and I am willing to participate in the study with consent.

Participant's

Signature……. Date: ……

Signature/finger print: .....

Phone……

Researcher's

Signature…… Date……

Part III: Withdraw Form (Applicable only for voluntary withdrawers)

Research title: Status of Social participation among parents of Children and adolescents with Autism Spectrum Disorder.

Researcher's Name: A.K.M Salekuzzaman Rian, 4th Year, B.Sc. in Occupational Therapy. I, ...(Participant's Name) wish to withdraw from participating myself as a participant in this study.

Reasons for withdrawal:

.....

.....

.....

.....

.....

.....

The signature of the participant: …… Date: .....

Name of the witness: ……

Signature of witness: …… Date: ……

Appendix B: Information Sheet and Consent Form [Bengali Version]

বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

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

কোড নম্বর: .....

তথ্যপত্র

গবেষনার বিষয়: অটিজমে আক্রান্ত শিশু ও কিশোর-কিশোরীদের বাবা-মায়েদের সামাজিক অংশগ্রহণের অবস্থা।

গবেষক:

এ.কে. এম সালেকুজ্জামান রিয়ান

বি.এস.সি. ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশন: ২০২০-২০২১ ইং,

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩

তত্ত্বাবধায়ক: অধ্যাপক এস কে. মনিরুজ্জামান,

অধ্যাপক ও প্রধান, অকুপেশনাল থেরাপি বিভাগ,

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই),

সিআরপি, সাভার, ঢাকা-১৩৪৩

সহতত্ত্বাবধায়ক: মোঃ আজিম হোসেন,

লেকচারার, অকুপেশনাল থেরাপি বিভাগ, বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই),

সিআরপি, সাভার, ঢাকা-১৩৪৩

গবেষনার স্থান: বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

Part I: Information Sheet Introduction

পর্ব ১ : তথ্যপত্র

ভূমিকাঃ

এ.কে.এম সালেকুজ্জামান রিয়ান, ঢাকা বিশ্ববিদ্যালয়র চিকিৎসা অনুষদের অধীন বাংলাদেশ হেলথ্ প্রফেশনস ইনস্টিটিউট বি.এস.সি.ইন. অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের ছাত্র হিসেবে স্নাতক শিক্ষাবর্ষক্রম (২০২০-২০২১) সেশনে অধ্যয়নরত আছি। বিইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি. শিক্ষা কার্যক্রম সম্পন্ন করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এই গবেষণা প্রকল্পটি অকুপেশনাল থেরাপি বিভাগের অধ্যাপক এস কে. মনিরুজ্জামান এর সহতত্বাবধানে সম্পন্ন করা হবে। এই অংশগ্রহনকারী তথ্য ও পত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগ্রহের প্রনালি ও গবেষনাটির সাথে সংশ্লিষ্ট বিষয় কিভাবে রক্ষিত হবে তা বিস্তারিতভাবে আপনাকে উপস্থাপন করা হবে। যদি আপনি গবেষণায় অংশগ্রহণ করতে ইচ্ছুক থাকেন, সেক্ষেত্রে এই গবেষণার সম্পৃক্ত বিষয় সম্পর্কে স্পষ্ট ধারণা থাকলে সিদ্ধান্ত গ্রহণ সহজতর হবে। অবশ্য এখন আপনার আংশগ্রহন আমাদের নিশ্চিত করতে হবে না। যেকোন সিদ্ধান্ত গ্রহনের পূর্বে, যদি চান, আপনার আত্মীয়-স্বজন, বন্ধু অথবা আস্থাভাজন যেকারো সঙ্গে এই ব্যাপারে আলোচনা করতে পারেন। অপরপক্ষে, অংশগ্রহণকারী তথ্যপত্রটি পড়ে যদি কোন বিষয়বস্তুর বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরো বেশি জানার প্রয়োজন হয়, তবে নির্দ্বিধায় প্রশ্ন করতে পারেন।

গবেষণার শিরানাম : অটিজমে আক্রান্ত শিশু ও কিশোর-কিশোরীদের বাবা-মায়েদের সামাজিক অংশগ্রহণের অবস্থা।

গবেষণার উদ্দেশ্য:

এই পরিমাণগত গবেষণার উদ্দেশ্য হলো অটিজমে আক্রান্ত শিশুদের বাবা-মায়েদের সামাজিক অংশগ্রহণের মাত্রা পরিমাপ ও বিশ্লেষণ করা। এই গবেষণায় বোঝার চেষ্টা করা হবে, তারা সমাজের বিভিন্ন কর্মকাণ্ডে কতটা অংশ নিতে পারছেন, কী কী ধরণের সামাজিক যোগাযোগে জড়িত হচ্ছেন, এবং কী কী বাধার মুখে পড়ছেন। এছাড়াও, সামাজিক অংশগ্রহণে প্রভাব ফেলতে পারে এমন গুরুত্বপূর্ণ কারণগুলো চিহ্নিত করার চেষ্টা করা হবে। গবেষণাটি পরিসংখ্যানভিত্তিক বিশ্লেষণের মাধ্যমে এমন তথ্য তুলে ধরবে, যা ভবিষ্যতে নীতিনির্ধারণ ও সহায়ক কর্মসূচি গঠনে সহায়তা করতে পারে—যার মাধ্যমে এই বাবা-মায়েদের সামাজিক সম্পৃক্ততা এবং মানসিক সুস্থতা উন্নত করা সম্ভব হবে।

এই গবেষণায় কী কী থাকবে?

অংশগ্রহণকারীরা একটি নির্ধারিত প্রশ্নমালায় অংশ নেবেন, যেখানে মানসম্পন্ন প্রশ্নপত্রের মাধ্যমে তাঁদের সামাজিক অংশগ্রহণের মাত্রা, বাধাসমূহ এবং প্রভাবক কারণগুলো মূল্যায়ন করা হবে। এই প্রশ্নমালায় একাধিক পছন্দনির্ভর প্রশ্ন (multiple-choice), লিকার্ট স্কেল (Likert scale) ভিত্তিক মূল্যায়ন এবং ব্যক্তিগত ও সামাজিক পরিচিতি সম্পর্কিত কিছু তথ্য (demographic data) সংগ্রহ করা হবে। সংগৃহীত তথ্য বিশ্লেষণের জন্য বিবরণধর্মী বিশ্লেষণ (descriptive analysis), সম্পর্ক যাচাই (correlation tests), এবং রিগ্রেশন বিশ্লেষণ (regression analysis) সহ পরিসংখ্যানগত পদ্ধতি ব্যবহার করা হবে। অংশগ্রহণকারীদের গোপনীয়তা ও নাম প্রকাশে অনিচ্ছা (confidentiality and anonymity) কঠোরভাবে রক্ষা করা হবে।

এই গবেষণার জন্য আপনাকে কেন নির্বাচন করা হয়েছে?

আপনাকে এই গবেষণায় অংশগ্রহণের জন্য নির্বাচিত করা হয়েছে কারণ আপনার উত্তরগুলো অভিভাবকদের যেসব চ্যালেঞ্জের মুখোমুখি হতে হয়, তা বোঝার ক্ষেত্রে গুরুত্বপূর্ণ ভূমিকা রাখবে। এ গবেষণার মাধ্যমে পাওয়া তথ্য ভবিষ্যতের সহায়তা কার্যক্রম এবং নীতিগত সুপারিশ নির্ধারণে সহায়ক হবে, যা অটিজমে আক্রান্ত শিশুদের বাবা-মায়েদের জন্য আরও কার্যকর সহায়তা নিশ্চিত করতে পারে।

অর্থায়নের উৎস

এই গবেষণাটি স্ব-তহবিলের ভিত্তিতে পরিচালিত হয়েছে, অর্থাৎ গবেষণার জন্য কোনো বাহ্যিক আর্থিক সহায়তা নেওয়া হয়নি।

গবেষণায় অংশগ্রহণে সম্মতি দেওয়া এবং তা থেকে সরে আসা

এই গবেষণায় অংশগ্রহণের জন্য আপনার অনুমতি প্রয়োজন, যা একটি সম্মতিপত্রে স্বাক্ষরের মাধ্যমে প্রদান করতে হবে এবং তা সাক্ষাৎকারের সময় জমা দিতে হবে। অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাসেবাভিত্তিক এবং এতে অংশগ্রহণের জন্য আপনার ওপর কোনো ধরনের বাধ্যবাধকতা নেই।

আপনি যদি তথ্য বিশ্লেষণ শুরু হওয়ার আগে অংশগ্রহণ বাতিল করতে চান, তাহলেও আপনার কোনো ধরনের ক্ষতি বা নেতিবাচক প্রভাব পড়বে না। একইভাবে, আপনি যদি কোনো নির্দিষ্ট প্রশ্নের উত্তর না দিতে চান, তাতেও কোনো সমস্যা হবে না। গবেষণার পুরো সময়জুড়ে আপনার স্বাচ্ছন্দ্য ও স্বাধীনতাই আমাদের প্রধান অগ্রাধিকার।

অংশগ্রহণে সুবিধা ও সম্ভাব্য ঝুঁকি

এই গবেষণায় অংশগ্রহণের মাধ্যমে সরাসরি কোনো ব্যক্তিগত উপকার নাও হতে পারে, তবে আপনার দেওয়া তথ্য অটিজমে আক্রান্ত শিশুদের বাবা-মায়েদের সামাজিক অংশগ্রহণ উন্নয়নে সহায়ক হবে। গবেষণাটি স্বল্প ঝুঁকিপূর্ণভাবে পরিকল্পিত হলেও, অভিজ্ঞতা শেয়ার করার সময় কিছু মানসিক অস্বস্তি হতে পারে।

যদি সাক্ষাৎকারের সময় এমন অস্বস্তি দেখা দেয়, তাহলে গবেষণাকারী শিক্ষার্থী নিচের উপায়ে তা কমানোর চেষ্টা করবেন:

- আপনাকে স্মরণ করিয়ে দেওয়া হবে যে, এই অংশগ্রহণ সম্পূর্ণ স্বেচ্ছাসেবাভিত্তিক এবং আপনি যেকোনো সময় অংশগ্রহণ বাতিল করতে পারেন।
- যদি অস্বস্তি সাক্ষাৎকারে প্রভাব ফেলে, তাহলে গবেষক বিরতির সুযোগ দেবেন।
- প্রয়োজনে গবেষক আপনার পছন্দ অনুযায়ী সাক্ষাৎকারটি পরবর্তী সময়ে পুনঃনির্ধারণ (re-schedule) করার বিষয়েও আলোচনা করবেন।

আপনার মানসিক স্বাচ্ছন্দ্য ও সম্মান নিশ্চিত করাই গবেষণার একটি গুরুত্বপূর্ণ অংশ।

গোপনীয়তা

এই গবেষণায় অংশগ্রহণকারীদের সকল ব্যক্তিগত তথ্য গোপন রাখা হবে, এবং প্রকাশিত কোনো রিপোর্ট বা লেখায় কারও নাম উল্লেখ করা হবে না। সাক্ষাৎকারের পর প্রতিটি অংশগ্রহণকারীর জন্য একটি বিশেষ কোড ব্যবহার করা হবে, যাতে তাদের পরিচয় গোপন রাখা যায় এবং তথ্য বিশ্লেষণ সম্পূর্ণ বেনামিভিত্তিক (anonymous) হয়। মূল সাক্ষাৎকারের প্রতিলিপি, যেখানে অংশগ্রহণকারীর নাম থাকতে পারে, শুধুমাত্র গবেষক দলের কাছে সংরক্ষিত থাকবে। এভাবে আপনার তথ্যের গোপনীয়তা ও নিরাপত্তা সর্বোচ্চভাবে রক্ষা করা হবে।

তথ্য সংরক্ষণ

সংগ্রহিত তথ্য একটি পাসওয়ার্ড-সুরক্ষিত কম্পিউটার ও ক্লাউড সিস্টেমে সংরক্ষণ করা হবে, যা শুধুমাত্র গবেষক দলের দ্বারা প্রবেশযোগ্য থাকবে। এছাড়া, যেসব তথ্যের মুদ্রিত কপি থাকবে, সেগুলো বিশেষ নিরাপত্তায় সংরক্ষিত থাকবে—ঢাকার সাভারে অবস্থিত সিআরপি (Centre for the Rehabilitation of the Paralyzed) প্রতিষ্ঠানে তালাবদ্ধ ফাইল ক্যাবিনেটে রাখা হবে। এভাবে, অংশগ্রহণকারীদের তথ্যের গোপনীয়তা কঠোরভাবে রক্ষা করা হবে।

গবেষণার ফলাফল

এই গবেষণায় সাক্ষাৎকার এবং সেখান থেকে প্রাপ্ত তথ্য বিশ্লেষণ করে একটি বিস্তারিত বর্ণনামূলক প্রতিবেদন তৈরি করা হবে। গবেষণার গুরুত্বপূর্ণ দিকগুলো একাডেমিক জার্নালে প্রকাশিত হতে পারে অথবা কোনো সম্মেলনের কার্যবিবরণীতেও উপস্থাপিত হতে পারে। যদি আপনি গবেষণার একটি সংক্ষিপ্ত সারাংশ পেতে চান, তাহলে প্রকল্প সংশ্লিষ্ট গবেষকদের সঙ্গে যোগাযোগ করতে পারবেন—তাদের যোগাযোগের ঠিকানা পূর্বে সরবরাহ করা থাকবে। গবেষণার ফলাফল সম্মেলনের আলোচনাতেও স্থান পেতে পারে।

অভিযোগ করার নিয়ম

যদি গবেষণা পরিচালনার কোনো দিক নিয়ে আপনার কোনো উদ্বেগ বা অভিযোগ থাকে, তাহলে আপনি সরাসরি সুপারভাইজারের (তত্ত্বাবধায়ক) সঙ্গে যোগাযোগ করতে পারেন। আপনার মতামত ও উদ্বেগকে আমরা গুরুত্বের সঙ্গে বিবেচনা করবো।

তত্ত্বাবধায়ক

অধ্যাপক এস কে. মনিরুজ্জামান

প্রফেসর ও প্রধান

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

সিআরপি, সাভার, ঢাকা-১৩৪৩

ফোনঃ +৮৮০১৭১৬-৩৫৮২১২

ইমেইল: skmonirot@gmail.com

সহতত্ত্বাবধায়ক

মোঃ আজিম হোসেন

লেকচারার

অকুপেশনাল থেরাপি বিভাগ

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)

সিআরপি, সাভার, ঢাকা-১৩৪৩

ফোনঃ +৮৮০১৫২১-২১৫০৩৪

ইমেইল: azim.bhpi_21@yahoo.com

ধন্যবাদান্তে,

এ.কে.এম সালেকুজ্জামান রিয়ান

বি.এস.সি. ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশন: ২০২০-২০২১ ইং,

বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩

Part II: Consent Form

পর্ব ২ : Consent Form (Bangla Version)

সম্মতিপত্র

এই গবেষণা অকুপেশনাল থেরাপি বিভাগের অধ্যয়নের একটি অংশ এবং গবেষকের নাম এ.কে.এম সালেকুজ্জামান রিয়ান । তিনি বাংলাদেশ হেলথ্ প্রফেশন্স ইনস্টিটিউট এর বি.এস.সি ইন অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষে অধ্যয়নরত একজন ছাত্র এবং তার গবেষণার বিষয় অটিজমে আক্রান্ত শিশুদের বাবা-মায়েদের সামাজিক অংশগ্রহণের অবস্থা । এই গবেষণায় একজন অংশগ্রহণকারী এবং আমি এই গবেষণার উদ্দেশ্য পরিষ্কারভাবে বুঝতে পেরেছি। আমি এই গবেষণায় অংশ গ্রহণের জন্য সম্মত আছি এবং যে কোন সময় আমার অংশগ্রহণ প্রত্যাহার করতে পার। এই জন্য আমি কারো কাছে জবাব দিতে বাধ্য থাকব না। আমি বুঝতে পেরেছি যে, এই গবেষণায় অংশগ্রহণ করার ফলে আমি কোন ধরনের ক্ষতির সম্মুখীন হবো না। এই গবেষণার সাক্ষাৎকারের সকল তথ্যগুলো গবেষণার কাজে ব্যবহার করা হবে, সেগুলো সম্পূর্ণ ভাবে গোপনীয় থাকবে এবং আমার নাম ও পরিচয় প্রকাশ হবে না।

আমি গবেষণার পদ্বতি, জটিলতা অথবা সুফলের ব্যাপারে যে কোন প্রশ্নের উত্তর দেওয়ার জন্য এই গবেষণার তত্ত্বাবধায়ক ও সহতত্ত্বাবধায়ক এর সাথে আলোচনা করতে পারব। আমি উপরের সকল তথ্য সম্পর্কে জানি এবং এই গবেষণায় অংশগ্রহণে সম্মতি জানাচ্ছি।

অংশগ্রহণকারীর

স্বাক্ষর:..... তারিখ:.....

অংশগ্রহণকারীর স্বাক্ষর/ আঙুলের ছাপ: .....

ফোন: .....

গবেষকের

স্বাক্ষর:..... তারিখ:.....

Part III: Withdraw Form

পর্ব ৩ : Withdrawal Form (Bengali version)

অংশগ্রহনকারী প্রত্যাহার পত্র
(শুধুমাত্র স্বেছায় প্রত্যাহার কারীর জন্য প্রযোজ্য)

প্রত্যাহারকারীর নামঃ .....

প্রত্যাহার করার কারনঃ

.....
.....
.....
.....
.....
.....
.....
.....

প্রত্যাহারকারীর স্বাক্ষর/ আঙুলের ছাপ: .....

তারিখ: .....

স্বাক্ষীর নামঃ .....

স্বাক্ষীর স্বাক্ষর আঙুলের ছাপ::.....

তারিখ:.....

Appendix C: Questionnaire

Part I (English Version)

Socio-demographic Questionnaire:

Please answer the following questions. All information will be kept confidential and used only for research purposes.

1.Chile's age:_____(Year)

2.Child's gender: [1] Female [2] Male [3] Other

3.Age at Diagnosis of Autism: _____ (Year)

4.Presence of Other Conditions (Comorbidities):

[1] Intellectual disability [2] ADHD [3] Epilepsy [4] Speech delay
[5] CP [6] None [7] Others

5.Father's occupation:
[1] Unemployed [2] Homemaker [3] Self-employed
[4] Service (government/private) [5] Daily wage labor [6] Others

6.Education Level:
[1] No formal education [2] Primary [3] Secondary [4] Higher Secondary
[5] Graduate and above

7.Mother's occupation:
[1] Unemployed [2] Homemaker [3] Self-employed
[4] Service (government/private) [5] Daily wage labor [6]Others

8.Education Level:
[1] No formal education [2] Primary [3] Secondary [4] Higher Secondary [5] Graduate and above

9.Monthly Family Income (BDT):

10.Place of Residence:

[1] Urban [2] Semi-urban [3] Rural

11.Religion: _____

12.Number of Children: _____ (year)

13.Are you currently engaged in any community/social group (e.g., club, religious, support group & others)?

[1] Yes [2] No

If yes, please specify: _____)

14.Do you face barriers in attending social functions (e.g., weddings, community events)?

[1] Yes [2] No

If yes, please specify: _____)

15.What is the main barrier to your social participation?

[1] Child's behavior [2] Lack of social opportunities [3] Lack of transportation [4] Lack of time [5] Stigma [6] Other: _____)

16.Do you feel supported by your relatives/friends/community regarding your child's condition?

[1] Yes [2] No [3] Somewhat

17.Do you receive any formal support (e.g., therapist, NGO, school, daycare) for your child?

[1] Yes [2] No

If yes, please specify: _____)

Ability to Participate in Social Roles and Activities – Calibrated Items

(Please respond to each item by marking one box per row.)

		Never	Rarely	Sometimes	Usually	Always
RP1	I have trouble doing my regular daily work around the house.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
RP6	I have trouble meeting the needs of my friends	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER_ CaPS1	I have to limit social activities at home ..	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER01 r1	I have trouble meeting the needs of my family.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER02 r1	I am limited in doing my work (include work at home)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER03 r1	I have to limit social activities outside my home	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER04 _CaPS	I have trouble participating in recreational activities with others	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER05 _CaPS	I have trouble doing everything for my family that I feel I should do.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER06 _CaPS	I have trouble accomplishing my usual work (include work at home).....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER07 _CaPS	I have trouble doing all of the family activities that I feel I should do.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER08 _CaPS	I have trouble doing all of the family activities that are really important to me.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER09 _CaPS	I have trouble doing everything for work that I want to do (include work at home).	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

		Never	Rarely	Sometimes	Usually	Always
SRPPER11_CaPS	I have trouble doing all of my regular leisure activities with others	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER13_CaPS	I have to limit social activities with groups of people.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER14r1	I have to limit my regular family activities	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER15_CaPS	I have to limit the things I do for fun with others.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER16r1	I have to do my work for shorter periods of time than usual (include work at home)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER17r1	I feel limited in the amount of time I have for my family.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER18_CaPS	I have trouble doing all of the family activities that I want to do.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER20_CaPS	I have trouble doing all of the activities with friends that are really important to me.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER21_CaPS	I have trouble doing all the leisure activities with others that I want to do	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER22_CaPS	I have trouble keeping up with my family responsibilities.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER23_CaPS	I have trouble doing all of my usual work (include work at home)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER26_CaPS	I have trouble doing all of the work that is really important to me (include work at home)	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER28r1	I have to limit my regular activities with friends	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

		Never	Rarely	Sometimes	Usually	Always
SRPPER31_CaPS	I have trouble taking care of my regular personal responsibilities.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER35_CaPS	I have trouble doing everything for my friends that I want to do	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER36_CaPS	I have trouble doing all of the activities with friends that I feel I should do..	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER37_CaPS	I have trouble doing all of the work that I feel I should do (include work at home) ...	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER42r1	I feel limited in my ability to visit friends	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER43r1	I have trouble keeping in touch with others.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER46_CaPS	I have trouble doing all of the activities with friends that I want to do	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER47_CaPS	I have trouble keeping up with my work responsibilities (include work at home)....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER54_CaPS	I have trouble doing everything for my friends that I feel I should do	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1
SRPPER55r1	I feel limited in the amount of time I have to visit friends.....	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1

Part II Bengali Version

সামাজিক ও ব্যক্তিগত তথ্য সংক্রান্ত প্রশ্নাবলী (Sociodemographic Questionnaire) :

তারিখ: _____

অনুগ্রহ করে নিচের প্রশ্নগুলোর উত্তর দিন। আপনার দেয়া সব তথ্য গোপন রাখা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে।

১. আপনার শিশুর বয়স: (বছর)

২. শিশুর লিঙ্গ:(ছেলে / মেয়ে / অন্যান্য)

৩. শিশুর অটিজম নির্ণয়ের সময় বয়স কত ছিল: (বছর)

৪. অন্য কোনো সমস্যা বা অসুস্থতা আছে কি?

(বুদ্ধিপ্রতিবন্ধিতা / ADHD / মৃগী / কথা বলতে দেরি / সেরিব্রাল পালসি / কিছুই না / অন্যান্য)

৫. বাবার পেশা কী?

(বেকার / গৃহস্থালি কাজ করেন / নিজের ব্যবসা করেন / চাকরি করেন (সরকারি বা বেসরকারি) / দিনমজুর / অন্যান্য)

৬. বাবার শিক্ষাগত যোগ্যতা:

(কোনো আনুষ্ঠানিক শিক্ষা নেই / প্রাথমিক / মাধ্যমিক / উচ্চ মাধ্যমিক / স্নাতক বা তার বেশি)

৭.মায়ের পেশা কী?

(বেকার / গৃহস্থালি কাজ করেন / নিজের ব্যবসা করেন / চাকরি করেন (সরকারি বা বেসরকারি) / দিনমজুর / অন্যান্য)

৮.মায়ের শিক্ষাগত যোগ্যতা:

(কোনো আনুষ্ঠানিক শিক্ষা নেই / প্রাথমিক / মাধ্যমিক / উচ্চ মাধ্যমিক / স্নাতক বা তার বেশি)

৯.পরিবারের মাসিক আয় (বাংলাদেশি টাকা):

১০.আপনার বসবাস কোথায়? (শহর / আধা শহর / গ্রাম)

১১.আপনার ধর্ম কী?

১২.আপনার কতজন সন্তান আছে? (বছর)

১৩.আপনি কি কোনো সামাজিক বা কমিউনিটি গ্রুপে যুক্ত আছেন? (যেমন: ক্লাব, ধর্মীয় দল, সহায়ক গ্রুপ, অন্যান্য)

(হ্যাঁ / না / যদি হ্যাঁ হয়, অনুগ্রহ করে উল্লেখ করুন: _____)

১৪.আপনি কি কোনো সামাজিক অনুষ্ঠানে (যেমন: বিয়ে, মেলা, উৎসব) যেতে অসুবিধা অনুভব করেন?

(হ্যাঁ / না / যদি হ্যাঁ হয়, অনুগ্রহ করে উল্লেখ করুন: _____)

১৫.আপনার সামাজিক অনুষ্ঠানে অংশগ্রহণে প্রধান বাধা কী?

(শিশুর আচরণ / সামাজিক সুযোগের অভাব / যাতায়াতের সমস্যা / সময়ের অভাব / সমাজের দৃষ্টিভঙ্গি / অন্যান্য: _____)

১৬.আপনার আত্মীয়, বন্ধু বা সমাজের মানুষজন কি আপনার শিশুর বিষয়ে আপনাকে সহায়তা করে বলে মনে হয়?

(হ্যাঁ / না / কিছুটা)

১৭.আপনি কি আপনার শিশুর জন্য কোনো আনুষ্ঠানিক সহায়তা (যেমন: থেরাপিস্ট, NGO, স্কুল, ডে কেয়ার) পান?

(হ্যাঁ / না / যদি হ্যাঁ হয়, অনুগ্রহ করে লিখুন:_____)

সামাজিক দায়িত্ব ও কাজকর্মে অংশগ্রহণের সক্ষমতা মূল্যায়ন (PROMIS)

নির্দেশনা: নিচের প্রতিটি প্রশ্নে আপনার অভিজ্ঞতা অনুযায়ী একটি উত্তর নির্বাচন করুন।

উত্তরের মানে: ১ = সবসময় | ২ = প্রায়ই | ৩ = মাঝে মাঝে | ৪ = খুব কম | ৫ = কখনোই না

নং	প্রশ্ন	১. সবসময়	২. প্রায়ই	৩. মাঝে মাঝে	৪. খুব কম	৫. কখনোই না
1	আমি আমার ঘরের নিয়মিত দৈনন্দিন কাজ করতে সমস্যার সম্মুখীন হই	☐	☐	☐	☐	☐
2	আমি আমার বন্ধুদের চাহিদা পূরণ করতে সমস্যায় পড়ি	☐	☐	☐	☐	☐
3	ঘরের সামাজিক কাজকর্মের ক্ষেত্রে আমার কিছু সীমাবদ্ধতা রয়েছে	☐	☐	☐	☐	☐
4	আমি আমার পরিবারে চাহিদা পূরণ করতে অসুবিধা অনুভব করি	☐	☐	☐	☐	☐
5	আমি আমার কাজ (বাড়ির কাজ সহ) করতে সীমাবদ্ধতা অনুভব করি	☐	☐	☐	☐	☐
6	আমাকে আমার বাড়ির বাইরের সামাজিক কার্যকলাপ সীমিত করতে হয়	☐	☐	☐	☐	☐
7	আমার অন্যদের সাথে বিনোদনমূলক কার্যকলাপে অংশগ্রহণ করতে সমস্যা হয়	☐	☐	☐	☐	☐
8	আমি আমার পরিবারের জন্য যা করা উচিত বলে মনে করি তা করতে আমার সমস্যা হয়	☐	☐	☐	☐	☐

9	আমি আমার নিয়মিত কাজ (বাড়ির কাজ সহ) সম্পন্ন করতে সমস্যা হয়	☐	☐	☐	☐	☐
10	আমি আমার পারিবারিক কার্যকলাপ যা করা উচিত বলে মনে করি তা করতে আমার সমস্যা হয়	☐	☐	☐	☐	☐
11	আমার কাছে পারিবারিক গুরুত্বপূর্ণ কার্যকলাপ গুলি করতে আমার সমস্যা হয়	☐	☐	☐	☐	☐
12	আমি আমার কাজের সবটুকু করতে চাই (বাড়ির কাজ সহ) যা আমার করতে সমস্যা হয়।	☐	☐	☐	☐	☐
13	আমার নিয়মিত অবসর কার্যক্রম অন্যদের সাথে করতে সমস্যা হয়	☐	☐	☐	☐	☐
14	আমাকে কিছু মানুষের সঙ্গে সামাজিক কার্যক্রম সীমিত করতে হয়	☐	☐	☐	☐	☐
15	আমাকে আমার নিয়মিত পারিবারিক কার্যকলাপ সীমিত করতে হয়	☐	☐	☐	☐	☐
16	অন্যদের সাথে আনন্দ করার জন্য আমি যেসব কাজ করি তা সীমিত করতে হয়	☐	☐	☐	☐	☐
17	আমাকে আমার কাজ স্বাভাবিক এর চেয়ে কম সময়ে করতে হয় (বাড়ির কাজ সহ)	☐	☐	☐	☐	☐
18	আমি আমার পরিবারের জন্য সময়ের অভাব অনুভব করি।	☐	☐	☐	☐	☐
19	আমার সব পারিবারিক কার্যকলাপ করতে সমস্যা হয় যা আমি করতে চাই	☐	☐	☐	☐	☐

20	আমার সকল বন্ধুদের সাথে কার্যকলাপ করতে সমস্যা হয় যা আমার কাছে সত্যিই গুরুত্বপূর্ণ	☐	☐	☐	☐	☐
21	আমার অন্যদের সাথে অবসরকালীন সমস্ত কাজ করতে সমস্যা হয় যা আমি করতে চাই	☐	☐	☐	☐	☐
22	আমার পারিবারিক দায়িত্ব পালন করতে সমস্যা হয়	☐	☐	☐	☐	☐
23	আমার স্বাভাবিক সমস্ত কাজ করতে সমস্যা হয় (বাড়ির কাজ সহ)	☐	☐	☐	☐	☐
24	যে সমস্ত কাজ আমার কাছে সত্যি গুরুত্বপূর্ণ যেসব কাজ করতে আমার সমস্যা হয় (বাড়ির কাজ সহ)	☐	☐	☐	☐	☐
25	আমার বন্ধুদের সাথে আমার নিয়মিত কাজ সীমিত করতে হয়	☐	☐	☐	☐	☐
26	আমি আমার নিয়মিত ব্যক্তিগত দায়িত্ব পালন করতে সমস্যা হয়	☐	☐	☐	☐	☐
27	আমি আমার বন্ধুদের জন্য যা করতে চাই তার সবকিছু করতে আমার সমস্যা হয়।	☐	☐	☐	☐	☐
28	বন্ধুদের সাথে আমার যেসব কাজ করা উচিত বলে মনে হয়,সেগুলো করতে আমার সমস্যা হয়	☐	☐	☐	☐	☐
29	আমার যেসব কাজ করা উচিত বলে মনে হয় (বাড়ির কাজ সহ) সেগুলো করতে আমার সমস্যা হয়	☐	☐	☐	☐	☐
30	আমার বন্ধুদের সঙ্গে দেখা করতে সমস্যা হয়	☐	☐	☐	☐	☐

31	আমার অন্যদের সাথে যোগাযোগ রাখতে সমস্যা হয়	☐	☐	☐	☐	☐
32	আমি বন্ধুদের সাথে যেসব কাজ করতে চাই, সেগুলো করতে আমার সমস্যা হয়	☐	☐	☐	☐	☐
33	আমি আমার কাজের যেসব দায়িত্ব পালন করতে চাই, সেগুলো করতে আমার সমস্যা হয় (বাড়ির কাজ সহ)	☐	☐	☐	☐	☐
34	আমার বন্ধুদের জন্য যা করা উচিত বলে মনে হয়, তার সবকিছু করতে আমার সমস্যা হয়	☐	☐	☐	☐	☐
35	আমার বন্ধুদের সাথে দেখা করার জন্য আমার সময় সীমিত মনে হয়	☐	☐	☐	☐	☐

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

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

Title of thesis: Status of social participation among parents of children with ASD.

Name of student: A.K.M Salekuzzaman Rian.

Name and designation of thesis supervisor: Prof. Sk Moniruzzaman, professor and head Department of Occupational Therapy, BHPI.

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/ Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	28.05.25	BHPI Building	Title discussion	30min		Rian	
2	29.05.25	"	Title & Proposal discussion	1.5 hr.		Rian	
3	14.6.25	BHPI Libarcy building	Title & Scale discussion	2.60hrs.		Rian	

4	15.6.25	BHPI Libary building	IRB Presentation discussion	30min		Rian	
5	16.6.25	~	~	2.5hrs		Rian	
6	18.6.25	BHPI office building	Socio demography discussion	1.5hrs		Rian	
7	24.6.25	BHPI Libary	Socio demography discussion	2.5hrs		Rian	
8	10.7.25	~	Introduction & justification discuss	20min		Rian	
9	17.07.25	~	Introduction discussion	45min		Rian	
10	30.8.25	Return to work unite	Scoring score & Conceptual FOR discussion	20min		Rian	
11	31.08.25	BHPI Libary	Discussion on Literature review & methodology	3.5hrs.		Rian	
12	02.09.25	~	Information sheet Consent from checking.	2.2 hrs.		Rian	
13	03.09.25	~	Final feedback on data set.	3 hrs.		Rian	
14	04.09.25	~	Conceptual frame work feedback.	2.5 hr.		Rian	

15	05.09.25	BHPI Library	Discussion on data input in spss software	2 hrs		Rian	
16	08.11.25	–	Result checking & result writeup.	2 hrs		Rian	
17	12.11.25	–	Discussion & writeup.	2 hrs.		Rian	
18	12.12.25	–	Discussion on 1st draft & overall research.	1.5 hours		Rian	
19	29.12.25	–	Feedback on 1st draft	2 hours		Rian	
20	03.02.26	–	Discussion on 2nd draft & overall research	3 hours		Rian	

Note:

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