

**Handcraft Activities during Rehabilitation Program: Perception of
Persons with Spinal Cord Injury**

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No others 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 or diploma 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, it will be duly acknowledged as undergraduate thesis.

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Dedication

Dedicated to my honorable and beloved parents

Acknowledgement

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Abstract

Handcrafts have been traditionally used from the beginning of occupational therapy profession. As a part of rehabilitation programs, occupational therapists provide handcraft activities for persons with spinal cord injury to help them in passing leisure time meaningfully, improve self confidence, reduce tension and engage in joyous activity. The aim of this study was intended to know the perception of persons with spinal cord injury about handcraft activities during the rehabilitation program. A qualitative study was conducted using face to face interview with a semi-structured question. Seven participants were selected by using purposive sampling from spinal cord injury inpatient unit of Centre for the Rehabilitation of the Paralyzed. Data was analyzed by qualitative content analysis. The investigator found that most of the participants have good understanding on handcraft activities. The majority of the participants enjoy handcraft activities and they believe handcraft activities is important for them. Most of the participants perform handcraft activities well. The majority of the participants report they will perform these handcraft activities after returning home. None of the participants faced any challenge during participation in handcraft activities. Most of the participants had no suggestion about these handcraft activities though one suggested that handcraft activities should be practiced more widely and apply for all groups of patients. As the person with spinal cord injury gives value to the handcraft activities, it helps to achieve the purpose of the rehabilitation program. Therefore, handcrafts should be practiced in a more structured way.

Key words: Spinal Cord Injury, Handcraft activities, Rehabilitation, Occupational Therapy

List of Abbreviation

ADL	Activities of Daily Living
BHPI	Bangladesh Health Professions Institute
B. Sc.	Bachelor of Science
CRP	Centre for the Rehabilitation of the Paralysed
MDT	Multi Disciplinary Team
NGO	Non Government Organization
PWD	Person with Disability
QCA	Qualitative Content Analysis
SCI	Spinal Cord Injury
U.S.	United States
WHO	World Health Organization

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1.1. Introduction

Handcrafts are one type of purposeful activity that has a traditional therapeutic modality in occupational therapy.(1) It has been significant in occupational therapy since the early history of the profession.(2) Arts and crafts were considered representations of occupation in human life as occupation or doing with the hands can be seen as an integral part of experiencing a meaningful life.(3, 4) According to core beliefs of occupational therapy, activity is a necessary component of wellbeing and occupational therapists use activity as a therapeutic medium. Traditionally, activity within occupational therapy has been synonymous with crafts.(5) Therefore, the place of craft within occupational therapy practice has been discussed over and over with fluctuating interest over time.(4)

In several published studies, the effect of craft activities on a specific patient population has been demonstrated.(1) Our profession supports both a holistic view of the person and client centered practice. Craft is an active, holistic function (2) and using craft therapeutically with clients creates a variety of opportunities for different client centered goals to be achieved.(4) The patients learn valuable and useful skills, and at the same time improve their physical condition.(2) It can be used, as with any other activity, to facilitate desired treatment outcomes in physical, mental and social wellbeing.(4-6) Participation in creative occupations has a healing effect and crafts are seen to be an inspiring occupation in people's lives.(7) Craft can support the rehabilitation plan as a whole. Craft could have an independent position in the therapy process as a specific form of treatment.(2) According to the review by Perruzza and Kinsella (2010), it was found that making traditional handcrafts provide a wide range of psychosocial benefits and may enrich the therapy practice.(6)

Handcrafts are a new concept for the rehabilitation of the person with Spinal Cord Injury (SCI) in Bangladesh. However, through the efforts of occupational therapists, handcraft activity programs have been running as a part of occupational therapy service at the inpatient unit of Centre for the Rehabilitation of the Paralyzed (CRP). The purpose of providing handcraft activities is to engage patients in leisure time activities, as they can pass their time meaningfully and to improve their quality of life. Though there is no study on perception about these handcraft activities, this

present study is to find out the perception about handcraft activities from the clients' perspective and to clarify the role of crafts whether it makes relevant contributions to rehabilitation at the inpatient unit of CRP.

1.2. Background

According to the disability fact sheet of the World Health Organization (WHO) 2011, over a billion of people, about 15% of the world's population has some form of disability.(8) Between 110 million and 190 million people have significant difficulties in functioning. Rates of disability are increasing due to population ageing and increases in chronic health conditions.(8) Disability is an important issue throughout the world, including Bangladesh. In Bangladesh, the estimated number of persons with disabilities (PWDs) is around 140 million people, which constitutes 10% of its total population.(9) Along with all disability, SCI is one of the most alarming conditions that leads to disability.(10)

Globally, SCI is a distressing situation for the health sector of developed, developing and underdeveloped countries. In different studies, it has been seen that the incidence of SCI varied from different dimensions and regions. In the world, SCI incidence is 13 to 33 cases per million population per year.(11) In the United States (U. S.), the annual incidence of SCI is approximately 40 cases per million population.(12) The age adjusted incidence rate for SCI is estimated to be 14.5 cases per million of population in Australia.(13) Incidence of SCI approximately 35 cases per million in Canada.(14) In recent study, the incidence has been estimated as 6 cases per million in Bangladesh.(15) However, there is a scarcity of evidence so the real fact has not found in case of Bangladesh. By comparing with the U.S., Australia and Canada, it has been seen that the incidence rate of SCI is low in Bangladesh but even so SCI continues to be a major cause of disability throughout Asia as well as in Bangladesh.(10)

SCI has a devastating impact on quality of life as it contributes to a high level of long-term disability, morbidity and mortality, and imposes an economic burden on communities.(16) Persons with SCI face difficulty in areas of occupational performance such as self care, productivity and leisure and may be dependent on others for assistance in their activities of daily living (ADL) such as grooming, eating, toileting, bathing, dressing, community access, and recreational activities. Therefore

quality of life for person with SCI is lower than non-disabled and the overall population.(13)

However, a standard service practice with an inclusive society can help to make a meaningful life for person with SCI which is possible by ensuring a proper rehabilitation process from the initial stage of injury to the last stage of discharging. There is no standardized system of service provision in general hospitals in Bangladesh for persons with SCI.(15) The Centre for the Rehabilitation of the Paralyzed (CRP) is a Non Government Organization (NGO) hospital that specialized in rehabilitation for persons with SCI.(10, 17) Every year many persons with SCI have been admitted in the inpatient unit of CRP. The treatment takes place for the person with SCI through Multi Disciplinary Teams (MDTs).

Occupational therapy is a part of the MDT and has an important role in the treatment of persons with SCI. Here occupational therapists use handcraft activities as a part of occupational therapy intervention. The type of the activity is chosen in accordance with the client's ability and interest.(2) After identifying persons' needs, possible steps can be taken to make this practice more effective. If the perception and opinion about the handcraft activities can be analyzed thoroughly from the perspective of persons with SCI, good evidence may be established to strengthen the program by reducing its weakness and by improving the service quality. Hence to make crafts intervention effective in Bangladesh, it is essential to explore the perception of the person with SCI during their rehabilitation.

1.3. Significance

When using craft, it is important to know that is the craft meaningful to the client. Therapist should address the clients' interests, values, and beliefs and social and/or cultural needs.(5) During the treatment session at CRP, therapists select some persons with SCI and give them handcraft activities. The purpose is to engage them in leisure time activities as they can pass their time meaningfully. However, there is no evidence of the perception of persons with SCI on handcraft activities. With clear concept about clients' interest, feelings and value on any program, it will be easier to use client centered practice for occupational therapists. By identifying the persons' needs, the therapists have the chance to take necessary steps accordingly and give a

fruitful instruction to facilitate the person with SCI to engage in handcraft activities. So, the quality of services may be increased.

When an injury has occurred, the person is unable to live a healthy life. When a person becomes unhealthy, then poverty increase and this creates a large impact on the economic sector of Bangladesh. CRP is the only specialized SCI hospital and rehabilitation centre in the country and here occupational therapists use handcraft activities for persons with SCI. If crafts motivate persons with SCI and they find craft interesting and beneficial, then more persons may participate in craft-making. After returning back to the community, that person may take these activities as an income generating activity. They may also motivate other persons with SCI to engage them in handcraft activities.

There are many studies done on patient and carer perceptions in different areas at CRP. But there is no research about perception on handcraft activities. Through this study, the feelings and values of persons with SCI according to the Bangladeshi cultural perspective were explored. This study may be helpful to identify the areas that need to improve. The researcher will share the information and result with the occupational therapists of SCI inpatient unit. So this study may help the therapists to know the perception about the program in the form of written document. It may also helpful to establish evidence about these handcraft activities.

1.4. Aim of the study

To identify the perception of persons with Spinal Cord Injury about handcraft activities during the rehabilitation program.

1.5. Objectives of the study

- To identify the value of handcraft activities from the perspective of persons with SCI.
- To find out the challenges faced by persons with SCI in handcraft activities during participation.
- To gather suggestions from persons with SCI about handcraft activities.

2.1. Spinal Cord Injury

SCI is a devastating neurological injury, resulting in varying degrees of paralysis, sensory loss and sphincter disturbance which are permanent and irreversible in some cases.(18) In one study Barclay et al. quoted Cripps work in their article (19) that, a spinal cord injury (SCI) is defined as “the occurrence of an acute, traumatic lesion of neural elements in the spinal canal, resulting in temporary or permanent sensory deficit, motor deficit or bladder/bowel dysfunction.” SCI have diverse non-traumatic and traumatic etiologies with varying degrees of resultant neurological damage. A study in Bangladesh aimed to investigate life expectancy of persons with SCI revealed that, falling from height, either from trees, construction works, electric poles or roofs, was found to be the most common cause (40.30%) and falling while carrying a heavy load on the head was second most common cause (16.0%).(16) Among the non traumatic cases of SCI, spinal tuberculosis was found to be the most common cause, comprising 7.0%. Other causes were road traffic accidents, fall of object on back, Guillain Barre Syndrome, Transverse Myelitis and space occupying lesion.(16) SCI can be classified into paraplegia or tetraplegia according to their extent of injury. This condition has a major negative impact on all areas of the individual’s physical and psychosocial functioning. The consequences of such an injury have a profound impact on both males and females, who sustain SCI and their families.

2.2. Impact of Spinal Cord Injury

SCI causes devastating effects on physical, psychological, social, emotional and cultural impact of individual lives.(13)

2.2.1. Quality of life: Persons with SCI may be dependent on others for assistance with many tasks of ADLs such as toileting, bathing, dressing, grooming, eating, community access, and recreational activities. These changes frequently have profound effects on the spinal cord injured person's social relationships. The changes’ effects are lifelong and affect every aspect of a person's life.(13) As a result, the quality of life of persons with SCI becomes poor. They might feel depressed and hopeless about the future and not want to burden of others with their feelings.(20)

2.2.2. *Depression:* Depression has been the most frequently studied psychological variable following SCI. It was a common assumption that persons with SCI would experience depression than in the nondisabled population.(21) The estimated prevalence of depression after SCI is variable from study to study. In one study, it was reported that during rehabilitation 60% of persons with SCI developed depression and that depression persisted throughout the hospital admission for 33% of these persons. This study also found no differences in depression rates between persons with paraplegia and tetraplegia.(22)

2.2.3. *Self negligence:* Self-neglect is considered as an indicator of adjustment difficulties in the SCI population. When an individual experiences a trauma or permanent disability such as SCI, the ability to participate in daily activities can change dramatically.(19) In addition, the time use of an individual may also change significantly. The person may not be able to participate in full-time paid employment or education as he or she did prior to the injury.(19) Some hope that they will be cured one day and return to a normal life, but when this does not happen they often lose confidence in themselves, and become fully dependent on their families for survival.(15) As a result they think them burden of the family and self neglect attitude may be exhibited by the person.

2.2.4. *Poor leisure satisfaction:* Leisure is the activity that people do in their free time because they want to, for their own sake or for goals of their own choosing, but not for payment. Leisure is not only important for able-bodied individuals but also important for PWDs.(23) As a consequence of SCI, there is reduced capacity to return to paid employment which results in extra free time that needs to be filled with other activities. The types of leisure interest that the person with SCI previously engaged may not possible, therefore the person may have poor leisure satisfaction.(19) In a study by Anna Daniel, it was described that leisure is an important component in the lives of PWDs and it is often associated with life satisfaction, self-esteem and depression. The data from this study also illustrated the impact of leisure satisfaction on quality of life.(23) However, support, awareness and effective management of person with SCI are also needed to improve their quality of life.

2.3. Management of Spinal Cord Injury

Since the World War II, the mortality rate of SCI in the developed countries has decreased significantly because of the development of SCI treatment units, including well-trained, specialized teams for rehabilitation, regular follow-up (16) and advancement of medical management life expectancy has also dramatically increased.(24) Worldwide, the concept of managing individual with spinal cord injury is very similar. Rehabilitation following SCI is most effectively undertaken with a multidisciplinary team-based approach.(25) The team members consist of doctor, nurse, occupational therapist, physiotherapist, speech and language therapist, social worker, psychologist, other allied professionals and counselor. Every medical and allied health professional provide combined and integrated treatment for individuals with spinal cord injuries within a team.(25) This is to ensure an effective and efficient treatment for them to have a good quality of life after having the injury. The management and rehabilitation of persons with SCI require lengthy periods of hospitalization to train patients to use their remaining abilities and support adjustment to a changed body and life situation.(26)

2.4. Rehabilitation

According to the report of WHO, rehabilitation is “a set of measures that assist individuals who experience or are likely to experience disability to achieve and maintain optimal functioning and interaction with their environments.”(27) More simply rehabilitation involves maximizing functional independence within the constraints imposed by disease, illness or injury. The goal of rehabilitation is to help the person become as independent with their ADLs as possible. Rehabilitation covers three different areas: physical, social and economic. Physical rehabilitation includes health education provided to users and their family members for prevention of further complications from SCI; Social rehabilitation is carried out through home visits to provide support to person with SCI in order to integrate them into family life, social activities, health care and education. Economic rehabilitation is provided through vocational training.(15) CRP has developed an approach that provides treatment and rehabilitation to the person with SCI of Bangladesh. When persons with SCI are unable to return to their previous occupations, they require new skills to be able to take part in economic activities. Occupational therapy plays an important role to

rehabilitate the person with SCI, it is a major part of rehabilitation and focuses on improving the persons' functional performance and abilities and rehabilitation following SCI.

2.5. Occupational therapy

Occupational therapy as a part of complex rehabilitation and it help the person become as independent with their ADLs as possible. Occupational therapists play a vital role and have a huge scope of practice with the person with SCI in all the phases of rehabilitation program.(28) In occupational therapy treatment; purposeful activity, therapeutic exercise, special equipment, skills training, handcraft activities, carer education and environmental modifications are used to maximize the persons' ability to attain independence in everyday living.(29) The goal of occupational therapy is also to enable individuals to achieve independence in occupational performance areas. Occupational performance areas include self care, productivity and leisure.(30) Leisure is an important component in the lives of PWD and it is often associated with life satisfaction, self-esteem and quality of life.(23) Meaningful time use provides an indicator of quality of life and is a key area of interest to occupational therapists.(19) The use of craft activities in occupational therapy interventions has been discussed in the profession since its start, when craft activities were used in the rehabilitation of injured soldiers in the years following World War II.(30) In the inpatient unit at CRP, the occupational therapists engage persons with SCI in various handcraft activities with the purpose of engaging them in leisure time activities to pass their time meaningfully and to improve their quality of life. So, as a part of occupational therapy intervention, occupational therapists use handcraft activities.

2.6. Handcrafts

Crafts were one of the first therapeutic tools used in occupational therapy and have been used as a treatment medium since its start.(31) Handcraft is a skilled activity in which something is made in a traditional way with the hands, rather than being produced by machines in a factory, or an object made by such an activity.(32) Handcrafts can be also defined as items made by hand, often with the use of simple tools, and are generally artistic and are traditional in nature. They are also objects of utility and objects of decoration.(33) It must be predominantly made by hand but it

does not matter if some machinery is also used in the process. A study in Norway found that, crafts are a form of production that require special skills, personal insight and extensive practice of any of the manual arts.(34) Due to the therapeutic values, handcraft is used in occupational therapy.

2.7. Importance of handcraft activities

Handcraft activities have lots of advantage for treatment of PWD. From the inception of the profession arts and crafts have been used in occupational therapy practice.(6) When the person stays in a hospital for their ill health for long days it is monotonous, so there is a need for engaging in a meaningful things.(35) Crafts can keep the PWDs mind engaged and increase the level of creativity and confidence in them. The craft activities for PWD are a source for them to prove to the world, that they are as capable as the physically strong people. These crafts may also become a source of permanent income for them, if they achieve the required level of professionalism and skills.(36)

Studies have revealed the importance of crafts and demonstrated the meaning and use of crafts as treatment media. In these studies it was found that occupational therapists still use craft, because craft is a valuable therapeutic media for rehabilitation.(3, 4) The research regarding creative arts and activity shows that, women managing depression through the creative activity of needlecraft and it can help to improve their mental health by reducing negative thoughts and feelings about their illness.(6, 31, 37) In one study, it was found that craft activities symbolize leisure time activities and the client can avoid boring patterns of everyday life by basket weaving, making jewellery like earrings and other products.(34) Two other studies show that the person can make crafts by copying the product from a model and using guiding instructions or using the active imagination, fantasy and creative potential of the mind to make craft that increase their creativity.(38, 39) In another study, it demonstrates that using handcrafts also facilitate eye-hand coordination in acquisition of visuomotor skill.(1)

2.7.1. Therapeutic nature of craft: As occupational therapists, our choice of intervention is guided by a range of factors including our clients' occupational needs, interests, abilities and values.(4) Crafts could be used, as with any other activity, to facilitate desired treatment outcomes in both the physical and mental health

areas.(5)When faced with illness, crafts can be a valuable tool in the healing process.(6)The literature revealed that craft can be useful in achieving therapeutic changes in following areas: physiology, psychophysiology, internalization of visual, tactile and kinesthetic functions, fine motor coordination, perception, cognition, behavior, craft related skills, anxiety, depression, motivation, communication, interpersonal and creativity.(2)

2.7.2. *Craft as a treatment medium:* Craft activities have been a central therapeutic medium in the occupational therapy profession.(34) For an occupation to have any therapeutic benefit it must have purpose, value and meaning to the individual. The end product may be a tangible item or the client-therapist relationship developed as a result of working together in the process. A number of feelings were associated with the end product. In the study, it was shown that the patients reported a sense of pride when the end product of craft was praised by someone.(31, 40) The actual act of producing objects is important, because the objects can be sold, to give the person and the institution some income.(34) Potential health gains from using craft activities as a treatment medium include a sense of achievement, growth in self-confidence, the development of skills (both physical and cognitive), some control of negative thoughts and feelings of stress. The experience of craft activity becomes an occupation to an individual, providing purpose and meaning, structuring time and contributing to self concept, increasing enjoyment and planning for engagement in future activities.(31) A recent literature review by Perruzza and Kinsella, in the use of creative arts occupations in therapeutic practice identified six main outcomes from the literature: enhanced perceived control, building a sense of self, expression, transforming the illness experience, gaining a sense of purpose and building social support.(6)

2.7.3. *Contemporary practice of handcrafts:* Handcrafts are very important in current occupational therapy practice. Holder and an opinion piece by Perrin gave their personal views on the value and importance of craft as a therapeutic tool. That was referring to supporting literature and their personal experiences with craft-making. The readership of the British Journal of Occupational Therapy showed an active response and that indicates craft is still of interest to occupational therapists today. However, many respondents expressed their appreciation to these authors for articulating the value of craft and creative activities for occupational therapy

professional practice.(5) Several published studies have attempted to demonstrate the effect of craft activities on a specific patient population.(1)

2.8. Rehabilitation of person with SCI at CRP

As a developing country, the health sector in Bangladesh has achieved remarkable successes although a lot of demand of resources is the real scenario of the health sector.(41) Thus, there is a need for at least one specialized rehabilitation centre in each division to assure successful re-integration of persons with SCI. A small number of NGO's are involved in rehabilitation and vocational training for PWD in Bangladesh (17) including CRP, which is the largest SCI rehabilitation centre in Bangladesh. CRP has provided excellent service for the last 30 years by implementing MDT approach for the SCI persons.(10, 17) CRP has developed a standard and comprehensive system to provide services for persons with SCI, based on its existing resources. In CRP, the SCI inpatient unit runs a residential program to rehabilitate the person with SCI and it consists of 100 beds with 11 wards. The Unit is a highly specialized service coordinating acute, medical, surgical and rehabilitation services for person who sustain SCI. It provides services to the person with SCI of Bangladesh and the treatment takes place in four phases: acute, active, rehabilitation and community re-integration. The average length of stay in CRP hospital is about 5 months with a spread from 1-6 months.(42) Every year, many persons with SCI are admitted at CRP.

According to the CRP annual report July 2010 to June 2011, it has been estimated that the total number of admissions was 395 of whom 87% were male and 13% were female, 93% were new cases and 7% re-admission.(43) The inpatient unit of CRP is open 24 hours a day throughout the year only for persons with SCI. The treatment takes place for the person with SCI through MDTs. In the CRP annual report July 2010 to June 2011, it has been also estimated that a total of 339 patients were discharged on completion of their rehabilitation by MDTs.(43) The disciplines work collaboratively to assist clients to maximize independence and facilitate the best possible adjustment following SCI. Occupational therapists are a part of MDT and have a significant role in the treatment of person with SCI. In occupational therapy, handcraft activities are running with other treatments for the rehabilitation of person with SCI.

2.9. Handcraft activities during rehabilitation program at CRP

In CRP, the occupational therapists are running handcraft activities during the rehabilitation program for persons with SCI. Occupational therapists play a vital role in increasing people's functional skills and abilities, enabling them to spend leisure time in a fruitful way. According to statement of Mohammad Iqbal Hossain who is the in-charge of occupational therapy SCI inpatient unit, (oral communication, August 2012), this program runs every day. Handcrafts were used in occupational therapy since many years earlier at inpatient unit of CRP but in 2011, the occupational therapy inpatient unit started handcraft activities program for the persons with SCI formally. Occupational therapists select patients from bed rest, active and rehabilitation phases to help them improve their skills, self confidence and to help pass their time meaningfully. Occupational therapists at first discuss with the person with SCI about how they can make crafts and also help them to learn handcraft activities. After preparing them for making crafts, occupational therapists provide these activities to the person with SCI and besides they help the person by giving instruction. Bracelets, ear rings, friendship bands, handkerchiefs, wall mats, jute hangers, greetings card and different ornaments are made in this program. The purpose of the program are: to build confidence and increases self-esteem, promote ownership through engagement in meaningful activity, develop new skills and interests that can assist in community re-integration, provide a supportive group environment that encourages sharing of experiences, develop upper limb strength through engaging in functional tasks and give participants the chance to obtain financial success. These handcraft activities also can be a recreational activity beside the therapy session.

3.1. Study design

The researcher selected qualitative methodology for this study, because it is helpful to find out the perceptions of people in particular settings and to understand their perspective. Qualitative research is exploratory in nature by which the researcher can gain insights into another person's view's, opinion, feeling and beliefs within their own natural setting.(44) The study was conducted by Qualitative Content Analysis (QCA) approach of qualitative method. Priest et al. quoted Bryman's work in their article (45) that QCA facilitates contextual meaning in text through the development of emergent themes derived from textual data. It also facilitates the production of core constructs from textual data through a systematic method of reduction and analysis. The researcher conducted the study by QCA as it enables the researchers to gain an understanding of individual's practical experience and by this the answer will come out in actual words from the real context.

3.2. Study setting

The study was conducted in SCI inpatient unit at CRP, which is situated in Savar, about 25 km away from the capital city of Dhaka. CRP is a Non-Government Organization (NGO) that treats and rehabilitates persons with disabilities (PWD) regardless of their socio-economic means and aims to improve the quality of life of PWD in Bangladesh. It is specialized in the management of person with SCI.(42) In CRP, there is a SCI inpatient unit and it is a residential program and consists of 100 beds with 11 wards. The treatment takes place in four phases: acute, active, rehabilitation and community re-integration. Management is based on a multi-disciplinary treatment (MDT) approach. In inpatient unit, occupational therapists run some handcraft activities for person with SCI. The purpose of the program is to improve patients' skills, self confidence and to help pass their time meaningfully. This setting was selected for data collection because handcraft activities are conducted effectively in this setting at CRP, which is easily accessible for the researcher.

3.3. Participant selection procedure

The inclusion criteria for participation in this study were the persons with SCI of inpatient unit, who participated in the handcraft activities during their rehabilitation at CRP, Savar, Dhaka. The researcher selected the participant by purposive sampling because researcher had specific requirements and chose those who met the selection criteria. Purposive sampling is that a researcher does not simply study whoever is available, but uses their judgment to select a sample that they believe based on prior information, will provide the data they need.(46) At first permission was sought from the in-charge of SCI unit and a discussion about the study was held with the responsible occupational therapists. The investigator observed the program for two days to select the study participants. The investigator made a list of persons with SCI for the data collection period on September to October 2012 who fulfilled the inclusion criteria. At that time, nine persons with SCI participated in the handcraft activities during the period of data collection. The investigator invited them to become a participant in the study. But two persons with SCI were disagreed to participate in the study. Because, one of them was ill and another was not interested to participate. Then seven participants were finally selected for this study.

3.4. Data collection procedure

Researcher conducted face to face interview with a semi structured question for data collection. With semi structured question, participants get more freedom to explain their opinions. Face to face interviews helped the researcher to determine participants' understanding of the questions by observing their facial expressions. Before starting the formal interview, researcher ensured a quiet place by contacting with the regarding authority and built rapport with the participants and made them comfortable for interview. The researcher explained the research question and aim of the study. Then the researcher used information sheet and consent form to take the permission of the participants. Next researcher asked questions, to find out the importance, challenge and suggestion of handcraft activities. Some prompting questions were asked based on their answer to expose the information in detail. All question and information sheet was developed into Bangla. Interview was conducted in Bangla and recorded by MP3 recorder. The interview conducted during daytime

and the duration was approximately 45 minutes for each participant. Venue of interview was SCI inpatient unit of CRP, Savar but the place of interview depended on situation and permission of regarding authority.

3.5. Data collection tools and material

A tape recorder was used to record the interview of the participants. Pen, paper and clip board was used to write down observation notes. An information sheet and consent form was used for taking permission from the participants (for details please see appendix 3- 3.1, 3.2 for Bangla copy and appendix 4- 4.1, 4.2 for English translated copy). A semi-structured question was used to conduct the interview (please see appendix 3- 3.3 for Bangla copy and appendix 4- 4.3 for English translated copy).

3.6. Data analysis process

At first in data analysis, the researcher listened to the interviews several times from the tape recorder and then the interviewed data was transcribed in Bangla. The researcher checked the transcript to make sure that all the data was available in the transcript. Then three copies were made from the transcript and were given to seven people for translation from Bangla to English. Then the data was analyzed by QCA. Data was analyzed by 3 stages: coding, categorizing and generating theme.

After that, the investigator read all data repeatedly to find out the actual meaning of the participants' expressions of what they wanted to say and organized them. Then major categories were found from the interview questions. The researcher was arranging all the information according to the categorization. Under these categories, the researcher coded all the information from the interviewed transcript. After finishing the tabulation of coding, the researcher detected some important codes that made the themes of the study. At last, themes were identified and emerged as a process of interpretation.

3.7. Field test

After getting approval for conducting the research and before starting the final data collection, researcher accomplished the field test with two participants. Field test was necessary as it helped the investigator to develop a final question and to collect data from participants easily. This test was performed to find out the difficulties that exist in the question. By this test, the researcher re-arranged and modified the question as required for the participants, so they can understand the question clearly.

3.8. Ethical Consideration

The researcher maintained ethical consideration in all aspect of the study. The researcher took permission to conduct the research project from the supervisor and course coordinator (Appendix-1), Department of Occupational therapy, Bangladesh Health Professions Institute (BHPI), the academic institute of CRP. Then the researcher took permission from the Head of the occupational therapy department and the In-charge of the SCI unit (Appendix-2) for data collection. Informed consent was used to take permission from all participants. Participants' rights and privileges were ensured (for details please see appendix 3.1, 3.2 for Bangla copy and appendix 4.1, 4.2 for English translated copy). All the participants were aware about the aim and objectives of the study. Findings of the study were disseminated with the approval of regarding authority.

4.1. Result

Theme -1: Most of the participants give value to the handcraft activities.

Subtheme -1: Most of the participants have good understanding on handcraft activities (emerged from category 1).

Subtheme -2: The majority of the participants enjoy handcraft activities (emerged from category 2).

Subtheme -3: Most of the participants believe handcraft activities are important for them (emerged from category 3).

Subtheme -4: Most of the participants perform handcraft activities well (emerged from category 4).

Subtheme -5: The majority of the participants report they will perform these handcraft activities after returning home (emerged from category 5).

Theme -2: None of the participants faced any challenge during participation in handcraft activities (emerged from category 6).

Theme -3: Most of the participants had no suggestion about these handcraft activities though one suggested that handcraft activities should be practiced more widely and apply for all groups of patients (emerged from category 7).

4.2. Discussion

The description of the theme and subtheme according to its category and coding is given below. Each table describes the interview findings. Under the different categories mothers' different opinion is different codes. The tick was given only for those columns where the mothers spoke about those issues. Here 'P' was used for participant.

Theme -1: Most of the participants give value to handcraft activities.

Subtheme-1: Most of the participants have good understanding on handcraft activities.

Category 1: Participants' understanding on handcraft activities

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Consider as recreational and leisure activity	√	√	√	√	√	√	√	7
The activities which are done by hand in the house	√	√	√	√	√		√	6
The dexterous works that is done by skilled hands					√			1
To do this work one needs willingness, enjoyment and skills						√		1
Commonly doing by women	√							1

Table 1: Participants' understanding on handcraft activities

Craft activity is one of the well-known recreational and leisure activities worldwide. It can be described as unique knowledge that is spontaneous and expressed through making and doing.(2) Handcrafts are items that are constructed by hand using simple tools. Considering this definition, all of the participants were quite known about handcraft activities. All the participants consider it as a recreational activity for them. One of the participants indicated that he was interested in crafts because he had done it as leisure. Majority of the participants said,

“Handcraft activities are those activities that are done by hand in the house.”

Another participant expressed that these activities are the dexterous works that is done by skilled hands and another participant said,

“To do these handcraft activities one needs willingness, enjoyment and skill.”

In literature, handcrafts involve the creation of a wide range of objects, including clothing, religious symbols, jewelry, paper crafts, stained glass, pottery, quilting, needlepoint, metal work, doll making and woodwork. In general, knitting,

crocheting and sewing can be regarded as examples of handcrafts.(47) Some participants of the study provided several examples of handcrafts from Bangladeshi cultural perspective. Most of them said,

“The activities which are done by hand such as sewing handkerchief, making wall mat, doormat, dolls, handmade show piece, bracelet, pottery, nakshi katha, shika and so on are considered as handcraft activities.”

Only one participant said,

“These activities are commonly doing by women and it is a good opportunity for women in our country. Now a day male are also doing these activity.”

According to literature, it was found that needlework is the primary skill of women.(48) They acquired craft skills during their childhood and the factor pre-existing craft skills encourage the woman to take up art making in later life.(35) Although handcrafts are traditionally done by women but now a day doing handcraft activities depends on person’s motivation, enjoyment and skills.

Subtheme-2: The majority of the participants enjoy handcraft activities.

Category 2: Enjoyment of handcraft activities

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Much like			√					1
Like	√	√		√	√	√	√	6
Neither like nor dislike								0
Dislike								0
Much dislike								0

Table 2(a): Level of enjoyment in performing handcraft activities

Enjoyment refers to the feelings of pleasure or satisfaction that comes from doing things.(49) The feeling of enjoyment may emerge from various factors. Handcrafts have aesthetic satisfaction from artistic production. In present study most of the participants said that they liked to do handcrafts. One of the participants was very satisfied with this activity and expressed his feelings excitedly that he liked this

activity very much. In many studies, it was also found that the participants liked it very much and they enjoyed participating in making handcrafts.(4, 31, 37, 50, 51)

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Pass leisure period	√			√	√	√	√	5
Get pleasure and mental satisfaction	√		√		√	√	√	5
Craft products look very beautiful	√	√	√		√			4
Feeling good when praised by others	√	√	√		√			4
Feel special attraction	√							1
Others get inspiration	√							1

Table 2(b): Reason for enjoyment of handcraft activities

Leisure time is that when person do anything for their own sake. Time reveals itself as a vacuum and it needs to fill with doing something.(49) Most of the participants said that crafts helped them to pass their leisure period and for this they liked it. One of them said,

“I can use my leisure period and in this way time passes.”

Their reply indicates that craft is a useful way to occupy spare time. Craft making also provides peaceful time and creates a feeling of well-being through the making of an artifact.

Most of the participants also said that they had done this by their own hand and get pleasure and mental satisfaction through it. Some participants loved to make bracelets and by wearing it they get pleasure. So it has been seen that enjoyment is a key factor in intrinsic motivation and is associated with interest and satisfaction. In literature it was found that production of textile handcrafts provided a means through which women enhanced the quality of their lives as they created special items for themselves.(48)

Enjoyment of doing craft may derive from sensory pleasure such as the person may enjoy the outlook of the creation.(49) The data analysis revealed that many participants like handcraft activities because craft products look very beautiful. One participant mentioned,

“I do it my own hand and it is very nice to see”

It was also supported by literature that participants participated in handcrafts because of personal enjoyment.(48)

On the other hand, feedback from others had raised the craft makers’ self-esteem and self-confidence. A strong emotional bond was formed with handcrafts.(51) Some participants also said that appreciation by others make them interested to do this. One of the participants stated,

“When other person appreciates about my hand making activity, I like it so much.”

Only one participant differently said,

“I like it because I feel special attraction to do handcrafts.”

In a study it was found that craft can serve as a memento of efficacy for the maker. It can create a meaningful experience for the person where they can feel special about being able to make something.(4)

Enjoyment may also come from the associative performance with others.(49) One of the participants expressed,

“Through my performance others get inspiration and I like to see it.”

In the literature the findings suggest that when making craft with others, opportunities for shared experiences and learning about one another take place.(4) It was also confirmed that, participating in art encouraged social interaction beyond the rehabilitation centre.(50)

So, it can be concluded that all the participants enjoy handcrafts and they are able to provide their causation for enjoyment.

Subtheme-3: Most of the participants believe handcraft activities are important for them.

Category 3: Importance of handcraft activities

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Very important			√	√		√		3
Important	√	√			√		√	4
Either do or not								0
Better not to do								0
Wastage all time								0

Table 3(a): Level of importance of handcraft activities

When researcher asked about the importance of handcrafts, all the participants expressed their feelings. In this study four participants mentioned that handcraft activities are important and other three participants identified that it is very important for them. Several studies confirmed the importance of craft-making.(2, 4-6, 31, 35, 37, 40, 50-52)

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Time use in a meaningful way	√		√		√	√		4
Reduce anxiety and tension			√	√	√		√	4
To motivate family and society	√				√		√	3
Earning source					√		√	2
Suggested by therapist				√			√	2
To decorate house	√							1
Increase level of attention and concentration		√						1
Engaging in a joyous activity		√						1
Increase confidence level	√							1
Get admiration		√						1

Table 3(b): Reason for giving importance of handcraft activities

Occupation means occupying one's time purposefully. Engagement in meaningful occupation is an ultimate goal of occupational therapists.(53) Crafts may offer an alternative means of engaging in a meaningful occupation. Several

participants said that crafts provided an opportunity to use their time meaningfully. This is clarified by the study of Pollanen, who put forward that meaningful activities may instill a preferred rhythm at the level of everyday life.(51)

The analysis also revealed that craft had relieved the feelings of sickness and pain. One of the participants expressed,

“I am a sick person. When I lie on bed lonely there are so many words come to my mind, thinking of my home. I do not feel well. Then I do this activity. Handcrafts help me to reduce anxiety and tension.”

The significance of occupying time to avoid anxiety and tension was also found by Reynolds and Prior and Griffiths; they found that it helped them to lessen disturbing thoughts and feelings about their illness for the period of time in which they were involved.(31, 37)

Craft making may have the ability to empower the individual (51) and may also include an empowering involvement in family, community or in society. Through their personal craft production, some participants think that they can share further their craft information with others, relate to friends and relatives who also engaged in craft for leisure. One of them said,

“I think it is important because we live in a family, in a society. The work I have done will make inspire others and other will learn from me. To see from me they will do these and that will benefit them.”

In the literature it was found that participants’ skills were well known to friends and family members and they became part of larger networks of people through their handcraft skills.(48)

However, making crafts can also give people hope and they think it will be a source of earning. One participant expressed his feelings,

“I can do these activities after returning home. That’s why I think it is important. In this way my income will come again.”

It was supported by the literature that craft assisted in improving the participants' confidence to leave the rehabilitation setting and pave their own purposeful future independently in the community.(50)

On the other hand, some participants believed that handcraft is important because therapists gave it to them to keep their mind fresh and sound. One participant mentioned,

“Therapist has said to do the work. If I do this work, my mind will become fresh and sound.”

Although occupational therapist does not decide what is important, the client should identify what is important to him or her.(53) Choices for occupation are influenced by our values. Values refer to what ones find important and meaningful to do.(49) So it can be said that the clients need to do things that they find interesting, give value and feel competent to do.

Handcrafts are also important because these are objects of utility and decoration. The presence of handcrafted items within a home, made it a better place to live.(48) One participant differently stated,

“It is seen that various types of wall mate are made and can help to decorate our house. We can beautify our house by making show piece.”

In one study, it was found that the textile object allowed the women to fulfill personal needs.(52) According to another study, it was also found that the participants described seeing their handcrafts in their homes strengthened the sense of meaningfulness.(51)

The cognitive benefits of craft help in keeping the mind active. Only one participant said,

“Sometimes I feel bored and then I make a concentration for doing craft and at this time this craft increase my attention.”

In the study by Symons it was found that the participants' engagement in the art process enabled them to spend extended periods of time on the task, which reportedly improved their duration of attention and concentration.(50) These comments are also

seen in other papers discussing creative skills and their interaction with cognitive processes.(31, 37)

Occupational participation refers to engagement in work, play or activities of daily living that are part of one's sociocultural context and that are necessary for one's well being such as engaging routinely in leisure.(53) Taking into consideration it has been seen that one participant supported this definition and she said,

“When I do this, my mind stays in that work. I think when I can complete this and at that time I feel very excited and joyous. After completing this work my joys know no bounds.”

So participating in handcrafts is very cheerful and it helps to enhance one's well being.

Moreover, another participant said in a different way that craft had helped him to increase confidence level. He said,

“When I do it at first time, it doesn't so good for look but to do that gradually it became more beautiful, I can do it perfectly and I feel interesting.”

The study by Symons et al. found that, some participants feel nervous about participation in art. However, over the course of their art sessions their confidence increased.(50) It was also confirmed by another study, participants took enjoyment in exploring new occupations for the first time in later life and adapting these successfully.(35)

Crafts are the products that provoke the admiration of others and provide immediate feedback. Some enjoyed external feedback from therapist or from visitors. In literature it was found that the participants described deriving many personal satisfactions from their art-making, such as feelings of competence and achievement.(40) Success in making something by hand creates a desire to make the same product again.(51)

At last, it can be said that the participants thinks handcraft activities are important for their present condition. The participants responded that they perceived craft making as a pleasant and satisfactory activity that also enhanced well-being.

Subtheme-4: Most of the participants perform handcraft activities well.

Category 4: Participants' performance of handcraft activities

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Very well			√			√		2
Well	√			√	√		√	4
In average		√						1
Badly								0
Very badly								0

Table 4(a): Level of performance of handcraft activities

The concept of occupation is the core belief of occupational therapy. Occupation means the performance of activities when the person seems it important to life that derived from interests, values, experience and culture. Performance capacities and subjective experience make possible the details of what one does.(53) Occupational therapists provide handcraft activities to the client and they perform these from their capability. When the researcher asked about their level of performance of handcraft activities, most of the participants said that they performed handcraft activities well. Two of the participants were very excited about these activities and assumed that they perform handcraft activities very well. Only one participant said that she does this activity in average. If any person is good at and enjoys handcrafts, they will choose to participate in crafts, generally enjoy them and do well.

Coding	p1	p2	p3	p4	p5	p6	p7	Total
In the afternoon for 15-30 minutes	√	√		√				3
In the morning for 1 hour					√		√	2
In the noon for half an hour to one hour			√			√		2

Table 4(b): Time and duration for performing handcraft activities

The data analysis revealed that majority of the participants performed handcraft activities in the afternoon. One of the participants said,

“Generally I get time in the afternoon. I carry on it 20 minutes to nearly half an hour continuously.”

Another two participants do these activities in the morning. Rest of the two stated that they performed handcraft activities at the noon for half an hour to one hour. This finding shows that there was no boundaries of time for participation in these handcraft activities. They keep time for doing craft and they could perform these activities as their wish and when they get time.

Subtheme-5: The majority of the participants report they will perform these handcraft activities after returning home.

Category 5: Performance of handcraft activities after returning home

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Perform handcraft activities after returning home	√	√	√	√		√	√	6
Arrange necessary equipments and doing widely at home	√	√	√	√			√	5
Teach other people in learning these handcrafts	√		√			√		3
Earn from handcraft activities by selling products							√	1
It is not professional activities and difficult to do at home but try to do in leisure time					√			1

Table 5: Performance of handcraft activities after returning home

The participants were asked about their future plans for craft following their rehabilitation. Most of the participants showed a positive response and reflect that they will perform handcraft activities after returning home because by doing this they get benefit. One of the participants said,

“I must do that in my house because by doing this I can see many benefit. I have learnt this from here. By arranging necessary equipments I will do crafts broadly at home.”

This is supported by Symons et al, which showed that all participants reported an interest in continuing art at home or in a community.(50) Few participants also said that they will teach this to other people.

The production of craft can be economically motivated. One participant said,

“I will run my life by selling crafts and as a result earning will come again my family.”

This type of hope gives inspiration to them to do something at their present condition. This is supported by the literature which showed that most of the women sold their craftwork and welcome the additional small income.(40)

However, only one participant showed negative response. The participant said,

“I will not do these activities because it is not my professional activities and it is difficult to do this at home. After going home, I will do another type of work. If I wished and feel relaxed, I will do this work in my leisure time at home.”

So, it has been seen that the participant assumes it as leisure time activity.

Moreover, craft was found to be the most pleasant and valuable leisure activity in the lives of the participants. Because, we found that most of the participants have good understanding on handcraft activities, they are enjoying to perform this activity and they also think it is important for them. As a result they perform handcrafts well and they have a plan to continue these activities after returning home. Therefore it can be said that the participants give value to the handcraft activities.

Theme-2: None of the participants faced any challenge during participation in handcraft activities.

Category 6: Challenge of handcraft activities

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Faced no challenge	√	√	√	√	√	√	√	7
It is good thing and doing it for pleasure	√			√		√	√	4
Doing these activities for own interest	√	√				√		3
All are helpful for performing handcraft activities	√		√					2
There is no fixed time for doing this and nobody forced to do these activities					√			1
Therapist gives instruction very earnestly			√					1

Table 6: Challenge of handcraft activities

The intention of making with one's hands is a natural need of an individual.(51) When the researcher asked the participants about challenges of handcraft activities, all of the participants said that they did not face any challenge during participation because it is actually a good job and gave pleasure to them. In a study it was found that crafts are valued by their creators because these items are made with love and are connected to personal histories.(48)

One of the participants also mentioned,

“We have to do lot of things here, beside those I do these activities for my own interest and pleasure. Therapist did not give any fixed time for doing this. When I feel tired I leave it and after taking rest for sometimes I did it again. Nobody forced me to do these activities.”

Therefore, this findings show that participant do handcrafts by their own wish so they did not face any challenge.

However, another participant said,

“All are helpful for performing handcraft activities and everyone appreciate me so I have no problem.”

In addition only one participant said,

“The therapist gives instruction very earnestly and helps all to perform this activity.”

In one study, it was found that the role of the therapist is mainly to support and stimulate the relationship between craft and the individual. Therefore the role of occupational therapists’ is more of a mentor of the craft process than that of a therapist.(2) If occupational therapists could present crafts to individuals in a way that is not too challenging and is meaningful to the client, there could be a powerful therapeutic benefit. So it can be concluded that there is a positive therapeutic relationship between therapist and client so they did not face any challenge.

Theme-3: Most of the participants had no suggestion about these handcraft activities though one suggested that handcraft activities should be practiced more widely and apply for all groups of patients.

Category 7: Suggestion about handcraft activities

Coding	p1	p2	p3	p4	p5	p6	p7	Total
Have no suggestion		√	√	√	√	√	√	6
Should add some new activities and apply for other patients nicely	√							1
Should practice more widely	√							1

Table 7: Suggestion about handcraft activities

Most of the participants have no suggestion because their leisure time is passing away by this. One of the participants said,

“I think it as my own work and I am satisfied about this. I do it for myself. I have no suggestion about it.”

It is supported by the study of Reynolds which showed that the participants in the study had taken up art through their own resources rather than through formal therapy.(35)

However, only one participant provided her suggestion. She said,

“.....there is a need for adding some new activities and should apply for other patients nicely. So, this will be useful not only for their recreation but also need for leading one’s life. For this reason handcraft should practice more widely.”

So it can be said that the participants are satisfied with these activities and therefore they have not adequate suggestion about the handcraft activity.

Occupational therapy is a growing profession in Bangladesh and handcraft activities are a new concept for the rehabilitation of persons with SCI. Handcraft activities is a treatment media which is provided by occupational therapists. This study found that handcraft activities is highly meaningful to the person with SCI. Handcraft has a place as a rehabilitation tool for the areas of time use meaningfully, enjoyment, regaining confidence and engagement in future activities.

The specific objectives of this study were to identify the value, challenge and suggestion of handcraft activities from the perspective of persons with SCI. According to data analysis, it is identified that the participants believe handcraft activities is very important for them and majority of the participants will perform these activities after returning home. They also think handcrafts should be practiced more widely. The result indicates that the aim and objectives of the program has been achieved. Handcraft activities help the person with SCI to improve their quality of life and to achieve the purpose of the rehabilitation program. Thus, handcraft complement rehabilitation beside other therapies.

6.1. Limitation

The study topic is new in the context of occupational therapy in Bangladesh. Therefore it was difficult to find sufficient books or journal on this area in the context of Bangladesh. So, it was not possible to compare the findings with other findings in the context of Bangladesh.

6.2. Recommendation

This study put forward that it is important to run these handcraft activities in a more structured way, therapist needs to supervised more earnestly and ensure available materials to improve the handcraft practice. Some new activities can be added and should apply for other patients nicely.

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(According to Vancouver referencing style in EndNote X4)

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Appendix-1: Approval letter

Date: 25.08.2012

To

The Course Coordinator,
Department of Occupational Therapy
Bangladesh Health Professions Institute
CRP, Savar, Dhaka.

Subject: Prayer for seeking permission to conduct the research project.

Sir,



With due respect, I am a student of 4th year B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI). I am seeking permission to conduct the research project as a part of my 4th year course module. My research title is "Perception of person with Spinal Cord Injury about handcraft activities during the rehabilitation at inpatient unit of CRP." The aim of the study is –To identify the perception of person with Spinal Cord Injury about handcraft activities. Now I am looking for your kind approval to start my research project and I would like to assure that anything of my project will not harmful for the participants.

I therefore pray and hope that you would be kind enough to give me the permission of conducting the research and will help me to conduct a successful study as a part of my course.

Yours obediently

Jannatul Ferdouse
25.08.2012

Jannatul Ferdouse
4th year, B.Sc. in Occupational Therapy,
Department of Occupational Therapy
BHPI, CRP, Savar, Dhaka.

Signature & comments of supervisor	Signature & comments of course coordinator of Dept. of Occupational Therapy
<p>Good luck</p>  <p>25.08.12</p>	<p>Good luck with the project.</p>  <p>08.09.2012</p>
<p>Shamima Akter Lecturer & Research Supervisor Dept. of Occupational Therapy BHPI, CRP-Chapain, Savar, Dhaka- 1343.</p>	<p>Mohammad Mosayed Ullah Course Coordinator & Lecturer Dept. of Occupational Therapy BHPI, CRP-Chapain, Savar, Dhaka- 1343.</p>

Appendix-2: Permission letter

Date: 04.10.2012

To

Acting Head of Occupational Therapy Department
Centre for the Rehabilitation of the Paralysed (CRP)
Chapain, Savar, Dhaka-1343

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

Sir,

I beg most respectfully to state that, I am a student of 4th year B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI). In 4th year, I have to submit a research project to the University of Dhaka in partial fulfillment of the requirements of the degree of B.Sc. in Occupational Therapy. The area of my research is Spinal Cord Injury and my research title is "Perception of person with Spinal Cord Injury about handcraft activities during the rehabilitation at inpatient unit of CRP." As it is a qualitative study, I would like to take interview of person with Spinal Cord Injury. Now I am looking for your kind approval to start my data collection and I would like to assure that anything of my research project will not be harmful for the participants and also for the Spinal Cord Injury unit.

I therefore pray and hope that you would be kind enough to give me the permission to collect data for the research project and will help me to conduct a successful study as a part of my course and oblige thereby.

I remain Sir

Yours obediently

Jannatul Ferdouse
04.10.2012

Jannatul Ferdouse
4th year, B. Sc. in Occupational Therapy
Department of Occupational Therapy
Bangladesh Health Professions Institute (BHPI)
CRP-Chapain, Savar, Dhaka-1343

Recommended and
forwarded to SCI
OT - in charge.
S.W. NPQ
04/10/12

Jannatul
04.10.12

Appendix-3 (Information sheet, consent form and question in Bangla)

Appendix-3.1: তথ্য পত্র

আমি জান্নাতুল ফেরদৌস, বাংলাদেশ হেলথ প্রফেশনস্ ইনস্টিটিউটে বি.এস.সি ইন অকুপেশনাল থেরাপী বিভাগের ৪র্থ বর্ষের ছাত্রী। বি.এস.সি ইন অকুপেশনাল থেরাপী বিভাগে অধ্যয়নের জন্য ৪র্থ বর্ষে একটি গবেষণা করা প্রয়োজন হয়। আমি আপনাকে গবেষণায় অংশগ্রহণ করার জন্য আমন্ত্রণ জানাচ্ছি। গবেষণার শিরোনাম হচ্ছে “পুনর্বাসন কালীন সময়ে হস্তশিল্প কর্ম ঃ মেরুর্জ্জুতে আঘাতপ্রাপ্ত ব্যক্তিদের ধারণা”। এই গবেষণার লক্ষ্য হচ্ছে, হস্তশিল্প কর্ম সম্পর্কে মেরুর্জ্জুতে আঘাতপ্রাপ্ত ব্যক্তিদের ধারণা কিরূপ তা জানতে পারা।

গবেষণায় আপনার অংশগ্রহণ স্বতঃস্ফূর্ত। গবেষণাটিতে অংশগ্রহণ না করা অথবা গবেষণার যে কোন সময় বা ধাপে সম্মতি প্রত্যাহারের ক্ষেত্রে আপনার পূর্ণ অধিকার আছে।

গবেষণায় অংশগ্রহণের জন্য কোন উপহার দেয়া হবে না। উক্ত গবেষণায় অংশগ্রহণ সরাসরি আপনার উপকারে নাও আসতে পারে।

গবেষণার উদ্দেশ্যে গবেষণার সাথে সম্পর্ক যুক্ত কিছু প্রশ্ন নিয়ে আপনার একটি সাক্ষাৎকার নেয়া হবে যা টেপ রেকর্ডারে ধারণ করে রাখা হবে। গবেষণায় প্রাপ্ত সকল তথ্যের অত্যধিক গোপনীয়তা রক্ষা করা হবে, শুধু গবেষক এবং তার তত্ত্বাবধায়ক তথ্য গুলো ব্যবহার করতে পারবেন। আপনার পরিচয় গবেষণার কোথাও প্রকাশ করা হবে না।

এই গবেষণা সম্পর্কে আপনার যদি কোন প্রশ্ন থাকে তাহলে জিজ্ঞাসা করতে পারেন। গবেষণা বিষয়ক সকল প্রশ্নের উত্তর দেবার জন্য আমি সচেষ্ট থাকব।

জান্নাতুল ফেরদৌস

বি.এস.সি ইন অকুপেশনাল থেরাপী

অকুপেশনাল থেরাপী বিভাগ

বাংলাদেশ হেলথ প্রফেশনস্ ইনস্টিটিউট (বিএইচপিআই)

সিআরপি- চাপাইন, সাভার, ঢাকা-১৩৪৩।

Appendix-3.2: সম্মতি পত্র

ক) অংশগ্রহণকারীর জন্য

দয়াকরে নিচের তথ্য গুলো পড়ে হ্যাঁ অথবা না এর উপরে টিক চিহ্ন দিন। নিম্নলিখিত তথ্য গুলো গবেষণায় আপনার অংশগ্রহণের মতামত প্রকাশ করবে।

১. আপনি কি তথ্য পত্রটি পড়েছেন? ----- হ্যাঁ / না
২. আপনার কি এই গবেষণা নিয়ে আলোচনা অথবা প্রশ্ন করার সুযোগ আছে? ----- হ্যাঁ / না
৩. গবেষক কি আপনার কাছে গবেষণাটি ব্যাখ্যা করেছেন? ----- হ্যাঁ / না
৪. আপনি গবেষণা থেকে যে কোন সময় অংশগ্রহণ প্রত্যাহার করতে পারেন এবং এজন্য কারো কাছে জবাবদিহি করতে হবে না। এ সম্পর্কে আপনি কি বুঝতে পেরেছেন? ----- হ্যাঁ / না
৫. প্রশ্নমালা এবং সাক্ষাৎকার থেকে গবেষক কর্তৃক সংগৃহীত তথ্য গবেষণাকারী তত্ত্বাবধায়ক দ্বারা নিরীক্ষণ করা হবে। সমস্ত ব্যক্তিগত তথ্য অত্যধিক গোপনীয় থাকবে। আপনি কি গবেষণাকারী তত্ত্বাবধায়ককে আপনার তথ্য জানার অনুমতি প্রদান করছেন? ----- হ্যাঁ / না
৬. আপনি কি অংশগ্রহণের ব্যাপারে সিদ্ধান্ত নেয়ার জন্য পর্যাপ্ত সময় পেয়েছেন? ----- হ্যাঁ / না
৭. আপনি কি এই গবেষণায় অংশগ্রহণে সম্মত আছেন? ----- হ্যাঁ / না

অংশগ্রহণকারীর সাক্ষর _____ তারিখ _____

খ) গবেষক

আমি গবেষণা সম্পর্কে উপরোক্ত অংশগ্রহণকারীর কাছে যথাযথভাবে ব্যাখ্যা করেছি এবং তিনি এই গবেষণায় স্বেচ্ছায় অংশগ্রহণের সম্মতি প্রকাশ করেছেন।

গবেষকের সাক্ষর _____ তারিখ _____

Appendix-3.3: প্রশ্ন

কোডঃ

প্রশ্নঃ

১. হস্তশিল্প কর্ম বলতে আপনি কি বোঝেন ?
২. আপনি হস্তশিল্প কর্ম কি হিসেবে করেন ?
ক) কাজ খ) বিনোদন
৩. আপনি হস্তশিল্প কর্ম করা কতটুকু উপভোগ করেন ?
ক) অনেক পছন্দ করি খ) পছন্দ করি গ) পছন্দও না অপছন্দও না
ঘ) অপছন্দ করি ঙ) অনেক অপছন্দ করি

আপনার উত্তরের কারণ দয়া করে বুঝিয়ে বলুন ।

৪. আপনি কি মনে করেন আপনার জন্য হস্তশিল্প কর্ম করা -
ক) খুব দরকারি খ) দরকারি গ) করলেও হয় না করলেও হয়
ঘ) না করাই ভাল ঙ) পুরো সময় অপচয়

আপনার উত্তরের কারণ দয়া করে বুঝিয়ে বলুন ।

৫. আপনি হস্তশিল্প কর্ম করেন -
ক) খুব ভালভাবে খ) ভালভাবে গ) মোটামুটি ঘ) খারাপভাবে ঙ) খুব খারাপভাবে
৬. আপনি কখন এবং কতক্ষণ (কত মিনিট/ঘন্টা) ধরে হস্তশিল্প কর্ম করেন ?
৭. আপনি অন্তঃবিভাগে পুনর্বাসন থাকাকালীন যে হস্তশিল্প কর্মটি শিখলেন সেটি কি বাড়িতে গিয়ে করবেন? যদি হ্যাঁ হয় তাহলে কিভাবে করবেন এবং যদি না হয় তাহলে কেন করবেন না ? দয়া করে বুঝিয়ে বলুন ।
৮. অন্তঃবিভাগে পুনর্বাসন থাকাকালীন হস্তশিল্প কর্মে অংশগ্রহণ করতে আপনি কি কোন বাঁধা বা সমস্যার সম্মুখীন হয়েছেন ? যদি হ্যাঁ হয় তবে কি ধরনের সমস্যার সম্মুখীন হয়েছেন এবং যদি না হয় তাহলে কেন মনে করেন কোন সমস্যা হচ্ছে না দয়া করে বর্ণনা করে বলুন ।
৯. অন্তঃবিভাগে পুনর্বাসন থাকাকালীন অকুপেশনাল থেরাপীর যেসব হস্তশিল্প কর্ম করানো হয় সে সম্পর্কে আপনার কি কোন পরামর্শ আছে? থাকলে কি এবং না থাকলে কেন কোন পরামর্শ নেই দয়া করে বুঝিয়ে বলুন ।

Appendix-4 (English translated copy of information sheet, consent form and question)

Appendix 4.1: Information Sheet

I am Jannatul Ferdouse, the student of 4th year B.Sc. in Occupational Therapy of Bangladesh Health Professions Institute (BHPI). In order to fulfill the requirements of the B. Sc. (Hons) in Occupational Therapy, it is necessary to conduct a research in 4th year of study. I would like to invite you to take part in my research study and the title is “Handcraft activities during rehabilitation program: perception of persons with Spinal Cord Injury” The aim of the study is to identify the perception of person with SCI about handcraft activities during the rehabilitation program.

In this study your participation is voluntary. You have the full right to not participate at all or withdraw from the study anytime and at any stage you want without hesitation.

There is no incentive for participation in the study. Participation in this study might not benefit you directly.

For the study purpose, an interview will be conducted with some questions regarding the study that will be recorded by tape recorder. It is important to inform you that the confidentiality of all records will be highly maintained and all details will be only accessible to me and my supervisor. Your identity will not be disclosed in any presentation or publication without your agreement.

If you have any question about the study, please feel free to ask. I am accountable to answer all questions regarding this study.

Jannatul Ferdouse

BSc. in Occupational Therapy

Department of Occupational Therapy

BHPI, CRP-Chapain, Savar, Dhaka-1343

Appendix-4.2: Consent Form

A) For the participants

Please read the following statements and put right marks on yes or no. Following information will state your opinion about participation in the study.

1. Have you read the information sheet? -----Yes / No
2. Have you had an opportunity to discuss this study and ask any question?-Yes/ No
3. Have the researcher explain the study to you? -----Yes / No
4. Do you understand that you are free to withdraw from the study at any time, without having to give a reason?-----Yes / No
5. Information from interview and question, those will be collected by the investigator might be examined by other research supervisor. However, all personal details will be treated as highly confidential. Do you give your permission for the research supervisor to have access to your records? -----
-----Yes / No
6. Do you have sufficient time to come to your decision about participation-----
-----Yes / No
7. Do you agree to take part in this study? -----Yes / No

Participant's signature _____Date_____

B) Investigator

I have explained the study to the above participant precisely and he/she has indicated his/her willingness to take part in the study.

Investigator's signature _____Date_____

Appendix-4.3: Question

Code:

Questions:

1. What do you mean by handcraft activities?
2. What do you consider as the activities of handcraft?
 - i) Work ii) Recreation
3. How much do you enjoy to do handcraft activities?
 - i) Much like ii) Like iii) Neither like nor dislike
 - iv) Dislike v) Much dislike

Please explain the reason of your answer.

4. What do you think to do handcraft activities for you is-
 - i) Very important ii) Important iii) Either do or not
 - iv) Better not to do v) Wastage all time

Please explain the reason of your answer.

5. To what extend do you perform handcraft activities –
 - i) Very well ii) Well iii) In average iv) Badly v) Very badly
6. When and how long (how many minutes / hours) do you perform handcraft activities?
7. Will you perform the handcraft activities after returning home that you learned during the rehabilitation at inpatient unit? If yes, how you will do and if no, why will you not do? Please explain.
8. Have you faced any challenge or problem in taking participation in handcraft activities during the rehabilitation at inpatient unit? If yes, what type of problem you have faced and if no, why you think that any problem is not happening? Would you please explain in detail.
9. Have you any suggestion about handcraft activities of Occupational Therapy during the rehabilitation at inpatient unit? If yes, what type of suggestion and if no, why you have no suggestion? Please explain.